

Referral for mechanic life support

Low BP

High Lactate

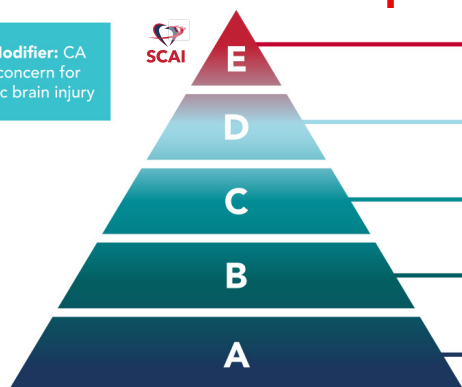
Peripherally
shut down

Tissue
hypoperfusion

one or more of

PATIENT IN SHOCK

(A) Modifier: CA
with concern for
anoxic brain injury



EXTREMIS

A patient with refractory shock or actual/impending circulatory collapse.

DETERIORATING

A patient who has clinical evidence of shock that worsens or fails to improve despite escalation of therapy.

CLASSIC

A patient who has clinical evidence of hypoperfusion that initially requires pharmacologic or mechanical support. Hypotensions is usually present.

BEGINNING

A patient who has clinical evidence of hemodynamic instability (including hypotension, tachycardia, or abnormal systemic hemodynamics) without hypoperfusion.

AT RISK

A hemodynamically stable patient who is NOT experiencing signs of symptoms of CS, but is at risk for its development (i.e. large AMI or decompensated HF).

Inform ICU and
cardiology
consultants

**IF SCAI C to D, or SCAI E
REFER FOR
MECHANICAL LIFE
SUPPORT**

Ensure fully
monitored

Get urgent echo +
blood gas

Consider transfer
to ICU

either:

**Refer to
Barts**

**Refer to
Brompton**

1. Call **020 3594 0440**, ask for the
'on call cardiogenic shock
consultant'

2. Complete the [referral dataset form](#)

**If SCAI E: Call 020 3594 0440 and
ask for the 'on call ECMO
consultant'**

1. Call the ECMO nurse at
Royal Brompton (RBHT)
07815 494 175

2. Start [\[referrapatient\]](#)
form