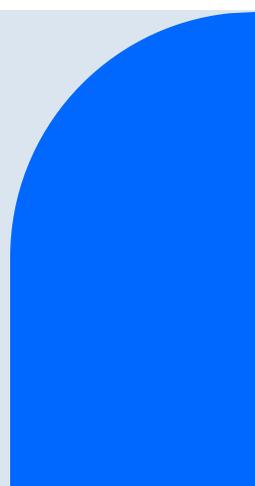
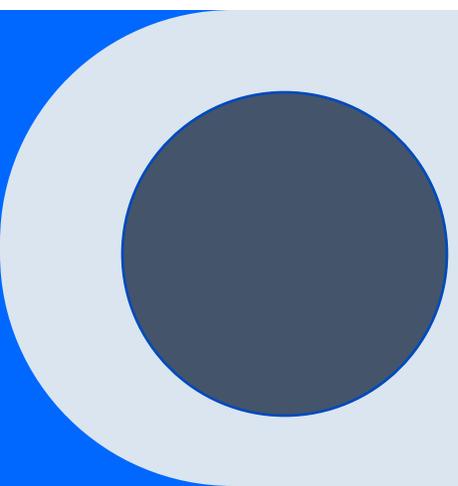




Approach to unconscious patient

By : Mohammad Habib & Hamza Dauod



Introduction

The "Approach to Unconscious Patient" refers to a set of systematic techniques and strategies employed by healthcare professionals and first responders to evaluate, diagnose, and provide immediate care for individuals who have lost consciousness due to various medical conditions or emergencies. This approach includes assessing the patient's vital signs, identifying potential causes of unconsciousness, and initiating appropriate interventions to stabilize the patient's condition and ensure the best possible outcome.



Definition

In medical terms, an unconscious patient is an individual who is in a state of altered consciousness and lacks awareness, responsiveness, and the ability to voluntarily interact with their environment.

Causes of unconsciousness

This loss of consciousness can result from a variety of causes, including but not limited to:

1) Trauma: Head injuries, concussions, or severe physical injuries can lead to unconsciousness.

2) Toxins: Ingestion or exposure to toxic substances, drugs, or alcohol can result in unconsciousness.

Causes of unconsciousness

3) Medical Conditions: Conditions such as stroke, seizure disorders, low blood sugar (hypoglycemia), or certain infections can cause loss of consciousness.

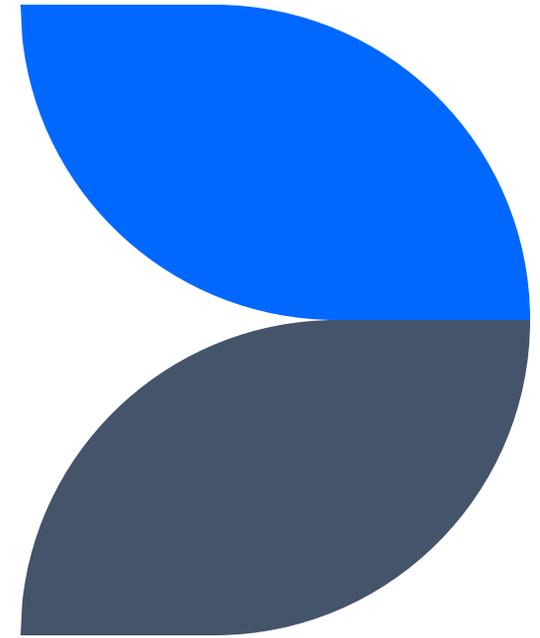
4) Cardiac Events: Heart attacks or irregular heart rhythms can lead to a loss of consciousness.

Causes of unconsciousness

5) Respiratory Issues: Severe respiratory distress, choking, or suffocation can cause unconsciousness.

6) Neurological Disorders: Conditions like epilepsy or certain brain tumors can result in unconscious episodes.

Types Of unconsciousness



1)Coma: Coma is a profound state of unconsciousness in which a person is completely unresponsive to external stimuli. Comatose individuals do not exhibit any purposeful movement, eye-opening, or communication. Comas can result from severe brain injuries, strokes, or metabolic disturbances.



2)Syncope (Fainting): Syncope is a temporary loss of consciousness typically due to a sudden drop in blood pressure, resulting in a lack of blood flow to the brain. It often occurs in response to triggers such as dehydration, pain, or emotional distress. People who faint usually regain consciousness relatively quickly.

