Lesson 6 (six)

Shock

By: Dorcas Mwangi

Shock

- **A life threatening condition caused by insufficient blood supply to all body organs**

(failure of circulatory system)

CAUSES:

- Severe bleeding
- Burns
- Heart Disorders
- Dehydration –Diarrhea, Vomiting, Sweating

Signs and symptoms

- Deteriorating levels of response
- Pale ,cold and sweaty skin
- Fast, shallow breathing
- Rapid, weak pulse
- Dizziness and nausea
- Blueness of extremities (cyanosis)
- Thirst

Treatment

Aims

- To treat for the cause
- Improve blood/oxygen supply to vital organs
- Urgent removal to hospital
- DR.ABC-send for ambulance
- If injuries permit lay the casualty down, raise and support their legs.
- Cover to keep warm
- Do not give anything to eat or drink.
- If unconscious turn to recovery position.
- Check breathing and pulse frequently.

poisoning

Poisoning is any substance that causes injury, illness or death when introduced into the body. There are different types of poisoning:

- *Ingested poisons* are introduced through the mouth by eating or drinking poisonous substances.
- *Inhaled poisons* are introduced through the lungs by inhaling industrial gases, fumes from fire, chemical vapors and petrol and engine exhaust.
- *Absorbed poisons* are absorbed through the skin via contact with poisonous sprays such as pesticides and insecticides.

- ***Poisoning*** refers to the development of harmful effects following exposure to chemicals.
- ***Over dosage*** is exposure to excessive amounts of a substance normally intended for consumption and does not necessarily imply poisoning.

- **Poisoning can be acute, or less commonly, symptoms may arise only after prolonged exposure, as occurs with many heavy metals.**
- **Poisoning may be accidental or deliberate.**

Common sources of poisoning

- Carbon monoxide
- Acetaminophen
- Analgesics
- Antidepressants
- Sedative-hypnotics
- Narcoleptics
- Stimulants
- Cardiovascular drugs
- Anticonvulsants
- Antihistamines
- Many other non pharmaceutical agents implicated in fatal poisoning include alcohols and glycols, gases and fumes, chemicals, cleaning substances, pesticides, and automotive products

DIAGNOSIS

- History
- Physical exam
- Routine laboratory evaluation
- Toxicologic laboratory evaluation.
- Assessment of prognosis

Do's :

- *Check the danger, response, airway, breathing and the blood circulation of the victim*
- *Give milk or water to dilute down the poison*
- *Monitor vital signs and prevent shock*
- *Observe the amount and color of vomitus*
- *Check for foreign matter in his or her mouth and remove it so that he/she can breath freely*
- *Place the patient in the recovery position and wait for medical assistance.*
- *Send to hospital*

Don'ts :

- *Don't induce vomiting.*

Drowning

- Drowning is a form of asphyxial death due to aspiration of fluid into the air passages by submersion of the body in water or fluid medium.
- Complete submersion not necessary, submersion of nose and mouth is enough.

Phases in the Drowning

Breath Holding

- Lasts for a variable length of
- Carbon dioxide accumulation
- Stimulation of the respiratory centre in brain
- Inevitable inhalation of large volumes of water.

- **Swallowing Of Water**

  - Coughing, vomiting progressive loss of consciousness
  - Escape of air remaining
  - In the lungs and replaced by water

- Profound unconsciousness and convulsions
  - Gasping
  - Respiratory standstill
  - Failure of heart
  - Irreversible changes in the brain
  - Death

Signs of Immersion

- Maceration of the skin in warm water
- 'Washer-woman's skin
- Keratin of hands and feet peels off in 'glove and stocking' fashion
- Nails and hair loosened
- Cutis anserina – or 'goose-flesh' –cold water.
- Float with buttocks uppermost, head and limbs down

('washer-woman's hands') after 2 weeks'

- Wrinkled fingers, palms and feet, half a day to 3 days
- Decomposition,
  - Often first in the dependent head and neck, abdomen and thighs: 4–10 days
  - Bloating of face and abdomen with marbling of veins and peeling of epidermis on hands and feet, and slippage of scalp: 2–4 weeks
  - Gross skin shedding, muscle loss with skeletal exposure, partial liquefaction: 1–2 months.

