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MATRIC NUMBER: 16/MHS02/009

COURSE CODE: NSC 408

COURSE TITLE: ADVANCED MEDICAL SURGICAL NURSING II

ASSIGNMENT

* MANAGEMENT OF CARDIAC ARREST
* MANAGEMENT OF CARBON MONOXIDE
* MANAGEMENT OF EPISTAXIS
* MANAGEMENT OF FOREIGN BODY IN THE EYE

ANSWERS

NURSING MANAGEMENT OF CARDIAC ARREST:

1. Position patient in a recumbent position, on a hard flat surface tilt the hands backwards
2. Remove tight clothing
3. Strike a pre-cordial bow with the fist on the patient’s sternum
4. Start resuscitation mouth-to-mouth and chest compressions, ration one person. 15 compressions per 2 lung ventilations two persons: 4-5 compression/ 1 ventilation
5. Observe carotid pulse rate, skin color and return to normal respiration
6. If in a hospital, airway should be inserted
7. Arrange for medical aid

NURSING MANAGEMENT OF CARBON MONOXIDE :

1. Get the person to fresh air
2. Move the person away from carbon monoxide area
3. If the person is unconscious, check for injuries before moving
4. Turn monoxide source if you can do so safely
5. Call medical aid center
6. Begin CPR if necessary, if the person is unresponsive, not breathing, or not breathing normally
7. Perform CPR for one minute before calling ambulance if you’re alone. Otherwise, someone else should make the call as you continue the CPR
8. Continue CPR until the person begins breathing or emergency help arrives
9. Mild poisoning is treated with oxygen delivered with mask
10. Severe carbon monoxide poisoning may require placing the person in a full body, high pressure, chamber to help force oxygen into the body

NURSING MANAGEMENT FOR EPISTAXIS:

1. Have the patient sit in an upright position with the head tilted slightly backwards, and instruct patient to apply pressure directly to external digital pressure
2. Ensure bedside suction is functioning properly
3. Provide emesis basin and tissues, tell patient to spit in emesis basin if necessary. This prevents nausea and vomiting
4. Obtain vital signs and spO2 level, and assess breath sounds
5. Assess for signs and symptoms of hemodynamic instability, including change in mental status, pallor, diaphoresis, hypotension, tachycardia, and tachypnea
6. Apply ice compress to dorstum /bridge of the nose
7. Instruct patient to cough or spit as any of these can prevent blood cloth formation
8. Gently clean the nostril to mop up dribble
9. Where available adrenaline nasal pack is prepared and inserted to help constrict blood vessels

NURSING MANAGEMENT FOR FOREIGN BODY IN THE EYE:

1. Sit patient down, facing the light or lamp provided
2. Provide reassurance and advise patient to not rub eye
3. Stand behind the patient and gently tilt their head backwards
4. Using the finger and thumb, separate the eyelids gently and examine the eye
5. If a foreign body is seen on the conjunctiva, irrigate the eye with clean water
6. If irrigation fails, lift the foreign body off using a moist swab or the damp corner of a clean handkerchief or similar. Using a sterile cotton-wool bud is advocated, but one may not be available
7. If it is suspected that there is a foreign body underneath the upper eyelid, ask the casualty 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
8. If first-aid measures are unsuccessful; arrange for medical aid