BMC2 SHOCK

Protocol 01 | Version 9/25/2026

Recognition and Cath Lab Management

Recognition

Diagnosis of Acute Myocardial Infarction

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Activate Catheterization Lab

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Primary Comprehensive Shock Evaluation

Sinha et al. JACC 2025

Recommend basic vital and lab assessment including lactate. Use remaining data as available. Consider CS evaluation tools like SUSPECT CS.

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Screening Negative

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Cath Lab

PCI

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Secondary Comprehensive Shock Evaluation

Consider Pulmonary Artery Catheterization if evidence of CS

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Consider Escalation

Vitals: MAP<65mmHg or High-dose inotropes/vasopressors or HR>100
Hemodynamics: CPO<0.6, PAPi<1, RA>15 mmHg, PCWP>20 mmHg
Perfusion: Worsening lactate, AKI, ALT
Ongoing Hypoxemia

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Care Escalation based on Institution's Resources

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LV Support
RA<15, PCWP>20
CPO<0.6, PAPi>1

RV Support
RA>15, PCWP<20
CPO<0.6, PAPi<1

BiV Support
RA>15, PCWP>20
CPO<0.6, PAPi<1

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- Evaluate Appropriateness of ICU Transportation or Hospital Transfer
- Vascular Access Assessment and Vascular Complication Mitigation
- Establish Shock and Hemometabolic Reassessment Timing/Plan

Throughout All Stages:

Maintain Suspicion for Cardiogenic Shock

From Screening/Diagnosis:

Early Collaboration with Multidisciplinary Shock Team

Consider Long-Term Strategies

Diagnosis of AMI-CS

(MAP <65mmHg or Pressor Requirement or Lactate ≥2.0)

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Consider Pre-PCI tMCS

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Consider Culprit-only PCI

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BMC2 SHOCK

Protocol 02 | Version 9/25/2026

ICU Management and De-Escalation

Cath Lab

Presentation of AMI s/p PCI

Cath Lab Screening Negative

Diagnosis of AMI-CS
(MAP <65mmHg or Pressor Requirement or Lactate ≥2.0)

ICU

Tertiary Shock Reassessment
Consider CS evaluation tools like SUSPECT CS
Consider Pulmonary Artery Catheterization if evidence of CS

Sinha et al. JACC 2025

If 3° screen negative, consider repeat evaluation in 6 hours

Consider Escalation
Vitals: MAP<65mmHg or High-dose inotropes/vasopressors or HR>100
Hemodynamics: CPO<0.6, PAPi<1, RA>15 mmHg, PCWP>20 mmHg
Perfusion: Worsening lactate, AKI, ALT
Ongoing Hypoxemia

If not requiring escalation, consider repeat evaluation in 6 hours

Care Escalation based on Institution's Resources

LV Support
RA<15, PCWP>20
CPO<0.6, PAPi>1

RV Support
RA>15, PCWP<20
CPO<0.6, PAPi<1

BiV Support
RA>15, PCWP>20
CPO<0.6, PAPi<1

De-Escalation

Consider De-Escalation
Device De-Escalation Assessed at Least Daily

- Improved End-Organ Dysfunction
- Stable Inotropes/Pressors
- Improved Hemodynamics
- Resolved Underlying Condition

Device Specific Weaning

Successful Weaning:
Decannulate

Multiple Failed Weaning Attempts:
Consider Referral for Durable MCS or Transplant | Re-evaluation of Goals of Care

Throughout All Stages:

Early Collaboration with Multidisciplinary Shock Team | **Consider Long-Term Strategies** | **Complication Mitigation (Vascular Access and Hemolysis Assessment)**