**Abstract**

Shock or circulatory collapse is one of the most common emergencies confronted in the Neonatal ICU. Decreased tissue oxygen delivery is the underlying pathology which may result from decreased preload, cardiac contractility/output or imbalance in after load. Prompt recognition is based on clinical findings suggestive of decreased peripheral or specific organ perfusion. Confirmation by newer methods like Superior vena cava blood flow by Doppler and use of therapeutic targets like Mixed venous oxygen saturation have favorably changed the outcome of management of shock. This review is aimed at highlighting certain facts and clarifying a few controversies confronted during treatment.

**Key words**: Shock, Sepsis, Newborn, Management.