Case Study
Shock
Multiple Cases

Client 1
Huang Mei Lan is a 43 year old unmarried female who lives alone in a major West Coast city. Three years ago she was diagnosed with breast cancer and underwent a mastectomy of the affected breast and follow up chemotherapy. Last month, Ms. Lan experienced a recurrence of cancer in the lymph glands of the affected side. Surgery to remove the glands was performed and chemotherapy started. Ms. Lan has a central line, a urinary catheter, and a surgical incision. The nurse enters Ms. Lan’s room and find her huddled in the middle of the bed shivering violently.

1. Relate Ms Lan’s current manifestations to the pathophysiology of shock to determine what type of shock she could be experiencing.
2. Apply principles of collaborative care for Ms Lan’s form of shock to determine what the nurse’s initial response should be and why.

Huang Mei Lan Vital signs are:
- T 104, P 110, R 30, BP 106/66
- Skin - hot, dry flushed with poor turgor
- Alert and oriented, restless, and anxious

3. With this additional data, do you agree with your original interpretation of the kind of shock Ms Lan is experiencing? Why or why not?
4. Now, based on new data, what type of shock is Ms Lan experiencing?
5. What stage of shock is Ms Lan experiencing?
6. What would be the expected laboratory tests for Ms Lan?
7. Apply principles of collaborative care for clients experiencing shock to determine what are, in general and specific to Ms Lan, the expected medical/pharmaceutical treatment/interventions?

The appropriate medical/pharmaceutical interventions have been implemented for Ms Lan.

8. Discuss nursing implication for treatment and medications prescribed for Ms Lan’s type of shock.
9. Utilize the data in the preceding question to develop and prioritize a list of nursing diagnoses with 3 nursing interventions and one outcome criteria for Ms Lan.
Client 2
Richard Tanner, a 49 year old truck driver, was admitted earlier this morning through the ED for chest pain. He was admitted to the CCU for R/O Myocardial Infarction (MI). He has no prior history of cardiac problems, however, he has been treated for the past 5 years for a total cholesterol of 285 (HDL 35, LDL 212). He was prescribed Mevacor, which he doesn’t take regularly. He was recently diagnosed with hypertension with his usual BP 160/96 for which he doesn’t take medication. He is overweight and exercises little. His father died of an MI at the age 50. The nurse enters his room and finds him lethargic and dyspneic.

1. Relate Mr. Tanner’s current manifestations to the pathophysiology of shock to determine what type of shock he could be experiencing.
2. Apply principles of collaborative care for Mr. Tanner’s type of shock to determine what the nurse’s initial response should be and why?

Richard Tanner: His vital signs are:
- T 99.2, P 110 rapid, thready
- ECG sinus tachycardia with frequent premature ventricular contractions (PVC’s)
- R 30, labored, crackles, wheezing
- BP 106/66
- Skin- pale, cyanotic, cold and moist

3. With this additional data, do you agree with your original interpretation of the kind of shock Mr. Tanner is experiencing? Why or why not?
4. Now, based on new data, what type of shock is Mr. Tanner experiencing?
5. What stage of shock is Mr. Tanner experiencing?
6. What would be the expected laboratory tests for Mr. Tanner?
7. Apply principles of collaborative care for clients experiencing shock to determine what are, in general and specific to Mr. Tanner, the expected medical/pharmaceutical treatment/interventions?

The appropriate medical/pharmaceutical interventions have been implemented for Mr. Tanner.

8. Discuss nursing implication for treatment and medications prescribed for Mr. Tanner.
9. Utilize the data in the preceding question to develop and prioritize a list of nursing diagnoses with 3 nursing interventions and one outcome criteria for Mr. Tanner.
Client 3
Jane House, 20 years old, was admitted to the ED following an MVA (motor vehicle accident) earlier in the day. She was unrestrained passenger in an automobile that was T-boned by another motor vehicle on her side of the car. She was pinned in the wreckage for 30 minutes and an emergency transport helicopter brought her to the ED. She suffered a partially severed leg, chest contusion, possible fractured pelvis, open head wound, and fractured jaw. She has lost several units of blood. She has been in post-anesthesia care unit (PACU) for the past hour following surgery to reattach her leg and close her head wound. Her vital sign have been stable. The nurse enters the room to find Jane’s NG draining copious amounts of sanguineous fluid.

1. Relate Ms House’s current manifestations to the pathophysiology of shock to determine what type of shock she could be experiencing.
2. Apply principles of collaborative care for Ms House’s type of shock to determine what the nurse’s initial response should be and why?

