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 or 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

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**Concern for possible cardiogenic shock?**

If patient on floor or stepdown unit:
Notify primary team and consider rapid response activation

If patient in intensive care unit:
Notify primary critical care team.

Bedside evaluation by primary team.

Code status? Goals of care? Other illnesses? Adequate IV access?

If STEMI, activate STEMI team via REMIS. If unsure, call CARDIOLOGY NOW via REMIS REMIS: 662-2950

Transfer to ICU. Consider Swan-Ganz Catheter and STAT echocardiogram.

Consider 1-2 changes in therapy if appropriate. Re-evaluate within 20 minutes

Improvement?

Yes
- Ongoing management per primary team. Consider formal cardiology consult.

No
- Ongoing vitals, telemetry, ECG, REPEAT Labs (CMP, BNP, Trop, lactate, CBC, Type and Screen, ABG)
- Minimize vasopressors to maintain MAP > 60 mmHg

**ACTIVATE CARDIOGENIC SHOCK TEAM**
(Call REMIS at 662-2950 and request shock team)

Place “Shock Team” consult order in Epic