**MATRIC NUMBER: 16/MHS01/069**

**COURSE CODE: NSC 408**

**COURSE TITLE: ADVANCED MEDICAL SURGICAL NURSING**

**EMERGENCY NURSING CONDITIONS AND THEIR MANAGMENTS.**

1. **AIRWAYS OBSTRUCTION**
* Assess the airway for patency
* Use manual method to open and obstructed airway.
* Use basic airway adjunct to intervene if the airway is compromised, e.g , suction, oral airways.
* Assist in maintenance of the airway using advanced airway adjuncts, e.g, intubation, surgical airways.
* Deliver O2 when required, using appropriate methods.
* Continuous assess airway patency and ventilatory status of the patient using clinical observation and relevant monitoring.
* Explain procedure clearly to patient and any family member.
* Standard assessment method to be used for unresponsive patient.
* Look for chest rise and fall.
* Listen for breathing and abnormal airway sounds.
* Feel for breath.
1. **HEMMORHAGE.**

**Internal bleeding management**:

* Place on a flat surface with legs elevated.
* Establish an airway.
* Place a cold compress or ice on the area of injury.
* Maintain body temperature with blankets.
* Assess vital signs.
* Oxygen may be ordered by the physician.

**Fluid replacement therapy**:

* Place a two large gauge IV catheters in an uninjured extremity, to provide a means for fluid and blood replacement.
* Collection of blood samples for analysis, cross-matching, and typing.
* Administer replacement fluid as prescribed, depending on the clinical estimate of the volume of fluid lost.
* Administer packed red blood cells in cases of massive blood loss, also transfusion of platelets and clotting factors.
1. **FRACTURE.**
* Patient is evaluated completely then clothes are removed from the uninjured part first then injured site.
* Assess neurovascular status before and after any splinting to determine the adequacy of peripheral tissue perfusion and nerve function.
* With open wound fracture cover with a sterile dressing to prevent contamination.
* Immobilize affected part by using the splint to prevent movement of fracture fragment that causes pain, bleeding and soft tissue damage.
* If upper extremity is fractured, bandage to the chest or use of splint in a functional position.
* Encourage patient not to mobilize site in closed fracture.
* Encourage patient to exercise in a closed fracture to maintain the health of the unaffected muscle for using assistive device e.g, crutches and walker.
1. **HYPOTHERMIA AND FROSTBITE.**
* Administer oxygen always to support ventilation
* Obtain accurate temperature by low thermometer.
* Start rewarming measures.
* Rehydrate may need to be cautious in elderly patients; may need central line to assess fluid resuscitation status.
* Administer foley or NG tube.
* Continuous core temperature and cardiac monitoring.
* Assess for and treat other underlining illnesses and injuries.
* Consider ICU admission.