



Cardiogenic Shock



Legend	
	EMR
	EMT
	Intermediate
	Paramedic
	Medical Control

EMR	<ol style="list-style-type: none"> 1. Universal cardiac care protocol. 2. Consider titrating the O₂ to maintain SpO₂ to 94-99%. 	EMR
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EMT	<ol style="list-style-type: none"> 1. Continue EMR care. 2. Initiate ALS or ILS intercept as soon as possible. 3. Apply cardiac monitor, obtain 12-lead EKG if indicated by chief complaint, and transmit to receiving facility (if equipped). It is beyond the scope of the EMT to monitor, interpret 12-leads or cardiac rhythms. 4. Transport as soon as possible (should be done early in patient care with treatment en route). 	EMT
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I	<ol style="list-style-type: none"> 1. Continue EMT care. 2. Initiate IV/IO Normal Saline 250mL fluid bolus. 3. If SBP < 90mmHg and lungs clear repeat 250mL fluid bolus (caution with signs of pulmonary edema). 4. Initiate ALS intercept if Cardiogenic Shock Signs and Symptoms are present (see Universal Cardiac Care Thinking Points) 	I
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P	<ol style="list-style-type: none"> 1. Continue ILS care. 2. Dopamine: If patient condition warrants, begin infusion at 5mcg/kg/min. Increase by 5mcg/kg/min every 2 MINUTES to achieve and maintain a SBP at least 100mmHg. Max dose of 20mcg/kg/min. Closely monitor vitals (every 5 minutes). When Dopamine is mixed (400mg in 250mL D₅W) yields a concentration of 1600 mcg/mL. 3. Contact Receiving Hospital as soon as possible. 4. Transport as soon as possible (should be done early in patient care with treatment en route). 5. If patient has cardiac dysrhythmia, treat underlying rhythm according to appropriate SMO. 	P
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****NOTE:** If dopamine dosing chart is unavailable, you can calculate gtts/min for a 5mcg/kg/min dose by dividing patient weight in pounds by 12 (**only if you have 1600mg/ml concentration and 60 drop tubing**)