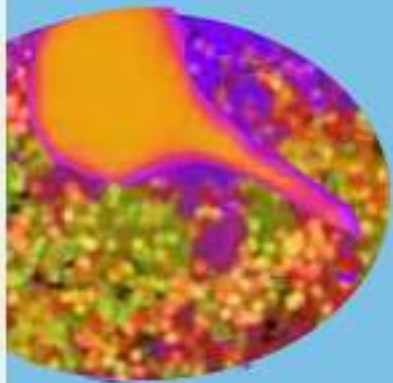


CHAPTER 14 (A DAY IN THE ICU)

1. VASOSPASM AFTER SAH
2. HYPOVOLEMIC SHOCK AND ITS TREATMENT
3. CONSCIOUS SEDATION
4. CARDIOVERSION FOR ATRIAL FIBRILLATION
5. CARDIOPULMONARY ARREST IN THE ICU
6. ARDS (ADULT RESPIRATORY DISTRESS SYNDROME IN THE TRAUMA PATIENT
7. SEPSIS IN THE ICU PATIENT



I HAVE NO IDEA WHAT TO DO, SO I AM JUST GOING TO STAND OUT OF THE WAY.



BP-115/77

RESPS=14

O2 SATS=97%

THE NURSE MONITORS THE VITAL SIGNS.

CHAPTER 14 A SHIFT IN ICU

SOME NURSE HAVE NEVER WORKED IN THE ER OR ICU, BUT THAT DOES NOT MEAN THEY CANNOT FAMILIARIZE THEMSELVES WITH THESE AREAS. TO LEARN MORE ABOUT THE ER OR ICU SIMPLY GO TO: WWW.DEARNURSES.NET AND ENJOY READING "THE CLINICAL SETTING STEP BY STEP", CHAPTERS 7 AND 14.



THE NURSE ATTEMPTS TO REMOVE THE GOWN AND START CPR.

WHAT IS VASOSPASM

MR.P IS ADMITTED TO ICU

EXPLOSIVE
HEADACHE



HEAD
DRESSING

IV
FLUIDS

14
ICP WAVE

MR.P IS EXPERIENCING THE SYMPTOMS OF A SUBARACHNOID HEMORRHAGE. THIS WAS CAUSED BY A RUPTURED CEREBRAL ANEURYSM.

MR.P WAS DIAGNOSED WITH A RUPTURED CEREBRAL ANEURYSM. CLIPPING OF THE ANEURYSM WAS DONE SURGICALLY.

BLEEDING INTO THE SUBARACHNOID SPACE, CAUSED BY A RUPTURED ANEURYSM

CT SCAN IS DONE TO DIAGNOSE A SAH (SUBARACHNOID HEMORRHAGE).

SUBARACHNOID HEMORRHAGE IS DISCUSSED IN CHAPTER 6. A CASE STUDY CAN BE ACCESSED AT : WWW.DEARNURSES.COM

VASOSPASM MAY OCCUR FOLLOWING A SAH. A DECREASE IN ARTERIAL BLOOD FLOW TO THE BRAIN, MAY CAUSE SERIOUS PROBLEMS.

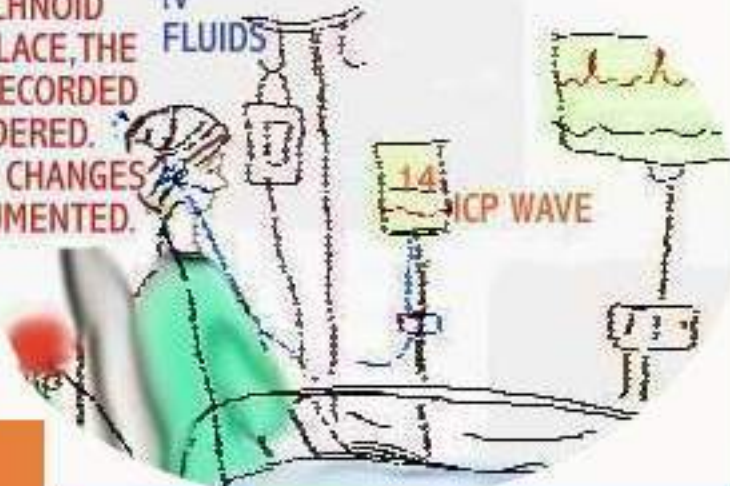


OXYGEN



WHEN A SUBARACHNOID BOLT IS PUT IN PLACE, THE ICP SHOULD BE RECORDED Q1 HR OR AS ORDERED. ANY SIGNIFICANT CHANGES SHOULD BE DOCUMENTED.

IV FLUIDS



A SUBARACHNOID BOLT IS PLACED IN THE SUBARACHNOID SPACE.

IT IS VERY IMPORANT TO ASSESS AND DOCUMENT THE NEUROLOGICAL STATUS OF THE PATIENT AT ALL TIMES. ANY CHANGES SHOULD BE REPORTED.

A SUBARACHNOID BOLT CAN MEASURE THE ICP, BUT DOES NOT USUALLY DRAIN CSF FROM THE VENTRICLE.

VASOSPASM

WHEN A SUBARACHNOID HEMORRHAGE OCCURS, THERE IS THE POSSIBILITY OF VASOSPASM FOR APPROX. 3-12 DAYS LATER. SPASM OF THE BLOOD VESSELS IN THE BRAIN, MAY CAUSE LACK OF BLOOD FLOW.

PATIENTS SHOULD BE CLOSELY WATCHED FOR NEUROLOGICAL DEFICITS SUCH AS :
-DECREASE IN LEVEL OF CONSCIOUSNESS
-SLURRED SPEECH , HYPOTENSION



TRANSCRANIAL DOPPLER (TCD) ULTRASOUND

TRANSCRANIAL DOPPLER ULTRA-SOUND IS DONE TO ASSESS ANY DECREASE IN BLOOD FLOW (ARTERIAL) TO THE BRAIN. THIS STUDY IS NOT INVASIVE.

