

Vertigo (Dizziness and Spinning)

The false feeling that you or the room is spinning, usually from an inner-ear problem.

THE STORY IN ONE SENTENCE

The false feeling that you or the room is spinning, usually from an inner-ear problem.

“Your inner ear tells your brain where you are in space—when signals get mixed up, your brain thinks you're spinning even though you're standing still.”

Normal anatomy — the body's job

Your inner ear sits deep inside your skull, right next to the hearing part of the ear. It has three tiny loops filled with fluid, called semicircular canals, that act like a carpenter's level—they tell your brain which way is up, which way you're tilting, and whether you're moving or still. Floating on top of the fluid are tiny crystals made of calcium, called otoliths, that sit on a patch of hair cells. When you move your head, the crystals shift and bend the hairs, sending a signal to the brain. Your eyes and the sensors in your muscles and joints also send position signals, and your brain compares all three streams to build one clear picture of where you are in space.

BODY'S JOB

["The fluid in the semicircular canals sloshes when you turn your head, bending tiny hairs that tell the brain you're moving.", "The calcium crystals (otoliths) sit on a gel pad and shift with gravity, so your brain knows if you're right-side-up, tilted, or lying down.", "The vestibular nerve (balance nerve) carries these signals to the brainstem, which compares them with what your eyes see and what your muscles feel.", "When all three sources agree, you feel steady and know exactly where you are without even thinking about it."]

1. You tilt your head to the right →
2. Fluid in the right horizontal canal flows one way, bending the hair cells →
3. The hair cells fire a burst of signals down the vestibular nerve →
4. The brainstem receives the message 'head turning right' →
5. Your eyes automatically move left to keep looking at the same spot, and your muscles brace so you don't tip over →

6. You feel balanced and in control.

What breaks

A spinning sensation (Vertigo) happens when the signals from one ear don't match the signals from the other ear or from your eyes, so your brain gets confused and thinks you're spinning. The most common cause is tiny crystals breaking loose from their gel pad and floating into one of the fluid-filled loops—when you move your head, the crystals tumble and make the fluid swirl much more than it should, fooling the brain into sensing wild spinning that isn't real. A virus can also attack the vestibular nerve (balance nerve) and make it fire wrong signals, or fluid can build up in the inner ear and distort the messages. Less often, a stroke in the brainstem, a tumor pressing on the nerve, or a head injury can scramble the wiring.

CLINICAL TERM

Peripheral vestibular dysfunction (inner-ear origin) or central vestibular dysfunction (brainstem or cerebellar origin), most commonly benign paroxysmal positional a spinning sensation (vertigo) (BPPV), vestibular neuritis, Ménière disease, or posterior-circulation stroke.

How the body compensates

When one inner ear is damaged, the brain at first gets wildly mismatched signals—the broken ear may scream 'spinning!' while the good ear says 'standing still,' and your eyes see a motionless room. Over days to weeks, the brain learns to ignore the faulty signals from the bad ear and relies more heavily on the healthy ear, your eyes, and the sensors in your legs and neck. Physical therapy speeds this retraining by forcing you to move your head and eyes in every direction, which teaches the brain new pathways. If loose crystals are the cause (BPPV), a specific series of head rolls called the Epley maneuver can guide the crystals back to their correct spot, fixing the problem in one session.

1. {'step': 'Acute phase: the brain detects a huge mismatch between the two ears and triggers an alarm—nausea, vomiting, and a feeling of violent spinning.', 'how': 'You instinctively hold still, close your eyes, and lie down to reduce the flood of confusing signals.'}
2. {'step': 'Vestibular suppression: over the first few days, the vestibular nuclei (processing stations in the brainstem) start to turn down the volume on signals from the damaged ear.', 'how': 'The spinning eases, but you still feel unsteady and may veer to one side when walking.'}

