Abstract
Tissue hypoperfusion contributes to multiple organ dysfunction, so it should be monitored in critically ill patients; The shock of any etiology, is characterized by the inadequate tissue perfusion, producing a situation of imbalance between the contribution and the oxygen demand. However, early hemodynamic evaluation using physical findings, including vital signs, central venous pressure and urinary volume, does not detect persistent global tissue hypoxia. The current monitoring for evaluation of tissue oxygenation during critical patient resuscitation is based mainly on oxygen transport and oxygen consumption parameters derived from global hemodynamics.

Keywords
Tissue perfusion, shock, hemodynamic monitoring, resuscitation.