

Introduction

Coma is not a disease. It is a sleep like state in which eyes closed and poorly responsive to motor and sensory stimuli (*Carepenter and Robert, 2001; Roger et al., 1990*).

Poski and Arknl, (1996) add that , coma may be a sustained state of unconsciousness in which the patient dose not respond to averbal, painful stimuli, involuntary movement and altered respiratory pattern, and pupil response to light (*Geaves et al., 1998, Rogers et al., 1998*).

Several studies stated that three kinds of disorder produce sustained unconsciousness like, structural lesion which include brain tumor, head injury, metabolic abnormalities which caused by problem that dose not originate in the brain as hypoxic, ischemic, and disorder of liver, lungs, kidney as well as agent affect metabolism of neurons. They include toxins hypoglycemia, fever, infection, fluids and electrolytes imbalance, in addition to psychogenic causes as hysteria which may also lead to coma (*Carpenter et al., 2001; Hartshon and Lawrole et al., 1997*).

Patients are frequently brought to hospitals in an unconscious state and they may suddenly or gradually become unconscious while hospitalized. It is imperative to know acute care properly for such totally dependent persons or to prevent the patient to become totally dependent (*Greaves et al., 1998, Newberrg, 1998 and Stephaine et al., 1990*).

Luckmann and Sorness pointed that the basic objectives in the care of an unconscious patient care are to mainatain and support normal body activity and prevent complications that retarded recovery. The cause of

coma can be evaluated carefully (*Barbato, 2001; Stephanie et al., 1990 and Villanueva, 1999*).

Goal of nursing care is to identify the neurological status and prevent complications. It may include pulmonary care, adequate circulation, fluid administration, monitor C.VS, mouth, skin, eyes care, thermoregulation, promoting urinary and bowel function, providing sensory stimuli, support family, monitor and manage complication, improve thought process and communication, (*Rogers et al., 1990; Lippincott and Wilkins, 2002; and Villanueva, 1999*).

Magnitude of problem:

From the clinical experience it was observed that nurses are lacking in their level of knowledge and practice in caring for comatose patient which resulting residual complications that retard recovery and increase mortality. So it is important to identify and assess adequacy of nursing care through practice of nurses for the knowledge and practice of nurses in caring of unconscious patient.

Aim of the study

This study is aimed to:

- 1- Identify the nurses, knowledge and performance as regarding the nursing intervention for unconscious patient.
- 2- Assess patient physically and psychological needs which will be indicators of nursing care offered.
- 3- Suggested a protocol for nursing care.

Materials and Methods

Materials:

Setting:

The study will be carried out at Internal medical, Neurological, and Neurosurgical units.

Subjects:

1. The subject of this study will be compromised all the available nurses who care for unconscious patient who admitted to previous units.
2. adult unconscious patient admitted to the previous units (30 patient).

Tools:

II- for nurses

1- A structure questionnaire will include:

1- Personal characteristics:

Name, age, sex, level of education, experience as well as level of socioeconomic level etc.

2- Nurses cognitive levels:

This tool will include items related to nurses general understanding or recognition of the disease process and preventive complication measures etc.

3- Observational check list.

This tool will aimed to assess nursing performance in caring for unconscious patient. It will contain the following:

- 1- Action directed to word physical needs

- a- Respiratory care as suctioning oxygenation,
- b- Maintain fluid and nutritional balance as IV administration, NGT,
- c- Mouth, skin, eye and general excresiciz as ROM.
- d- Promoting bowel function as catheter, enema,
- e- Providing sensory stimulation as assessment of glasgow coma scale.
- f- Prevent complication.

2- Action directed to psychological needs:

- a- Support family.
- b- Promote communication.

II- For patient

1- Patients assessment sheet:

Include data related to the assessment of the airway and breathing (respiration, sound ...), the circulatory system condition, the elimination, the skin condition, signs and symptoms of infection and musculo skeletal and mobility, as well as psychological condition.

III- Suggested protocol for nursing action will be developed based on data collection:

Methods

1- Developing tools:

The tool will be developed through review of literature.

2- Data collection:

Data will be collected from identified sample after writer approval from the Dean of previous mentioned units.

1. Initially study subject of nurses will be interviewed to assess their level of knowledge regarding to unconscious patient care perceptions.
2. Direct observation: researcher will be observe to nurse performance.
3. Assess the patients, physical and psychological condition who under receiving nursing care by the study subject of nurses.

3- Pilot study:

pilot will be done for 10% of sample of patient and their nurses. For the purpose of testing the content validity of the study tools. It will be done at previous mentioned ward. Then the necessary modification will be done.

Analysis of Result

Data analyzed after tabulation and proper statistical method will be used.

Discussion

From obtained finding will be made and compared with related literature.

Conclusion

Conclusion and recommendation will be driven from the findings.

References

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