

Living in a State of Shock: Everything You Wanted to Know and More about Cardiogenic Shock

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2026 Cardiology Speaker
Skin, Bones, Hearts & Private Parts



Disclosures

- Investigator-Driven Research Grant, Abbott Labs, 2023-2026
- VAD Coordinator Professional Development Grant, ICCAC, 2024-2026

I will occasionally discuss patient scenarios – any pictures directly of patients are displayed following consent and will be noted

Objectives

- What is Cardiogenic Shock?
- Why Distinguishing Shock Matters
- Stages of Shock and Clinical Presentation
- Useful Devices in Cardiogenic Shock
- Medications Used to Treat Cardiogenic Shock
- Case Study Discussions
 - Acute MI
 - True Cardiogenic Shock secondary to depressed EF
 - Myocarditis
- Final PEARLS on Cardiogenic Shock

What is Cardiogenic Shock?

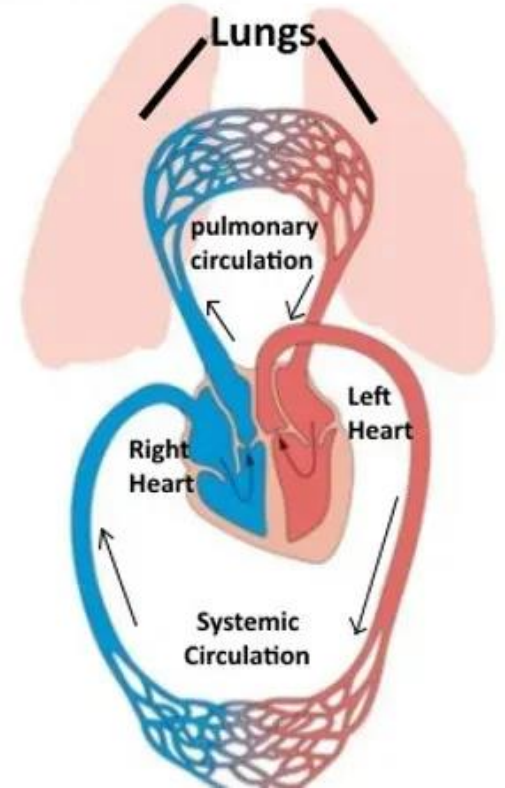
Cardiogenic Shock

as defined in the SHOCK trial

1. Persistent hypotension (SBP < 90 mmHg or MAP 30 mmHg below baseline)
2. Cardiac Index < 1.8 L/min/m² without support (< 2.2 L/min/m² with support)
3. Adequate or elevated filling pressure (LVEDP > 18 mmHg, RVEDP > 10 mmHg)

- Cardiac Output
 - reduced
- PCWP
 - Increased
- CVP/RAP
 - increased
- Blood Pressure
 - Low
- Systemic Vascular Resistance
 - Increased

