Hypotension

Immediate action	**Inform team of concerns** **Consider requesting vehicle stop**
Patient assessment	Note **observations** (SpO2, HR, BP, ETCO2, GCS) Consider **100% oxygen** if SpO2 low **Auscultate** chest Check **chest drain** (if present): confirm swinging, bubbling and draining Review **ventilator settings** (Mode, FiO2, set and actual RR, I:E ratio, set and actual Tv, PIP, MV) Check **peripheral pulses & skin temperature** Check **arterial line**- adequacy of trace, site, pressure bag adequately inflated Review **ECG morphology** (rate, rhythm, ST/T wave changes, changes from previous) Confirm **vasoactive infusion** rate(s) and line patency Confirm **sedative infusion** rate(s) and line patency Consider **diverting to nearest ED** if suggested actions fail to resolve the issue

Possible cause		Feature	Action
Distributive shock	**Anaphylaxis**	High HR, exp wheeze, urticarial rash, ?low SpO2, high/low ETCO2, high PIP	Increase FiO2, Adrenaline (titrated IV dose or 0.5mg IM), Piriton 10mg IV, Hydrocortisone 100mg IV, inhaled +/- IV salbutamol, IVF bolus
	Sepsis	Warm peripheries, high HR, low SpO2	Increase MV, IVF bolus, vasopressors, increase FiO2, Hydrocortisone 100mg
Hypo-volaemic shock	**Bleeding**	High HR, cool peripheries, concealed bleeding (abd, limb, chest), visible bleeding	Increase FiO2, IVF bolus (blood if available), vasopressors, tourniquet
	GI losses	High HR, cool peripheries, vomiting/diarrhoea	Aspirate NGT, IVF bolus, vasopressors
Cardiogenic shock	**Myocardial ischaemia**	Sweaty, cool peripheries, ST & t-wave abn	Maintain SpO2>94%, GTN spray, MAP>65mmHg vasopressors/ inotropes
	Brady-arrhythmia	HR<40, non-sinus rhythm/ST changes, cool peripheries, ?low SpO2	Increase FiO2, Drug options (IV): Glycopyrrolate 200mcg, Atropine 600mcg or 3mg, titrated Adrenaline boluses or infusion, Drug failure: pacing via defib
	Tachy-arrhythmia	High HR, non-sinus rhythm/ST changes, cool peripheries, ?low SpO2	Drug options (IV): MgSO4 5g or Amiodarone 300mg. If sig hypotension/hypoxia or drug failure: synchronised DCC x3
	Pulmonary embolism	High HR, low SpO2	Increase FiO2, maintain MAP >65mmHg using vasopressors/inotropes, fluid bolus
Obstructive shock	**Cardiac tamponade**	High HR, engorged neck veins, pulsus paradoxus, quiet heart sounds	Increase FiO2, fluid bolus, maintain MAP>65mmHg using vasopressors/inotropes
	Pneumo-thorax	Unilateral A/E & chest wall movement, low BP, low SpO2, tracheal deviation	Increase FiO2, needle decompression (2nd ICS, mid-clavicular line) and/or finger thoracocostomy (4th ICS, mid-axillary line)
Other	**Arterial line malfunction**	Bleeding at site, damped trace, difficult to flush, pressure bag failure	Confirm BP with NIBP, flush arterial line with 0.9% saline, check connections, replace pressure bag
	Vasoactive drug interruption	High infusion pressure on syringe pump, leakage at site	Ensure line unclamped, aspirate and flush and/or change lumen, change pump, use peripheral phenylephrine or adrenaline