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NSC 408

  **EMERGENCY NURSING**

1. **Snake bite involving many villagers**
2. **A hunter attacked by a swarm bees**
3. **Epileptic seizures**
4. **Sickle cell crisis.**

**SNAKE BITE INVOLVING MANY VILLAGERS.**

* Reassure them
* Call for assistance and teach them what to do
* Apply tourniquet just tight enough to stop venous return of blood
* Wash the skin over the fang masks, incise 4 to 6mm long through the fangs within the first few minutes to induce bleeding
* Immobilize patient immediately in order to delay spread of venom
* Apply tourniquet just tight enough to stop venous return, but it should not be tight enough to prevent arterial circulation above the bite
* Loosen or release tourniquet 30 seconds every 30 minutes then tighten again.
* Reassure the patient
* Transfer or refer to a hospital as quickly as possible for an anti-snake serum
* In hospital, reassure the patient
* Check vital signs, level of consciousness, and measure circumference of extremity involved and record
* Perform skin test for hypersensitivity of horse serum
* Obtain history for previous allergies and illness
* Start an intravenous infusion as described
* Give prescribed antivenin IV slowly as soon as possible
* Have epinephrine drawn up in syringe available for immediate use in the event of unfavorable reaction
* Cleanse the bite site and cover with sterile dressing
* Immobilize the affected extremity. Encourage rest
* Check tourniquet, if too tight, apply a looser one to the bite site and remove the first one
* Give prescribed antibiotics and tetanus toxoid.

**A HUNTER ATTACKED BY A SWARM OF BEES**

* Apply tourniquet above stinging site if in the limbs to retard absorption
* Wash the particular areas with saline solution thoroughly
* Treat for shock
* Establish a patent airway
* Give prescribed epinephrine IM,IV or subcutaneous and antihistamines to block further histamine binding at target cells

**EPILEPTIC SEIZURES**

* If patient is falling, try to support or ease the fall and lay down gently
* Remove patient from injury or injury from patient
* Keep other people away
* Lay patient on his back
* Loosen tight clothing around the neck, chest and waist and place something soft under the head
* Clear away any furniture or equipment which may come in contact with the patient during convulsive stage
* Place a firm, well padded article, or a handle of spoon covered with a handkerchief or a piece of wood between the patient’s teeth to prevent the tongue being bitten
* Protect the patient from injury when twitching begins. Do not restrain him when twitching begins
* After twitching, make him as comfortable as possible
* Do not arouse the patient. Allow consciousness to return gradually
* Reassure the patient
* Stay with him until you are sure recovery is possible
* Nothing per oral until you are sure of full alertness
* Advise him to inform his doctor even if he makes a quick recovery

**SICKLE CELL CRISIS**

* Remove any constricting cloth around the neck, chest and waist
* Maintain a position so that patient keeps the extremities extended to promote venous return
* Ensure adequate rest and quiet environment
* Reassure patient and relations
* Do not raise the knee gatch of the bed
* Elevate the head of the bed not more than 30 degrees
* Check peripheral pulses, color, sensation, motion and capillary refill of the extremities
* Maintain adequate hydration to dilute the blood and reverse the agglutination of sickle cells within the small blood vessels
* Send for the doctor
* Administer oxygen as prescribed and analgesics, and infusion of normal saline