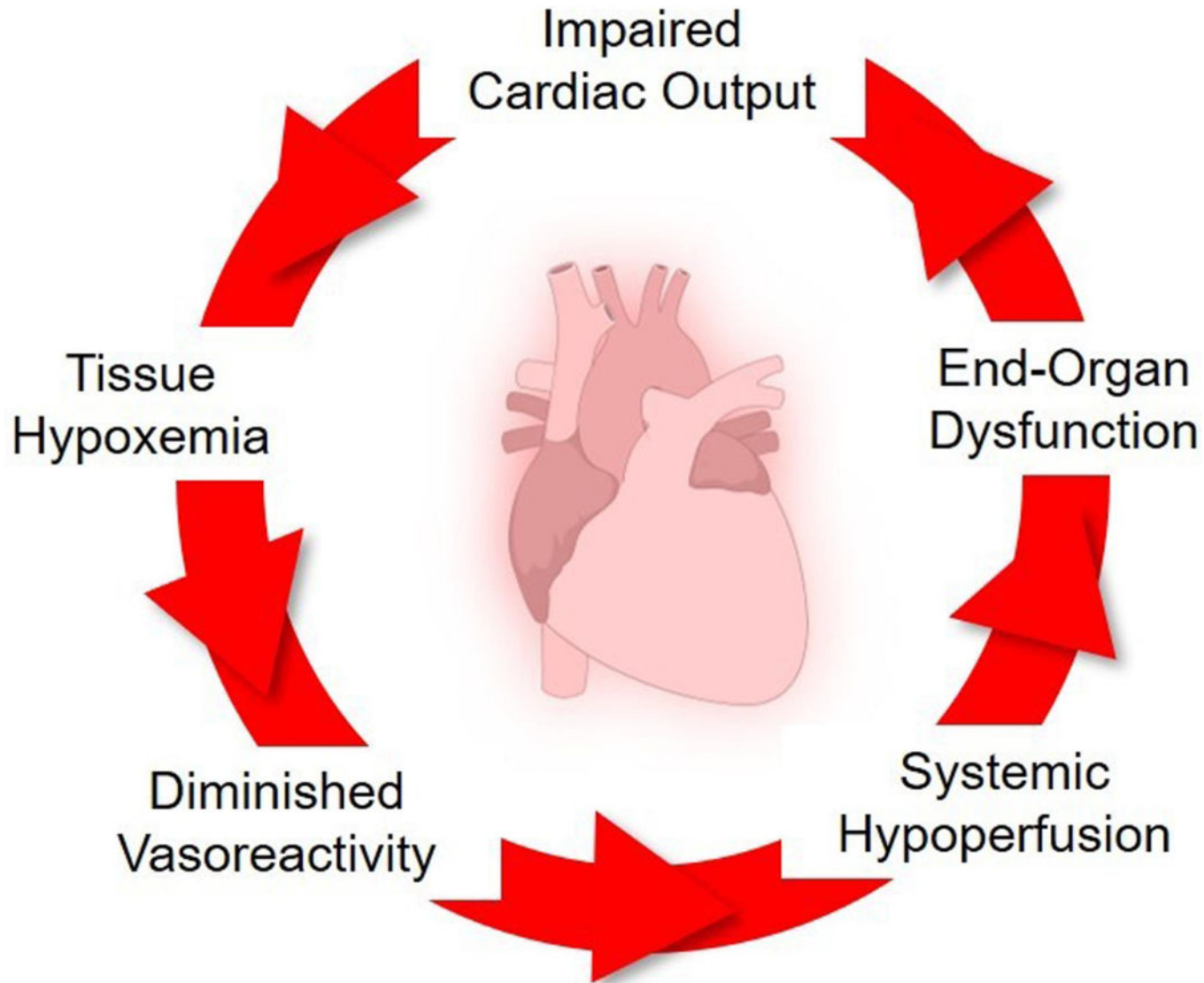
Cardiogenic Shock



[Cardiogenic Shock | Heartplace | Cardiovascular Disease Specialists & Cardiac Electrophysiologists located in Allen, Fort Worth, Arlington, Dallas, Plano, Corsicana, Garland, Glen Rose, Bedford, Burleson, Irving, Mansfield, Richardson, North Richland Hills, Granbury, Red Oak, Southlake, Frisco, Mesquite, Greenville, McKinney and Midlothian, TX](#)

Bryan
HEART 

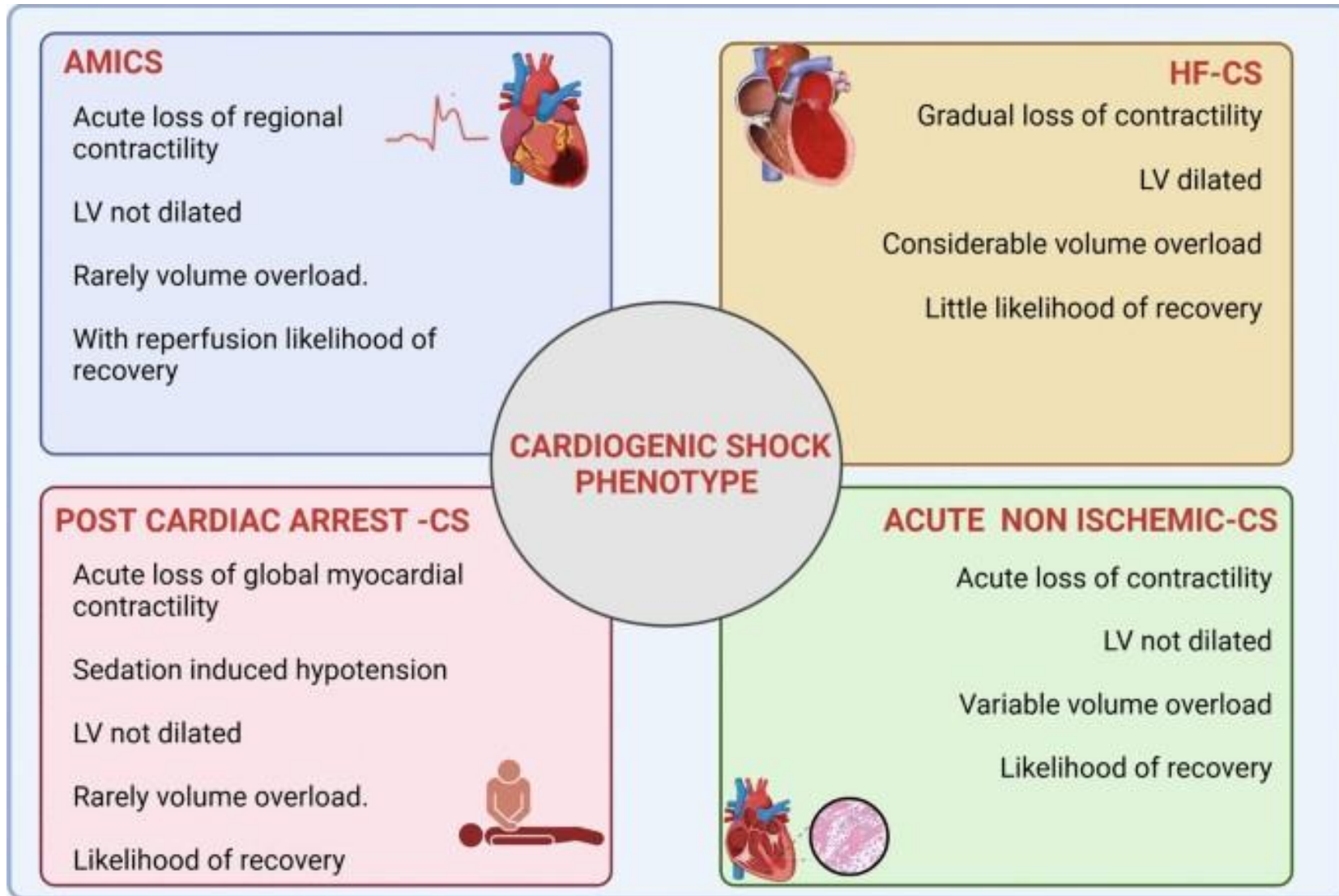
Cardiogenic Shock... A Bit More Specific...



