

# Shock

- ABCs
- Oxygen 100%
- Assist Ventilations, prn
- Intubate, prn
- 2 large bore IV's

Detailed Assessment ①

Septic Shock

Yes

See Septic shock protocol

Cardiogenic Shock

Yes

See ACLS Hypotension, Shock Pulmonary Edema Protocol

No

Hypovolemic Shock ②

Yes

IV 500 cc NS

SBP

< 90

Repeat fluid bolus' up to 2 liters ②

> 90

No

- Reassess ABCs
- Keep patient warm
- Notify receiving hospital ASAP
- Monitor SpO<sub>2</sub>, Cardiac rhythm, Respiratory status, Mental status, and urine output

## Types of Shock:

- Hypovolemic shock can be divided into two categories:
  1. Hemorrhage- induced: causes include blunt or penetrating trauma, GI bleeding, ruptured hematoma, hemorrhagic pancreatitis, fractures, or a ruptured aortic or abdominal aneurysm.
  2. Fluid-loss induced: Causes include diarrhea, vomiting, heat stroke, burns, insensible fluid loss and third spacing.
- Cardiogenic shock: Causes can be divided into four broad categories: myopathic (MI's), arrhythmias, mechanical abnormalities (valvular defects), extracardiac abnormalities ( massive PE, tension pneumothorax etc)
- Distributive Shock: Causes include sepsis, systemic inflammatory response syndrome, toxic shock syndrome, anaphylaxis, neurogenic shock and drug or toxic reactions.

1. Cardinal features of shock include hypotension, oliguria, abnormal mental status, metabolic acidosis, and in some people cool and clammy skin.

2. See trauma protocols if appropriate. Control external bleeding