

Nursing Points Study Guide

Increased intracranial pressure preventing brain herniation and death.

Nursing interventions

Elevate the patient's head of the bed to thirty degrees.

Keep the neck in a neutral position not twisted or turned.

Fluids are important but avoid overhydration.

Maintain a normal body temperature ---take measures to decrease temperature!

Make sure the patient is oxygenating effectively.

Sedation and analgesics (barbiturates and Propofol) Caution—these can also lower the pressure which lowers perfusion throughout the body including the brain

Monitor patient and make sure hemodynamically stable to keep perfusion stable throughout the body including the brain

Trend neuro checks and vital signs—is the patient improving or declining

If patient is declining notify the health care provider and call a rapid response.

Monitor intake and output – this can be an indicator of perfusion stability.

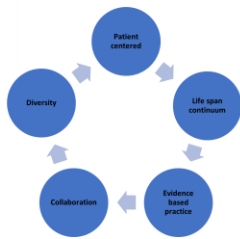
Talk to the patient as if they can hear--- hearing is the last sense to go.

Emphasize your presence and tell the patient what you are doing and why. Patients that know what is going on are less fearful of the unknown.

Mannitol decreases ICP by osmotic diuresis.

Use of hypertonic saline

Normal ICP is 7 to 15 mm Hg.



Nursing Points Study Guide

ICP lowering therapy initiates when ICP is greater than 20 to 25 mm Hg.

Confusion can often be an early sign of ICP.

Cushings Triad----if a patient has these three symptoms occurring at approximately the same time—it is a red flag of possible ICP.



Cushings Triad – (opposite of signs of shock)

- 1. High blood pressure with widened pulse pressure ----area between systolic and diastolic blood pressure**
- 2. decreased pulse.**
- 3. irregular, slowing respirations.**

Symptoms of ICP

Nausea

Headache

Vomiting

Increasing blood pressure

Decreased mental status.

Vision disturbances

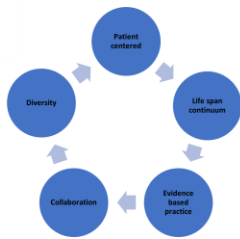
Pupils not responding to light changes.

Seizures

Loss of consciousness

Coma

Shallow breathing



Nursing Points Study Guide

As you can observe, many of these symptoms could have other causes so we have to put our detective clues together and look at the overall patient and situation carefully.

Is the patient at risk for increased ICP?

What causes ICP?

Space occupying lesions

Trauma with resulting swelling of brain tissue

Infections

Tumors

Stroke

Aneurysm

Hydrocephalus

Hypertensive brain injury with resulting bleeding in the brain

Hypoxemia

Meningitis