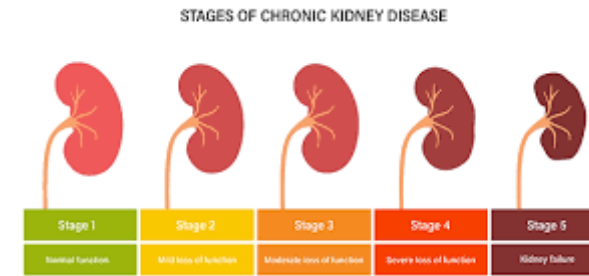
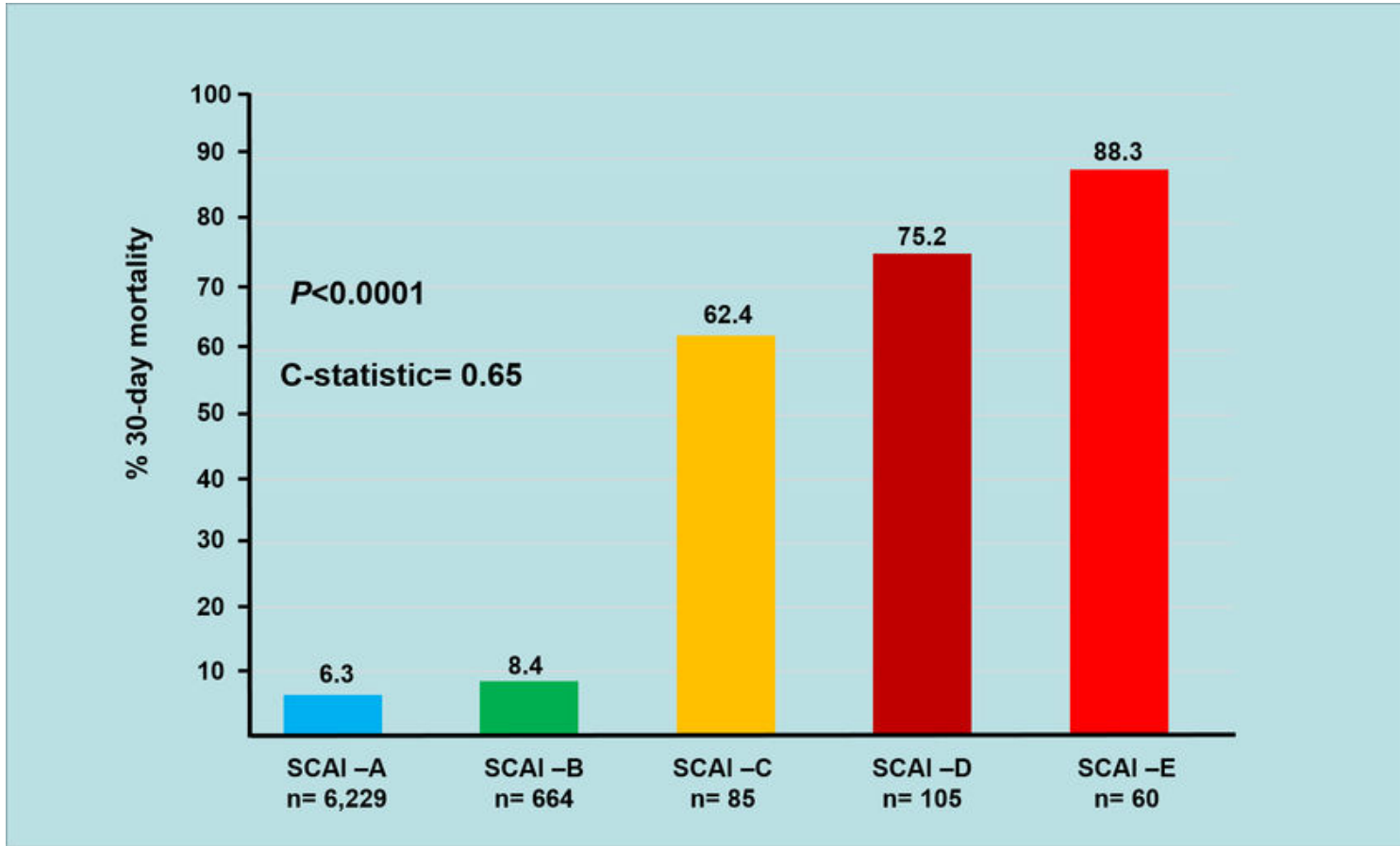
Life-Threatening Condition

