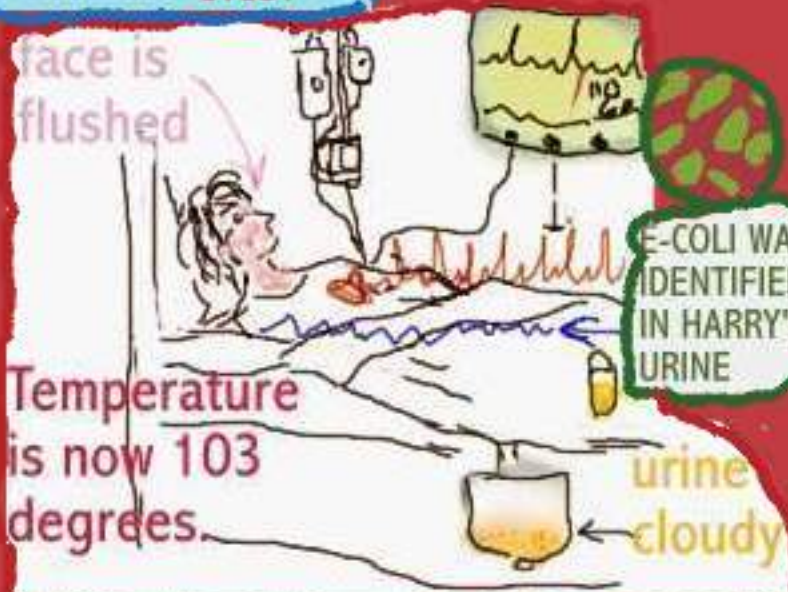


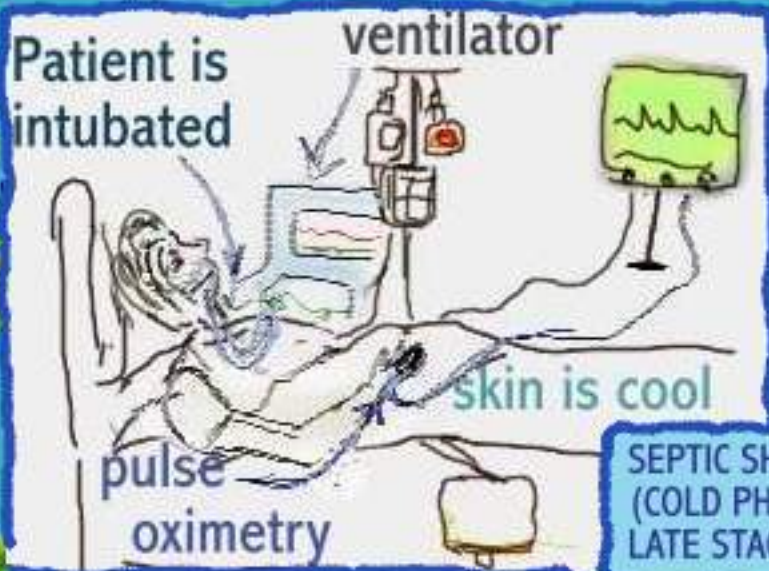
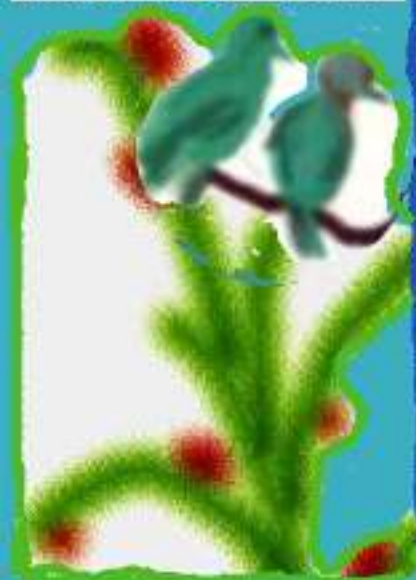
SEPTIC SHOCK A CASE STUDY



HARRY IS IN EARLY SEPTIC SHOCK (WARM PHASE)



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SEPTIC SHOCK (COLD PHASE) LATE STAGE

SEPTIC SHOCK



Harry is a 64 year old male who lives alone. He does not take good care of himself. His appetite has been poor and he has been drinking very little fluids.

