

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.

- I think the 1000 mL bolus of NS is indicated depending on the patient's weight. The treatment for hypovolemic shock is fluid replacement because the patient is losing fluid, so I think a rapid infusion of NS will be indicated to restore tissue perfusion.
- I would administer oxygen via NC to prevent hypoxia and increase tissue perfusion. We do not want to disrupt the balance of O2 supply and demand.
- A blood type and screening will be indicated because hypovolemic patients are bleeding from somewhere, which decreases their circulatory volume. We need to know what type of blood they have so that we can replace blood loss and avoid incompatible blood transfusions.

- I would not ambulate my client to toilet because I do not want to increase their oxygen demand. I would catheterize or use a bed pan to decrease my patient's work and activities for the time being
- I would position patient in shock in Trendelenburg position with legs elevated to increase blood pressure. In hypovolemic shock, the patient's blood pressure will drop, and placing patient in high fowlers will continue to decrease blood pressure. Trendelenburg will help increase BP and HR.
- I would frequently check patient' LOC and mental status because I want to know the extent of their hypoxia and make sure they are getting enough blood flow to the brain. A decrease in LOC will be one of the first indicators of hypoxia to the brain.
- I do not think that teaching my patient how to use an incentive spirometer is necessary because she is not having a respiratory issue. She is having a perfusion issue inside of her body within her capillaries, she is still able to expand her lungs and breathe deep and full.