

Classification of Shock

Type	Assessment Findings	Causes	Management
<p><u>Hypovolemic Shock</u></p> <p>- decreased circulating blood volume</p>	<ul style="list-style-type: none"> - cool, pale, moist skin - ↓BP, ↓HR - cyanosis - ↑RR -restlessness -early signs: ↓UO, ↓CVP, restlessness, ↑HR 	<ul style="list-style-type: none"> - blood loss - burns - adrenal crisis - fluid loss through excessive vomiting or diarrhea 	<ul style="list-style-type: none"> - fluid replacement via IV therapy - volume expanders (eg. Dextran) - blood and blood products - cont. monitoring of BP and CVP
<p><u>Cardiogenic Shock</u></p> <p>- failure of the heart to pump efficiently</p>	<ul style="list-style-type: none"> - S/S of myocardial infarction - ↓BP, ↓HR - jugular vein distention - nausea, vomiting - dyspnea - oliguria 	<ul style="list-style-type: none"> - myocardial infarction (MI) - congestive heart failure - cardiac arrhythmias - pericardial tamponade - tension pneumothorax 	<ul style="list-style-type: none"> - Dopamine or Dobutamine to ↑ cardiac output and improve myocardial contractility - Nipride for vasodilation - Norepinephrine (Levophed) to ↑ BP, CO, HR
<p><u>Septic Shock</u></p> <p>- risk factors:</p> <ol style="list-style-type: none"> 1. immunosuppression 2. urinary tract procedures 3. presence of blood in peritoneal cavity leading to peritonitis 4. food poisoning 5. toxic shock syndrome 	<ul style="list-style-type: none"> - high fever (T>104° F) - chills - grayish skin (gram negative shock) - reddish skin (gram positive shock) - restlessness - confusion 	<ul style="list-style-type: none"> - release of bacterial toxins that act on blood vessels producing massive vasodilation and pooling of blood; often caused by gram negative septicemia 	<ul style="list-style-type: none"> - supplemental O2 therapy - IV therapy - antibiotics therapy - corticosteroids administration to ↓ inflammation and increase microcirculation - cont. assessment for s/s of infection - removal of possible sources of infection
<p><u>Neurogenic Shock</u></p> <p>- interruption of sympathetic nervous system; failure of arteriolar resistance leading to massive vasodilation and pooling of blood</p>	<ul style="list-style-type: none"> - sudden hypotension - hypothermia - ↓HR due to vagal stimulation 	<ul style="list-style-type: none"> - exposure to unpleasant circumstances - extreme pain - spinal cord injury - head injury - high spinal anesthesia - vasomotor depression 	<ul style="list-style-type: none"> - vasopressors - steroids - cont. monitoring of BP and assessment for cardiac arrhythmias
<p><u>Anaphylactic Shock</u></p> <p>- massive vasodilation resulting from an allergic reaction resulting in the release of histamines and other related substances</p>	<ul style="list-style-type: none"> - dyspnea, wheezing - edema around site of sting or injection - flushed skin, urticaria - tight sensation in throat and voice change indicating presence of laryngeal edema 	<ul style="list-style-type: none"> - allergic reaction to insect venom, blood transfusions, medications, and dyes used in radiologic studies 	<ul style="list-style-type: none"> - Epinephrine - Antihistamines like Benadryl or Dimetane - Aminophylline for bronchospasm - application of pressure above site of sting or injection to ↓ absorption