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MATRIC NUMBER: 15/MHS02/043

COURSE CODE: NSC408

ASSIGNMENT

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

ANSWER

1. Management of cardiac arrest.

* Position patient in a recumbent state, on a flat surface, tilt the head backwards.
* Remove tight clothing.
* Strike a pre-cordial bow with the fist on the patients’ sternum.
* Start resuscitation mouth to mouth and chest compression, ratio one person 15 compressions per 2 lung ventilations two persons: 4-5 comprehension/1 ventilation.
* Observation of carotid pulse rate, skin color and return to the normal respiration. If in hospital airway should be inserted.
* Arrange for medical aid.

2. Management of carbon monoxide poisoning

a) Get the person to fresh air

* Move the person away from carbon monoxide area.
* If the person is unconscious, check for injuries before moving.
* Turn off carbon monoxide source if you can do so safely.

b) Call 911

c) Begin CPR, if necessary

if the person is unresponsive, not breathing, or not breathing normally;

* Perform CPR for one minute before calling 911 if you are alone. Otherwise, have someone else call and begin CPR.
* For a child, start CPR for children.
* Continue CPR until the person begins breathing or emergency help arrives.

d) Follow up

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.

* Mild poisoning is treated with oxygen delivered by a mask.
* Severe carbon monoxide poisoning may require placing the person in a full body, high p-pressure chamber to help force oxygen into the body.

3. Management of epistaxis.

* Assess the site of bleeding from the nose.
* Reassure patient and relative appropriately.
* Sit victim down with the head forward to prevent swallowing and aspiration of food.
* Loosen tight clothing round the neck and chest.
* Place the patient in well lit and ventilated area.
* Instruct patient to breathe through the mouth and pinch the nose for 10-15 minutes.
* Partially insert a small gauze pad into the nostril and apply digital pressure if bleeding continues.
* Apply ice compress to the bridge of the nose.
* Instruct patients not to speak, swallow, cough, spit, sniff or blow nose as any of these may disturb blood clot formation.
* Gently clean the nostril to mop up dribble.
* Where available adrenaline nasal pack is prepared and inserted to help constrict nasal blood vessels.
* Arrange for medical aid.

4) Management of foreign body in the eye

* Place the gardener in a chair near a window ensuring good light.
* Tilt the head backwards supporting it with a cushion or pillow.
* Examine the eye to locate the foreign body.
* For the lower eyelid, stand in front of the patient evert (turning inside out) the upper eyelid.
* Instruct him to look upward, use the thumb and index finger to pull the lower lids downwards drawing it away from the eyeball exposing the inner surface (conjunctiva).
* Wet a cotton-tipped applicator with normal saline.
* Gently twist the swab over the sand particles and remove them.
* For the upper eyelid; stand in front of the patient.
* Evert the upper eyelid; ask him to look down at his feet
* Grasp the eyelashes between the thumb and fingers of one hand
* Place a cotton applicator horizontally on the outer surface of te upper eyelid
* Pull the lashes downward and forward, away from the eye, as the applicator is pressed downward, gently.
* Remove the sand by touching the gently with a small applicator tipped with cotton wool or the twirled-up corner of a clear handkerchief moistened with normal saline.
* If unsuccessful ask patient to blink under water
* Sooth the eye by instilling one or two drops of olive oil, caster oil or liquid paraffin after removal of the sand.
* If still unsuccessful or the foreign body is in front of the eye, or has been in the eye for a considerable time, no attempt should be made to remove it.
* Prevent the patient from rubbing the eye.
* Place a few drop of caster oil, olive oil r liquid paraffin into the eye.
* Cover the eye with a clean folded handkerchief and bandage the pad lightly in position.
* Refer the patient to the ophthalmologist.