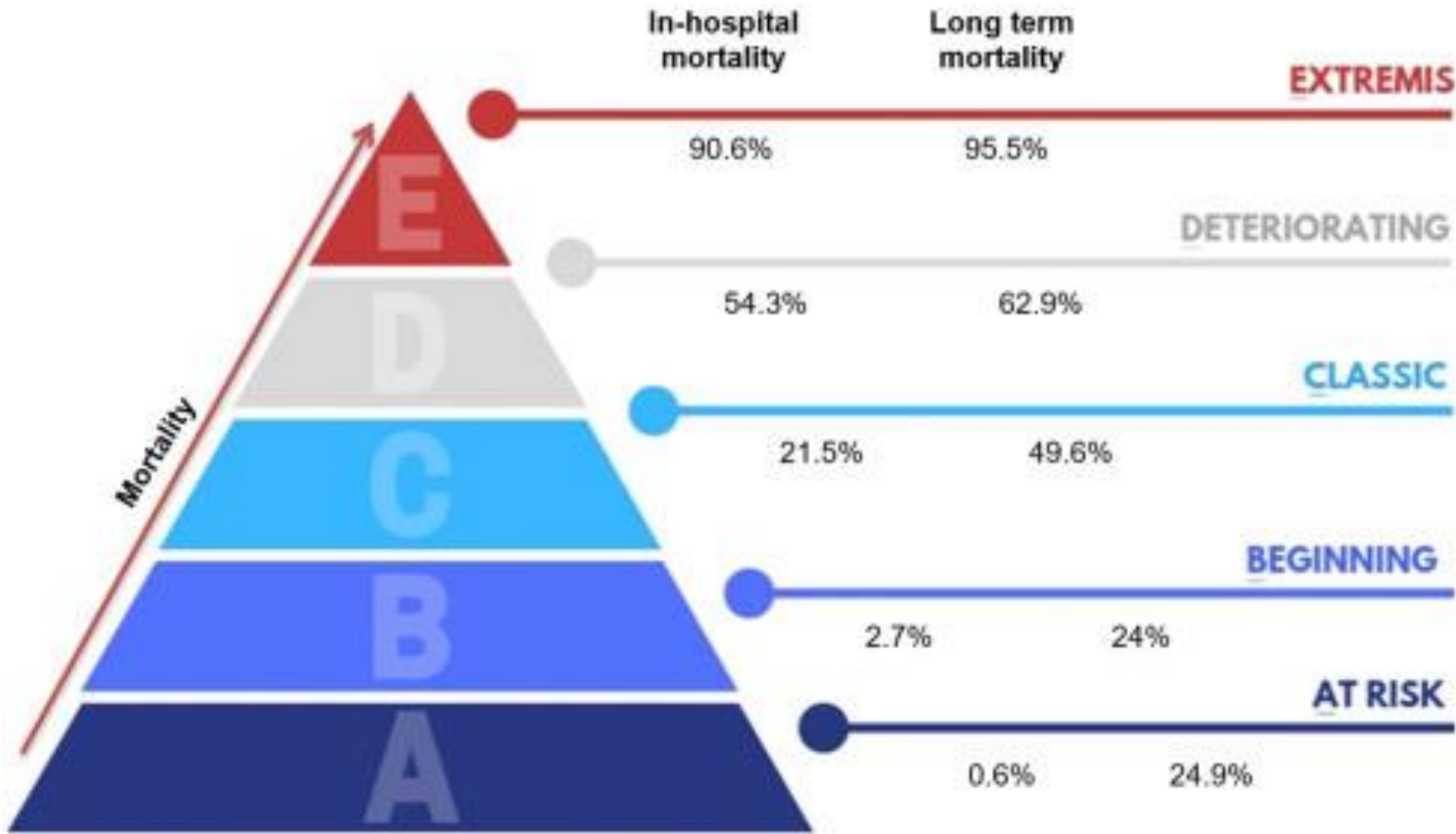
Systolic BP < 90mmHg
(Myocardial Dysfunction)

