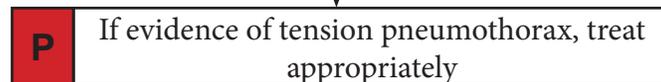
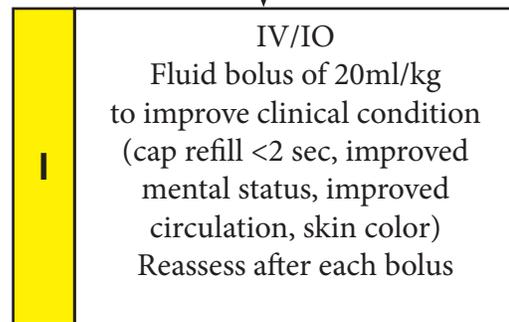
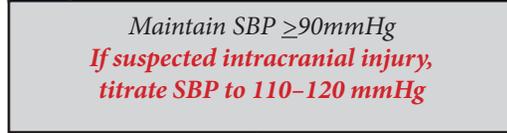
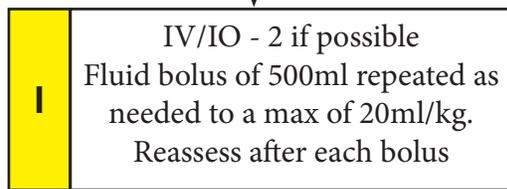
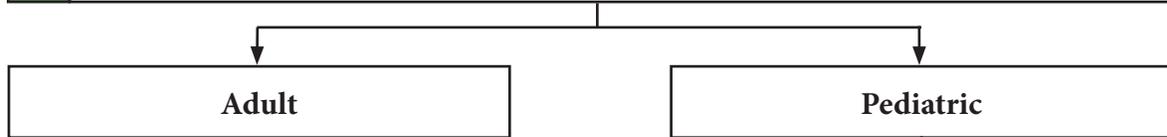
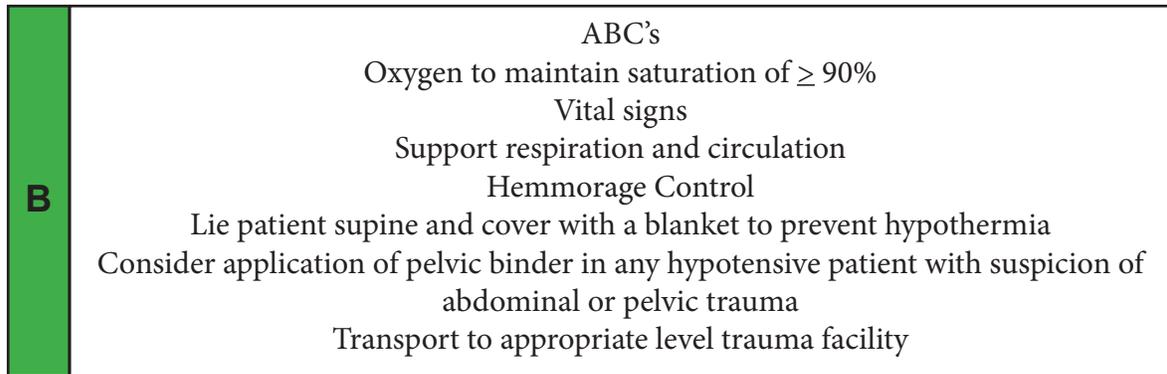


Trauma Shock

Designation of Condition: The patient may present with any of the following: an altered mental status (anxious, combative, confused, etc.), pale, clammy skin, weakness, nausea, decreased blood pressure, weak rapid pulse, rapid shallow respirations, and a mechanism (medical or trauma) which may cause severe blood or fluid loss. **Hemorrhagic shock:** Locations of blood loss include the chest, abdomen, pelvis, and multiple long bone fractures. Signs include pale, cool, clammy skin, tachycardia, and or hypotension. **Neurogenic shock:** May occur after an injury to the spinal cord disrupts sympathetic outflow resulting in unopposed vagal tone. Signs include warm, dry skin, bradycardia, and/or hypotension.



Recognize Compensated Shock Adult:

- Anxiety
- Tachycardia
- Tachypnea
- Diaphoresis with pallor

*****KEY POINT*****

Over-aggressive fluid resuscitation may be detrimental in certain hypovolemic shock situations and caution combined with good clinical judgment is required to manage them.

In hypovolemia secondary to penetrating torso trauma, new guidelines support the concept of cautious fluid resuscitation, with a goal of maintaining systolic blood pressure at or about 90-100 mmHg.

Recognize Compensated Shock Pediatric:

- Delayed Cap refill
- Decreased or bounding peripheral pulses
- Palpable central pulse, decreased distal pulse
- Cool extremities
- Altered mental status
- Mild tachypnea