

ANAPHYLACTIC Shock Nursing Care Plan

Nursing Diagnosis	Patient Goals/Expected Outcomes	Assessment Data	Nursing Interventions	Rationale	Evaluation	Documentation/Follow-Up
Ineffective Airway Clearance	Maintain a patent airway with minimal stridor within 30 minutes	Stridor, labored breathing, drooling present	Administer epinephrine; position patient upright; monitor airway	Opens airway and reduces swelling to ensure oxygenation	Airway remains clear; patient breathing improves	Document airway assessments and medication administration
Impaired Breathing Pattern	Stabilize respiratory rate and oxygen saturation within 1 hour	Elevated respiratory rate; low oxygen saturation	Provide supplemental oxygen; monitor oxygen saturation continuously; adjust positioning as needed	Enhances gas exchange and reduces respiratory distress	Respiratory rate and oxygen levels return to normal	Record vital signs and respiratory assessments
Acute Pain	Report pain $\leq 3/10$ within 1 hour	Patient complains of throat pain; pain score of 6/10	Administer prescribed analgesics; use non-pharmacological methods (e.g., distraction)	Alleviates pain to improve comfort and cooperation	Pain score decreases; patient appears more comfortable	Record pain assessments and intervention responses

Risk for Shock	Maintain stable blood pressure and heart rate within 1 hour	Hypotension; tachycardia; signs of shock	Initiate IV fluids; monitor hemodynamic status; adjust vasopressor therapy as needed	Prevents circulatory collapse and maintains tissue perfusion	Vital signs stabilize; shock signs diminish	Document hemodynamic monitoring and interventions
Anxiety	Report reduced anxiety within 30 minutes	Patient exhibits anxiety; distressed behavior	Provide emotional support; explain procedures; offer reassurance and relaxation techniques	Reduces stress and promotes a calm environment	Anxiety decreases; positive feedback from patient	Document emotional support interventions and family responses
Knowledge Deficit	Patient and family will articulate the emergency plan within 30 minutes	Family asks questions about treatment and follow-up	Provide clear verbal and written instructions; use teach-back method	Ensures understanding and adherence to the emergency plan	Family verbalizes correct information; compliant with instructions	Document education sessions and verify comprehension