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MATRIC NUMBER: 16/MHS02/038

COURSE CODE: NSC 408

COURSE TITLE: ADVANCED MEDICAL/ SURGICAL NURSING

ASSIGNMENT

Identify/ explain four emergency nursing conditions and their management.

EMERGENCY NURSING CONDITIONS

1. Snake bite
2. Status Asthmaticus (severe acute asthma)
3. Burns
4. Electric shock

ANSWERS

1. MANAGEMENT OF SNAKE BITE

- a) Admission of patient
- b) Assess the patient and obtain history of snake bite
- c) Give psychological care
- d) Instruct patient to move as little as possible to slow down circulation of the snake venom
- e) Remove all jewelries, clothing and constrictive materials around the affected area
- f) Monitor the patient's vital signs
- g) Cover the bite with a clean, loose-fitting dry bandage

- h) Administer analgesia, tetanus prophylaxis, and antivenin as prescribed
- i) Cover the bite with a clean, loose-fitting, continue to monitor patient for allergic reaction.
- j) Continual patient assessment is a priority, including monitoring for systemic complications such as renal failure, coagulopathy, and delayed hypersensitivity reaction to antivenin
- k) Upon discharge, patient should be instructed on the signs and symptoms of delayed hypersensitivity reaction to drug including fever, joint pain, rash or bleeding
- l) Follow up appointments.

2. STATUS ASTHMATICUS

Asthma is a chronic reactive airway disorder that produces airway obstruction resulting from bronchospasm, increased mucous secretion, mucosal oedema and airway inflammation.

Status asthmaticus is also known as severe acute asthma. It is a severe and prolonged asthma exacerbation not responding to normal treatments such as inhaled bronchodilator and associated with symptoms of respiratory failure.

MANAGEMENT

- a) Admission of patient
- b) Encourage and reassure the patient
- c) The nurse should encourage relaxation technique and purse lip breathing
- d) Administer oxygen immediately as prescribed to treat dyspnea, cyanosis and hypoxia.
- e) Monitor patient vital signs especially respiration and oxygen saturation
- f) Encourage deep breathing and coughing exercises to clear the airways
- g) Administer prescribed medications such as Iv bronchodilator.

- h) Implement measures to prevent such attack when patient is stable such as:
- i) Minimize exposure to pulmonary pollutants
- j) Encourage client to always use their inhalers and take prescribed medications
- k) Encourage patient to always have their inhalers within their reach

3. BURNS

Burns are injuries to the skin or other tissues caused by heat, friction, electricity, radiations or chemicals.

MANAGEMENT OF BURNS

- a) Assess the areas of burns
- b) Evaluate the patient's respiratory status
- c) Do not apply lotions of any kind.
- d) Encourage and reassure patient
- e) Do not remove burned clothing and do not break blisters.
- f) Cover the area (including burned clothing), with a dry sterile dressing if possible, or similar material such as clean lint, freshly-laundered linen.
- g) Bandage firmly, except when blisters are present or suspected, in which case, bandage lightly.
- h) Immobilize the area by suitable means to prevent further pain
- i) Encourage the intake of high calories and food rich in protein

- j) Assist patient to attempt mobilization and ambulation as soon as possible
- k) Observe strict aseptic technique while dressing patient's wound
- l) On discharge, encourage physical therapy, continued intake of high calories and protein diet.

4. ELECTRIC SHOCK

An electric shock occurs when a person comes into contact with an electrical energy source.

Electrical energy flows through a portion of the body causing a shock. Exposure to electrical energy may result in no injury at all or may result in devastating damage or death.

Burns are the most common injury from electric shock.

MANAGEMENT OF ELECTRIC SHOCK

- a) Switch off the current, and if it cannot be put off, cut off supply by removing the plug, breaking the cable or wrenching it free. Never attempt to cut a cable with a knife or scissors.
- b) Remove the patient from contact with the current with the greatest care, using dry insulating materials. With domestic apparatus, gloves are good; a folded garment or newspaper gives fair protection.
- c) Begin CPR if the person shows no signs of circulation, such as breathing, coughing or movement
- d) Reassure the patient.

- e) Lay the patient down on their back, with the head low and turned to one side unless there is an injury to the head, abdomen or chest when the head and shoulders should be slightly raised and supported.
- f) Loosen clothing around the neck, chest and waist.
- g) Wrap them in a blanket or rug.
- h) Give sips of water, coffee or any liquid but never alcohol.
- i) Check for Other Injuries;
- j) If the person is bleeding, apply pressure and elevate the wound if it's in an arm or leg.
- k) There may be a fracture if the shock caused the person to fall.
- l) Apply a bandage. Cover any burned areas with a sterile gauze bandage, if available, or a clean cloth. Don't use a blanket or towel, because loose fibers can stick to the burns.