

# 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.

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

# Med Surg Nursing Dewitt Study Guide Answers

**PT Brinkman**

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