

# (BRAIN TUMORS) NURSING CARE PLAN

## Medical Diagnosis: Brain Tumors

Subjective Data:	Nursing Intervention (ADPIE)	Rationale
<ul style="list-style-type: none"> <li>• Headaches</li> <li>• Memory Loss</li> <li>• Mood/Personality Changes</li> <li>• Sensory Losses</li> <li>• Loss of balance</li> <li>• Nausea</li> </ul>	Administer antiepileptic drugs	Brain tumors can put pressure on neurons within the brain and cause electrical activity to overreact. Patients are at high risk for seizures. Antiepileptic drugs increase the seizure threshold.
	Place the patient in seizure precautions	Side rails should be padded to prevent injury, suction should be available in case of aspiration during a seizure.
	Frequent neuro checks (q1-2h)	Neurological changes related to increasing ICP may be subtle or may occur rapidly. Frequent detailed neuro checks allow changes to be recognized quickly so that interventions can be initiated.
<b>Objective Data:</b> <ul style="list-style-type: none"> <li>• Seizures</li> <li>• Altered LOC</li> <li>• Dysphasia/Aphasia</li> <li>• Vision loss</li> <li>• Elevated temp</li> <li>• Respiratory distress</li> <li>• Cushing's Triad</li> <li>• Diabetes Insipidus if Pituitary Damage present</li> </ul>	Monitor respiratory status & protect airway as needed	If there is brainstem involvement, patients may experience difficulty regulating their breathing or protecting their airway. The airway may also be compromised if the patient has a seizure.
	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