

# Cardiogenic shock team activation

**As soon as cardiogenic shock is suspected, contact the cardiogenic shock team or arrange patient transfer by calling 703.776.8000**

## Clinical criteria

- SBP < 90mmHg (for 30 min) or use of vasopressors/inotropes
- Lactate > 2 mmol/L
- Evidence of end-organ hypoperfusion (e.g., renal, hepatic, cerebral)
- ACS or heart failure

## Hemodynamic criteria (if known)

- CI < 1.8 (or 2.2 L/min/m<sup>2</sup> with inotropes or vasopressors)
- CPO < 0.6
- PAPI < 1.0
- PCWP ≥ 15 mmHg

## Contraindications\*

- DNAR
- Terminal Illness

*Note: for STEMI, follow STEMI pathway*

*\*If any questions, contact cardiogenic shock team*

## After the team has been activated

- Obtain ongoing vital signs, ECG, labs (e.g., BNP, Tn I, lactate, CBC, CMP)
- Maintain 2 large bore IVs (consider central line as needed)
- Minimize vasopressors/inotropes to maintain MAP of ≥ 60 mmHg
- Preferential use of norepinephrine for vasopressor support
- **Avoid** use of phenylephrine
- Preferential use of amiodarone for control of VT or AF
- **Avoid** negative inotropes (e.g., β-blockers, Ca<sup>++</sup> channel blockers)
- Consider airway stabilization

## Background

### Why is there a cardiogenic shock team?

Early identification and treatment improves survival in cardiogenic shock

### What is the cardiogenic shock team?

A **multidisciplinary team** dedicated to optimizing the care of cardiogenic shock patients via:

- Rapid identification
- Coordinated consultation
- Early transfer/admission to cardiac intensive care unit (ICU), cath lab or operating room

### Who is on the team?

- Interventional cardiologist
- Cardiac surgeon
- Advanced heart failure
- Cardiac critical care

### Who can activate the team?

- Emergency department
- Other units in the hospital (e.g., cath lab or ICUs)
- Other hospitals