Standards of Care for the Patient in Cardiogenic Shock

Objectives:
1. Prevention of cardiogenic shock prevention when possible.
   a. Identify patients at risk for cardiogenic shock.
      a. Ventricular ischemia
      b. Structural problems
      c. Dysrhythmias.
2. To promote adequate tissue perfusion through hemodynamic stability.
3. Limit myocardial oxygen consumption.
4. To reduce stress for the patient and family through education of disease process
   and visitation when able.

Process Standards:
1. If the patient has had return of spontaneous circulation (ROSC) therapeutic hypothermia may be used.
   http://www.sh.lsuhsc.edu/policies/policy_manuals_via_ms_word/Nursing/Critical%20Care%20Guidelines/The
   rapeutic%20HypothermiaEDICU%20Guideline.pdf
2. Continuous cardiac monitoring will be present and documented hourly. Rhythm strip will be documented
   every shift.
3. Vital signs will be assessed and documented at least every hour. The physician will be notified of any
   abnormal results.
4. Hemodynamics will be done every 4 hours or as ordered by physician via PA catheter or APCO device.
   Abnormal parameters will be reported to MD with therapy rendered documented.
5. Neuro checks with LOC will be assessed and documented every four hours.
6. An initial assessment of skin color, temperature, and moisture will be documented and any changes thereafter
   - but at least every 4 hours.
7. An initial assessment of peripheral pulses will be documented with any changes documented and reported as
   appropriate.
8. An initial assessment of breath sounds and heart sounds will be documented and repeated every 4 hours.
9. Patient will be assessed for chest pain and SOB initially and documented.
10. Assessment or chest pain will be recorded every 4 hours thereafter.
11. Abnormal electrolytes, ABG results, hemoglobin and hematocrit will be reported to MD with resultant therapy
    or lack of documented.
12. Monitor for dysrhythmias continually and document initially and every 4 hours. Any dysrhythmias will be
    reported to MD with documentation of therapy rendered.
13. Serial enzymes/Troponin levels and B-type natriuretic peptide levels are drawn as ordered by MD.
14. BNP levels shall be drawn as ordered and the physician shall be made aware of abnormal results.
    All vasoactive drips will be on an infusion pump and titrated according to ordered parameters. Vasoactive
    drips shall be administered via central line.
15. If patient requires Intra-Aortic Balloon Pump the patient will be transported to Cath-lab for placement in a
    timely manner.
16. All orders for oxygen and medication will be performed in a timely manner to ensure optimal oxygenation and
    hemodynamic support.
17. The family and patient will be educated regarding disease process and treatment.
Outcome Standards:
1. The patient will be hemodynamically stable with a mean arterial pressure > 60 or age appropriate MAP and a CI greater than 2 at the time of discharge from ICU.
2. The patient will be awake, alert, and have adequate urine output at time of discharge.
3. The patient will be pain free and without S/S of respiratory distress at the time of discharge.
4. The patient and family will have been given a booklet on heart disease with education documented.

Reference: