"I'VE FALLEN AND I CAN'T GET UP": TIPS FOR ASSESSING AND TREATING THE PATIENT WITH ACUTE COLLAPSE

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Type of Shock	Tell Tale Signs	IV fluid rate	Initial Treatments	Initial Diagnostics
Congestive heart failure	Absence of Heart Murmur is rare pulmonary crackles of severe edema pulse deficits tachycardia tachypnea, dyspnea mucous membranes pale to gray to cyanotic	No IV fluids But place IV catheter for IV access to administer emergency drugs	furosemide 2 mg/lb IV, repeat PRN q 2 hrs oxygen supplementation by mask, nasal canula or chamber antiarrhythmics if arrhythmia nitrate vasodilators – IV CRI or transdermal	thoracic radiographs ECG Blood pressure PCV/TP, BUN, TCO_2/HCO_3, blood pH, Na^+/K^+
Pericardial Tamponade	Pale to blue mucous membranes Very weak pulses	crystalloids at shock rate over 10-15 minutes and then reassess	pericardiocentesis	ECG may show electrical alternans Thoracic radiographs Echocardiogram PCV/TP, BUN, TCO_2/HCO_3, blood pH

Traumatic shock (response to severe pain)	Tachycardia pale mucous membranes possible pulse deficits obvious trauma dyspnea if pneumothorax, hemothorax or pulmonary trauma	crystalloids at shock rate over 10-15 minutes and then reassess then colloids if necessary, while reducing fluid rate	pain medications stabilize injuries to minimize pain establish patent airways thoracocentesis if pneumothorax or hemothorax thoracostomy tube placement if thoracocentesis fails to alleviate pneumothorax	Radiographs – lateral chest and lateral abdomen PCV/TP, BUN Ultrasound to assess trauma that might need surgical intervention
Hemorrhagic shock	pale mucous membranes slow capillary refill time weak pulses ascites if hemoabdomen	colloids blood 10 ml/lb over 2 hours	Stop or slow hemorrhage with tourniquets, direct pressure or artery ligation	Diagnostic thoracocentesis and/or abdominocentesis Abdominal US if hemoabdomen PCV/TP, BUN, TCO_2/HCO_3
Anaphylactic shock	pale mucous membranes weak pulses abdominal pain tachypnea dyspnea history of vomiting, diarrhea	crystalloids at shock rate over 10-15 minutes and then reassess	diphenhydramine 0.5-1 mg/lb IM to prevent transfusion reaction corticosteroids	PCV/TP, glucose, BUN, TCO_2/HCO_3

Septic shock	brick red mucous membrane progress to pale mucous membranes bounding pulses progressing to weak pulses fever, unless so shocky that temperature has become subnormal purulent discharge	crystalloids at shock rate over 10-15 minutes and then reassess colloids if hypoalbuminemia	IV antibiotic therapy Possible corticosteroid therapy	PCV/TP, glucose, albumin, BUN, TCO_2/HCO_3
Neurologic shock (head trauma)	Obvious head or spinal cord trauma Unresponsiveness despite cardiovascular stability Apparent blindness	crystalloids 10 ml/lb/hr	Possible corticosteroid therapy Colloids if cerebra edema	Neurologic exam Skull or spinal radiographs PCV/TP, BUN, TCO_2/HCO_3
Uremic shock	Enlarged firm urinary bladder if urethral obstruction Severe dermal and SC swelling with hemorrhagic and necrotic areas if urethral rupture Ascites if uroabdomen Bradycardia	crystalloids 10 ml/lb/hr	Alleviate obstruction or correct urine leak surgically Calcium gluconate IV if dangerously hyperkalemic Insulin and glucose IV if dangerously hyperkalemic	ECG shows idioventricular rhythm PCV/TP, BUN, TCO_2/HCO_3, blood pH, Na^+/K^+
Addisonian Shock	Pale mucous membranes Weak pulses	crystalloids at shock rate over 10-15 minutes and then reassess	corticosteroids	PCV/TP, BUN, TCO_2/HCO_3, blood pH, Na^+/K^+