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Advances in management of shock states

Virculatory shock is common in the ICU, approximately one- third of patients admitted to ICU have circulatory shock. Septic shock is the most common presentation followed by cardiogenic, hypovolemic and infrequently obstructive shock. Most reports of cardiogenic shock pertain to patients with acute myocardial infarction. Reported in-hospital mortality after cardiogenic shock form acute coronary syndrome is close to 60%. Identifying and classifying circulatory shock continues to be crucial in managing patients with shock. Monitoring hemodynamics, fluid responsiveness, cardiac output, and lactate levels in order to guide fluid therapy and the use of vasoactive drugs is the basis of managing circulatory shock. The microcirculatory profile in circulatory shock is able to differentiate between survivors and non survivors when hemodynamic data failed to do so. The objective of managing and treating shock is to maintain tissue and organ perfusion by using fluids, vasopressors, inotropes and sometimes vasodilators. However, choosing one or a combination of interventions is not always straightforward. Fluid administration is often the first line of defense for hypotension in shock, with the underlying assumption of decreased preload. Although fluid administration is appropriate in early stages of most types of shock, guidance is required as positive fluid balance accumulates. Fluid accumulation that redistributes to the interstitial tissues rather than remaining in the intravascular space may increase the required perfusion pressure by increasing resistance through elevated tissue or organ pressure. Cardiac function can be best monitored by echocardiography, which aids in characterizing the nature of shock, selecting the appropriate intervention, and evaluating the patient's response to the intervention. For most intensivists, echocardiography is relatively easy to learn and perform at the bedside. Visual evaluation enables relatively precise estimation of the ejection fraction and left ventricular filling pressures. Echocardiography also provides dynamic variables for estimation of fluid responsiveness and right ventricular function.

Biography

Taha is an Intensivist in the Cardiac and Transplant Unit at the Institute of Critical Care Medicine; Sheikh Khalifa Medical City. Graduated from Ain Shams University in 1993 and trained in the intensive Care Unit of Adult Cardiothoracic Surgery at Ain Shams University Hospital from 1996 to 2003. During this time he received a Master's Degree in Cardiology from Ain Shams University. He also attended special training on Echocardiography and Critical Care Ultrasound in Ain Shams University. He then received his second Masters Degree in Intensive Care Science from Ain Shams University. He was awarded a Diploma by the Royal Collage of Physician of the United Kingdom (MRCP UK) and was nominated fellowship of the American College Of Chest Physician (FCCP) in 2007. He also received the European Diploma of Intensive Care Medicine (EDIC) from Brussels, Belgium in 2008. He was awarded fellowship by the Royal Collage of Physician of Edinburgh and London (FRCP) in 2013. He is currently a Course Director and Committee member at the Society of Critical Care Medicine (SCCM) for the Fundamental Critical Care Support Course (FCCS) and Fellow of the American Collage of Critical Care Medicine (FCCM). He is also a director of critical care Ultrasound Courses (SCCM), MCCRC - SCCM and ESICM/BASIC Intensive Care Courses at Abu Dhabi. He conducted researches in critical care ultrasound, congenital heart diseases, surgical airway, mechanical ventilation, ICU logistics and hemodynamics. Dr. Taha served as an author in critical care chapters (Scientific American Critical Care, evidence-based web clinical resource Uptodate, Springer..). He is also a member of numerous committees and international societies and chair in acute cardiac care working group ECS, he shared as a speaker and faculty in multiple national and international meetings and conferences.

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