Neurosensory Disorders

Diagnostic	Neurological Assessment	Medication
A. Lumbar puncture -Assess movement of Extremities post op. B. **Computed Tomography (CT)Scan** -Check for Iodine, Contrast dye & shell-Fish allergy. - Assess BUN & creat. **C. Cerebral arteriography** - Client's face may feel warm during the Procedure. **D EEG** **-** Avoid caffeine 8 hour Before the test. - hold Depressive, Stimulant, antiseizure Medication **E. MRI** **-** Assess for claus-Trophobia. - Remove all metal objects	**A. Mental status** **-** LOC **B. Cranial Nerves** **-** CN I -XII **C. Motor Function** **-** Muscle - Coordination - Movement **D. Posturing** **-** Decorticate - Decerebrate **E. Glasgow Coma Scale** **-** Eye opening - Verbal response - Motor response	**A. Anti-anxiety medications** **-** Benzodiapines - Buspirone - Antidepressants - Duloxetine - Escitalopram - Paroxetine **B. Bipolar Disorder** **-** Lithium carbonate - NSAIDS will increase Lithium levels - Monitor serum sodium Levels **C Antipsychotic** 1. Typical - Chlorpromazine - Fluphenazine - Haloperidol - Thiothixene 2. Atypical (less severe Side effects) - Aripiprazole - Clozapine - Olanzapine - Paliperidone **D. Attention-deficit/hyper** 1. Stimulants - Dextroamphetamine & Amphetamine - Methylphenidate 2. Nonstimulants - Atomoxetine - Guanfacine E. Sedative/Hypnotic - Benzodiazepines - Benzo-like (Zolpiden)

		F**. Abstinence maintenance** - Disulfiram - Methadone **G. Anti-Parkinson's** - Benztropine - Carbidopa/levodopa - levodopa **H. Myasthenia gravis** - Neostigmine - Ambenonium - Edrophonium **I. Antiseizure** **-** Carbamazepine - Gabapentin - Phenobarbital - Phenytoin - Valproic acid **J. Antiglaucoma** - Levobunolol - Timolol - pilocaroine

Neurological Diseases

Head & Spinal cord injury	**Seizure**	**Cerebrovascular**	**Immune-mediated & Chemical imbalance**
A Head Injury 1. Closed head injury - Blunt force - Concussion - Contusion - Diffuse Axonal 2, Basilar skull	**A Seizure disorders** 1. Generalized a. Tonic-clonic b. Absence c. Myoclonic d. Atonic/akinetic 2. Partial a. Complex b. Simple **B Status epilepticus** **-** life threatening - can lead to brain Damage	**A TIA** - warning sign of Impending Stroke **B CVA** - Therapeutic mgt. 1. Ischemic CVA - Thrombolytic Therapy 3. Hemorrhagic - Surgery 4. Endovascular -	**A Multiple sclerosis** - No cure - Treatment more Relieving Symptoms and Decrease Frequency of Relapse. **B Parkinson's** **-** Depletion of Dopamine - Therapeutic Measures: 1. Thalamotomy & pallidotomy

Fracture - CSF from ears Nose—Check By glucose test -Raccoon eyes - Battle's sign 3. Hematoma -Epidural - Subdural 4. Increased ICP -Cushing triad -Ineffective Thermo Regulation 5. Hyperthermia - damage hypo-thalmic temp regulating center **B Spinal cord injury** **1. Types** **a. Contusion** **b. Laceration** **c. Compression** **d. Complete Transection** **2. Manifestations (determined by The level of Injury)** **a. Cervical** **-partial quad-riplegia** **-Complete Quadriplegia** **b. Thoracic** **- potential complication:** **1. Autonomic Dysreflexia** **2. Spinal shock**		embolectomy - carotid artery angioplasty	2. Neural Transplantation 3. Deep brain Stimulation **C ALS** - No cure - Support care 1. Mechanical Ventilation 3. Tube feeding 4. Alternate communication Method **D Myasthenia gravis** **-**types of crisis 1. Cholinergic 2. Myasthenic E **Guillain -Barre' Syndrome** **- Respiratory Support** **- Plasmapheresis** **- Intravenous Immunoglobin (IVIG)**

3. **Neurogenic shock**			