Near Drowning

Rescue from water

- Remove from water if you can using throw and tow method or
- Get into the water if you can wade or
- If the casualty has stopped kicking and u are a good swimmer get into the water as a last resort if safe

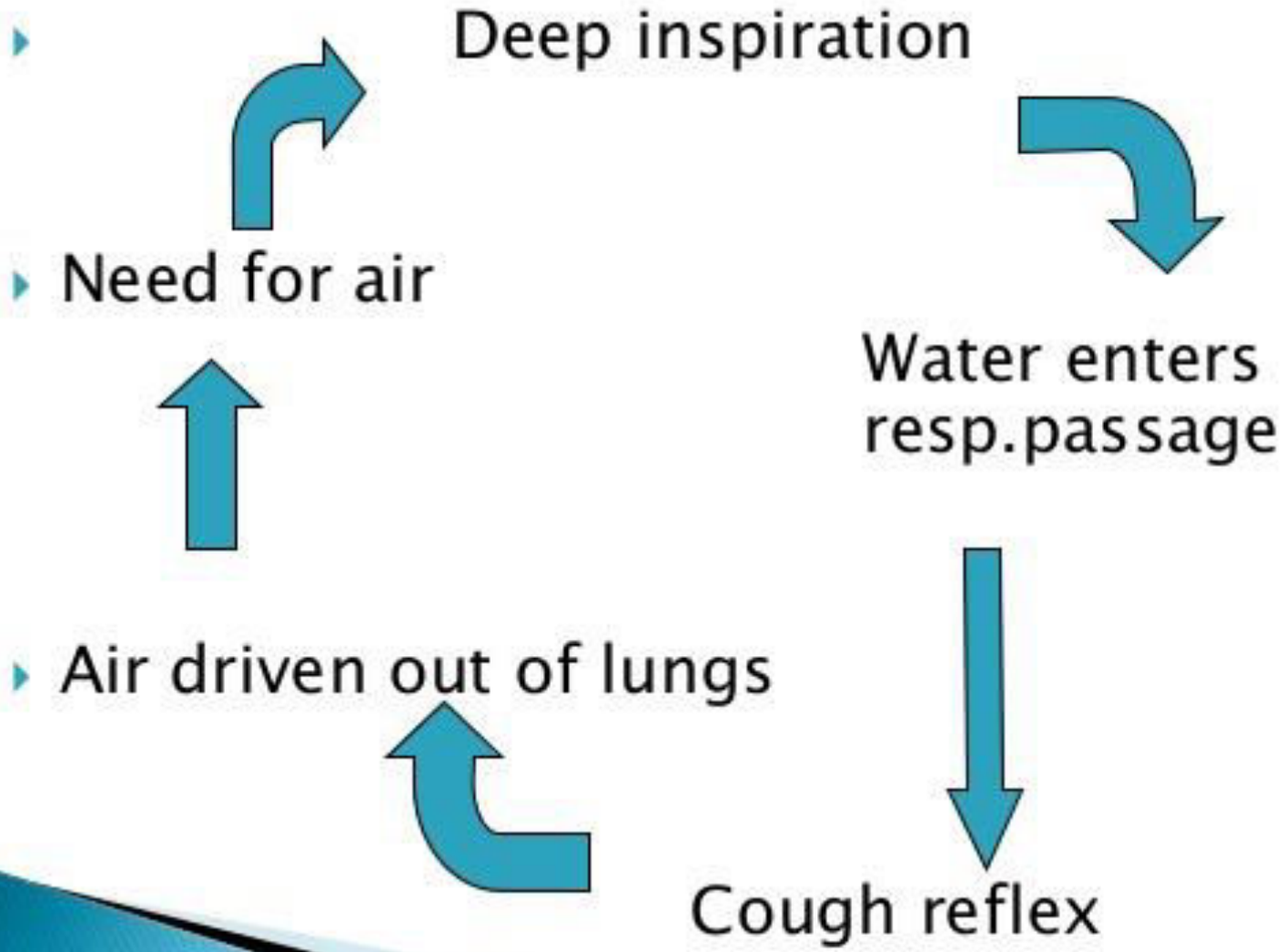
Management

- Take care of ABC and resuscitate if necessary
- send for an ambulance
- Remove all wet clothing and replace with dry ones or dry towel to keep warm
- Keep casualty in the recovery position to drain mouth in case of vomiting

Secondary Drowning

- **swelling of the air passage due to presence of water or fluids in the lungs**
- This may occur hours after near drowning incident due to water inhalation so all the casualties must be seen by a doctor

Vicious cycle of drowning



Fainting

A brief loss of consciousness due to inadequate blood supply to the brain

CAUSES

- Emotions –too happy or too upset, fright
- Hunger
- Exhaustion
- Extreme heat or cold
- Sudden sharp pain
- Standing for a long time

Recognition

- Sudden collapse
- Shallow breathing
- Slow pulse
- Sweating
- Headache
- History

Treatment

Treatment AIM: To improve blood supply to the brain

- Remove any danger or move the casualty to safety-ABC's
- Lay casualty down and elevate his legs
- Gently fan and monitor
- If no quick recovery suspect shock


THANK YOU FOR LISTENING
TO MY PRESENTATION
makeameme.org