**Matric number: 16/mhs02/050**

**Name: Pirisola Oluwatomiloba Feyifunmi**

**Assignment Title: Emergency Nursing 2**

**Course Title: Advanced Medical/ Surgical Nursing II**

**Course Code: NSC 408**

Question

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

 ANSWER

1. **Emergency management of burns**

Burns can be categorized into major and minor burns:

MAJOR BURNS

1. Make sure you and the person who’s burned are safe and out of harm’s way. Move them away from the source of the burn. If it’s an electrical burn, turn off the power source before touching them.
2. Check to see if they’re breathing. If needed, start rescue breathing if you’ve been trained.
3. Remove restrictive items from their body, such as belts and jewelry in or near the burned areas. Burned areas typically swell quickly.
4. Cover the burned area. Use a clean cloth or bandage that’s moistened with cool, clean water.
5. Separate fingers and toes. If hands and feet are burned, separate the fingers and toes with dry and sterile, nonadhesive bandages.
6. Remove clothing from burned areas, but don’t try to remove clothing that’s stuck to the skin.
7. Avoid immersing the person or burned body parts in water. Hypothermia (severe loss of body heat) can occur if you immerse large, severe burns in water.
8. Raise the burned area. If possible, elevate the burned area above their heart.
9. Watch for shock. Signs and symptoms of shock include shallow breathing, pale complexion, and fainting.

MINOR BURNS

1. Cool down the burn. After holding the burn under cool, running water, apply cool, wet compresses until the pain subsides.
2. Remove tight items, such as rings, from the burned area. Be gentle, but move quickly before swelling starts.
3. Avoid breaking blisters. Blisters with fluid protect the area from infection. If a blister breaks, clean the area and gently apply an antibiotic ointment.
4. Apply a moisturizing lotion, such as one with aloe vera. After the burned area has been cooled, apply a lotion to provide relief and to keep the area from drying out.
5. Loosely bandage the burn. Use sterile gauze. Avoid fluffy cotton that could shed and get stuck to the healing area. Also avoid putting too much pressure on the burned skin.
6. Take an over-the-counter pain reliever if necessary. Consider acetaminophen (Tylenol), ibuprofen (Advil), or naproxen (Aleve).
7. **Emergency management in seizure**
8. Loosen anything around the person's neck (clothing, ties, jewelry, etc.) that may impede breathing.
9. Do not restrain the person – this may result in injury.
10. Do not put anything into the person's mouth, and do not try to hold the tongue or force the mouth open. This may also cause injury.
11. Clear the area around the person and remove any objects that could injure them (glasses, furniture, etc.).
12. Put something flat and soft under their head.
13. After the seizure, lay the person on their side to facilitate breathing and keep the airway open.
14. Do not leave a person alone after a seizure – they may be disoriented or confused
15. **Emergency management of bleeding**
16. 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.
17. 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.
18. 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.
19. 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.
20. 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.
21. 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.
22. **Emergency management of asthma attack**
23. Sit the person upright.
24. Take long, deep breaths. This helps to slow down your breathing and prevent hyperventilation. Breathe in through your nose and breathe out through your mouth.
25. Stay calm. Staying calm may prevent further tightening of your chest muscles and make your breathing easier.
26. Get away from the trigger. The asthma attack could be triggered by dust, cigarette smoke or the smell of chemicals (e.g., ammonia, chlorine gas, sulphur dioxide). Get away from the trigger as soon as possible and go to an air-conditioned environment or any place with clean air.
27. Take a hot caffeinated beverage. Hot caffeinated drinks like coffee can help to open up the airways slightly, providing some relief for an hour or two if inhaler isn’t available.
28. When inhaler is available, Give four puffs of blue reliever puffer. Make sure you shake the puffer, put one puff into a spacer at a time and get the person to take four breaths of each puff through the spacer.