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**16/mhs02/049**

**Nursing science**

**NSC 408**

**ASSIGNMENT**

**MANAGEMENT OF CARDIAC ARREST**

Cardiac arrest requires immediate action/prompt management for survival. It’s treated as emergency which requires rapid response. Immediate CPR is instituted to restore flow of oxygen rich in blood to the vital organs;

* Loosen tight clothing
* Place the patient in a flat surface and tilt the head back
* Wipe off secretions from the upper respiratory tracts
* Start CPR(30 compressions, tilt the head backward lifting the chin up to open the airway and give two rescue breath)
* Other treatment includes; chemotherapy, ICD, coronary angioplasty, coronary bypass surgery, corrective heart surgery.

NURSING MANAGEMENT

* Observation of vital signs
* Check input and output regularly
* Assess for signs of cyanosis
* If condition improves, help in self care and activities of daily living, passive and active exercises.
* Adequate rest psychological support to reassure the patient

**MANAGEMENT OF CARBON MONOXIDE POISIONING**

* Assess immediately for airway. If it is due to carbon monoxide smoke inhalation, stridor may be assessed. This is due to the formation of laryngeal edema from thermal injury.
* Check for airway obstruction if client is unconscious. Muscles around air passages may relax if the client turned unconscious due to prolonged exposure or massive poisoning.
* Assess for breathing.

INITIAL INTERVENTIONS

* Position to semi-Fowler’s if not contraindicated.
* Secure safety through side rails.
* Administer 100% via face mask. Make sure the mask fits the client’s face to deliver desired amount.
* Monitor for signs on the necessity for intubation.

**MANAGEMENT OF EPISTAXIS**

Epistaxis (nasal bleeding) is relatively common but rarely fatal. Anterior bleeding is usually managed by digital pressure, gentle chemical cauterization, or nasal packing. Posterior bleeding, which is less common, is characterized by massive bleeding that's initially bilateral; this bleeding may be more difficult to control.

MANAGEMENT OF EPISTAXIS;

* Put on protective gear, including gown, gloves, and face shields. Quickly assess the ABCs (airway, breathing, and circulation) and support them as indicated and Reassure the patient.
* Have the patient sit upright with her head tilted forward, and instruct her to apply direct external digital pressure to the nares with her index finger and thumb. Tell her to breathe through her mouth while she holds firm pressure on the soft flesh of her nose for at least 10 minutes. If bleeding persists, cotton pledgets soaked in a vasoconstrictor and anesthetic will placed in the anterior nasal cavity, and direct pressure should be applied at both sides of the nose.
* Ensure bedside suction is functioning properly. Provide an emesis basin and tissues. Tell her to spit blood into the basin if necessary. This helps prevent nausea and vomiting and lets you estimate the amount of bleeding.
* Obtain vital signs and SpO2 level, and assess her breath sounds. Administer supplemental oxygen via facemask if needed. Continue to monitor vital signs closely.
* Assess for signs and symptoms of hemodynamic instability, including change in mental status, pallor, diaphoresis, hypotension, tachycardia, and tachypnea.
* If bleeding is significant, establish vascular access, place the patient on a cardiac monitor, and begin fluid resuscitation with a crystalloid solution, as prescribed. Obtain specimens for blood work, including complete blood cell count and coagulation profile, as prescribed.
* Obtain a focused health history, including previous nosebleeds, other bleeding episodes, easy bruising, and medication use, especially use of aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs), antiplatelet agents, warfarin, and herbal products.
* If bleeding persists, assist in preparing the epistaxis tray and a headlamp. Make sure lighting is adequate. Once the bleeding site is identified, the definitive treatment is cautery (silver nitrate or electrical). If cautery is unsuccessful, nasal packing will be used to apply direct pressure to the bleeding site. During the procedure, reassure the patient, monitor vital signs, and assess for hypoxia.
* After bleeding is controlled, reassess the patient and provide oral care. Keep the patient's mouth moist while the packing is in place.
* if packing is used, especially posterior packing, monitor for respiratory compromise. Tell the patient to report signs and symptoms of infection and teach her about any prescribed antibiotics. If she has posterior packing, she'll be admitted to the hospital. A patient with anterior packing will follow up with an ear, nose, and throat specialist as an outpatient.
* The nasal packing will be left in place for 3 to 5 days. Instruct the patient to avoid exerting herself, forcefully blowing her nose, or bending over. She should also avoid NSAIDs, alcoholic beverages, and smoking for 5 to 7 days. Tell her to apply water-soluble ointment to her lips and nostrils while packing is in place and to use a cool-mist room humidifier. Advise her to take steps to prevent constipation and straining, which increases the risk of bleeding.
* Don't leave the patient unattended during epistaxis.

