



**PEAK**  
DEVELOPMENT  
RESOURCES LLC

## Peak Development for ... Long-Term Care Nursing Assistants®

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# Caring for the Unconscious Resident

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After reading the newsletter, the nursing assistant should be able to:

1. Describe characteristics of an unconscious resident.
2. Identify factors that may cause loss of consciousness.
3. Discuss needs of the unconscious resident and how to meet them.

Consciousness is the degree to which a person is alert, awake, and responsive to the environment. There are varying levels of consciousness, ranging from a normal state of alertness to unresponsive, with many states in between. A person who is not awake and is unresponsive to his/her own needs, the environment, pain, or other stimulation, is considered to be unconscious. Unconsciousness is often defined as "lack of awareness." The duration of unconsciousness may be very brief, such as fainting, or it may last for a prolonged period of time. Prolonged unconsciousness is often referred to as a coma.



This newsletter will discuss care of the resident who is unconscious for a prolonged period, including causes of unconsciousness and effects on the body. The role of the nursing assistant in providing care to support physiologic functions and prevent complications will also be covered.

### Causes and Effects

Consciousness is regulated by various areas of the brain, including the brainstem, cerebral cortex, and thalamus. Unconsciousness results when the brain is not able to function normally to keep the person in an awake and alert state. There are many conditions that can cause this, and these may occur within the brain structures or other area of the body.

Factors that affect the brain directly to cause loss of consciousness include conditions such as stroke, head trauma, seizures, or meningitis. Factors outside the brain may include

low or high blood glucose, sepsis, lack of oxygen, electrolyte imbalance, heart attack, shock, dehydration, kidney or liver failure, and use of drugs or alcohol.



Prolonged loss of consciousness has very serious effects on the body. Without consciousness, a person is extremely vulnerable and completely dependent on others for protection and care. There is little or no ability for purposeful movement, protective reflexes such as coughing, swallowing or blinking, nutrition, or other critical functions. Complications that may affect the unconscious resident include pneumonia, muscle wasting, contractures, urinary tract infection, eye damage, and pressure injury.

### Needs and Care of the Resident

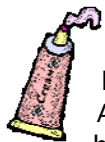
The unconscious resident is at risk for significant complications, and has many needs that must be met. These include:

**Respiratory function:** Maintaining adequate respiratory function is the highest priority of care for the unconscious resident. Since many of these residents cannot cough or swallow, secretions may build up in the throat and block effective air exchange. Some residents may have a tracheostomy to improve their respiratory function.

Each time you enter the room, observe the resident's color and respiratory effort. A change in color from pink to grayish or bluish, or respirations that are noisy or labored, can indicate a problem with air exchange. Notify the nurse right away,

as the resident may need to be suctioned. Changing the resident's position every two hours helps to promote good air exchange and prevent pneumonia. The side-lying position helps to drain secretions and keep the tongue from blocking the airway, while the semi-sitting position promotes easier breathing.

**Skin Integrity:** The unconscious resident is not able to change positions voluntarily, and is at high risk for skin breakdown. Careful attention to skin care is essential for maintaining healthy skin and preventing pressure injuries. Change the resident's position every two hours, or more often if skin is becoming reddened in that time. Always arrange help or use a lift when repositioning the resident, since dragging the resident across the sheets causes friction and shearing force that can damage skin. Keeping skin clean, dry, and moisturized helps to protect it. Clean the resident gently and thoroughly after elimination, pat dry, and apply a protective

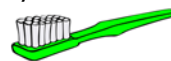


lotion or cream to the area. Check bony areas carefully for the first signs of skin breakdown, usually redness of the area. Areas at high risk include the back of the head, shoulder blades, elbows, sacrum, hips and heels. Notify the nurse of any reddened area that does not return to normal color shortly after repositioning. Protective devices, such as foam boots and special mattresses, may be used to help prevent pressure injuries.

**Joint Function:** Regular movement and proper positioning are essential for preserving the function of the resident's joints. These exercises also promote effective breathing and circulation, as well. Perform passive range of motion exercises during each position change, or at least twice each day. Don't forget the small joints, such as fingers and toes. Positioning devices, such as hand rolls and trochanter rolls, keep the resident's extremities in a functional position, helping to prevent contractures.

**Nutrition:** Taking in proper amounts of nutrients and water is essential to the health of the unconscious resident. Of course, a resident whose consciousness is decreased should never be given anything by mouth. Therefore, a feeding tube is often used to deliver liquid feedings to the resident's stomach. A *nasogastric* tube may be inserted into the resident's nose for this purpose. Or, for more long-term use, a gastrostomy tube may be inserted surgically through the abdomen. As you care for the resident, make sure that the tube is not pulled or caught on equipment. Check the skin around the tube, and notify the nurse if redness or other signs of irritation occur. During a feeding, watch for any signs of respiratory distress, and keep the resident's head elevated to help prevent aspiration.