CIRCLE OF WILLIS

Ruptured aneurysm

Subarachnoid hemorrhage

cerebral hemisphere

THIS PATIENT HAS A DECREASE IN LEVEL OF CONSCIOUSNESS

ANEURYSM

CLIP

CLIP

REPAIR OF AN ANEURYSM BY CLIPPING

SSSNOORR

A FIXED AND DILATED PUPIL MAY BE A WARNING SIGN OF INCREASED ICP

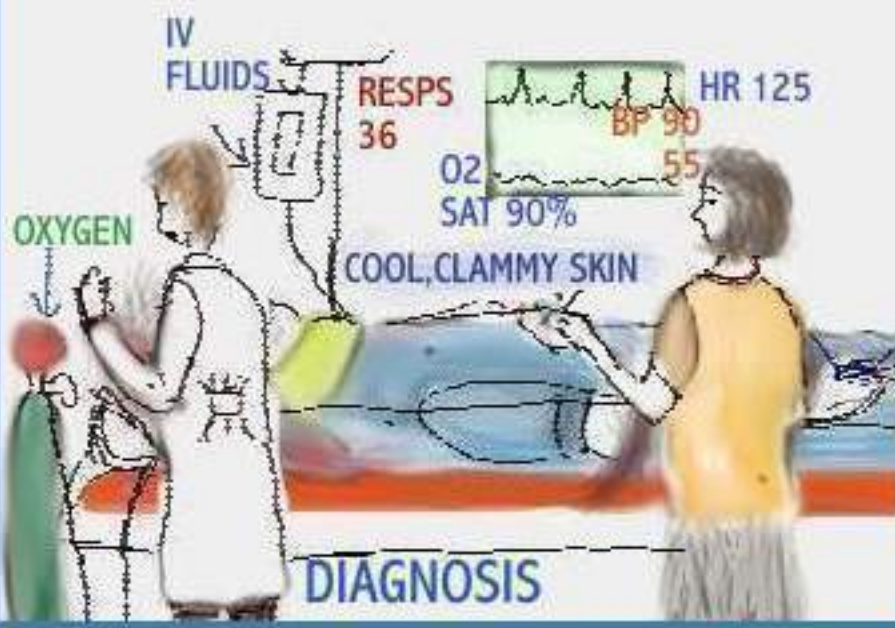
FOR MORE HELPFUL INFORMATION ON ICP MONITORING, PLEASE READ THE FOLLOWING: MENINGITIS (A CASE STUDY) AND SAH (A CASE STUDY, AT : WWW.DEARNURSES.COM

PATIENT EDUCATION

INCREASED ACTIVITY AT THE BEDSIDE, WILL ULTIMATELY RESULT IN AN INCREASE IN INTRACRANIAL PRESSURE. THIS DEMANDS MORE OXYGEN AND MORE WORK FOR AN ALREADY DAMAGED BRAIN. THIS MAY CAUSE SECONDARY DAMAGE.



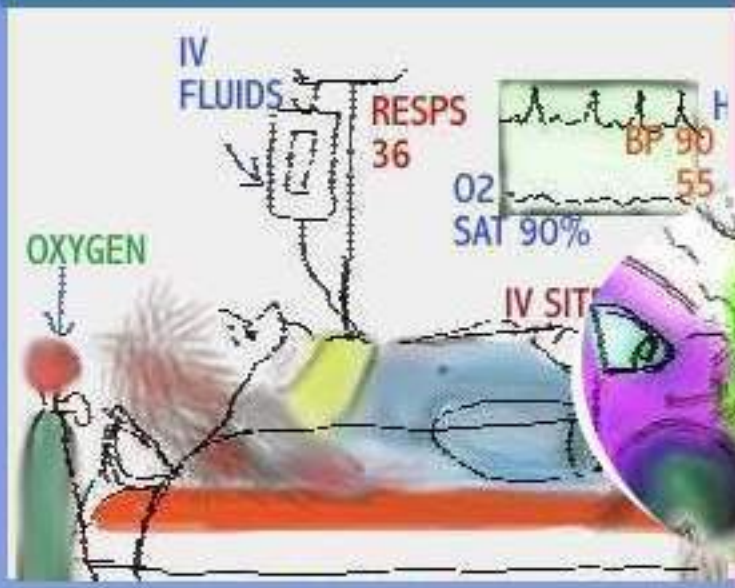
THE NURSE HAS AN IMPORTANT ROLE TO PLAY IN EXPLAINING TO FAMILY AND FRIENDS, THE NEED FOR REST UNTIL THE PATIENT HAS GREATLY IMPROVED AND CAN WITHSTAND MORE ACTIVITY AT THE BEDSIDE. THE NURSE SHOULD ALSO AVOID TOO MANY ACTIVITIES AT THE SAME TIME. FOR EXAMPLE, FOLLOWING SUCTIONING, WAITING SOME MINUTES BEFORE STARTING A BATH.



ASSESSMENT REVEALS:

- DECREASE IN O2 SAT
- DECREASE IN BP
- RAPID RESPIRATIONS
- RAPID HEART RATE
- COOL, CLAMMY SKIN
- DECREASED LEVEL OF CONSCIOUSNESS

HYPOVOLEMIC SHOCK IN THE ICU



HYPOVOLEMIC SHOCK WAS DISCUSSED IN CHAPTER 1. THE TREATMENT OF THIS CONDITION IS DISCUSSED IN THIS CHAPTER.





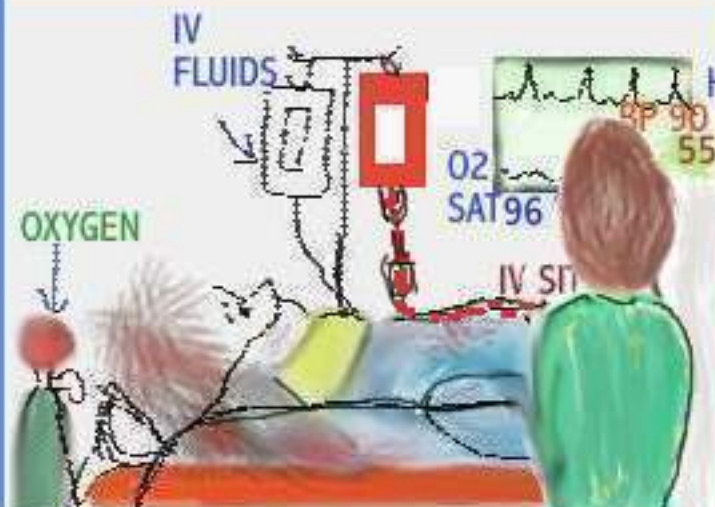
TIM,
WHAT
HAPPENED ?

FRACTURE OF THE FEMUR MAY RESULT IN MASSIVE BLOOD LOSS, LEADING TO HYPOVOLEMIC SHOCK.

BLOOD PRODUCT

LR OR RL

IV SOLUTIONS AND BLOOD PRODUCTS USED.



THE PATIENT IN HYPOVOLEMIC SHOCK IS USUALLY MANAGED IN THE ICU. CLOSE MONITORING IS DONE.

RINGER'S LACTATE (RL OR LR) IS USED TO REPLACE FLUID VOLUME IN THE PATIENT IN HYPOVOLEMIC SHOCK.

ALBUMIN (A COLLOID WHICH CONTAINS PROTEIN) IS ALSO USED TO INCREASE VOLUME IN THE SHOCK PATIENT.

HELPFUL HINTS: FOLLOW MD ORDERS

- MONITOR VITAL SIGNS, OXYGEN SATURATION
 - MONITOR NEURO, CARDIAC AND RESPIRATORY STATUS, OXYGEN AS NEEDED
 - MONITOR URINARY OUTPUT, SKIN TURGOR
- DOCUMENT FINDINGS AND REPORT ANY SIGNIFICANT CHANGES.



