**NAME: DIKE ECHIOMA ANTHONY**

**MATRIC NUMBER: 16/MHS02/017**

**1. MANAGEMENT OF CARDIAC ARREST**

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

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

2. **MANAGEMENT OF CARBON MONOXIDE 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

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

GENERAL INTERVENTIONS

History of exposure to carbon monoxide justifies immediate treatment.

* Give 100% oxygen at atmospheric or hyperbaric pressures to reverse hypoxia and accelerate elimination of carbon monoxide
* Patients should receive hyperbaric oxygen for CNS or cardiovascular system dysfunction.
* Use continuous ECG monitoring, treat dysrhythmias, and correct acid-base and electrolyte abnormalities.
* 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.

**3. MANAGEMENT OF EPISTAXIS**

* 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.
* Direct pressure should be applied continuously for at least five minutes, and for up to 20 minutes.
* Tilting the head forward prevents blood from pooling in the posterior pharynx, thereby avoiding nausea and airway obstruction.
* Hemodynamic stability and airway patency should be confirmed.
* Fluid resuscitation should be initiated if volume depletion is suspected.
* Every attempt should be made to locate the source of bleeding that does not respond to simple compression and nasal plugging.
* The examination should be performed in a well-lighted room, with the patient seated and clothing protected by a sheet or gown.

**4. MANAGEMENT OF FOREIGN BODY IN THE EYE**

* Keep client calm
* Provide psychological support for the client
* Wash your hands with soap and water.
* Seat the client in a well-lighted area.
* Gently examine the eye to find the object. Pull the lower lid down and ask the client 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