SHOCK

Lec:4 Surgery 2nd stage Dr. Bashar Hadi Al_araji

#CMSHOCK | ILLUSTRATION BY YEJI YUN

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INTRODUCTION

Shock is a failure of cardio vascular system to deliver enough oxygen & nutrients to meet cellular metabolic needs .Shock may develop rapidly or slowly all the system of the body included in this in shock condition the body will struggle for survive then the haemostatic mechanism (coagulation or blood clotting) will occur it provide blood circulation. It is a remedy to stop hemorrhage if shock is due to hemorrhage



Shock is defined as a complex life threatening condition characterized by inadequate blood flow to the tissue & cells of the body

INCIDENCE

HYPOVOLUMIC

Affects all ages Affects males & females equally

CARDIOGENIC SHOCK

Typically affects patient with are of infraction involving 40% or more left ventricular muscle mass

SEPTIC SHOCK

Possible in any person with impaired immunity



- Hypovolemic (inadequate circulatory contractility)
- Cardiogenic (decrease myocardial contractility)
- Obstructive or (inadequate circulatory blood flow caused by a physical impairment or obstructive)
- Distribute [decrease vascular resistance]

 * Anaphylactic shock
 *Septic shock
 *Neurogenic shock

HYPOVOLUMIC SHOCK

DEFINITION

It is a most common shock characterized by the decreased intra vascular volume ETIOLOGY EXTERNAL FLUID LOSS Surgery vomiting diarrhea excessive urination INTERNAL FLUID SHIFTING Hemorrhage burns ascitis edema

PATHOPHYSIOLOGY

Decreased blood volume

Decreased venous return

Decreased stroke volume

Decreased cardiac output

Decreased B.P

Decreased tissue perfusion

CLINICAL MANIFESTATION

RAPID PULSE TACHYPNEA COOL & CLAMMY SKIN CYANOSIS



Restore intravascular volume Re -distribute fluid volume Correct underlined causes

Symptoms of Cardiogenic Shock

- Severe shortness of breath and rapid breathing
- Tachycardia (rapid heartbeat)
- Mental alteration
- Loss of consciousness
- Weak/faint pulse

For More Information, Visit: www.epainassist.com

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DEFINITION

It occurs due to the impaired heart ability to contract & ejection of blood ETIOLOGY CORONARY CAUSE Myocardial infraction NON CORONARY CAUSE Cardiomyopathy vulvar damage cardiac temponade

PATHOPHYSIOLOGY

Decreased cardiac contractility

Decreased stroke volume

Decreased cardiac output

Pulmonary Congestion decreased systemic tissue perfusion

decreased coronary artery perfusion

CLINICAL MANIFESTATION

Angina pain Decreased systolic B.P Mental confusion Fatique Pulmonary congestion Decreased urine out put Hemodynamic instability



- Correction of underlined causes
 Initiation of first line treatment
 Oxygenation
- Pain control
 - Hemodynamic monitoring

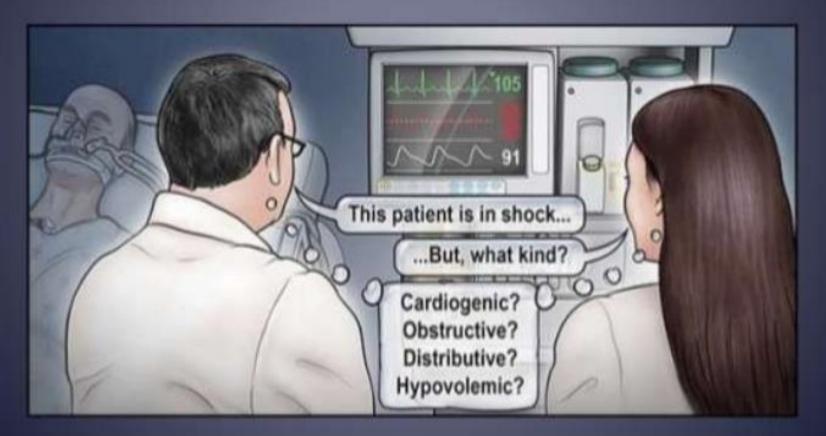
PHARMACHOLOGICAL THERAPY

DOBUTAMINE
 NITROGLYCERINE
 DOPAMINE
 OTHER VASO ACTIVE MEDICATION
 ANTI ARRYTHEMIC MEDICATION



NEUROLOGIC IMPAIRMENT ACUTE RESPIRATORY DISSTRESS SYNDROME RENAL FAILURE

CIRCULATORY SHOCK





Signs of Shock

- Due to hypoperfusion:
 - Decreased "mentation" confused, sluggish, anxious
 - Skin cold, mottled

Signs of Shock

- Pulse: Rapid, weak, thready
- Tachycardia
- Respirations
 Shallow, irregular, labored
 May be tachypnea (increased respiratory rate.)

