

NEUROLOGICAL DISORDERS

P = pathophysiology Dx = Diagnosis
R = Risk Factors N = nursing management
S/sx = Signs + Symptoms C = Complications



Traumatic Head Injury

- P:** A trauma or blunt force hits the skull causing damage to the brain.
- S/sx:** Confusion, agitation, visible head injury, sleepiness, blown 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, seizure, ↑ CO₂ levels, permanent damage.



Seizures

- P:** Abnormal, sudden electrical activity in the brain.
- S/sx:** Uncontrollable involuntary muscle movements (convulsions) or gaze off into the distance with no response to stimuli. May lose consciousness for seconds or minutes. Usually the person will not recall the events 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 at end of seizure to drain secretions.
- C:** Status epilepticus - epileptic spasms without any rest periods which can result in brain damage.
- R:** Genetic inheritance, Brain trauma, tumors, toxic, metabolic disorders or infection.

Parkinson's Disease

- P:** Decreased dopamine levels in the brain cause neurological + musculoskeletal sx.
- N:**
 - Monitor swallowing activity + neuro activity. assist w/ ambulation.
 - Promote PT - or so preserve function.
 - Increase fluid intake by 2L/day.
- C:** Falls, Self-care deficits, depression, constipation, and poor posture.



Stroke



- P:** Neurological deficit caused by a block of blood flow to the brain.
- S/sx:** One sided weakness, facial drooping, confusion, slurred speech, or aphasia.
- Dx:** 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 CLO+ 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 meninges + 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.
- S/sx:**
 - LOC, Red macular rash, pain with neck flexion.
- N:** Monitor for seizures. Assess cranial nerves.

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RC Schank



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Table of Contents Nursing Study Guide

1. Understanding the eBook Nursing Study Guide
 - The Rise of Digital Reading Nursing Study Guide
 - Advantages of eBooks Over Traditional Books
2. Identifying Nursing Study Guide
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Nursing Study Guide
 - User-Friendly Interface
4. Exploring eBook Recommendations from Nursing Study Guide
 - Personalized Recommendations
 - Nursing Study Guide User Reviews and Ratings
 - Nursing Study Guide and Bestseller Lists
5. Accessing Nursing Study Guide Free and Paid eBooks
 - Nursing Study Guide Public Domain eBooks
 - Nursing Study Guide eBook Subscription Services
 - Nursing Study Guide Budget-Friendly Options

6. Navigating Nursing Study Guide eBook Formats
 - ePub, PDF, MOBI, and More
 - Nursing Study Guide Compatibility with Devices
 - Nursing Study Guide Enhanced eBook Features
7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Nursing Study Guide
 - Highlighting and Note-Taking Nursing Study Guide
 - Interactive Elements Nursing Study Guide
8. Staying Engaged with Nursing Study Guide
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Nursing Study Guide
9. Balancing eBooks and Physical Books Nursing Study Guide
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Nursing Study Guide
10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
11. Cultivating a Reading Routine Nursing Study Guide
 - Setting Reading Goals Nursing Study Guide
 - Carving Out Dedicated Reading Time
12. Sourcing Reliable Information of Nursing Study Guide
 - Fact-Checking eBook Content of Nursing Study Guide
 - Distinguishing Credible Sources
13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
14. Embracing eBook Trends
 - Integration of Multimedia Elements

- Interactive and Gamified eBooks

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