

PROCEDURE No: 505	<i>Version 4.0</i>	Page 1	Last Up-dated: 01 August 2006
	Authorised: _____	Date: _____	© GMP Systems, Year 2006
PERSONAL CARE - CARE OF THE UNCONSCIOUS CLIENT			

PROCEDURAL CONSIDERATIONS:

In coma an individual's awareness, as well as those responses essential to comfort and self-preservation, no longer operate. Protection and preservation become the responsibilities of those caring for the person. Remember hearing is the last sense to be lost. Many unconscious people can hear. Always talk to the client and explain what you are going to do.

1. Unconscious clients are nursed in a lateral or semi-prone position with the neck aligned with the spine. This helps to maintain a clear airway and prevent contractures and joint damage.
2. If secretions collect in the oropharynx, suctioning may be necessary. (See relevant procedure).
3. To assess the client's condition and determine any improvement or deterioration, observe them frequently, if necessary making an assessment by observing respiratory state, reaction to stimulus and general pallor.
4. Keep relatives / advocates informed of the client's condition and involve them in care as appropriate. Allow them opportunities to express their thoughts and feelings.
5. Call the client by their preferred name. Talk to the client and explain each procedure prior to commencing. Say nothing that would not be said were the client conscious.
6. Touch the client gently. Hold their hand when talking. Gentle massage may be performed. Music may be played occasionally (according to the client's taste in music). This helps to avoid sensory deprivation.
7. To prevent pressure sores the client is turned 1-2 hourly using the method stipulated in the Care Plan. Pressure areas should be observed at these times. Precaution should be taken to keep the skin clean and dry. Special aids may be beneficial, e.g. Spenco, low air loss mattresses, etc. (Ref: Pressure Area Care Procedure, No: 524).
8. Continence status should be assessed by the domiciliary nurse and an appropriate method of management identified, e.g. pads / pants, sheath, catheter. Urine output should be observed. Observe for distension of bladder and retention of urine. Bowel movements should be monitored. Stubborn constipation may require an enema.
9. The client's hygiene needs should be attended to as necessary but should include at least one full bath each day. Frequent eye care, mouth and dental care and attention of hair and nails.
10. The fully unconscious client should not be given food or fluid by mouth. A poor or absent swallowing reflex could lead to aspiration into the respiratory tract. Assess the swallowing reflex in conjunction with the GP. Naso-gastric feeds may occasionally be prescribed. The domiciliary nurse, family and the GP should consider the benefits and disadvantages of this carefully.
11. Record any change in the client's condition in the Care Plan.