


Section: **Adult Medical**
Subject: **CARDIOGENIC SHOCK**
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1. Definition: A patient having the signs and symptoms of cardiac failure and a systolic blood pressure of <90 mmHg.
2. Basic ALS treatment and 12-lead EKG.
 - a. Evaluate for STEMI Alert criteria:
 - i. Patient **MUST HAVE** cardiac symptoms (e.g. chest pain/pressure, angina, dyspnea alone, weakness, nausea/vomiting, or palpitations¹) lasting for greater than 15 minutes and less than 12 hours, or a significant event (i.e. syncope or cardiac arrest) and AT LEAST ONE of the following:
 1. Machine interpretation reports *****Meets ST Elevation Criteria***** or *****Acute MI Suspected*****.
 - a. The presence of LBBB negates this finding.
 2. Paramedic interpretation of new ST elevation at the J point of ≥ 1 mm (0.1 mV) in at least two contiguous chest or limb leads after mimics are ruled out.
 - b. Use the words "STEMI Alert" when calling the receiving facility.
 3. Fluid Challenge of 200 mL normal saline IV if no signs of pulmonary edema
 4. If no response:
 - a. **Dopamine**: start at 5 mcg/kg/min IV/IO drip
 - b. Increase by 5 mcg/kg/min q5 minutes titrated to effect
 - c. Maximum infusion rate is 20 mcg/kg/min.
 5. QA Points:
 - b. Transport to a PCI capable facility.
 - i. If the patient refuses transport to a PCI capable center, an informed refusal shall be obtained
 - ii. The closest PCI capable facility is recommended, but ultimately the destination is at the patient's discretion.
 1. Reasons for deviation from the closest PCI capable facility shall be documented in the ePCR
 - c. A list of approved PCI centers is maintained by the Rescue Division and will be updated as changes are made.
 - d. The term "cardiac alert" is confusing to facilities as it means different things to different people. For that reason, the term "cardiac alert" is not to be used. If you want to convey to the hospital that you have a complicated or critical patient suffering some sort of cardiovascular emergency, then use plain speech and just say so.

¹ Pope, J. Hector, et al. "Missed Diagnoses of Acute Coronary Ischemia in the Emergency Department." The New England Journal of Medicine, no. 16, 2000, p. 1163.