ROLE OF NURSES IN CARDIO-PULMONARY RESUSCITATION

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IT is my proud privilege to save life at times of respiratory failure. It was a challenge and reward for the nurses to resuscitate Mr. 'K' who encountered respiratory failure with respiratory arrest immediately after uretero-neo-cystostomy. On return from the Operating Room Mr. 'K' was conscious. His pulse rate was 84 per minute. Respirations were 22 per minute and the breathing was stertorous. Mr. 'K's throat was sucked to facilitate breathing by providing him with clear airway.

A few minutes after the suctioning of the throat, Mr. 'K' suddenly stopped breathing. His pulse became feeble. He became still and motionless. His face appeared pale. He went into unconsciousness.

Cardio-Pulmonary Resuscitation

Immediately after identification of the respiratory failure, the nursing team pressed into emergency action to resuscitate Mr. 'K' with the following life-saving action. A wooden plank was introduced under the mattress. External Cardiac message was started by placing the heel of the right hand just above the Xiphoid process of the sternum and pressed with the heel of the left hand at the rate of 80 to 100 per minute. For every four to five external cardiac compressions, one mouth to nose breathing was practised. His throat was cleared by suctioning. His head was tilted and neck hyperextended. His mandible was pulled forwards with he help of thumb and index finger supporting the rami in order to prevent falling back of the tongue. After taking a deep breath, the resuscitator closed the mouth of Mr. 'K' and the air was blown into his nose. His chest movements were observed for rise and fall. He did not respond for two to three minutes. The resuscitator continued the resuscitation. Suddenly, Mr. K started to struggle for breath which was a good sign. This was a great pleasure and excitement to the resuscitator who could work vigorously to revive Mr. 'K'. He started to breathe and his pulse rate, rhythm, volume and tension improved. It was very essential to recognize respiratory arrest immediately and to start resuscitation within three minutes. During the course, carotid pulse, pupillary reaction and the colour of the skin were observed. The help of the other nursing personnel and his family members were utilized to get the emergency equipment, oxygen apparatus and to inform the doctors of that unit. After resuscitation, oxygen was administered at the rate of 8 litres per minute. Injection Sodium Bicarbonate 200 ml. I.V. was administered to neutralize respiratory acidosis as per the medical orders. Blood gas analysis showed PO_2 at 97 per cent and his E.C.G. was normal. Pulse rate was 120 per minute. Respirations were 30 per minutes. Blood pressure was 120 m.m.Hg (systolic).

Psychological support to the family:

None could asses the anxiety, agony, anger etc. of the wife of Mr. 'K' who was married only one year earlier. She was dumb founded at the happenings with all pent up emotions. Only after the revival of Mr. 'K', the resuscitator and the nursing team showed sympathy and reassured them that the crisis has been overcome. They heaved a sigh of relief.

Nurses in Emergency

Nurses engaged in the immediate post-operative care lost confidence. They were so anxious that they did not know what to do. During the period of resuscitation their thinking and reasoning power were to some extent poor. Their psychological energy drainage was so great that 3 to 4 minutes appeared to be a very long period. They needed more tolerance and enthusiasm to continue resuscitation.

Other Equipment used during Resuscitation were: Ambu bag, oesophageal airway, endotracheal airway, intermittent positive pressure breathers and Trachaeostomy equipment.

Conclusion:

Mr. 'K' aged about 29 years, who had uretero-neo-cystostomy and suffered with an episode of respiratory arrest was resuscitated and sent home happily. It was a wonderful experience to bring a nearly dead person back to life. Nurses who are capable of resuscitating patients at times of emergency are an asset to the institution and to the profession as a whole. Therefore, every hospital needs to conduct inservice education to educate them about the care of patients during Cardio-Pulmonary arrest.

SNA GOLDEN JUBILEE

Do you know about the celebration of SNA Golden Jubilee Conference, which is to be held in October this year. Please read about it in the Nursing Journal of India issues, from March onwards.

— **Editor**