HAEMORRHAGE

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Uncontrolled bleeding will lead to a hypovolaemic shock - state, or haemorrhagic shock. While haemorrhage and shock often coexist, they are not the same. Patients who are actively bleeding may not yet be in shock. Conversely , patients may be in shock as a consequence of haemorrhage, but they may no longer be actively bleeding.) are Resuscitation is very di ff erent if patients are actively bleed - - ing or if they are not bleeding. In patients who are bleeding, the priority is to stop bleeding. In patients who are not bleeding, the priority shifts to normalising end-organ perfusion (correct - ing the shock state). Thus it is vital to recognise patients who are actively bleeding, and this is di ff erent from recognising that a patient is in shock. Haemorrhage must be recognised and managed rapidly and decisively to reduce the severity and duration of shock. Haemorrhage is treated by arresting the bleeding /uni00A0 – /uni00A0 not by fluid resuscita tion or blood transfusion. Although necessary as supportive measures to maintain organ (especially cardiac) perfusion, repeated volume resuscitation of patients who have ongoing haemorrhage will lead to physiological exhaustion (profound coagulopathy , acidosis and hypothermia) and sub - sequently death. HAEMORRHAGE

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