

Septic shock (pediatry)

Septic shock is usually a combination of pathophysiological conditions. Hypovolaemia, myocardial depression with predominant influence of distribution disorders participate in septic shock. In the initial stages, in terms of circulatory parameters, it is described as a **hyperdynamic** state with high minute cardiac output and reduced systemic vascular resistance. The same hemodynamic picture is found in liver failure, hyperthyroidism and traumatic shock without significant hypovolaemia. In septic shock, **peripheral perfusion** is abnormal. Initially, children are well perfused, have dilated pulse pressure, PuP (difference between sTK and dTK) and increased CI. However, the increase in CO/CI usually does not compensate for the significant decrease in SVRI, hence systemic hypotension occurs. In addition, with time, myocardial function is also affected (decreased pulse volume and decreased ejection fraction) and CI is decreased. In the textbook case, the further evolution of the septic state tends towards an escalation of peripheral vascular resistance and a low flow picture. In the final stage, myocardial function is affected, the picture approaches the symptomatology of cardiogenic shock and MODS develops.

 *For more information see Sepsis.*

 *For more information see Neonatal sepsis.*

References

Sources

- HAVRÁNEK, Jiří: *Šok*. (edited)

Related articles

- Shock classification (pediatry)
- Distributional shock (pediatry)
- Shock
- Sepsis
- Neonatal sepsis