Decreased End Organ
Function



Why Distinguishing Shock Matters





SCAI Criteria

Stages of Shock and Clinical Presentation

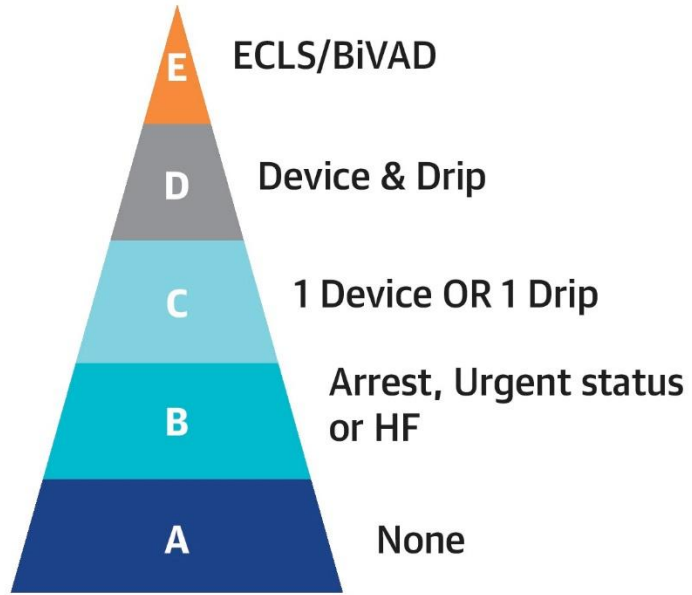
CENTRAL ILLUSTRATION: Definitions of SCAI Shock Stages A Through E, With Associated Cardiac Intensive Care Unit and Hospital Mortality in Each SCAI Shock Stage

Cardiogenic Shock Stage	Study Definition	Observed Mortality in Overall Cohort																		
Stage A ("At risk")	Neither hypotension/tachycardia nor hypoperfusion	<table border="1"> <caption>Observed Mortality in Overall Cohort</caption> <thead> <tr> <th>Stage</th> <th>Cardiac Intensive Care Unit Mortality (%)</th> <th>Hospital Mortality (%)</th> </tr> </thead> <tbody> <tr> <td>Stage A</td> <td>~2%</td> <td>~3%</td> </tr> <tr> <td>Stage B</td> <td>~5%</td> <td>~8%</td> </tr> <tr> <td>Stage C</td> <td>~12%</td> <td>~18%</td> </tr> <tr> <td>Stage D</td> <td>~32%</td> <td>~42%</td> </tr> <tr> <td>Stage E</td> <td>~52%</td> <td>~68%</td> </tr> </tbody> </table>	Stage	Cardiac Intensive Care Unit Mortality (%)	Hospital Mortality (%)	Stage A	~2%	~3%	Stage B	~5%	~8%	Stage C	~12%	~18%	Stage D	~32%	~42%	Stage E	~52%	~68%
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Stage B ("Beginning")	Hypotension/tachycardia WITHOUT hypoperfusion																			
Stage C ("Classic")	Hypoperfusion WITHOUT deterioration																			
Stage D ("Deteriorating")	Hypoperfusion WITH deterioration NOT refractory shock																			
Stage E ("Extremis")	Hypoperfusion WITH deterioration AND refractory shock																			

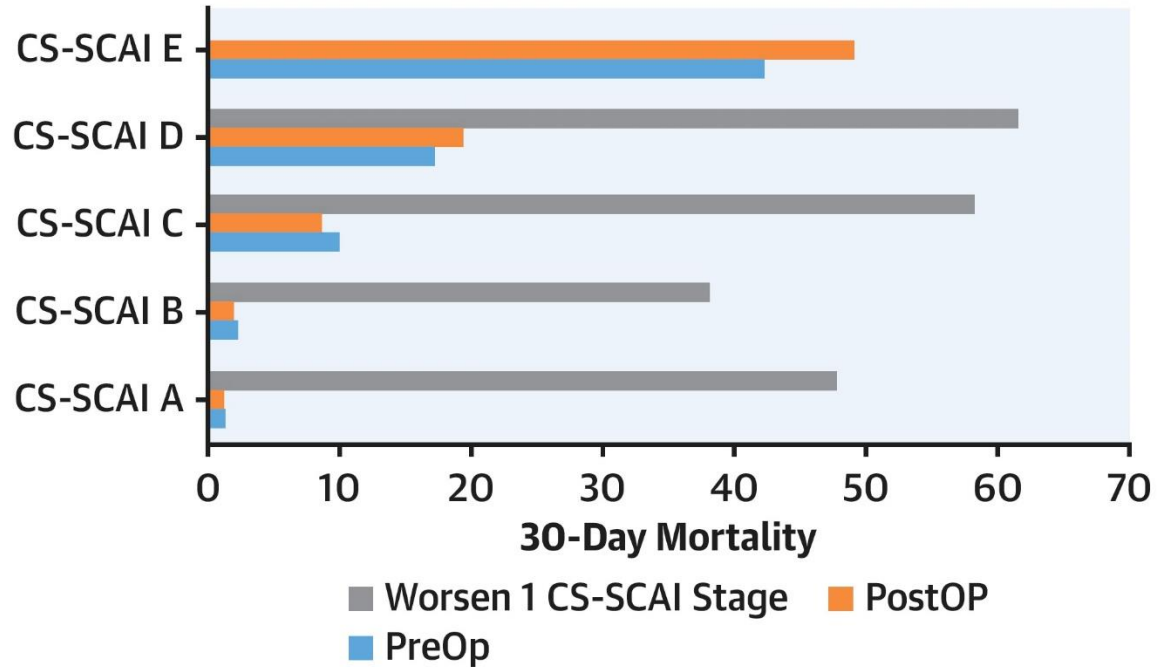
Jentzer, J.C. et al. J Am Coll Cardiol. 2019;74(17):2117-28.