Harry woke up feeling terrible. He just felt "feverish". He calls his doctor who suggests he comes into his office.



Harry you have a fever of 101 degrees, I am going to have you admitted to the ICU for a full work-up.

SEPTIC SHOCK -
A CASE STUDY

HARRY IS IN EARLY
SEPTIC SHOCK
(WARM PHASE)

IV fluid replacement
for dehydration

BP- 120/65

Cardiac monitor

face is
flushed

blood drawn
for lab values

Tachycardia (110)

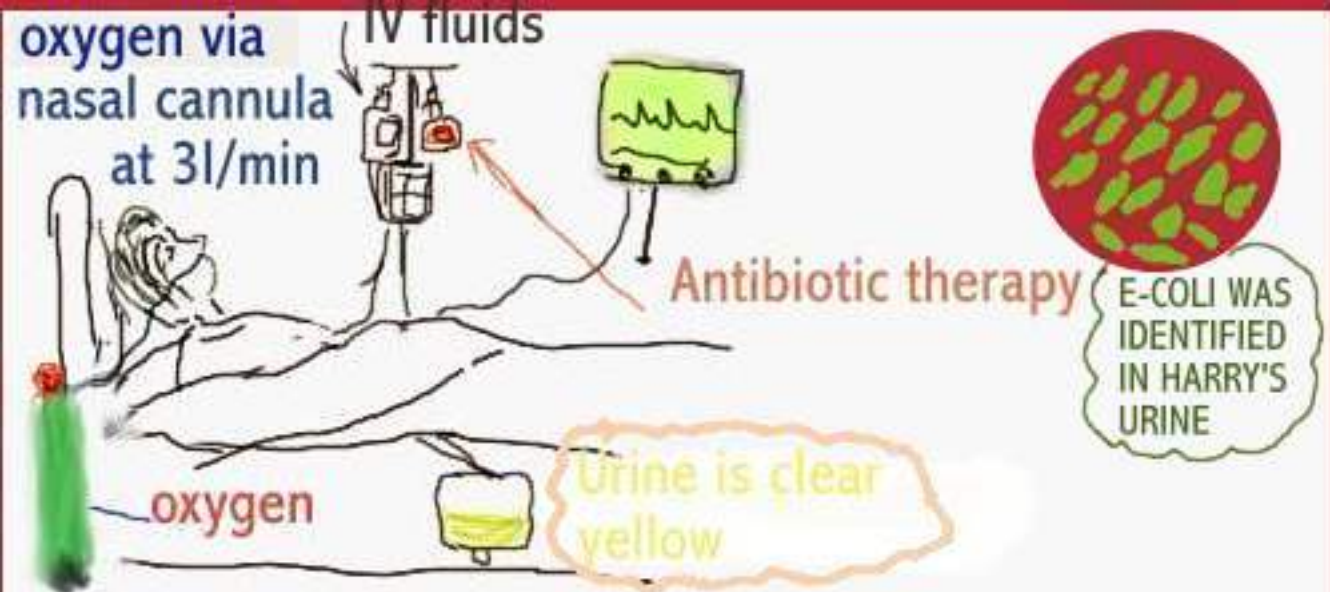
respirations are rapid (28)

urine specimen taken

urine in Foley catheter is
cloudy

Temperature
is now 103
degrees.

