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MATRIC NO: 16/MHS02/038

ASSIGNMENT

1. Management of cardiac arrest
2. Management of carbon monoxide poisoning
3. Management of epistaxis
4. Management of foreign bodies in the eyes

MANAGEMENT OF CARDIAC ARREST

Cardiac arrest is the cessation of blood flow resulting from the failure of the heart to pump effectively characterized by loss of consciousness and abnormal or absent breathing. Cardiac arrest is treated as an emergency and the management includes:

- Call for help
- Immediate cardiopulmonary resuscitation is done to restore blood circulation.
- Loose all tight clothing around the chest and waist.
- Place the patient on a flat and hard surface and tilt the head to the back
- Start CPR immediately
- If ambu bag is available, oxygen should be delivered 4-6 litres per minute
- If there is no ambu bag; artificial respiration such as mouth-to-mouth respiration should be done to deliver oxygen to the lungs.
- Use of defibrillator
- Continue CPR until the person begins to breath or move.

MANAGEMENT OF CARBON MONOXIDE POISONING

The management includes:

- Take patient's history
- Assess patient's airway to know the cause of the poisoning and also line of treatment
- Administer pure oxygen through a mask placed on the nose and mouth in order to help oxygen reach the organs and tissues.
- Hyperbaric oxygen therapy should be given . this involves breathing pure oxygen in a chamber where there the air pressure is higher than normal. This helps to accelerate the reverse of hypoxia and elimination of the carbon monoxide. It is also used for central nervous system and cardiovascular dysfunction.
- The patient should be monitored continuously using ECG.
- Patient should be constantly observed for post resuscitation symptoms.

MANAGEMENT OF EPISTAXIS

Epistaxis is bleeding from the nose . there are two types which are:

- Anterior epistaxis
- Posterior epistaxis

The management includes:

- Examine patient to know if it is anterior or posterior epistaxis
- Compress 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.

- Direct pressure should be applied continuously for at least five minutes, and for up to 20 minutes.
- Tilt the head backward to prevent blood flowing into the pharynx and preventing airway obstruction
- The nose should be irrigated with warm water to allow for proper examination and visibility
- If anterior epistaxis is identified, cotton pledges soaked in vasoconstrictor and anesthesia should be placed in anterior nasal cavity with direct pressure on both sides for five minutes.
- If the bleeding is posterior, nasal tampons should be used for packing and also, anesthesia should be administered before inserting into the nasal floor
- If the bleeding is persistent, the source should be located and the doctor should be informed
- The examination for the source should be carried out in a well illuminated room.

MANAGEMENT OF FOREIGN BODY IN THE EYE

- Encourage client to remain calm and give psychological support
- Perform hand hygiene
- Instruct patient to sit on the bed or a chair in a well illuminated room
- Perform pre-procedure eye examination using a pen light.
- Administer a topical anesthetic and ask patient to keep the eyes shut to retain drug
- Examine the eye carefully. Ask the patient to look up then pull the lower lid then ask the patient to look down and pull the upper lid.
- Gently irrigate the eyes using sterile water in a syringe.

- If the object is superficial, use a cotton-tipped applicator in a rolling motion to gently lift the foreign body from the surface.

The following caution should be taken:

- Don't rub the eye.
- Don't try to remove an object that's embedded in the eye.
- Follow up care should be given after removal.