

Hypovolemic shock thinking exercise

The nurse is assessing a 68-year-old female patient who reports severe lower back and flank pain, excessive thirst, shortness of breath, anxiety, and weakness. The nurse reviews the following assessment findings:

**Vital signs**

Temperature – 97.9 F Heart rate – 110 beats per minute Respirations – 26 breaths per minute Blood pressure – 95/70 mm Hg Oxygen saturation – 92% (on room air)

**Physical Assessment Findings:**

Oral mucosa pale. Breath sounds clear. Capillary refill 4 seconds. Radial pulses weak bilaterally. Lower back pain 9/10. Bowel sounds hypoactive x 4.

Use an X to indicate whether the nursing actions below are *Indicated* (appropriate or necessary), *Contraindicated* (could be harmful), or Non-Essential (make no difference or are not necessary) for the patient’s care at this time.

Nursing Action	Indicated	Contraindicated	Non-Essential
Administer a normal saline 1000-mL bolus	X		
Administer oxygen via nasal cannula (NC)	X		
Draw type and screen for possible blood transfusion	X		
Ambulate the client to the toilet		X	
Position the head of the bed at 45-60 degrees	X		
Frequently check client mental status and level of consciousness (LOC)	X		
Educate the client about incentive spirometry			X

**Rationales: Please document your rationales here.**

Administering a 1000 mL saline bolus would increase the blood pressure and help with fluid volume which will in return help with perfusion. Oxygen will also help with perfusion, shortness of breath. Blood type and screen will be necessary because the patient may need blood considering they could have an internal hemorrhage (low back and flank pain). Ambulating the patient would be contraindicated because the patient could suffer from orthostatic hypotension and is currently suffering from hypotension, also has low back and flank pain so they would be at risk for falling so bedpan would be more sufficient. Since the patient would be receiving a bolus I wouldn't want them to lie flat on their back but semi-fowlers shouldn't put them at risk for increased intracranial pressure. Checking mental

status is very important especially since there is an electrolyte problem, a decrease in LOC is usually the first sign of a deteriorating condition. Educating the patient about incentive spirometry doesn't seem like an essential thing at this point, the pulse ox is at 92% respectively and they are being given oxygen and I'm also not worried about collapsing alveoli even with the bolus. Assessing lung sounds for crackles and abnormalities should be sufficient and use interventions if needed.