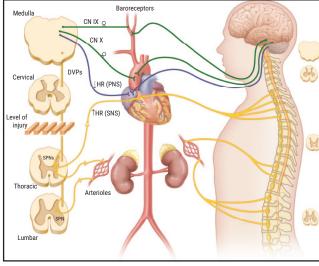




Neurogenic Shock



Spinal Anesthesia





Bradycardia

Spinal cord injury (typically T1-L3)
Loss of sympathetic tone







Decreased vascular resistance leading to hypotension and bradycardia. Peripheral vascular pooling will lead to warm extremities but systemic hypothermia



Decreased Urinary Output



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Fluid Resuscitate





Hemodynamic Support

- Vasopressors (NE, dopamine, phenylephrine)
- Atropine
- Rule out other causes of shock