
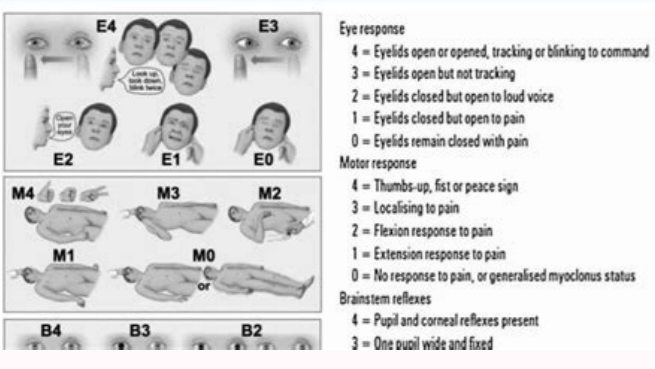


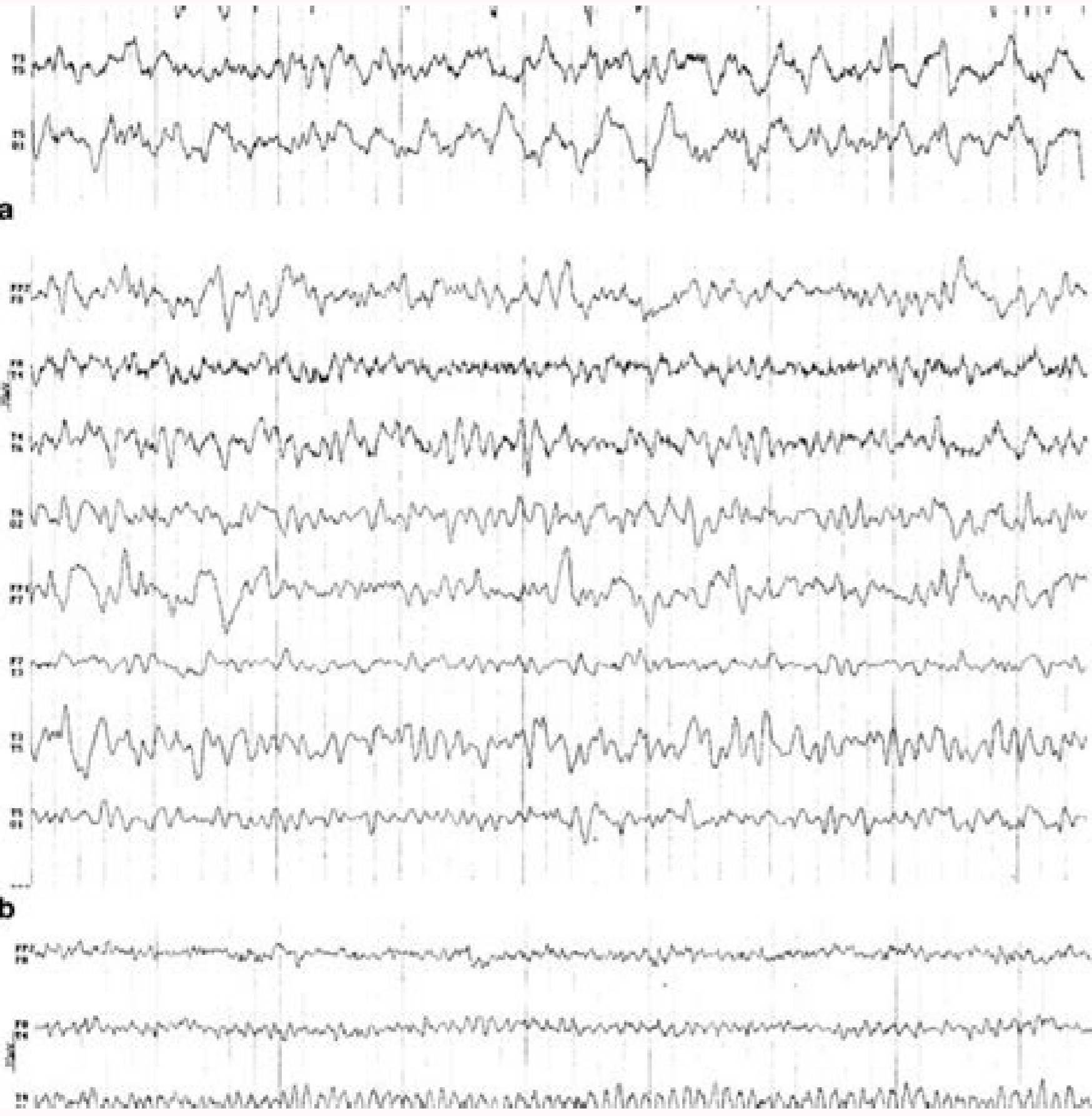
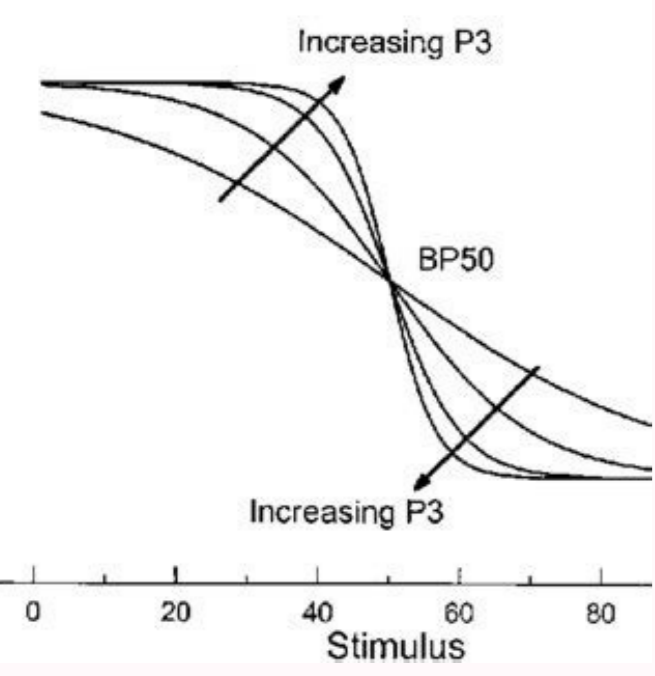
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Alteration of consciousness

