MATRIC NUMBER: 17/MHS02/114
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. Your submission must be typed (maximum of 4 pages) and uploaded as an attachment.

1. Management of cardiac arrest
2. Management of carbon monoxide poisoning
3. Management of epistaxis
4. Management of foreign body in the eye

ANSWERS

1. Management of cardiac arrest:

If you have tried and failed to get the person to respond, and you think the person may be suffering cardiac arrest, here is what to do:

- **Yell for help** Tell someone nearby to call 911 or your emergency response number. Ask that person or another bystander to bring you an AED (automated external defibrillator), if there's one on hand. Tell them to make it snappy (time is of the essence)
    - If you're alone with an adult who has these signs of cardiac arrest, call 911 and get an AED (if one is available).

- **Check breathing:** If the person isn't breathing or is only gasping, administer CPR (cardio pulmonary resuscitation)
- **Give CPR: Push hard and fast**. Push down at least two inches at a rate of 100 to 120 pushes a minute in the center of the chest, allowing the chest to come back up to its normal position after each push.
- **Use an AED**: Use the automated external defibrillator as soon as it arrives. Turn it on and follow the prompts.
- **Keep pushing**: Continue administering CPR until the person starts to breathe or move, or until someone with more advanced training takes over, such as an EMS team member.

2. **Management of carbon monoxide poisoning**:

Get into fresh air immediately and call 911 or emergency medical help if you or someone you are with develops signs or symptoms of carbon monoxide poisoning. These include headache, dizziness, nausea, shortness of breath, weakness and confusion.
Once you are at the hospital, treatment may involve:

- **Breathing pure oxygen**:

In the emergency room, you may breathe pure oxygen through a mask placed over your nose and mouth. This helps oxygen reach your organs and tissues. If you can't breathe on your own, a machine (ventilator) may do the breathing for you.

- **Spending time in a pressurized oxygen chamber:**

In many cases, hyperbaric oxygen therapy is recommended. This therapy involves breathing pure oxygen in a chamber in which the air pressure is about two to three times higher than normal. This speeds the replacement of carbon monoxide with oxygen in your blood. Hyperbaric oxygen therapy may be used in cases of severe carbon monoxide poisoning. It helps protect heart and brain tissue, which are particularly vulnerable to injury from carbon monoxide poisoning. Hyperbaric oxygen therapy may also be recommended for pregnant women because unborn babies are more susceptible to damage from carbon monoxide poisoning.

3. **Management of epistaxis:**

The management of epistaxis depends on the location of bleeding i.e. either anteriorly or posteriorly. But the general approach include;

GENERAL APPROACH

- Initial management includes compression of the nostrils (application of direct

pressure to the septal area) and plugging of the affected nostril with gauze or cotton that has been soaked in a topical decongestant.

- Direct pressure should be applied continuously for at least five minutes, and for up to 20 minutes.
- Tilting the head forward prevents blood from pooling in the posterior pharynx, thereby avoiding nausea and airway obstruction.
- Hemodynamic stability and airway patency should be confirmed.
- Fluid resuscitation should be initiated if volume depletion is suspected.
- Ice- packs can also be placed on the nasal bone tip for constriction of vessels.

ANTERIOR EPISTAXIS

If a single anterior bleeding site is found;

- Vasoconstriction should be attempted with topical application e.g. 4 percent cocaine solution, phenyleperine solution or an oxymetazoline.
- For bleeding that is likely to require more aggressive treatment, a local anesthetic (e.g. 4 percent cocaine solution, tetracaine or lidocaine (Xylocaine) solution), should be used.
- Adequate anesthesia should be obtained before treatment proceeds.
- Intravenous access should be obtained in difficult cases, especially when anxiolytic medications are to be used.
- Cotton pledgets soaked in vasoconstrictor and anesthetic should be placed in the anterior nasal cavity, and direct pressure should be applied at both sides of the nose for at least five minutes.

POSTERIOR EPISTAXIS

Posterior bleeding is much less common than anterior bleeding and usually is treated by an otolaryngologist. It can be managed by;

- Posterior packing which may be accomplished by passing a catheter through one nostril (or both nostrils), through the nasopharynx, and out the mouth.
- A gauze pack then is secured to the end of the catheter and positioned in the posterior nasopharynx by pulling back on the catheter until the pack is seated in the posterior choana, sealing the posterior nasal passage and applying pressure to the site of the posterior bleeding.
- Various balloon systems are effective for managing posterior bleeding and are less complicated than the packing procedure. The double-balloon device is passed into the affected nostril under topical anesthesia until it reaches the nasopharynx.

PERSISTENT BLEEDING

Patients with anterior or posterior bleeding that continues despite packing or balloon procedures may require treatment by an otolaryngologist. Endoscopy may be used to locate the exact site of bleeding for direct cauterization.

Hot water irrigation, a technique described more than 100 years ago, has been reexamined recently. This technique has shown promise in reducing discomfort and length of hospitalization in patients with posterior epistaxis. More invasive alternatives include arterial ligation and angiographic arterial embolization.

4. **Management of foreign body in the eye:**
    - Never rub your eye to try to get the object out because this can create a corneal abrasion or deeper injury.
    - If the object is cannot be removed easily or if it is embedded in the eye, cover the eye with gauze and see a doctor immediately.
    - If you wear contact lenses, wash your hands and remove the lenses. It is possible that a small rip in the lens is causing the irritation, rather than a foreign object.
    - If the object is small, such as an eyelash or speck of dirt, you may be able to see it by opening the eye as wide as possible. Have someone look at your eye or, if you are by yourself, look in a mirror. Hold down your lower lid and look up, then lift your upper lid and look down. If you can see the object, you can remove it with the edge of a facial tissue or a moistened cotton swab.
    - For small objects you also can try rinsing your eye with clean water. Sometimes your lashes will lift the object out if you pull your upper eyelid over your lower one. If neither of these methods removes the object, try getting someone to help. Lie on your side and hold your eye open with your fingers. Have your friend rinse the eye with an eyedropper or small cup filled with warm water or sterile saline solution.
    - If you cannot remove the object, bandage your eye loosely and see a doctor. Your treatment at the doctor's office depends on what the object is, where it is and whether it has damaged your eye. If you have a corneal abrasion, your doctor may give you antibiotics (eye drops or ointment) to prevent infection. Your doctor does not prescribe anesthetic-containing eye drops, although he or she may use them during your examination. Although these eye drops make your eye feel better, they also prevent you from feeling pain that may indicate a more serious problem.
    - In severe cases, surgical intervention may be required.