Shock

Stage 1: Compensatory Shock

When blood pressure begins to drop due to low volume, illness or other traumas, the body will respond to keep the pressure up. Heart rate increases as one of the first acts to compensate. Respiratory rate increases, skin becomes pale, white, or ashen gray as the body works to bring blood from the extremities to the core. Nausea and vomiting can also be symptomatic of compensatory shock.

Stage 2: Decompensatory shock (also known as progressive shock)

Sometimes, the compensatory mechanisms are ineffective because of continued trauma, illness or damage to the blood circulatory system. Signs and symptoms include, but not limited to:

- Altered Level of Consciousness (person, place, time, event)
- Rapid, weak pulse
- Rapid shallow respirations
- Cold, clammy skin; diaphoresis (sweating)
- Very pale to cyanotic (blue) or mottled complexion
- Blood pressure dropping and weakening radial pulse
- Pupils sluggish to react

With a loss of 30%-40% blood volume, death can occur.

Stage 3: Irreversible Shock

Eventually, the body runs out of options to compensate. Hypoxia (oxygen deficiency) suffocates the brain, heart and vital organs. The patient is unresponsive, has an extremely rapid heart rate, slow agonal (gasping) respirations, or cold and damp or dry skin. Blood pressure is undetectable with no radial pulse, pupils are slow to react or fixed and dilated. Only definitive medical intervention will preserve the life of this patient.

General Shock Management:

- Assess and monitor Airway, Bleeding, Circulation
- Keep patient and yourself calm
- Treat any treatable causes (stop bleeding, splint fractures, etc.)
- Handle gently
- Maintain body temperature