

Infarction-Related Cardiogenic Shock- Diagnosis, Monitoring and Therapy–A German-Austrian S3 Guideline.

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In five consensus conferences, the experts developed 95 recommendations—including two statements—and seven algorithms with concrete instructions.

Recanalization of the coronary vessel whose occlusion led to the infarction is crucial for the survival of patients with ICS. The recommended method of choice is primary percutaneous coronary intervention (pPCI) with the implantation of a drug-eluting stent (DES). If multiple coronary vessels are diseased, only the infarct artery (the “culprit lesion”) should be stented at first. For cardiovascular pharmacotherapy—primarily with dobutamine and norepinephrine—the recommended hemodynamic target range for mean arterial blood pressure is 65–75 mmHg, with a cardiac index (CI) above 2.2 L/min/m². For optimal treatment in intensive care, recommendations

are given regarding the type of ventilation (invasive rather than non-invasive, lung-protective), nutrition (no nutritional intake in uncontrolled shock, no glutamine supplementation), thromboembolism prophylaxis (intravenous heparin rather than subcutaneous prophylaxis), and further topics. In case of pump failure, an intra-aortic balloon pump is not recommended; temporary mechanical support systems (Impella pumps, veno-arterial extracorporeal membrane oxygenation [VA-ECMO], and others) are hemodynamically more effective, but have not yet been convincingly shown to improve survival.

Combined cardiological and intensive-care treatment is crucial for the survival of patients with ICS. Coronary treatment for ICS seems to have little potential for further improvement, while intensive-care methods can still be optimized.