

SHOCK

CAPT (GN) KWESI O NSAFUL

Shock

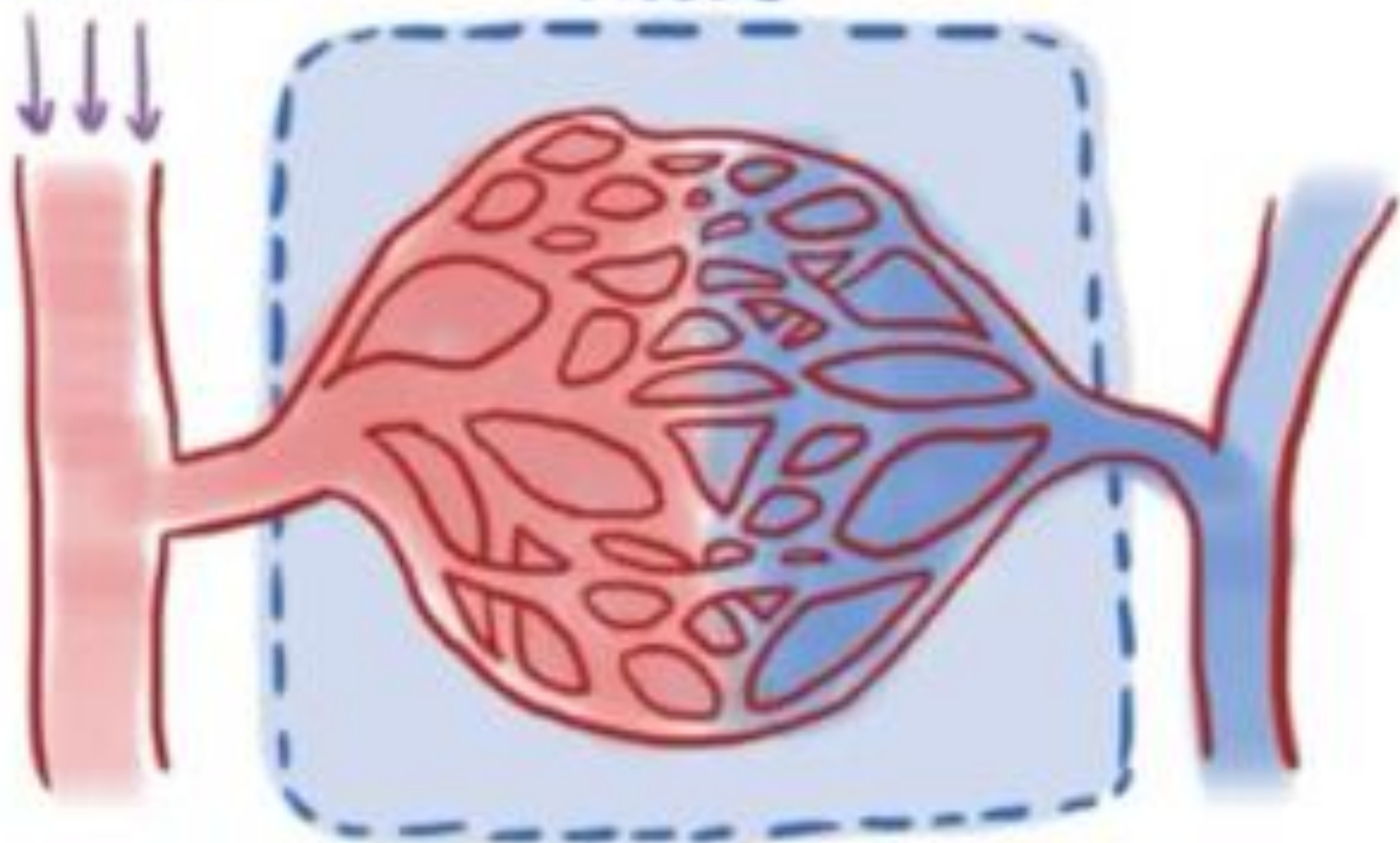
- **Shock is the clinical manifestation of failure of cellular function due to inadequate tissue perfusion and subsequent cellular hypoxia resulting from a reduction in the effective circulating blood volume**

Shock

- Shock is the clinical manifestation of *Failure of Cellular Function* due to *Inadequate Tissue Perfusion* and *Subsequent Cellular Hypoxia* resulting from a *Reduction in the Effective Circulating Blood Volume*

BLOOD
PRESSURE

TISSUE



Shock

- **Blood Pressure** Depends on **Resistance** & **Cardiac Out Put**

Shock

BLOOD PRESSURE

RESISTANCE
TO
FLOW

X

CARDIAC OUTPUT $\left(\frac{\text{BLOOD PUMPED}}{\text{MINUTE}} \right)$

DIAMETER



LENGTH

HEART RATE

$\left(\frac{\text{BEATS}}{\text{MIN}} \right)$

X

STROKE VOLUME

$\left(\frac{\text{BLOOD PUMPED}}{\text{BEAT}} \right)$

END DIASTOLIC
VOLUME

(AFTER FILLING)

