

**“I’VE FALLEN AND I CAN’T GET UP”:  
TIPS FOR ASSESSING AND TREATING THE PATIENT WITH ACUTE  
COLLAPSE**

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Type of Shock	Tell Tale Signs	IV fluid rate	Initial Treatments	Initial Diagnostics
Congestive heart failure	Absence of Heart Murmur is rare  pulmonary crackles of severe edema  pulse deficits  tachycardia  tachypnea, dyspnea  mucous membranes pale to gray to cyanotic	No IV fluids  But place IV catheter for IV access to administer emergency drugs	furosemide 2 mg/lb IV, repeat PRN q 2 hrs  oxygen supplementation by mask, nasal canula or chamber  antiarrhythmics if arrhythmia  nitrate vasodilators – IV CRI or transdermal	thoracic radiographs  ECG  Blood pressure  PCV/TP, BUN, TCO <sub>2</sub> /HCO <sub>3</sub> , blood pH, Na <sup>+</sup> /K <sup>+</sup>
Pericardial Tamponade	Pale to blue mucous membranes  Very weak pulses	crystalloids at shock rate over 10-15 minutes and then reassess	pericardiocentesis	ECG may show electrical alternans  Thoracic radiographs  Echocardiogram  PCV/TP, BUN, TCO <sub>2</sub> /HCO <sub>3</sub> , blood pH

<p>Traumatic shock (response to severe pain)</p>	<p>Tachycardia  pale mucous membranes  possible pulse deficits  obvious trauma  dyspnea if pneumothorax, hemothorax or pulmonary trauma</p>	<p>crystalloids at shock rate over 10-15 minutes and then reassess  then colloids if necessary, while reducing fluid rate</p>	<p>pain medications  stabilize injuries to minimize pain  establish patent airways  thoracocentesis if pneumothorax or hemothorax  thoracostomy tube placement if thoracocentesis fails to alleviate pneumothorax</p>	<p>Radiographs – lateral chest and lateral abdomen  PCV/TP, BUN  Ultrasound to assess trauma that might need surgical intervention</p>
<p>Hemorrhagic shock</p>	<p>pale mucous membranes  slow capillary refill time  weak pulses  ascites if hemoabdomen</p>	<p>colloids  blood 10 ml/lb over 2 hours</p>	<p>Stop or slow hemorrhage with tourniquets, direct pressure or artery ligation</p>	<p>Diagnostic thoracocentesis and/or abdominocentesis  Abdominal US if hemoabdomen  PCV/TP, BUN, TCO<sub>2</sub>/HCO<sub>3</sub></p>
<p>Anaphylactic shock</p>	<p>pale mucous membranes  weak pulses  abdominal pain  tachypnea dyspnea  history of vomiting, diarrhea</p>	<p>crystalloids at shock rate over 10-15 minutes and then reassess</p>	<p>diphenhydramine 0.5-1 mg/lb IM to prevent transfusion reaction  corticosteroids</p>	<p>PCV/TP, glucose, BUN, TCO<sub>2</sub>/HCO<sub>3</sub></p>

Septic shock	brick red mucous membrane progress to pale mucous membranes  bounding pulses progressing to weak pulses  fever, unless so shocky that temperature has become subnormal  purulent discharge	crystalloids at shock rate over 10-15 minutes and then reassess  colloids if hypoalbuminemia	IV antibiotic therapy  Possible corticosteroid therapy	PCV/TP, glucose, albumin, BUN, TCO <sub>2</sub> /HCO <sub>3</sub>
Neurologic shock (head trauma)	Obvious head or spinal cord trauma  Unresponsiveness despite cardiovascular stability  Apparent blindness	crystalloids 10 ml/lb/hr	Possible corticosteroid therapy  Colloids if cerebra edema	Neurologic exam  Skull or spinal radiographs  PCV/TP, BUN, TCO <sub>2</sub> /HCO <sub>3</sub>
Uremic shock	Enlarged firm urinary bladder if urethral obstruction  Severe dermal and SC swelling with hemorrhagic and necrotic areas if urethral rupture  Ascites if uroabdomen  Bradycardia	crystalloids 10 ml/lb/hr	Alleviate obstruction or correct urine leak surgically  Calcium gluconate IV if dangerously hyperkalemic  Insulin and glucose IV if dangerously hyperkalemic	ECG shows idioventricular rhythm  PCV/TP, BUN, TCO <sub>2</sub> /HCO <sub>3</sub> , blood pH, Na <sup>+</sup> /K <sup>+</sup>
Addisonian Shock	Pale mucous membranes  Weak pulses	crystalloids at shock rate over 10-15 minutes and then reassess	corticosteroids	PCV/TP, BUN, TCO <sub>2</sub> /HCO <sub>3</sub> , blood pH, Na <sup>+</sup> /K <sup>+</sup>