

Title	IMDG Code 2016 / SUPPLEMENT / MFAG / Table 11
Effective Date	1-1-2012
Invalid from	1-1-2014
Note	Incorporating Amendment 35-10

TABLE 11

SHOCK

Chemical burns and chemical-induced bleeding from the gut may cause circulatory collapse and shock with diversion of the blood from the limbs to maintain an adequate blood (and oxygen) supply to the brain and heart. Severe pain from chemical burns may also contribute to shock.

There are also a number of chemicals which are toxic to the heart directly and result in reduced pump action of the heart.

Severe shock may threaten the life of the casualty.

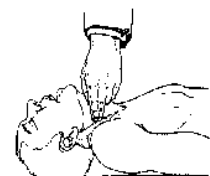
If shock is prolonged, acute kidney failure may result: See Table 12 and Appendix 12

SIGNS & SYMPTOMS

Pale, cold skin, often moist; later the skin may develop a bluish, ashen colour; rapid and shallow or irregular and deep breathing; rapid, weak but false pulse; anxiety and sweating

TREATMENT

- The casualty should be placed in a horizontal position. His legs should be elevated approximately 30 cm unless there is injury to the head, pelvis, spine, or chest, or difficulty in breathing.
- Loosen clothing around the neck.
- Check for a pulse. The best pulse to feel in an emergency is the carotid. Feel for five seconds before deciding it is absent. If it cannot be felt or is feeble, there is insufficient circulation and **CPR may be necessary: See Table 2**



- Measure and record pulse and blood pressure every 15 minutes.
- Give oxygen at a flow rate of 8 litres per minute until symptoms resolve.
- Keep the casualty warm.

SIGNS & SYMPTOMS

Shock due to chemical burns

TREATMENT

- Within the first 24 hours give for every 10% of the body surface area with burns three litres of salted water (1½ teaspoonfuls of table salt in 1 litre) intermittently as often as the casualty tolerates (e.g. one glass every ten minutes).
- Liquids should not be given by mouth if the patient is drowsy, convulsing, or about to have surgery.

SIGNS & SYMPTOMS

Shock due to chemical-induced bleeding from the gut

TREATMENT

- The intravenous or rectal administration of fluids may be required.
- **RADIO FOR MEDICAL ADVICE**

Further advice on fluid replacement: See Table 8, Appendix 13

Further advice on pain relief: See Table 13

SIGNS & SYMPTOMS

Breathing has stopped, no pulse

TREATMENT

- Institute **CPR See Table 2**

FOLLOW-UP

SIGNS & SYMPTOMS

A reduction in the amount of urine passed

TREATMENT

This may be due to the onset of acute kidney failure.

- Measure and keep a record of the urine passed. Adjust the fluid intake until transfer to hospital is possible: **See Table 12**

SIGNS & SYMPTOMS

No urine is passed

TREATMENT

- **RADIO FOR MEDICAL ADVICE** in all cases.
- Seek **URGENT RADIO MEDICAL ADVICE**. Arrange for evacuation. The casualty will need to be transferred to a shore hospital as soon as possible.