

Case Study, Chapter 66, Management of Patients With Neurologic Dysfunction

1. Frank Smith is a 42-year-old patient diagnosed with **pituitary prolactinoma**, a benign tumor that arises from the pituitary gland, resulting in a **decrease in libido** and **impotence** and **increased milk production of the breast**. The patient also has complaints of **headache and drowsiness** and the presence of **visual field changes** and papilledema **preoperatively**. (Learning Objective 6)

- a. What postoperative care should the nurse provide the patient?
 - Maintain nasal packing in place and reinforce as needed
 - Instruct patient to avoid blowing the nose
 - Provide oral care according to institutional procedure
 - Keep HOB elevated to promote venous drainage and drainage from the surgical site
- b. The patient's family asks the nurse how will they know that the problems the patient had before surgery have stopped; what is the nurse's best response?
 - We will monitor him and manage potential complications post operatively
- c. What management strategies should the nurse anticipate will be ordered to care for diabetes insipidus if it occurs?
 - ADH may be ordered
 - IV fluids
- d. What discharge instructions should the nurse provide the patient and family?
 - Advise the patient to use a room humidifier
 - Elevate HOB (30 deg) for at least 2 weeks post operatively
 - Avoid blowing your nose for at least a month

2. John Moore, a 22-year-old patient who **weighs 150 pounds**, presents to the emergency department (ED) after being **thrown from his horse** and passing out for a few minutes; he regained consciousness. The friend who was also riding a horse called the squad. The patient **presented with a Glasgow Coma Scale (GCS) of 15**, and the neurologic exam was within normal limits (WNL). The ED physician wrote the orders for a **CT scan without contrast of the head, CBC, renal and metabolic profile, PT, PTT, and INR**. The nurse sent the labs and had the **IV of NS at keep-open rate** per ED protocol hanging. The nurse was awaiting radiology to call for the patient to go for the CT when the patient had an **epileptic cry**, became **unconscious**, **stiffened his entire body**, and then **had violent muscle contractions**. The **respirations are very shallow**, and the **lips and nail bed became blue**. The patient **lost control of bladder and**

bowel. The patient bit his tongue and blood is coming from the mouth. The radiology department calls and is ready for the patient. (Learning Objectives 7 and 8)

- a. List in the correct order the actions that should be taken by the nurse.
 - Ease the patient to the floor – if in bed, remove pillows and raise side rails
 - Protect the head with a pad to prevent injury
 - Do not attempt to pry open jaws or attempt to insert anything in the mouth – you may break teeth or induce further injury
- b. Explain what type of seizure the patient is having, and describe the three phases of the patient's seizure and the specific nursing care for each stage.
 - John Moore is experiencing generalized seizures
 - Aura: perception of strange light, an unpleasant smell, or confusing thoughts or experiences
 - Ictal period: episode of the seizure
 - Post ictal: altered state of consciousness lasting between 5 – 30 minutes. Characterized by drowsiness, confusion, nausea, HTN, headache, memory defects
- c. The ED physician prescribes the following: Valium (diazepam) 10 mg every 10 to 15 minutes PRN for seizures (maximum dose of 30 mg). Once seizures stop, administer Dilantin (phenytoin) 10 mg/kg IVPB. ECG monitoring continuously, vital signs, GCS, and neurologic checks every 30 minutes. Explain what medications the nurse should provide, in what order, and how they should be administered.
 - **Diazepam (IV)** is an anticonvulsant used to relieve anxiety and treat seizures.
 - **Phenytoin (IVPB)** is an anticonvulsant used to treat seizures.
 - If the client is experiencing a seizure, diazepam should be administered. In the postictal period, phenytoin should be infused with NS.