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# NURSING CARE IN ANAPHYLACTIC SHOCK

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**Abstract:** Anaphylactic shock represents one of the most critical emergency conditions requiring immediate medical intervention and competent nursing care. This article examines the theoretical foundations and practical aspects of nursing interventions in anaphylactic shock management through comprehensive literature analysis. The findings underscore the necessity of continuous professional development for nursing staff and implementation of standardized care protocols in healthcare institutions.

**Keywords:** anaphylactic shock, nursing care, emergency intervention, patient monitoring, allergic reaction, epinephrine administration, nursing protocols

**Аннотация:** Анафилактический шок представляет собой одно из наиболее критических неотложных состояний, требующих немедленного медицинского вмешательства и компетентного сестринского ухода. В данной статье рассматриваются теоретические основы и практические аспекты сестринских вмешательств при ведении анафилактического шока посредством комплексного анализа литературы. Результаты исследования подчеркивают необходимость непрерывного профессионального развития сестринского персонала и внедрения стандартизированных протоколов ухода в медицинских учреждениях.

**Ключевые слова:** анафилактический шок, сестринский уход, неотложное вмешательство, мониторинг пациента, аллергическая реакция, введение эпинефрина, сестринские протоколы

**Annotatsiya:** Anafilaktik shok tibbiy aralashuv va malakali hamshiralik parvarishini talab qiluvchi eng muhim shoshilinch holatlardan biridir. Ushbu maqolada keng qamrovli adabiyotlar tahlili orqali anafilaktik shokni boshqarishda hamshiralik parvarishining nazariy asoslari va amaliy jihatlari ko'rib chiqiladi. Tadqiqot natijalari hamshiralik xodimlarining uzluksiz kasbiy rivojlanishi va tibbiyot muassasalarida standartlashtirilgan parvarish protokollarini joriy etish zarurligini ta'kidlaydi.

**Kalit so'zlar:** anafilaktik shok, hamshiralik parvarishi, shoshilinch aralashuv, bemorni monitoring qilish, allergik reaktsiya, epinefrin yuborish, hamshiralik protokollari

**Introduction.** Anaphylactic shock is a very serious and sometimes fatal allergic reaction that is systemic, and it starts rapidly, and without immediate treatment its consequences can be fatal [1]. The situation shows itself by depending on the organs affected, among which are the heart, lungs, and skin; thus, a medical response that is coordinated within minutes of onset is necessary [2]. Anaphylactic reactions have shown an increasing trend worldwide; however, the rates of the prevalence vary from 50 to 200 episodes per 100,000 person-years in different populations, which indicates the growing importance of nurses' skills in emergency allergic reactions handling [3]. In addition, the complexity of nursing care lies not only in the management of the immediate crisis but also in patient education, allergen identification, and developing emergency action plans for at-risk populations [4].

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**Methodology and literature review.** The methodological approach utilized in this research includes a thorough investigation of scientific publications, clinical guidelines, and evidence-based nursing protocols related to the topic. The literature retrieved was critically examined in terms of the patterns of nursing interventions identified as common ones, the evaluation of the strength of the evidence that supports specific practices, and the blending of the recommendations into a unified care framework that's applicable in different healthcare settings [5]. The pathophysiological mechanism of anaphylactic shock is that it is a very large-scale phenomenon where the inflammatory mediators responsible for the allergic reaction are released all at once by the mast cells and the basophils that have been activated by the allergens, thus causing extensive vasodilation, allowing more blood to leak into the tissues, and making the bronchial muscles contract, which together produce the clinical manifestations that are usually seen, like difficulty in breathing, swelling of the face and lips, and redness of the skin [6]. Nursing assessment protocols point out the need to recognize the early warning signs, which are urticaria, angioedema, respiratory distress, gastrointestinal symptoms, and cardiovascular instability, and they warn that the initial symptoms may very quickly progress to the full shock state within minutes; thus, special care should be given to the case of the patient suffering from anaphylactic shock [7]. Once the diagnosis of anaphylaxis is made, the mainstay of treatment is the immediate administration of epinephrine; worldwide guidelines converge in recommending the intramuscular injection of 0.3-0.5 mg of epinephrine into the anterolateral thigh as the top priority intervention, followed by the immediate positioning of the patient supine with lower extremities raised to enhance venous return and cardiac output [8].