-

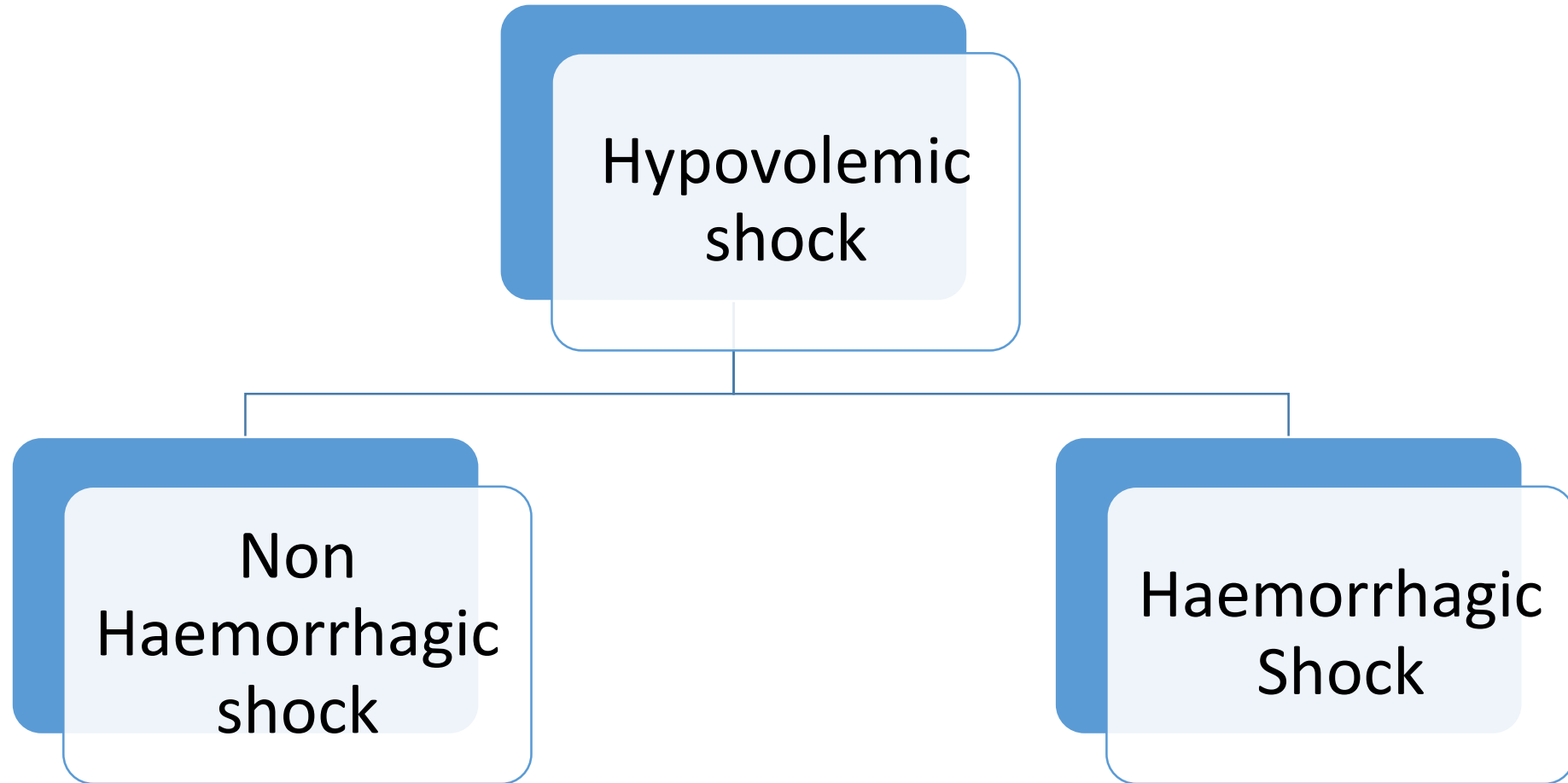
END SYSTOLIC
VOLUME

(AFTER CONTRACTION)

