

# NEUROLOGICAL DISORDERS

P = pathophysiology

R = Risk Factors

S/sx = Signs + Symptoms

Dx = Diagnosis

N = Nursing management

C = Complications



## Traumatic Head Injury

P: A trauma or blunt force hits the skull causing damage to the brain.

S/sx: Confusion, apathy, visible head injury, sleepiness, dilated pupils

N: Assess for neurological changes or change in level of consciousness - monitor vital signs, assess pt. for headache, nausea, vomiting. Check for CSF drainage - Assess pupil size.



C: Cerebral bleed, hematoma, ↑ intracranial pressure, infection, Sarcine, ↑ CO<sub>2</sub> levels, permanent damage

## Seizures

P: Abnormal, sudden electrical activity in the brain.

S/sx: Uncontrollable involuntary muscle movements (convulsion)

Dx: Gaze off into the distance with no response to stimuli. May lose consciousness for seconds or minutes. Usually the person will not recall the event(s) leading up to it.

N: Assess seizure history - Note time + duration - prevent injury, but don't restrain - Monitor behavior before + after episode - turn pt. on side to drain brain secretions

C: Status epilepticus - Epileptic seizures without any rest periods which can result in brain damage

R: Genetic inheritance, Brain trauma, tumors, toxicity, metabolic disorders or infection

## Parkinson's Disease

P: Decreased dopamine levels in the brain. Cause neurodegenerative + musculoskeletal in.

N: Monitor gait/standing activity + reduced activity + assist w/ ambulation. ↑ pronator PTT + OT to prevent function. Increase fluid intake by 2L/day.

C: Falls, Self-care deficits, depression, constipation, and poor posture



## Stroke

Neurological deficit caused by a block of blood flow to the brain.

One-sided weakness, facial drooping, confusion, slurred speech, or aphasia.

CT Scan or MRI confirms + identifies type of stroke which determines treatment.



R: Atherosclerosis, hypertension, diabetes, stress, obesity, oral contraceptives, anticoagulation therapy

N: Airway is priority - Monitor VS, LOC, pupils + reflexes. Position client on side to prevent aspiration.

## Types of Stroke

### Ischemic

↳ an obstruction of a blood vessel  
87% of stroke cases

### Hemorrhagic

↳ a weakened blood vessel ruptures  
Risk Factor = Hypertension

### TIA (Transient Ischemic Attack)

↳ temporary clot that resolves on its own  
A warning sign for stroke

## Multiple Sclerosis

P: A central nervous system disease characterized by demyelination of axons

S/sx: Fatigue, weakness, ataxia, vertigo, tremors, blurred vision, emotional changes, & sensation, bladder + bowel disturbances, ↓ Babinski reflex

Dx: Requires extensive neurological testing over many years of a slow onset of disease

N: Provide energy preservation measures  
Encourage independence while providing safety

Monitor for urinary + bowel dysfunction

C: Falls, psychological problems, & mobility

## Meningitis

P: Inflammation of the arachnoid + pia mater of the central nervous system. Usually caused by bacteria or a virus.

CSF is tested for the pathogen and used to determine the treatment.

N: ↑ LOC, red mucular rash, pain with neck flexion. Monitor for seizures. Assess cranial nerves

# Nursing Study Guide

**Nurse Sarah**

## **Nursing Study Guide:**

Nursing Assessment (Speedy Study Guides) Speedy Publishing, 2014-07-03 A Nursing Assessment Guide is a comprehensive work to outline the procedures nurses use to properly assess patients to determine a patient's needs and apparent state of health. It provides a clear blueprint of procedures to follow and outlines the most practical order to follow them. Proper technique is described in detail and it has illustrations and diagrams for doing things the correct way for the comfort of the patient and good assessment of possible problems. It is a helpful reference for clear and concise charting.

*Study Guide for Essentials of Nursing Research* Denise F. Polit, Cheryl Tatano Beck, 2014 Study Guide for Essentials of Nursing Research 8e augments the text and provides students with exercises for each text chapter that furthers their understanding and application of the text content. Critiquing opportunities abound in the Study Guide which includes eight full length studies in their entirety representing a range of research types. Application Exercises are based on these studies and guide students in reading, understanding and critiquing the studies. In addition, there are activities to support the learning of fundamental research terms and principles including fill in the blanks, matching exercises and Study questions.

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Surgical Nursing Study Guide Priscilla LeMone,1996-08

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*Understanding medical-surgical nursing (study guide)* Paula D. Hopper,2019

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