

Shock

- **what is shock**
- **how to recognise shock**
- **how to treat shock**

Shock: definition

- inadequate perfusion of the tissues with oxygenated blood
- or
- failure of certain vital organs to utilise oxygen

Sepsis is a systemic, deleterious host response to infection leading to severe sepsis (acute organ dysfunction secondary to documented or suspected infection) and septic shock (severe sepsis plus hypotension not reversed with fluid resuscitation). Severe sepsis and septic shock are major healthcare problems, affecting millions of people around the world each year, killing one in four (and often more), and increasing in incidence [1–5]. Similar to polytrauma, acute myocardial infarction, or stroke, the speed and appropriateness of therapy administered in the initial hours after severe sepsis develops are likely to influence outcome.

Shock: definition

■ Clinical syndrome → *Clinical Diagnosis*

- Acute disruption of
 - ◆ microcirculatory function
 - ◆ macrocirculatory function

⇒ general insufficiency of → *Laboratory confirmation*

- ◆ tissue perfusion

- ◆ O₂ utilization
- ◆ cellular energy production

⇒ deranged homeostatic mechanisms

⇒ irreversable cellular damage

Shock: Types

■ Hypovolemic

- hemorrhagic
- gastro-intestinal loss
- skin
- polyuria

■ Cardiogenic

- congenital heart failure
- metabolic/toxic heart failure
- infectious heart failure
- ischemic heart failure
- tachy-arrhythmic heart failure

■ Distributive

- anaphylaxis
- septic vasoplegia
- toxic vasoplegia
- neurologic vasoplegia

■ Obstructive

- tension pneumothorax
- tamponade
- PE

■ Dissociative

- Profound Anemia
- CO intoxication
- MetHgb

Shock: Types

Clinical features

■ Hypovolemic

- tachycardia
- tachypnoea
- oliguria
- weak pulsations
- prolonged capillary refill
- cold moist skin
- collapses superficial veins

■ Cardiogenic

- tachycardia
- tachypnoea
- oliguria
- weak pulsations
- prolonged capillary refill
- cold moist skin
- ↑ CVP

■ Distributive

■ Obstructive

- tachycardia
- tachypnoea
- oliguria
- ↑ CVP
- deviation trachea
- asymmetrical breath sounds
- muffled heart sounds

- tachycardia
- tachypnoea
- oliguria
- strong pulsations
- normal/prolong capillary refill
- warm skin

Table 1 Diagnostic criteria for sepsis

Infection, documented or suspected, and some of the following:

General variables

Fever (>38.3 °C)

Hypothermia (core temperature <36 °C)

Heart rate >90 min⁻¹ or more than two SD above the normal value for age

Tachypnea

Altered mental status

Significant edema or positive fluid balance (> 20 mL/kg over 24 h)

Hyperglycemia (plasma glucose >140 mg/dL or 7.7 mmol/L) in the absence of diabetes

Inflammatory variables

Leukocytosis (WBC count $>12,000$ μL^{-1})

Leukopenia (WBC count $<4,000$ μL^{-1})

Normal WBC count with greater than 10 % immature forms

Plasma C-reactive protein more than two SD above the normal value

Plasma procalcitonin more than two SD above the normal value

Hemodynamic variables

Arterial hypotension (SBP <90 mmHg, MAP <70 mmHg, or an SBP decrease >40 mmHg in adults or less than two SD below normal for age)

Organ dysfunction variables

Arterial hypoxemia ($\text{PaO}_2/\text{FiO}_2 <300$)

Acute oliguria (urine output <0.5 mL kg⁻¹ h⁻¹ for at least 2 h despite adequate fluid resuscitation)

Creatinine increase >0.5 mg/dL or 44.2 $\mu\text{mol/L}$

Coagulation abnormalities (INR >1.5 or aPTT >60 s)

Ileus (absent bowel sounds)

Thrombocytopenia (platelet count $<100,000$ μL^{-1})

Hyperbilirubinemia (plasma total bilirubin >4 mg/dL or 70 $\mu\text{mol/L}$)

Tissue perfusion variables

Hyperlactatemia (>1 mmol/L)

