Hypotension is a symptom of shock and is common in critically ill patients. Shock is a complex physiological phenomenon and a life threatening condition. If left untreated, it leads to cell starvation, cell death, organ dysfunction, organ failure and eventually death (Jevon, 2008).

It is usually caused by hypovolaemia, which can respond well to timely and appropriate resuscitation with intravenous fluids (Jevon, 2008).

The presence of shock is best detected by looking for signs of compromised end organ perfusion (ABCDE approach) (Graham and Parke, 2005). For example, poor cerebral perfusion can lead to an altered level of consciousness such as drowsiness, confusion and agitation.

Hypotension is often a late sign of shock (Smith, 2003), occurring when the compensatory mechanisms such as peripheral vasoconstriction and an increase in heart rate activated in response to hypoperfusion, are overwhelmed (Graham and Parke, 2005).

If there is a delay in starting effective treatment, organ failure can occur. In A&E, non-traumatic related hypotension is associated with a higher risk of in-hospital mortality (Jones et al, 2006).