3. {'step': 'Sensory reweighting: the brain shifts to relying more on vision and the proprioceptors (position sensors) in your muscles and joints to know where you are.', 'how': 'You can stand and walk without spinning, but you feel wobbly in the dark or on uneven ground because you've lost one of your three balance tools.'}
4. {'step': 'Vestibular rehabilitation: a therapist guides you through exercises that move your head quickly while you focus your eyes on a target.', 'how': 'Repeating these movements every day forces the brain to rebuild coordination between your eyes and your remaining balance signals, speeding recovery from weeks to days.'}
5. {'step': 'Canalith repositioning (for BPPV): the Epley or Semont maneuver rolls your head through a sequence of positions to let gravity move the loose crystals out of the canal and back into the utricle.', 'how': 'Once the crystals are back in place, the false spinning signals stop immediately, though you may feel off-balance for a day or two while the inner ear settles.'}

Domino effect

1. The inner ear sends mismatched signals—one ear says 'spinning fast,' the other says 'standing still.' — Your brain expects both ears to agree. When they don't, it assumes you're in wild motion and triggers the sensation of spinning, which we call a spinning sensation (vertigo).
2. The brainstem tries to stabilize your gaze by jerking your eyes in the opposite direction of the false spin. This is called involuntary eye jerking (nystagmus). — Normally this reflex keeps your vision steady when you turn your head, but the wrong signal makes your eyes jump back and forth uncontrollably. You can feel it, and others can see it.
3. The mismatch also activates the area postrema (vomiting center) in the brainstem, causing nausea and often vomiting. — The brain interprets confusing balance signals the same way it interprets poison in the stomach—by making you throw up to protect yourself.
4. You instinctively freeze, close your eyes, and lie down to reduce head movement. — Any motion makes the mismatched signals worse, so staying still gives the brain fewer conflicting messages and eases the spinning slightly.
5. If the problem is temporary (BPPV, vestibular neuritis), the brain begins to suppress the faulty signals over days to weeks. — Neurons in the vestibular nuclei (brainstem processing centers) gradually learn to ignore the damaged ear and rely on the healthy ear plus vision and proprioceptors (muscle and joint sensors). This process is called vestibular compensation.
6. You regain the ability to walk and function, but balance in the dark or on soft surfaces stays shaky. — You've lost one of three balance inputs, so when vision is poor or the ground is uneven, you have fewer backup signals and feel unsteady.

7. If the underlying cause isn't treated (fluid buildup, ongoing nerve inflammation, repeated crystal events), attacks can come back. — Each new episode re-triggers the mismatch and nausea until the root problem—infection, fluid pressure, loose crystals, or vascular disease—is addressed.
8. Chronic, untreated a spinning sensation (vertigo) can lead to falls, fear of movement, and withdrawal from daily activities. — People become afraid to bend over, look up, or move quickly, which weakens muscles and worsens balance over time—creating a cycle of more instability and more fear.

Symptoms · what the patient feels, and why

- The room feels like it is spinning or moving around you: Your inner ear has tiny balance sensors called the vestibular system. They tell your brain exactly where your head is in space and whether you are moving. When something goes wrong with these sensors — infection, loose crystals, or swelling — they send false signals to your brain, saying you are spinning when you are actually standing still. Your brain believes the signal, so the whole room seems to whirl.
- Feeling unsteady or like you might fall: Your brain relies on three sources to keep you balanced: the inner ear sensors, your eyes, and stretch sensors in your muscles. When your inner ear sends the wrong message, those three sources no longer agree. Your brain gets confused and cannot figure out where you really are in space, so your body feels wobbly and you may stagger or grab onto things to stay upright.
- Nausea or throwing up: The balance centers in your inner ear sit right next to the part of your brainstem that controls nausea and vomiting (the area postrema and nucleus tractus solitarius). When your balance system fires off confusing signals, it triggers that nausea center, just like when you get carsick. The mismatch between what your inner ear feels and what your eyes see makes your stomach turn.
- Eyes that jerk or drift to one side on their own, called involuntary eye jerking (nystagmus): Your inner ear balance sensors are wired directly to the muscles that move your eyes, through a reflex arc in the brainstem. This reflex normally keeps your vision steady when you turn your head. When one inner ear is damaged or overstimulated, the reflex goes haywire: your eyes slowly drift in one direction, then snap back fast, over and over. You cannot stop it — it is automatic.
- Dizziness that comes on suddenly when you move your head or change position: In BPPV (benign paroxysmal positional a spinning sensation (vertigo)), tiny calcium crystals called otoconia break loose from one part of the inner ear and float into the semicircular canals (the loop-shaped tubes that sense head rotation). When you tip your head or roll over in bed, gravity shifts those crystals and they tumble through the fluid, bending the delicate hair cells inside the canal and fooling your brain into thinking you are spinning fast.