BLOOD TRANSFUSION MAY BE NECESSARY FOR THE PATIENT IN HYPOVOLEMIC SHOCK. IT IS IMPORTANT TO RECOGNIZE THE SIGNS AND SYMPTOMS OF A REACTION. BLOOD TRANSFUSION AND REACTION IS DISCUSSED IN CHAPTER 1.

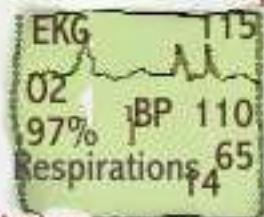
CARDIOVERSION - A FORM OF TREATMENT FOR ATRIAL FIBRILLATION



HEPARIN INFUSION

-to treat Atrial fibrillation

-supplemental oxygen - saturation is 97%.



ATRIAL FIBRILLATION

BLOOD PRESSURE

OXYGEN via nasal cannula

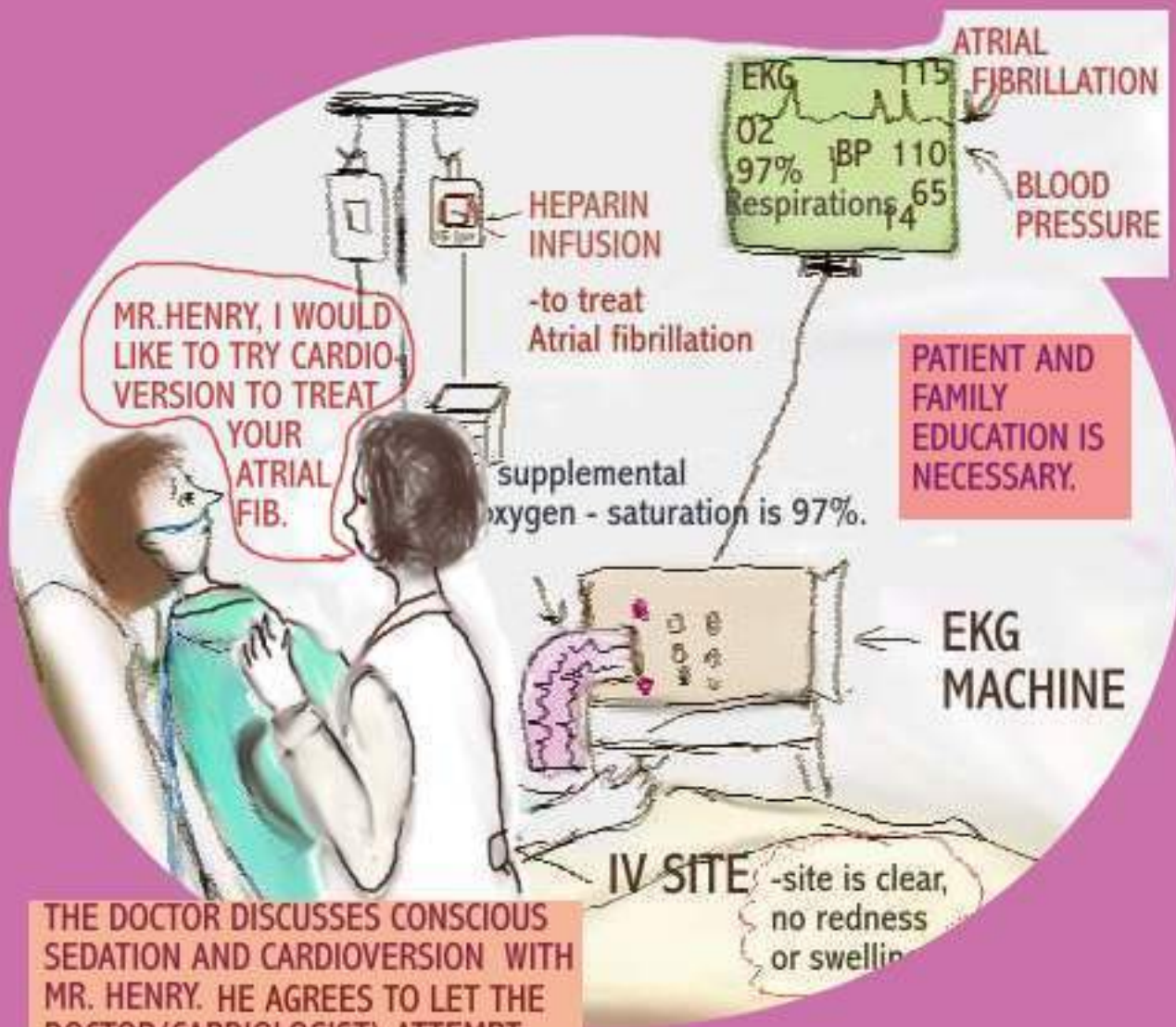


EKG MACHINE

IV SITE -site is clear, no redness or swelling.

MR. HENRY WAS ADMITTED TO THE CCU WITH A HISTORY OF ATRIAL FIBRILLATION. HE IS RECEIVING BETA BLOCKERS TO SLOW HIS HEART RATE AND A HEPARIN INFUSION TO PREVENT BLOOD CLOTS. A PATIENT IN ATRIAL FIBRILLATION IS AT RISK FOR BLOOD CLOT FORMATION IN THE HEART, WHICH MAY TRAVEL TO THE BRAIN AND CAUSE STROKE SYMPTOMS.

THE BEGINNING OF MR. HENRY'S CASE STUDY CAN BE ACCESSED AT: WWW.DEARNURSES.COM (CHEST PAIN SERIES -MASTER YOUR CLINICAL SKILLS- pg.18)



ATRIAL
FIBRILLATION

BLOOD
PRESSURE

HEPARIN
INFUSION

-to treat
Atrial fibrillation

PATIENT AND
FAMILY
EDUCATION IS
NECESSARY.

MR. HENRY, I WOULD
LIKE TO TRY CARDIO-
VERSION TO TREAT
YOUR
ATRIAL
FIB.

