

Specifics of nursing care/High School (nurse)

Template:High School

Neurological Patient/Client (P/C)

Principles of neurorehabilitation

The principle of wholeness

P/K with brain damage are not only affected by momentum, but also other abilities. This has the effect of disrupting the idea of the position and image of one's own body - the so-called body image. Therefore, targeted sensorimotor stimulation is of great importance. Furthermore, we have to think about the adjustment of speech disorders, cognitive disorders, psychological difficulties, etc. The analysis of the functional deficits and abilities of P/K with the impact on his personality and social situation is important here.

The principle of timeliness and long-term

We start neurorehabilitation already in the acute phase and continue it for several weeks, months and for the rest of life. During the first two years, rehabilitation therapy (phase of spontaneous improvement of functional deficits) is the most successful.

The principle of teamwork, multidisciplinary

Rehabilitation with a physiotherapist is important for P/K, but we have to remember that a physiotherapist does P/K no more than twice a day. The rest of the day is under the direction of other health professionals, or in cooperation with relatives. The nurse takes care of the positioning of the P/K, manipulates it during normal nursing activities, etc. There is no doubt that the care must be comprehensive and the entire medical team must participate in it.

The principle of accepting citizens with disabilities

Social isolation can frustrate all the efforts of the nursing team, which is why there is an effort to include disabled patients in the normal life of society.

Principles of care for P/K with brain damage

- We approach the patient from his affected side.
- When instructing the patient, we use short and clear commands, which should be combined with auxiliary manual contact.
- Movement skills are practiced within individual movement sequences.
 - i.e. we do not immediately teach the patient how to move from lying on his back to standing, but we gradually practice the individual phases of the movement.
- It is also necessary to give the patient enough time to develop active cooperation.
- The organization of objects and furniture around the patient plays an important role.
 - P/K tends to neglect and overlook the affected side, turning its attention only to the "healthy side". → As a prevention of sensory deprivation, it is necessary to ensure the greatest possible supply of stimuli from the affected side.
 - Verticalization also occurs through the affected side.
 - The senses - hearing, sight and sensitivity - are also impaired on the hemiparetic side. As a prevention of sensory deprivation, it is necessary to ensure the greatest possible supply of stimuli from the affected side. In this way, the patient will be forced to automatically turn his head and perceive all stimuli from his affected side.

Aphasia

- Don't shout.
- Demonstration.
- To listen.

!!!Pay attention to the tone of voice, grimaces, etc. - p/k perceive everything!!!

Positioning

- Joints in neutral position.
- Extension spasticity increases:

Position on the back.
Hard case.

- The position on the side of the "healthy side" worsens self-care!

Verticalization

- Across the affected side.
- Do not pull on the "affected limb".
- Ensure the support of DKK.
- Activation of P/K.
- The assistant is always from the affected side.

Specifics of care for P/K with spinal cord injury

- Joint positions in neutral position → ↓ spasticity, support of respiration.
- Availability and accessibility of aids.
- Passive movements.
- When verticalizing, use bars, ladders → use maximum P/K abilities.
- Motivation, support.

Specifics of care for P/K with total hip arthroplasty (TEP)

- Do not cross the DKK, in the position on the side support the DK.
- Flexion below 90 degrees
- The lower limb must not be turned outward with the knee.
- Do not lie on the operated side for 2 months.
- No hot baths.
- Compensatory aids: toilet attachments, chair wedges, long spoons for putting on shoes, sponges with attachments.

Literature

- KOLÁŘ, Pavel, et al. Rehabilitation in clinical practice. 1st edition. Prague: Galén, 2009. ISBN 978-80-7262-657-1.
- KLUSOŇOVA, Eva, et al. Rehabilitation treatment of patients with severe movement disorders. 1st edition. Brno: IDVPZ, 2000. ISBN 80-7013-319-8.