Assignment

16/mhs02/005

NSC 408

Management of cardaic arrest

Begin CPR using Basic Life Support interventions immediately. Compressions must be at least 100 per minute and consistently fast and depressed 2 - 2.4 inches.

Airway must be placed to deliver oxygen and to aid respiratory efforts.

Insert IV (intravenous) or IO (intraosseous) to give emergent access into the bone.

Epinephrine is the drug of choice for PEA and asystole. Use 1mg every 3-5 minutes.

Locate the cause of the event if possible.

Management of carbon monoxide poisoning

Assess immediately for airway. If it is due to carbon monoxide smoke inhalation, stridor may be assessed. This is due to the formation of laryngeal edema from thermal injury.

Check for airway obstruction if client is unconscious. Muscles around air passages may relax if the client turned unconscious due to prolonged exposure or massive poisoning.

Assess for breathing. Client may manifest respiratory depression (5-10 per minute).

INITIAL INTERVENTIONS

Position to semi-Fowler’s if not contraindicated.

Secure safety through side rails.

Administer 100% via face mask. Make sure the mask fits the client’s face to deliver desired amount.

Monitor for signs on the necessity for intubation.

Management of epistaxis

Assess the site of bleeding from the nose

Reassure patients relatives

Sit patient down and head forward to prevent swallowing and aspiration of blood

loose tight clothing around neck and chest

place patient in a well lit and ventilated area

Instruct victim to breath through the mouth and pinch nose for 10-15mims

Partially insert a small gauze pad into the nostril and apply digital pressure of bleeding continues

Apply ice compress to the bridge of the nose

Instruct victim not to speak, swallo,cough, spit or sniff or take any action that would disturb blood clotting formation

Gearly clean the nostril to mop up dribble

If available adrenaline nasal pack is prepared and inserted to help constrict nasal blood vessels

Arrange for medical aid

Mangement of foreign body in the eye

Reassure the patient and relatives

Wash your hands with soap and water.

Seat the person in a well-lighted area.

Gently examine the eye to find the object. Pull the lower lid down and ask the person to look up. Then hold the upper lid while the person looks down.

If the object is floating in the tear film on the surface of the eye, try using a medicine dropper filled with clean, warm water to flush it out. Or tilt the head back and irrigate the surface of the eye with clean water from a drinking glass or a gentle stream of tap water.

Caution

Don't try to remove an object that's embedded in the eye.

Don't rub the eye.

Don't try to remove a large object that appears to be embedded in the eye or is sticking out between the lids.

When to seek emergency care

Get immediate medical help if:

You can't remove the object with simple irrigation

The object is embedded in the eye

The person with the object in the eye is experiencing abnormal vision

Pain, redness or the sensation of an object in the eye persists after the object is removed