Management Protocol of Unconscious Patient

Case Definition
Unconsciousness is a state in which a patient is totally unaware of both self and external surroundings and unable to respond meaningfully to external stimuli.

General management of Unconscious patient
- Care of pressure area
- Care of the mouth, eyes and skin
- Nutrition and fluid balance
- Care of bowel and bladder
- Monitoring of the CVS
- Control of infection
- Physiotherapy to protect muscles and joints
- Prevention of deep vein thrombosis
- Maintenance of adequate oxygenation, if feasible.

Box 1: Glasgow coma scale
Eye Opening
Spontaneous - 4
To speech - 3
To pain - 2
None - 1

Best verbal response
Oriented - 5
Confused - 3
Inappropriate - 2
Incomprehensible - 1

Best Motor response
Obey commands - 6
Localises pain - 5
Normal withdrawal - 4
Abnormal flexion - 3
Abnormal extension - 2
None - 1

Box 2
Investigations
CBC, MP
Urine R/E
RBS
S. Creatinine
ECG
S. Electrolytes
CT scan if indicated
CSF study if indicated

Box 3
Management of Stroke patient
- General management of unconscious patient
- Controlled reduction of BP if > 200/110 mm Hg
- Control DM
- Anti-convulsants if seizure
- Consider CT/MRI
**Management Protocol of Unconscious Patient**

**Stabilization by Assessing CAB And Hospitalization**

- **C** - circulation
  - IV access
  - O2 inhalation (if possible)
  - Check vitals and pupil
  - Investigations (box 2)

- **A** - airway
  - Low (<3.5 mmol/L) or Suspected hypoglycemia

- **B** - breathing

**Level of Consciousness (box 1)**

- H/O Head trauma → Referral

**Blood Sugar**

- Normal or High
  - IV Glucose Follow up and referral if necessary

- Low (<3.5 mmol/L) or Suspected hypoglycemia
  - H/O Head trauma → Referral

**Febrile Unconsciousness**

- Resident of malarial endemic zone or h/o recent travel
  - ICT for malaria positive or positive MP

- No relation with malarial endemic zone or no h/o recent travel

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- Neck Stiffness +/-
  - First dose of Broad spectrum antibiotics and referral

**A febrile Unconsciousness**

- Focal neurological deficit e.g. hemiparesis, extensor plantar response
  - Sudden/insidious

  **H/O associated convulsion**

  - IV Diazepam and Refer

  **Neck stiffness with or without preceding h/o headache, vomiting**

  - Sub arachnoid Hemorrhage → Referral

  **Circumstantial evidence of poisons, drug strip, smell**

  - Follow Poisoning Protocol

- **Metabolic disturbances**

  **Consider Uraemic encephalopathy if acidotic breathing, low urine output and H/O CKD**

  **Consider Hepatic encephalopathy if H/O CLD, jaundice and other stigmata of CLD**

  **Consider hyponatraemia if H/O Vomiting, Diarrhea, H/O taking diuretics**

  - IM Insulin, IV fluid and referral

- **Consider DKA/ HHS if dehydration and blood sugar usually ≥24mmol/L**

- **IM Insulin, IV fluid and referral**

- **Referral**