ABNORMAL POSTURING

Bell’s Palsy

Forehead Not Wrinkled
Eyeball Rolls Up
Eyelid Does Not Close
Flat Nasolabial Fold
Paralysis of Lower Face

Etiology:
Possible reactivation of herpes vesicles in and around the ear will proceed facial paralysis.

Treatment:
• Corticosteroids
• Antivirals
• Time - 85% Full Recovery in 6 Months
CRANIAL NERVE MNEMONIC

<table>
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<th>Olfactory</th>
<th>Optic</th>
<th>Oculomotor</th>
<th>Trochlear</th>
<th>Trigeminal</th>
<th>Abducens</th>
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<td>Bad</td>
<td>Business</td>
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FAST Recognition Of A Stroke

- **Face** - Are both sides equal? Is the smile equal?
- **Arms** - Can the client raise both arms equally?
- **Speech** - Is speech slurred? Can the client make a sentence?
- **Time** - Get help now. There is a small window of opportunity.
INCREASED INTRACRANIAL PRESSURE (IICP)
(Symptoms of IICP are opposite of shock)

* IICP *
↑ B/P
↓ Pulse
↓ Respiration
(Cushings Triad)

* Shock *
↓ B/P
↑ Pulse
↑ Respiration
INCREASED INTRACRANIAL PRESSURE

- Changes in LOC
- Eyes
  - Papilledema
  - Pupillary Changes
  - Impaired Eye Movement
- Seizures
  - Impaired Sensory & Motor Function

- Posturing
  - Decerebrate
  - Decorticate
  - Flaccid

- Changes in Vital Signs:
  - Cushing’s Triad:
    - ↑ Systolic B/P
    - ↓ Pulse
    - Altered Resp Pattern

- Decreased Motor Function
  - Change in Motor Ability
  - Posturing

- Vomiting

- Changes in Speech

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PARKINSON’S DISEASE

- Onset usually gradual, after age 50.
  (Slowly progressive)

- Bradykinesia
  - Loss of normal arm swing while walking
  - Blurring of the eyelids
  - Loss of ability to swallow
  - Blank expression
  - Difficulty initiating movement

- Mask-Like, Blank Expression

- Stoopid Posture

- Pill Rolling Tremors

- Tremor
  - Commonly in hands and arm
  - Pill rolling motion with the fingers
  - Occurs most often at rest
  - May involve alarynx, tongue, lips, and jaw
  - Increases with stress

- Muscle Rigidity
  - ↑ Resistance to passive movement
  - Cog wheel, jerky slow movement

- Shuffling, Propulsive Gait

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Stroke Recognition:

3 Steps to Stroke Recognition

1. Ask the person to smile and stick out tongue
   - I can’t fall tell side which one.

2. Ask the person to make a complete sentence

3. Ask the person to raise both arms.
   - Contact someone if the person cannot perform these 3 steps!
AUTONOMIC DYSREFLEXIA...
(Spinal Cord Injury At T-6 Or Higher)

Triggers: Sustained stimuli at T-6 or below from:
- Restrictive Clothing
- Full Bladder or UTI
- Pressure Areas
- Fecal Impaction

Symptoms:
- Vasoconstriction below level of injury
  - Pale
  - Cool
  - No Sweating
- Vasodilation above level of injury
  - SBP - Severe & Rapid
  - Flushed Face
  - Headache
  - Distended Neck Veins
  - t Heart Rate
  - t Sweating

LEVEL OF INJURY

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LEFT CVA

- Paralyzed Right Side Hemiplegia
- Impaired Speech and Language
- Slow Performance
- Visual Field Deficits
- Aware of Deficits Depression, Anxiety
- Impaired Comprehension

Left brain damage...Right body weakness

What do I eat with a spoon?

2+2=5?

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RIGHT CVA

- Paralyzed Left Side
- Hemiplegia
- Spatial-Perceptual Deficits
- Tends to Minimize Problems
- Short Attention Span
- Visual Field Deficits
- Impaired Judgment

Impulsive
Impaired Time Concept

I don't feel where my left side is.

Right Brain Damage...Left Body Weakness

FUNCTIONING CVA

CVA AFFECTED

Assist CVA client to get out of bed on the functioning vs affected side.
DUCHENNE'S MUSCULAR DYSTROPHY

* Progressive Weakness & Wasting of Muscles *

ONSET 3-5 Years Old
GENETIC ...Primarily Males

- History of motor
development delay
- Clumsiness
- Frequent falls
- Difficulty climbing stairs,
  running, and riding tricycle

- Waddling Gait
- Ambulation frequently
  impossible by age 12.
- As breathing muscles become
  more affected, life-threatening
  infections are common. This
  usually leads to death
  by age 15-18 years.

- Nursing Considerations -
  • Fatigue
  • Frequent Infections
  • Mobility
  • Psychological Effects
  • Maintain Function

GUILLAIN-BARRÉ SYNDROME

Risk Factors:
- Possibly Autoimmune
- Association with Immunizations
- Frequently preceded
  by mild respiratory
  or intestinal
  infection

- Progresses over
  hours to days

- Minimal Muscle
  Atrophy

Begins in lower extremities
and ascends bilaterally =
1) Weakness
2) Ataxia
3) Bilateral Paresthesia
Progressing to Paralysis.

Symmetrical Paralysis

Causes Problems With:
- Respiration
- Talking
- Swallowing
- Bowel & Bladder
  Function
**LEVELS OF SPINAL NERVES**

**Breakfast At Eight**
- Cervical (8)
  - Controls: Diaphragm, Chest Wall Muscles, Arms, Shoulders

**Lunch At Twelve**
- Thoracic (12)
  - Controls: Upper Body, Gastrointestinal Function

**Dinner At Five**
- Lumbar (5)
- Sacral (5)
  - Controls: Lower Body, Bowel & Bladder

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**MULTIPLE SCLEROSIS**

- Autoimmune
- Usually 🎀
- Familial
- Nystagmus 🍁
- Blood Bladder
- Blurred Vision
- Dysarthria
- Dysphagia

- Onset 20s to 40s
- Urinary Retention
- Spastic Bladder
- Constipation
- Weakness may progress to paralysis
- Muscles Spasticity
- Ataxia
- Vertigo 🤠
PARALYSIS

Quadriplegia (Tetraplegia)

Paraplegia

Hemiplegia

POSTURING

DECO RTICATE (Flexor)

Arms are like "C 5"
Moves in toward the "Cord"

Problems With Cervical Spinal Tract or Cerebral Hemisphere.

DECREASE BRATE (Extensor)

Arms are like "E 5"

Problems Within Midbrain or Pons.
**SPINAL CORD INJURY**  
(Paralysis Below The Level Of Injury)

Injuries ↑ C-4 = Paralysis of respiratory muscles AND all four extremities.  
(Quadruplegia)

Higher the injury Greater the loss of function.

Temperature Regulation Problems ↓ Level of Injury...

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**TETANUS**  
(Lockjaw)

* Intact Sensorium
* Headache
* Difficult Swallowing
* Sore Throat
* Irritability
* Tonic Spasms
* Prevention - Childhood Immunizations

* Spasms of Facial Muscles
  * Fixed Smile
  * Elevated Eyebrows

* Jaw Stiffness
* Fever
* Restlessness
* Chills
* Exaggerated Reflexes
* Profuse Sweating