### Cardiogenic Shock

**FIELD TREATMENT GUIDELINE C-08**

**Effective Date:** 01-01-2018  
**Revised Date:** 01-01-2020

#### 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** *Adult*: 10 mcg/mL IV/IO 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.
- Use Dopamine with caution in cardiogenic shock with accompanying congestive heart failure.