



Shock is a state of poor perfusion, which is most reliably indicated by tachypnoea, altered mental state and skin findings such as decreased capillary refill, pallor and diaphoresis.

Normal blood pressure does not exclude shock. Hypotension may be a sign of life-threatening shock.

Assess the patient carefully to determine a possible cause, and manage accordingly.

**(a) HYPOVOLAEMIC SHOCK**

<b>(i) HYPOVOLAEMIC SHOCK (NON-HAEMORRHAGIC) (e.g. burns, dehydration, etc.)</b>		
<b>ICP</b>	High concentration oxygen	<b>AP</b>
<b>ICP</b>	Early and rapid transport to definitive care	<b>AP</b>
<b>ICP</b>	Manage underlying cause wherever possible, according to appropriate CMG	<b>AP</b>
<b>ICP</b>	IV fluids to maintain systolic BP at approximately 90mmHg	<b>AP</b>

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## CMG 14 (cont) – SHOCK AND HYPOPERFUSION



(ii) HYPOVOLAEMIC SHOCK (HAEMORRHAGIC)				
ICP	Agonal trauma: treat as per CMG 39		AP	
<p style="text-align: center;">All other haemorrhagic shock patients require <b>early, rapid transport</b> to definitive care.  <b>Absolute minimum</b> scene time is warranted. All interventions should be considered with a view to minimising time to definitive control of bleeding – consider performing interventions en route.</p>				
ICP	High concentration oxygen		AP	
ICP	Control of external bleeding		AP	
ICP	Spinal immobilisation (if required)		AP	
ICP	Pelvic splint for suspected pelvic fracture or suspicious mechanism of injury		AP	
ICP	Establish IV access		AP	
IV FLUIDS (as below):				
<b>WITH APPARENT HEAD INJURY (SUSPECTED RAISED ICP):</b>		<b>WITHOUT APPARENT HEAD INJURY:</b>		
ICP	<ul style="list-style-type: none"> <li>• manage as per CMG 15</li> <li>• IV fluids to maintain sBP &gt;100mmHg</li> </ul>	<p style="text-align: center;"><b>sBP &gt;90mmHg</b></p> <ul style="list-style-type: none"> <li>• monitor closely</li> <li>• reassess for head injury</li> <li>• IV fluids TKVO only</li> </ul>	<p style="text-align: center;"><b>sBP &lt;90mmHg</b></p> <ul style="list-style-type: none"> <li>• 250ml normal saline (warm)</li> <li>• reassess patient after bolus</li> <li>• repeat as required to maintain sBP ≈90mmHg (to maximum 20ml/kg)</li> </ul>	AP

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**(b) CARDIOGENIC SHOCK**

Cardiogenic shock is caused by a decreased pumping ability of the heart. Some causes of cardiogenic shock include:  
AMI, dysrhythmias and drugs.

ICP	High concentration oxygen	AP
ICP	12 lead ECG	AP
ICP	Manage acute coronary syndrome as per CMG 16	AP
ICP	Treat significant arrhythmias as per appropriate CMG	
ICP	Analgesia	AP
ICP	IV fluids to maintain a systolic BP of 90mmHg	AP
	Rapid transport to definitive care	

**(c) DISTRIBUTIVE SHOCK**

Distributive shock results from excessive vasodilation and the impaired distribution of blood flow. Some common causes include:  
sepsis, anaphylaxis, burns, neurogenic shock due to spinal cord or brain injury, drugs / toxins, and Addisonian crisis.

ICP	High concentration oxygen	AP
ICP	Identify possible cause and <b>treat as per appropriate CMG</b>	AP
ICP	<b>If cause unknown:</b> IV fluid to maintain a systolic BP of 90mmHg and rapid transport to definitive care	AP

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## CMG 14 (cont) – SHOCK AND HYPOPERFUSION



### (d) OBSTRUCTIVE SHOCK

Obstructive shock is caused by a physical obstruction of the great blood vessels of the heart or an obstruction within or around the heart itself. Pulmonary embolism, cardiac tamponade and tension pneumothorax are all causes of obstructive shock.

ICP	High concentration oxygen	AP
ICP	Decompress tension pneumothorax if suspected	
ICP	Gentle handling	AP
ICP	IV fluid to maintain a systolic BP of 90mmHg	AP
ICP	Early, rapid transport to definitive care	AP