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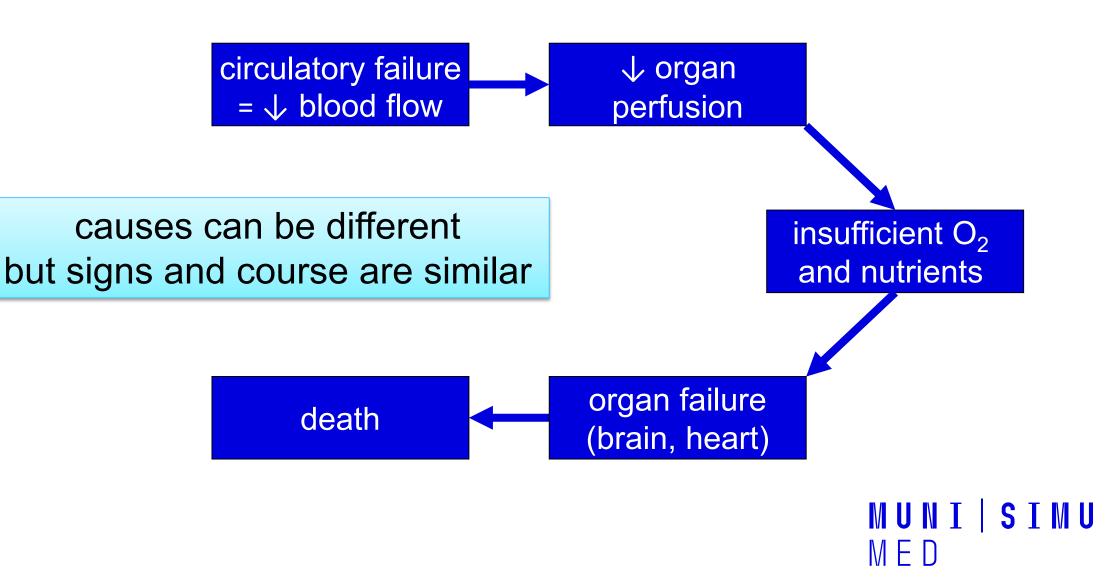
Shock

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Learning points

Student will learn how to recognize signs and symptoms of shock. Student gains knowledge of different causes of shock. Student will learn about first aid to victims in shock.

What is shock?



Shock causes

- loss of circulating fluid (hypovolemic shock)

- blood (haemorrhagic shock) external or internal bleeding
- loss of fluids (heat stroke, diarrhoea, burns)

- relative increase in blood vessels volume (distributive shock)

- severe allergic reaction (anaphylactic shock)
- severe infection (septic shock)
- injury to the spinal cord or brain (neurogenic shock)

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Shock causes II.

- heart (as a pump) failure (cardiogenic shock)
 - acute myocardial infarction
 - heart rhythm disturbances
 - decompensation of chronic heart failure

- obstacle to the blood flow (obstructive shock)

- pulmonary embolism
- tension pneumothorax
- cardiac tamponade

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Compensatory mechanisms

the aim is to provide sufficient blood flow (and O₂) to the vital organs

– **lungs:** increase in respiratory rate (raise amount of O_2 in blood)

- heart: increase in heart rate (pump more blood)
- blood vessels: preferred blood supply for vital organs at the expense of the others (muscles, skin, gut)

limited in the elderly or severely ill

Shock signs

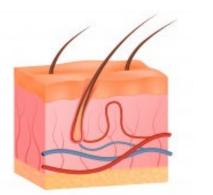


- weak or absent pulse at the wrist



- 个 respiratory rate
- shallow breathing

- pale, cold skin
- sweating
- grey-blue skin
- prolonged capillary refill time



- weakness, dizziness
- thirst
- restlessness, confusion
- drowsiness, unconsciousness
- nausea, vomiting





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Shock phases

I. compensated shock

- compensatory mechanisms provide vital organs blood supply
- rapid, strong pulse at the wrist
- pale and cold skin, sweating

I. decompensated shock

- exhausted compensatory mechanisms, decreased vital organ blood supply
- rapid and weak pulse at the wrist
- rapid and shallow breathing
- grey-blue skin, prolonged capillary refill time
- weakness, dizziness, thirst, restlessness
- nausea and vomiting

Shock phases II.

III. terminal shock

– irreversible changes of vital organs, vital functions failure

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- very rapid, weak or absent pulse at the wrist
- grey-blue skin, no capillary refill
- drowsiness to unconsciousness
- shallow breathing, gasping (agonal breathing)

... death

First aid

- treat any possible cause of shock
 - very limited options
 - injuries:
 - control external bleeding
 - stabilize fractures (decrease internal bleeding)
 - anaphylaxis separate lecture

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Avoid complications



30-50cm

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- keep the victim warm and dry (blankets, space blanket)
- do not allow eating or drinking (despite felling thirsty)
- do no give any medications
- treat pain stabilize fractures
- lay down and raise victims legs
 - transfer of blood from legs to the vital organs

Monitoring

- talk to the victim, keep him/her calm
- take pulse at the wrist (frequency, strength)
- breathing
- skin colour and temperature, capillary refill
- in case of consciousness open the airways
- start CPR if needed

repeated continuous do not leave the victim
do not leave
U.C.

call emergency – secure fast transfer avoid rapid position change

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Shock with dominant shortness of breath

- common signs and symptoms:
 - fast or irregular beatings of the heart
 - coughing up pink frothy sputum (contains blood)
 - leg swelling
 - usually the elderly
 - no history of injury or fluid loss
- (common) cause is cardiogenic or obstructive shock
 - leg raising is not appropriate sufficient filling of blood vessels, worsens breathing
 - the victim commonly finds a convenient position
 - usually sitting position

Take home message

Shock is not only a fright.

Rescuer safety is always first.

Dominant signs of shock are related to the circulatory failure – paleness and sweaty skin are common even before an exam. First aid options are limited – secure fast transport.

Learning outcomes

– Student is able to briefly describe the course of shock.

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– Student recognizes the symptoms of shock.

– Student knows the causes of shock.



- First Aid Manual, Krohner JR (ed.), 2nd edition, DK Publishing, 2004, pp 120-121.

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