

Shock v. Septic Shock

Shock:

- Defined as a life-threatening, generalized maldistribution of blood flow resulting in failure to deliver and/or utilize adequate amounts of oxygen, leading to tissue dysoxia
- Hypotension (SBP < 90, SBP decrease of 40 mmHg from baseline, or mean arterial pressure (MAP < 65), while commonly present, should NOT be required to define shock
- In the absence of hypotension, when shock is suggested by history and physical examination, we recommend that a marker of inadequate perfusion be measured (decreased ScvO₂, SvO₂, increased blood lactate, increased base deficit, perfusion-related low pH)

Reference: <http://tinyurl.com/2006ShockConsensus>

Septic Shock: Sepsis with Hypotension

- If hypotension resolves after recommended 30 cc/kg fluid bolus then diagnose severe sepsis
- If hypotension persists after recommended 30 cc/kg fluid bolus then diagnose septic shock and begin Levophed (preferred pressor)
- If Lactic acid > 4.0 with sepsis then diagnose septic shock and treat as septic shock

Reference: <http://www.sccm.org/Documents/SSC-Guidelines.pdf>