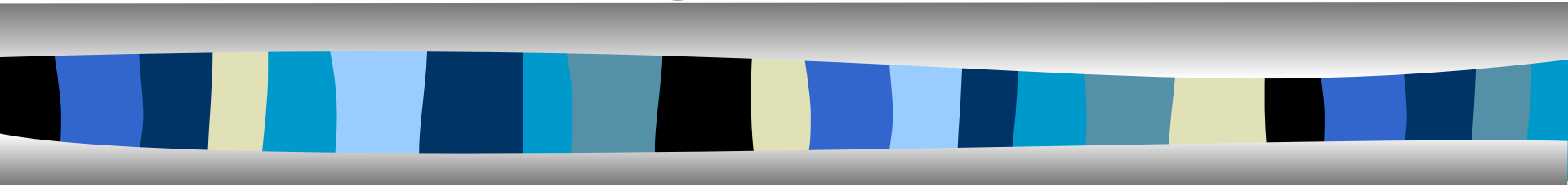


Nursing Assistant



Emergency Procedures



Common Emergencies

- Myocardial infarction (heart attack)
 - Disruption of flow of blood to an area of the muscle of the heart with subsequent death of the tissue at that area
 - Signs & Symptoms
 - Chest pain
 - SOB
 - Diaphoresis
 - Confusion/mental status change
 - Syncope/fainting
 - Weakness



Role in treating heart attack

- Call for help loudly, pull emergency light
- Remain calm & stay with resident
- Place resident in comfortable position (may need to sit rather than lie)
- Reassure resident
- Intervene as directed by licensed nurse
- Assess condition & VS while waiting for nurse
- Keep resident warm as needed



Cerebrovascular Accident (Stroke)

- Disturbance or obstruction of the flow of blood to a particular area of the brain with subsequent death of tissue
- Signs & Symptoms
 - Hemiplegia – weakness on one side of body
 - Aphasia – difficulty in speaking or understanding speech
 - Headache



Role in treating CVA

- Call for help loudly, pull emergency light
- Remain calm & stay with resident
- Place resident in position of comfort
- Reassure resident
- Intervene as directed by licensed nurse
- Assess condition & take VS while waiting for nurse
- Keep resident warm as needed



Syncope (fainting episode)

- Feeling of dizziness with possible temporary loss of consciousness
- Signs & Symptoms
 - Pallor – paleness of skin
 - Cool, moist skin
 - Eyes may roll back
 - Unsteadiness or loss of upright position
 - Weak pulse



Role in treating syncope

- Before loss of consciousness & during dizziness
 - Remain calm, call for help loudly, pull call light
 - Assist to floor, protect from injury
 - If sitting, place head towards knees
 - Loosen tight clothing
 - Observe for any change in condition



Role in treating syncope (cont)

- After loss of consciousness
 - Raise legs approximately 8 inches
 - Loosen tight clothing
 - Observe for any changes in condition & monitor VS while waiting for help to arrive



Seizures (epilepsy)

- Interference with the normal electrical activity of the brain with subsequent changes in mental status
- Signs & Symptoms
 - Mild blackout – looks as though daydreaming
 - Uncontrolled muscular contractions (can be minimal to major with possible violent head jerking)



Role in treating seizures

- Assist resident to ground safely
- Cushion head
- Remain calm, call for help loudly, pull emergency light
- Stay with resident & observe, gently turning head to one side
- Loosen jewelry & clothing
- Pad any items that may be dangerous to the resident or move them away from resident
- Do NOT attempt to restrain or put anything into resident's mouth



Insulin shock (hypoglycemia)

- Condition resulting from an overdose of insulin resulting in reduction of the blood sugar levels below normal
- Causes – too much insulin, too little food, too much exercise, vomiting
- Signs & Symptoms
 - Pale, moist skin
 - Rapid bounding pulse
 - Headache, confusion, weakness
 - unconsciousness



Role in treating Insulin Shock

- Stay with resident
- Remain calm, call for help loudly, pull emergency light
- Administer orange juice, milk, or snack if instructed by licensed nurse



Hemorrhaging (bleeding)

- Extreme or unexpected loss of blood
- Signs & Symptoms
 - External bleeding
 - Bleeding in spurts (arterial)
 - Steady flow of blood (venous)
 - Slow oozing of blood (capillary)
 - Internal bleeding
 - Coughing up bright red blood
 - Vomit that has the appearance of coffee grounds
 - Blood in urine or stool (stool may be black or tarry in appearance)



