

INTAKE FORM: UPMC CARDIOGENIC SHOCK PROGRAM

When you refer a patient to our program, the first step is a brief phone call with members of our team to assess the situation and develop an action plan. For patient consults or transfer requests, call Medcall at **412-647-7000** and dial 1.

When you call our team through Medcall, we will review the below information pertaining to your patient's medical history and cardiogenic shock etiology.

Patient Information

Name: _____
Sex: Male Female
Age: _____ MRN: _____

Medical History

- Social support/current residence: _____
- Peripheral vascular disease: _____
- Chronic lung disease on home O2: _____
- Chronic infection/malignancy: _____
- Hx TIA or stroke with deficits: _____
- Active bleeding: _____
- Renal function current/baseline: _____
- Other: DMI, cirrhosis, prior sternotomy: _____
- Current neuro exam: _____
- Smoking: _____ Quit: _____
- EtOH use: _____ Quit: _____
- Known or active drug use: _____
- Recent functional status: _____
- Any other exam findings: _____

Cardiogenic Shock Etiology

- AMI- revascularization attempt/success? _____
- Acute on chronic HF _____
- Acute presentation (valve/VSD/Systolic HF unknown etiology) _____
- Weight: _____
- BMI: _____
- Current HR: _____
- BP: _____
- SpO2: _____
- UOP past 4 hr: _____
- Current drips: _____
- Nitro/Nipride: _____
- Milrinone: _____
- Dobutamine: _____
- Epinephrine: _____
- Norepinephrine: _____
- Vasopressin: _____
- Other: _____

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Mg-
Phos-

T Bili

Alb
AST/ALT /

ABG: _____ Lactate: _____

TTE date: _____ LVEF: _____ LV size: _____ RV size/fcn: _____ AoV: _____ MitV/:w _____

Last RHC and date: _____

Last LHC and date: _____

Revascularization status: _____

CT scan of chest available to look at size
of artery for axillary Impella? _____

Capable of ECMO locally? _____

Capable of Impella locally? _____

Current MCS and level of support: _____

Hemolysis? _____ If yes positioning _____ Bleeding? _____

Acceptance for transfer to Presbyterian: YES NO

If yes. Immediate send.

CONTACT US

If you have questions about the UPMC Cardiogenic Shock Program, call **412-647-6104**. For patient consults or transfer requests, call Medcall at **412-647-7000** and dial 1.