CENTRAL ILLUSTRATION: CS-SCAI Construct and 30-Day Mortality Including the Effect of Worsening Stage

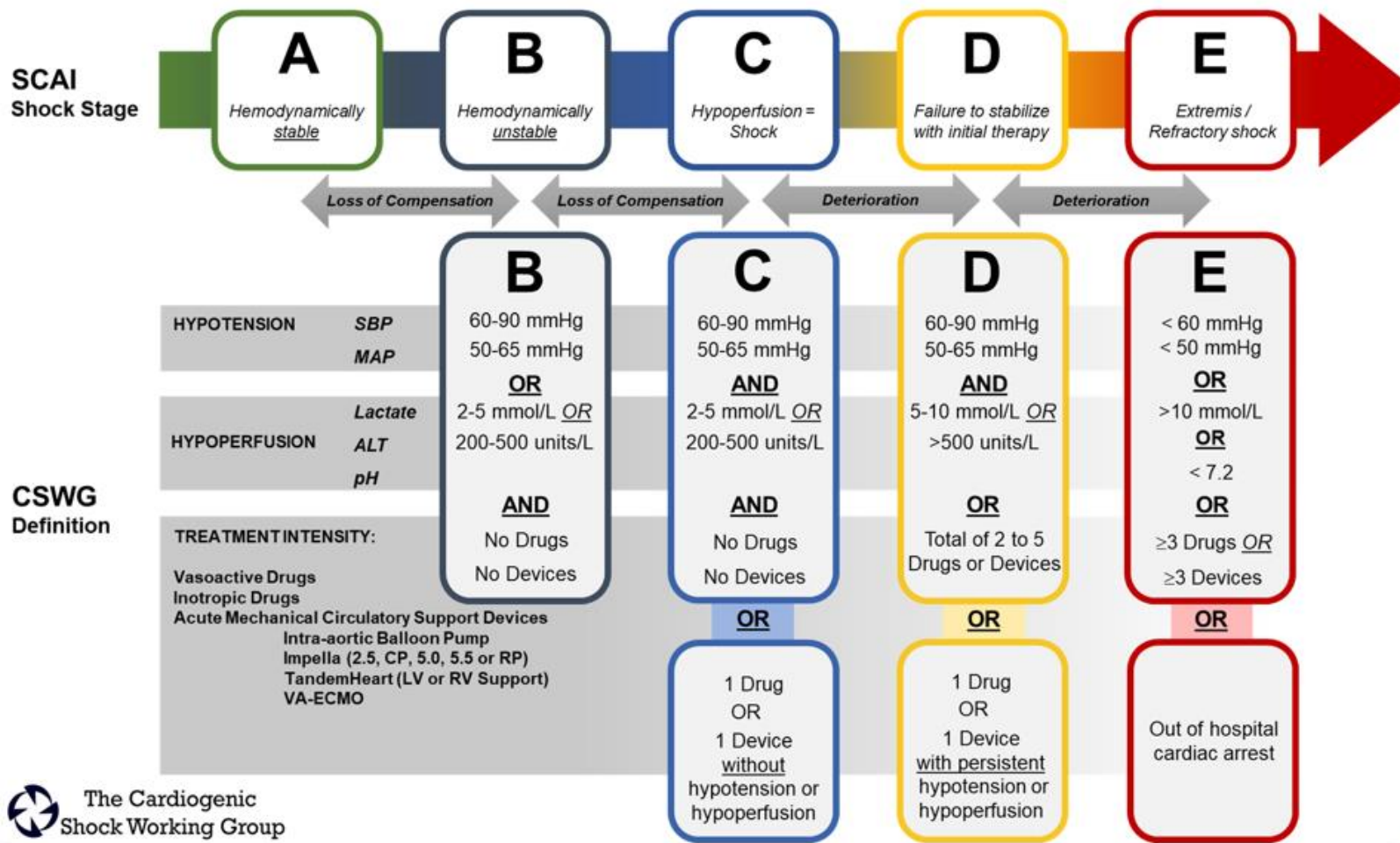
CS-SCAI Definition



CS-SCAI Stage and 30-Day Mortality



Brozzi N, et al. JACC Adv. 2025;4(8):101975.