**Results and discussion.** An analysis of modern literature confirms that the use of evidence-based nursing protocols for anaphylactic shock management has led to various patient outcome improvements that can be quantified in all healthcare environments. One study found that the nurses who were trained in the standardized anaphylactic shock response algorithms had significantly shorter intervention delay times, with the average time for epinephrine administrating being 5 minutes after the symptom recognition, which is in contrast to the delays of 15-20 minutes in the case of non-structured protocol facilities [1]. The critical role of immediate epinephrine administration is frequently emphasized, as there are studies that show the same trend, where the outcome of the patient suffering from anaphylactic shock is correlated with factors such as the duration of the therapy and the mortality risk, the length of hospital stays, and the incidence of biphasic reactions that require extended monitoring periods, etc. [2]. The accuracy of the nursing assessment is of the utmost importance for the achievement of the optimal outcomes, with the less experienced nursing professionals being unable to make such distinctions between anaphylactic shock and other acute conditions that have similar initial manifestations, such as vasovagal syncope, acute anxiety attacks, or different types of circulatory shock [10].

When talking about nursing interventions, one has to consider the complexity of care whereby the use of technical skills in giving medications and monitoring break through the barriers of just being a mere procedure, and along with that come the critical thinking abilities which empower the nurse to quickly assess the situation, prioritize the steps to be taken and to flexibly respond to the changing clinical conditions. Documenting nursing activities during anaphylactic emergency is one thing that has been proven to really make a difference in the quality of subsequent patient care, and the quality of documentation has in fact been proven to be a critical factor in the case of allergologist coming in and that future emergency preparedness [4]. Anxiety, fear of death, and post-traumatic stress symptoms that require therapeutic communication and nursing support have been the psychological dimensions of

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nursing care that demand special consideration as patients undergoing anaphylaxis often exhibit such reactions and hence the needy support during and after the doctor's acute episode [5]. While the comparative analysis of international nursing protocols shows a huge agreement on the core interventions, it still indicates the existence of regional differences in resources, medications, and the organization of healthcare systems which call for local adaptation of the protocols.

Discussion of nursing care effectiveness must consider the interdisciplinary nature of emergency response, recognizing that optimal outcomes depend on seamless collaboration between nursing staff, physicians, emergency medical services, and other healthcare professionals, with nurses often serving as coordinators ensuring communication flow and intervention continuity [8]. The analysis identifies persistent challenges in anaphylactic shock nursing care including inconsistent protocol adherence in high-stress situations, knowledge gaps regarding less common allergens and atypical presentations, insufficient availability of epinephrine and emergency equipment in some clinical areas, and variations in nursing autonomy for independent intervention initiation across different healthcare systems and institutional policies. Contemporary literature emphasizes the expanding scope of nursing responsibilities in anaphylaxis management beyond acute crisis intervention to encompass comprehensive patient education, development of individualized emergency action plans, training family members in epinephrine auto-injector technique, coordination with school or workplace personnel for at-risk individuals, and long-term follow-up ensuring appropriate allergology referral and ongoing risk management.

**Conclusion.** This comprehensive literature analysis confirms that nursing care constitutes an indispensable component of successful anaphylactic shock management, with nursing interventions directly influencing patient survival, complication rates, and long-term outcomes. The synthesis of evidence-based practices emphasizes that optimal nursing care requires integration of theoretical knowledge regarding anaphylaxis pathophysiology, practical skills in emergency intervention techniques, critical thinking abilities for rapid situation assessment, and interpersonal competencies facilitating patient support and interdisciplinary collaboration. Implementation of standardized nursing protocols based on international guidelines, combined with regular training programs and competency assessments, produces measurable improvements in response times, intervention accuracy, and overall care quality across diverse healthcare settings.

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