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course title: Emergency Nursing

**management of cardiac arrest**: this is a sudden abrupt loss of heart function, breathing and consciousness. The condition usually results from an electrical disturbance in your heart that disrupts its pumping action.

**Nursing management**:

* Yell for help.
* Place patient in a recumbent position, on a flat hard surface tilting the hand backwards.
* Remove tight clothing
* Strike a precordial bow with the fist on the sternum
* Start resuscitation mouth to mouth compression, at the rate of 100 to 120 compressions.
* Do this until a defibrillator is available
* Observe the carotid pulse rate, skin color, and return to normal respiration.
* If in hospital, airway should be inserted to provide oxygen
* Arrange for medical aid.

**Diagnostic procedure**:

* Blood tests
* Chest x-rays
* Surgery
* Dietary changes

**Medical management:**

* Cardiopulmonary resuscitation
* Implantable cardiac defibrillator
* Electrocardiogram

Management of epistaxis: epistaxis is an acute hemorrhage from the nostril, nasal cavity, or oropharynx. It is a frequent emergency department complaint.

 Nursing management:

* Asses the bleeding site from the nose.
* Remove all tight clothing
* Sit the client down with the head forward to prevent swallowing and aspiration.
* Loosen all tight clothing around neck and chest
* Place client in a well ventilated and lit room.
* 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 dorsum or bridge of the nose.
* Instruct client not to speak/swallow/cough, spit or sniff or blow the nose as any of these may disturb the blood clot formation.
* Gently clean up the nostril to mop up the dribble.
* If the adrenaline pack is available and prepared, insert to help constrict nasal blood vessels.
* When bleeding has stopped, instruct client not to bend over or lift anything heavy
* Seek for medical aid.

Medical management

* Nasal packing
* Cauterization
* Foreign body removal
* Surgical repair of broken nose or correction of a deviated septum
* Ligation

3)management of foreign body in the eye;

* A foreign body is an object that enters the eye, that shouldn’t be there such as a speck of dust, a wood chip, a metal shaving, an insect or a piece of glass.

Nursing management:

* Sit the client down facing the light.
* Reassure and advice client not to rub the eye.
* Assess the eye for the foreign body
* Stand behind the client and gently tilt their head backwards.
* Using the finger and the thumb, separate the eyelids gently and examine the eye.
* If a foreign body is seen on the conjunctiva, irrigate the eye with saline solution or clean water.
* If the irrigation fails, lift the foreign body off using a moist swab or the damp corner of a clean handkerchief.
* If it is suspected that there is a foreign body underneath the upper eyelid, ask the client to gently pinch their eyebrow and pull the upper eyelid over the lower eyelid.
* If this fails to dislodge the foreign body, blinking under water may be successful.
* If unsuccessful, advise patient to seek medical advice.

4) management of carbon monoxide poisoning: carbon monoxide poisoning typically occurs from breathing in carbon monoxide at excessive levels. This is when the body replaces oxygen in the red blood cells with carbon monoxide.

Nursing responsibility:

* Promptly remove the patient from continued exposure and immediately institute oxygen therapy with a nonbreather mask.
* Perform intubation for the comatose patient , or if necessary for airway protection, and provide 100% oxygen therapy.
* Institute cardiac monitoring , pulse oximetry, although not useful in detecting carboxyhemoglobin (HbbCO), is still important because a low saturation causes even greater apprehension in this setting.
* Give notifications to the emergency department for comatose or unstable patients because rapid or direct transfer to a hyperbaric center may be indicated.
* If possible, obtain ambient carbon monoxide measurements from fire department or utility company personnel, when present.
* Early blood samples may provide much more accurate correlation between HbCO and clinical status: however, do not delay oxygen administration to acquire them.
* Obtain an estimate of exposure time, if possible.
* Avoid exertion to limit tissue oxygen demand.