

PEORIA AREA EMS SYSTEM  
PREHOSPITAL CARE MANUAL

**Cardiogenic Shock  
Protocol**

Cardiogenic shock occurs when the “pump” component of perfusion (the heart) begins to fail. The signs and symptoms of cardiogenic shock include:

- Pain, heaviness, tightness or discomfort in the chest with hypotension (systolic BP < 100mmHg)
- Rales or crackles (“wet” lung sounds)
- Pedal edema
- Dyspnea
- Diaphoresis
- Nausea/vomiting

Patients with a history of AMI or CHF have increased risk factors. Priorities in the care of the Cardiogenic shock patient include:

- Assessing and securing ABCs.
- Determining the quality and severity of the patient’s distress.
- Identifying contributing factors of the event.
- Obtaining a medical history (including medications and allergies).

Timely transportation to the emergency department is an important factor in patient outcome.

**First Responder Care**

1. Render initial care in accordance with the *Routine Patient Care Protocol*.
2. **Oxygen:** 15 L/min via non-rebreather mask. If the patient does not tolerate a mask, then administer 6 L/min via nasal cannula.

**BLS Care**

1. Render initial care in accordance with the *Routine Patient Care Protocol*.
2. **Oxygen:** 15 L/min via non-rebreather mask. If the patient does not tolerate a mask, then administer 6 L/min via nasal cannula.
3. Initiate ALS (or ILS) intercept and transport as soon as possible.

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**ILS Care**

1. Render initial care in accordance with the *Routine Patient Care Protocol*.
2. **Oxygen:** 15 L/min via non-rebreather mask. If the patient does not tolerate a mask, then administer 6 L/min via nasal cannula.
3. **IV Fluid Therapy:** 250mL fluid bolus.
4. Obtain **12-Lead EKG** and transmit to Medical Control.
5. Initiate ALS intercept and transport as soon as possible.
6. **Contact Medical Control** as soon as possible.

**ALS Care**

1. Render initial care in accordance with the *Routine Patient Care Protocol*.
2. **Oxygen:** 15 L/min via non-rebreather mask. If the patient does not tolerate a mask, then administer 6 L/min via nasal cannula.
3. **IV Fluid Therapy:** 250mL fluid bolus.
4. **Dopamine:** Begin infusion at 24gtts/min. Increase by 12gtts/min every **2 minutes** to achieve and maintain a systolic BP of at least 100mmHg. Closely monitor vital signs.
  - ➡ *Dopamine is provided premixed (400mg in 250mL D<sub>5</sub>W). This yields a concentration of 1600mcg/mL. The initial rate of infusion is 1-10mcg/kg/min which can be achieved with a 24gtts/min infusion rate.*
5. If the patient has a cardiac dysrhythmia, treat the underlying rhythm disturbance according to the appropriate SMO.
6. Obtain **12-Lead EKG** and transmit to Medical Control.
7. Transport as soon as possible (transport can be initiated at any time during this sequence) and **Contact Medical Control** as soon as possible.