- Ringing, buzzing, or fullness in one or both ears (tinnitus or aural fullness): The inner ear houses both the cochlea (the snail-shaped hearing organ) and the vestibular system (the balance sensors), and they share the same fluid compartment and blood supply. Conditions like Meniere disease (too much fluid pressure), vestibular neuritis (inflammation of the balance nerve), or labyrinthitis (infection of the whole inner ear) irritate both systems at once, causing both spinning and ear symptoms like ringing or a stuffed feeling.
- Sudden trouble speaking, slurred words, or drooping on one side of the face: This means a stroke may be blocking blood flow to the brainstem or cerebellum (the parts of the brain that control balance, speech, and facial muscles). Without oxygen, brain cells start dying within minutes. When a spinning sensation (vertigo) appears together with slurred speech or a droopy face, it is a medical emergency — the blocked artery needs to be opened fast to save brain tissue.
- Double vision or sudden vision loss: A stroke in the posterior circulation (the arteries feeding the brainstem, cerebellum, and back of the brain) can damage the cranial nerves that move your eyes or the vision centers in the occipital cortex. When those nerves or centers fail, you see two of everything or lose part of your vision. Double vision plus a spinning sensation (vertigo) is a classic warning sign of a brainstem or cerebellar stroke.
- Sudden severe headache, the worst headache of your life (thunderclap headache): This can signal bleeding inside or around the brain — for example, a ruptured aneurysm (a balloon-like bulge in a brain artery that bursts) or a cerebellar bleeding (hemorrhage) (bleeding into the balance center at the back of the brain). Blood spills into the brain tissue or the fluid-filled space around it, causing sudden intense pressure and swelling. If the cerebellum or brainstem is affected, you get both the worst headache ever and severe a spinning sensation (vertigo).
- Weakness, numbness, or clumsiness on one side of the body: A stroke or other serious brain problem is interrupting the pathways that carry movement and sensation signals between your brain and your muscles. The brainstem and cerebellum sit right along these pathways and also house the balance centers. When a clot or bleed damages these areas, you lose coordination and strength on one side of your body at the same time as you feel the room spinning.