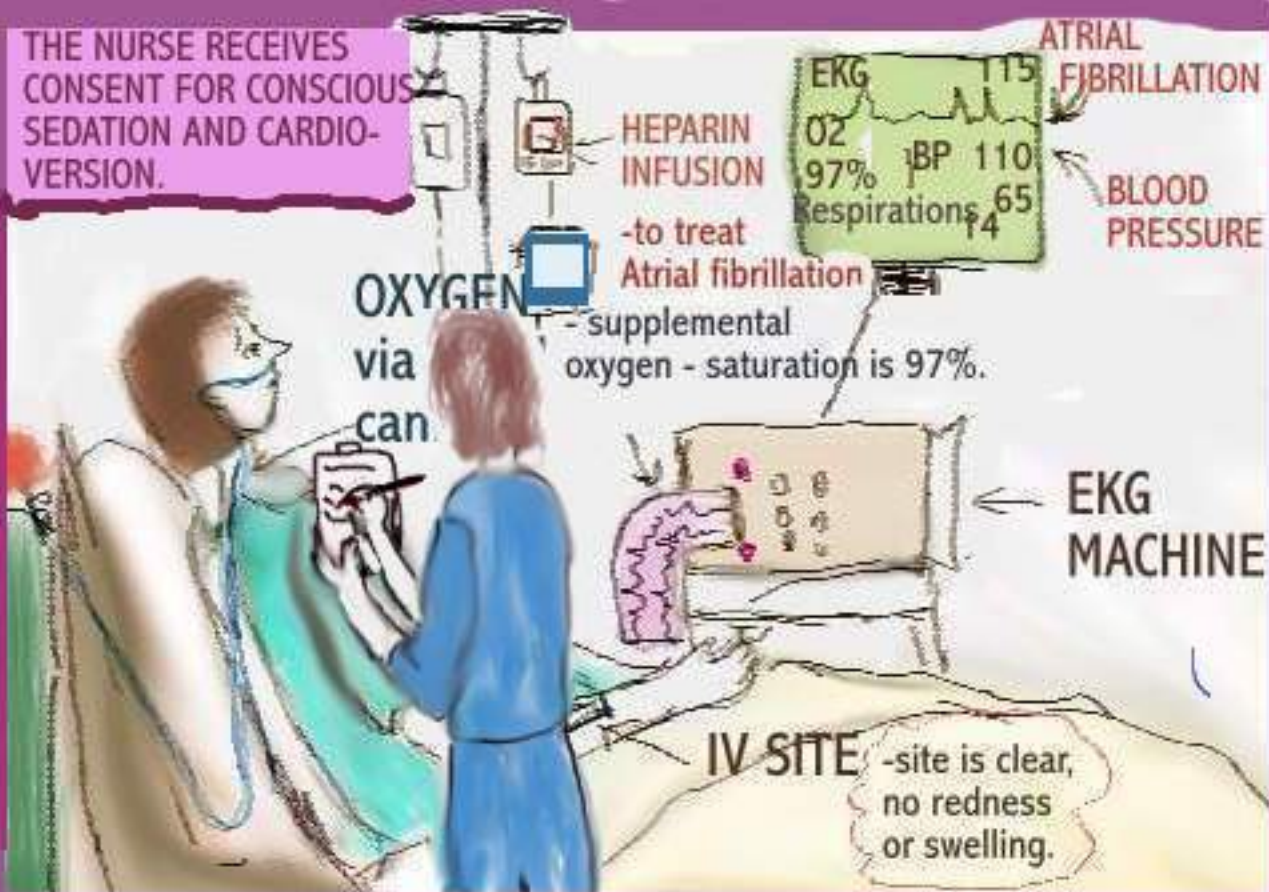
supplemental
oxygen - saturation is 97%.

EKG
MACHINE

IV SITE -site is clear,
no redness
or swelling

THE DOCTOR DISCUSSES CONSCIOUS
SEDATION AND CARディオVERSION WITH
MR. HENRY. HE AGREES TO LET THE
DOCTOR (CARDIOLOGIST) ATTEMPT
CARDIOVERSION TO TREAT HIS ATRIAL
FIBRILLATION.

THE NURSE RECEIVES
CONSENT FOR CONSCIOUS
SEDATION AND CARDIO-
VERSION.



CONSENT
FOR
CONSCIOUS
SEDATION

CONSENT
FOR
CARDIO-
VERSION

CARE PLAN : (SAMPLE)

- POTENTIAL FOR CARDIAC ARRHYTHMIAS,
MONITOR VITAL SIGNS, O2 SATS,EKG AND
REPORT ANY CHANGES.
- POTENTIAL FOR NEUROLOGICAL CHANGES
MONITOR NEURO STATUS AND REPORT
CHANGES.
- PATIENT AND FAMILY EDUCATION



PRIOR TO THE PROCEDURE, THE NURSE CONFIRMS ANY ALLERGIES OR PAST HISTORY OF REACTIONS TO MEDICATIONS.

THE NURSE USUALLY ASSISTS THE DOCTOR WITH CONSCIOUS SEDATION AND CARDIOVERSION.

THE VITAL SIGNS, OXYGEN SATURATION, RESPIRATORY, CARDIAC AND NEUROLOGICAL STATUS ARE ALL MONITORED AND DOCUMENTED BEFORE, DURING AND AFTER THESE PROCEDURES. EKG RHYTHM STRIPS ARE ALSO RECORDED.



INTUBATION
TRAY

CONSCIOUS SEDATION

THE DOCTOR PROCEEDS TO ADMINISTER CONSCIOUS SEDATION. MEDICATIONS SUCH AS PROPOFOL, VERSED OR VALIUM MAY BE USED. A PATIENT WHO RECEIVES THIS KIND OF TREATMENT, IS USUALLY AWAKE, BUT COMFORTABLE AND RELAXED. VERBAL COMMUNICATION IS POSSIBLE AND PAIN IS KEPT AT A MINIMUM. AN INTUBATION TRAY IS KEPT AT THE BEDSIDE, IN CASE OF ANY AIRWAY PROBLEMS.



CARDIOVERSION

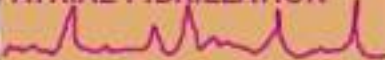
THE DOCTOR HAS SUCCESSFULLY DONE CONSCIOUS SEDATION. SHE THEN PROCEEDS TO CARDIOVERT MR. HENRY'S ATRIAL FIBRILLATION. SHE ENSURES THAT NO ONE IS CLOSE TO THE BED, BY SAYING OUT LOUD "ALL CLEAR". SHE NOW PROCEEDS.

THE NURSE MONITORS THE VITAL SIGNS.

DURING CARDIOVERSION, THE NURSE CONTINUES TO MONITOR:

- VITAL SIGNS, O2 SATURATION
- NEUROLOGICAL STATUS
- CARDIAC RHYTHM, (EKG STRIPS ARE RECORDED TO SHOW CONVERSION TO A NORMAL RHYTHM).

ATRIAL FIBRILLATION



MR. HENRY IS SUCCESSFULLY CONVERTED TO SINUS RHYTHM.

SINUS RHYTHM



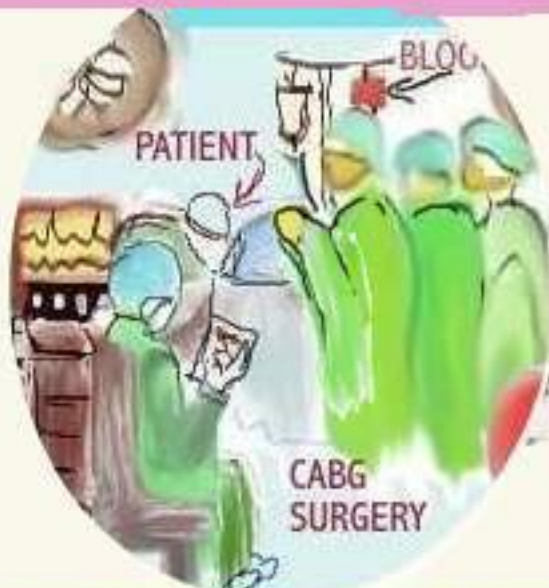
WHAT IS THE DIFFERENCE BETWEEN CARDIOVERSION AND DEFIBRILLATION?

