

**Krishia Hernandez**

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.

<b>Nursing Action</b>	<b>Indicated</b>	<b>Contraindicated</b>	<b>Non-Essential</b>
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.**

Our goal for this patient is to return the client’s intravascular volume to normal levels and preventing complications – we do that by administering normal saline because of excessive thirst, BP 95/70 mmHg, oral mucosa pale, capillary refill 4 seconds, radial pulses weak bilaterally; administering oxygen because patient’s oxygens saturation is 92% and to maximize circulating oxygen levels; drawing type and screen just in case we need to give blood transfusion; and conducting a mental status check assessment. Ambulating is contraindicated because the patient is weak, and we want to prevent them from falls. So, we may just put them in a bed pan or insert a Foley catheter. We would put the patient in

Trendelenburg position rather than in 45-60 degrees. This position promotes venous return from the lower extremities so that blood can flow back to the heart; the cardiovascular system does not have to work as hard and blood can be shunted to central organs until the patient receives appropriate treatment. Educating about incentive spirometry is not necessary at this time.