**16/MHS02/020**

**EMERGENCY NURSING**

Emergency nursing is a specialty within the field of professional nursing which focuses on the care of patients who require prompt medical attention to avoid long-term disability or death. The role of the emergency nurse is to evaluate and monitor patients and to manage their care in the emergency department.

MANAGEMENT OF CARDIAC ARREST

Sudden cardiac arrest occurs when **the heart is completely and suddenly paralyzed which occurs as a result of** the brain and rest of the organs of the body being deprived of blood flow and oxygen.

Often, sudden cardiac death is so sudden it does not give the person time to get help, thereby making an absence of symptoms; only in a small number of cases does the person notice dizziness before fainting. When the heart stops, **they suddenly**[faint](https://steptohealth.com/heart-arrhythmias-symptoms-consequences/), losing consciousness completely with ceasation of breathing most times.

* For a heart attack, sit the person as comfortable as possible, trying to remain calm.
* It is vital that the affected person try to breathe normally, remove tight clothing; undo their belt and unbutton their shirt.
* In cases of sudden cardiac arrest, breathing and pulse should be checked.

If there is no response, you should immediately begin cardiac massage or cardiopulmonary resuscitation (CPR):

* To do this, place both hands on the sternum of the patient and press down, keeping your arms extended.
* The sternum should be pushed at least 4 centimeters down, with at a frequency of at least 100 compressions per minute.
* Keep the rhythm regular and with as few interruptions as possible.
* Mouth-to-mouth resuscitation should only be used by people who know the technique. Otherwise, it is not useful.
* If an Automatic External Defibrillator (AED) is available, it should be used to try to restart the activity of the heart.

The faster you act, the more positive the outcome is likely to be. For sudden cardiac arrest, an even quicker response is necessary. For every minute that passes, the chances of survival decrease by 10%, so after 10 minutes they will be at zero. If the people around the affected person do not act and just wait for an ambulance, the chances of a tragic outcome go up to 95%.

* Transfer patient to the hospital

MANAGEMENT OF CARBON MONOXIDE POISONING

 Carbon monoxide poisoning may occur as a result of industrial or household incidents or attempted suicide. Carbon monoxide exerts its toxic effect by binding to circulating hemoglobin and thereby reducing the oxygen-carrying capacity of the blood. A person suffering from carbon monoxide poisoning may appear intoxicated (from cerebral hypoxia). Other signs and symptoms include headache, muscular weakness, palpitation, dizziness, and confusion, which can progress rapidly to coma. Skin color, which can range from pink or cherry-red to cyanotic and pale, is not a reliable sign. The goals of management are to reverse cerebral and myocardial hypoxia and to hasten elimination of carbon monoxide.

* Carry the patient to fresh air immediately; open all doors and windows, reduce crowd.
* If the person is unconscious, check for injuries before moving.
* Loosen all tight clothing
* Initiate cardiopulmonary resuscitation if required; administer oxygen if avaliable.
* Keep the patient as quiet as possible
* Transport to the hospital

MANAGEMENT OF EPISTAXIS

 **Epistaxis** (also known as nosebleed) is a hemorrhage from the nose caused by rupture of tiny, distended vessels in the mucous membrane of any area of the nose, which is mostly occur in the anterior-inferior nasal septum (Kiesselbach’s plexus) but they may also may occur at the point where the inferior turbinates meet  the nasophraynx. The goals of treatment are maintain airway, stop bleeding identify the cause and prevent recurrence.

* Put on protective gear, including gown, gloves, and face shields.
* Quickly assess the ABCs (airway, breathing, and circulation) and support them as indicated.
* Reassure the patient.
* Have the patient sit upright with her head tilted forward, and instruct to apply direct external digital pressure to the nares with her index finger and thumb.
* Tell the patient to breathe through the mouth while holding firm pressure on the soft flesh of the nose for at least 10 minutes. If bleeding persists, cotton pads soaked in a vasoconstrictor and anesthetic will be placed in the anterior nasal cavity, and direct pressure should be applied at both sides of the nose.
* Obtain vital signs and SpO2 level, and assess breath sounds.
* Administer supplemental oxygen via facemask if needed. Continue to monitor vital signs closely.
* After bleeding is controlled, reassess the patient and provide oral care. Keep the patient's mouth moist while the packing is in place.
* Transfer patient to the hospital

MANAGEMENT OF FOREIGN BODY IN THE EYE

 Objects can lodge in the eyes and small objects can easily be washed off by blinking. Symptoms include; itching, redness, pain, sensitivity to light and blurry vision.

* Wash hands before helping
* Move patient to a lighted area
* Gently examine the eye
* Pull the lower eyelid downwards while asking the patient to look upwards
* Hold the upper eyelid while the patient looks down
* If the object is floating, try washing it out with water
* Otherwise, touch the object with wet cotton bud; the object would cling to the cotton bud
* If the object is removed, flush the eyes with water or normal saline
* If object is embedded, do not touch; instead, cover with paper cups or eye patch and tape it
* Transfer patient to the hospital