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MATRIC NUMBER: 17/MHS02/102

COURSE OUTLINE:

COURSE CODE:

**ASSIGNMENT**

Read about emergency nursing and answer the following questions. Your submission must be typed (maximum of 4 pages) and uploaded as an assignment.

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 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 liters per minutes.
6. If ambu bag, artificial respiratory, mouth-to-mouth respiration to be 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 ASSESMENT OF PATIENT WITH CARBONMOXIDE POISONING**

Assess airway and breathing for

1. If the carbon monoxide poisoning Is due to smoke inhalation, stridor (indicative of laryngeal edema due to thermal injury) may be present.
2. Respiratory depression may be present.

**PRIMARY INTERVENTIONS**

1. Provide 100% oxygen by tight-fitting mask
2. The elimination half-life of carbonxyhemoglobin, in serum, for a person breathing room air is 5 hours 20 minutes.
3. If the patient breathes 100% oxygen, the half-life is reduce 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 treatments.

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

1. Give 100% oxygen at atmospheric or hyperbaric pressure to reverse hypoxia and accelerate 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 incudes compression of the nostrils (application of direct pressure to the septa area) and pugging of the affected nostrils with gauze or cotton that has been soaked in a tropical decongestant.
2. Direct pressure should be applied continuously for at least five minutes, and for 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**

* Reassure the patient and relatives
* Wash your hand with soap and water
* Sit 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 persons look down.
* If the object is floating in the tears film on the surface of the eye, try using a medicine dropper filled 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 is 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 eyes.
* 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 has been removed.