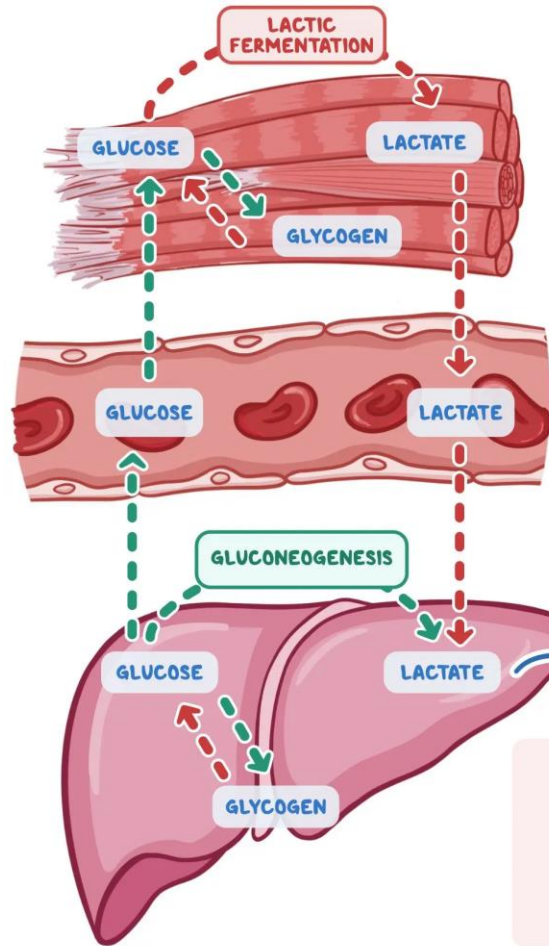


The Cardiogenic Shock Working Group



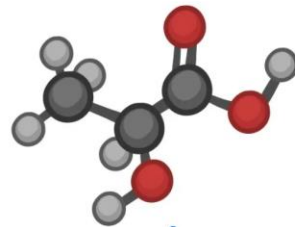
Courtesy of Vanessa Blumer

Function of the Lactate



BACKGROUND

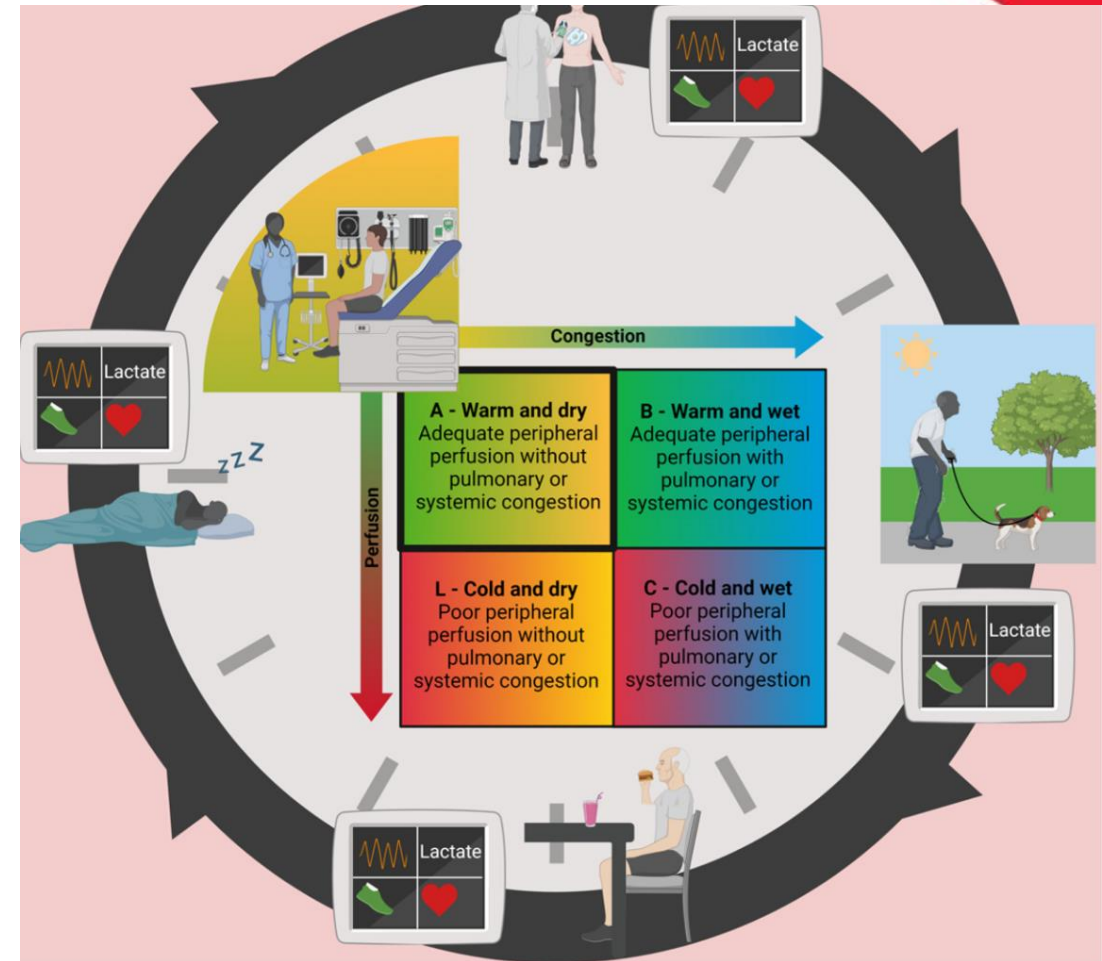
- * **PRODUCT** of PYRUVATE METABOLISM
- * **PRODUCED** by **MUSCLE & RBCs**
- * **↑↑ LACTATE LEVEL & pH ≤ 7.35 CAUSES LACTIC ACIDOSIS**
- ~ **TYPE-A:** From **HYPOPERFUSION & LONG TERM HYPOXIA** of TISSUES
- ~ **TYPE-B:** **INABILITY** to PROCESS PYRUVATE due to **IMPAIRED TISSUE FUNCTION (UNRELATED to HYPOXIA)**



