Initial Assessment of Shock Etiology in a Critically Ill Patient

- **Arterial hypotension**
  - Signs of tissue hypoperfusion
    - Absent
    - Present
      - Brain (Altered mental state)
        - Chronic hypotension? Syncope (if transient)
      - Skin (Mottled, clammy)
      - Kidneys (Oliguria)
  - Tachycardia
  - Elevated blood lactate
  - Circulatory shock
    - Estimate cardiac output or $SvO_2$
      - Normal or high
        - Low
          - CVP
            - Low
            - High
  - Elevated blood lactate

- **66%**
  - Normal cardiac chambers and (usually) preserved contractility
    - **Distributive shock**

- **16%**
  - Small cardiac chambers and normal or high contractility
    - **Hypovolemic shock**

- **16%**
  - Large ventricles and poor contractility
    - **Cardiogenic shock**

- **2%**
  - In tamponade: pericardial effusion, small right and left ventricles, dilated inferior vena cava; in pulmonary embolism or pneumothorax: dilated right ventricle, small left ventricle
    - **Obstructive shock**