Level	Characteristics
Awake	Normal level of consciousness
Alert	Responsive to verbal stimuli
Responsive to verbal stimuli	Orientation, attention, and concentration intact
Responsive to pain	Verbal stimuli not understood
Responsive to noxious stimuli	Only reflexive movements
Unresponsive	No response to any stimuli



Acute alteration of conscious. Alteration of conscious.

Alteration of consciousness is a clinical state characterized by a disturbance of the patient's ability to perceive and respond to their environment. It can range from mild confusion to deep coma.

Acute alteration of conscious: This includes conditions such as stroke, trauma, infection, and metabolic derangements that occur suddenly. Common causes include hypoxia, hypercapnia, liver failure, uremia, and toxic/drug overdose.

Alteration of conscious: This is a broader term encompassing various states of impaired awareness, such as delirium, dementia, and chronic encephalopathies. It often involves fluctuating levels of consciousness.

Structural Coma: Caused by focal brain lesions (e.g., stroke, tumor, abscess). Symptoms include asymmetric pupil dilation, asymmetric eye deviation, and asymmetric arm extension.

Subcortical epilepsy: Can cause altered consciousness due to abnormal electrical activity in subcortical structures.

hypertensive encephalopathy: Caused by severe hypertension leading to cerebral edema and increased intracranial pressure.

hypothermia: Severe hypothermia can lead to altered consciousness due to decreased cerebral metabolism.

concussion: A form of mild traumatic brain injury that can cause transient alteration of consciousness.

acute hydrocephalus: Rapid accumulation of cerebrospinal fluid in the ventricles, leading to increased intracranial pressure and altered consciousness.

miscellaneous: Includes conditions like fat embolism, cholesterol embolism, cerebritis, and various infections (meningitis, encephalitis).

emergency psychiatric assessment: Includes tools like the Glasgow Coma Scale (GCS) and FOUR (Full Outline of UnResponsiveness) score to assess the level of consciousness.

metabolic: Caused by disturbances in electrolyte balance, glucose levels, and acid-base status.

Toxic-metabolic coma: Results from the ingestion of toxic substances (alcohol, drugs) or metabolic derangements.

symmetry: Asymmetric responses (pupils, eyes, arms) suggest a focal structural lesion.

reflex posturing: Abnormal posturing (decorticate or decerebrate) indicates severe brain injury.

symmetry EOM: Symmetry of extraocular movements.

reflex: Abnormal reflexes (oculocephalic, oculovestibular) suggest organic brain disease.

structural: Focal brain lesions causing asymmetric signs.

lung: Hypoxia and hypercapnia from respiratory failure.

liver: Hepatic encephalopathy due to liver failure.

hypertensive: Hypertensive encephalopathy due to severe hypertension.

toxins: Toxic or metabolic renal failure (uremia), drug (neuroleptic malignant syndrome), hypo-/hyperglycemia, hypo-/hypernatremia, hypercalcemia, Wernicke's encephalopathy, environmental hypo-/hyperthermia, sepsis.

stroke: Vascular territory signs (motor, sensory, homonymous hemianopia).

infection: Signs of meningitis or encephalitis (fever, nuchal rigidity).

diagnosis: History, physical exam, neurologic exam, imaging (CT/MRI), laboratory tests (blood gases, electrolytes, toxicology).

management: Supportive care, correction of metabolic abnormalities, treatment of underlying cause, neuroprotection.

prognosis: Depends on the underlying cause and the extent of the structural damage.

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