*Review Article*

International Journal of Neurology and Neurosurgery
Volume 15 Number 1, January – March 2023
DOI: http://dx.doi.org/10.21088/ijnns.0975.0223.15123.2

# Care of Unconscious Patients and Maintain Personal Hygiene

**Pooja Jain[1], Simrat Kaur[2], S.P. Subashini[3]**

**How to cite this article:**
Pooja Jain, Simrat Kaur, S.P. Subashini/Care of Unconscious Patients and Maintain Personal Hygiene/Int J Neurol Neurosurg.2023;15(1): 15-18.

**Abstract**

All nurses must evaluate, plan, and carry out the nursing care of this vulnerable patient population since unconscious patients are cared for in a variety of clinical settings. In this article, the nursing management of unconscious patients is covered along with an analysis of patient care priorities.

**Keywords:** Care of unconscious Patients; Personal hygiene.

## INTRODUCTION

Unconsciousness is when a person is unable to response a people and activity.

- Loss or lack of consciousness.
- Unconsciousness is an abnormal state in which a person is not alert and not fully responsive to his / her surroundings.

## DEFINITION

Unconsciousness is a state in which a patient unarousable and unresponsive coma is a deepest state of unconsciousness.

**Author Affiliation:** [1]PG Tutor, [2]Professor, Departemnt of Medical Surgical Nursing, [3]Dean, School of Nursing, Galgotia University, Greater Noida 201306, Uttar Pradesh, India.

**Corresponding Author: Simrat Kaur,** Professor, Department of Medical Surgical Nursing, Galgotia University, Greater Noida201306, Uttar Pradesh, India.

**E-mail:** simrat.kaur@galgotiasuniversity.edu.in

**Received on:** 17.01.2023

**Accepted on:** 12.03.2023

© Red Flower Publication Pvt. Ltd.

### *Cause*

- Trauma
- Stroke
- Infection
- Hyperglycemia/hypoglycemia
- Meningitis
- Drug/alcohol overdose

### *Nursing Management of Unconscious Patients*

### *Maintain Airway Patency*

- Check the patient airway, breathing, circulation.
- Place in lateral or semi prone position.
- Assess the cough and swallow reflex.
- Preventing airway obstruction.
- Oronasopharyngeal suction equipment may be necessary to aspirate secretions.
- Proper Nasal and oral care will provide.
- Monitoring neurological sign at intervals determined by their condition and document result.
- Provide chest physiotherapy.

### *Ineffective Cerebral Tissue Perfusion*

- Assess the Glasgow coma scale, spo2 level.
- Check arterial blood gas .
- Monitor the vital signs at regular intervals. (increased temperature).
- Keep the head of bed elevated 30degrees.
- Take measure to prevent increase intra cranial pressure.
- Manage temperature with antipyretics and cooling measures.
- Prevent the seizure with order dilantin.
- Administer laxatives, antiemetic as per ordered.

### *Risk for Injury*

- Keep side rails must be kept whenever the patient is not receiving direct care.
- Seizure precaution must be taken.
- Adequate support to limb and head must be given when moving or turning an unconscious patient.
- Assess the need for restrain.
- Allow a family member to stay with the client.

### *Impaired Skin Integrity*

- The nurse should provide intervention for all self care need including bathing, hair care, skin and nail care.
- Comfort device should be given.
- Position should be changed.
- Special mattresses or airbeds to be used.
- Adequate nutrition and hydration status should be maintained.

### *Oral Hygiene*

- A chlorhexidine based solution is used.
- Airway should be removed when providing oral care. It should be cleaned.
- Minimum 2-4 hourly oral care to reduce the potentially of infection from micro-organism.
- Apply glycerin to lips.

### *Self Care Deficit*

- Proper assessment of the condition of the skin must be done when giving a bed bath.
- Involving the family in self care need.
- Provide bed bath daily.
- Change cloth every day and whenever needed.
- Cut nails short.
- Perform hair wash twice a day.
- Teach family member about performing hygienic care.
- Provide pressure care.

