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COURSE: ADVANCED MEDICAL SURGICAL NURSING

EMERGENCY NURSING MANAGEMENT OF SOME CONDITIONS

BLEEDING ARREST

For severe bleeding, take these first-aid steps and reassure the injured person.

* **Remove any clothing or debris on the wound**. Don't remove large or deeply embedded objects. Don't probe the wound or attempt to clean it yet. Your first job is to stop the bleeding. Wear disposable protective gloves if available.
* **Stop the bleeding.** Place a sterile bandage or clean cloth on the wound. Press the bandage firmly with your palm to control bleeding. Apply constant pressure until the bleeding stops. Maintain pressure by binding the wound with a thick bandage or a piece of clean cloth. Don't put direct pressure on an eye injury or embedded object.
* **Secure the bandage with adhesive tape** or continue to maintain pressure with your hands. If possible, raise an injured limb above the level of the heart.
* **Help the injured person lie down.** If possible, place the person on a rug or blanket to prevent loss of body heat. Calmly reassure the injured person.
* **Don't remove the gauze or bandage.** If the bleeding seeps through the gauze or other cloth on the wound, add another bandage on top of it. And keep pressing firmly on the area.
* **Tourniquets:** A tourniquet is effective in controlling life-threatening bleeding from a limb. Apply a tourniquet if you're trained in how to do so. When emergency help arrives, explain how long the tourniquet has been in place.
* **Immobilize the injured body part as much as possible.** Leave the bandages in place and get the injured person to an emergency room as soon as possible.

Call 911 or emergency medical help for severe bleeding that you can't control.

FAINTING:

Fainting occurs when your brain temporarily doesn't receive enough blood supply, causing you to lose consciousness. This loss of consciousness is usually brief.

* Position the person on his or her back. If there are no injuries and the person is breathing, raise the person's legs above heart level — about 12 inches (30 centimeters) — if possible. Loosen belts, collars or other constrictive clothing.
* To reduce the chance of fainting again, don't get the person up too quickly. If the person doesn't regain consciousness within one minute, call 911 or your local emergency number.
* Check for breathing. If the person isn't breathing, begin CPR. Call 911 or your local emergency number. Continue CPR until help arrives or the person begins to breathe.
* If the person was injured in a fall associated with a faint, treat bumps, bruises or cuts appropriately. Control bleeding with direct pressure.

BASIC FIRST AID FOR SEIZURES

If you have a family member prone to seizures, the following information may be helpful:

\* 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 if possible.

\* Call emergency medical services (911) if the person

- has repeated seizures or the seizure lasts more than 5 minutes

- fell or hit his or her head during the seizure

- has difficulty breathing or is not breathing

- remains unconscious for more than a few minutes after the seizure

- has a known heart condition.

If you live with someone prone to seizures, CPR training is a good idea.

* Monitor and note information about the seizure, including the time the seizure began and stopped, and body movement during the seizure.

After the seizure, do not offer food or fluids until the person is fully awake, able to sit upright, and can swallow easily. Also, be sure the person is comfortable. You may need to reorient the person to the day, time, and surroundings. Temporary amnesia can occur with seizures. Call the person's primary care provider, if previously instructed to do so. Be sure to bring a record of all seizures to the next office visit.