

Rehabilitation Emergencies Pocketcard

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Autonomic Dysreflexia (AD) in Spinal Cord Injury (T6 and Above)	
Signs and Symptoms	Sudden increase in systolic blood pressure (SBP) ≥ 20 mm Hg above baseline, bradycardia, pounding headache, flushing or sweating above lesion, congested sinuses
Measures/Diagnostics	• Raise head of bed and/or sit patient up • Take off all clothing, compression stockings, abdominal binders • Check for and remove/fix any triggering stimuli (distended Foley, urinary tract infection [UTI], in-grown toe-nail, pain, constipation, menstruation) - begin with urinary system • If patient is pregnant, make sure this is not pre-eclampsia • Insert or replace Foley with lidocaine jelly • Recheck blood pressure (BP) every 2-5 min
Medications	• If SBP still ≥ 160 mm Hg, start medications: • Nitroglycerin 10 mg, chew or crush and swallow, may repeat in 30 min OR • Nitroglycerin sublingual placed above lesion or nitroglycerin 0.4 mg sublingual • NO BETA-BLOCKERS
Follow up	• Dispositus carefully with lidocaine jelly after medications as this can initially worsen AD • Check BP for at least 2 hours after initial improvement • If not better send to emergency department (ED) or intensive care unit (ICU)
Agitation in Brain Injury (Traumatic Brain Injury, Stroke, Cancer)	
Differential Diagnosis	Rule out treatable causes such as seizure, hypoglycemia, fever, hypoxia, pain, increased intracranial pressure, infection, metabolic causes, drug withdrawal, recent injury on examination
Measures/Diagnostics	• Review drugs, consider complete blood count (CBC), complete metabolic panel (CMP), ammonia (UA), computed tomography (CT) of head • Use Agitated Behavior Scale to quickly assess - ≥ 28 is moderate and may need meds • Start with non-pharmacologic agents, environmental controls/decrease external stimuli - reduce noise (turn off TV), turn off lights, remove visitors • Cough test (then, perhaps) for non-ventilatory patients, vital signs, 1:1 monitoring, re-evaluate in 30-40 min, if still agitated without improvement then consider starting medications at lowest effective dose • Consider calling security for assistance, especially if needed for medication administration
Medications	• The least cognitive suppressing meds if possible: valproic acid 250-500 mg, carbamazepine 200 mg, trazodone 50-200 mg, chloral hydrate 500-1,000 mg • If active or dangerous to self/others: lorazepam 0.5-2mg, haloperidol 1-2mg, risperidone 1-2 mg
Sympathetic Storming/Central Dysautonomia/Paroxysmal Sympathetic Hyperactivity	
Signs and Symptoms	Must have 5 of 7 clinical features (SBP ≥ 140 mm Hg, heart rate ≥ 130 beats per min, respiratory rate ≥ 20 breaths per min, temperature $\geq 38.3^{\circ}\text{C}$, agitation, diaphoresis, diastolic)
Measures/Diagnostics	Check for and remove/fix any noxious stimuli (distended Foley, UTI, in-grown toe-nail, pain, constipation, menstruation) - begin with urinary system
Medications	• Start with propofol 50 mg IV and relieve symptoms in 1 hour, if persist then consider opioids or morphine • Hypertension/tachycardia: propofol 10 mg q12h, titrate up in 10 mg intervals, max dose 320 mg/d (substitute for propofol overdose is glaxagon 5mg IV once) • Decrease sympathetic outflow/pain: morphine 5 mg q4h and may be increased to 10 mg every 4 h or morphine starting at 2 mg intravenous (IV) q4h • Fever/diaphoresis: lorazepam 2.5-5 mg q4h, may be titrated up to 30 or 40 mg daily (benzocaine also has hypothermic effects, causing blanket, use) • Extreme/uncontrolled hyperthermia: chlorpromazine 25 mg q4-6h • Persistent dystonia: diazepam 25 mg daily, then titrate up slowly as needed
Mental Status Change/Delirium/Loss of Consciousness	
Differential Diagnosis	Stroke, hypoglycemia, cerebral edema, hypoglycemia, hypoxia, medications, infection, seizure, electrolyte imbalance, sunburning, metabolic causes, hospital psychosis, confusion, malnutrition
Measures/Diagnostics	• Vital signs, glucose, O_2 saturation • New drugs, ie opioids, benzos, anti-cholinergics • Tests CBC, WBC, CMP, U/A • Consider CT head, consults, ED
Intrathecal Baclofen Withdrawal Syndrome	
Signs and Symptoms	Similar to sympathetic storming or autonomic dysreflexia with: • fever • tachycardia • diaphoresis • agitation • variable blood pressure • hyperthermia • altered mental state • muscle rigidity • exaggerated reflexes/spasticity • increased creatine kinase levels
Measures/Diagnostics	• Evaluate for drug reservoir dysfunction, pump malfunction, catheter kinkage or obstruction • Radiographs of chest, abdomen, and pelvis to check catheter and pump status • TIA call physician who placed or manages pump because may need emergency intrathecal injection of baclofen bolus
Medications	• High-dose oral or intriv. baclofen (≥ 120 mg/d) in 4-8 divided doses for adults • Some symptoms can be treated temporarily with midazolam or diazepam 2mg IV
Authors: S. Shalinsky, DO, D. Sue, MD. © 2011 Nova Biomedical Publishing ISBN 978-1-59121-476-7 www.novapub.com	

Filesize: 4.69 MB

Reviews

The very best ebook i ever study. It really is rally fascinating throgh reading through period of time. It is extremely difficult to leave it before concluding, once you begin to read the book.
(Coleman Kreiger)

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Borm Bruckmeier Publishing, United States, 2013. Cards. Book Condition: New. 184 x 95 mm. Language: English . Brand New Book. The Rehabilitation Emergencies pocketcard is a useful quick reference guide for emergencies such as autonomic dysreflexia in spinal cord injuries, agitation in brain injury, sympathetic storming, intrathecal baclofen withdrawal syndrome, seizures, uncontrolled hypertension, aspiration, falls, neurogenic bladder, pulled tracheostomy tube and deep venous thrombosis. Highlights categories: * Signs and symptoms * Differential diagnosis * Measures and diagnostics * Medications For students, residents, nurses and all other health care professionals.



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