**MANAGEMENT OF FOREIGN BODY IN THE EYE**

1. Medical Care;

Management objectives include relieving pain, avoiding infection, and preventing permanent loss of function.

Topical antibiotic drops (eg, polymyxin B sulfate-trimethoprim [Polytrim], ofloxacin [Ocuflox], tobramycin [Tobrex] qid) or ointment (eg, bacitracin [AK-Tracin], ciprofloxacin [Ciloxan] qid) should be prescribed until the epithelial defect heals to prevent infection.

1. Emergency care;

* Restrict eye movement.
* Bandage the eye using a clean cloth or gauze.
* If the object is too large to allow for a bandage, cover the eye with a paper cup.
* Cover the uninjured eye. This will help prevent eye movement in the affected eye.

You should also seek emergency treatment if the following symptoms are present after any type of object is removed:

* You still have a sensation of having something in your eye.
* You have abnormal vision, tearing, or blinking.
* Your cornea has a cloudy spot on it.
* The overall condition of your eye worsens.

1. Home care;

* Do not rub or put pressure on the eye.
* Do not use any utensils or implements, such as tweezers or cotton swabs, on the surface of the eye.
* Do not remove contact lenses unless there is sudden swelling or you have suffered a chemical injury.

If you suspect you have a foreign object in your eye, or you’re helping someone who has one, take the following steps before starting any home care:

* Wash your hands.
* Look at the affected eye in an area with bright light.
* To examine the eye and find the object, look up while pulling the lower lid down. Follow this by looking down while flipping up the inside of the upper lid.
* The safest technique for removing a foreign object from your eye will differ according to the type of object you’re trying to remove and where it’s located in the eye.

NOTE;The most common location for a foreign object is under the upper eyelid. To remove a foreign object in this position:

* Immerse the side of your face with the affected eye in a flat container of water. While the eye is under water, open and close the eye several times to flush out the object.

The same results can be accomplished using an eyecup purchased from a drugstore.

If the object is stuck, pull out the upper lid and stretch it over the lower lid to loosen the object.

Shop for eyecups.

To treat a foreign object located beneath the lower eyelid:

* Pull out the lower eyelid or press down on the skin below the eyelid to see underneath it.

If the object is visible, try tapping it with a damp cotton swab.

For a persistent object, try to flush it out by flowing water on the eyelid as you hold it open.

You also can try using an eyecup to flush out the object.

If there are many tiny fragments from a substance, such as grains of sand in the eye, you will have to flush out the particles instead of removing each one individually. To do this:

* Use a wet cloth to remove any particles from the area surrounding the eye.Immerse the side of your face with the affected eye in a flat container of water. While the eye is under water, open and close the eye several times to flush out the particles.

For younger children, pour a glass of warm water into the eye instead of immersing it. Hold the child face up. Keep the eyelid open while you pour water into the eye to flush out the particles. This technique works best if one person pours the water while another holds the child’s eyelids open.

1. Physician care;

* An anesthetic drop will be used to numb the eye’s surface.
* Fluorescein dye­, which glows under special light, will be applied to the eye via an eye drop. The dye reveals surface objects and abrasions.
* Your physician will use a magnifier to locate and remove any foreign objects.
* The objects may be removed with a moist cotton swab or flushed out with water.
* If the initial techniques are unsuccessful at removing the object, your physician may use needles or other instruments.
* If the foreign object has caused corneal abrasions, your physician may give you an antibiotic ointment to prevent infection.
* For larger corneal abrasions, eye drops containing cyclopentolate or homatropine may be administered to keep the pupil dilated. Painful muscle spasms could occur if the pupil constricts before the cornea heals.
* You will be given acetaminophen to treat pain from larger corneal abrasions.
* A CT scan or another imaging study may be required for further investigation of an intraocular object.