Jane House: Her vital signs are:
- T 98,
- P 120 rapid, thready
- R 30,
- BP 80/60
- Skin- cool, pale, moist with dependent edema

3. With this additional data, do you agree with your original interpretation of the kind of shock Ms House is experiencing? Why or why not?
4. Now, based on new data, what type of shock is Ms House experiencing?
5. What stage of shock is Ms House experiencing?
6. What would be the expected laboratory tests for Ms House?
7. Apply principles of collaborative care for clients experiencing shock to determine what are, in general and specific to Ms House, the expected medical/pharmaceutical treatment/interventions?

The appropriate medical/pharmaceutical interventions have been implemented for Ms House.

8. Discuss nursing implication for treatment and medications prescribed for Ms House.
9. Utilize the data in the preceding question to develop and prioritize a list of nursing diagnoses with 3 nursing interventions and one outcome criteria for Ms House.
10. Suppose you are the emergency department nurse in charge of the care for Ms House. Ms House’s parents arrive in the emergency department insisting they need to see their daughter while you are implementing care for her shock. They are in control but upset. What would your do? Why?
Client 4
Timothy Murphy, 30 years old, was admitted to ICU earlier today from ED following a diving injury. He and his friends were swinging from a rope into a creek below when his head struck the bottom of the creek resulting in a cervical fracture and paralysis from his neck down. He has been alert and oriented, but his vital signs have been labile. He was placed on a ventilator on CMV at 12 BPM. His neck is immobilized in a cervical collar. The nurse enters the room because the ventilator alarms are going off.

1. Relate Mr. Murphy’s current manifestations to the pathophysiology of shock to determine what type of shock he could be experiencing.
2. Apply principles of collaborative care for Mr. Murphy’s type of shock to determine what the nurse’s initial response should be and why?

Timothy Murphy: His vital signs are:
- T 99.6
- P 60 and bounding
- R 28, he is bucking the ventilator
- BP 82/60
- Skin - warm and dry

3. With this additional data, do you agree with your original interpretation of the kind of shock Mr. Murphy is experiencing? Why or why not?
4. Now, based on new data, what type of shock is Mr. Murphy experiencing?
5. What stage of shock is Mr. Murphy experiencing?
6. What would be the expected laboratory tests for Mr. Murphy?
7. Apply principles of collaborative care for clients experiencing shock to determine what are, in general and specific to Mr. Murphy, the expected medical/pharmaceutical treatment/interventions?

The appropriate medical/pharmaceutical interventions have been implemented for Mr. Murphy.

8. Discuss nursing implication for treatment and medications prescribed for Mr. Murphy.
9. Utilize the data in the preceding question to develop and prioritize a list of nursing diagnoses with 3 nursing interventions and one outcome criteria for Mr. Murphy.
Client 5
Steve Cron is a 76 year old same day surgery patient administrated to the unit a few minutes ago from PACU following left hip hemi-arthroplasty. The nurse started his second dose of Ancef IV five minutes ago. He calls the nurse’s station and complains of itching and shortness of breath. The nurse arrives in his room and finds him extremely restless, anxious, and gasping.

1. Relate the Mr. Cron’s current manifestations to the pathophysiology of shock to determine what type of shock the client could be experiencing.
2. Apply principles of collaborative care for Mr. Cron’s type of shock to determine what the nurse’s initial response should be and why?

Steve Cron
His vital signs are:
- T 100.0
- P 130 and irregular
- R 40, dyspneic, stridor, wheezing
- BP 60 with a doppler
- Skin- warm, generalized edema
- Anxious and extremely restless

3. With this additional data, do you agree with your original interpretation of the kind of shock Mr. Cron is experiencing? Why or why not?
4. Now, based on new data, what type of shock is Mr. Cron experiencing?
5. What stage of shock is Mr. Cron experiencing?
6. What would be the expected laboratory tests for Mr. Cron each client?
7. Apply principles of collaborative care for clients experiencing shock to determine what are, in general and specific to Mr. Cron, the expected medical/pharmaceutical treatment/interventions?

The appropriate medical/pharmaceutical interventions have been implemented for Mr. Cron.

8. Discuss nursing implication for treatment and medications prescribed for Mr. Cron.
9. Utilize the data in the preceding question to develop and prioritize a list of nursing diagnoses with 3 nursing interventions and one outcome criteria for Mr. Cron.