



Small Group Teaching – Distributive Shock

Q1. What are the causes of distributive shock?

Q2. A 42yo lady presents a fever and severe RUQ abdo pain. On arrival her HR is 125 and BP 70/40

- a. Describe your initial assessment
- b. Differential diagnoses and investigations
- c. Choice and timing of inotropes
- d. Treatment goals (Early Goal Directed Therapy)
 - a. CVP, mixed oxygen saturation, MAP, Urine output
- e. Corticosteroids?
- f. The patient becomes hypoxic and GCS drops to 8
 - a. Outline your approach to intubating this patient
 - i. Preparation
 - ii. Choice of drugs
 - iii. Adjuvants
- g. You insert a subclavian central line. The patient's BP drops from 110 to 85 and she becomes hypoxic
 - a. Outline your assessment and management

<http://emedicine.medscape.com/article/168689-overview>

<http://www.uptodate.com/contents/evaluation-and-management-of-severe-sepsis-and-septic-shock-in-adults>

Q2. A 2yo boy presents to your rural ED after eating peanuts. He has resp distress with wheeze, tongue swelling, nausea and vomiting. HR 180, BP 55/R

- a. Describe your acute assessment and management
- b. Role of adrenaline nebulised and infusion
- c. The child continues to deteriorate and requires intubation. Outline your approach to intubating this patient.

http://www.rch.org.au/clinicalguide/guideline_index/Anaphylaxis/

