

ALTERED CONSCIOUSNESS

Common ICU causes:

- Infection – sepsis
- CNS - infection, stroke, epilepsy
hypoxic injury, head injury, space occupying lesion
- Respiratory – infection, hypoxia, hypercarbia
- Cardiovascular – hypotension, cardiac emboli
- Metabolic - Na⁺ abnormalities, glucose abnormalities, hypercalcaemia, dehydration, liver failure, renal failure
- Drugs
- Psychosis should not be assumed

Management:

- Ensure the patient is not endangering himself/herself and staff members
- Sedation may be required (refer to chapter on sedation)
- General: maintain airway, support breathing and circulation
- Check vital signs
Check H'stix, ABG and send blood for electrolytes
Review drug chart
Toxicology screen (if indicated)
Look for signs of sepsis
- Exclude intracranial causes
Look for focal neurological signs
Perform plain CT scan of brain
Perform LP if no contraindications
EEG

LP interpretation:

Normal CSF

- Appearance - clear
- Opening pressure < 10mmHg
- Send to microbiology lab:
 - Cell count – WCC < 5x10⁶ lymphocyte 60-70%
 - monocyte 30-50%
 - neutrophils 1-2%

(Correction for traumatic tap: approx 1000 RBC to 1 WBC for normal peripheral count)

- send for urgent Gram stain, AFB stain and Indian ink stain, routine culture and cryptococcal antigen
- viral studies – latex agglutination and herpes PCR
- Send to biochemistry lab (together with a specimen for serum glucose):
 - protein - 0.15-0.45g/l
 - glucose - 60-70% of plasma glucose(at night – send specimen to urgent lab)

