**Management of carbon monoxide poisoning**

* Position to semi-fowler if not contraindicated.
* Secure safely with side rails to prevent fall.
* Administer 100% oxygen via facemask until the patient is symptom free for about 4-5 hours.
* Monitor vital signs.
* Assess level of consciousness.
* Assess for other neurologic and systemic signs like; dizziness, headache, muscular weakness and palpitations.
* Monitor skin for signs of severity with perfusion.
* Ensure patient stays in a well ventilated environment.
* Provide hyperbaric oxygen therapy adequately to the patient; it involves breathing pure oxygen in a chamber in which the air pressure is about two to three times higher than normal.

**Management of foreign body in the eye**

* Provide comfort for patient.
* Reassure the client and make client calm.
* Place patient in an upright position facing the light
* Examine the client’s eyes to ascertain extent of foreign body.
* Instruct client not to scratch or scrub the eyes or attempt removal of foreign object to avoid further damage.
* Stand behind client and gently tilt the head backwards.
* Encourage client to blink in an attempt to dislodge the particle.
* Gentle irrigation with sterile isotonic solution should be performed.
* Attempt initial removal of foreign body with a sterile cotton tip moistened with sterile eyewash.
* Assess visual acuity to ascertain visual field.
* Appropriate referral to an ophthalmologist should be initiated.

**Management of cardiac arrest**

* Perform cardiopulmonary resuscitation (CPR) and monitor cardiac rhythm.
* Administer 1mg epinephrine with an IV or an endotracheal tube and repeat every 3-5 minutes.
* Admit client on a cardiac bed and nurse in an upright position.
* Use an automated external defibrillator.
* Monitor vital signs.
* Continue CPR and medication until the cardiac rhythm returns to normal or the patient expires.

**Management of epistaxis**

* Assess the site of bleeding from the nose.
* Reassure patient and relative appropriately.
* Sit client down with head forward to prevent swallowing and aspiration of blood.
* Loosen tight clothing around the neck and chest.
* Place the patient in a well-lit and ventilated area.
* Instruct client 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 bridge of the nose.
* Instruct client not to speak, swallow, cough, spit, sniff or blow the nose as any of these may disturb blood clotting.
* Gently clean the nostril to mop-up dribble.
* Available adrenaline nasal pack is prepared and inserted to help constrict nasal blood vessels.
* Arrange for medical aid.