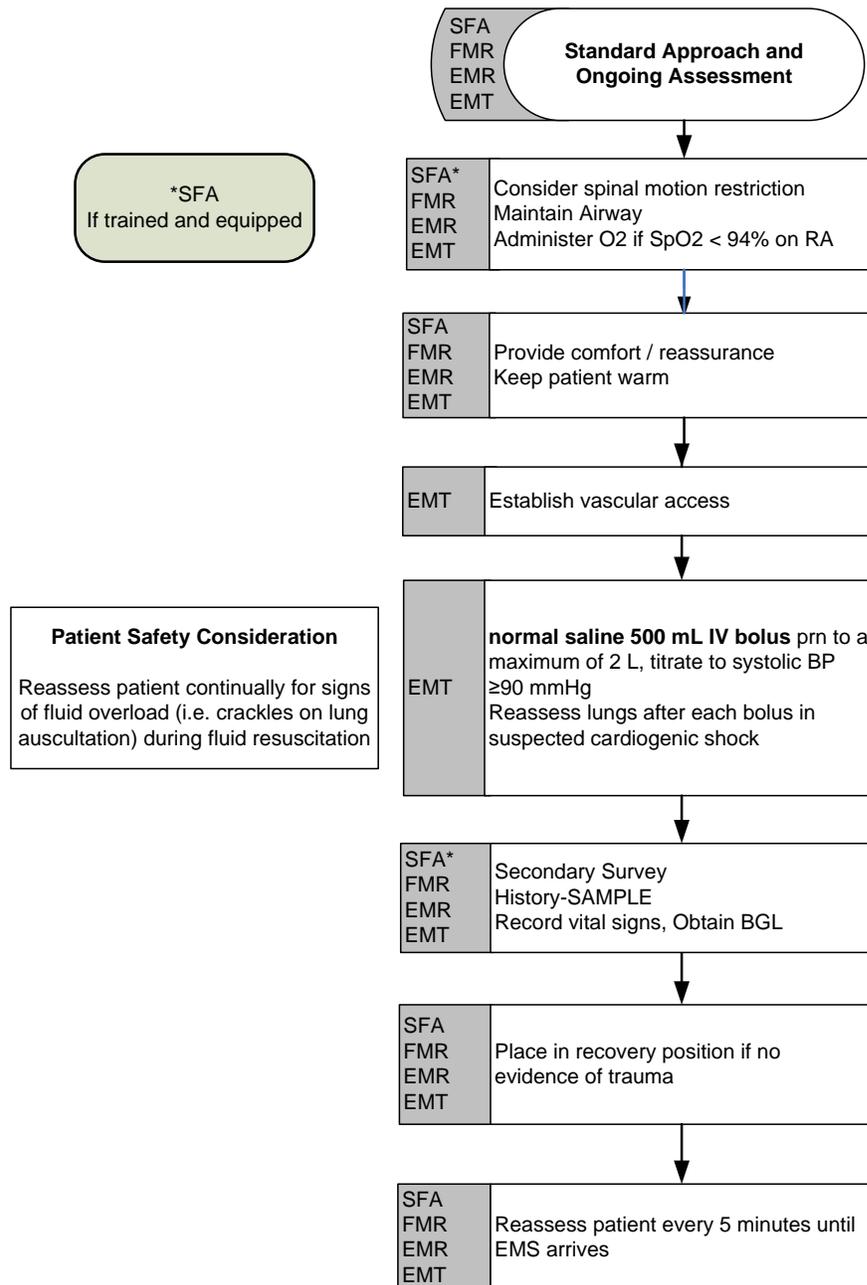


## Algorithm 25 Shock



## **Unconscious Patients**

- Determine the LOC (**AVU**).
- Assess the **ABC**.
- Treat for shock.

## **Shock (Algorithm 25)**

Perform a Primary survey

Assessment of the mechanism of injury is helpful in determining the potential for the development of shock in trauma. It is also essential to quickly search for immediate life-threatening injuries, such as profuse external bleeding and to perform critical interventions.

Patients who are suspected of being in shock or who have the potential to develop shock should be placed in a recumbent position as soon as possible.

## **Oxygen Instructions (if trained and equipped)**

Oxygen should be administered as early as possible in shock or potential shock patients. Oxygen is a high-priority treatment since it is capable of slowing the progress of shock.

## **Conserving Body Warmth**

Maintaining body warmth requires the use of oxygen. By covering the patient with blankets and reducing metabolic demands for thermo regulation, the patient's need for oxygen is lessened.

## **Elevation of Lower Extremities**

This should be done only if there is no risk of spinal injury or fractures of the legs. Patients who are secured on a spine board and are in shock can have the lower end of the board elevated. Use caution if cardiogenic shock is suspected.

## **Reassess the LOC (AVU)**

Assess the **ABC**.

A baseline set of vitals is important in determining changes in the patient's status. Vitals should be repeated frequently, preferably over 5 min intervals in order to monitor cardiovascular and neurological changes.

Decrease in peripheral vascular resistance, can be caused by:

## **Anaphylactic Shock**

Histamine release causes peripheral vasodilation and a shift of fluid from intravascular spaces into interstitial space

### **Neurogenic Shock**

Spinal cord injury results in unopposed vagal tone. Characterized by bradycardia and hypotension with warm, dry skin.

### **Septic Shock**

Pathogen releases toxins that cause peripheral vasodilation.

### **Obstructive Shock**

Physical obstruction of the heart or great vessels. May be caused by tension pneumothorax, pulmonary embolism, or cardiac tamponade.

### **Hypovolemic Shock**

Loss of vital body fluid to the point where body function is interrupted.

### **Cardiogenic Shock**

Cardiac pump failure resulting in loss of perfusing blood to body system. Avoid raising the patient's feet/legs if cardiogenic shock is suspected due to increased demand on the heart.

### **Shock can be divided into three stages:**

- a) Compensated  
The body is capable of meeting its metabolic needs through a series of compensating actions
- b) Decompensated  
Compensatory mechanisms begin to fail
- c) Irreversible  
The body's cells die in quantities with the result that the organs can no longer carry out their normal functions.

Resuscitation may restore blood pressure, but multi-system organ failure leads to death

### **Interventions**

- The priority in shock management is to identify and treat the cause of the shock
- Control any external hemorrhage
- Treat shock due to anaphylaxis as per the Dyspnea Protocol
- IV Access (EMT), provide appropriate fluid bolus