**Matric no; 16/mhs02/049**

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**NSC 408**

**ASSIGNMENT; identify/explain 4 more emergency nursing conditions and their management**

1. **Heart Failure**

Description: Heart failure occurs when the heart can no longer pump the ample amount of oxygenated blood that the body needs and demands to sustain life and to maintain the necessary bodily functions. Although left sided heart failure and left ventricular malfunctioning is more common than right sided heart failure and right ventricular malfunctioning, heart failure can be both right sided and left sided.

Signs and Symptoms: The signs and symptoms associated with heart failure include tachycardia, hypotension, lethargy, an intolerance of activity, dyspnea, related anxiety, the retention of excessive bodily fluid and skin pallor.

Interventions and Treatments: ACE inhibitors, angiotensin II receptor antagonists, beta blockers, diuretics, a sodium restricted diet, an implanted cardioverter and or pacemaker and a physician approved exercise regimen may be indicated for the client, as based on their current cardiac status.

Complications; all bodily systems and tissues can be jeopardized and compromised with heart failure; these systems and tissues can include the renal system, the client's hemodynamic stability, and the pulmonary system. Respiratory and cardiac arrest can occur when treatment is not successfully rendered to the affected client.

1. **Traumatic Head Injury**

Description: A traumatic injury to the skull and brain. A primary brain injury is one that occurs immediately after a trauma; the physical movement and displacement of the anatomical structures of the brain, contusions, vascular damage and widespread axonal shearing and tearing of the axons of the cerebral neurons occur and the damage is done immediately upon impact. Secondary traumatic brain injuries, unlike primary brain injuries, is not due to any type of traumatic physical or mechanical force, but instead, it occurs gradually and progressively over a period of time and not immediately after a trauma.

Signs and Symptoms: The signs and symptoms of a traumatic closed head injury include increased intracranial pressure, cerebral swelling and movement, cerebral ischemia, cerebral hypoxia, and impaired respiratory functioning in addition to hypotension, acidosis, pupil dilation, decorticate posturing, seizures, and major changes in terms of the client's level of consciousness and awareness.

Interventions and Treatments: Treatments include medications such as mannitol which is a cerebral osmotic diuretic that decreases the fluid buildup, anticonvulsant medications to decrease the risk of seizure activity, the relief of cerebral edema using corticosteroids, oxygenation, mechanical ventilation, intravenous fluid replacement, blood pressure maintenance and the correction of any accompanying signs and symptoms in order to sustain life.

Complications: Increased intracranial pressure, permanent life altering brain damage, seizures, coma and death

1. **Spinal Cord Injuries**

Brief Description: A traumatic injury of the spinal cord which is part of the central nervous system. The American Spinal Injury Association (ASIA) classifies these injuries from A to E, as based on the severity of the sensory and motor losses that are sustained by the client.

Grade A spinal cord injury is the most severe of all; all sensory and motor function is lost. In contrast to the A grade spinal cord injury, grades B, C and D are incomplete injuries. Grade B spinal cord injuries consists of the loss of motor function at and below the level of the injury but some sensory functioning, including anal sensation, is preserved; a grade C spinal cord injury reflects the preservation of some muscular function below the level of the spinal cord injury; a grade D spinal cord injury is characterized with the preservation of more than 50% of muscular movement at and below the level of the injury; and a grade E spinal cord injury preserves normal sensory and motor function.

Spinal cord injuries can also categorized as tetraplegia and paraplegia injuries, which are the loss of or the impairment of the client's sensory and/or motor function originating at the cervical portion of the spinal cord which leads to poor or absent functioning of the legs, pelvic organs, arms and trunk and the pelvic organs and legs and the loss or impairment of, sensory and/or motor function originating at the thoracic, sacral or lumbar region of the spinal cord.

Lastly, spinal cord injuries are also categorized according to the type of force that was exerted to produce it and as penetrating and non penetrating. These forces include flexion, extension, compression and rotation. Penetrating spinal cord injuries, such as those that occur as the result of a gun shot wound, are serious and unstable because the cerebral neural tissue is lacerated and torn.

Signs and Symptoms: This medical emergency, in addition to the sensory and motor losses discussed immediately above, these injuries present with different signs and symptoms depending on the level of the injury and the completeness of the injury; the diaphragm, intercostal muscles and accessory breathing muscles may be impaired, the arterial blood gases are impaired, respiratory secretions can accumulate, aspiration, pain, nausea, vomiting, impaired urinary function, paralytic ileus, and hypothermia can also occur.

Interventions and Treatments: All interventions to preserve life and to prevent any possible complications such as further spinal cord damage are done. The ABCs, ACLS protocols, intubation, mechanical ventilation, immobilization and stabilization of the spinal cord using sand bags, head restraints and a Kendrick Extrication Device (KED) in the field, pain management, a nasogastric tube to suction and/or antiemetic medication can be used for nausea and vomiting and to avoid distention and aspiration, the administration of stool softeners and laxatives to prevent autonomic dysreflexia secondary to constipation and the correction of any hypothermia.

Complications: Spinal neurogenic shock, respiratory distress, respiratory arrest, poikilothermia which is the body's loss of ability to control and regulate the body temperature, autonomic dysreflexia which is a life threatening disorder that occurs most often with an over distention of the bowel or bladder, life threatening hypertension, compensatory bradycardia, all the hazards of immobility, fear and anxiety, permanent brain damage, seizures, coma and death

1. **Foreign Bodies in the Ear**

Brief Description: The placement of a foreign body in the ear such as a piece of a broken toy or a bead. Children are at greatest risk for this ear injury and trauma.

Signs and Symptoms: Itching, ear discharge, the signs and symptoms of a ruptured tympanic membrane when the foreign body has affected this membrane, and visualization of the foreign body using an auroscope

Interventions and Treatments: Removal of the foreign body using an auroscope or, when necessary, using crocodile forceps when the foreign body is too large to remove with the auroscope as often occurs when organic matter such as a vegetable swells and expands after being placed in the ear

Complications: Ruptured tympanic membrane and hearing loss