



# Cardiogenic Shock Protocol

## **Recognition of Cardiogenic Shock**

### Caregiver Indicators

- Altered Mental Status
- Cardiac Arrest
- STEMI
- SOB
- Motteling
- Cool, clammy or cold extremities
- Mews Alert
- Recurrent ICD shock
- Use of inotropes
- Withdrawal of GDMT for hypotension/symptoms

#### Clinical Criteria

- SBP < 90 x > 30 mins or use of vasoactive meds
- Lactate 2 mmol/L
- LVEF <30%</li>
- Urine output <30 ml/h</li>

### **Hemodynamics Criteria**

- CI <2.2 L/m/m2</li>
- EDP or PCWP ≥ 18mm
- Hg or CPO ≤ 0.6 W

## Possible Cardiogenic Shock Patient Identified

Referring Provider
contacts the Transfer
Center on the Priority Line
503-216-1200
"Possible Cardiogenic or
Circulatory Shock Patient
needing Advanced Heart

Transfer Center will Page PSV AHF MD

Failure Consult"

### **Cardiogenic Shock Team**

- AHF Cardiologist
- Intensivist PPMC and PSV
- Inteventional Cardiologist
- Cardiac Surgeon
- Critical Care Charge RN

### **AHF MD Speaks with Provider-**

- AHF gives guidance
- And/or AHF activates patient transfer
- And/or AHF activates members of the "Cardiogenic Shock Team"

**Treatment Decisions** 

Medical Management

Cath Lab

Surgery

Transfer to higher level of care

Comfort Care

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