Focused exam

- **Dix-Hallpike maneuver** — you quickly lay the patient backward with the head turned 45 degrees to one side and hanging slightly off the table edge, then watch the eyes: If the eyes twitch (called involuntary eye jerking (nystagmus) — fast, jerky movements) after a few seconds and the person feels the room spinning, this confirms BPPV (benign paroxysmal positional a spinning sensation (vertigo)), which means tiny ear crystals are loose and floating in the wrong spot. This is the most common cause of a spinning sensation and the test takes only 30 seconds.
- **Head-impulse test** — you hold the patient's head, ask them to stare at your nose, then quickly turn their head a few inches to one side and watch if their eyes stay locked on your nose or jump back to find it: If the eyes jump back (called a catch-up saccade), the inner-ear balance sensors on that side are weak or damaged. If the eyes stay locked during the test BUT the person still has a spinning sensation (vertigo) that won't stop, this mismatch is a red flag that the problem might be in the brain (like a stroke in the cerebellum, the balance center in the back of the brain, or the brainstem, the control hub at the base) rather than the ear, and the person needs urgent imaging.
- **Gait and Romberg test** — watch the person walk heel-to-toe in a straight line, then stand with feet together and eyes closed for 10 seconds: If the person veers hard to one side, stumbles, or falls even with eyes open, or if they cannot stand at all without holding on, this suggests either severe inner-ear damage or a problem in the cerebellum (the balance center in the back of the brain). Falling toward the same side every time points to that side's ear or that side's cerebellum.
- **Hearing test by whispering** — stand behind the patient (so they can't read lips), cover one ear gently, and whisper three random numbers or words; repeat on the other side: If hearing is lost or muffled on one side along with a spinning sensation (vertigo), think of Meniere disease (too much fluid pressure in the inner ear), labyrinthitis (infection or inflammation of the entire inner ear), or acoustic neuroma (a slow-growing benign tumor on the hearing nerve). A spinning sensation without hearing loss usually points to BPPV or vestibular neuritis (inflammation of the balance nerve).
- **Neurologic screen** — check facial strength by asking the patient to smile and puff cheeks, test arm and leg strength, check if both sides of the body feel light touch equally, and look at eye movements in all directions: Any weakness on one side, numbness, double vision, or trouble speaking means the problem is likely in the brain (stroke, tumor, or MS) rather than the inner ear, and the person needs urgent imaging with MRI. Inner-ear a spinning sensation (vertigo) does NOT cause weakness, numbness, or trouble speaking.

- Check for spontaneous involuntary eye jerking (nystagmus) — ask the patient to look straight ahead and then 30 degrees to each side without moving the head, and watch if the eyes twitch on their own: Eyes that twitch back and forth on their own (nystagmus) without moving the head or doing a test suggest ongoing inner-ear inflammation (like vestibular neuritis, which affects the vestibular nerve that carries balance signals) or a central problem in the brainstem or cerebellum. The direction and pattern of the twitch help locate which ear or which part of the brain is involved. BPPV does NOT cause involuntary eye jerking (nystagmus) unless you trigger it with the Dix-Hallpike.

Diagnostics · every test answers a question

- MRI of the brain with diffusion-weighted imaging (DWI) → Is there a stroke, tumor, or other serious problem in the cerebellum or brainstem causing the a spinning sensation (vertigo)?
- Audiometry (formal hearing test in a soundproof booth) → Is there hearing loss, and if so, which frequencies are affected and is it in one ear or both?
- Videonystagmography (VNG) or electronystagmography (ENG) → Which inner-ear balance system (left or right) is weak, and how much weaker is it?
- Complete blood count (CBC) with differential → Is there infection or inflammation that could explain inner-ear or central symptoms?
- Basic metabolic panel (BMP) including glucose and electrolytes → Could low blood sugar, dehydration, or electrolyte imbalance be contributing to dizziness?
- MRI of the internal auditory canals with gadolinium contrast → Is there a tumor (acoustic neuroma / vestibular schwannoma) or inflammation on the vestibular or hearing nerve?

Treatment logic

- Epley maneuver (canalith repositioning) — a series of four head positions, each held for 30 seconds, that guide the loose ear crystals out of the semicircular canal and back into the part of the inner ear where they belong → Immediately stops or greatly reduces a spinning sensation (vertigo) in about 70–80% of people with posterior-canal BPPV after one session, and over 90% after two or three sessions (Cochrane 2014, AAO-HNS 2017). The person may feel mild dizziness during the maneuver but dramatic relief within minutes to hours afterward.
- Meclizine 25 mg by mouth every 6–8 hours as needed (or dimenhydrinate 50 mg, or promethazine 25 mg) — these are vestibular suppressants that calm the inner-ear signals and reduce the sensation of spinning → Eases nausea and the intense spinning feeling during the first 1–3 days of acute vestibular neuritis, labyrinthitis, or severe BPPV episodes. Helps the person rest and avoid vomiting. Works within 30–60 minutes.

