

Management of Hypovolemic Shock

Clinical Signs of Shock

- ▶ Fast and/or weak pulse greater than 110 beats/minute
- ▶ Low BP less than 90 mmHg systolic
- ▶ Pallor, sweating, cold skin
- ▶ Fast breathing
- ▶ Anxious or confused
- ▶ Unconsciousness with later high blood loss
- ▶ Urine output less than 30 ml/hour

What to Do



- ▶ Call/ask for help
- ▶ Start fluid replacement at home
- ▶ Assess bleeding
- ▶ Check uterine tone
- ▶ Check vital signs now and every 15 minutes

Application of NASG



- ▶ Place NASG
- ▶ Start Oxygen

Investigation



- ▶ FBC, Hb & PCV by finger prick; group & cross match
- ▶ Blood bedside clotting test, clotting profile

Fluid Replacement



Start 2 IV lines with large gauge needles (16-18)

Only use crystalloid fluids: Ringers Lactate, Hartmann's, Normal Saline

1. Run in fist litre in 15-20 minutes; follow with second litre so that 1500 ml is infused in the first hour
2. If uterine atony: start second IV line with crystalloid fluids with 20-30 IU oxytocin at 150ml/hour
Follow this IV with oxytocin 20 IU per litre
3. Subsequent rate of IVs depend on the patient's response

Referral



- ▶ If PHC level, prepare for transport
- ▶ If referral level, prepare for transfusion, procedure(s) and/or theatre