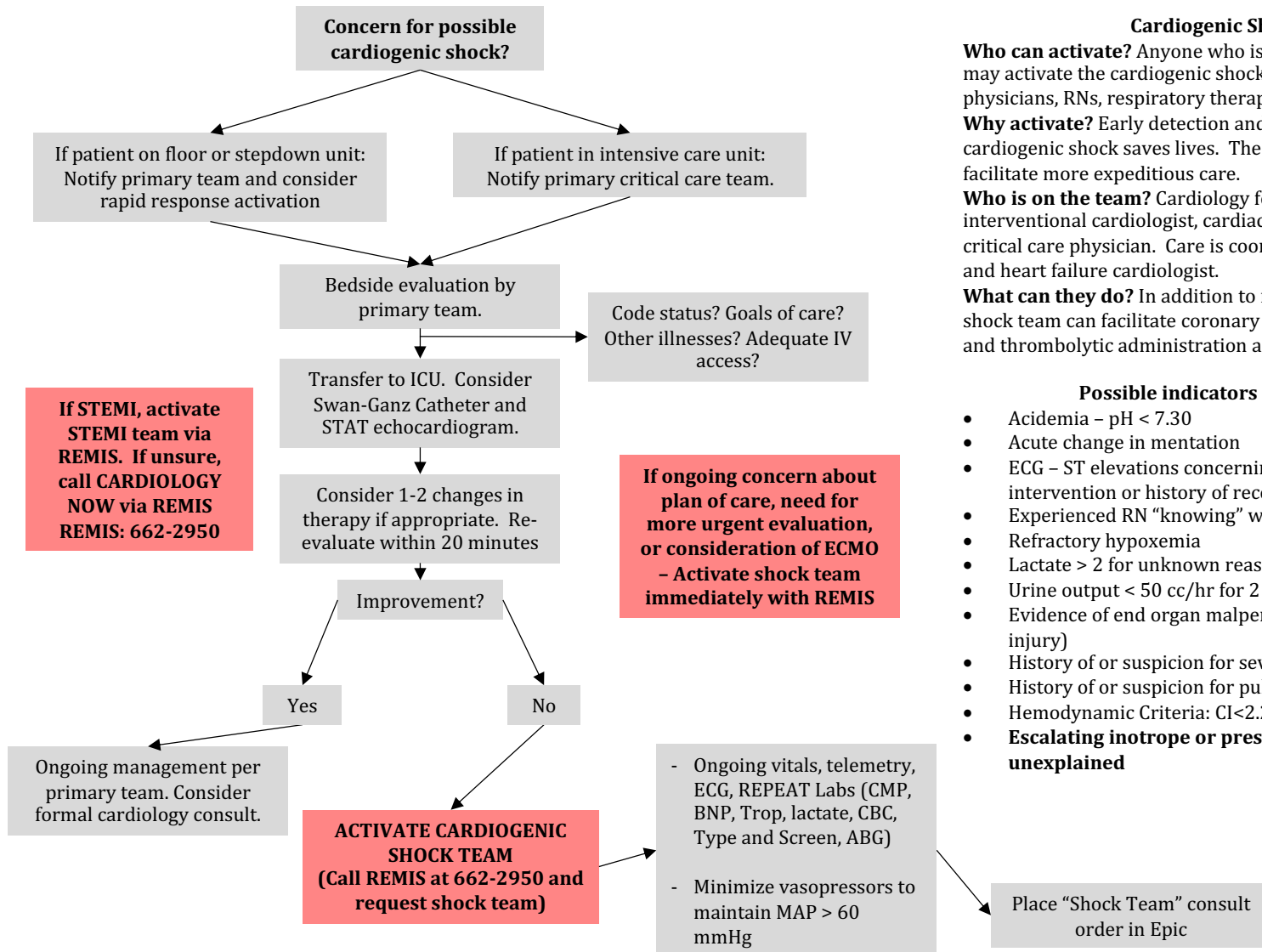


Maine Medical Center Cardiogenic Shock Team Activation Algorithm



Cardiogenic Shock Algorithm:

Who can activate? Anyone who is concerned for cardiogenic shock may activate the cardiogenic shock algorithm. This includes physicians, RNs, respiratory therapists, and other care team members.

Why activate? Early detection and appropriate treatment of cardiogenic shock saves lives. The multidisciplinary approach may facilitate more expeditious care.

Who is on the team? Cardiology fellow, heart failure cardiologist, interventional cardiologist, cardiac surgeon, perfusionist, cardiac critical care physician. Care is coordinated via the cardiology fellow and heart failure cardiologist.

What can they do? In addition to medical management of shock, the shock team can facilitate coronary reperfusion, IABP, impella, ECMO, and thrombolytic administration as indicated.

Possible indicators of cardiogenic shock:

- Acidemia – pH < 7.30
- Acute change in mentation
- ECG – ST elevations concerning for STEMI not suitable to acute intervention or history of recent myocardial infarction
- Experienced RN “knowing” without rationale
- Refractory hypoxemia
- Lactate > 2 for unknown reason
- Urine output < 50 cc/hr for 2 hrs
- Evidence of end organ malperfusion (Acute kidney or liver injury)
- History of or suspicion for severe cardiomyopathy
- History of or suspicion for pulmonary embolism
- Hemodynamic Criteria: CI < 2.2L/min/m², CPO < 0.6W, PAPI < 1.0
- **Escalating inotrope or pressor requirement otherwise unexplained**