

CIRCULATION

Tank, Clogged Pipes, Broken Pipes, Pump...

The ABCs

1) Suction

2) Move the Tongue

Head Tilt, Jaw Thrust, Chin Lift

NP and OP Airway Adjuncts

3) Add FiO₂

Non Rebreather Mask
(Breathing)

Bag Valve Mask (Not
Breathing)

4) Add PEEP

Ask for BiPAP (Breathing)

Ask for Intubation Equipment
(Not Breathing)

5) Fill the Tank

Fluid Bolus

6) Find Clogged Pipes

Tension Pneumothorax

Pulmonary Embolism

Cardiac Tamponade

7) Squeeze Broken Pipes

Vasopressors

8) Check the Pump

EKG

Approach to Circulation

Tank = Hypovolemic/Hemorrhagic Shock

Clogged Pipes = Obstructive Shock

Broken Pipes = Septic/Neurogenic/Anaphylactic Shock

Pump = Cardiogenic Shock

1) Fill the Tank

Get an IV and Bolus Fluids.

2) Consider the Clogs

Cardiac Tamponade

-Diagnosis: Ultrasound

-Treatment: Pericardiocentesis

Tension Pneumothorax

-Diagnosis: Clinical/Xray/Ultrasound

-Treatment: Needle Decompression or Chest Tube

Pulmonary Embolism

-Diagnosis: Clinical/CT/Ultrasound

-Treatment: Thrombolytics like tPA

3) Squeeze the Pipes

Vasopressors (Norepinephrine, Epinephrine, Phenylephrine)

4) Analyze the Pump

Get an EKG...

Ischemia = Cath Lab

Dysrhythmia = Electricity