Matric no: 16/mhs02/042

Assignment Title: Emergency Nursing

Course Title: Advanced Medical/ Surgical Nursing II

Course Code: NSC 408

Assignment

Read about Emergency Nursing and answer the following questions

-Management of cardiac arrest

-Management of carbon monoxide poisoning

-Management of epistaxis

-Management of foreign body in the eye

1. Management of cardiac arrest

Ask someone to help you call the emergency unit for the individual in distress [112].

a. Immediately start chest compressions. Compress hard and fast in the center of the chest, Start CPR. Kneel by the casualty and put the heel of your hand in the middle of their chest.

b. Put your other hand on top of the first. Interlock your fingers making sure they don't touch the ribs.

c. Keep your arms straight and lean over the casualty. Press down hard, to a depth of about 5-6cm before releasing the pressure, allowing the chest to come back up.

d. Carry out the chest compressions at the same rate.

The nurse can also use a defibrillator if available:

a. They should attach the pads to the casualty’s chest by removing the backing paper. Applying the pads in the right position [The first pad should be on the upper right side below the collar bone. The second pad should be on the casualty’s left side below the arm pit.]

b. The defibrillator will analyse the heart's rhythm. Stop CPR, and make sure no one is touching the casualty.

c. If the defibrillator tells you that a shock is needed. The defibrillator will tell you 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.

d. If the defibrillator tells you that no shock is needed, continue CPR for two minutes before the defibrillator re-analyses.

2. 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 911

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. Management of epistaxis

1. Reassure the person.

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 person 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 person’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 person 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].

4. Management of foreign object in the eye

1. Wash your hands with soap and water.

2. Seat the person in a well-lighted area.

3. 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 person looks down.

4. 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 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 is removed