

- Cardiac output improved
- Oxygen demand reduced
- Metabolic abnormalities corrected
- Type of shock identified and treated

## Nursing Care Management

The child who is in shock requires intensive observation and care. *The initial action is to ensure adequate tissue oxygenation.* The nurse should be prepared to administer oxygen by the appropriate route and to assist with any intubation and ventilatory procedures indicated. Other procedures and activities that require immediate attention are establishing an IV line, weighing the child, obtaining baseline vital signs, placing an indwelling catheter, obtaining blood gases and other measurements, and administering medications as indicated. The child is best positioned flat with the legs elevated.

### Nursing Alert

Early clinical signs of shock include apprehension, irritability, normal BP, narrowing pulse pressure (difference between diastolic and systolic BP), thirst, pallor, diminished urinary output, unexplained mild tachycardia, and decreased perfusion of the hands and feet.

The nurse's responsibilities are to monitor the IV infusion, intake and output, vital signs (including CVP), and general systems assessments on a routine basis. IV medications are titrated according to patient responses, and vital signs are taken every 15 minutes during the critical periods and thereafter as needed. Urinary output is measured hourly; blood gases, hematocrit, pH, and electrolytes are monitored frequently to assess the child's status and the efficacy of therapy. An apnea and cardiac monitor is attached and monitored continuously. In the initial stages of acute shock, more than one nurse is often needed to manage all of the necessary activities that must be carried out simultaneously (see [Emergency Treatment](#) box).