3)Seizures: Seizures can cause various altered states of consciousness. In some cases, they lead to full loss of consciousness, known as a generalized tonic-clonic (grand mal) seizure. Other types of seizures may cause altered awareness or brief lapses in consciousness.

4) Hypoglycemia: Low blood sugar (hypoglycemia) can cause unconsciousness, especially in individuals with diabetes who use insulin or certain medications. When blood sugar levels drop too low, the brain's function can be compromised, leading to unconsciousness.



5) Altered Mental Status:

This is a term used to describe a range of consciousness levels between full alertness and unconsciousness. It includes conditions like delirium, confusion, or stupor, where individuals may not be fully aware of their surroundings or have impaired cognition.

6) Drug or Alcohol

Intoxication: Excessive use of drugs or alcohol can lead to various levels of unconsciousness, ranging from mild impairment of consciousness to complete loss of awareness. Overdoses can be life-threatening and require immediate medical attention.



7) Head Injuries: Traumatic brain injuries can result in varying degrees of unconsciousness, from brief periods of confusion (concussion) to more severe and prolonged unconscious states.

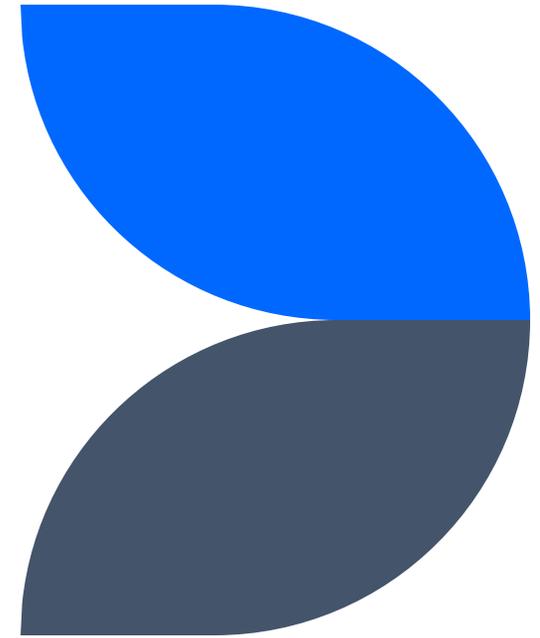
8) Psychogenic Unresponsiveness: Sometimes, individuals may appear unconscious due to psychological factors, such as dissociation or conversion disorder. In these cases, there is no underlying medical condition causing the unconsciousness.

It's important to note that the underlying cause of unconsciousness varies widely and may require different approaches to evaluation and management. Prompt medical evaluation is crucial when dealing with unconsciousness to determine the cause and provide appropriate treatment.



