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**EMERGENCY NURSING CONDITIONS AND THEIR MANAGEMENTS**

**Asthma**

 A chr**onic inflammatory disease of the airways** that causes airway hyperresponsiveness, mucosal edema, and mucus production.

Assessment of a patient with asthma includes the following:

* Assess the patient’s respiratory status by monitoring the severity of the symptoms.
* Assess for breath sounds.
* Assess the patient’s peak flow.
* Assess the level of oxygen saturation through the pulse oximeter.
* Monitor the patient’s vital signs.

#### **Nursing Interventions**

The [nurse](https://nurseslabs.com/registered-nurse/%22%20%5Co%20%22Registered%20Nurse%20Career%20Guide%3A%20How%20to%20Become%20a%20Registered%20Nurse%20%28RN%29%22%20%5Ct%20%22_self) generally performs the following interventions:

* **Assess history.** Obtain a history of allergic reactions to medications before administering medications.
* **Assess respiratory status**. Assess the patient’s respiratory status by monitoring the severity of symptoms, breath sounds, peak ﬂow, pulse oximetry, and vital signs.
* **Assess medications.** Identify medications that the patient is currently taking. Administer medications as prescribed and monitor the patient’s responses to those medications; medications may include an [antibiotic](https://nurseslabs.com/antibiotics/%22%20%5Ct%20%22_self) if the patient has an underlying respiratory [infection](https://nurseslabs.com/risk-for-infection/%22%20%5Ct%20%22_self).
* **Pharmacologic therapy.** Administer medications as prescribed and monitor patient’s responses to medications.
* **Fluid therapy.** Administer fluids if the patient is dehydrated.

**Fractures**

A simple fracture is when there is no wound leading down to the broken bone.

* General symptoms and signs of a fracture:-
Pain at or near the seat of fracture
* Tenderness or discomfort on general pressure over the fractured area
* Swelling about the seat of fracture. This swelling frequently renders it difficult to perceive other signs of fracture and care must be taken not to underestimate the seriousness of the condition.
* Deformity of the limb
* The irregularity of the bone

General rules for treatment of fractures.

* Treat the fracture on the spot
Don’t move the patient till the injured part has been immobilised unless life is in immediate danger from some other cause. If, however, circumstances are such that final immobilisation cannot be completed on the spot, carry out a temporary fix to enable the patient to be moved for a short distance to more suitable and safe surroundings. Haemorrhage and severe wounds must be dealt with before continuing with the treatment of fractures, with due regard to requirements of both types of injuries.
* Steady and support the injured parts at once, so that movement is impossible. This prevents further injury and the increase in the bleeding which always takes place at the site of the fracture. It also prevents broken bone ends from piercing or damaging the skin, blood vessels, nerves or muscles.
* Immobilise the fracture by the use of bandages or the use of splints.
Using the patient’s body as a means of support, application of bandages would be adequate. Additional support of splints may be required when there is a possibility of long or difficult transport before medical aid is possible. Splints are required when both lower limbs are fractured.
* The use of bandages:-
Never apply a bandage over the site of a fracture. They must be applied sufficiently firmly to prevent harmful movements, but not so tightly as to prevent the circulation of blood.In the case of a fractured limb, further swelling may occur, causing the bandage to become too tight. Should this occur, loosen them at once to allow normal circulation to return. Padding must always be placed between the ankles and knees if these are tied together.

**Chocking**

Everyone has 'had something go down the wrong tube' causing them to choke. It leads to significant coughing and eye watering in an effort to clear it from your airway. This is normal choking that is not a medical emergency. But if someone chokes to the point of blocking their airway, this is an emergency.

As long as someone is coughing, you can tell that their airway isn't blocked. If someone is choking but they are not coughing or able to make any noise, their airway is blocked. First you want to ask them if they are choking. They will not be able to speak but can nod their head. Call for additional help as you inform the person that you are a nurse and are going to help them.

The **Heimlich maneuver** is the procedure to help a choking victim.

* Standing behind the person, wrap your hand around your other fist and place it right above the navel of the victim.
* Using quick motions, thrust your fists in and up until the object is expelled from the patient's airway.

**Bleeding**

What if you walk in to see your patient to find blood all over the room and a large laceration to their arm?

* Don gloves and a gown if easily accessible.
* Ensure the patient is in a safe position (help them to the bed if they are not already there).
* Have them lie down to prevent them from going into shock.
* If there's an object in the wound, do not remove it as it may cause more bleeding. If you're able, use sterile dressings to apply firm pressure to the wound in an attempt to stop or at least slow the bleeding.
* Handle the arm as gently as possible to avoid further damage. Elevate the arm above the heart if able.
* This wound will require additional interventions, so while emergency help is on the way make sure to keep the patient warm.
* Measure vital signs and watch for changes and reassure and comfort the person.