Decreased capillary refill or mottling

Shock: Progressive syndrome

Non-Progressive

1. Compensated Shock (\downarrow ECF $<$ 25 %)

Defending the blood pressure

Intact oxygenation

Progressive

2. Uncompensated Shock (\downarrow ECF $>$ 25 %)

Failing oxygenation

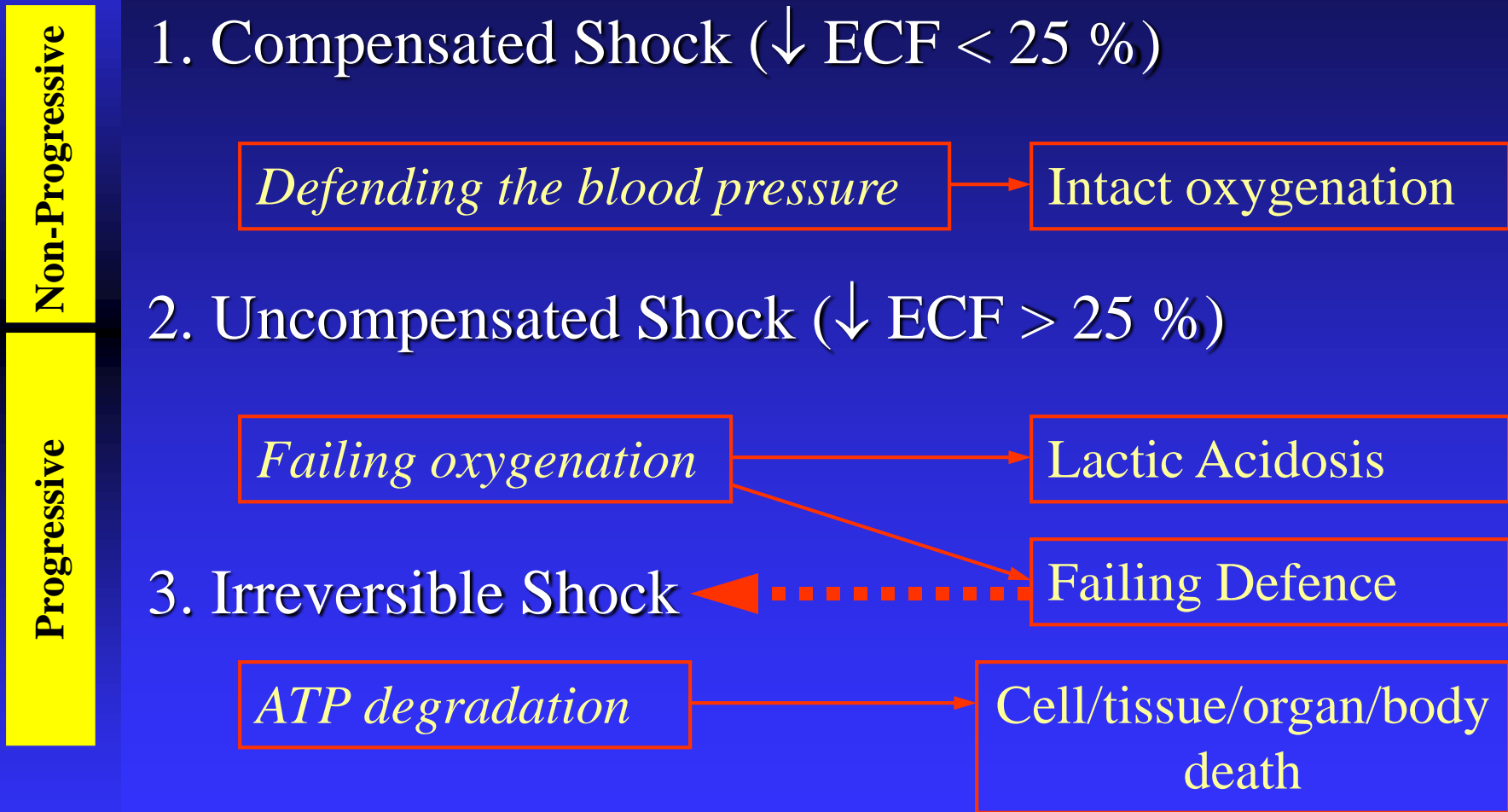
Lactic Acidosis

3. Irreversible Shock

Failing Defence

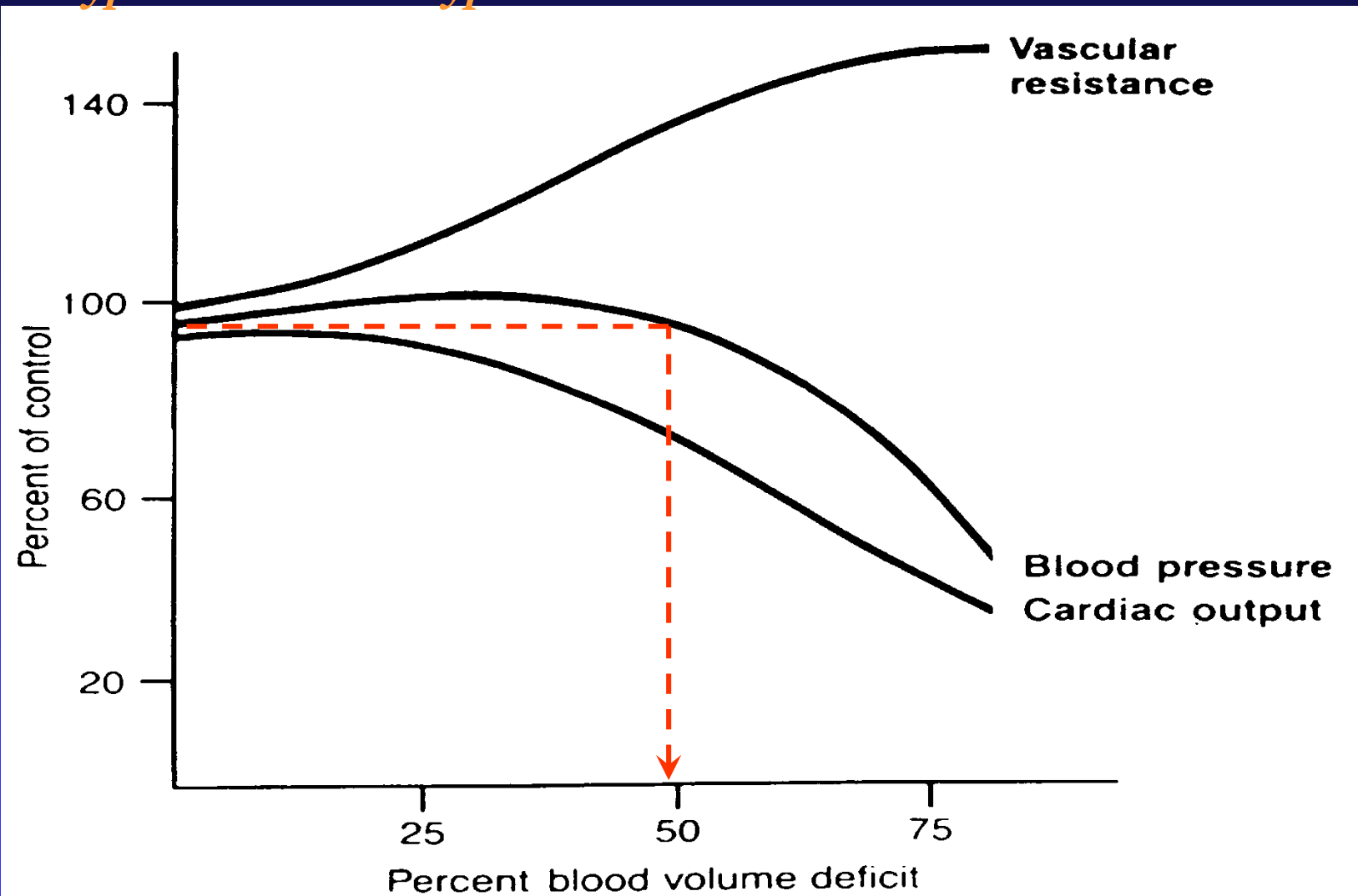
ATP degradation

Cell/tissue/organ/body
death



Shock: clinical consequences

Hypovolemia \neq Hypotension



Shock: Progressive syndrome