CAUSES

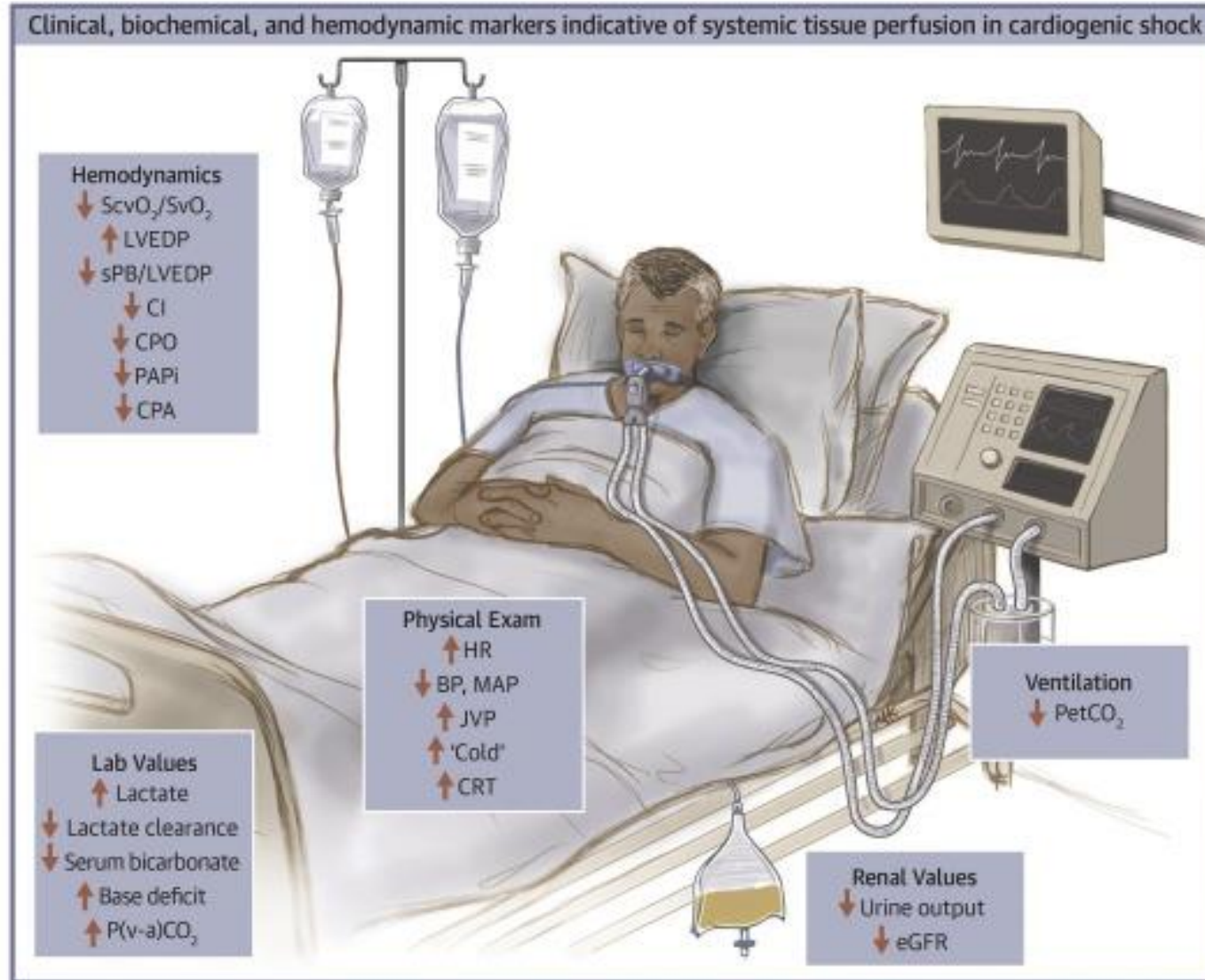
- * **↑↑ LACTATE:**
- ~ **↑↑ LACTIC ACID PRODUCTION**
- ~ **↓↓ LACTIC ACID CLEARANCE**
- ~ **COMBINATION** of BOTH

OSMOSIS
from ELSEVIER



Bryan
HEART

CENTRAL ILLUSTRATION: Clinical, Biochemical, and Hemodynamic Variables



Lactate

BP/HR

Urine

Output

Useful Devices in Cardiogenic Shock

- Add in Impella CP and 5.5, Impella RP Flex, IABP, ECMO

Medications Used to Treat Cardiogenic Shock

- Talk about Inotropes, Vasopressors
- Fluids etc...

Case Study Discussions: Acute Myocardial Infarction

Case Study Discussions: True Depressed Ejection Fraction

Case Study Discussions: Myocarditis

Final PEARLS...

Questions?



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References