

CASE STUDY: COMA OF UNKNOWN ORIGIN

#4

Trina J. is a 35 year old self-employed house cleaner who was found unresponsive at her home by her boyfriend. She was found on the basement floor near the washing machine. After frantically trying to wake her with no success, he called 911 and activated the EMS. En-route to the emergency department, the paramedics assessed Trina and reported the following information:

Vital signs are: Temp. 97.6 F, HR NSR 77, RR 14 and shallow, BP 110/60, O2 sat 93% on RA They applied 3 liters Oxygen per nasal canula. O2 sats went up to 99%
IV access obtained in the Right antecubital vein with an 18 gauge catheter.

GCS was 7.

Best eye opening= 1 (no eye opening regardless of stimulation)

Best verbal response= 2 (incomprehensible sounds, moans & groans)

Best motor response= 4 (withdraws from pain)

With stable vital signs and close proximity to the hospital, the paramedic decides not to attempt intubation at this time.

The paramedics find out the following history from her boyfriend:

Trina has a history of chronic back pain related to a MVC 3 years ago and takes "lots of pain pills". He is unsure what kind of pain medication she takes. She also has been under a great deal of stress since the loss of her mother one month ago. No other medical conditions were reported.
The emergency room nurse has been updated with all of this information. You are now the nurse getting ready to take care of this patient. Answer the following questions.

1. What is probably the cause of this coma?

Structural / Surgical or Metabolic / Medical

2. Diagnosis of coma is based on the assessment of the patient's _____.

3. What diagnostic tests do you expect the physician to order?

4. Medical management of this condition involves what goals?

5. What 3 emergent medications do you anticipate for coma of unknown origin (assuming that you did not know her history)