**Intensive Care – 4H/4T (shock)**

1. **scenario**

45 year old man, found on the ground, unconscious, slowly awakes as the emergency arrives. Some of his colleagues state he was not feeling well over the last 2 weeks, was vomiting and feeling dizzy.

**Patient history:**

OA: sine  
FA: sine  
AA: sine

**Status presence:**

**Airway**: open  
**Breathing**: tachypnea, 35/min, alveolar, clean, pulse oximetry not measurable, pH 6.9, pO2 10 kPa, pCO2 2 kPa, BE -25

RTG: normal

**Circulation**: 90/50 mmHg, TF 140/min, Lac 15

12 lead ECG: sinus, 140/min, ST depression over lateral wall

ECHO: seems like hypo-kinesis of lateral wall

**Disability**: somnolent, GCS 13, without subjective complains

**Electrolytes**: Na 120, Cl 90, K 6.5, Gly 5

**Fluids**: concentrated urine, oliguria, urea 20, creatinine 180

**GIT**: soft, without resistance, unpainful, peristaltic +, per rectum melena

US: without loose fluid, peristaltic +

**Hematology**: Hb 60, Tr 140

**Infection**: leu 14, CRP 100

**Lines**: 1x peripheral vein

**Questions**:

1. Is the patient in shock?
2. If yes, which type of shock?
3. What will you do with this patient? Treatment, diagnosis
4. **scenario**

55 year old man, sudden collapse after waking up in the morning. He did not have chest pain, he was feeling dizzy and dyspneic.

**Patient history:**

OA: hypertension, diabetes mellitus, COPD   
FA: beta-blockers, insulin, bronchodilators if needed  
AA: sine

**Status presence:**

**Airway**: open, nausea  
**Breathing**: spontaneous, dyspneic, alveolar, crackles on both sides, tachypnea 35/min, O2 sat 70%, pH 7.0, pO2 7 kPa, pCO2 7 kPa, BE -25

RTG: lung edema

**Circulation**: 80/60 mmHg, TF 70/min, Lac 15

12 lead ECG: sinus, 70/min, ST elevation anterolateral, several ectopic beats „R na T“

ECHO: EF 20%, akinesia anterolateral + septum

**Disability**: GCS 13, pupils iso ++

**Electrolytes**: Na 140, Cl 100, K 6, Gly 25

**Fluids**: oliguria, urea 7, creatinine 94

**GIT**: soft, without resistance, unpainful, peristaltic +,

**Hematology**: Hb 160, Tr 350

**Infection**: leu 15, CRP 7

**Lines**: peripheral vein

**Questions**:

1. Is the patient in shock?
2. If yes, which type of shock?
3. What will you do with this patient? Treatment, diagnosis
4. **scenario**

28 year old lady, sudden dyspnea, chest pain and collapse. Her status slowly improves, transferred to the emergency department.

**Patient history:**

OA: sine  
FA: birth control pills  
AA: sine

**Status presence:**

**Airway**: open, coughing   
**Breathing**: alveolar, clean on both sides, sat 70%, pH 7.1, pO2 7 kPa, pCO2 4 kPa, BE -15

RTG: normal

**Circulation**: 70/50 mmHg, TF 130/min, Lac 10

12 lead ECG: sinus, 130/min, RBBB

ECHO: dilated right ventricle with septum shift

**Disability**: conscious, GCS 15, dyspneic

**Electrolytes**: Na 140, Cl 100, K 6, Gly 6

**Fluids**: urea 4, creatinine 60

**GIT**: soft, without resistance, unpainful, peristaltic +,

US abdomen: without pathology

**Hematology**: Hb 120, Tr 350

**Infection**: leu 10, CRP 1

**Lines**: peripheral

**Questions**:

1. Is the patient in shock?
2. If yes, which type of shock?
3. What will you do with this patient? Treatment, diagnosis