Taking a history

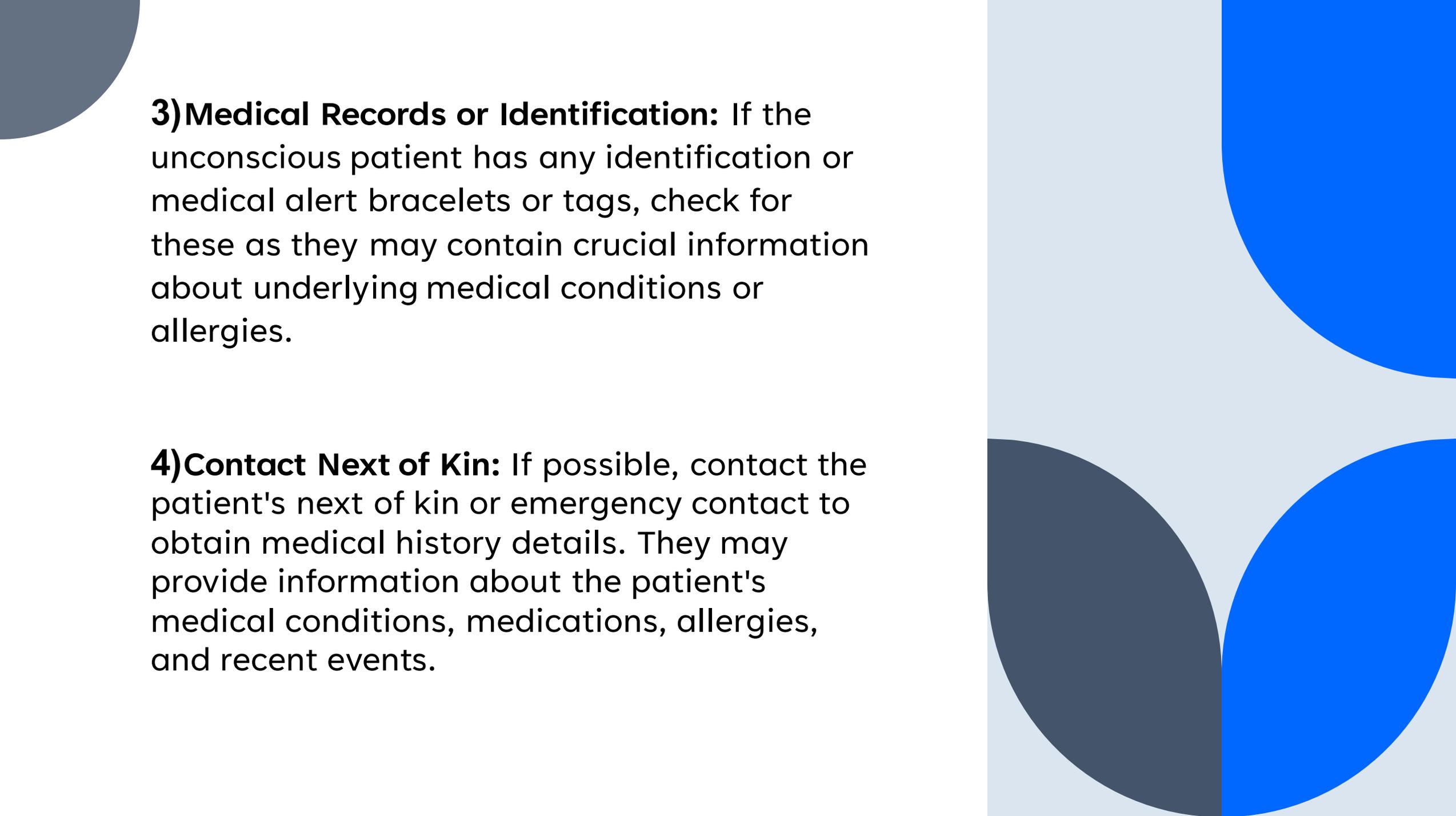
Of an unconscious patient



Taking a history from an unconscious patient can be a challenging task, but it's essential to gather as much information as possible to help identify the underlying cause and provide appropriate medical care. Here are the steps to follow when attempting to obtain a history from an unconscious patient:

1) Assess the Patient: Ensure the patient is in a stable condition and prioritize their immediate medical needs. Check vital signs (such as pulse, blood pressure, and breathing) and address any life-threatening issues first.

2) Gather Information from Bystanders: If there are any witnesses or bystanders present, ask them if they have any information about the patient's medical history, recent events, or the circumstances leading up to the unconsciousness. This information can be invaluable.

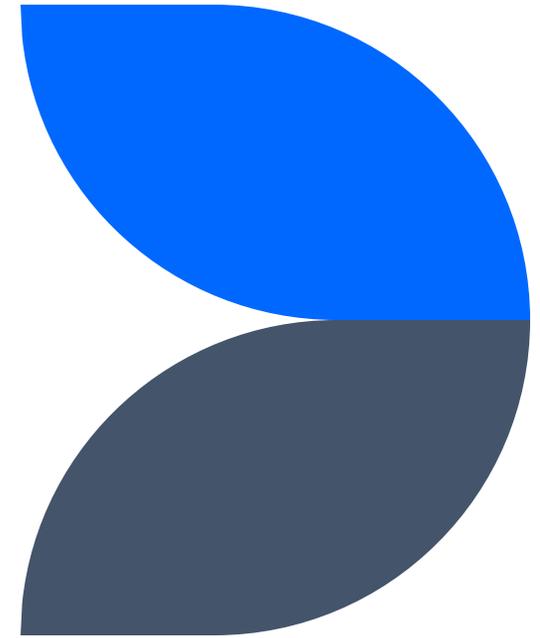


3) Medical Records or Identification: If the unconscious patient has any identification or medical alert bracelets or tags, check for these as they may contain crucial information about underlying medical conditions or allergies.

4) Contact Next of Kin: If possible, contact the patient's next of kin or emergency contact to obtain medical history details. They may provide information about the patient's medical conditions, medications, allergies, and recent events.

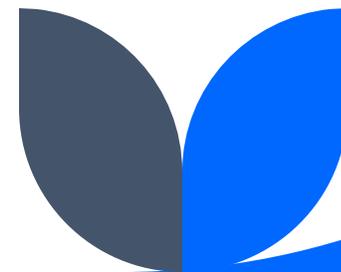
Examination of

an unconscious patient



Continuously monitor the patient's vital signs, including heart rate, blood pressure, respiratory rate, and oxygen saturation (if available).