**Mouth Care:** Proper care of the resident's mouth, usually given every two hours, is important to prevent problems such as sores and infection. Mouth care is given with the resident in a side-lying position, to prevent possible aspiration. As with all procedures, standard precautions must be observed, such as wearing gloves. For safety, use a padded tongue blade to open the resident's mouth. Never put your fingers into an unconscious resident's mouth, since the jaws may clamp shut unexpectedly. Use a soft toothbrush or sponge-tipped oral swab to clean the mouth, teeth and gums. Water-soluble gel, applied to the lips, helps to prevent drying and cracking.



**Eye Care:** If the resident has lost the corneal reflex, he is unable to blink to protect his eyes. Wash the eye area gently during bathing, from inner to outer corners, using clear water and a clean cloth. To prevent infection, use a clean area of the cloth for each eye. Notify the nurse if the resident's eyelids don't close completely, since drying of the cornea may result. Eye drops or ointment may be ordered to keep eyes moist and protected.

**Elimination:** Since elimination cannot be controlled by the unconscious resident, absorbent undergarments are often used to protect the skin and clothing. The resident is at increased risk for elimination problems, due to immobility and a liquid diet. Urinary retention and constipation are two such problems that may occur. To watch for urinary retention, document the number of voidings per day. Let the nurse know if the resident is not voiding at least every 8 hours, or if the bladder appears full, bulging above the pubic bone. Also note and document the resident's bowel movements, including number, amount and consistency, such as liquid, soft, formed, or hard. Notify the nurse if the resident's bowel elimination pattern changes, or if there is no bowel movement for 2—3 days. Stool softeners or an occasional enema may be ordered to promote bowel elimination.

**Sensory Stimulation:** Providing sensory stimulation, such as talk and touch, helps to stimulate the resident's nervous system. Talk to this resident as you would any other. Tell the resident what you are going to do as you provide care. The unconscious resident may be able to hear, so avoid speaking about her to others in the room, and don't say anything in her presence that you would not want her to hear. Also, take steps to protect the resident's privacy and dignity. Draw the curtains and provide the same privacy as if the resident was alert.

Your excellent care will help to prevent complications and improve the quality of the unconscious resident's life.



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## **Caring for the Unconscious Resident**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ UNIT: \_\_\_\_\_

Directions: Place the letter of the one best answer in the space provided.

- \_\_\_\_\_ 1. Which of the following best describes a state of unconsciousness?
- A. frequent onset of seizures that depress brain function
  - B. lack of awareness and response to the environment
  - C. confusion
  - D. decreased sensitivity to light, sound, and touch
- \_\_\_\_\_ 2. A prolonged period of unconsciousness is best described by which of the following?
- A. coma
  - B. sleep
  - C. fainting
  - D. unresponsiveness
- \_\_\_\_\_ 3. Which of the following is a factor outside of the brain that may cause unconsciousness?
- A. head trauma
  - B. stroke
  - C. seizures
  - D. sepsis
- \_\_\_\_\_ 4. Which of the following is NOT a protective reflex?
- A. coughing
  - B. sleeping
  - C. blinking
  - D. swallowing

- \_\_\_\_\_ 5. Complications of unconsciousness include:
- A. pressure injury
  - B. contractures
  - C. pneumonia
  - D. all of the above
- \_\_\_\_\_ 6. Which of the following positions is best for promoting drainage of secretions from the mouth of an unconscious resident?
- A. semi-sitting, with head of bed slightly elevated
  - B. on the back, with bed flat
  - C. sitting straight up
  - D. side-lying
- \_\_\_\_\_ 7. The nursing assistant makes all of the following observations when working with an unconscious resident. Which one requires the most immediate attention?
- A. respirations are noisy and labored
  - B. heels are reddened
  - C. mouth is dry
  - D. the absorbent undergarment is wet
- \_\_\_\_\_ 8. The nursing assistant notices that the eyelids of an unconscious resident remain slightly open. The appropriate action of the nursing assistant is to:
- A. close the eyelids periodically
  - B. place a warm washcloth across the eyes
  - C. notify the nurse, since eye drops may be needed
  - D. do nothing—this is normal for an unconscious resident
- \_\_\_\_\_ 9. An unconscious resident is receiving feeding via a gastrostomy tube. The nursing assistant is careful to do all of the following EXCEPT:
- A. prevent pulling on the tube
  - B. watch for redness at the site
  - C. give small sips of water to rinse the resident's mouth
  - D. keep the head of the bed elevated during feedings
- \_\_\_\_\_ 10. Privacy should be provided for the unconscious resident in the same manner as if he or she was alert.
- A. True
  - B. False



**Month:** September 2021  
**Issue:** Caring for the  
Unconscious Resident

## Group Tracking Log

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