DEFIBRILLATION IS A SHOCK TREATMENT DONE FOR THE PATIENT IN VENTRICULAR FIBRILLATION OR PULSELESS VENTRICULAR TACHYCARDIA.

CARDIOVERSION, ON THE OTHER HAND IS DONE IN A SYNCHRONISED MANNER, WHERE THE "R" WAVE IN THE PATIENT'S CARDIAC CYCLE IS USED AS A LANDMARK TO SHOCK THE PATIENT.



GENERAL ANESTHESIA VS. CONSCIOUS SEDATION



GENERAL ANESTHESIA- A DRUG-INDUCED STATE OF UNCONSCIOUSNESS

WHEN A PATIENT RECEIVES GENERAL ANESTHESIA, A STATE OF UNCONSCIOUSNESS IS ACHIEVED PRIOR TO SURGICAL INTERVENTION. THE ANESTHESIOLOGIST USES DRUGS SUCH AS HALOTHANE, DESFLOURANE, FENTANYL AND KETAMINE FOR THIS PURPOSE.

AT THIS TIME AND DURING SURGERY, CONTINUOUS AIRWAY MANAGEMENT AND VENTILATORY SUPPORT BECOME NECESSARY.



INTUBATION TRAY

CONSCIOUS SEDATION-THIS PHRASE SPEAKS FOR ITSELF. THE PATIENT IS SEDATED, BUT IS STILL AWAKE AND ABLE TO COMMUNICATE. DRUGS SUCH AS FENTANYL, PROPOFOL AND VALIUM ARE USED. MONITORING OF VITAL SIGNS, O2 SATS, CARDIAC AND RESPIRATORY STATUS IS DONE BY THE NURSE (BEFORE, DURING AND AFTER THE PROCEDURE. AIRWAY MONITORING IS NECESSARY. AN INTUBATION TRAY IS KEPT AT HAND.

CARDIAC RHYTHM SHOWS
THIRD DEGREE AV BLOCK



PHARMACIST

DEFIBRILLATOR

NURSE

O2 SATS
88%

LINE
D



CRASH CART

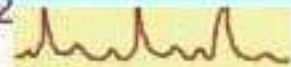
DEFIBRILLATION IS A FORM OF ELECTRICAL SHOCK TREATMENT USED TO CHANGE THE HEART FROM A LIFE-THREATENING CARDIAC RHYTHM TO A NORMAL ONE. IT IS USUALLY DONE BY MEDICAL TRAINED PERSONNEL.

CARDIOVERSION VS. DEFIBRILLATION

CARDIOVERSION IS A FORM OF ELECTRICAL TREATMENT USED TO CHANGE THE HEART FROM ATRIAL FIBRILLATION TO A NORMAL RHYTHM (SINUS RHYTHM). IT IS USUALLY DONE IN A SYNCHRONIZED MANNER (THE R WAVE OF THE EKG RHYTHM).

CARDIOVERSION IS NOT DONE AS AN EMERGENCY, WHEREAS, DEFIBRILLATION IS USUALLY DONE EMERGENTLY. THE LEVEL OF ELECTRICAL ENERGY USED IS DECIDED BY THE DOCTOR. ACLS PROTOCOLS ARE USUALLY FOLLOWED.

HR-82



BP-115/77

RESPS=14

O2 SATS-97%

ALL CLEAR!



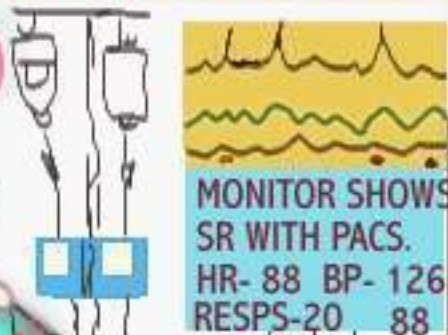
THE NURSE MONITORS THE VITAL SIGNS

ATRIAL FIBRILLATION

SINUS RHYTHM

CARDIOPULMONARY ARREST IN THE ICU

1
MR. H IS AWAKE,
ALERT AND
ORIENTED.
OXYGEN
O2 SATS
=98%



MR. H WAS ADMITTED TO THE ICU FOR A CARDIAC
WORKUP. HE HAS A KNOWN HISTORY OF CAD.

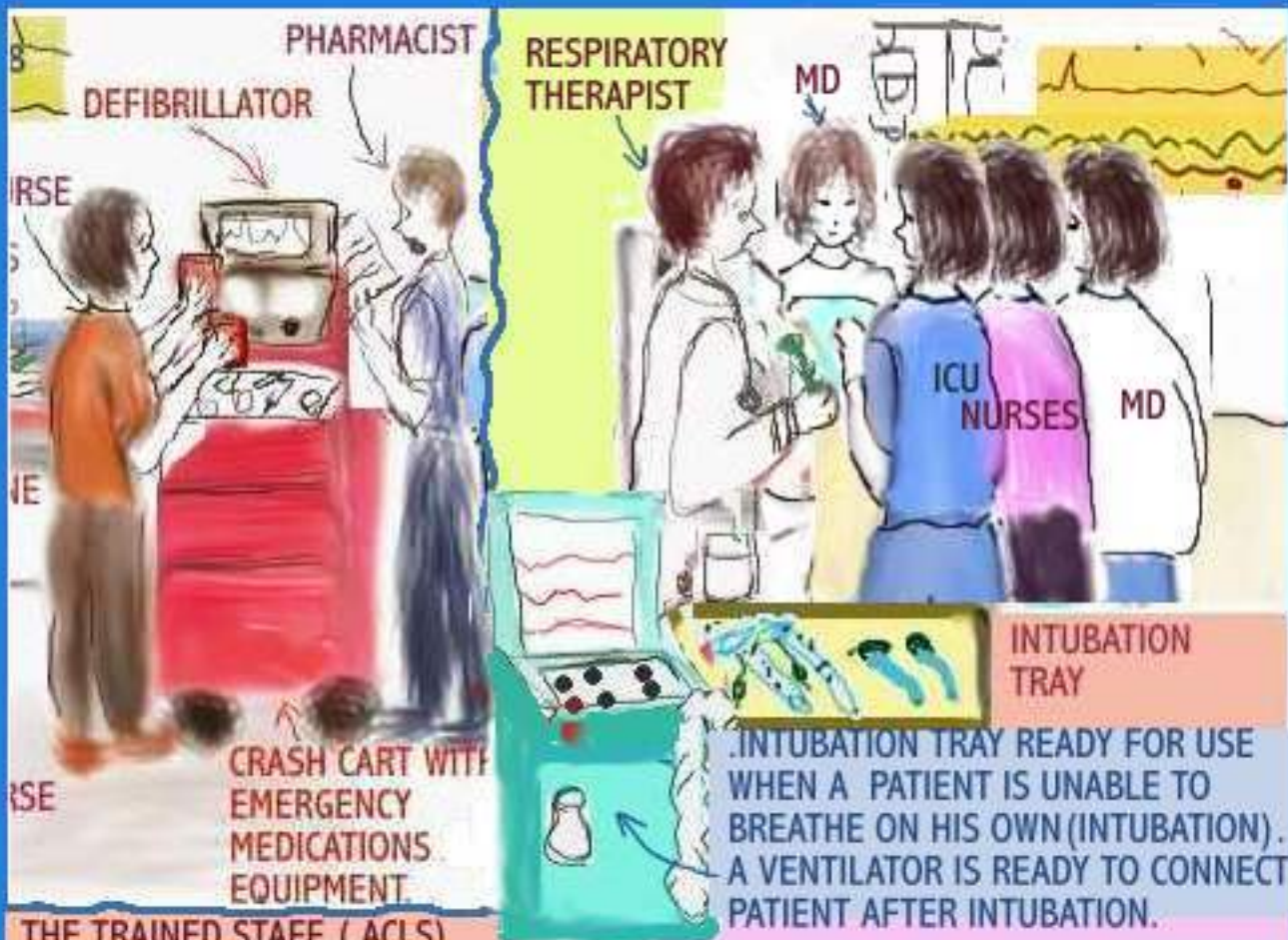
THE NURSE PASSES THE
CODE BUTTON TO ALERT THE
ICU STAFF OF A CARDIO-
PULMONARY ARREST.

