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**I6/MHS02/011**

**ASSIGNMENT**

Read about Emergency Nursing and answer the following questions. Your submission must be typed (maximum of 4 pages) and uploaded as an attachment.

1. Management of cardiac arrest

2. Management of carbon monoxide poisoning

3. Management of epistaxis

4. Management of foreign body in the eye

**MANAGEMENT OF CARDIAC ARREST**

Cardiac arrest requires immediate action for patient’s survival. It is treated as an emergency which requires a rapid response.

1. Immediate cardiopulmonary resuscitation is done to restore flow of oxygenated blood to vital organs.
2. Loosen tight clothing around the chest and waist.
3. Place the patient in a flat surface and tilt the head to the back
4. Wipe off secretions from the upper respiratory tracts
5. If ambu bag is available, oxygen should be delivered 4-6 litres per minute
6. If no ambu bag; artificial respiration, mouth-to-mouth respiration to deliver oxygen to the alveoli of the lungs.
7. Start CPR immediately
8. If there is a defibrillator, deliver one shock before carrying out CPR.

**MANAGEMENT OF CARBON MONOXIDE POISONING**

**PRIMARY ASSESSMENT OF PATIENT WITH CARBONMOOXIDE POISONING**

Assess airway and breathing for

–If the carbon monoxide poisoning is due to smoke inhalation, stridor (indicative of laryngeal edema due to thermal injury) may be present.

-Respiratory depression may be present.

**PRIMARY INTERVENTIONS**

1. Provide 100% oxygen by tight-fitting mask
2. The elimination half-life of carboxyhemoglobin, in serum, for a person breathing room air is 5 hours 20 minutes
3. If the patient breathes 100% oxygen, the half-life is reduced to 80 minutes
4. 100% oxygen in a hyperbaric chamber will reduce the half-life to 23 minutes [treatment of choice
5. Intubate, if necessary, to protect the airway.

**GENERAL INTERVENTIONS**

History of exposure to carbon monoxide justifies immediate treatment.

GOALS: to reverse cerebral and myocardial hypoxia and hasten carbon monoxide elimination.

1. Give 100% oxygen at atmospheric or hyperbaric pressures to reverse hypoxia and accelerate elimination of carbon monoxide
2. Patients should receive hyperbaric oxygen for CNS or cardiovascular system dysfunction.
3. Use continuous ECG monitoring, treat dysrhythmias, and correct acid-base and electrolyte abnormalities.
4. Observe the patient constantly—psychoses, spastic paralysis, vision disturbances, and deterioration of personality may persist after resuscitation and may be symptoms of permanent CNS damage.

**MANAGEMENT OF EPISTAXIS**

1. Initial management includes compression of the nostrils (application of direct pressure to the septal area) and plugging of the affected nostril with gauze or cotton that has been soaked in a topical decongestant.
2. Direct pressure should be applied continuously for at least five minutes, and for up to 20 minutes.
3. Tilting the head forward prevents blood from pooling in the posterior pharynx, thereby avoiding nausea and airway obstruction.
4. Hemodynamic stability and airway patency should be confirmed.
5. Fluid resuscitation should be initiated if volume depletion is suspected.
6. Every attempt should be made to locate the source of bleeding that does not respond to simple compression and nasal plugging.
7. The examination should be performed in a well-lighted room, with the patient seated and clothing protected by a sheet or gown.

**MANAGEMENT OF FOREIGN BODY IN THE EYE**

1. Ask patient to look up
2. Do not rub or put pressure on the eye.
3. Do not use any utensils or implements, such as tweezers or cotton swabs, on the surface of the eye.
4. If the object is stuck, pull out the upper lid and stretch it over the lower lid to loosen the object.
5. Pull out the lower eyelid or press down on the skin below the eyelid to see underneath it.
6. If the object is visible, try tapping it with a damp cotton swab.
7. For a persistent object, try to flush it out by flowing water on the eyelid as you hold it open.
8. You also can try using an eyecup to flush out the object.
9. If still unsuccessful cover affected eye and see medical aids.