Role in treating hemorrhage

- Remain calm, call for assistance loudly, pull emergency light
- Stay with resident
- Observe standard precautions, wear **GLOVES**
- Apply direct pressure with gauze pad over area that is bleeding
- Elevate affected limb
- DO NOT offer food or drink
- Keep resident calm & cover to keep warm



Shock

- Failure of the cardiovascular system to provide sufficient blood circulation to every part of the body
- Signs & Symptoms
 - Skin pale, cold, clammy, or moist
 - Pulse rapid & weak, low or falling BP
 - Respirations shallow, irregular, labored
 - Eyes dull & lackluster
 - Nausea, vomiting, thirst
 - Confusion, anxiety, restlessness
 - May collapse & lose consciousness (faint)



Role in treating shock

- Remain calm, call for help loudly, pull emergency light
- Stay with resident, give reassurance
- Maintain open airway
- DO NOT give food or drink
- Cover resident to keep warm



Respiratory Distress

- Increase or decrease in effort & frequency of breathing movements
- Signs & Symptoms
 - SOB, dyspnea
 - Cyanosis
 - Hyper/hypoventilation
 - Hypoxia
 - Bradypnea/tachypnea
 - Anxiety & confusion
- Prevent surgical complications by encouraging TCDB & increased activity as tolerated



Role in treating resp distress

- Stay with resident
- Elevate HOB, place in position of comfort
- Remain calm, call for help, pull emergency light
- Reassure/calm resident
- Assess VS while awaiting licensed nurse
- Be prepared to gather equipment as instructed (oxygen tank & tubing)



Immediate Intervention in emergency

- Advance Directives
 - Full code
 - DNR
 - Living will
 - Durable power of attorney



Immediate interventions

- Check consciousness
- A – Airway – open if unconscious
- B – Breathing
 - Check for breathing by look, listen, feel
 - If no breathing, give 2 breaths
 - Use mask to do rescue breathing
- C – Circulation
 - Check for circulation by feeling for pulse
 - Give compressions (30 per 2 breaths)



General rules in emergency

- Stay calm
- Call for help – get licensed nurse
- Charge nurse may initiate EMS by calling 911
- Remain with resident
- Intervene as directed by nurse
- Reassure/calm resident
- Crash or emergency cart
- AED (automated external defibrillator)
- What to do with family members????



Airway obstruction (choking)

- Can lead to cardiac arrest
- Caused by
 - Foreign body (may be poorly chewed food, particularly meat)
 - Tongue – falls back in throat during unconsciousness & may block airway
 - Small objects
 - Vomitus – can aspirate vomit
 - dentures



Signs of choking

- Respiratory difficulty
- High pitched sounds
- Inability to speak or cough
- Universal choking sign – victim clutches throat



Heimlich maneuver (abdominal thrusts)

■ Conscious resident

- Remain calm, call RN STAT, remain with resident, ask if he is choking
- If resident can COUGH, continue to observe
- If unable to cough or speak, stand behind resident
- Wrap arms around waist
- Make a fist with one hand, placing thumb side of fist against resident's abdomen, just below the lower end of sternum & above navel
- Cover fist with other hand & push forcefully with thumb side, inward & upward with a quick thrust
- Repeat until foreign body comes out or resident loses consciousness



Heimlich maneuver

- When normal breathing returns, watch for several minutes to be sure breathing continues
- Unconscious resident
 - Call for help, DO NOT leave resident
 - Lower resident to floor, position on back
 - Apply gloves, tilt head, open airway
 - Try two slow breaths using mask
 - Straddle resident's thighs
 - Place heel of hand on abdomen below lower end of sternum & above navel, place second hand over first, fingers pointing towards head



Heimlich maneuver

- Give 6 to 10 thrusts
- Use hooking finger sweep to try to clear foreign object from mouth of ADULT. Do not push further down throat. Sweep mouth from side to side of cheek, using hooking motion.
- Attempt to give breaths again
- If still obstructed, repeat steps until object is dislodged
- Continue until airway is open, help arrives, or rescuer cannot continue



Common emergency codes

- Code red – fire
- Code blue – adult medical emergency (cardiac or respiratory)
- Code yellow – bomb threat
- Code gray – combative person
- Code silver – person with weapon or hostage
- Code orange – hazardous waste spill or release
- Codes may vary according to facility
- Observe special considerations to hearing & sight impaired residents