

WEST MICHIGAN REGIONAL PROTOCOL

CARDIOGENIC SHOCK PROTOCOL

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Page: 1 of 1

Purpose: To provide a process for the assessment and management of the patient in shock of cardiac etiology (pump problem).

Note: May be used in conjunction with Chest Pain protocol and Respiratory Distress protocol.

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I. Assessment Information

- A. History:
1. Past Medical History: previous MI or known cardiac condition, post arrest
 2. Current History: clinical symptoms of MI, altered level of consciousness; weakness, fatigue, syncope; onset of symptoms, duration; recent trauma or surgery (consider possible hypovolemia and refer to that protocol)
- B. Specific Objective Findings:
1. Hypotension, and/or delayed capillary refill
 2. Rapid, shallow respirations
 3. Skin moist, cool, pale
 4. Altered level of consciousness
 5. Signs of Congestive Heart Failure

II. Management

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- A. Evaluate and maintain airway, provide oxygenation and support ventilation as needed.
B. Monitor EKG and obtain a 12-lead EKG if available.
C. If patient has a dysrhythmia, also see the appropriate protocol for management.

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- D. If patient has pulmonary edema, also see the Respiratory Distress Protocol.

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- E. **If the patient has a systolic BP of < 90** and other signs of hypoperfusion:
1. Immediately transport.
 2. Obtain vascular access.
 - a. Administer fluid bolus of 300 ml, unless patient is in pulmonary edema.
 - 1) Assess B/P, auscultate lung sounds and discontinue if patient condition deteriorates.
 - 2) Repeat 300 ml bolus as necessary

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- F. **If patient has systolic BP > 90 mmHg systolic** and does not have signs of hypoperfusion:
1. Transport
 2. Obtain vascular access.

CONTACT MEDICAL CONTROL

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3. Possible orders post radio contact:
 - a. Fluid challenge to rule out hypovolemia.
 - b. Consider **Dopamine:** IV Drip [5 mcg/kg/min] titrated up to [20 mcg/kg/min], to maintain systolic BP of 90mmHg
Mix 400mg/250 cc (1600 mcg/1 ml)

5/12/98
7/1/04