### *Eye Care*

- In assessing the eyes, observe for sign of irritation, corneal dying.
- Gentle cleaning with gauze and 0.9% sodium chloride should be sufficient to prevent infections.
- Artificial tears can also be applied as drop to help moisten the eyes.
- Tape can be used to close the eyes.

### *Nose Care*

- Cleaning of the nasal mucosa with gauze and water.
- Nasogastric tube placement damage to the nasal mucosa.

### *Ear Care*

- Clean around the aural canal, although care must be taken not to push anything inside the ear.

### *Fluid and Electrolyte Balance*

- Maintained the proper intake output chart hourly.
- Daily weight should be take.
- Diuretics may be prescribed to correct fluid overload and reduce edema.
- Give intravenous fluid initially as ordered.
- Assess the hydration status.

### *Nutrition Need*

- Provide the total parenteral nutrition(TPN).
- Intravenous fluid should be provided.
- Give high calorie, high protein and vitamin rich diet in the liquid form.
- Give the nasogastric feeds every 3-4 hourly if provided.

### *Impaired Bowel/Bladder Elimination*

- Assess the constipation and bladder distension.
- Auscultation bowel sound.
- Stool soften or laxatives may be given.
- Bladder catheterization may be done.

- Monitor the urine output and colour.
- Keep the perineal area clean.

***Impaired Family Process***

- Include the family members in patient's care.
- Communicate the family members.
- Clarification and questions should be encourage.
- Provide opportunity to practice religious activity.
- Explain every procedure before perform.
- Maintain the interpersonal relationship.
-

## MEDICAL MANAGEMENT

***Provide the First Aid***

A- Airway

B- Breathing

C- Circulation

- Management the proper check the vital sign.
- Maintain the proper $spo_2$ rate.
- Proper ventilator support.
- Proper oxygen therapy.

***Management of Nutrition***

- Total parental nutrition
- Ryle's 's tube.

***Management the Seizure***

- Antiepileptic, sedative agents.

***Managemnt of Temperature Regulation***

- Given ice pack.
- Provide antipyretics medication.
- Tepid sponging.
- Non steroid inflammatory drug.

## NURSING MANAGEMENT

***Nursing Diagnosis***

Imbalance nutrition less than body requirement related to inability to eat as evidence by weight loss.

***Implemnetaion***

- Administer fluid intravenously nutritional requirement with care full monitoring intake input output chart.
- Initiated total parental nutrition if the client cannot tolerate Ryle's tube feeds.
- Monitor the nutrition status.

Ineffective airway clearance related to upper airway obstruction by respiratory secretion as evidence by facial expression.

***Implementation***

- Elevated had of bed to 30degree angle or place client lateral or semi prone position.
- Monitor the arterial blood gas measurement.
- Prepare the endotracheal intubation and suction airway.
- Elevated had of bed to 30degree angle or place client lateral or semi prone position.
- Monitor the arterial blood gas measurement.
- Prepare the endotracheal intubation and suction airway.

***Summary***

A unconsciousness is an abnormal state resulting from disturbance of sensory perception to the extent that the patient is not aware of what is happing arousal care of unconsciousness prevent potential complication respiratory, distress maintaining patent airway, protecting the client ,maintain the emergency and routine care.

## CONCLUSION

The unconsciousness patient is challenging in term of immediate care, diagnosis specific treatment and predicting progressive .A systemic and logical approach is required appropriate measure to resuscitated and support of unconscious patient must be performed rapidly.

## REFERENCES

1. Wong J, Wong S, Dempster IK. Care of the unconscious patient: a problem-oriented approach. J NeurosurgNurs. 1984 Jun;16(3):145-50. [PubMed]
2. Cooksley T, Rose S, Holland M. A systematic approach to the unconscious patient. Clin Med (Lond). 2018 Feb;18(1):88-92. [PMC free article] [PubMed]
3. Plum F, Posner JB. The diagnosis of stupor

and coma. ContempNeurol Ser. 1972;10:1-286. [PubMed]

4. Edlow JA, Rabinstein A, Traub SJ, Wijdicks EF. Diagnosis of reversible causes of coma. Lancet. 2014 Dec 06;384(9959):2064-76. [PubMed].
5. www.care of unconsciousness patients.

