

# 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, ↑ CO<sub>2</sub> 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.

# Med Surg Nursing Study Guide

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Reinisch**

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### **Table of Contents Med Surg Nursing Study Guide**

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

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