Cardiac Evaluation Decision Tree

Exclusions:
- Age >65
- Previous cardiac surgery
- Previous MI
- IVS ≥ 1.6 cm

Tachycardia + Hypertension
- Start Esmolol (2500mg/250ml):
- Loading dose 500mcg/kg/min over 1 min*, begin at 50 mcg/kg/min.
  Titration range 50-200 mcg/kg/min
  *Loading dose can be omitted PRN

Hypertension
- Start Nicardipine (20mg/200ml):
  Titrate 2.5 mg/hr to max dose 15 mg/hr

Cardiac Parameters with Normals:

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Normal Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAP</td>
<td>(2 – 6 mmHg)</td>
</tr>
<tr>
<td>RVP</td>
<td>(15-25 mmHg)</td>
</tr>
<tr>
<td>PASP</td>
<td>(15-25 mmHg)</td>
</tr>
<tr>
<td>PADP</td>
<td>(8.0 -15 mmHg)</td>
</tr>
<tr>
<td>SVR</td>
<td>(800 – 1200 dynes/sec/cmS)</td>
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<tr>
<td>PCWP</td>
<td>(6.0 – 12.0 mmHg)</td>
</tr>
<tr>
<td>CO</td>
<td>(4.0 – 8.0 l/min)</td>
</tr>
<tr>
<td>CI</td>
<td>(2.5 – 4.0 l/min/m²)</td>
</tr>
<tr>
<td>SV</td>
<td>(50 – 100 ml)</td>
</tr>
</tbody>
</table>

*If pt is on epinephrine and/or levophed gtts, attempt wean or transition to neosynephrine prior to obtaining baseline echo

Transthoracic Echocardiogram
(Consider transesophageal or Definity contrast if image quality poor or valvular issue suspected)

Cardiac Enzymes (cycle PRN)

Obtain baseline diagnostics

EF <55% and/or pt requiring ≥ 2 pressors
Initiate T4/T3 (see NEDS protocol)
Repeat echo 8-12 hours post-initiation

EF ≥ 55%
Initiate T4/T3 (see NEDS protocol)
Repeat echo 8-12 hours post-initiation

EF >55%
Age <40 with no risk factors
Begin allocation

Age ≥ 40  OR history of cocaine abuse
Obtain cardiac cath - L & R heart
Leave SWAN in place if able to monitor in ICU
  *Obtain pressures in cath lab regardless of whether catheter remaining in place

Consult APDS regarding allocation/further diagnostics

Return to bolded box above

Begin allocation

12-lead EKG