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Emergency room nurse pocket guide

One of the most amazing aspects of emergency medicine is the huge range of conditions that arrive daily. No other specialty in medicine sees different conditions that an emergency room doctor sees in a typical week. Some of the conditions for people to the emergency room include: Car AccidentsSports injuriesBroken bones and cuts from accidents and fallsBurnsUncontrolled bleedingHeart attacks, chest painDifficulty breathing, asthma attacks, pneumoniaSim, loss of function and/or numbness of the arms or legsLoss of vision, hearingUnconsciousconfusion, altered level of consciousness, faintingSuicidal or murderous thoughtsOverdose abdominal pain, persistent vomitingFood poisoningBlood when vomiting, coughing, urinating, or in bowel movementsWhy allergic reactions from insect bites, foods or medicationsComplications from diseases, high fever Ad Kittisak Sirichunswan /ShutterstockAs can be expected, many nursing stories involve the unfortunate placement of objects in openings where they certainly do not belong. This one's no different. Rebecca Lee, a registered nurse from New York who also runs a natural health remedies resource, tells the story of when a gentleman came into the emergency room complaining of extreme rectal pain and a foreign body entering his anus. It turned out to be the leg of a wooden stool. How did it get there? He fell on it (when it was upside down), and it got stuck inside him. He asked us not to tell his wife, Lee says matter-of-factly. These are the secret personnel in the emergency room won't tell you. Elnur/ShutterstockThe most horrific case of something getting stuck where it shouldn't be, said A.J. Marsden, PhD, a former U.S. Army surgical nurse who now serves as an assistant professor of human services and psychology at Beacon College in Leesberg, Florida, was one that she's sure was a mistake. This middle-aged man experienced terrible kidney stones, Dr. Marsden tells us. He was in such terrible pain that he didn't know what to do, so he put a glass tube in his urethra. If it wasn't bad enough, as he did it, he involuntarily kegeled, causing the tube to get sucked up further into his urethra. The sudden movement caused the tube to shatter into his urethra. Of course he went straight to the ER. olgaru79/ShutterstockSome experiences you can only hope to mentally block. On a memorable day, a young lady came to the ward crying bitterly because she had something in her butt, Dr. Marsden recalls. Dr. Marsden had by now expected that it would be something that the young lady had stuck in there herself. Or something that maybe a lover would have helped her place there. No I asked her to lower her pants, Dr. Marsden says, and then I bent down to peer at the object. That's when I realized the object was peeking back at me. The object was a worm. A very large parasitic worm. Once dr Marsden can remember vomit after seeing a patient. Doctors say these are the annoying things they wish patients wouldn't do. rsooil/ShutterstockMany nurses have learned that when patients presenting with objects stuck in their bodies, it's much better if the object is stuck in an opening. When it isn't, it's usually far more serious—like the time a patient was busy with a fence post that had entered his upper body just below his ribs and exit just above his opposite shoulder. The patient had been in a traffic accident and collided with a fence. That's what he told Louis Davis, an ER nurse in the UK, when he came fully aware at the ER. He also told Davis that he felt good except, I seem to have a splinter that I think you may need to remove. Perhaps denial works, because the man survived (after spending a month in the intensive care unit). Suphaksorn Thongwongboot/ ShutterstockA patient was sure his arm had lopped off in an agricultural accident, Davis recalls. He gesticulated to his left side and insisted it was true. We sat around the emergency room and looked at each other skeptically because although the man seemed a little lost and out of it, for sure, this wasn't true. But then they took the dirty blanket he hugged around his shoulders, and when they pulled it off... His left arm came with it. That's what the man said. Really. Check out the 51 funniest things that have happened at the doctor's office. BlurryMe/ShutterstockBelieve it or not, there are times when a nurse may not be the best person to do the job. That was the case when a patient came into the emergency room and complained of a problem with his artificial bladder, Lee said. The patient asked Lee to turn off the valve on the artificial