**SHOCK**

Managing shock

**Signs & symptoms**
- weak, rapid pulse
- cold, clammy skin
- rapid breathing
- faintness/dizziness
- nausea
- pale face, fingernails, lips

Immediately after injury, there may be little evidence of shock. Signs and symptoms may gradually develop depending on:
- severity of the injury
- continuation of fluid loss
- effectiveness of management.

**Management**

1. Follow DRSABCD and manage injuries such as severe bleeding.

2. Reassure the patient.

3. Raise the patient's legs
   - (unless fractured or a snake bite) above the level of the heart, with head flat on the floor.

4. Treat any wound or burn, and immobilise fractures.

5. Loosen tight clothing around neck, chest and waist.

6. Maintain the patient's body warmth with a blanket or similar
   - DO NOT use any source of direct heat.

7. Give small, frequent amounts of water
   - to the conscious patient who does not have abdominal trauma and who is unlikely to require an operation in the immediate future.

8. Monitor and record breathing, pulse and skin colour at regular intervals.

9. Place the patient in the recovery position
   - if there is difficulty breathing
   - if patient becomes unconscious
   - if patient is likely to vomit.

**WARNING**
- Shock can be life-threatening.
- Try NOT to leave a patient suffering from shock, alone.

In an emergency, call triple zero (000) for an ambulance

For more information on St John first aid training and kits, visit www.stjohn.org.au or freecall 1300 360 455

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