NURSES’ aim should be to help the patient maintain normal body functions and to prevent complications which will hamper the patient when consciousness is restored.

A Nurse who is responsible for direct care of patient comes across at every sphere of her experience to treat the patients with various degrees of unconsciousness. Care for the unconscious patient is one of the most exacting responsibilities a nurse can have, but it is also one of the most rewarding experiences. There is much personal satisfaction in thinking and doing for one who can neither do anything for himself nor ask for help. He cannot, for example, change his position if he is uncomfortable, strained or cramped. Therefore, the nurse must accept as her prime responsibility to recognize his needs and make efforts to meet them, more intelligently by her high quality of Nursing Care so as to enable the patient to be a useful person in the community when he recovers. In fact it is one of the areas where nursing care in itself can mean the difference between life and death.

What is unconsciousness ?

Unconsciousness is not a disease like others, but only an abnormal condition or a symptom, just as a fever, chill etc. that results from disturbance of perception to the extent that the patient is not aware of what is happening around him and to himself. It may be momentary, e.g., common faint or syncope or may last for months (e.g., following a serious motor accident in which extensive brain damage has occurred.)

ETIOLOGY :
1. Trauma
2. Infections: (a) bacterial, (b) viral (c) parasitic

Management of Unconscious Patients

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7. Functional disturbances of CNS: Epilepsy.

THE STAGES:
1. Excitatory stage in which the patient does not respond coherently but easily disturbed by sensory stimuli such as bright lights, noise or sudden movement. He may become excited and agitated at the slightest disturbance (e.g., going under anesthetizing or who are partially recovering).
2. The Somnolent stage in which the patient is extremely drowsy and will respond only if spoken to or directly touched.
3. The stuporous stage—patient responds only to painful stimuli such as pricking or pinching of the skin.
4. The stage of deep coma—patient does not respond to any type of stimuli and his reflexes are gone. He has no gag or corneal reflexes and he may have an irregular pupillary reaction to light or complete loss of pupillary reflexes.

INVESTIGATIONS :
1. History from the patient’s relatives is very important.
2. Examination of the patient especially fundus, neck rigidity and Kernig’s sign.
3. Neurological examination
4. L.P. to note whether fluid is under tension or any obstruction and fluid must be sent for cell count, chloride and proteins.
5. X-ray.
6. L.P. fluid for bacteriological examination.

NURSING CARE

Though the knowledge, skills and technique needed to care for unconscious patients are fundamental to all Nursing, the nursing, needs of the unconscious patients may vary little from those required by other patients. The approach consists of the application of the “golden rule—Do to others what you want them to do for you”. If we put ourselves in the patient’s place, motivation and action in the patient’s best interest follow readily. It is this self-concern we need to transfer to our unconscious patients.

The nurse must be competent enough in 3 aspects:

(a) Caring, includes the fundamental things that we do to make the patient comfortable, the things that he is temporarily unable to do for himself. This care may be physical, palliative, protective or rehabilitative in nature. For example changing the position, mouth care, sponging or support as he coughs etc.

(b) Cure, includes the specific treatments that nurse carries out—e.g. medications, compresses, irrigations etc. It is otherwise called curative nursing. This must be done with close co-operation of Doctors.

(c) Counselling includes all kinds of emotional, intellectual and psychological support. In this the nurses’ responsibilities are health promotion, preventive teaching, working with families etc.

Since the patient is unconscious...
uous, there is possibility of falling away from the bed. Therefore, it is necessary to provide a firm bed with railings and if possible dunlop or soft mattress so as to prevent from accidents and bedsores. The appearance of the unconscious patient and his surroundings is very important to his family. Because he is not in a position to communicate with his loved ones and it is the responsibility of the nurse to talk to his relatives and give them a seat to sit, explain the condition of the patient and assure them that the best of their ability will be given to the patient for his improvement. She may also ask them to pray to God for the quick restoration of his health. By this, much of anxiety of the patient’s kith and kin may be allayed and bring some psychological satisfaction.

