

Unit 2 – Shock

Introduction: Most people die from shock, unless treated. A person can die from shock instead of or before the injuries themselves.

Shock: *A sudden depression of the body's vital functions/organs.* The result is that the body will be unable to circulate oxygen rich blood to all parts of the body.

Kinds of Shock:

1. **Traumatic**- caused by a deficiency in blood circulation due to any loss of blood or plasma through wounds or burns. (Circulatory)
2. **Emotional**- Severe reaction in terms of anxiety, fear and pain. The Central Nervous System is triggered and blood pools. (Nervous)
3. **Fainting** – (mild form) – lack of oxygen to brain. The body self-corrects itself by fainting, therefore falling down horizontally.
4. **Anaphylactic** – Severe allergic reaction to a specific protein. There is usually swelling of the respiratory system. (Respiratory)

Blood Components:

Red Blood Cells (RBC) – Carry oxygen and nutrients, (A, B, AB, O)

White Blood Cells (WBC) – Fight infection and contamination. Shows as “high” or “low” blood count.

Plasma – Clear liquid portion of the blood. It is the “vehicle for transportation”. Helps RBC’s and WBC’s move around.

Platelets – These help with the clotting of blood.

Physiological Conditions of the Body in Traumatic Shock:

1. Capillaries in peripheral areas (extremities) constrict.
2. Capillaries in midsection dilate – therefore blood pools in midsection.
3. Osmosis occurs – walls get thinner and plasma seeps through. Vessels collapse and movement of blood is slowed and stopped.
4. Problem-there is no way for carbon dioxide and waste to be taken out and the body poisons itself.
5. No blood flow to brain – brain damage and/or death.

Signs and Symptoms of Shock:

1. **Eyes** – sunken, vacant, dilated, listless
2. **Breathing** – rapid, irregular with occasional sighs, shallow
3. **Pulse** – rapid but weak, thready, hard to find
4. **Blood Pressure** – low and falling
5. **Skin** – cool, clammy, moist, pale
6. **General conditions** – irritable, restless, thirsty, drowsy, dull, weak, nausea, vomiting, “drunken stupor”

Basic Shock Position:

Assuming there are no other injuries, place the victim in a **supine (on back) position with their feet and legs elevated 10-12”** (above the heart). Cover to maintain body temperature. Keep victim warm and comfortable. Also keep victim conscious and responding, if possible.

Fluids for Shock Victims:

Do not give fluids unless medical help is over an hour away.

Other times you do not give fluids:

1. Unconscious
2. Has or is vomiting
3. Has or is convulsing
4. In cases where the victim may require surgery from result of the injury.

Shock Recipe:

- 1 qt. water
- 1 tsp salt
- ½ tsp. baking soda
- use what you have

Amounts:

Adult – ½ glass (4 oz.) every 15 minutes.

Child - - 2 oz. every 15 minutes.

Physiological Difference between Fainting and Traumatic

	<i>Fainting</i>	<i>Traumatic</i>
1. Caused by blood loss?	No	Yes
2. Does blood pool?	Maybe	Yes
3. Self-correcting?	Yes	No

Five Body Systems:

1. *Respiratory* – Airway and lungs
2. *Circulatory* – heart, blood, blood vessels
3. *Nervous* – brain and nerves
4. *Musculoskeletal* – muscles, bones, tendons and ligaments
5. *Integumentary* – hair, skin, nails (protection of infection)