

# Rehabilitation Emergencies Pocketcard

Rehabilitation Emergencies pocketcard	
Autonomic Dysreflexia (AD) in Spinal Cord Injury (T6 and Above)	
<b>Signs and Symptoms</b>	Sudden increase in systolic blood pressure (SBP) $\geq 20$ mm Hg above baseline, bradycardia, pounding headache, flushing or sweating above lesion, congested sinuses
<b>Measures/Diagnostics</b>	<ul style="list-style-type: none"> <li>• Raise head of bed and/or sit patient up</li> <li>• Take off all clothing, compression stockings, abdominal binders</li> <li>• 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</li> <li>• If patient is pregnant, make sure this is not pre-eclampsia</li> <li>• Insert or replace Foley with lidocaine jelly</li> <li>• Recheck blood pressure (BP) every 2-5 min</li> </ul>
<b>Medications</b>	<ul style="list-style-type: none"> <li>• If SBP still <math>\geq 140</math> mm Hg, start medications:</li> <li>• Nifedipine 10 mg, chew or crush and swallow, may repeat in 30 min OR</li> <li>• Nitroglycerin sublingual (if placed above lesion or nitroglycerin 0.4 mg sublingual)</li> <li>• NO BETA-BLOCKERS</li> </ul>
<b>Follow up</b>	<ul style="list-style-type: none"> <li>• Disposit carefully with lidocaine jelly after medications as this can initially worsen AD</li> <li>• Check BP for at least 2 hours after initial improvement</li> <li>• If not better send to emergency department (ED) or intensive care unit (ICU)</li> </ul>
Agitation in Brain Injury (Traumatic Brain Injury, Stroke, Cancer)	
<b>Differential Diagnosis</b>	Rule out treatable causes such as seizure, hypoglycemia, fever, hypoxia, pain, increased intracranial pressure, infection, metabolic causes, drug withdrawal, recent injury on examination
<b>Measures/Diagnostics</b>	<ul style="list-style-type: none"> <li>• Review drugs, consider complete blood count (CBC), complete metabolic panel (CMP), ammonia (UA), computed tomography (CT) of head</li> <li>• Use Agitated Behavior Scale to quickly assess: <math>\geq 28</math> is moderate and may need meds</li> <li>• Start with non-pharmacologic agents, environmental controls/decrease external stimuli - reduce noise (turn off TV), turn off lights, remove visitors</li> <li>• Cough test (then, perhaps) for non-ventilatory patients, vital sign, 1:1 monitoring, re-evaluate in 30-40 min, if still agitated without improvement then consider starting medications at lowest effective dose</li> <li>• Consider calling security for assistance, especially if needed for medication administration</li> </ul>
<b>Medications</b>	<ul style="list-style-type: none"> <li>• the least cognitive suppressing meds if possible: valproic acid 250-500 mg, carbamazepine 200 mg, tiagabine 50-200 mg, ethosuximide 500-1,000 mg</li> <li>• If active or dangerous to self/others: lorazepam 0.5-2mg, hydroxyzine 1-2mg, lorazepam 1-2 mg</li> </ul>
Sympathetic Storming/Central Dysautonomia/Paroxysmal Sympathetic Hyperactivity	
<b>Signs and Symptoms</b>	Must have 5 of 7 clinical features (SBP $\geq 140$ mm Hg, heart rate $\geq 130$ beats per min, respiratory rate $\geq 20$ breaths per min, temperature $\geq 38.5^{\circ}\text{C}$ , agitation, diaphoresis, diastolic)
<b>Measures/Diagnostics</b>	Check for and remove/fix any noxious stimuli (distended Foley, UTI, in-grown toe-nail, pain, constipation, menstruation) - begin with urinary system
<b>Medications</b>	<ul style="list-style-type: none"> <li>• Start with propofol 50 mg first and relieve symptoms in 1 hour, if persist then consider oxycodone or morphine</li> <li>• 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)</li> <li>• Decrease sympathetic outflow/pain: oxycodone 5 mg q4h and may be increased to 10 mg every 4 h or morphine starting at 2 mg intravenous (IV) q4h</li> <li>• 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)</li> <li>• Extreme/uncontrolled hyperthermia: chlorpromazine 25 mg q4-6h</li> <li>• Persistent Dystonia: diazepam 25 mg daily, then titrate up slowly as needed</li> </ul>
Mental Status Change/Delirium/Loss of Consciousness	
<b>Differential Diagnosis</b>	Stroke, hypoglycemia, cerebral edema, hypoglycemia, hypoxia, medications, infection, seizure, electrolyte imbalance, sunburning, metabolic causes, hospital psychosis, constipation, malnutrition
<b>Measures/Diagnostics</b>	<ul style="list-style-type: none"> <li>• Vital signs, glucose, <math>\text{O}_2</math> saturation</li> <li>• New drugs, ie opioids, benzos, anti-cholinergics</li> <li>• Tests CBC, WBC, CMP, U/A</li> <li>• Consider CT head, consults, ED</li> </ul>
Intrathecal Baclofen Withdrawal Syndrome	
<b>Signs and Symptoms</b>	Similar to sympathetic storming or autonomic dysreflexia with: <ul style="list-style-type: none"> <li>• fever</li> <li>• tachycardia</li> <li>• diaphoresis</li> <li>• agitation</li> <li>• variable blood pressure</li> <li>• hyperthermia</li> <li>• altered mental state</li> <li>• muscle rigidity</li> <li>• exaggerated reflexes/spasticity</li> <li>• increased creatine kinase levels</li> </ul>
<b>Measures/Diagnostics</b>	<ul style="list-style-type: none"> <li>• Evaluate for drug reservoir dysfunction, pump malfunction, catheter kinkage or obstruction</li> <li>• Radiographs of chest, abdomen, and pelvis to check catheter and pump status</li> <li>• TIA call physician who placed or manages pump because may need emergency intrathecal injection of baclofen bolus</li> </ul>
<b>Medications</b>	<ul style="list-style-type: none"> <li>• High-dose oral or intriv. baclofen (<math>\geq 120</math> mg/d) in 4-8 divided doses for adults</li> <li>• Some symptoms can be treated temporarily with midazolam or diazepam 2mg IV</li> </ul>
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Filesize: 4.89 MB

## Reviews

The publication is fantastic and great. It can be rally exciting throgh reading period of time. I am just very happy to inform you that this is the greatest publication i actually have read in my very own daily life and could be he very best ebook for at any time.

(Prof. Alvis Wuckert)

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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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