**HYPOTENSION**

- Poor perfusion present?
  - Oliguria
  - Confusion
  - Altered consciousness
  - Cool peripheries
  - Metabolic acidosis
  - Low central/mixed SvO₂...

  **YES**

  - Increase FiO₂ to raise SpO₂
  - Venous access

  - Presumed obstruction? (swollen neck veins, obtunded breathing and heart sounds, asymmetric chest ventilation, swinging pulse pressure with respiration, asymmetric pulsations (aortic trauma))

  - **NO**

  - Myocardial failure? (tachy or bradyarrhythmias, rales, pulmonary oedema, sudden onset)

  - **NO**

  - Fluid challenge(s) until no further rise in stroke volume or ≥3 mmHg rise in CVP

- Haemorrhage?

  - **YES**

  - Anaphylaxis?

  - **NO**

  - Vasodilatory shock? e.g. sepsis, post-cardiac surgery

    - **NO**

    - Remains hypotensive & poorly perfused?

      - Yes

      - Consider specific treatments e.g. poisoning, hypoadrenalism, hypopituitarism burns, diabetic ketoacidosis, etc

      - No

      - Determine target BP for individual patient (e.g. age, known hypertensive)

    - **NO**

    - Consider:
      - Inotropes, vasodilators
      - Non-invasive ventilation
      - Guided fluid challenges
      - Intra-aortic balloon pump, ventricular assist device

  - **NO**

  - Reflux: ECG, urgent echo, enzymes. Confirm/exclude indication to coronary angiography/intervention

- In extremis consider: Cardiac compressions

  - Epinephrine (0.05-0.5 mg i.v bolus)

  - Urgent echo, ECG (X-ray and/or CT-PA) to exclude obstruction: e.g. pericardial tamponade, chest tamponade: pneumothorax or haemothorax, mediastinal tamponade, pulmonary embolus (PE).

  - Th: Drainage, therapy of PE, surgical intervention

  - Determine target BP for individual patient (e.g. age, known hypertensive)

  - Consider:
    - Appropriate antibiotics
    - Need for radiological/surgical intervention
    - Adjunctive therapies (e.g. corticosteroids)

  - Fluid resuscitation

  - Search for source: FAST, exclude Gl, retroperitoneal bleeding

  - Contact surgeon/radiologist

  - Urgent cross-match

  - Transfuse to target Hb

  - For severe bleeding, consider: group specific or O negative blood

  - Coagulation studies & products

- Myocardial failure? (tachy or bradyarrhythmias, rales, pulmonary oedema, sudden onset)

  - ECG, urgent echo, enzymes. Confirm/exclude indication to coronary angiography/intervention

- Determine target BP for individual patient (e.g. age, known hypertensive)

- In extremis consider: Cardiac compressions

  - Epinephrine (0.05-0.5 mg i.v bolus)

- Consider:
  - Appropriate antibiotics
  - Need for radiological/surgical intervention
  - Adjunctive therapies (e.g. corticosteroids)