

(SKULL FRACTURES) NURSING CARE PLAN

Medical Diagnosis: Skull Fractures

Subjective Data:	Nursing Intervention (ADPIE)	Rationale
<ul style="list-style-type: none"> • Pain • Reported trauma 	Monitor airway and respiratory status	Swelling in the face or brain can cause compromised airway or breathing. Cranial nerve damage may also impair swallowing.
	Assess drainage for CSF, avoid nose blowing	Halo's sign (yellow ring around blood spot on gauze) indicates a CSF leak from nose/ears or through a fracture. Nose blowing can cause a CSF leak or bleed.
	Frequent Neuro Checks	Assess LOC and ICP/ CPP with frequent neuro checks.
Objective Data: <ul style="list-style-type: none"> • Unstable midface • Raccoon eyes • Battle's sign • Obvious deformity or ecchymosis • Misaligned jaw • Bleeding from ears/nose 	Perform interventions to minimize ICP: Maintain HOB 30-45° Decrease stimuli Avoid Valsalva maneuvers	Maintain HOB 30-45° HOB < 30 = increased blood flow to brain → Increased ICP HOB > 45 = increased intrathoracic pressure → decreased venous outflow from brain → increased ICP Decrease stimuli: Agitation or stress can cause increased ICP Avoid Valsalva maneuvers: Coughing or bearing down can cause increased ICP
	Assess cranial nerve function	Facial fractures and basilar skull fractures carry a high risk of cranial nerve damage, including sensation to the face and ability to swallow.