

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

2. 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

3. 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