Utilize appropriate monitoring equipment, such as a cardiac monitor, blood pressure cuff, and pulse oximeter, to track these parameters continuously.



ABCDE approach

It is a systematic method used in emergency medicine to assess and manage patients, including those who are unconscious. It helps prioritize actions based on the patient's immediate needs. Here's the ABCDE approach applied to an unconscious patient:



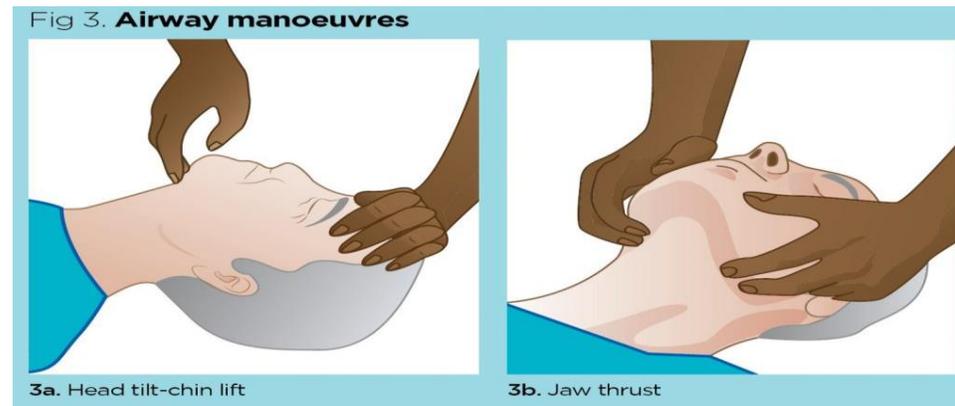
A - Airway Assessment:

Check and ensure the patient's airway is open and unobstructed.

If there is an obstruction, remove it promptly.

Consider using basic airway maneuvers, such as head tilt and chin lift or jaw thrust, to maintain an open airway.

In some cases, advanced airway management with intubation may be necessary.



B - Breathing Assessment:

Assess the patient's breathing for rate, rhythm, and depth.

Look, listen, and feel for chest rise and fall.

Provide artificial ventilation with a bag-mask device or intubation if needed.

Administer oxygen to maintain adequate oxygenation.

C - Circulation Assessment:

Check for a pulse (carotid or radial) and evaluate its quality.

Monitor the patient's blood pressure if possible.

Initiate cardiopulmonary resuscitation (CPR) if there is no pulse or if the pulse is inadequate.

Administer appropriate medications and treatments for cardiac arrest or other circulatory issues.

D - Disability (Neurological) Assessment:

Evaluate the patient's neurological status by assessing their level of consciousness using the Glasgow Coma Scale (GCS).

Examine pupil size and reactivity to light.

Look for signs of head trauma or neurological deficits.

Administer medications or treatments to manage seizures or intracranial pressure if needed.

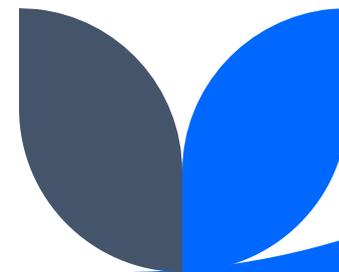
E - Exposure and Environmental Control:

Expose the patient to assess for injuries or medical conditions.

Maintain the patient's body temperature to prevent hypothermia.

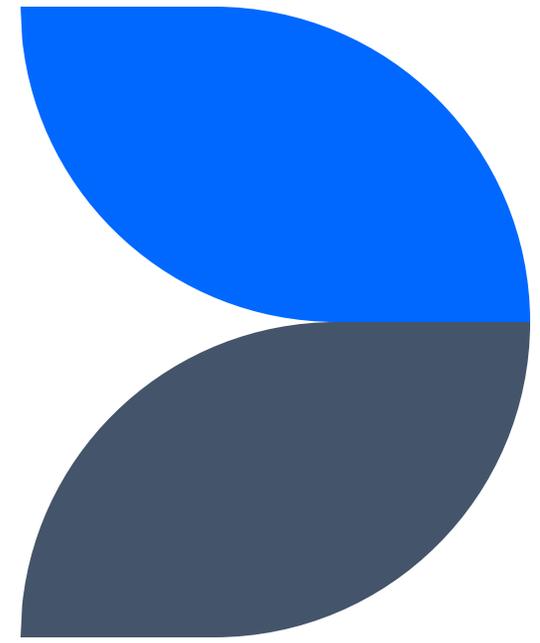
Protect the patient's dignity and privacy during the examination.

