

PRACTICE GUIDELINE

Effective Date: 3-18-2010

Manual Reference: Deaconess Trauma Services

TITLE: NURSING MANAGEMENT FOR CARE OF PATIENT WITH CHANGE IN MENTAL STATUS OR INCREASED AGITATION

PURPOSE: To outline the nursing management of patients with a sudden change in mental status or a sudden increase in anxiety and/or restlessness.

DEFINITIONS:

- 1. Change in mental status: decrease in Glasgow coma score of 2 or greater.

GUIDELINES:

- 1. **Supportive data:**
 - a. For suddenly restless or agitated patients consider hypoxia, hypotension, increase in intracranial bleeding/contusions, alcohol withdrawal (see Guideline about SBIRT) or pain.
- 2. **Outcome criteria:**
 - a. The patient’s initial physiological condition will be established, changes will be detected early and appropriate interventions will be initiated and documented.
 - b. Anxiety, restlessness, and apprehension will be recognized and addressed by performing ABG to rule out changes in mental status related to hypoxia.
- 3. **Implementation criteria:**
 - a. **If a patient suddenly becomes more agitated and/or restless or has a decrease in GCS of 2 or greater, RN to place order for stat ABG to rule out hypoxia and call trauma surgeon with results.**
 - b. If patient has neurosurgery consult, RN to notify neurosurgeon of change in mental status.
- 5. **Nursing Care:**
 - c. After identifying a change in mental status, RN should perform frequent neuro checks on the patient to monitor for continued decrease in GCS or to note improvements.
 - d. RN should minimize environmental irritants and explain plan of care to the patient to ease patient anxiety.
 - e. Provide frequent contact and realistic reassurance to minimize anxiety. Keep call bell in reach at all times.
 - f. Manage the patient’s pain as needed once other sources of agitation/restlessness have been ruled out. Use caution in patients who have known head injury.
- 14. **Documentation:**
 - a. Assessment findings and interventions will be documented in the nurse’s notes.

REFERENCES:

- RESOURCES FOR OPTIMAL CARE OF THE INJURED PATIENT: 2014; Committee on trauma American College of Surgeons.

REVIEWED DATE	REVISED DATE
OCT 11	AUG 16
AUG 14	