

Emergency nursing essay



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Immediate care priorities: Caring for a multiple injured patient should have a primary assessment such as; assessing airway patent of the patient if it needs suctioning or insertion of oropharyngeal airway, assessing breathing pattern by noting the character and symmetry of chest wall, assessing circulation to normalize the cardiac rhythm of the client, and assessing neurologic condition to determine the Glasgow coma score as baseline data for what treatment and procedure to be done for the client. Assuming to the problem of the assaulted patient he had suffered facial/head injuries wherein a broad classification that includes the injury to the scalp, skull, or brain. There should have a careful cephalocaudal examination of the patient from the reactivity of the patients pupils to identify periorbital ecchymosis, Battle's sign (ecchymosis over the mastoid), CSF leak to identify the severity of the injury, mid-face for swelling, tenderness and stability immobilize neck, checking neck and chest for ecchymosis (bruises or contusion) for possible persistent localized pain, or a fracture, to be able to have an immediate imaging (X-ray), brief and accurate evaluation of Glasgow Coma scale for any neurological deterioration must have prompt urgent reappraisal by the supervising doctor and be followed up by imaging (Computed Axial Tomography Scan, Magnetic Resonance Imaging) for more detailed evaluation, a hyperventilating patient needs immediate care and should be given an oxygen saturation to prevent vasoconstriction.

If bleeding is present measure the Intracranial Pressure (ICP) to prevent hypovolemic shock and further injury. Services and support: There should be a proper introduction of the staffs to family members or health care provider and proper explanation of those procedures being performed. Documents of

head injury and any investigations likely to be used should be available in the A&E(Accident and Emergency) Department. Care providers and relatives should be encouraged to talk and make physical contact (for example, holding hands) with the patient. This may be a perfect moment to mention patient support organizations and introduce their literature.

Providing leaflets or contact details for these organizations enable the family members to obtain further information. Discussion: The patient's lack of speaking English could have been the cause of him getting hurt and possibly resulting in further injury. Thus nurses will not be able to understand him either. And the diagnosis would be altered by this kind of problem.

References Sharon Mantik Mantik Lewis, Sharon Mantik Mantik Lewis, Margaret McLean Heitkemper, Shannon Ruff Dirksen, Shannon Ruff Dirksen June 2003 Medical Surgical Nursing Ignatavicius, Donna D. Ignatavicius, M. Linda Workman April 2005 Medical-Surgical Nursing: Critical Thinking for Collaborative Care