

00. SEPTIC SHOCK

Hemodynamic management of septic shock using echocardiography necessitates round-the-clock access to transesophageal echocardiography. Echocardiography should be done at least once a day, and also whenever it proves necessary, for example if blood pressure monitoring reveals new hemodynamic instability. The esophageal probe can be frozen and left in place pending initiation of suitable therapy so that a few minutes later the impact on the patient’s hemodynamic profile can be assessed. Echocardiography should be used systematically and repeatedly to identify the principal causes of circulatory insufficiency, which are often implicated in sepsis: hypovolemia, systolic dysfunction of the left ventricle, right heart failure, and vasoplegia (diagnosed by elimination when there is circulatory insufficiency but none of the other three causes is found by echocardiography).