

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, Sarcoid, ↑ CO₂ levels, permanent damage

Seizures

P: Abnormal, sudden electrical activity in the brain.

S/sx: Uncontrollable involuntary muscle movements (convulsions)

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 neurological + musculoskeletal s/s.

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

S/sx: & LOC, red ocular rash, pain with neck flexion. Monitor for seizures. Assess cranial nerves

Med Surg Nursing Dewitt Study Guide Answers

**Donna D. Ignatavicius, M. Linda
Workman**

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Table of Contents Med Surg Nursing Dewitt Study Guide Answers

1. Understanding the eBook Med Surg Nursing Dewitt Study Guide Answers
 - The Rise of Digital Reading Med Surg Nursing Dewitt Study Guide Answers
 - Advantages of eBooks Over Traditional Books
2. Identifying Med Surg Nursing Dewitt Study Guide Answers
 - 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 Med Surg Nursing Dewitt Study Guide Answers
 - User-Friendly Interface
4. Exploring eBook Recommendations from Med Surg Nursing Dewitt Study Guide Answers
 - Personalized Recommendations
 - Med Surg Nursing Dewitt Study Guide Answers User Reviews and Ratings
 - Med Surg Nursing Dewitt Study Guide Answers and Bestseller Lists

5. Accessing Med Surg Nursing Dewitt Study Guide Answers Free and Paid eBooks
 - Med Surg Nursing Dewitt Study Guide Answers Public Domain eBooks
 - Med Surg Nursing Dewitt Study Guide Answers eBook Subscription Services
 - Med Surg Nursing Dewitt Study Guide Answers Budget-Friendly Options
6. Navigating Med Surg Nursing Dewitt Study Guide Answers eBook Formats
 - ePUB, PDF, MOBI, and More
 - Med Surg Nursing Dewitt Study Guide Answers Compatibility with Devices
 - Med Surg Nursing Dewitt Study Guide Answers Enhanced eBook Features
7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Med Surg Nursing Dewitt Study Guide Answers
 - Highlighting and Note-Taking Med Surg Nursing Dewitt Study Guide Answers
 - Interactive Elements Med Surg Nursing Dewitt Study Guide Answers
8. Staying Engaged with Med Surg Nursing Dewitt Study Guide Answers
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Med Surg Nursing Dewitt Study Guide Answers
9. Balancing eBooks and Physical Books Med Surg Nursing Dewitt Study Guide Answers
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Med Surg Nursing Dewitt Study Guide Answers
10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
11. Cultivating a Reading Routine Med Surg Nursing Dewitt Study Guide Answers
 - Setting Reading Goals Med Surg Nursing Dewitt Study Guide Answers
 - Carving Out Dedicated Reading Time
12. Sourcing Reliable Information of Med Surg Nursing Dewitt Study Guide Answers
 - Fact-Checking eBook Content of Med Surg Nursing Dewitt Study Guide Answers
 - 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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