- Vestibular rehabilitation therapy (VRT) — supervised exercises (gaze stabilization, balance training, habituation tasks) done with a physical therapist 1–2 times per week for 4–8 weeks → Speeds up central compensation (the brain's adjustment to a damaged balance system), reduces chronic imbalance and dizziness, and helps the person return to normal activities. Evidence (Cochrane 2015, AAN 2016) shows moderate-to-large benefit for unilateral vestibular loss (like after vestibular neuritis) and chronic dizziness. Especially important if dizziness persists beyond 2–4 weeks.
- Oral corticosteroids (e.g. prednisone 60 mg daily, tapered over 2–3 weeks, started within 3 days of symptom onset) — sometimes combined with antiviral medication (e.g. valacyclovir 1 g three times daily for 7 days) → May improve recovery of vestibular function in vestibular neuritis by reducing nerve inflammation, though benefit is modest and debated (Cochrane 2011). Best evidence is for starting within 72 hours. Antivirals alone show no clear benefit; steroids alone are more commonly used.
- Diuretics (e.g. hydrochlorothiazide 25 mg daily or acetazolamide 250 mg twice daily) plus low-sodium diet (< 2 g/day) for Meniere disease → Reduces fluid pressure (endolymphatic hydrops, meaning too much fluid in the inner-ear chambers) over weeks to months, which may decrease the frequency and severity of Meniere attacks (spinning episodes lasting 20 minutes to 12 hours with hearing loss, ringing in the ears (tinnitus), and ear fullness). Guideline support is moderate (AAO-HNS 2020); many patients report benefit, though high-quality trial data are limited.
- Acute stroke treatment — IV alteplase (tPA) within 3–4.5 hours, or endovascular thrombectomy (threading a wire through the blood vessels to pull out a clot) within 6–24 hours (depending on imaging), for blood-starved (ischemic) stroke in the posterior circulation (cerebellum or brainstem) → Restores blood flow, limits brain damage, and can dramatically improve or reverse symptoms (vertigo, loss of coordination (ataxia), weakness, speech trouble) if given in time. Door-to-needle time < 60 minutes is the goal (AHA/ASA 2019).
- Antiemetics by IV or IM (e.g. ondansetron 4 mg IV, metoclopramide 10 mg IV, or promethazine 12.5–25 mg IV/IM) in the emergency department for severe nausea and vomiting → Stops vomiting within 10–30 minutes, prevents dehydration, and makes the person comfortable enough to tolerate exam and further workup. Allows time for vestibular suppressants or repositioning maneuvers to take effect.

Medications

Meclizine · Antihistamine (H1 blocker)

Meclizine blocks histamine (a chemical messenger) in the balance center of your brain, which calms down the spinning signals that make you dizzy.

1. Your inner ear sends balance signals to your brain using histamine as one of the chemical messengers.
2. When the inner ear gets irritated or inflamed, it sends too many mixed-up signals—like a radio stuck between stations.
3. Meclizine sits on the histamine receptors (like covering the docking spots) so the confusing signals can't get through as strongly.
4. With fewer spinning signals reaching your brain, the dizziness and nausea calm down.
5. This gives your brain time to adapt and rebalance itself naturally.

SAFETY WATCH

Can make you very sleepy—do not drive or use machinery until you know how it affects you. · May cause dry mouth, blurry vision, or trouble urinating (especially in older adults). · Use with caution if you have glaucoma (high pressure in the eye), prostate enlargement, or asthma. · Avoid alcohol—it adds to the sleepiness. · Generally safe for a few days; longer use should be guided by your doctor to avoid delaying natural recovery.

Dimenhydrinate · Antihistamine (H1 blocker with anticholinergic effect)

Dimenhydrinate blocks histamine signals in your brain's balance center and also blocks acetylcholine (another messenger), which together calm the spinning feeling and stop nausea.

1. Your inner ear and brain use histamine and acetylcholine to send balance and motion signals—like two-way radios keeping you steady.
2. When these signals get out of sync (like in a spinning sensation (vertigo)), your brain gets confused and you feel spinning and sick.
3. Dimenhydrinate blocks both types of receptors, cutting down the flood of confusing signals.
4. With fewer mixed messages, the spinning feeling fades and nausea eases.
5. This gives your brain a chance to recalibrate and adjust to the imbalance.