Throughout the ABCDE assessment, it's crucial to continuously monitor the patient's vital signs and make necessary interventions promptly. This systematic approach helps healthcare providers identify and address life-threatening issues in unconscious patients, ensuring the best possible care and improving the chances of a positive outcome.



Glasgow Coma Scale		
Response	Scale	Score
Eye Opening Response	Eyes open spontaneously	4 Points
	Eyes open to verbal command, speech, or shout	3 Points
	Eyes open to pain (not applied to face)	2 Points
	No eye opening	1 Point
Verbal Response	Oriented	5 Points
	Confused conversation, but able to answer questions	4 Points
	Inappropriate responses, words discernible	3 Points
	Incomprehensible sounds or speech	2 Points
	No verbal response	1 Point
Motor Response	Obeys commands for movement	6 Points
	Purposeful movement to painful stimulus	5 Points
	Withdraws from pain	4 Points
	Abnormal (spastic) flexion, decorticate posture	3 Points
	Extensor (rigid) response, decerebrate posture	2 Points
	No motor response	1 Point
Minor Brain Injury = 13-15 points; Moderate Brain Injury = 9-12 points; Severe Brain Injury = 3-8 points		

investigations



A- Laboratory tests :

CBC, electrolytes , Calcium BUN , creatinine , glucose
plasma osmolarity , arterial blood gas , ECG.

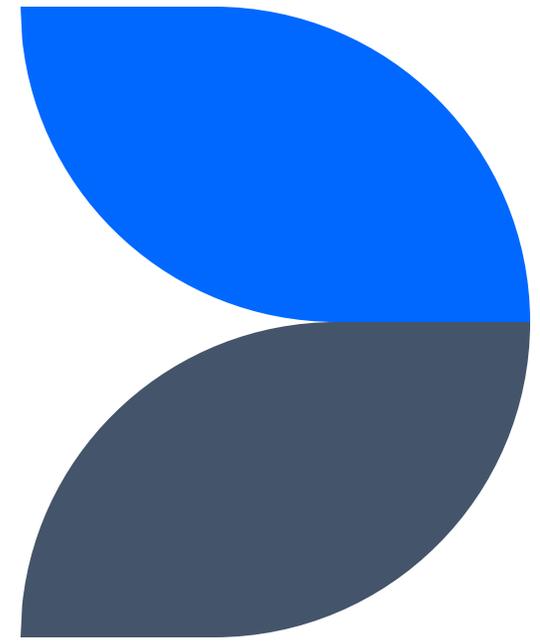
B) Toxicologic analysis of blood and urine.

C) CT or MRI of the brain.

D) LP (lumbar puncture)—if meningitis or
subarachnoid hemorrhage is suspected.



Treatment



Medication Administration

Administer medications as prescribed by a healthcare provider to address specific underlying causes. Examples include:

Epinephrine for anaphylaxis or severe allergic reactions.

Antiseizure medications for seizures.

Naloxone for opioid overdoses.

Thrombolytic drugs for acute ischemic strokes.

Glucose for hypoglycemia.



Fluid Resuscitation

Administer intravenous fluids or blood products if there is evidence of hypovolemia or shock.

Treatment of Specific Causes:

Tailor treatment to the specific cause of unconsciousness. For example:

Treat infections with appropriate **antibiotics**.

Manage head injuries or bleeding in the brain with **surgery or medications**.

Address cardiac issues with medications, interventions, or surgery.

Remove toxins or treat drug overdoses with **antidotes or supportive care**.

Continuous Monitoring and Reassessment

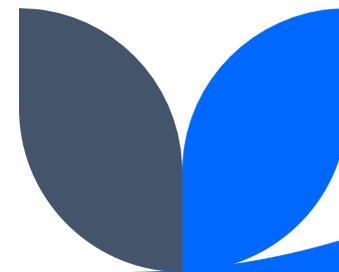
Continuously monitor vital signs, neurological status, and response to treatment.
Adjust treatment plans as necessary based on changes in the patient's condition.

Psychological Support:

Offer emotional support to the patient and their family members.

Hospitalization and Further Care:

Transfer the patient to an appropriate healthcare facility for ongoing care and evaluation, as needed.





**Thank you for
listening !**

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