

Observations cliniques

ORGANES	INDICATEURS D'HYPOTENSIE DES ORGANES
Cerveau	Niveau de conscience altéré Agitation Stupeur Céphalée Confusion
Poumons	Tachypnée Dyspnée Cyanose Faible SpO2
Cœur et peau	Douleur thoracique Peau pâle, froide, moite Hypotension Tachycardie ou bradycardie Hypothermie
Abdominaux	Nausée Vomissement Douleur abdominale Diminution des bruits intestinaux
Reins	Douleur au flanc Anurie or oligurie

Mécanismes compensatoires

SYSTÈMES	MÉCANISMES COMPENSATOIRES
Neurologique	Provoque la sécrétion des catécholamines, des neurotransmetteurs et des neuro-hormones
Pulmonaire	Hyperventilation pour éliminer le CO2 et augmenter l'apport en O2 Sécrète l'enzyme de conversion de l'angiotensine pour promouvoir la vasoconstriction Sécrète l'angiotensin converting enzyme to promote vasoconstriction
Cardiovasculaire	Vasoconstriction périphérique pour augmenter la résistance vasculaire systémique. Tachycardie pour augmenter le débit cardiaque Tachycardia to increase cardiac output
Hépatique et gastro-intestinal	Diminue l'apport sanguin au niveau du tractus gastro-intestinal Glycolyse pour aider au métabolisme cellulaire
Rénal et génito-urinaire	Provoque la cascade rénine-angiotensine Répond à l'aldostérone et aux hormones antidiurétiques en produisant moins d'urine afin d'augmenter le volume systolique
Hématologique	Initie la cascade de coagulation Provoque la réponse inflammatoire systémique

Résultats diagnostiques (suite)

Ultrasound	Estimates returning blood volume through inferior vena cava, estimates preload
Measure the inferior vena cava diameter	
Passive Leg Raise	By giving a fluid bolus and raising the supine patient's legs to ninety degrees, this test assesses for volume status
Need arterial line	If there is a rise in blood pressure, this suggest the patient requires more fluid. If there is no change, this suggests the patient may or may not require more fluid
Liver Function Tests	Elevated liver function tests will increase as blood shunts away from the liver
Serum test	
Renal Function (or Renal Profile) Tests	Increased creatinine, BUN and/or GFR in shock suggests hypoperfusion to the kidneys.
Serum test	
Complete Blood Count	Trend RBC, Hb, platelets and hematocrit to guide blood replacement or cryptic bleeding
Serum test	Trend WBC and neutrophils to monitor for infection

Résultats diagnostiques

DIAGNOSTIC TEST	INDICATION
Blood gas (arterial or venous)	pH to measure acidosis or alkalosis pCO2 to measure dissolved carbon dioxide pO2 to measure dissolved oxygen SaO2 to measure amount of oxygen saturated to hemoglobin in the arterial system
Serum test	
Mixed Venous Blood Gas	Compares arterial blood contents with venous blood sample in the pulmonary artery. Gives insight into oxygen extraction ratio – more oxygen extracted suggests tissues are hypoxic
Requires an arterial blood gas and ideally a mixed venous blood sample from a pulmonary artery catheter (Swan-Ganz) – will occasionally be drawn from central line or peripherally for a general indication.	
Lactate	Highly sensitive measurement of cellular metabolism efficiency
Serum	
ETCO2	Quick and easy to trend CO2 at end of ventilation
Via capnographic device	
Central Venous Pressure	Trends preload volume
Measured via subclavian or jugular central venous catheter	



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