sphincter at the tip of the contraption, under the patient's genitals. Lee had never even seen an artificial sphincter, let alone an artificial bladder at the time, and stood there not really knowing what to do. Luckily, she says, his wife went in and saved the day. Pulling his dress aside she said, 'Never mind, I can do this myself.' Victor Moussa/Shutterstock1974 when I was in nursing school, we had a gentleman who was brought in who had been injured in a car accident, said Benjamin Evans, DD, DNP, RN, president of the New Jersey State Nurses Association. He needed facial surgery and a jaw line. Evans noticed that the husband's wife seemed worried. He could also tell that they were not financially well-liberated. Finally, just before the leads were due to take place, the wife spoke up and asked Evans if she could remove her husband's prosthetics. It turned out that they shared the dentures—which they had bought second-hand by a local undertaker. Learn the 50 secrets hospitals don't want you to know. Lisa S/ShutterstockAll diabetics should know about triggers that raise blood sugar levels, but this woman simply ignored them. This only patient I was extremely overweight and diabetic. No matter how much insulin we gave No matter how much we kept a keen eye on her diet, we couldn't get her blood sugar levels to stabilize, Lee tells us. It remained a mystery until Lee helped the woman change her hospital dress. That's when pieces of fried rice and chicken wings began to fall out of cracks between her thighs and stomach. It turned out that her son had sneaked in food for her, and she had hidden it in the folds of the skin. Nik Merkulov/ShutterstockAn elderly patient came in alone and quite disoriented, Lee recalls. He was incontinent and couldn't move well on his own. The hospital couldn't find a family, and he didn't seem to have any visitors. But one day the man insisted that his daughter had stopped. Lee humored him, patiently listening to him recount his daughter's visit, which included her giving him a five-dollar bill. He was so stubborn, Lee says, that we actually searched everywhere for that five dollar bill. But we couldn't find it. Later that day, when Lee changed the patient's diaper, a well-wrinkled five-dollar bill popped out from inside his navel. Afterwards we looked at all the security cameras but we never saw his daughter stop by, or anyone else for that matter. These are the 13 things doctors don't tell you. Majalen/ShutterstockLee is reminiscent of another elderly male patient, but this one had a completely different attitude than the man with the mysterious money-producing navel. This one was with his diaper changed by Lee when he cried from where he lay face down on the exam table, I've heard that I have the nicest butt in the ER. What can Lee say about that? VILevi/ShutterstockOne of Lee's patients stood six feet tall and weighed 300 pounds. A psychiatric patient, she had to be closely monitored because she had a tendency to run away, and apparently she was able to run fast despite her size. She once undressed all her clothes and took off running around the emergency room, Lee recalls. I was doing paperwork at the nurse's station, and I looked up and could see that she was being chased by two of my colleagues. It took more than ten minutes and three people to finally stop her. The funny thing is that everyone who was familiar with this patient just kind of sat there, not batting an eye. For us, this was the norm. Next up, learn 75 secrets nurses won't tell you. Originally published: September 05, 2018Lauren Cahn for Reader's Digest Millions of Americans visit an emergency room every year. Millions more have watched the popular TV series ER. This has aroused an almost insatiable interest in the fascinating, 24-hour-a-day, nonstop world of emergency medicine. A visit to the emergency room can be a stressful, frightening event. Why is it so scary? First of all, there is a fear of not knowing what is wrong with you. There is a fear of having to visit an unknown place filled with people you have never met. Also, you may have to undergo tests that you do not understand at a pace that questions and understanding. Ad In this article, Dr. Carl Bianco leads you through a complete behind-the-scenes tour of a typical emergency room. You will learn about the normal flow of traffic in an emergency room, the people involved and the special techniques used to respond to life-or-death situations. If you find yourself the need to visit an emergency room, this article will make it less stressful by revealing what will happen and why things happen as they do in an emergency room. Department.