

## Sudden hypotension on ICU – cause not clear

### Call for help!

Ensure hypotension is not due to respiratory compromise	<input type="checkbox"/>	Obvious pneumothorax?
	<input type="checkbox"/>	Ventilation difficulty - disconnection, bronchospasm, sudden drop in Vt?
<b>SBP &lt;50 mmHg or possible loss of cardiac output? start CPR.</b>		
Tilt bed or raise legs	<input type="checkbox"/>	
Request fluid bolus	<input type="checkbox"/>	Hartmann's and plan to run 500ml stat
Request bolus dose vasopressor	<input type="checkbox"/>	Metaraminol 0.5mg/ml 0.5mg (1ml) at a time Adrenaline 10 mcg/ml (1ml from a minijet into 10ml saline) 10 mcg (1ml) at a time
Is this the true BP and what is the rhythm?	<input type="checkbox"/>	Feel for pulse. Look at the end-tidal CO <sub>2</sub> trace. Quickly check arterial line waveform and transducer position. If there is a waveform, assume it's correct. Re-zero if necessary.
Look for blood	<input type="checkbox"/>	Check for blood in the bed, bowel, stomach, new tense abdomen, or leak from haemofilter circuit
Check infusions	<input type="checkbox"/>	Check for kinked line, displaced CVC, syringe driver failure?
Check skin	<input type="checkbox"/>	Look for new rash and swelling
ECG	<input type="checkbox"/>	
Request or do ultrasound FICE +/- FAST	<input type="checkbox"/>	Decide whether this is hypovolaemic, distributive, cardiogenic (including arrhythmia) or obstructive shock.
Request CXR	<input type="checkbox"/>	
Cardiac output monitoring	<input type="checkbox"/>	ODM if asleep and no central access, otherwise LIDCO, or echo.

### Consider :

- Overt or concealed haemorrhage
- MI
- Arrhythmia – rule out VT, if new AF consider cardioversion.
- PE
- Concealed haemorrhage – retroperitoneal, small bowel, thorax
- Tamponade (recent central venous access, pacing wire etc.)
- Drug reaction – anaphylaxis or inadvertent bolus (including epidural)
- Intracranial haemorrhage
- New sepsis – take cultures and get antibiotic advice

### Further treatment:

- Consider increasing dose of adrenaline or noradrenaline  
**NOT** dobutamine/dopamine/milrinone or vasopression
- Treat specific problem  
**order** blood, plan for DCCV, CT; **call** surgeon, endoscopist, cardiologist