SAFETY WATCH

Can cause drowsiness—avoid driving or operating heavy equipment. · May cause dry mouth, blurry vision, constipation, or difficulty urinating. · Use caution in older adults (higher risk of confusion, falls, and urinary retention). · Avoid in people with narrow-angle glaucoma, severe asthma, or prostate problems. · Do not mix with alcohol or sedatives—sleepiness adds up. · Best used short-term; prolonged use may slow your brain's natural adaptation to balance changes.

Ondansetron · Serotonin (5-HT₃) receptor antagonist

Ondansetron blocks serotonin receptors in the vomiting center of your brain and gut, stopping the nausea signal before it makes you throw up, but it does NOT stop the spinning feeling itself.

1. When you have a spinning sensation (vertigo), the confusing balance signals trigger serotonin release in your gut and brain.
2. Serotonin attaches to 5-HT₃ receptors, which send a 'time to vomit' signal to your brain—like pressing an alarm button.
3. Ondansetron sits on those receptors and blocks serotonin from docking.
4. Without the vomiting signal getting through, nausea stops and you don't throw up.
5. Your dizziness may still be there, but you feel less sick and can function better.

SAFETY WATCH

Can cause headache, constipation, or tiredness. · Rarely may affect heart rhythm (can prolong QT interval on EKG)—use caution if you have heart rhythm problems or take other QT-prolonging drugs. · Safe in pregnancy (commonly used for morning sickness) but always check with your doctor. · Dissolving tablets are helpful if you can't swallow pills. · Does NOT cause drowsiness like antihistamines, so safe for daytime use.

Prochlorperazine · Antipsychotic (dopamine antagonist with antihistamine effects)

Prochlorperazine blocks dopamine (a brain chemical) in the vomiting center and also dampens balance signals, which stops severe nausea and reduces the spinning feeling in acute a spinning sensation (vertigo).

1. Severe a spinning sensation (vertigo) floods your brain with dopamine and other signals that trigger vomiting and panic.
2. Prochlorperazine blocks dopamine receptors in the chemoreceptor trigger zone, cutting off the 'throw up now' command.

3. It also dampens the overactive balance signals coming from your inner ear.
4. With both pathways quieted, nausea stops and dizziness eases.
5. You feel calmer and can rest while your body recovers.

SAFETY WATCH

Can cause drowsiness and should not be used when driving. · May cause restlessness, muscle stiffness, or involuntary movements (extrapyramidal symptoms)—more common in young adults and with high doses. · Rarely can cause a serious reaction called tardive dyskinesia (uncontrollable movements) with long-term use—use only short-term for a spinning sensation (vertigo). · Can lower blood pressure when standing up—rise slowly from sitting or lying down. · Avoid in people with Parkinson's disease (worsens symptoms). · Use caution in older adults (higher risk of confusion and falls).

Betahistine · Histamine analog (H1 agonist and H3 antagonist)

Betahistine increases blood flow in the inner ear and reduces pressure in the fluid-filled chambers, which helps prevent recurring a spinning sensation (vertigo) attacks, especially in Ménière's disease.

1. In Ménière's disease, extra fluid builds up in the inner ear and causes pressure, triggering a spinning sensation (vertigo) attacks—like overfilling a water balloon.
2. Betahistine acts like histamine on H1 receptors, which widens (dilates) the small blood vessels in the inner ear.
3. Better blood flow helps drain the extra fluid and lowers pressure inside the ear.
4. It also blocks H3 receptors in the brain, which increases histamine release and improves balance signal processing.
5. With less fluid buildup and better circulation, a spinning sensation (vertigo) attacks happen less often and are less severe.

