**16/MHS02/004**

**NSC 408**

**ADVANCED MEDICAL SURGICAL NURSING II**

**MANAGEMENT OF EPISTAXIS**

* Assess the site of bleeding from the nose, and quickly assess the airways, breathing and circulation.
* Reassure the patient.
* Sit victim down with the head forward to prevent swallowing and aspiration of blood and prevent blood from running down throat whivh can cause nausea and vomiting.
* Loosen tight clothing round the neck and the chest.
* Ensure that the patient is in a well-ventilated area.
* Instruct the victim to breathe through the mouth and pinch the nose for 10 to 15minutes.
* Partially insert a small gauze pad into the nostril and instruct patient to apply digital pressure to the nares with index finger and thumb if bleeding continues.
* If bleeding persists, cotton wool soaked in a vasoconstrictor is placed in the anterior nasal cavity, and direct pressure should be applied at both sides of the nose.
* Apply ice compress to the bridge of the nose.
* Instruct victim not to speak. Cough or swallow, spit sniff or blow the nose as any of these may disturb blood clot formation.
* Gently clean the nostril to mop of the blood.
* If adrenaline nasal pack is available, insert to help constrict nasal blood vessels.
* If bleeding stops, instruct patient not to bend over, blow or rub nose.
* Vital signs and breath sounds can be quickly assessed.
* Assess for signs and symptoms of hypotension, tachycardia, tachypnea.
* Arrange for medical aid to the nearest hospital.

**MANAGEMENT OF FOREIGN BODY IN THE EYE**

* Remove victim from the scene.
* Sit patient down facing the light to get a clear view.
* Provide reassurance and advise the person not to rub the eye.
* Stand behind the patient and gently tilt their head backwards.
* Using the finger and thumb, separate the eyelids gently and examine the eye.
* If foreign body is seen on the conjunctiva, irrigate the eye with clean water.
* If irrigation fails, lift the foreign body off using a moist swab or the damp corner of a clean handkerchief.
* If a sterile cotton wood bud is present, it should be used.
* If suspected that there is a foreign body underneath the upper eye lid, ask the person to gently pinch their eyebrow and pull the upper eyelid over the lower eyelid.
* If this fails, blinking the eye may be successful.
* If first aid measures and unsuccessful, seek for medical help.
* If analgesia is present, administer to relieve pain in the eye.
* Attempt to remove small, superficial foreign bodies with sterile forceps if available

**MANAGEMENT OF CARBON MONOOXIDE POISIONING**

* Put on protective clothing’s including gowns and face shields.
* Move the person away from the carbon monoxide area to prevent continued exposure.
* An estimate of exposure time can be gotten if possible.
* Ensure the person is in a well-ventilated area, to be able to receive fresh air and enough oxygen.
* Quickly assess the if person is consciousness or not.
* If person is unconscious, check for injuries.
* Turn off carbon monoxide source if you can and ensure it is done safely.
* Seek for medical help immediately.
* If the person is unresponsive, not breathing or not breathing normally, perform cardio pulmonary resuscitation and if it’s a child, do same.
* If oxygen mask is available, administer.

**MANAGEMENT OF CARDIAC ARREST**

Cardiac arrest requires immediate action and prompt management for survival. It is treated as an emergency which requires rapid response.

* Position patient in a recumbent state, on a flat hard surface and tilt the head backwards.
* Remove and loosen tight clothing’s
* Check breathing. If person is not breathing or is gasping, administer cardio pulmonary resuscitation to restore flow of oxygen rich in blood to the vital organs.
* Wipe off secretions from the upper respiratory tracts.
* If ambu bag is available, oxygen should be delivered 4-6 litres per minute
* Start a precordial bow with the fist on patient’s sternum.
* Start resuscitation mouth to mouth and chest compression.
* Start cardio pulmonary resuscitation immediately. Place heel of one hand at the centre of the person’s chest at the lower sternum, top of the xiphoid process covering the hand with the other hand. Interlace fingers and keep the elbows straight.
* Use upper body weight to push down hard and fast on the person’s chest at rate of 30 compressions and tilt head backwards lifting the chin up to open airway and give two rescue breaths.
* Watch to see if the chest rises and if it does not rise, repeat process until person recovers consciousness and breathing is normal.
* For a child, 60 compressions are required and one hand may be used to prevent damage to the ribs.
* Use an automated external defibrillator as soon as it arrives and deliver one shock then continue cardio pulmonary resuscitation.
* Observe carotid pulse rate and skin colour.
* Arrange for medical help.