Hypovolemic Shock

Pathophysiology
Caused by anything that can lower blood volume - Think HYPO
- LOW blood or fluid volume from excessive fluid volume loss through diarrhea, vomiting, or fluid shifts as in burn patients & from bleeding (hemorrhage) from trauma like gunshot or knife injury, or even surgery & GI bleed.

Signs & Symptoms
- Cold and clammy skin

Key Point
- Hypovolemic shock - As mentioned before - this is often seen in progressive stage & is an indication that the client is GETTING WORSE! So you must Notify the healthcare provider immediately & get some IV normal saline started quickly!

KAPLAN
Which vital sign would alert the nurse to potential hemorrhage following a nephrectomy:
- HR 110

Saunders
A client in shock develops a central venous pressure (CVP) of less than 2 mm Hg. Which prescribed intervention should the nurse implement first?
- Increase the rate of intravenous IV fluids

Interventions
- CRITICAL! DO NOT delay a new bag of norepinephrine
- MAP (mean arterial pressure) Over 65 mmHg
- CVP (Central venous pressure) 2 - 6 mm Hg
- SpO2 = the sensor should be placed on the forehead instead of extremities

PRIORITY = Hemodynamic stability
1. LOWER head of bed right away
2. IV Normal Saline (0.9% sodium chloride)
3. IV norepinephrine / dopamine

Memory trick
Put the Head LOW in HYPOvolemic (hypotension)