

## Being Innocent Is The Ultimate Weakness

**R. Pushpa kalambiga<sup>1</sup>, Jeyastri Kurushev<sup>2</sup>, A. Felicia Chitra<sup>3</sup>, Manjubala Dash<sup>4</sup>**

<sup>1</sup>M.Sc. Nursing Student, <sup>2</sup>Professor, <sup>3</sup>Principal, <sup>4</sup>Professor

Mother Theresa Post Graduate Research Institute of Health Sciences, Indira Nagar,  
Gorimedu, Puducherry, India

Email: manju\_narayan@rediffmail.com

DOI: <http://doi.org/10.5281/zenodo.3227874>

### Abstract

Unconsciousness is a life threatening condition and that requires immediate action. It is due to the absence of external stimuli. The causes are metabolic, structural and psychogenic causes. Special attention is paid on head and neck injuries, meningitis, papillary inequality. Both radiological and laboratory investigations are usually required. Owing to its quickness CT scan of head is basic neurological examination. Treatment of unconsciousness person begins with the confirmation of vital functions (MBBS). Determined action and knowledge of common and treatable disease will however bring the situation under control.

**Keywords:** unconsciousness, levels, clinical manifestation, management

### UNCONSCIOUSNESS

#### Definition



Unconscious is an abnormal state from disturbance of sensory perception to the extent that patient is not aware of external stimuli around him/her [1]

#### Etiology

The causes of unconsciousness are based on three types structural, metabolic and psychological [2]. In that brain tumors, cerebral hemorrhage, cerebral infraction, epidural hematoma, lesions in the cerebellum, disease of neurons, poisons, metabolic encephalopathy, hypoglycemia, anoxia, nutritional deficiency, hysteria and catatonia are the common causes for the unconsciousness concussion, acute adrenal crisis [3].

#### LEVELS OF CONSCIOUSNESS

- **Stupor:** Mental condition is marked by absence of continuous movement,

greatly diminished responsiveness to stimulation, and usually impaired consciousness [4], (e.g.) pricking or pinching of skin.

- **Somnolent:** Patient is extremely drowsy and will respond only of spoken to directly or perhaps touch [6] (e.g.) jerky body movement.
- **Excitatory Unconsciousness:** The patient does not respond coherently but is easily disturbed by sensory stimuli [5,6]. (e.g.) bright lights, noise, or sudden movement.
- **Coma:** Coma is a state of sustained unconscious in which the patients are does not respond to verbal stimuli, may have painful stimuli, don't blink, etc. [7], they are classified into light, deep, pre moribund, moribund.

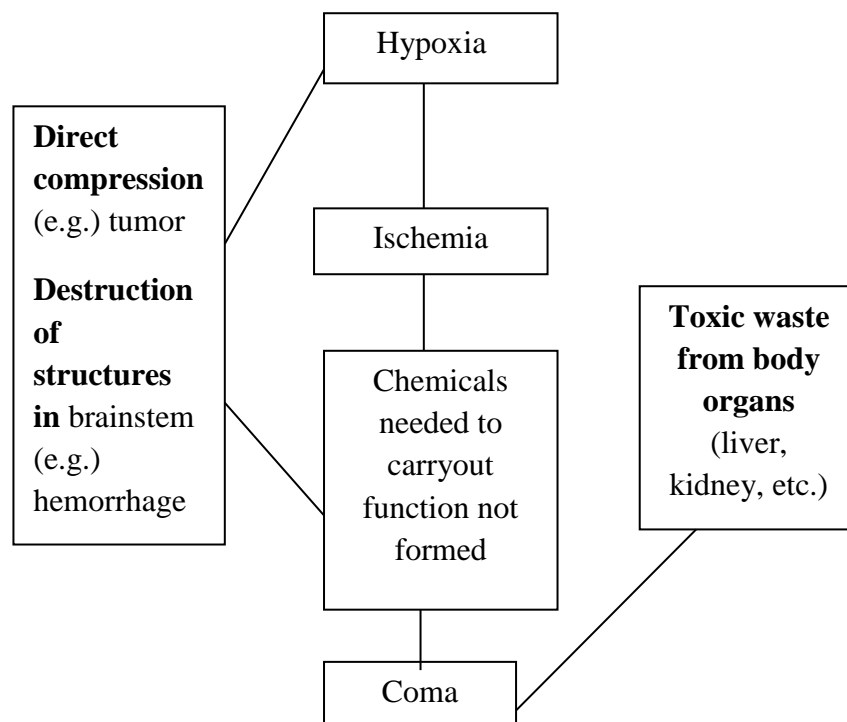
#### PATHOPHYSIOLOGY

Consciousness is a complex function controlled by reticulating activating system (RAS) [8]. The RAS begins in the medulla as the reticular formation that connects to RAS located in midbrain which then connects hypothalamus and thalamus. Integrated pathway connects to

the cortex via the thalamus and to the limbic system via the hypothalamus, feedback systems also connect at the brain stem level. The reticular formation produces wakefulness whereas the RAS and higher connections are responsible for awareness of self and the environment. To produce a coma, a disorder must affect the cerebral hemisphere or brain stem itself [9].

