Cardiogenic Shock

FIELD TREATMENT GUIDELINE C-08

INDICATION	Systolic blood pressure < 90 mmHg. Shock-like appearance suggestive of cardiac origin. May have: • History of congestive heart failure, • Chest pain, • Rales or clear lung sounds, • Shortness of breath, or • Pedal edema.

BLS	• Follow **General Medical Care M-01**.
	• **12-Lead ECG BP-03**.
	  ◦ If acute ST elevation myocardial infarction (STEMI) detected on 12-Lead ECG, e.g., ***MEETS ST ELEVATION MI CRITERIA***:
	  ▪ Transmit 12-Lead ECG with direct transport to the closest authorized STEMI receiving center.
	• Contact receiving facility ASAP.

ALS	• Administer **Fluid Challenge AP-09**. • If patient doesn't respond to the above treatment: ◦ **Push-Dose Epinephrine**: *Adult*: 10 mcg IV/IO 1:10,000 every 1-3 min. Repeat as necessary to maintain a systolic blood pressure > 90 mmHg.
KEY CONCEPTS	• Rapid transport with early notification to receiving facility should be considered early in the management of cardiogenic shock. • Sepsis should be considered as a possible cause of atraumatic shock. • Place multifunction defibrillator / pacer pads on patient in case of cardiac arrest.