2
MR. H HAS NO
PULSE. HIS
MONITOR
SHOWS
V-FIB.
OXYGEN



MR. H'S NURSE HEARS THE MONITOR ALARM GO
OFF AND CHECKS ON HIM. HE IS UNRESPONSIVE.

THE NURSE ATTEMPTS TO REMOVE
THE GOWN AND START CPR.



CRASH CART WITH EMERGENCY MEDICATIONS EQUIPMENT

INTUBATION TRAY

INTUBATION TRAY READY FOR USE WHEN A PATIENT IS UNABLE TO BREATHE ON HIS OWN (INTUBATION). A VENTILATOR IS READY TO CONNECT PATIENT AFTER INTUBATION.

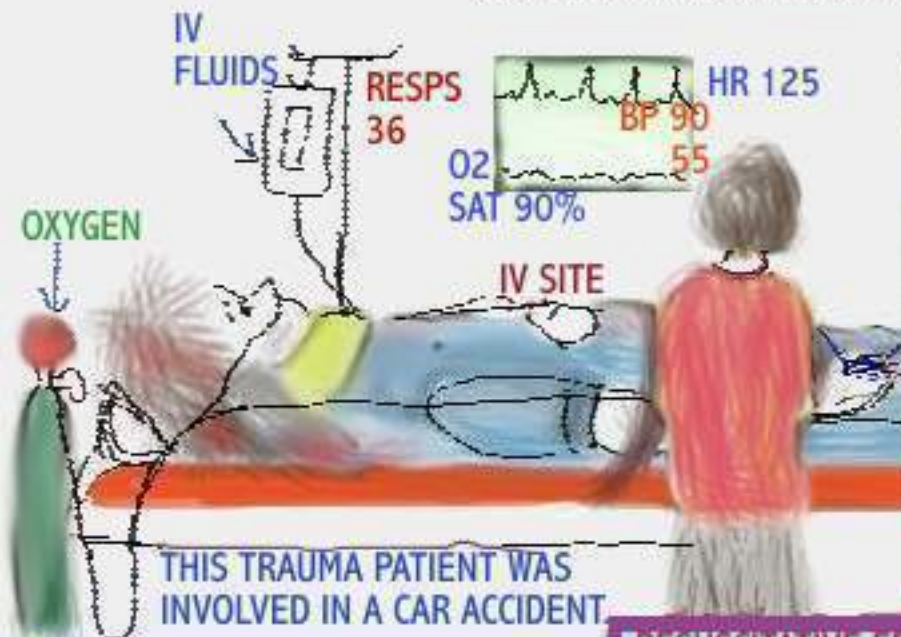
THE TRAINED STAFF (ACLS) ARRIVE AND SPRING INTO ACTION. ABOVE THE CRASH CART ARRIVES AND DEFIBRILLATION (SHOCKS) WILL BE GIVEN PER MD ORDERS.

A CARDIOPULMONARY ARREST CAN HAPPEN ANYWHERE. IN AN ICU SETTING, TRAINED STAFF MEMBERS (ADVANCED CARDIAC LIFE SUPPORT) ARE USUALLY ON HAND WHEN A CODE BLUE IS CALLED.

FOR MORE HELPFUL INFORMATION ON VENTRICULAR FIBRILLATION, GO TO CHAPTER 11

FOR MORE INFORMATION ON RESPIRATORY CARE, PLEASE GO TO CHAPTER 8.

ADULT RESPIRATORY DISTRESS SYNDROME



CAUSES OF ARDS INCLUDE:

- PNEUMONIA
- NEAR DROWNING
- MASSIVE BLOOD TRANSFUSIONS
- PANCREATITIS
- TRAUMA
- SEPSIS

SIGNS AND SYMPTOMS OF ARDS INCLUDE :

- DYSPNEA (SHORTNESS OF BREATH)
- TACHYPNEA (RAPID BREATHING)
- ANXIETY AND RESTLESSNESS
- A DECREASE IN OXYGEN SATURATION
- TACHYCARDIA (RAPID HEART RATE)
- CYANOSIS (BLUISH SKIN COLOR DUE TO POOR OXYGENATION)

RESUSCITATIVE EFFORTS AT THE SCENE OF THE TRAUMA

ESTABLISHING A PATENT AIRWAY IS THE FIRST PRIORITY

A CERVICAL COLLAR IS PUT IN PLACE



THE TRAUMA PATIENT IS AT RISK FOR ARDS. THE PATIENT BELOW IS DISPLAYING THE SIGNS AND SYMPTOMS OF ARDS. HE IS RESTLESS, RESPIRATIONS ARE RAPID AND OXYGEN SATURATION IS LOW. THE VENTILATOR ALARM IS GOING OFF.

THE DOCTOR ARRIVES, AFTER BEING CALLED BY THE NURSE. HE ORDERS ABGS AND CHEST X-RAY, TO CONFIRM ARDS.



