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%
- Urine output <30 ml/h

Hemodynamics Criteria
- CI <2.2 L/m/m2
- 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 Failure Consult**"

Transfer Center will Page PSV AHF MD

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