



FIG 27-4 A, Decorticate. B, Decerebrate.

Posturing may not be evident when the child is quiet but can usually be elicited by applying painful stimuli, such as a blunt object pressed on the base of the nail. Nurses should avoid applying thumb pressure to the supraorbital region of the frontal bone (risk of orbital damage). Noxious stimuli (e.g., suctioning) will elicit a response, as may turning or touching. When the nurse is describing posturing, the stimulus needed to provoke the response is as important as the reaction.

Reflexes

Testing of some reflexes may be of limited value. In general, the corneal, pupillary, muscle-stretch, superficial, and plantar reflexes tend to be absent in deep coma. The state of reflexes is variable in lighter grades of unconsciousness and depends on the underlying pathologic process and the location of the lesion. Absence of corneal reflexes and presence of a tonic neck reflex are associated with severe brain damage. The Babinski reflex, in which lateral portion of the foot is stroked, may be of value if it is found to be present consistently in children older than 1 year. A positive Babinski reflex is significant in assessment of pyramidal tract lesions when it is unilateral and associated with other pyramidal signs. A fluctuating Babinski reflex is often observed with seizures.