MANAGEMENT OF CARDIAC ARREST

Cardic arrest can be define as the abrupt cessation of effective cardiac pumping activity resulting in cessation of circulation.

•Assess for the absence of spontaneous respiration and carotid pulse for 5 to 10seconds.

•Place the patient on a hard surface.

•Start ungent cardio pulmonary resuscitation (C.P R)

•Follow airways,breathing,circulation and defibrillation steps of cardio pulmonary resuscitation.

•Extend the neck in order to maintain a clear airway and to prevent the tongue from falling back.

•Look for any foreign material,liquid or solids in the paituent’smouth.

•Remove any mucous or saliva obstructing the airway with a hooked index or middle finger.

•Put Guedal airway to maintain patency of the airway until time endotracheals occur.

•Maintain the head tilt-chin lift.

•Use mouth to mouth method of artificial respiration.

•Form a seal with the mouth.

•Place the heel of hand over one third up the sternum from its tip (xiphoid process)

•Interlock hands and compress the chest.

•The pressure should depress the sternum 2-4cm.

•Maintain the ventilation and compression ratio at one rescuer-two breaths after every 15(compression’s and two-rescuer one breath after every five compression.

MANAGEMENT OF EPISTASIS

Epistasis can be define as bleeding from the noise either spontaneously or induced by nose picking or trauma.

•Assess the site of bleeding from the nose

•Reasure the patient and relatively appropriately.

•Sit the patient down and with the head forward to prevent swallowing and aspiration of blood.

•Instruct victim to breathe through the mouth and the nose for 10 to 15minute

•Particially insert a small gauze pad into the nostril and apply digital pressure if bleeding continues.

•Apply cold compress to stop the bleeding.

•Place the patient in a well ventilated area.

•Instruct the patient to pinch the noise and tell the patient to breath from moulth.

•If the patient is still bleeding,apply cutting bud to the area.

•Arrange for transport to hospital.

 MANAGEMENT OF FOREGN BODY IN THE EYE.

A foreign body is any object originating outside the body of an organism.

Reassure the patient

•Take away the patient from the incident.

•Place the patient in an upright position

•Assess and examine to know the extent of the foreign body.

•Instruct the patient to look up and not to rub the eye.

•.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.

•Avoiding rubbing the eyes

•Taking out any contact lenses before trying to remove the debris

•Avoiding the use of sharp objects, such as tweezers

•Seeking medical attention if the object is large

 MANAGEMENT OF CARBON MONOXIDE POISONING

Carbon monoxide poisoning can be define as a potential fatal condition caused by inhalation of carbon monoxide gas which compete favorably with oxygen for binding with heamoglobin and thus interferes with the transportation of oxygen and carbondioxide by the blood.

•Move the person away from carbon monoxide area

•Reassure the patient .

•Turn off carbon monoxide source if you can do so safely.

•Call for 911

•Begin cardio pulmonary resuscitation,if necessary.