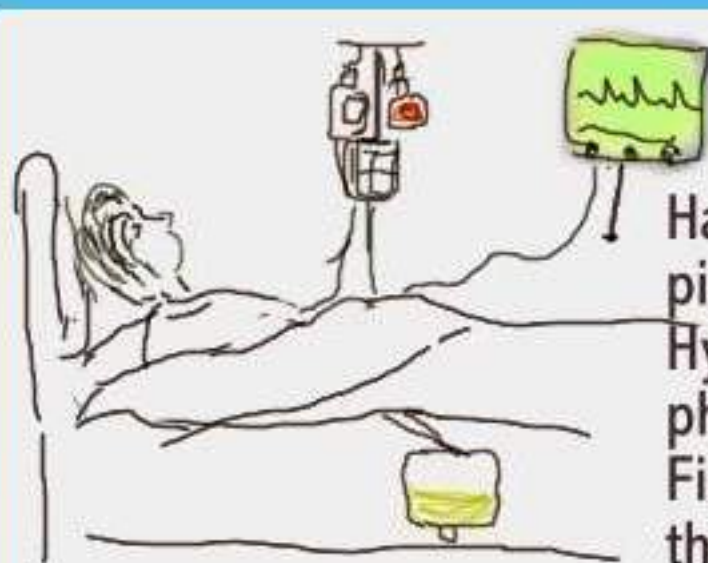
Harry is admitted to the ICU. He presents with the clinical picture of a person in early septic shock. Neurologically - his mental status is altered. His skin is warm and flushed, he is tachycardic, respirations are rapid and his urine is cloudy. Blood was drawn for lab values and he is being closely monitored. WBCs (white blood count) will be elevated, due to infection.



Harry continues to be monitored in the ICU. He lived alone and did not take good care of himself. He neglected to eat well and drink enough fluids.

He was fairly dehydrated, so IV therapy was instituted. E-coli was later identified in the urine. Antibiotic therapy was also started as a result of this finding.

Twenty- four hours following admission, Harry is showing signs of improvement. His neurological status is beginning to improve. His urine is clear yellow and his skin is no longer flushed. His temperature is 99.8F degrees, respirations are now 20.HR -84.



SEPTIC SHOCK (cold phase)

Harry presented a clinical picture of a patient in the Hyperdynamic phase (warm phase of septic shock). Findings of a patient in the cold phase would be

different. We know that bacteria , primarily gram-negative organisms invade the body and enter the blood stream. If detected and treated early, it may not progress to the cold phase. If however sepsis moves into the cold phase, the clinical presentation you would expect to find would be (but not limited to):- decreased mental status, high fever, cool clammy skin, hypotension ,respiratory depression and low or no urinary output.

OVERVIEW OF SEPSIS



Septic shock is caused by invasion of the body by organisms which enter the bloodstream and trigger an inflammatory process which can be fatal.

Septic shock is now seen more often, particularly in Intensive Care Units. The long and complicated course of illness in ICU patients may be a contributing factor. Sepsis may be brought on by traumatic events, lung infections, urinary infections, abdominal surgery and more. Septic shock is divided into phases:-

Hyperdynamic phase- warm phase

Hypodynamic phase- cold phase

If detected and treated in time, the patient may well recover without progressing to the cold phase.

Patient is intubated

ventilator

SEPSIS (cold phase)



skin is cool and clammy

Urinary output very low

Arterial Blood Gas monitors oxygen saturation and body's PH.

BP 88/60-Drugs like Dopamine is used to increase blood pressure

The management of septic shock in the cold phase is very complex. ICU monitoring is necessary. Altered mental status, high fever, chills, renal failure, ARDS and blood disorders are symptoms of cold phase sepsis. The recovery phase is long and complicated. Mechanical ventilation and hemodialysis may be necessary. Xigris is currently the only approved drug for treating this condition.

Patient is intubated

ventilator

SEPSIS
(cold phase)



Arterial Blood Gas monitors oxygen saturation and body's PH.

pulse oximetry

skin is cool and clammy

Urinary output very low

SEPSIS
COLD PHASE

BP 88/60-Drugs like Dopamine is used to increase blood pressure

Mechanical ventilation would be necessary for treating ARDS. Arterial blood gases are drawn to assess blood PH and oxygen saturation. Pulse oxymetry is also used to measure oxygen saturation. Hypotension is treated with drugs such as Dopamine infusion. Lab values to assess blood glucose, electrolytes and coagulation problems are all included in the interventions.

ADULT RESPIRATORY DISTRESS SYNDROME

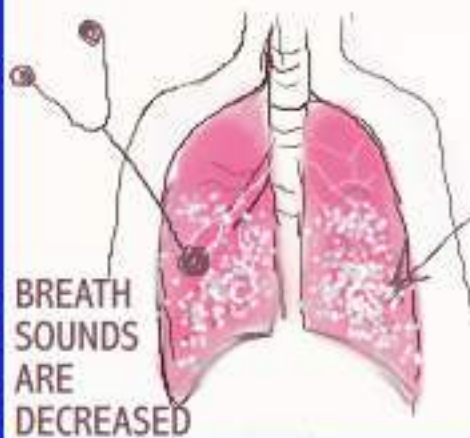


MANAGEMENT OF THE ARDS PATIENT IS DONE IN THE ICU SETTING.