BP 160/88
HR = 120
O2 SATS = 86%
RESPS = 32

THIS TRAUMA PATIENT IS AGITATED BECAUSE OF HYPOXIA. HE IS IN ARDS.

CARE PLAN OF THE TRAUMA PATIENT SHOULD INCLUDE POTENTIAL FOR ARDS.

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.

ARDS DIAGNOSIS

BP = 120/75
HR = 99
RESPS = 18
O2 SATS = 97%

A DIAGNOSIS OF ARDS HAS BEEN MADE. SEDATION, NMB AND A CHANGE IN VENTILATOR SETTINGS ARE ORDERED BY THE DOCTOR.

PATIENT IS RESTING. VITAL SIGNS ARE STABLE.



ADULT RESPIRATORY DISTRESS SYNDROME



AN OVERVIEW OF ARDS

ADULT RESPIRATORY DISTRESS SYNDROME) IS A LIFE THREATENING CONDITION, BROUGHT ON BY FLUID BUILDUP IN THE LUNGS. AS THE AIR SACS FILL WITH FLUID, AIR EXCHANGE AND OXYGENATION BECOME COMPROMISED, THUS LEADING TO RESPIRATORY DISTRESS.

MECHANICAL VENTILATION TO ASSIST BREATHING AND IMPROVE OXYGEN SATURATION IS USUALLY NECESSARY.

MANAGEMENT OF A PATIENT IN ARDS WILL REQUIRE ICU CARE. PATIENTS MAY HAVE TO BE SEDATED TO HELP THEM THROUGH THE INITIAL PHASE WHEN BREATHING IS VERY DIFFICULT. SOMETIMES, A PARALYZING DRUGS SUCH AS PAVULON IS USED. THE VENTILATOR SETTINGS ARE DETERMINED BY THE DOCTOR AND ADJUSTED AS IS NECESSARY TO IMPROVE THE QUALITY OF BREATHING. ANTIBIOTIC THERAPY TO CORRECT THE INFECTION AND RESPIRATORY TREATMENTS TO IMPROVE BREATHING ARE ALL PART OF THE TREATMENT PROCESS.

FOR MORE HELPFUL INFORMATION ON ARDS AND RESPIRATORY CARE, PLEASE ENJOY READING CHAPTER 5 (ADULT RESPIRATORY DISTRESS SYNDROME) AND CHAPTER 8 (UNDERSTANDING RESPIRATORY CARE).

MEDICAL STAFF EXPLAINS AND REASSURES FAMILY MEMBER.


O2 SAT-98%




**FOLLOW -
YOUR INSTITUTION'S POLICY
FOR PATIENT RESTRAINTS.**

PATIENT EDUCATION

A PATIENT WHO HAS NEVER BEEN ON A VENTILATOR MAY BE REALLY FRIGHTENED. THE FAMILY MAY ALSO HAVE DIFFICULTY WITH WHAT THEY SEE.

LINES, TUBES AND ALARMS MAY ALL BE NEW. IT IS THE RESPONSIBILITY OF THE MEDICAL STAFF TO HELP ALLAY THESE FEARS.

HELPFUL HINTS

CARE PLAN SHOULD INCLUDE:

- PATIENT AND FAMILY TEACHING
- RELIEVE ANXIETY
- SEDATION , PAIN MEDS AS ORDERED
- ASSESS RESPIRATORY STATUS AND LUNG SOUNDS, SUCTION PRN
- MONITOR VITAL SIGNS

NOTIFY MD IF BLOOD PRESSURE DROPS!

**TOO MUCH
PRESSURE!**

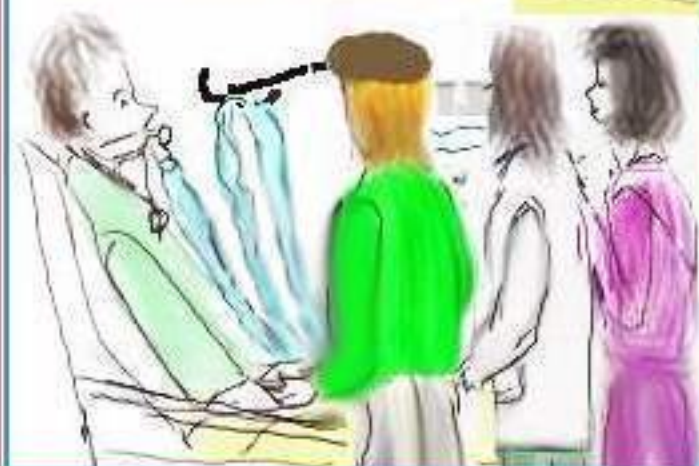


PEEP IS A VENTILATOR SETTING WHICH IS ORDERED BY THE DOCTOR. IT ALLOWS THE ALVEOLI TO OPEN AND GET MORE OXYGEN AT THE END OF EXPIRATION. IN SOME PATIENTS, IT MAY RESULT IN A DROP IN BLOOD PRESSURE , AS IT INCREASES PRESSURE IN THE THORACIC CAVITY. THIS INTERFERES WITH BLOOD RETURNING TO THE HEART.

TIM HAS BEEN ON A VENTILATOR FOR 2 WEEKS.
HE IS NOW SCHEDULED FOR A TRACHEOSTOMY
AND LONG TERM CARE.

MEDICAL STAFF EXPLAINS AND
REASSURES FAMILY MEMBER.

O2 SAT-98%



THE BRAIN
STEM
MIDBRAIN
PONS
MEDULLA
OBLONGATA



INJURY TO
THE BRAIN
STEM MAY
RESULT
IN
DIFFICULT
BREATHING



T-PIECE IS A
CONNECTOR
USED TO CONNECT THE
PATIENT TO OXYGEN.

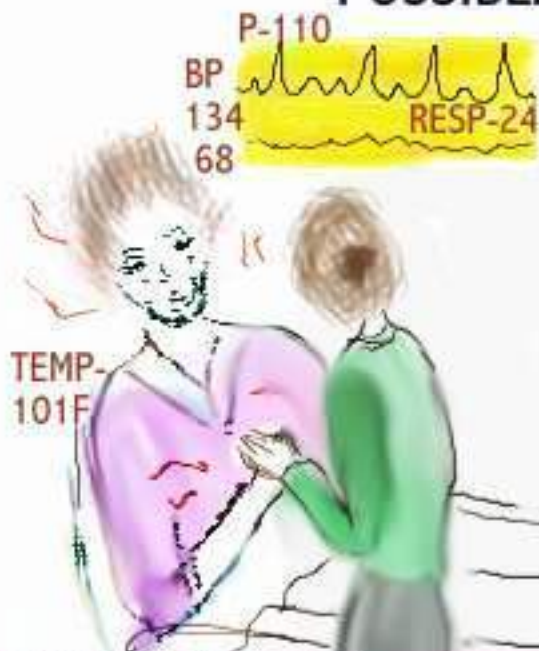
A TRACHEOSTOMY IS USUALLY ORDERED FOR A
PATIENT WHO REQUIRES LONG-TERM VENTILATORY
SUPPORT. AN INCISION IS MADE IN THE THROAT
AREA AND A SMALL CANNULA IS INSERTED. THERE
ARE DIFFERENT SIZE CANNULAS.

