TREATMENT OF SHOCK

1. Control hemorrhage and the wound with a sterile pressure dressing.
2. Keep the patient quiet - in bed - use restraints if necessary. Supply rest for the wounded part by the use of aplint where possible.
3. The patient should be kept warm and comfortable - not hot.
4. Morphine should be given to combat pain and fear - it is not to be given for restlessness, nor to head cases.
5. Elevate the foot of the bed 18 inches - and if the patient is unconscious then be sure the tongue and jaw are supported, and there is no obstruction to the airway.
6. Oxygen is to be given to those cases with injury to the chest wall or lungs or where respirations are painful.
7. Only small sips of fluid by mouth are to be given.
8. Adrenalin, caffiene etc. are not to be used.
9. Adrenal cortex is to be used only for a definite series of cases.
10. Intravenous saline or glucose are not to be given for fluid replacement during the early hours.
11. Replacement therapy to restore blood volume:
    A. G.S.W. Crush, Burns or Freezing.
       Immediate blood specimen for hematocrit determinations and plasma started - the readings to be repeated every 2 to 3 hours depending on the condition of the patient. This may require large amounts of plasma.
    B. Hemorrhage.
       Immediate replacement by the use of whole blood transfusions. If correct donors are not readily available, then start plasma while awaiting for proper typing etc. Remember that more than one transfusion may be necessary.

The patient is to be observed at all times for:

- Consciousness
- General Appearance
- Sweating
- Presence or absence of hemorrhage
- Character of respirations
- Is the airway free and open?
- Blood pressure
- Pulse

These factors should be recorded on the chart. They are necessary because shock is a progressive changing condition and demands constant observation.

Laboratory procedures:

- Hematocrit readings - immediate and as necessary thereafter.
- Red cell count - daily
- Hemoglobin - daily
- White cell count and differential
- Urine - daily
- Total protein - daily in severe cases for one week.
- Serial E. K. G. Oxygen content of arterial and venous blood.
- Early post mortem examinations - watch liver, kidney and peripheral vessels.
- Hepatic and renal function tests on recovered severe cases.

Supplies necessary for treatment of shock patients.

Well trained personnel that will know when, where and how to do various procedures.
Warm, comfortable room. Masks if the wounds are to be exposed.
Adequate amounts of various sized sterile dressings and bandages.
Splints of various types. Blood pressure.
Morphine sulfate - and hypodermic equipment.
Complete oxygen administration sets.
Readily available warmed plasma for immediate administration also either whole blood from a blood bank or donors.
Intravenous sets.
Trays made up for taking blood specimens - plus the necessary containers for preserving these specimens.
Sterile trays for "cutting down" on veins for intravenous use, and this should contain masks, sterile gloves, etc.

Shock sheets - should be attached to each chart and should include:

Etiology
First aid treatment
Condition of patient when first seen
P.T.R.
Blood pressure readings
Replacement therapy: type, when given and how much.
Oxygen used?
Adrenal cortex used?
Morphine used?
Summary of treatment given here.
Summary of unusual signs or symptoms.
Laboratory findings:
    Hematocrit
    Blood counts
    Urine
    Total protein
Post mortem findings.