Maintenance of an adequate airway is the primary need of the unconscious patient. Never leave the patient alone unattended because if he is lying on his back, the tongue may fall back and block the air passage and may cause suffocation. So watch him constantly. Place the patient on his side or abdomen, provide a small firm pillow under the head to prevent his face getting buried. Since the patient is unable to blow or otherwise clear the nose, the nasal passages may become blocked with mucous. Therefore, clean the nasal passages frequently as necessity arises. If more secretions are accumulated use the suction apparatus with a flexible sterile catheter because his cough mechanism and respiratory centre may be depressed, the secretion blocking the air passages.

Position of the patient is the secondary need of the patient. Keep the patient in a comfortable position. The most suitable position for the care of the unconscious patient is Dorsorombent position with head turned to one side so that the oronasal secretions will drain easily and leave the chest free for full respirations. Change the position frequently because if he is kept in one position for a long time with knee or ankle bent, it may produce enough pressure and hamper circulation resulting in bedsores. Frequent change of position will also help prevent lung complications such as Hypostasis Pneumonia, Bronchitis, Pneumonia etc. which usually occur due to long stay in the bed. Make his bed neat and tidy with no wrinkles. Attend his back frequently.

Food and fluids are the next need. A comatose patient cannot be given fluids or food by mouth, since he cannot swallow normally and may aspirate fluids into lungs. Therefore, the best method of feeding an unconscious patient is by intravenous infusion because we do not know exactly which system is affected. Fluid can also be supplemented through ryles tube provided it is made sure that the ryles tube is in the stomach. Pass the Ryle’s tube and inject some air and palpate with a stethoscope in order to make sure that the Ryle’s tube is in the stomach. Then only you can give Ryle’s tube feedings. Give plenty of fluids in order to meet the calorie requirement. In sickness the requirement depends upon the activity of the patient. Feedings should commence with small amounts at frequent intervals. Do not overload the stomach because the stomach contents will pass up along the sides of the tube to esophagus because it acts like a siphon. Presence of tube stimulates the salivary glands. Therefore, pay more attention to the airway to prevent obstruction. Do not injure the patient while passing the Ryle’s tube. See that the Ryle’s tube is clean and should be boiled at least once in 5 days. Take care not to pass into the air passage. Elevate the patient’s head about 30 to 40 degrees during feeding. Do not permit the feed to remain in the tube as it is an excellent culture for bacteria. Record all feeds accurately.

Care of the mouth is very essential because usually an unconscious patient tends to be a “Mouth Breather” and the mouth becomes dry. Give mouth care frequently every 24 hours. If patient has any dentures, it should be removed and stored until the patient becomes fully conscious. Clean the tongue and teeth and apply lubricant to the lips to prevent cracking.

CARE OF THE EYES. It is said that the unconscious patients will suddenly lose corneal reflexes which indicates further damage and patient will be in deep coma, usually results in the last stages just before death. So inspect the eyes several times a day to see whether corneal reflexes are present or absent. If there is any discharge or dryness, care must be taken as per the instructions of the doctor. Because neglect of the eye may lead to drying of the cornea and eventually blindness may occur. Use a shade to the eyes.

The next need is the problem of elimination through bladder and bowels. The unconscious patient usually has both fecal and urinary incontinence. If no contra-indication continuous drainage is good. But the method used depends upon the instructions of the doctor. Whatever method is used, either continuous drainage or catheterization at regular intervals, care must be taken to prevent ascending infection. Try to give bladder exercises by placing bedpan and massaging abdomen gently to one side, and pouring little hot water on the part to stimulate. If bed is wet change the wet linen and his clothes immediately after passing urine and attend his back to prevent bedsores and to add comfort. If possible, record urinary output so as to know the actual amount of urine passed.

Usually unconscious patient is given enema on every 3rd day by the order of doctor to prevent fecal incontinence and constipation. Patients who are fed by mouth must be given plenty of fluids, tomato and orange juice to have laxative effect.

Personal hygiene is the next need. Sponge the patient daily with hot water in order to keep skin clean, to refresh, to prevent hair follicles getting blocked due to (Contd. on page 414)