SAFETY WATCH

Generally well tolerated with few side effects. · May cause mild stomach upset, headache, or bloating—take with food to reduce this. · Not widely available in the United States (more common in Europe and Canada). · Safe for long-term use under doctor supervision. · Avoid if you have a peptic ulcer or asthma (may worsen symptoms in some people). · Do not use if you have pheochromocytoma (a rare adrenal tumor).

Diazepam · Benzodiazepine (GABA enhancer)

Diazepam boosts GABA (the brain's main calming chemical) in the balance center, which powerfully quiets the overactive spinning signals and stops severe, disabling a spinning sensation (vertigo)—used only for acute, severe episodes.

1. GABA is your brain's main 'calm down' signal—it tells nerve cells to stop firing, like a brake pedal.
2. In severe a spinning sensation (vertigo), the balance nerves fire wildly and flood your brain with spinning signals.
3. Diazepam attaches to GABA receptors and makes them much more sensitive, so even a little GABA has a big calming effect.
4. The overactive balance signals get dampened, the spinning slows, and panic eases.
5. You feel calmer, less dizzy, and can rest while your body heals.

SAFETY WATCH

Highly sedating—do NOT drive, operate machinery, or make important decisions. · Risk of dependence (physical addiction) and tolerance (needing higher doses) with repeated use—use only for a few days. · Can cause confusion, memory problems, and falls, especially in older adults. · Avoid alcohol completely—dangerous combination that can slow breathing. · Withdrawal can be dangerous if stopped suddenly after prolonged use—must taper under medical supervision. · May worsen depression or cause paradoxical agitation in some people. · Used sparingly in a spinning sensation (vertigo)—only for severe, acute episodes when other medicines don't work.

Red flags

- Sudden trouble speaking, slurred words, trouble understanding speech, or drooping on one side of the face
- Double vision, sudden vision loss, or new trouble seeing to one side
- Sudden very severe headache — the worst you have ever had — especially if it came on like a thunderclap
- Weakness, numbness, tingling, or trouble moving one side of your body (arm, leg, or face)
- Trouble walking, loss of coordination, repeated falls, or inability to stand without help

Nursing priorities

1. Check blood pressure lying down and then standing, and check heart rate and rhythm on the monitor. — Low blood pressure or a dangerous heart rhythm can cut blood flow to the brain and cause dizziness. We need to catch these right away because they can lead to fainting or even cardiac arrest.
2. Keep the bed in the lowest position with side rails up, and keep the call light within reach. — A spinning sensation (Vertigo) makes people feel like the room is spinning, so they can easily lose balance and fall. Falls can cause head injuries or broken bones, especially in older adults.
3. Watch for sudden weakness on one side of the body, slurred speech, drooping face, vision changes, or severe headache, and notify the provider immediately if any appear. — These are stroke warning signs. The brain is losing blood flow and cells are dying. Treatment within the first few hours can save brain tissue and prevent permanent disability.
4. Help the patient move slowly and assist with walking; ask them to sit on the edge of the bed for a moment before standing. — Sudden position changes can make a spinning sensation (vertigo) worse and cause fainting. Moving slowly gives the body time to adjust blood flow and helps prevent falls.
5. Dim the lights and reduce noise in the room if possible, and avoid sudden movements around the patient. — Bright lights, loud sounds, and quick motion in the patient's view can overload the already-confused balance system and make the spinning feel much worse.
6. Give anti-nausea medicine as ordered and keep a basin nearby, because a spinning sensation (vertigo) often causes severe nausea and vomiting. — The balance system in the ear is closely connected to the vomiting center in the brain. Controlling nausea keeps the patient comfortable and prevents dehydration from losing fluids.

Sources

- American Academy of Neurology
- American Academy of Otolaryngology–Head and Neck Surgery (AAO-HNS) Clinical Practice Guideline: Benign Paroxysmal Positional Vertigo (Update) 2017
- AHA/ASA Guidelines for the Early Management of Acute Ischemic Stroke 2019
- Cochrane Review: Vestibular Rehabilitation for Unilateral Peripheral Vestibular Dysfunction

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