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# Case presentation

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# A.S. - 14 yr, female

## Anamnesis

- Hodgkin-lymphoma
- after chemotherapy
- pancytopenic
- observation, because weak general condition

# ICU consultation - status, parameters

- weak, depressed mental status
- wounds on her legs
- HR 120 / min, BP 121 / 51 Hgmm, CRT < 1 sec
- RR 24 / min, SpO<sub>2</sub> 96%, T 37,8 °C



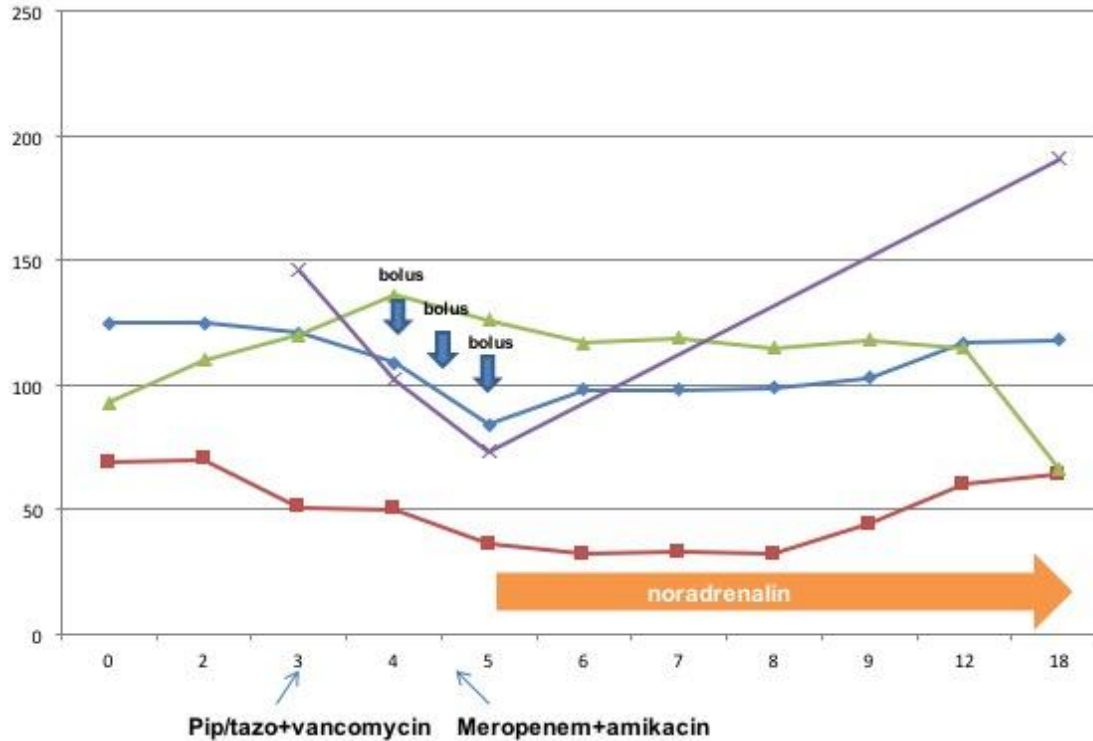
# at the ICU

- somnolent
- anuria

# 1st 6 hours

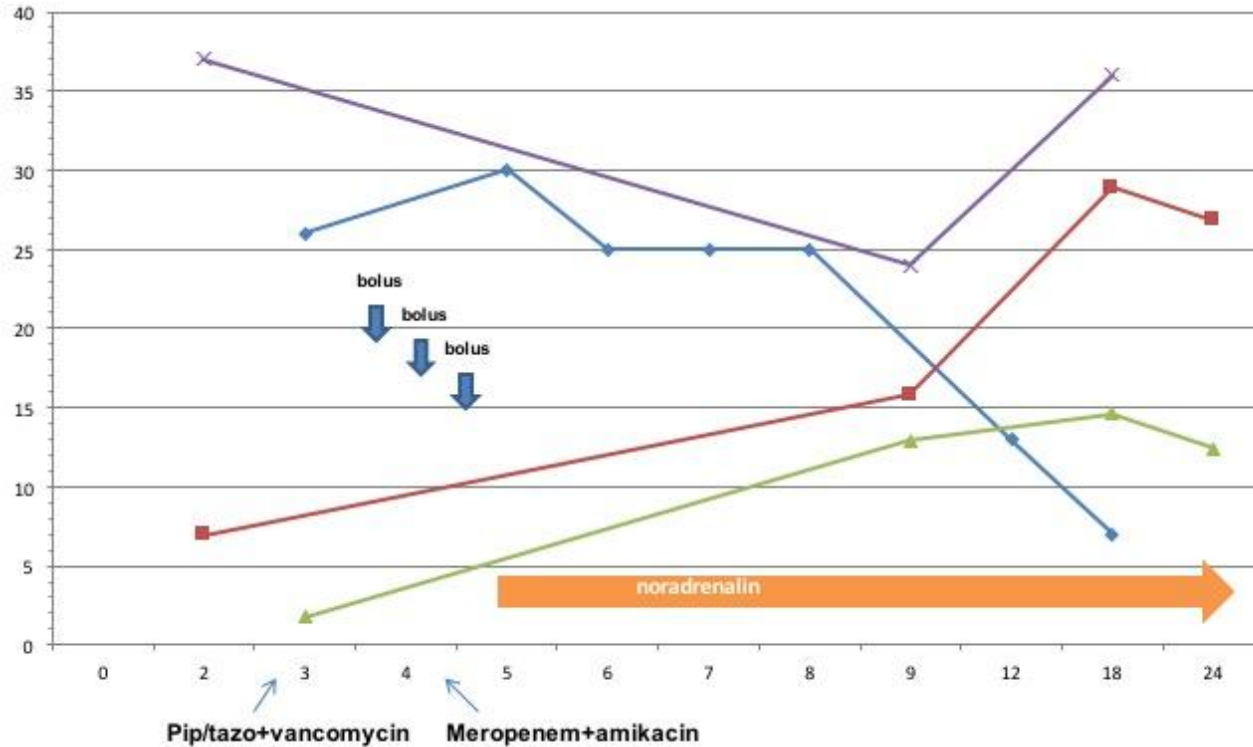
- (monitoring, IV/IO line)
- circulation support (if it's necessary)
  - fluid - crystalloid/colloid
  - agonists - NE, DTX
- oxygen
- microbiological samples
- antibiotics

# Parameters



- SVRI
- BP dia
- BP syst
- HR

# Lab values



- lactate (x10)
- CRP
- PCT
- albumine



# Sepsis - definition

- Sepsis is defined as life-threatening organ dysfunction caused by a dysregulated host response to infection
- Sequential [Sepsis-related] Organ Failure Assessment (SOFA) score
  - qSOFA
    - RR > 22/min
    - altered mentation
    - BP<sub>syst</sub> < 100 Hgmm

# Shock types - etiology

- cardiogenic
- distributive - septic
- hypovolemic
- obstructive

# Septic shock types

	Warm (hyperdynamic)	Cold (hypodynamic)
CRT	fast (< 1 sec)	slow (> 3 sec)
peripheral pulse	strong	weak
limbs	warm	cold
hypotension	Y/N	Y/N
urination	reduced	reduced
mental status	decreased	decreased
haemodynamic pattern	low SVR	high SVR

**Questions?**

- **shock** is a clinical diagnosis -  
early recognition!
- circulation-respiration support
- antibiotics

**Thanks for the attention.**

