ClearRounds Health
Cardiology

CARDIOGENIC SHOCK

Recognize early · escalate on a clock

1 · RECOGNIZE — don't wait for ↓BP

lactate >2 · cool/mottled · UOP <0.5 mL/kg/h
altered mentation · narrowing pulse pressure
any new / rising vasopressor need

2 · STAGE & TREAT

SCAI stage A–E · lactate now · treat the cause
norepinephrine ± inotrope · shock team by stage C

3 · REASSESS ON A CLOCK

recheck lactate q2–3h → clearing to <2 by 24h?
support stable/↓? end-organ better? re-stage q1–2h

Improving → continue · re-stage q1–2h · wean support

NOT IMPROVING → ESCALATE NOW

activate shock team · MCS (Impella / VA-ECMO) · transfer
IABP no longer routine in AMI shock

ESCALATE IF — any:
Failing therapy = lactate flat/rising · ≥2 or escalating pressors · CPO <0.6 W / low PAPI · worsening end-organ · SCAI D/E

SCAI staging (2022) · SCAI Door-to-Lactate-Clearance (2025) · NCSI
Verify local shock protocol — educational only.

COMMON ICU DRIPS

Vasopressors & inotropes — hemodynamic profile

Drug	Dose	Rec	HR	MAP	Ino	SVR
Norepi	0.01–1	α>>β1	+	+++	+	+++
Phenylephrine	20–200*	α	–	+++	–	+++
Vasopressin	0.03†	V1	–	+++	–	+++
Epi	0.01–0.5	β, α	+++	+++	+++	++
Dopamine	2–20	D / β1 / α	+++	++	++	++
Dobutamine	2–20	β1>β2	++	–	+++	––
Milrinone	0.125–0.75	PDE3	+	––	+++	––
Isoproterenol	0.01–0.1	β	+++	––	++	––

RECEPTORS

α vasoconstrict · **β1** ↑HR/inotropy · **β2** vasodilate
β = β1+β2 · **D** dopaminergic · **V1** vasopressin · **PDE3** ↑cAMP

SCALE

+++ strong ++ mod + mild – none –– decreases

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MORE FREE QUICK-REFERENCES

Shock algorithm, calculators & printable cardiology one-pagers.

clearroundshealth.com

Doses mcg/kg/min unless noted (*mcg/min · †units/min). Verify local protocol.
Educational reference only — not a substitute for clinical judgment.