Assist. L zainab Hassan 4th Stage :Nursing

Unconscious patient

Unconscious: is abnormal state, the patient is unarousable and unresponsive. Unconsciousness is symptom rather than disease. Degree of unconsciousness that vary in length and severity;

Brief: fainting

Prolong: deep coma.

Coma: is deepest state of unconsciousness, arousal and awareness are lacking.

Etiology

1.Trauma
2. Hydrocephalus
3.Stroke
4. Meningitis
5.Hypo/hyperglycemia
6.Heptic encephalopathy

Management of unconscious patient

1.Maintaining the Airway by

- The secretions must be removed to eliminate the danger of aspiration.
- Elevating the head of the bed to 30 degrees helps prevent aspiration.
- Positioning the patient in a lateral or semi prone position .

- Suctioning and oral hygiene may be required. Suctioning is performed to remove secretions from the posterior pharynx and upper trachea.
- Chest physiotherapy and postural drainage may be initiated to promote pulmonary hygiene

2. Maintaining Fluid Balance by

- Hydration status is assessed by examining tissue turgor and mucous membranes.
- assessing intake and output trends, and analyzing laboratory data..
- However, IV solutions (and blood component therapy) for patients with intracranial conditions must be administered slowly. If they are administered too rapidly, they can increase ICP.

3. Maintaining Skin and Joint Integrity by

- turn the patient every 2hours to enhance blood circulation and prevent skin breakdown resulting pressure ulcer formation. .
- Turning also provides kinesthetic (sensation of movement), proprioceptive (awareness of position), and vestibular (equilibrium) stimulation.
- The use of splints or foam boots aids in the prevention of foot drop and eliminates the pressure of bedding on the toes.
- The use of trochanter rolls to support the hip joints keeps the legs in proper alignment.

4. Preserving Corneal Integrity by

- The eyes may be cleansed with cotton balls moistened with sterile normal saline to remove debris and discharge.
- If artificial tears are prescribed, they may be instilled every 2 hours aid to prevent corneal ulceration.

Periorbital edema (swelling around the eyes) often occurs after cranial surgery. If cold compresses are prescribed, care must be exerted to avoid contact with the cornea

5. Maintaining Body Temperature

The temperature elevations must be controlled, because the increased metabolic demands of the brain can exceed cerebral circulation and oxygen delivery, potentially resulting in cerebral deterioration.

Strategies for reducing fever include:

- Removing all bedding over the patient (with the possible exception of a light sheet, towel, or small drape.(.
- Administering acetaminophen as prescribed.

6.Providing Sensory Stimulation

- Communication is extremely important and includes touching the patient and spending enough time with the patient to become sensitive to his or her needs .

7.Preventing Urinary Retention

- If the patient is not voiding, an indwelling urinary catheter is inserted and connected to a closed drainage system.

8 Promoting Bowel Function

- Stool softeners may be prescribed and can be administered with tube feedings. To facilitate bowel emptying, a glycerin suppository may be indicated.