

Name; Dada Moyinoluwa Grace

Matric no. 17/MHS02/104

Course code; NSC 408

Assignment ; Still on Emergency Nursing: Four emergency nursing conditions were identified in our last assignment (cardiac arrest, carbon monoxide poisoning, epistaxis and foreign body in the eye), read more and identify/explain 4 more emergency nursing conditions and their management

ANSWERS

Other nursing emergencies situations can be

- Swallowing a foreign body
- Managing a febrile convulsion
- Ingestion of petrol
- Managing a patient that just collapsed

1. Swallowing a foreign body

A patient especially children are prone to putting objects in their mouths and also swallowing them. A foreign body in the airway (choking) constitutes a medical emergency and requires immediate attention. The foreign body can get stuck in many different places within the airway. In this case the nurse is meant to control the situation and managed it appropriately.

Management

- Admit patient into a well-ventilated room
- Loosen tight clothing
- Reassure patient and relatives
- Nil by mouth ie nothing should be administered through the mouth
- Set a tray for extraction of object
- Prepare patient for xray to locate position of object
- The patient should be approached with courtesy and compassion as per any patient, but limits should also be set and communicated; the patient should be informed that we will try to help them but they **MUST** not swallow objects in the ER and must cooperate with their care
- The nurse should generally consider the patient competent to refuse care. IF they refuse care, they should be discharged (write a good note!)

- If they agree to be scoped for object removal, consult GI. Only consult Gen Surg if there is evidence of or concern for a perforation.
- If GI advises removal by scope and patient agrees, in general, do it as quickly as possible and discharge them. This may mean scoping in the ER under conscious sedation. Please facilitate this any way we can. If volume permits the ER doc to assist with sedation, that's fine, otherwise call anaesthesia for assistance.
- If patient requires admission, Medicine should admit with GI consulting as this situation does not meet the criteria for GI admission.
- Patients generally do not require psych consultation every presentation. IF they disclose a personal crisis or acute emotional issues that would benefit from consultation that is fine.

2. Managing a febrile convulsions

Febrile convulsion is characterized by convulsion associated with fever in an infant or child aged between six months and six years. The febrile illness causing the convulsion should not be secondary to an intracranial infection (meningitis or encephalitis) or acute electrolyte imbalance. Most cases of febrile convulsion are short lived and self-terminating. However, a few cases of prolonged febrile convulsion may need anticonvulsant medication to stop the seizure. Management is mainly symptomatic, although anticonvulsants may have a role in a small number of children with complex or recurrent febrile convulsion

Management

- Be calm!! Watching a seizure can be very frightening.
- Keep the seizing person away from obstacles that may harm them, and clear the area of any harmful items such as sharp objects. Place a pillow, blanket, jacket, or other soft, preferably flat, object under the person's head if available. Be sure that the person is not face down to prevent suffocation.
- Do not try to stop the person's movements or hold them down, but turn the person onto one side
- Calm the relative anxiety
- Expose the child to reduce the temperature
- Tepid sponge the child if necessary to cool temperature
- Nurse the child in a cot with railings to avoid falling
- Maintain calm and quiet environment
- If there is respiratory distress as a result of convulsion administer oxygen
- Give prescribed anticonvulsant drugs
- Monitor and record vital signs.

- Give light clothing that can absorb sweat to facilitate the release of heat into the air.
- Promote adequate rest periods to reduce metabolic demands on oxygen.
- Advice to increase fluid intake to help decrease body temperature.
- Discuss eating habits and encourage diet for age to achieve health needs of the patient with the proper food diet for his disease.
- Elevate head of bed at night to increase gravitational blood flow.

3. Ingestion of petrol

Hydrocarbons can cause rapid onset of CNS symptoms including CNS depression and seizures. Volatile hydrocarbons can be aspirated and cause chemical pneumonitis. Cardiac dysrhythmias are less common. Poisoning can occur from accidental exposure (often younger children) or deliberate exposure (often from inhalation e.g. from “sniffing” or “chroming”)

Management

- Do not induce vomiting
- Give him corpus fluid to take
- Do a gastric lavage
- Monitor his vitals
- If he becomes unconscious treat as an unconscious patient
- Maintain patent airways
- Reassure patient and relatives
- Give first aid. If breathing stops, open the airway and give mouth-to-mouth respiration.
- If the patient is unconscious or drowsy, lay him or her on one side in the recovery position. Check breathing every 10 minutes and keep the patient warm.
- Take the patient to hospital as quickly as possible.
- If petrol is in the eye
- Wash the eyes for at least 15-20 minutes with water. Take the patient to hospital if irritation is severe.
- On the skin; Immediately remove contaminated clothing, shoes, socks and jewellery. Wash the skin well with soap and cold water for 15 minutes, if possible using running water. Take the patient to hospital if irritation is severe or there are burns.
- Stabilization of the airway is always the first priority of treatment in patients with hydrocarbon poisoning.
- Give supplemental oxygen to all patients, and perform bedside pulse oximetry.
- Early intubation, mechanical ventilation, and use of positive end-expiratory pressure may be warranted in a patient with inadequate oxygenation, severe respiratory distress, or a decreased level of consciousness.

- Take all precautions to minimize the patient's risk of vomiting and further aspiration.
- A trial of bronchodilators may prove useful in patients with suspected bronchospasm.

4. Managing a patient that just collapsed

A person collapse when he or she falls down for no obvious reason (such as when you trip or fall). A collapse may happen when someone become unconscious for a few seconds, such as when one faint. You might fall to the ground and not respond to sounds or being shaken. Your pulse may become faint and you might even stop breathing.

A person collapses when their brain isn't getting enough oxygen. When you're on the ground, it's easier for the heart to pump oxygen to the brain. Very occasionally, people collapse without losing consciousness, their muscles just gives way. This can happen due to problems with generalized weakness and frailty, a problem with the heart or brain, a seizure or an issue affecting the inner ear Other, more serious, casues of collapse include:

- a heart attack
- a stroke
- a seizure
- a major illness
- an injury or accident, especially if there has been a blow to the chest or head
- a drug overdose
- alcohol poisoning

Management

- Keep calm
- Use ABC principles for immediate treatment
- Think about and treat the underlying cause.
- Run to the patient.
- Did anyone else see them fall?
- Did they have a seizure?
- Check for a pulse
- Is the the person breathing? ; If they are breathing make sure they stay that way by assuring that their airway stays open.
- Call for assistance.
- Are they awake?
- Are they unconscious? Shake them "Are you alright? Can you hear me?"
- Assess the patient for possible injuries from the fall.
- Vital and neurological checks.

- Check for pupils, responsiveness (if any).
- Get patient to a safe place. Heart monitor hookup. Pulse ox and BP cuff in place.
- Establish IV even if they already have one.
- Crash cart readiness. Leave a staff member with the patient.
- Call the doctor reporting the observed incident with as much detail as you can, having all vital signs on hand to relay.
- Recheck on patient. Read chart. Get a grasp on patient history looking for possible reasons for the fall.
- Check medications and allergies.
- Call the nursing supervisor.