

MATRIC NUMBER: 17/MHS02/107

ASSIGNMENT

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

MANAGEMENT OF CARDIAC ARREST

Cardiac arrest requires immediate action for patient's survival. It is treated as an emergency which requires a rapid response.

1. Immediate cardiopulmonary resuscitation is done to restore flow of oxygenated blood to vital organs.
2. Loosen tight clothing around the chest and waist.
3. Place the patient in a flat surface and tilt the head to the back
4. Wipe off secretions from the upper respiratory tracts
5. If ambu bag is available, oxygen should be delivered 4-6 litres per minute
6. If no ambu bag; artificial respiration, mouth-to-mouth respiration to deliver oxygen to the alveoli of the lungs.
7. Start CPR immediately
8. If there is a defibrillator, deliver one shock before carrying out CPR.

MANAGEMENT OF CARBON MONOXIDE POISONING

PRIMARY ASSESSMENT OF PATIENT WITH CARBONMOOXIDE POISONING

Assess airway and breathing for

–If the carbon monoxide poisoning is due to smoke inhalation, stridor (indicative of laryngeal edema due to thermal injury) may be present.

-Respiratory depression may be present.

PRIMARY INTERVENTIONS

1. Provide 100% oxygen by tight-fitting mask
2. The elimination half-life of carboxyhemoglobin, in serum, for a person breathing room air is 5 hours 20 minutes
3. If the patient breathes 100% oxygen, the half-life is reduced to 80 minutes
4. 100% oxygen in a hyperbaric chamber will reduce the half-life to 23 minutes [treatment of choice
5. Intubate, if necessary, to protect the airway.

GENERAL INTERVENTIONS

History of exposure to carbon monoxide justifies immediate treatment.

GOALS: to reverse cerebral and myocardial hypoxia and hasten carbon monoxide elimination.

1. Give 100% oxygen at atmospheric or hyperbaric pressures to reverse hypoxia and accelerate elimination of carbon monoxide
2. Patients should receive hyperbaric oxygen for CNS or cardiovascular system dysfunction.
3. Use continuous ECG monitoring, treat dysrhythmias, and correct acid-base and electrolyte abnormalities.
4. Observe the patient constantly—psychoses, spastic paralysis, vision disturbances, and deterioration of personality may persist after resuscitation and may be symptoms of permanent CNS damage.

MANAGEMENT OF EPISTAXIS

1. 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.

2. Direct pressure should be applied continuously for at least five minutes, and for up to 20 minutes.
3. Tilting the head forward prevents blood from pooling in the posterior pharynx, thereby avoiding nausea and airway obstruction.
4. Hemodynamic stability and airway patency should be confirmed.
5. Fluid resuscitation should be initiated if volume depletion is suspected.
6. Every attempt should be made to locate the source of bleeding that does not respond to simple compression and nasal plugging.
7. The examination should be performed in a well-lighted room, with the patient seated and clothing protected by a sheet or gown.

MANAGEMENT OF FOREIGN BODY IN THE EYE

1. Keep client calm
2. Provide psychological support for the client
3. Wash your hands with soap and water.
4. Seat the client in a well-lighted area.
5. Gently examine the eye to find the object. Pull the lower lid down and ask the client to look up. Then hold the upper lid while the person looks down.
6. If the object is floating in the tear film on the surface of the eye, try using a medicine dropper filled with clean, warm water to flush it out. Or tilt the head back and irrigate the surface of the eye with clean water from a drinking glass or a gentle stream of tap water.

Caution

1. Don't try to remove an object that's embedded in the eye.
2. Don't rub the eye.
3. Don't try to remove a large object that appears to be embedded in the eye or is sticking out between the lids.

When to seek emergency care

1. Get immediate medical help if:
2. You can't remove the object with simple irrigation
3. The object is embedded in the eye

4. The person with the object in the eye is experiencing abnormal vision
5. Pain, redness or the sensation of an object in the eye persists after the object is removed