The metabolic disorders and diffuse lesions will cause the respiratory disorders, kidney disorders, neurological disorders. They will decrease the oxygen concentration blood sugar and blood supply to the brain tissue and which leads to cerebral hypoxia, hypoglycemia and ischemia. The pathway of CNS cell function will be impaired which leads to disruption in cerebral function and RAS and finally cause the coma stage [10]

**IN METABOLIC**



**CLINICAL MANIFESTATION**

- Hepatic coma.
- Extra ocular movement: doll’s eyes absent.
- Pupillary size: may be mid position and fixed and dilated from anoxia, pinpoint from opiates [11].
- Corneal reflex.
- Decerebrate and decorticate position.
- Deep tendon reflexes present and equal planter flexion.
- Sudden inability to response.
- Slurred speech.

- Confusion.
- Dizziness. [12]

**DIAGNOSTIC ASSESSMENT**

- Neurological examination:
  - Glasgow Coma Scale
  - General Examination-head to toe assessment
  - Motor function
  - Evaluation of reflexes
  - Papillary function
  - Respiratory function
- Computer topographic (CT) scan

- Magnetic resonance imaging (MRI) scans
- Lumbar puncture
- Electroencephalogram (EEG)
- Laboratory examination: [2]  
Blood samples will be taken to check for:
  - Complete blood count
  - Electrolytes, glucose, thyroid, kidney and liver function
  - Carbon monoxide poisoning
  - Drug or alcohol overdose [4]

## MANAGEMENT OF UNCONSCIOUSNESS

### Medical Management

- The goals of medical management are to preserve the brain function and to prevent additional brain injury. The primary function is on maintaining the supply of oxygen and glucose to brain. [4]
- Ensure that patient is unconscious not first asleep.
- Maintain ABC( airway, breathing, circulation) [6]
- Support airway by tilting the head and lifting the chin.
- Check breathing frequently.
- Breathing can be monitor by
  - Look – watch chest movement
  - Listen – breath sound
  - Feel – flow of air at the mouth. [2]
- Provide supplemental oxygen therapy at a high concentration.
- Provide IV line
- Monitor vital signs.
- Care of pressure areas.
- Care of MBBS ( mouth, bladder, back, skin)(11)
- Provide physiotherapy to protect muscle and joints.
- Prevent deep vein thrombosis.
- Monitor for stress ulceration of stomach
- Maintain nutrition and fluid balance
- Catheterization and Ryle’s tube

### Surgical Management

The patient will require emergency surgery.

### Craniotomy

It is the surgical removal of part of the bone from skull to brain. The tools are used to remove the bone is called bone flap. The bone flap is temporarily removed then replaced after the brain surgery has been done.

### Burr Hole Surgery

Small hole made in the skull with a surgical drill.

### Nursing Management

While caring for unconscious patients, the nurse must make provision for meeting his physical and spiritual needs and his family’s emotional and spiritual needs. The main objectives of patient care are to maintain normal body function and to prevent complications that will hamper the patient when consciousness is restored

### PHYSICAL CARE OF PATIENT

- Maintenance of Adequate Airway
- Maintenance of Circulation
- Moving and Position
- Mouth Cares
- Eye Care
- Food and Fluids
- Hyperthermia
- Hypothermia
- Problems Of Elimination
- Prevention And Accidents

### CONCLUSION

Unconscious patients are nursed in a variety of clinical settings and therefore it is necessary for all nurses to assess, plan and implement the nursing care of this vulnerable patient group [4]. This article discusses the nursing management of patients who are unconscious and examines the priorities of patient care.

**REFERENCES**

1. Joyee M black, "Medical surgical clinical management for positive outcome", *Elsevier*, pp. 2051–2065.
2. Shebeer P basher, "Advanced nursing practice. Published by Emmess", pp. 255–264.
3. Chintamani lewis, "Medical surgical nursing assessment and management of clinical problems", *Mosby*, pp. 1414–1433.
4. Linda D urban, Kathleen M staley, "Critical care nursing and diagnosis and management", *Elsevier*, pp. 647.
5. Navdeep Kaur Brar, "Textbook of advanced nursing practice", *Jaypee*, pp. 444–454.
6. Potter, Perry, "Fundamentals of nursing", *Mosby*, pp. 729.
7. Jeanne young, jo siffluet, sue nikoletti (Feb 2006), "Intensive and critical care nursing", Volume 22, Issue 1, pp. 32–39.
8. Gentleman FRCS, jennet FRCS (Feb. 1990), "The lancet", Volume 335, Issue 685, pp. 330–334.
9. Ail H haider MD,MPH (2015), *Journal of the American college of surgeons*, Volume 220, Issue 6, pp. 1077–1086
10. Sanna mari pudas (Jan 2009), "Leading nursing research", Volume 65, Issue 5, pp. 946–956.
11. Barbara J edleend (2016), *Journal of gerontological nursing*, Volume 42, Issue 5, pp. 3–4.
12. Kallela M, happola O, Eriksson H (2014), *Unconsciousness*, Volume 130, Issue 4, pp. 368–382.