Matric Number: 16/mhs02/043

Assignment Title: Emergency Nursing

Course Title: Advanced Medical/ Surgical Nursing II

Course Code: NSC 408

**Question**

Read about Emergency Nursing and answer the following questions.

1. Management of cardiac arrest

2. Management of carbon monoxide poisoning

3. Management of epistaxis

4. Management of foreign body in the eye

**ANSWER**

**A) Management of cardiac arrest**

Ask someone to help you call the emergency unit for the individual in distress .

a. Position patient in a recumbent state, on a flat surface and tilt the hand backwards.

b. Remove tight clothing.

c. Strike a pre cordial bow with the fist on the patient's sternum.

d. Start resuscitation, mouth to mouth and chest compression. 15 compressions per 2 lung ventilation if it's done by one person but 4—5compressikns if done by two persons.

e. Observe the pulse rate, skin colour and return to normal respiration.

f. Arrange for medical aid.

The nurse can also use a defibrillator if available:

1. Remove tight clothing.
2. Attach the pads to the patient's chest by removing the backing paper. The first pad should be on the upper right side below the collar bone. The second pad should be on the patient's left side below the arm pit.
3. The defibrillator will analyse the heart's rhythm. Stop CPR, and make sure no one is touched the patient .
4. If the defibrillator indicates that a shock is needed, the defibrillator will indicate when to press the shock button. After the shock has been given, the defibrillator will tell you to continue CPR for two minutes before it re-analyses.
5. If the defibrillator indicates that no shock is needed, continue CPR for two minutes before the defibrillator re-analyses.
6. Monitor the vital signs.
7. Reassure the patient.

**B. Management for carbon monoxide poisoning**

1. Move the person away from carbon monoxide area.
2. If the person is unconscious, check for injuries before moving.

3. Call for medical aid.

4. Begin CPR, If the person is unresponsive, not breathing, or not breathing normally.

**At the hospital;**

Once at the hospital, the person is treated with 100% oxygen. Depending on the severity of the carbon monoxide exposure, oxygen is delivered in different ways.

1. Mild poisoning is treated with oxygen delivered by a mask.
2. Severe carbon monoxide poisoning may require placing the person in a full body, high pressure chamber to help force oxygen into the body.
3. Monitor the respiratory rate.
4. Monitor the vital signs.
5. Reassure the patient.

**C. Management of epistaxis**

1. Reassure the patient.
2. Sit the person up straight and drop their head slightly forward.
3. Apply finger and thumb pressure on the soft part of nostrils below the bridge of the nose for at least 10 minutes.
4. Encourage the patient to breathe through their mouth while their nostrils are pinched.
5. Loosen tight clothing around the neck.
6. Place a cold cloth or cold pack over the patient’s forehead and one around the neck, especially around the sides of the neck.
7. After 10 minutes, release the pressure on the nostrils and check to see if the bleeding has stopped.

Tell the patient not to sniff or blow their nose for at least 15 minutes and not to pick their nose for the rest of the day. [Fifteen minutes will at least give some time for the clot to stabilise].

**D. Management of foreign object in the eye**

1. Reassure the patient.
2. Wash your hands with soap and water.
3. Seat the patient in a well-lighted area.
4. Gently examine the eye to find the object. Pull the lower lid down and ask the patient to look up. Then hold the upper lid while the patient looks down.
5. 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

**Meet the eye physician if:**

* You can't remove the object with simple irrigation
* The object is embedded in the eye
* The patient 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