

Management Protocol of Unconscious Patient

Case Definition

Unconsciousness is a state in which a patient is totally unaware of both self and external surroundings and unable to respond meaningfully to external stimuli.

General management of Unconscious patient

- Care of pressure area
- Care of the mouth, eyes and skin
- Nutrition and fluid balance
- Care of bowel and bladder
- Monitoring of the CVS
- Control of infection
- Physiotherapy to protect muscles and joints
- Prevention of deep vein thrombosis
- Maintenance of adequate oxygenation, if feasible.

Box 2

Investigations

CBC,MP
Urine R/E
RBS
S.Creatinine
ECG
S.Electrolytes
CT scan if indicated
CSF study if indicated

Box 3

Management of Stroke patient

- General management of unconscious patient
- Controlled reduction of BP if $> 200/110$ mm Hg
- Control DM
- Anti- convulsants if seizure
- Consider CT/MRI

Box 1: Glasgow coma scale

Eye Opening

Spontaneous- 4
To speech -3
To pain -2
None- 1

Best verbal response

Oriented- 5
Confused -4
Inappropriate-3
Incomprehensive-2
None-1

Best Motor response

Obey commands- 6
Localises pain- 5
Normal withdrawal- 4
Abnormal flexion- 3
Abnormal extension-2
None-1

Management Protocol of Unconscious Patient

Stabilization by Assessing CAB And Hospitalization C - circulation
A- airway
B- breathing

Level of Consciousness(box 1)

IV access
O2 inhalation (if possible)
Check vitals and pupil
Investigations(box 2)

Blood Sugar

Low (<3.5 mmol/L) or Suspected hypoglycemia

IV Glucose
Follow up and referral if necessary

Normal or High

H/O Head trauma

Referral

Febrile Unconsciousness

A febrile Unconsciousnes

Resident of malarial endemic zone or h/o recent travel
ICT for malaria positive or positive MP

Give IV Artesunate or iv quinine and then referral if necessary

No relation with malarial endemic zone or no h/o recent travel

Neck Stiffness +/-

First dose of Broad spectrum antibiotics and Referral

Focal neurological deficit e.g hemiparesis, extensor plantar response
Sudden/insidious

Stroke/ICSOL

Follow Box 3 and Referral

H/O associated convulsion

IV Diazepam and Refer

Neck stiffness with or without preceding h/o headache, vomiting

Sub arachnoid Hemorrhage

Referral

Circumstantial evidence of poisons, drug strip, smell

Follow Poisoning Protocol

Metabolic disturbances

Consider DKA/ HHS if dehydration and blood sugar usually ≥ 24 mmol/L

IM Insulin, iv fluid and Referral

Consider Uraemic encephalopathy if acidotic breathing, low urine output and H/O CKD

Consider Hepatic encephalopathy if H/O CLD, jaundice and other stigmata of CLD

Consider hyponatraemia if H/O Vomiting, Diarrhea, H/O taking diuretics

Refer

IV N/S

