

Neurologic Problems

Diagnostic Procedures

Radiograph of the skull

Radiographs of the skull reveal the size and shape of the skull bones, suture separation in infants, suture separations in infants, fractures, or bony defects.

Spinal radiographs identify fractures, dislocation, compression, curvature, erosion, narrowed spinal cord and degenerative process.

- Remove metal items.
- Provide nursing support for the confused, combative or ventilator dependent client.
- Maintain immobilizations.

Computerized Tomography scan

A type of brain scanning that may or may not require an injection of dye. It is used to detect bleeding, lesions, cerebral edema, infections, hydrocephalus, etc.

Magnetic Resonance Imaging

It is a non-invasive procedure that identifies types of tissues, tumors, and vascular abnormalities.

Lumbar Puncture or spinal Tap

It is an insertion of a spinal needle through the L3-L4 interspace into the lumbar subarachnoid fluids. It is contraindicated to patients with increased intracranial pressure (ICP).

Myelogram

Involves injection of dye or air into the subarachnoid space to detect abnormalities of the vertebra and spinal cord.

Cerebral Angiography

Involves an injection of contrast through the femoral artery into the carotid arteries to visualize the cerebral arteries and assess the lesions.

Access sites: Groin area or thighs

* Encourage hydration 2 days before the test.

Encephalography

A graphical recording of the electrical activity of the superficial layers of the cerebral cortex.

* Wash the client's hair if it is too oily.
* Withhold the stimulants, anti-depressant, tranquilizers and anti-convulsant for 24 to 48 hours before the test.

* The brain needs glucose and oxygen.

Altered Levels of Consciousness

This is not a disorder; rather it is a result of multiple pathophysiologic phenomena. It is present when the patient is not oriented, does not follow commands or needs persistent stimuli to achieve a state of alertness.

* Assess for Person, Time, Place.

LOC is gauged on a continuum, with a normal state of alertness and full cognition on one end and coma on the other end.

COMA is a clinical state of unarousable unresponsiveness in which there are no purposeful responses to internal or external stimuli, although non-purposeful responses to painful stimuli and brain and stem reflexes may be present.

Akinetic Mutism is a state of unresponsiveness to the environment in which the patient makes no voluntary movement.

Persistent Vegetative State is a condition in which the unresponsive patient resume sleep-wake cycles after coma but is devoid of cognitive or affective mental function.

Minimally conscious state differs from persistent vegetative state in that the patient has inconsistent but reproducible signs of awareness.

Locked-in Syndrome results from a lesion affecting the pons and results in the paralysis and inability to speak, but vertical eye movement indicates responses.

Neurologic Problems

RJ Alexander



Neurologic Problems:

Whispering the Strategies of Language: An Psychological Quest through **Neurologic Problems**

In a digitally-driven world wherever displays reign great and immediate connection drowns out the subtleties of language, the profound strategies and psychological nuances hidden within phrases usually get unheard. However, situated within the pages of **Neurologic Problems** a interesting fictional prize sporting with natural thoughts, lies an exceptional quest waiting to be undertaken. Published by a skilled wordsmith, that charming opus encourages viewers on an introspective trip, gently unraveling the veiled truths and profound impact resonating within the very cloth of every word. Within the mental depths of the emotional review, we can embark upon a genuine exploration of the book is key subjects, dissect their interesting publishing fashion, and fail to the effective resonance it evokes deep within the recesses of readers hearts.

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