

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 (blocked Foley, urinary tract infection [UTI], in-grown toe-nail, pain, constipation, incontinence) - begin with urinary system
- If patient is pregnant, make sure this is not pre-eclampsia
- Insert or replace Foley with lubricant jelly
- Recheck blood pressure (BP) every 2-5 min

Medications:

- If SBP still ≥ 140 mm Hg, start medications:
- Nitroglycerin 10 mg slow or crush and swallow, may repeat in 30 min OR
- Nitroglycerin patch: 2" placed above lesion or nitroglycerin 0.4 mg sublingual
- NO BETA-BLOCKERS

Follow up:

- Dispatch carefully with lubricant 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, head 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 control/decrease external stimuli - reduce noise (turn off TV), turn off lights, remove visitors
- Crank bed (if not contraindicated for non-immobilized patients), head tilt, 1:1 monitoring, restraints
- Re-evaluate in 30-60 min, if still agitated without improvement then consider starting medications of 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, clonidine hydrochloride 100-1,000 mcg
- If acute or dangerous to self/other: haloperidol 0.5-2mg, haloperidol 1-2mg, lorazepam 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 $\geq 38.5^{\circ}\text{C}$, agitation, diaphoresis, abnormal

Measures/Diagnostics: Check for and remove/fix any noxious stimuli (blocked Foley, UTI, in-grown toe-nail, pain, constipation, incontinence) - begin with urinary system

Medications:

- Start with propofol 10 mg bolus and relieve symptoms in 1 hour, if persist then consider oxycodone or morphine
- Hypertension/tachycardia: propofol 10 mg q12h, titrate up in 10 mg intervals, max dose 320 mg/d; lorazepam for propofol overdose is glycopyrronium 1mg IV once
- Decrease sympathetic pathways: oxycodone 5 mg q4h and may be increased to 10 mg every 4 h or morphine starting at 2 mg intravenous (IV) q4h
- Fever/diaphoresis: tramadol 2.5-5 mg q4h, may be titrated up to 30 or 40 mg daily (tramadol also has hypotensive effects, causing blanket, etc)
- 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, hydrocephalus, cerebral edema, hypoglycemia, hypoxia, medications, infection, seizure, electrolyte imbalance, sunburning, metabolic causes, hospital psychosis, constipation, restraints

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 reflexal 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
- Call physician who placed or manages pump because may need emergency intrathecal injection of baclofen bolus

Medications:

- High-dose oral or enteral baclofen (5-120 mg/d) in 4-8 divided doses for adults
- Some symptoms can be treated temporarily with midazolam or diazepam 2mg IV

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Reviews

These sorts of ebook is the best publication accessible. It is amongst the most amazing ebook i actually have read. It is extremely difficult to leave it before concluding, once you begin to read the book.

(Jace Gusikowski IV)

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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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