

NCLEX Notes Week 5: Shock

- **Shock**
 - Loss of circulatory fluid volume, which usually is caused by hemorrhage
- **Types of Shock**
 - Cardiogenic
 - Hypovolemic
 - Neurogenic
 - Spinal
 - Anaphylactic
 - Septic
- **Cardiogenic**
 - The inability of the heart to maintain CO necessary for metabolic needs
 - Risk factors: MI, arrhythmias, structural issues
- **Assessment of Cardiogenic Shock**
 - Left-sided = fluid overload
 - Right-side = pulmonary circulation decreased
- **Symptoms of Cardiogenic Shock**
 - Decreased kidney perfusion
 - Renal failure
 - Tachypnea
 - Crackles
 - Cyanosis
 - Pallor
 - Diaphoresis
 - Weak pulse
 - Cool clammy skin
 - Anxiety
 - Confusion
- **Hypovolemic**
 - loss of intravascular volume causes low blood flow and dehydration

- Risk: hemorrhage, vomiting(severe), diarrhea (severe), diabetes insipidus, major hyperglycemia (DKA)

- **Symptoms of Hypovolemic Shock**

- Low blood pressure
- Anxiety
- Tachypnea
- Tachycardia
- Renal impairment
- Decreased urinary output
- Cool clammy skin
- Dyspnea

- **Neurogenic**

- Occurs most commonly in clients with injuries above T6 and usually is experienced soon after the unjust. Massive vasodilation occurs, leading to pooling of the blood in blood vessels, tissue hypoperfusion, and impaired cellular metabolism

- **Symptoms of Neurogenic Shock**

- Hypotension
- Bradycardia
- Heat loss
- Dry skin
- Unstable body temperature

- **Spinal shock**

- A complete but temporary loss of motor-sensory reflex and autonomic function that occurs immediately after injury as the cord response to the unjust. It usually lasts less than 48 hours but can continue for several weeks

- **Anaphylactic**

- acute, life-threatening allergic reaction

- **Symptoms of Anaphylactic Shock**

- Swelling
- Running nose

- Feeling of impending death
 - Itchy eyes
 - Tachypnea
 - Throat swelling
 - Hypotension
- **Septic Shock**
 - due to infection, bodies response is exaggerated
- **Symptoms of Septic Shock**
 - Hypotension
 - Myocardial depression
 - High fever >109 or low fever
 - Tachycardia
 - WBC can be >12000 or below 4000
 - Respiratory failure
- **What are the priorities in caring for a patient with shock?**
 - Airway, Breathing, circulation
- **What do I do is shock develops?**
 - Elevate the legs
 - Call the doctor
 - Determine and treat the cause of shock
 - Administer oxygen
 - Monitor level of consciousness
 - Monitor vital signs for increased pulse or decreased blood pressure
 - Monitor intake and output
 - Assess color, temperature, turgid, and moisture of the skin and mucous membranes