

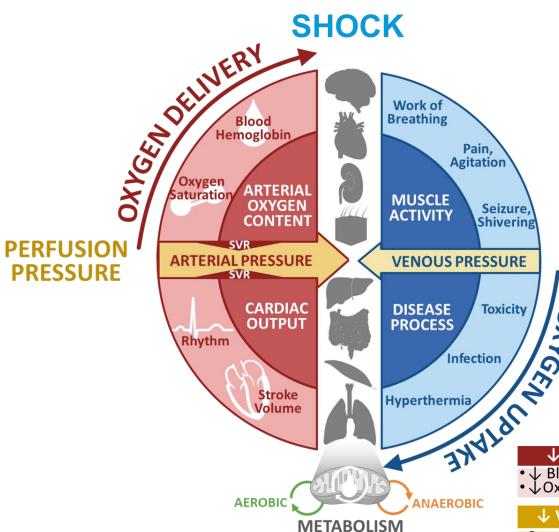
- ASSESSMENT: Observed Findings (Physical Exam, Vital Signs)
- 2. **RECOGNITION:** Initial (Phenotype) Concerns (Instability)
- 3. **DECISION:** Emergency or Not?
- 4. INTERVENTION: Emergency / Empiric Treatments
- 5. ASSESSMENT: Stability? Additional Diagnostics / Work-Up?
- **6. RECOGNITION:** Critical Illness Schemas: Bleeding? Shock? Respiratory Failure?
- 7. DECISION: Severity? Acuity (Level of Compensation)? Priorities? Goals?
- **8. INTERVENTION:** Medications, Procedures, Disposition
- 9. FACILITATION: Urgency? Sequence? Resource/Personnel Needs? Transfer?

Bleeding ☐ Airway Compromise □↑ WOB / RR □ ↓ WOB / RR ☐ PV Asynchrony □ ↓ SpO2 ☐ ↑ pCO2 ☐ ↑ Airway Pressure □ ↑ Blood Pressure □ ↓ Blood Pressure □ ↑ Heart Rate □ ↓ Heart Rate ☐ Arrhythmia ■ Altered Mentation ☐ Abnormal Pupils ☐ Neurologic Deficit ☐ Pain, Anxiety, Agitation ☐ Abnormal Movements

PHENOTYPES

☐ Skin Changes

☐ ↑ Temperature☐ ↓ Temperature



SHOCK HEMODYNAMICS

	OBST	CARD	HYPO	VASO
BP	$\uparrow \downarrow$	$\uparrow \downarrow$	\downarrow	\downarrow
SV	\downarrow	\downarrow	\downarrow	$\uparrow \downarrow$
PP	\downarrow	\downarrow	\downarrow	\uparrow
PVI®	$\uparrow \downarrow$	\downarrow	\uparrow	$\uparrow \downarrow$
PPV	$\uparrow \downarrow$	\downarrow	\uparrow	$\uparrow \downarrow$
CVP	\uparrow	\uparrow	\downarrow	\downarrow
SVR	\uparrow	\uparrow	\uparrow	\downarrow

MARKERS OF SHOCK (HYPOPERFUSION)

- Altered Mental Status
- Arrhythmia, ST Δ's
- Elevated Troponin
- Low UOP (<0.5mL/kg)
- Elevated BUN / CrCapillary Refill > 3sec
- Skin Mottling
- Liver Function Abnormalities
- O2 Extraction > 35%
- Lactate > 2.5
- Low Bicarb Level
- Base Deficit > 4
- PaCO₂ ETCO₂ gap > 10

 $BP=Blood\ Pressure,\ MAP$, $SV=Stroke\ Volume,\ PP=Pulse\ Pressure,\ PVI=Pulse\ Pressure$, $PVI=Pulse\ Pressure$ Variation, CVP = Central Venous Pressure, SVR = Systemic Vascular Resistance, RV = Right Ventricle, LV = Left Ventricle, PE = Pulmonary Embolism, PTX = Pneumothorax, OBST = Obstructive, Card = Cardiogenic, Hypo = Hypovolemic, Vaso = Vasodilatory

CAUSES: ↓ BLOOD O₂ CONTENT

- ↓ Blood (Hgb/Hct)
- \downarrow Oxygen Saturation (SpO₂)

↓ VASCULAR TONE (SVR)

- **S**epsis
- Anaphylaxis
- Liver Dysfunction
- Adrenal Insufficiency, Autonomic Dysfunction, Acidosis
- Drugs, Devices

↓ CARDIAC OUTPUT

- Arrhythmia
- Heart Failure (↓ Function)
 ↓ Volume (Bleeding, Third Spacing, Dehydration)
- Obstruction (PE, PTX, Tamp.)
- Valvular Diseasé
- ↓ Filling (Thick Heart)
- 个Afterload (SVR/BP)

个 O₂ CONSUMPTION

- Pain, Agitation, Distress
- Exercise, Activity
- 个 Work of Breathing
- Seizure
- 个 Metabolism

↑ VENOUS CONGESTION

- Congestive Heart Failure
- RV Failure
- Pneumothorax
- Tamponade
- Volume Overload
- ↑ Compartment Pressures (Intracranial, Thoracic, Abdominal, Limb)