



**CARDIOGENIC SHOCK
NON-ACUTE MI ORDERS**

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IMPRINT PATIENT PLATE WITHIN THIS BOX

FAX ORDERS TO PHARMACY ASAP

AFTER INITIAL SHOCK ORDERS

Goals: SaO₂ > 92% with acceptable work of breathing

MAP ≥ 70

SVO₂ ≥ 60; ScVO₂ greater than or equal to 70

U/O ≥ 1/2 mL/kg/hour

CI ≥ 2.7

Good peripheral perfusion with capillary refill less than 3 seconds

1. STAT Echocardiogram

2. Treat HR < 60 or SVT > 120 per SHOCK DYSRHYTHMIA ORDERS

3. For SBP < 90: Dopamine at _____ mcg/kg/minute; titrate to effect

Norepinephrine at _____ mcg/kg/minute; titrate to effect

4. For SBP > 90: start dobutamine at 5 mcg/kg/minute

titrate up to 20 mcg/kg/minute to obtain SvO₂ > 60 or CI ≥ 2.7

5. When SBP > 110, or MAP > 70 and SvO₂ < 60, or if CI < 2.7 start:

Nitroglycerin 50 mg/250 mL (start at 5 mcg/minute and titrate up to achieve goals)

Nitroprusside 50 mg/250 mL (start at 0.5 mcg/kg/minute and titrate up to achieve goals)

6. Without Pulmonary Edema or wedge < 18, and goals not met:

A. Continue FLUID CHALLENGE ORDERS

B. When MAP > 70 add dobutamine at 2 mcg/kg/minute

C. If MAP remains > 70, wean dopamine or norepinephrine (Levophed)

D. If wedge < 20:

LR 500 mL or Hextend 500 mL, rapid infusion over 10 minutes

E. If wedge remains less than 20 and oxygenation is not deteriorating, continue volume therapy as follows:

1) If PCWP > 16, repeat 250 mL bolus, rapid infusion

2) If PCWP < 16, repeat 500 mL bolus, rapid infusion

If CI does not improve and/or lungs deteriorate with fluid challenge, **STOP** volume therapy and call MD

If PCWP falls or remains the same, and CO improves, and lungs do not worsen,

repeat 250mL fluid challenge PRN to meet goals

MD Signature:

Date:

Time:

Unit Clerk:

Date:

Time:

Noted by RN:

Date:

Time:



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7. With Pulmonary Edema:

A. Use further volume therapy judiciously if any of the following are present:

- PaO₂/FIO₂ ratio < 200
- Requires FiO₂ > 50%
- PCWP ≥20

B. If MAP < 60 and not volume responsive:

- 1) Continue norepinephrine (Levophed), titrate to keep MAP > 60

C. When MAP > 60 on norepinephrine, add dobutamine 2 mcg/kg/minute.(Use volume therapy and dobutamine to wean norepinephrine (Levophed) to lowest dose to maintain goals)

D. If CI < 2.7, start dobutamine 2 mcg/kg/minute, titrate to keep CI ≥2.7

Other:

8. RV Failure Secondary to Pulmonary HTN, RV Infarct, PE, etc. and goals not met

A. Continue **FLUID CHALLENGE ORDER** to obtain CVP of 18 to 20, and meet cardiogenic shock goals to keep SaO₂ > 94 and SvO₂ > 60

B. If MAP > 70 & goals not met, bolus milrinone (Primacor) at 50 mcg/kg over 10 minutes, followed by infusion of 0.375 mcg/kg/minute, titrate up to 0.75 mcg/kg/minute to keep CI ≥ 2.7

C. Add dobutamine at initial rate of _____ mcg/kg/minute if CI < 2.7. Titrate to keep CI > 2.7

D. Other:

9. Cardiomyopathy 2° Aortic Stenosis and goals not met

A. Dopamine at initial rate of _____ mcg/kg/minute, titrate to keep MAP > 60

Norepinephrine (Levophed) at initial rate of _____ mcg/minute, titrate to keep MAP > 60

B. If MAP ≥ 60 start Dobutamine at initial rate of _____ mcg/kg/minute, titrate to keep CI ≥ 2.7

C. If CI < 2.7 & if MAP > 70 and off vasoconstrictors:

Nitroprusside (Nipride) at initial rate of _____ mcg/kg/minute. Do not reduce MAP < 60

D. Other:

MD Signature:

Date:

Time:

Unit Clerk:

Date:

Time:

Noted by RN:

Date:

Time:



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10. Idiopathic Cardiomyopathy with decrease EF or Cardiomyopathy 2° to AI or MR to obtain goals:

- A.** If MAP < 60, norepinephrine (Levophed) at initial rate of _____ mcg/minute;
titrate to keep MAP > 60
- B.** If MAP > 60, add dobutamine at initial rate of _____ mcg/kg/minute; titrate
to keep SvO₂ > 60, ScvO₂ > 70, & CI ≥ 2.7
- C.** If goals not met, MAP ≥ 70, and off vasoconstrictors, start nitroprusside
at initial rate of _____ mcg/kg/minute
- D.** If goals not met, continue to increase nitroprusside if MAP remains > 70
- E.** Start Anticoagulation Therapy:
 - Enoxaparin (Lovenox) 1 mg/kg SQ BID (reduce to daily for CrCl < 30mL/minute)
 - Start weight-based Heparin orders
 - Other:

11. Ischemic Cardiomyopathy

- A.** With SBP greater than 110 or MAP > 70 start nitroglycerin (Tridil) at initial rate of
_____ mcg/minute. Titrate to maintain goals.
- B.** If SvO₂ < 60, ScvO₂ < 70, or CI < 2.7 then:
 - Nitroprusside at initial rate of _____ mcg/kg/minute. Titrate to maintain goals.
- C.** If Nitroprusside ineffective in reaching goals, add:
 - dobutamine 2 mcg/kg/minute & increase by 1 mcg/kg/minute Q 5 minutes until goals met.
- D.** Start antiplatelet/anticoagulant therapy:
 - ASA 81 mg, enteric coated PO Daily
 - Enoxaparin (Lovenox) 1 mg/kg SQ Q12H (change to daily for CrCl < 30ml/minute)
 - Start **WEIGHT-BASED HEPARIN ORDERS**
 - Start Eptifibatide (Integrilin) bolus and infusion at acute coronary syndrome dose per
(Eptifibatide) INTEGRILIN ORDERS

MD Signature:

Date:

Time:

Unit Clerk:

Date:

Time:

Noted by RN:

Date:

Time: