Look for signs of shock:
AMS, EKG changes, AKI, cyanosis (i.e. end-organ dysfunction)

Work up the cause of shock

Typically broad workup:
Labs: CBC, chem, Mg, coags, troponin/BNP, VBG/ABG, lactate, UA
Imaging: CXR, bedside US (RUSH), EKG

- **Pump:** Decreased output
  - Contractility
    * Acute MI
    * Arrhythmia
    * CHF
  - Valvular
    * Acute valvular insufficiency
  - Obstruction
    * Massive PE

- **Pipes:** Decreased afterload
  - Distributive
    * Sepsis
    * Anaphylaxis
    * Neurogenic
  - Endocrine
    * Adrenal crisis
    * Myxedema coma
  - Vascular catastrophe
    * Dissection
    * AAA rupture
    * Vascular trauma

- **Tank:** Decreased preload
  - Volume
    * Hemorrhage
    * Massive fluid losses (e.g. choleric diarrhea)
  - Venous return
    * Tension PTX
    * Tamponade
    * Abdominal compartment syndrome

Most shock states are preload-dependent to some degree, so fluid resuscitation is a key first step in nearly all types. Pressors and inotropes should be targeted therapies – pressors for diminished afterload (distributive shock) and inotropes for diminished cardiac squeeze.

NOTE: “tank” problems may be worsened by intubation as increased intrathoracic pressure -> decreased preload.