**MATRIC NUMBER: 16/MHS02/036**

**ASSIGNMENT TITLE:** EMERGENCY NURSING

**COURSE TITLE:** ADVANCED MEDICAL/ SURGICAL NURSING II

**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**

Your submission should be typed (maximum of 5 pages) and upload as an attachment on or before 13th of May, 2020.

Keep safe.

**Four more emergency nursing conditions and their management.**

1. Frostbite
2. Decompression sickness
3. Hemorrhage
4. Hypovolemic shock

**FROSTBITE**

This is trauma resulting from exposure to freezing temperatures that results to actual freezing of the tissue fluids in the cell and intracellular spaces

It results in cellular and vascular damage. Body parts most frequently affected are the feet, hands, nose and ears and it ranges from 1st (erythema) to 4th degree (full-depth tissue destruction)

**Assessment**

* Frozen extremity may be cold, hard, and insensitive to touch
* Appears white or mottled blue-white
* Extent of injury from exposure to cold is not initially known; assess for concomitant injury
* History includes environmental temperature duration of exposure, humidity, and presence of wet conditions

**Management**

The goal is to restore normal body temperature; controlled yet rapid rewarming is instituted

* Constrictive clothing and jewelry that could impair circulation are removed.
* Patient should NOT be allowed to ambulate if the lower extremities are involved.
* Place extremity in a 37° to 40°C circulating bath for 30- to 40-min.
* Repeat treatment until circulation is effectively restored.
* Early rewarming decreases amount of tissue loss.
* Analgesic is given during rewarming since process may be very painful.
* Avoid handling of body part to prevent further injury.
* Elevate to prevent further swelling.
* Sterile gauze or cotton is placed between affected fingers or toes to prevent maceration.
* A foot cradle is used to prevent contact with bedclothes.
* Blebs are left intact and not ruptured, especially if they are hemorrhagic.
* Risk for infection is great; strict aseptic technique is used during dressing changes, and tetanus prophylaxis & anti-inflammatory medications are given
* Whirlpool bath for affected extremity to aid circulation, debride necrotic tissue and prevent infection
* Escharotomy to prevent further tissue damage, allow normal circulation and permit joint motion; fasciotomy
* After rewarming, hourly active motion of affected digits is done to promote maximal restoration of function and to prevent contractures.
* Refreezing is avoided
* Avoid tobacco, alcohol, and caffeine because of vasoconstrictive effects which further reduce the already deficient blood supply to injured tissues.

**DECOMPRESSION SICKNESS (DCS)**

This occurs in patients who have engaged in diving, high-altitude flying, or flying in a commercial aircraft 24 hrs after diving

It results from nitrogen bubbles trapped in joint or muscle spaces, resulting in musculoskeletal pain, numbness, & hyperesthesia; Bubbles can become emboli in the bloodstream & cause stroke, paralysis, or death.

A rapid history & recompression is done ASAP & may necessitate a low altitude flight to the nearest hyperbaric chamber.

**Assessment**

Evidence of rapid ascent, loss of air in the tank, buddy breathing, recent alcohol intake or lack of sleep, or a flight within 24 hours after diving are risk factors.

**Signs and symptoms:**

1. Joint/extremity pain
2. numbness, hypesthesia
3. loss of ROM
4. neuro Sx mimicking CVA
5. CP arrest in severe cases

**Management**

* A patient airway and adequate ventilation are established & 100% O2 is given throughout treatment & transport
* A CXR is obtained to identify aspiration, and at least 1 IV line is started with LRS or NSS.
* If a head injury is suspected, the head of the bed is lowered.
* Wet clothing is removed and the patient is kept warm.
* Transfer to the closest hyperbaric chamber is done.
* Antibiotics may be prescribed if aspiration is suspected.

**HEMORRHAGE**

Haemorrrhage is a rapid loss of blood from blood vessels. It can be external, internal or both.

* External: Laceration, avulsion, GSW, stab wound
* Internal: Bleeding in body cavities and internal organs

**Assessment**

Assess for reduction of circulating blood volume, which is the principal cause of shock.

**Signs and symptoms of shock:**

1. Cool, moist skin
2. Hypotension
3. Tachycardia
4. Delayed capillary refill
5. Oliguria

**Management**

* Fluid Replacement
* Two large-bore intravenous cannulae are inserted to provide a means for fluid and blood replacement, and blood samples are obtained for analysis, typing, & cross-matching.
* Replacement fluids may include isotonic solutions (LRS, NSS), colloid, and blood component therapy.
* Packed RBCs are infused when there is massive hemorrhage
* In emergencies, O(-) blood is used for women of child-bearing age.
* O(+) blood is used for men and postmenopausal women.
* Additional platelets and clotting factors are give when large amounts of blood is needed.

**Control of External Hemorrhage**

* Physical assessment is done to identify area of the haemorrhage.
* Direct, firm pressure is applied over the bleeding area or the involved artery.
* A firm pressure dressing is applied, and the injured part is elevated to stop venous & capillary bleeding if possible.
* If the injured area is an extremity, it is immobilized to control blood loss.

**Control of Bleeding: Tourniquets**

* Applied only as a last resortjust proximal to the wound and tied tightly enough to control arterial blood flow; tag the client with a “T” stating the location and the time applied
* Loosened periodically to prevent irreparable vascular on neuro damage
* If still with arterial bleeding, remove tourniquet and apply pressure dressing
* If traumatically amputated, the tourniquet remains in place until the OR.

**Control of Internal Bleeding**

* Watch out for tachycardia, hypotension, thirst, apprehension, cool and moist skin, or delayed capillary refill.
* Packed RBC are administered at a rapid rate, and the patient is prepped for operation.
* Arterial blood is obtained to evaluate pulmonary perfusion & to establish baseline hemodynamic parameters
* Patient is maintained in a supine position and closely monitored.

**HYPOVOLEMIC SHOCK**

This is a condition where there is loss of effective circulating blood volume due to rapid fluid loss that can result to multi-organ failure

**Causes**

1. Massive external or internal bleeding
2. Traumatic, vascular, GI and pregnancy related
3. Burns

**Nursing Diagnoses For Hypovolemic Shock**

1. Altered tissue perfusion related to failing circulation
2. Impaired gas exchange related to a V-P imbalance
3. Decreased cardiac output related to decreased circulating blood volume

**Signs and symptoms**

1. Weakness, lightheadedness, and confusion
2. Tachycardia
3. Tachypnea
4. Decrease in pulse pressure
5. Cool clammy skin
6. Delayed capillary refill

**Management**

* Rapid blood and fluid replacement; blood component therapy optimizes cardiac preload, correct hypotension, & maintain tissue perfusion
* Large-bore intravenous needles or catheters are inserted into peripheral vv.
* A central venous pressure catheter may also be inserted in or near the RA.
* LRS approximates plasma electrolyte composition and osmolarity
* A Foley catheter is inserted to record urinary output every hour; urine volume indicates adequacy of kidney perfusion
* Ongoing nursing surveillance of the total patient is maintained to assess the patient’sresponse to treatment; a flow sheet is used to document parameters
* Lactic acidosis is a common side effect & causes poor cardiac performance