

Nursing Care of the Neurological Patients

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NEUROLOGY is the study of the diseases which affect the nervous system. Neurological nursing is a branch of general nursing. All routine nursing procedures are adopted in neurological ward. In addition there are certain specialised techniques which have to be learned and used.

The patients in neurological wards can be roughly divided into three groups in accordance with the nursing attention they require.

1. Patients who are ill in the generally accepted sense e.g. meningitis, cerebral abscess, cerebrovascular lesions such as haemorrhage or thrombosis and polyneuritis. The type of nursing required is more or less the same as that of patients suffering from general diseases outside of the central nervous system. Good nursing contributes greatly to the recovery of the patient.

2. Patients who are not ill in the general sense but who have some specific disability e.g. hemiplegia. They may have had a stroke and be left with weakness of an arm or a leg or unsteadiness in walking. Bladder function may be disturbed. Power of speech or sight also may be impaired. They have no rise of temperature, malaise or general symptoms of weakness. The general health in these patients remains unimpaired.

They are admitted for further observations and investigations which are required to determine whether weakness of one side of the body is due to a tumour or degeneration of a part of the brain. In some cases causes are known but they may require specific treatment such as intensive physiotherapy or a high caloric diet for one who had lost weight.

3. The third group belongs to patients with no disability but admitted for observation and

investigation because of some previous accidents e.g. a patient who has had a fit but has no present symptoms and a physical examination reveals nothing abnormal. These patients are admitted for special diagnostic procedures such as pneumoencephalography. Because patients belonging to the second and third group do not appear to be ill, the nurse may not appreciate her role with regard to them. The part she has to play in the care of the patient in the first group is clear enough but she may feel that in the remainder she plays the role of an attendant who makes beds and serves meals etc. Such an outlook impairs the efficient working of the unit.

The duty of a nurse in a neurological ward

Careful observation of patients on which largely depends the diagnosis of many conditions. The nurse who spends more time with the patient has a greater chance of being present when the patient has a fit. The diagnosis of the nature of a fit, time, date and severity, mode of onset, presence of aura, precipitating factors, 'march' of symptoms or convulsions, the duration of unconsciousness, presence of incontinence, and the behaviour of the individual immediately after the attack should also be noted. This information can be supplied by a well trained nurse who knows what to look for. Keen observation of earliest changes in organic mental deterioration e.g. that a patient is more forgetful than would seem normal, that he loses his bearings and cannot find his bed when he returns from the toilet, that he misuses objects, that he misidentifies people, may all provide a diagnostic clue of immense value. The observant nurse can also find out from the relatives whether the patient is forgetful in caring for his money, changing his

clothes etc. and pass on the information to doctors. Simple physiotherapy and occupational therapy helps to bring back movements to his paralysed limb. Pre-education of speech can also be helped and thus the nurse can make a valuable contribution to the management and rehabilitation of the patient back to his normal life.

The care of an unconscious patient includes the care of the bladder, bowel, nutrition tube feeding, correct fluid balance record, care of the skin, massage and frequent changing of position, nursing in semiprone position with proper management of airway, frequent suction, keeping record of vital signs, temperature, pulse, respiration, state of consciousness, the size of the pupil and reaction.

A further duty of the nurse is to educate the patient how to live with his disability. Encourage him to get the best out of life despite his illness e.g. a patient must be trained in the care of his skin and bladder or how to dress and care for himself. Patients will often discuss casually with the nurse many of their fears and ideas about their disease which they would not like to tell the doctor. A nurse who is aware of her role and has a pleasant and easy manner has a great opportunity for helping the patient.

The nurse who understands the type of investigations may explain to the patient of what he is about to undergo and thus restore his confidence by reassuring him and informing him about the angiogram or pneumogram etc.

A free atmosphere may be allowed in the ward because it will help many patients to feel perfectly at home. More diversions such as indoor games, radio and television may be provided. Acutely ill patients may be nursed apart inside

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