Barry Kidd 2010

Causes of Shock – a quick list:

- Heart Attack
- Anaphylaxis
- Loss of Circulating Blood Volume (bleeding, burns, dehydration)
- Venous Dilation (allergy, pain, drugs, heat stroke, infection)
- High or Low Body Temperature

SEPTIC SHOCK

DEFINITION: Severe bacterial infection or septicemia induces septic shock ETIOLOGY Infection gram negative bacteria causing infection staphylococcal infection U.T.I indwelling lines & catheter (inserted in to bladder) respiratory infection DISEASE: D.M. AIDS

PATHOPHYSIOLOGY

Vasodilation

Mal distribution of blood volume

Decreased venous return

Decreased stroke volume (the volume of blood pumped from the left ventricle per beat (70 ml) 70 kg

Decreased cardiac out put

Decreased tissue perfusion

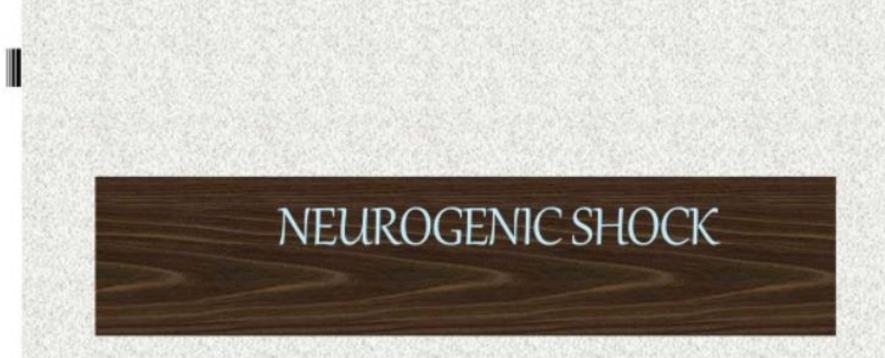
CLINICAL MANIFESTATION

FIRST STAGE

- Patient is febrile
- Bounding pulse (a strong throbbing increase lub dub)felt over one of the arteries in the body. It is due to a forceful heartbeat.
- Flushed skin
- Tachycardia
- Decreased urine out put
- Decreased bowel sound
- SECOND STAGE
- Low B.P
- Skin cool & pale
- Temperature normal or below normal

MEDICAL MANAGEMENT

Identify the cause & eliminate the cause Blood specimen Urine specimen CULTURE Drainage of wound Remove old I.V line & put new I.V line Antibiotic coated I.V line should be established Abcess are drained Fluid replacement



DEFINITION

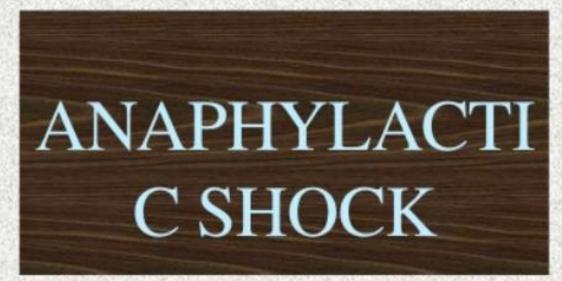
 It cause vasodilation due to loss of sympathetic tone (damage to the central nervous system

ETIOLOGY

- Spinal cord injuries
- Nervous tissue damage
- Depressant action of nervous system
 Lack of glucose



Dry ,warm skin rather than cool Moist skin Bradycardia rather than the tachycardia





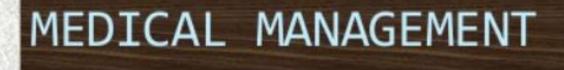
 It occurs in severe allergic reaction ETIOLOGY

- Penicillin sensitivity
- Transfusion reaction
- Vasodilation

Capillary permeability(the capacity of a blood vessel wall to allow for the flow of small molecules (drug, nutrient, water, iron) or even whole cells (lymphocytes on their way to the site of inflammation)

CLINICAL MANIFESTATION

 Mild peripheral tingling, sensation of warm, fullness of mouth & throat, nasal congestion Moderate flushing (red in mouth), warmth, anxiety & itching Severe bronchospasm, dyspnea, cough,



Identify the cause & solve it Decrease vasodilatation Administer medication epinephrine diphenhydramine nebulization albuterol

NURSING MANAGEMENT

 Assess the patient for any previous allergy to medicine, fruits etc When we administer any new medicine we have to observe the side effect of it We must have the knowledge about the sign symptoms of shock Observe the response to the treatment

ASSESMENT&DIAGNOSTIC PROCEDURE

✓ NON INVASIVE PROCEDURE -spirometry -pulse oximeter -arterial blood gas analysis ✓ C.V.P MEASUREMENT ✓ E.C.G ✓ CHEST X-RAY ✓ HEAMODYNAMIC MONITORING Thank you