FAMILY DISCUSSIONS WITH
SOCIAL WORKER REGARDING
LONG TERM REHABILITATION
AND OTHER RESOURCES.

A TRACHEOSTOMY MAY
BECOME PLUGGED WITH
MUCUS. BE VIGILANT ABOUT
SUCTIONING TO AVOID
AIRWAY OBSTRUCTION.

REMEMBER INFECTION
CONTROL!

POSSIBLE SEPSIS



AN OVERVIEW OF SEPSIS

SEPSIS MAY OCCUR WHEN BACTERIA INVADES THE BODY AND SETS OFF AN INFLAMMATORY RESPONSE. THIS MAY OCCUR INSIDE OR OUTSIDE OF A HEALTH CARE FACILITY. SEPSIS CARRIES A HIGH MORTALITY RATE AND REQUIRES IMMEDIATE TREATMENT.

THERE ARE DIFFERENT ORGANISMS THAT MAY CAUSE SEPSIS. HOWEVER, THE MOST COMMON IS GRAM-NEGATIVE BACTERIA.

SIGNS AND SYMPTOMS :

SEPSIS HAS A WARM AND A COLD PHASE. WARM PHASE (EARLY SEPSIS):

- ALTERED MENTAL STATUS
- HIGH FEVER, TACHYCARDIA, FLUSHING
- INCREASED REPIRATIONS
- ELEVATED WBCS, CLOUDY URINE

COLD PHASE (LATE SEPSIS)

- DECREASED MENTAL STATUS
- HYPOTENSION, DECREASED OR NO URINARY OUTPUT
- COOL CLAMMY SKIN, DECREASED RESPIRATIONS

IF YOU SUSPECT SEPSIS:

- ASSESS AND DOCUMENT FINDINGS.
- NOTIFY MD

CAUSES OF SEPSIS INCLUDE ABDOMINAL SURGERY, LUNG OR URINARY INFECTION AND TRAUMA.

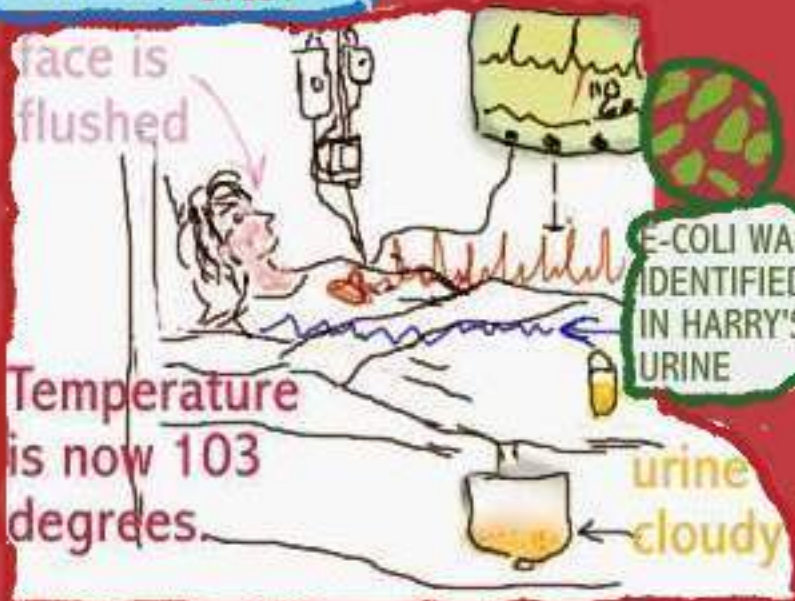
TREATMENT INCLUDES: ANTIBIOTIC THERAPY, ANTI-PYRETICS FOR FEVER, DOPAMINE FOR HYPOTENSION

SEPSIS AMY OCCUR IN THE ICU PATIENT. SUSPECT SEPSIS IF THE PATIENT SUDDENLY HAS HIGH FEVER AND TACHYCARDIA, FOLLOWING TRAUMA OR ABDOMINAL SURGERY.

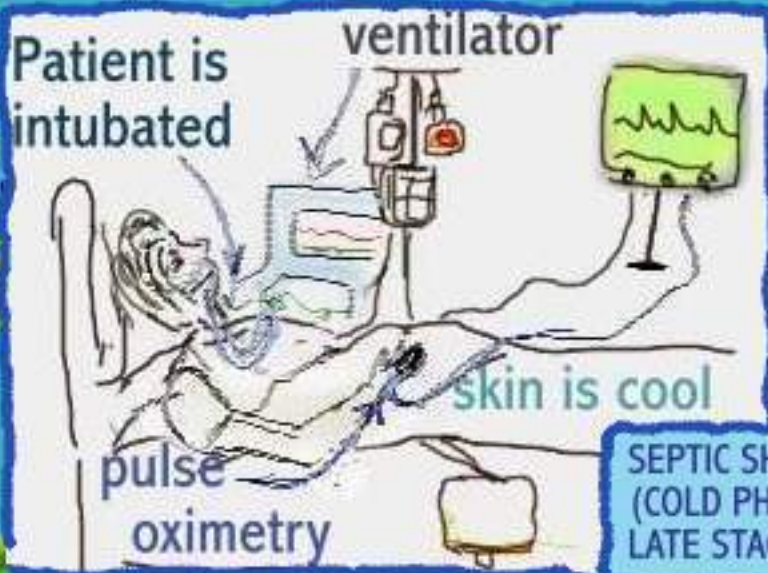
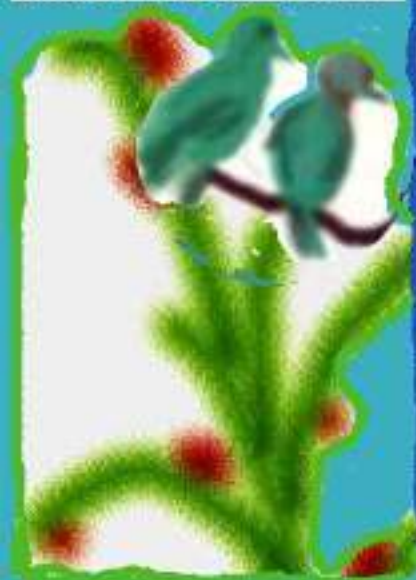
SEPTIC SHOCK A CASE STUDY



HARRY IS IN EARLY SEPTIC SHOCK (WARM PHASE)



WWW.DEARNURSES.COM



SEPTIC SHOCK (COLD PHASE) LATE STAGE



HOPE YOU ENJOYED
LEARNING!