ABG (ARTERIAL BLOOD GAS) ANALYSIS IS USUALLY DONE TO HELP IN THE DIAGNOSIS OF ARDS.



CHEST X-RAY IS A VALUABLE TOOL IN DIAGNOSING ARDS.



BREATH SOUNDS ARE DECREASED

IN ARDS THE LUNG TISSUE BECOMES STIFF AND OXYGENATION IS DIFFICULT. THE AIR SACS (ALVEOLI) FILL WITH FLUID AND WHITE PATCHES ARE SEEN ON X-RAY. THE TERM "WHITE OUT" IS SOMETIMES USED TO DESCRIBE THE DAMAGED LUNGS. MECHANICAL VENTILATION BECOMES NECESSARY TO ASSIST THE WORKLOAD OF BREATHING. BREATH SOUNDS ARE DECREASED AS VENTILATION OF LUNG TISSUE BECOMES DIFFICULT.

RENAL FAILURE

WHEN THE KIDNEYS ARE UNABLE TO FILTER THE BLOOD, A MACHINE IS USED INSTEAD.



HEMODIALYSIS IS ORDERED BY THE DOCTOR. SPECIAL TRAINED STAFF FOLLOW INSTRUCTIONS ORDERED BY THE DOCTOR. A NURSE CARRIES OUT THE TREATMENT ORDERED AND MONITORS THE PATIENT DURING HEMODIALYSIS .



THE KIDNEYS ARE TWO BEAN-SHAPED ORGANS WHICH LIE IN THE MIDDLE OF THE BACK. THEY FILTER WASTE PRODUCTS FROM THE BLOOD.

WHEN THE KIDNEYS ARE NO LONGER ABLE TO PERFORM THEIR NORMAL FUNCTION, RENAL FAILURE OCCURS. DEPENDING ON THE CAUSE, RENAL FAILURE MAY BE ACUTE OR CHRONIC.

TIM WAS DIAGNOSED WITH ACUTE RENAL FAILURE. HIS LAB RESULTS, DECREASE IN URINARY OUTPUT AND RECENT ANTIBIOTIC THERAPY WERE SOME OF THE FACTORS THAT CONFIRMED HIS DIAGNOSIS.

RENAL FAILURE MAY BE ACUTE OR CHRONIC. CAUSES OF ACUTE RENAL INCLUDE: HYPOVOLEMIA (DECREASE IN BLOOD VOLUME) DUE TO CONDITIONS LIKE DIURETICS OR HEMORRHAGE, DRUGS LIKE ANTIBIOTIC THERAPY OR CONTRAST USED FOR CT-SCANS AND X- RAYS AND TUMORS.

CHRONIC RENAL FAILURE MAY BE CAUSED BY HYPERTENSION, DIABETIC NEPHROPATHY AND HIV CONDITIONS. CHRONIC RENAL FAILURE MAY REQUIRE HEMODIALYSIS ON A REGULAR BASIS OR UNTIL TRANSPLANTION IS POSSIBLE.

POSSIBLE SEPSIS



BLOOD DRAWN FOR WBCS, ABGS, ELECTROLYTES AND PT/PTT

VISIT :
WWW.DEARNURSES.NET
FOR HELPFUL INFORMATION ON TOPICS :- SEPSIS, RENAL FAILURE AND ARDS.

WHEN THE KIDNEYS ARE UNABLE TO FILTER THE BLOOD, A MACHINE IS USED INSTEAD.



RENAL FAILURE



DIC (DISSEMINATED INTRAVASCULAR COAGULATION) MAY BE CAUSED FOR MANY REASONS. HERE ARE SOME OF THE CAUSES: SEPSIS, RENAL FAILURE, TRAUMA AND ABRUPTIO PLACENTA.

TRAUMA



BLUNT TRAUMA SUCH AS A CAR ACCIDENT MAY RESULT IN ABRUPTIO PLACENTA.

