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MATRIC NO: 16/MHS01/204

COURSE: ADVANCED MEDICAL SURGICAL NURSING

 EMERGENCY NURSING MANAGEMENT OF SOME CONDITIONS;

DURING CARDIAC ARREST:

What to do

If you have tried and failed to get the person to respond, and you think the person may be suffering cardiac arrest, here’s what to do:

1. Call for help Tell someone nearby to call 911 or your emergency response number. Ask that person or another bystander to bring you an AED (automated external defibrillator), if there’s one on hand. Tell them to hurry – time is of the essence.
2. If you’re alone with an adult who has these signs of cardiac arrest, call 911 and get an AED (if one is available).
3. Check breathing If the person isn’t breathing or is only gasping, administer CPR.

 Give CPR: Push hard and fast Push down at least two inches at a rate of 100 to 120 pushes minute in the center of the chest, allowing the chest to come back up to its normal position after each push.

1. Use an AED Use the automated external defibrillator as soon as it arrives. Turn it on and follow the prompts.
2. Keep pushing Continue administering CPR until the person starts to breathe or move, or until someone with more advanced training takes over, such as an EMS team member.

B. Carbon Monoxide Poisoning Treatment

1. Get the Person to Fresh Air

Move the person away from carbon monoxide area.

If the person is unconscious, check for injuries before moving.

Turn off carbon monoxide source if you can do so safely.

2. Call 911

3. Begin CPR, if Necessary

If the person is unresponsive, not breathing, or not breathing normally:

Perform CPR for one minute before calling 911 if you are alone. Otherwise, have someone else call and begin CPR.

For a child, start CPR for children.

Continue CPR until the person begins breathing or emergency help arrives.

4. Follow Up

Once at the hospital, the person is treated with 100% oxygen. Depending on the severity of the carbon monoxide exposure, oxygen is delivered in different ways.

Mild poisoning is treated with oxygen delivered by a mask.

Severe carbon monoxide poisoning may require placing the person in a full body, high pressure chamber to help force oxygen into the body.

C. MANAGEMENT OF EPITAXIS:

* Put on protective gear, including gown, gloves, and face shields. Quickly assess the ABCs (airway, breathing, and circulation) and support them as indicated. Reassure the patient.
* Have the patient sit upright with her head tilted forward, and instruct her to apply direct external digital pressure to the nares with her index finger and thumb. Tell her to breathe through her mouth while she holds firm pressure on the soft flesh of her nose for at least 10 minutes. If bleeding persists, cotton pledgets soaked in a vasoconstrictor and anesthetic will be placed in the anterior nasal cavity, and direct pressure should be applied at both sides of the nose.
* Ensure bedside suction is functioning properly. Provide an emesis basin and tissues. Tell her to spit blood into the basin if necessary. This helps prevent nausea and vomiting and lets you estimate the amount of bleeding.
* Obtain vital signs and SpO2 level, and assess her breath sounds. Administer supplemental oxygen via facemask if needed. Continue to monitor vital signs closely.
* Assess for signs and symptoms of hemodynamic instability, including change in mental status, pallor, diaphoresis, hypotension, tachycardia, and tachypnea.
* If bleeding is significant, establish vascular access, place the patient on a cardiac monitor, and begin fluid resuscitation with a crystalloid solution, as prescribed. Obtain specimens for blood work, including complete blood cell count and coagulation profile, as prescribed.
* Obtain a focused health history, including previous nosebleeds, other bleeding episodes, easy bruising, and medication use, especially use of aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs), antiplatelet agents, warfarin, and herbal products.
* If bleeding persists, assist in preparing the epistaxis tray and a headlamp. Make sure lighting is adequate. Once the bleeding site is identified, the definitive treatment is cautery (silver nitrate or electrical). If cautery is unsuccessful, nasal packing will be used to apply direct pressure to the bleeding site. During the procedure, reassure the patient, monitor vital signs, and assess for hypoxia.
* After bleeding is controlled, reassess the patient and provide oral care. Keep the patient's mouth moist while the packing is in place.
* If packing is used, especially posterior packing, monitor for respiratory compromise. Tell the patient to report signs and symptoms of infection and teach her about any prescribed antibiotics. If she has posterior packing, she'll be admitted to the hospital. A patient with anterior packing will follow up with an ear, nose, and throat specialist as an outpatient.
* The nasal packing will be left in place for 3 to 5 days. Instruct the patient to avoid exerting herself, forcefully blowing her nose, or bending over. She should also avoid NSAIDs, alcoholic beverages, and smoking for 5 to 7 days. Tell her to apply water-soluble ointment to her lips and nostrils while packing is in place and to use a cool-mist room humidifier. Advise her to take steps to prevent constipation and straining, which increases the risk of bleeding.
* Don't leave the patient unattended during epistaxis.