Introduction

Conscious patient respond to visual, auditory, tactile and painful stimuli; oriented to person, time and place. Be Able to carry out simple or complex commands, as open eye, and spontaneously extra-ocular movement. Alteration of consciousness called unconsciousness ***(June 2002)*** Conscious ness has two components: content and arousal, content (awareness) is controlled by cerebral hemispheres it is marked by purposeful motor function and the use of language. Arousal, patient can be awake without being aware**. (Gay and Cynthia 2002)**

Levels of consciousness depend on symptoms that reflect on the patient. There are different levels of consciousness such as conscious, somnolent or lethargic, stupors, semi comatose and deep comatose. ***(Barbara, 2003)***. These levels may be depressed due to intra cranial structural lesions such as those obtained by trauma, spontaneous bleeding, embolus, thrombosis, infection, and mass. As well as extra cranial insults as toxins, metabolic abnormalities and environmental insults. (**Chorles. et al, 2001)**

A patient in lighter state of coma may display a variety of subtle movements there may be voluntary acts such as turning in bed, pulling up sheets, and other purposeful appearing movement, sneezing, shivering indicate light state of coma. Deeply comatose patients may be recognized by their unnatural position (***Carrubba, 2000)***.

Glasgow coma scale determines patients' level of consciousness, help health care provider in applying finding in neurological assessment, it has three areas of assessment eye, motor and verbal response. There is other scale called Ranco los amigo scale which used to classify brain

injured patients ***(Gay,Cynithia, 2002)***. In Glasgow coma scale, the patient with score less than seven this indicates that he is in deep coma ***(June 2002)***.

Potential complications for the unconscious patient include respiratory failure, pneumonia, pressure ulcer, aspiration, and all complications that associated with immobility as venous stasis, musculoskeletal deterioration, and disturbed gastrointestinal function. ***(Tuker et al., 2000).***

Immobility is a disease phenomenon that evokes interrelated physiologic and psychosocial effects. Many of the physiologic effects induced by immobility occur immediately as recumbent position is achieved, problem associated with immobility include, weakness of the muscles, joint contracture, and deformity. (***Winkelman, 2000).*** Proper positioning can often prevent deformities, contractures and other immobility complications. Maintaining correct body alignment while bed is essential regardless of the position selected. ***(Smeltzer, 2000)***.

The nurse is the person who is direct contact with the patient and who stays the longest period with them. Nurses constitute a major bulk of health service man power. (***Audeh, 1991)***. Patient with altered level of consciousness depend on the nurses for assistance in body alignments when lying in various position in bed. ***(Abdel Hamid, 2001)***.

Buddsi(1992) said that the general and nurologic assessment and laboratory examination should be done at the first

The first priority of nursing management of the unconscious patient is to obtain or maintain airway patent, an intravenous catheter is inserted to

maintain fluid volume balance status, and nutritional support by either feeding tube or gastrostomy tube. The circulatory status of patient should be monitored to ensure that adequate nutrition to the body and brain is being maintained. ***(Smeltizer, 1996).***

Significance of the problem

Unconscious patient usually very dependent on others. Thus, the nurse plays an important role toward the comatose patient. Nurses usually divide their activities and lose a lot of their time in non-productive function as breaks, coffee, waiting the X- Ray and drugs. Moreover, spend little time for patient care this due to unclassified activities for most categories of nurses. Moreover, shortage during afternoon and night shift at Benha university hospital so Care of unconscious patient is high cost on hospital and patient because the most of complication developed during hospitalization.

The incidence of unconsciousness is not identified because the patient is admitted to hospital by specific diagnosis