THE SHOCK TEAM: A POWERFUL INTERDISCIPLINARY APPROACH FOR TIMELY MANAGEMENT OF A PATIENT WITH CARDIOGENIC SHOCK

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BACKGROUND: Evidence is mounting that standardized, team-based management may improve cardiogenic shock (CS) outcomes. A Shock Team Program has recently been implemented at this institution to provide rapid consultative and procedural support to CS patients.

CASE DESCRIPTION: 58-year-old male with PMH of RA and diagnosis of Influenza A 1-week prior who presented with new onset chest pain and dyspnea x 2 days. In the emergency department his troponin trend ruled out for acute ischemia and he was found to have new LV dilation and dysfunction on echocardiogram.

He was transferred to CCU where the Fellow measures hemodynamics via swan ganz catheter. He met shock indices and inotropes are initiated.

SHOCK INDICES:

CI < 2.2 L/min/m2	PCWP > 15 mmHg
LVEDP > 15 mmHg	CPO < 0.6 watts
PAPi < 0.9	

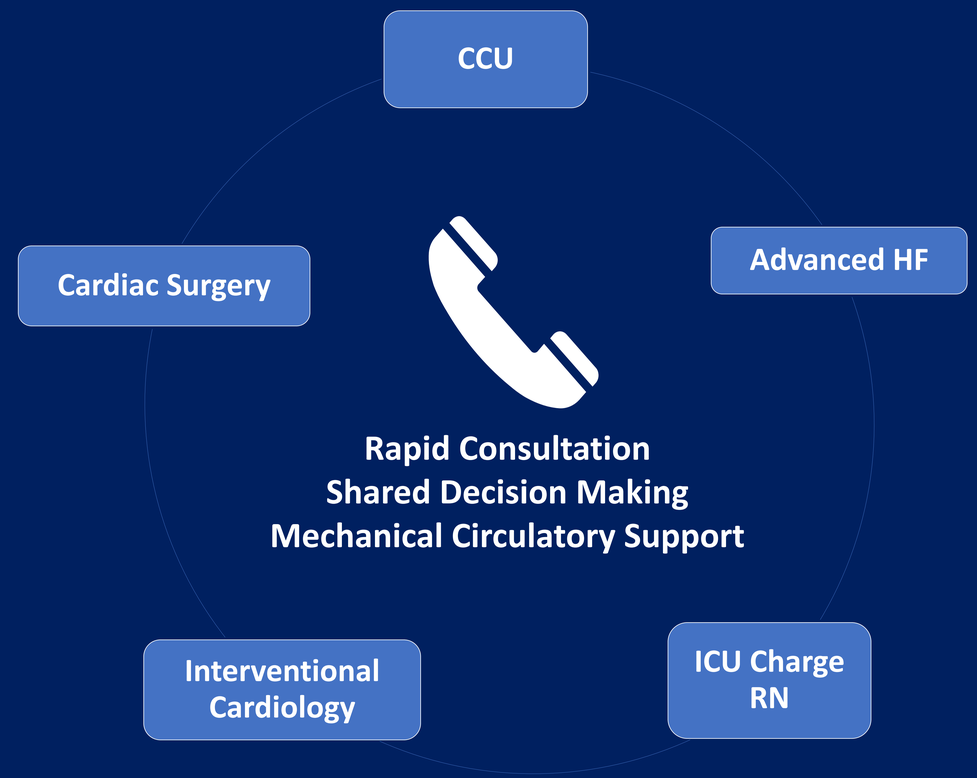
Given his acute illness and continued decompensation, the Shock Team was activated to initiate interdisciplinary discussion regarding the patient's prognosis and future needs. The decision was made to pursue a cardiac biopsy and place an IABP for hemodynamics support. The cardiothoracic surgery fellow was sent to evaluate the patient.

While undergoing biopsy, the patient suffered from a VF arrest. Thanks to the early communication facilitated by the shock call, the surgeon was present in the cath lab observation room at the time of arrest and initiated ECMO cannulation in a timely fashion.

The surgical ICU charge nurse was prepared to received the ECMO patient because they had prepared a bed in the unit after participating in the shock call.

CONCLUSION:
The activation of the shock team expedited expert care and improved communication in the case of this critically ill patient.

The Shock Team is an interdisciplinary group that can provide early hemodynamic assessment and tailored escalation to mechanical circulatory support for patients in shock.



For current evidence on shock teams, scan here

- 0715 **Eval in ED with Chest pain and dyspnea**
  Ischemic eval negative
  Echo - abnormal biv function
  BP 90/62
  NST 124
  Tmax 39.0
- 0840 **CCU Fellow admits**
  Swan Ganz Catheter
  CI 1.6
  PCWP 28
- 0945 **Shock Team Activated**
  ICU Charge RN eval bedflow
  Surgeon aware
  Facilitates transfer to cath lab
- 1110 **Cath Lab Biopsy complicated by VF Arrest**
  VA ECMO deployment
- 1200 **Admit to CT Surgery ICU**
  MCS management
  Diagnosis: Viral Myocarditis
- Advanced HF Therapy Evaluation

Questions? Comments?
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It's about directing attention.

Great design is subtle.

Design should feel like problem-solving.

UX designers feel a surge of happiness when
they get to delete something.

When it looks too simple to represent the
amount of time you put into it, you're done.