

**CARDIOGENIC SHOCK
PROTOCOL**

Purpose: To provide a process for the assessment and management of the patient in shock of cardiac etiology.
Note: May be used in conjunction with Chest Pain protocol and Respiratory Distress protocol.

- M B S P** **I. Assessment Information**
- A. History:
1. Past Medical History: previous MI or known cardiac condition
2. Current History: clinical symptoms of MI, altered level of consciousness; weakness, fatigue, syncope; onset of symptoms, duration; recent trauma or surgery (consider possible hypovolemia and refer to that protocol)
- B. Specific Objective Findings:
1. Hypotension, and/or delayed capillary refill
2. Rapid, shallow respirations
3. Skin moist, cool, pale
4. Altered level of consciousness
5. Signs of Congestive Heart Failure
- M B S P** **II. Management**
- A. Utilize universal precautions.
- B. Evaluate and maintain airway, provide oxygenation and support ventilation as needed.
- P** C. Monitor EKG.
- D. If patient has dysrhythmia, also see appropriate protocol for management.
- M B S P** E. If patient has pulmonary edema, also see Respiratory Distress Protocol.
- B S P** F. **If patient has systolic BP of < 90** and other signs of hypoperfusion:
1. Immediately transport.
2. Obtain vascular access.
- a. Administer fluid bolus of 300 ml, unless patient is in pulmonary edema.
- 1) Monitor patient closely and discontinue if patient condition deteriorates.
- S P**
- S P**

CONTACT MEDICAL CONTROL

3. **Possible orders post radio contact:**
- P** a. Administer **dopamine** IV Drip 400 mg/250 cc (1600 mcg/1 ml) begin at 5 mcg/kg/min titrated up to 20 mcg/kg/min to maintain systolic BP of 90mmHg.

- S P** G. **If patient has systolic BP > 90 mmHg systolic** and does not have signs of

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hypoperfusion:

1. Transport
2. Obtain vascular access.

CONTACT MEDICAL CONTROL

3. **Possible orders post radio contact:**
 - a. Fluid challenge to rule out hypovolemia.