



DISCHARGE INSTRUCTIONS FOR COMATOSE PATIENTS

Following are guidelines for improving the arousal of the comatose patients.

Approaching the Patient

- Make the patient identify you.
- Talk to the patient slowly and in a normal tone of voice.
- Keep sentences short and give the patient extra time to think about what you have said and repeat it a few times.
- Orient patient about the date, time, place and reason for being in the hospital, also, explain to the patient what you are going to do

Exercise and Activity

- Make the patient execute arm and leg exercises for general conditioning
- Use a range of motion exercises, changes in body position such as a single or repetitive roll, a tilt table, movement activities on therapy mat to bring patient to upright position
- Watch for early physical protective reactions or delayed balance reactions during these activities
- Watch for expression of discomfort or pain and inform the physician about the same
- Increase the activity slowly
- Chest physiotherapy-suctioning every 4 hours

Visual Stimulation

- Provide a visually stimulating environment at the bedside, such as colorful, familiar objects, family photographs (labeled)
- Provide normal visual orientation, by positioning the patient upright in bed, in the wheelchair etc. This also helps decrease complications of prolonged bed rest, such as pressure sores, breathing problems, osteoporosis and muscle contractures
- Eliminate distraction to allow patient to focus on visual stimuli, such as a familiar face, object, photos and on a mirror.

Auditory Stimulation

- Provide regular auditory stimulation at the patient's bedside
- Permit only one person to speak at a time
- Use radio, TV, tape recording of a familiar voice etc. at an interval of 10-15 minutes throughout the day
- Direct work to focus and localize sound and look for patient's response when you change the location of a sound, e.g. call the patient's name, clap your hands, ring a bell, rattle, whistle etc.
- Avoid stimulation that evokes a startled response. This type of stimulation is counterproductive

Tactile Stimulation

- Use a variety of temperatures, such as warm and cold cloths or metal spoons dipped for 30 seconds in hot or cold water
- Vary the degree of pressure-firm pressure is usually less threatening or irritating to the patient than light touch. Examples include grasping a muscle and maintaining the pressure for 3-5 seconds, stretching a tendon and maintaining the stretch for a few seconds and rubbing the sternum

- Use unpleasant stimuli, such as a pinprick, with caution. Avoid ice to face or body, as it may trigger a sympathetic nervous system response, i.e. increased blood pressure, heart rate and salivation and decreased gastrointestinal activity



General Instructions

- Do not apply pressure to the neck or possible areas of injury
- Do not bend the patient forward and avoid twisting and turnings
- Environment: No sharp objects or obstacles should be there in the room: Room should be well ventilated and well lit. The bed should have adequate padding
- Avoid using creams, lotions or other ointments on the incision
- Keeping the incision clean and dry will help it to heal quickly
- Medication should be given/taken as directed

Follow-up with the Neuro Rehab Out Patient Department after a month



When to contact your doctor

Call your doctor if you experience:

- Fever
- Nausea or vomiting
- Severe headache
- Swelling in the legs
- Difficulty in breathing or breathlessness
- Decreased urination
- Seizures/decrease in existing power of any limb/decreased level of consciousness