Nursing care plan

Health & Medicine, Nursing

This paper is talking about the patient who has septic shock then use the holistic nursing care to him. Holistic care is defined, as total patient care that include the physical, psychological, economic, and family needs of the person; Holistic nursing is using a knowledge, theories, and proficiency interaction with people in their care (Lucia, 2013) The definition of the septic shock is systemic inflammatory response syndrome, caused by any type of bacteria, fungi and viruses. The bacteria or fungi release toxins, which can block oxygen and nutrients from organs to make tissue damage, and cause low blood pressure and organ dysfunction. This may cause a may result in death due to drop in BP. Septic shock also is the most common cause of death (National Institute of General Medical Sciences, 2012).

Prevalence of septic shock In the United States, Disease Control and Prevention has assessed that septic shock is the tenth leading cause of death (Hoyert 2001). The numbers of persons are attracted with the deaths related to septic shock higher public awareness than other disease such as breast cancer and prostate cancer (Moss 2005) According to Ricardo Fernandez in 2012, the mortality rate in 624 patients with septic shock admitted to the ICU 66. 2%. The mortality rate of septic shock is decreasing in the United States, but patients with septic shock still have a high risk of death than other disease patients who are non-septic (Ricardo, 2012).

Pathophysiology of septic shock According Paul M. Maggio & Carla Carvalho in 2013, bacterial toxin caused 70% of septic shock cases. In the first stage, arterioles and arteries will dilate, decreasing the resistance of peripheral arterial; then the cardiac output wills increases. That is base on the warm shock. And than, cardiac output will decrease, blood pressure will falls and

typical sign and symptom of shock appear. Septic shock can cause low blood pressure, which would cause a poor capillary flow, then decrease in the amount of blood and oxygen to reach the other organs, and thus the result that decreased perfusion causes dysfunction and failure of one organs or more. If a patient with septic shock does not treat as soon as possible and appropriately, such as medications, antibiotics, blood pressure, and respiratory support with ventilator or oxygen, the patients will be death (Paul & Carla, 2013).

Patient background Patient Tim, a 45-year-old man, who had diagnosed as peritonitis secondary to acute appendicitis, was admitted to the intensive care unit (ICU) one day ago by accident and emergency department due to acute pain. He had complained of dull lower abdominal pain for 2 days before admission. His blood pressure was dropped to 94/54 mmHg, pulse was raised to 124/min, respiration rate were elevated to 25/min, and temperature was raised to 38. 3C upon arrival to accident and emergency department. He then developed unconsciousness after half and hour admitted to ICU and diagnosed to have septic shock by the case doctor. On day two, Tim’s most updated vital signs were blood pressure 90/48 mmHg, pulse 130/min, respiration rate 30/min, oxygen saturation 93%, and temperature 39C, K+5. 3 mEq/L, Creatinine 118 umol/L, HCO3 20, and Peaked T wave noted on ECG. Moreover, refer to appendix A for Tim’s latest blood tests result

Assessment: Gordon’s function health patterns

Health Perception and Management: Tim had well past medical history, and no known drug or food allergy. According to his wife, he is no use of

cigarettes, drug and alcohol. He has dull lower abdominal pain for 2 days before admits to hospital. Then his pain became not tolerated, so is colleague then rushed him into the hospital.

Nutritional metabolic:

Tim haven not drink and eat anymore after he went into the hospital and coma stage. We use the intravenous fluid support his body needs. His skin and oral mucous is dry but intact. Because he was in coma stage so we cannot assess his weight and height.

Elimination:

Before he admitted into the hospital, he had complained of constipation for 2 days, and he had not any stool in these one and half days in ICU ward. He was oliguria. His urine output only was about 15-20 ml per hour and the color was dark yellowish. We cannot to know his elimination pattern because he was unconscious.

Activity exercise:

According to his wife, he has not any regular exercise in the leisure time. After he admitted to the ICU ward, he only lies on the bed, but we will help him to turn to the different side every two hours to prevent pressure sore.