

SHOCK/HEMORRHAGE

I. DEFINITION:

A state in which blood flow to and perfusion of peripheral tissues are inadequate to sustain life because of insufficient cardiac output or maldistribution of peripheral blood flow usually associated with hypotension and oliguria.

II. CLINICAL FEATURES:

- A. Clients may complain of lethargy and confusion.
- B. Hands and feet are cold, moist, and frequently cyanotic and pale.
- C. Capillary filling time may be prolonged.
- D. Pulse is weak and rapid. Tachypnea and hyperventilation may occur.
- E. Blood pressure readings will be < 90 mm Hg systolic or lower.
- F. Septic shock is characterized by fever, shaking chill, warm flushed skin, a bounding pulse, and rising and falling blood pressure. Mental confusion may be an early sign of impending septic shock.

III. MANAGEMENT PLAN:

- A. Keep client warm with legs elevated to improve venous return.
- B. If client is hemorrhaging, apply pressure to area if possible. Hemorrhage in a postpartum client may be decreased by massaging the uterus.
- C. Assess airway and ventilation.
- D. Administer oxygen at 8-15 L/min by non-rebreather mask or 100% by ambu bag, as needed.
- E. Instruct a staff member to activate the emergency system and transport as soon as possible.
- F. Send the following information with the client to the emergency room utilizing the attached appendix. Place completed copy of appendix in client record.
 - 1. Signs and symptoms prior to the incident
 - 2. B/P, pulse and respiration
 - 3. Age (DOB) and approximate weight of client
 - 4. Flow rate and method of oxygen administration, if indicated.
 - 5. Utilize the appendix to communicate information to emergency workers.
- G. Notify Medical Director or back-up physician.
- H. Document all information in client record.
- I. Complete Incident form (ODH #33) and route per agency procedure.
- J. Follow Up:
 - 1. Contact emergency room/hospital regarding condition of client in 24 hours, if unknown.
 - 2. Determine tracking priority using professional judgment.

REFERENCES:

Holmes, Cheryl L. & Walley, Keith R. The evaluation and management of shock. *Clinics in Chest Medicine* – Volume 24, Issue 4 (December 2003) W.B. Saunders Company

Weil, Max Harry. Shock. Merck Manual for Health Professionals, www.Merckmanuals.com Last full review/revision May 2007.

Goldman: Goldman's Cecil Medicine, 24th ed., [Chapter 106: Approach to the Patient with Shock](#). 2012, [Elsevier Inc.](#), An Imprint of Elsevier. www.mdconsult.com

APPENDIX – SHOCK/HEMORRHAGE

Name _____ Today's date _____
 Last First Middle Initial

Address _____

DOB _____ Weight _____ Gender _____

Time of symptom onset _____ Time emergency system activated _____ Time ambulance arrived _____

Baseline vitals before occurrence (if available)	BP	Pulse	Respirations

Symptoms (including description of precipitating incident) _____

Vital Signs	BP	Pulse	Respirations	Level of Consciousness
Time				

Oxygen Time begun _____
 Mask _____
 Ambu bag _____
 Percentage _____

Time of transport _____ Where transported _____

Nurse Signature _____

Nurse Signature _____

