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LEVEL: 400L

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**ASSIGNMENT ON EMERGENCY NURSING**

**MANAGEMENT OF CARDIAC ARREST**

Cardiac Arrest is defined as sudden unexpected ceasation of the heart beat and heart pumping action resulting in ineffective cardiac output and circulation. It is a prompt emergency condition that requires prompt management.

The management of Cardiac Arrest:

* On getting to victim remove the victim from the source of danger
* Loosen tight clothing around the chest and waist
* Place the patient in a flat surface and tilt the head backward
* Wipe off secretions from the upper respiratory tracts
* If ambu bag is available, oxygen should be delivered 4-6 litres per minute
* Start Cardio pulmonary resuscitation (CPR) immediately place the heel of one of your hand at the centre of the persons chest (at the lower sternum, top of the xiphoid process) covering the hand with the other hand and keeping your elbows straight. Use your upper body weight to push down hand and fast on the persons chest at the rate of 30 compressions and tilt the haed backwards lifting the chin up to open the airway and give two rescue breaths. Watch to see if the chest rises. If it does not rise, repeat the process until the patient recovers consciousness and breathing is normal/ until emergency medical personnel takes over. For a child, 60 compressions are required to prevent damage to the ribs.
* If an automated external defibrillator (AED) is available deliver one shock before carrying out CPR.

**MANAGEMENT OF CARBON MONOXIDE POISONING**

The management of carbon monoxide poisoning:

* Get the person to fresh Air
1. Move the person away from carbon monoxide area as soon as possible.
2. 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.
3. Give 100% oxygen at atmospheric or hyperbaric pressures to reverse hypoxia and accelerate elimination of carbon monoxide.
4. If the person is unconscious or has unstable respiration the patient should be intubated, check for injuries before moving
5. Turn off carbon monoxide source if you can do so safetly
* Call for medical Attention
* Begin CPR, if Necessary

If the person is unresponsive, not breathing, or not breathing normally:

1. Perform CPR for one minute before calling medical Attention if you are alone. Otherwise, have someone else call and begin CPR
2. For a child, start CPR for children
3. Continue CPR until the person begins breathing or emergency help arrives
* Follow UP

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.

**MANAGEMENT OF EPISTAXIS**

Epistaxis is the medical term for nosebleeds.

The management of Epistaxis:

* Assess the site of bleeding from the nose
* Reassure patient and relative appropriately
* Sit victim down with the head forward to prevent swallowing and aspiration of blood
* Loosen tight clothing round the neck and chest
* Place the patient in well lit and ventilated area
* Instruct victim to breathe through the mouth and pinch the nose for 10 to 15 minutes
* Partially insert a small gauze pad into the nostril and apply digital pressure if bleeding continues.
* Apply ice compress to dorstum/ bridge of the nose
* Instruct victim not to speak /swallow /cough spit or blow the nose as any of these may disturb blood cloth formation.
* Gently clean the nostril to mop up dribble
* Where available adrenaline nasal pack is prepared and inserted to help constrict nasal blood vessels
* Arrange for medical aid

**MANAGEMENT OF FOREIGN BODY IN THE EYE**

The management of foreign body in the eye:

* Wash hands thoroughly with soap and clean water. Pat them dry to avoid spreading bacteria that could cause an eye infection.
* Use a mirror in an area with bright light try to locate the object. The best way to do this is by looking up and down, then left and right.
* Immerse the affected eye in a shallow container of sterile saline solution. Water is also suitable if saline is unavailable. While the eye is in the water, blink several times to flush out the foreign object. If the object remains stuck, gently pull the upper lid away from the eyeball to release it. Alternatively, running artificial tears, saline or tap water over the eye while it is open may also flush debris away.
* Once the object is no longer in the eye, use a clean cotton swab to wipe and dry the skin around the eye gently.

Take care when removing eye debris by;

* Avoiding rubbing the eyes
* Taking out any contact lenses before trying to remove debris
* Avoid the use of sharp objects, such as tweezers
* Seeking medical attention if the object is large.