

Good essay about hypovolemic shock

[Health & Medicine](#), [Stress](#)



Shock is also called “vascular collapse” and can be a result of assault on body’s homeostasis. Such assaults can be profuse hemorrhage, severe trauma or burns, extensive myocardial infarction, massive pulmonary embolism, or uncontrolled bacterial sepsis. In particular, the “hypovolemic shock is an emergency condition in which severe blood and fluid loss make the heart unable to pump enough blood to the body. This type of shock can cause many organs to stop working”.

Here we will be elaborating on Hypovolemic Shock, which is a result of hemorrhage or body fluid loss. The principle mechanisms involved are inadequate blood or plasma volume. The mechanism involved in the hypovolemic shock is; low cardiac output; impaired tissue perfusion; and cellular hypoxia.

Clinical Course

The clinical manifestation depends on the precipitating insult. In hypovolemic shock, the patient presents; hypotension; an ashen gray pallor; cool, clammy skin; weak, thread pulse; and rapid cardiac and respiratory rates. The course of the patient in shock is beset with a sequence of hazards and pitfalls. The initial problem or threat is from the reason or cause that resulted in the shock in the first place. It could have been due to traumas like the myocardial infarct, hemorrhage, or sepsis, which is an out of control bacterial infection. It is different thought that the; cardiac, neurological, and pulmonary changes, which are the result of shock further compound the problem. Next the electrolyte disturbances and metabolic acidosis make their unwanted contributions. If all of these grave problems are survived, the patient enters a second phase dominated by renal insufficiency. This may

appear any time from the second to the sixth day and is marked by a progressive fall in urine output. Serious fluid and electrolyte imbalances now appear. If these are managed with appropriate therapy, return to renal function is heralded by a “ urinary flood tide”.

It is evident that the postshock course of the patient does not lack for threats to life. The prognosis varies with the origin of shock and its duration.

Treatment

The treatment of hypovolemic shock begins with site of accident or at home. Direct pressure application is recommended for external bleeding vessels so as to prevent further blood loss. Here are a few steps to be followed in sequence

- Rapid transport of patient to the hospital remains the most important modality.
- Next step should be to immobilize the patient, securing the airway, ensuring ventilation, and maximizing circulation.
- When the hypovolemic shock is setting, positive-pressure ventilation may diminish venous return, reduce cardiac outcome, and worsen the shock state. In this condition, oxygenation and ventilation are necessary, but excessive positive-pressure ventilation can prove to be detrimental.
- However, appropriate treatment can be initiated without waiting for transport. Procedures such as starting intravenous lines or splinting of the extremities can be done at the time when the patient is extricated. However, those procedures that cause delay in transportation should be avoided.
- Recently there has been a considerable debate out the use of military antishock trousers (MAST). As studies have failed to show any improvement

in outcomes with its use. Therefore, the American College of Surgeons Committee on Trauma no longer recommends its use.

Bibliography

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