

# Adult Cardiogenic Shock

**Designation of Condition:** The patient will present with signs and symptoms of hypoperfusion usually accompanied by hypotension (BP <90 mmHg), shortness of breath often secondary to pulmonary edema (wet noisy respirations/crackles and, if severe, possibly pink frothy sputum), and other indicators of hypoperfusion such as confusion, decreasing LOC and diaphoresis. These signs and symptoms are usually observed in the setting of AMI and require expeditious transport

<b>B</b>	<p>Oxygen at a flow rate sufficient to maintain SpO<sub>2</sub> &gt;90% Allow the patient to seek a position of comfort (Fowler's recommended if possible) Obtain a complete set of vital signs</p> <p>Manage airway and provide <a href="#">BVM</a> ventilatory assistance as necessary Consider <a href="#">CPAP</a> if noted pulmonary edema</p> <p>If patient complains of chest pain, consider Cardiac and STEMI guidelines</p>
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<b>I</b>	<p>IV/IO NS TKO or saline lock If lung sounds are clear, administer a 5-10 ml/kg NS bolus repeat to effect, SBP &gt;90 mmHG, max 2L</p>
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<b>P</b>	<p>Monitor cardiac rhythm Obtain <a href="#">12 lead</a> ECG, STEMI ALERT if indicated</p> <p>Caution with excess fluids in <a href="#">cardiogenic shock</a>; consider the presence of pulmonary edema; utilize pressors early</p> <p>If no improvement with fluid bolus, or if fluids are contraindicated because of pulmonary edema:</p> <p><a href="#">Epinephrine Drip</a> of 2 mcg/min IV/IO, increase 2mcg/min to max of 10mcg/min or <a href="#">Norepinephrine drip</a> of 4 mcg/min IV/IO, increase 2 mcg/min to a max of 10 mcg/min or <a href="#">Epinephrine mini-bolus</a> of 0.5 to 1 cc of 1:100,000 IV/IO q 1 min PRN To a goal SBP ≥ 90 mmHg</p>
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<p><b>***KEY POINTS***</b></p> <p>Remember this is a primary pump failure with decreased cardiac output</p> <p>ETCO<sub>2</sub> reading of &lt;25mmHg may be sign of poor perfusion</p>
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