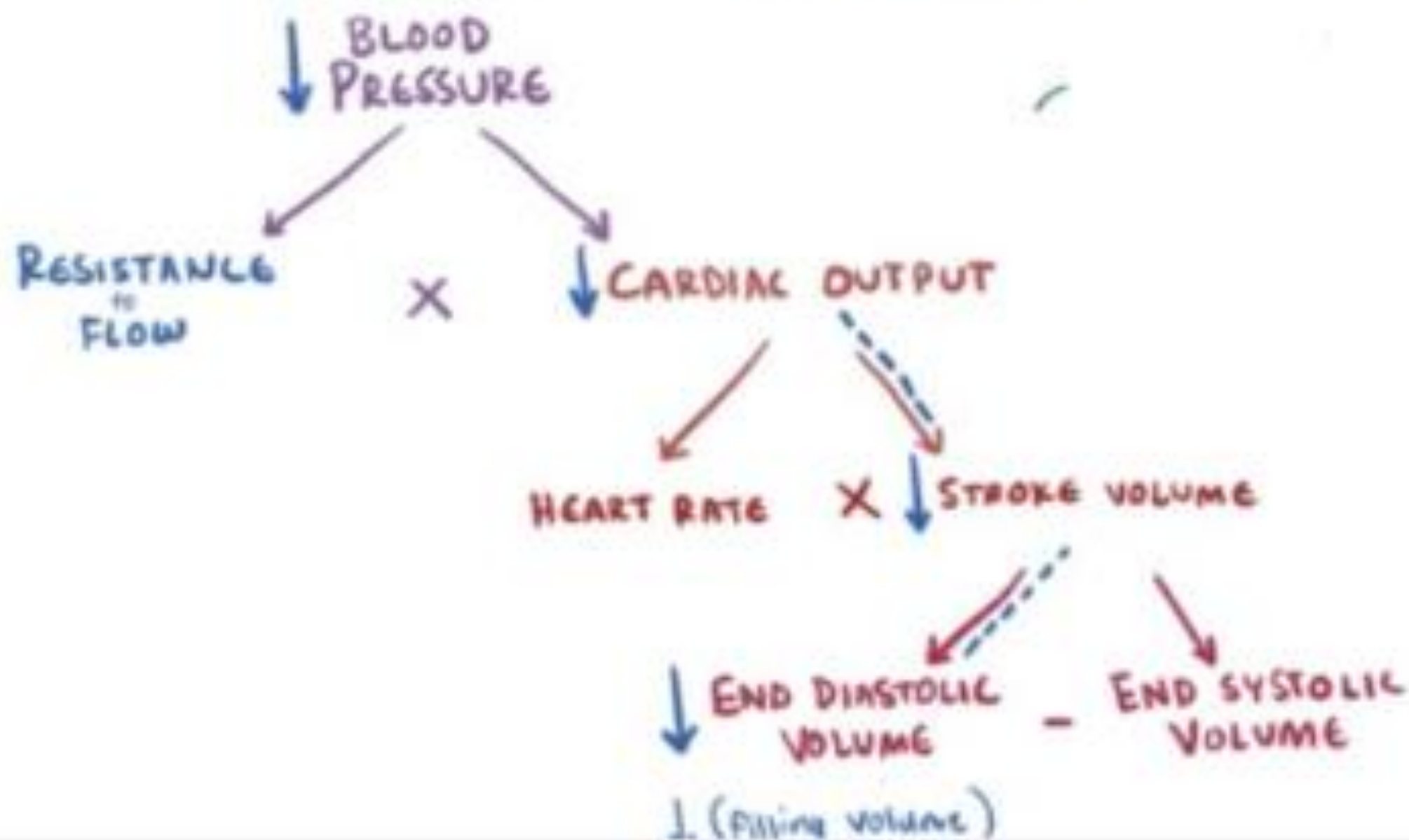
Types of Shock

- Hypovolemic Shock
- Cardiogenic Shock
- Distributive Shock

Hypovolemic Shock



Shock ~ Hypovolemic



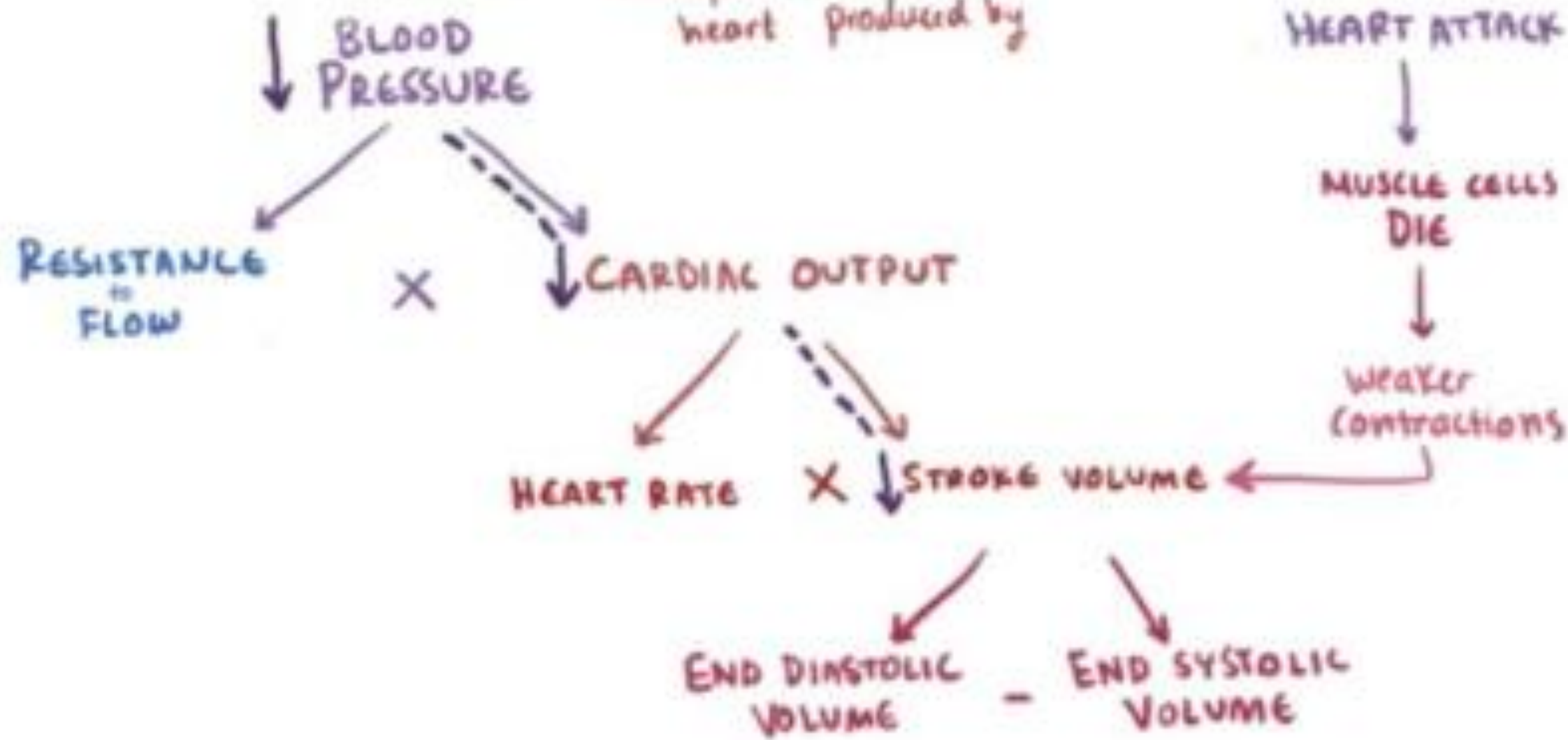
Hypovolemic Shock

- There is Reduced Blood Flow – the skin is Cold and Clammy
- COLD SHOCK

Cardiogenic Shock

- Occurs as a result of Inability of the Cardiac Muscles to Function optimally

Shock ~ Cardiogenic
heart produced by



Cardiogenic Shock

- There is Reduced Blood Flow – the skin is Cold and Clammy
- COLD SHOCK

Distributive Shock

- Excessive Vasodilatation
- Leaky Blood Vessels

Shock ~ Distributive

* leaky blood vessels

* excessive vasodilation (widening of vessels)

BLOOD PRESSURE

CARDIAC OUTPUT

RESISTANCE TO FLOW

X

HEART RATE

X

STROKE VOLUME

END DIASTOLIC VOLUME

END SYSTOLIC VOLUME

vasodilation



Distributive Shock

Causes

- Septic Shock
- Bacteria Release
 - Nitric Oxide
 - Complement Pathway (Mast cells- Histamine)
 - Cytokines (TNF, IL-1)
 - Platelet Activation Factor

Distributive Shock

Causes

- **Anaphylactic Shock** – Allergic Reaction *Leading to* Low Blood Pressure
- **Neurogenic Shock** – Damaged CNS *Leading to* Low Blood Pressure

Distributive Shock

Causes

- **Septic Shock**
- **Anaphylactic Shock**
- **Neurogenic Shock**

Distributive Shock

- There is Increased Blood Flow – the skin is warm and flushed
- WARM SHOCK

Treatment of Shock

Depends on the Cause/ Type of Shock

- The Aim is to Stabilize Blood Pressure so that Vital Organs are Perfused with Blood
- Fluid Replacement
- Medications
 - Increase Heart Contractility
 - Increase Vasoconstriction
 - Retain Fluids
 - Antibiotics

Treatment of Shock

Add-ons

- Supplemental Oxygen
- Airway Protection

Summary

- Shock – Failure in Tissue Perfusion
- Hypovolemic Shock
- Cardiogenic Shock
- Distributive Shock
- Treatment Depends on Cause/Type of Shock

