



Destination Facility Guidance for Patients with Cardiogenic Shock and Related Conditions

PURPOSE

To provide EMS Clinicians guidance for selecting destination facilities for patients with cardiogenic shock and related conditions that may require advanced therapies including mechanical circulatory support or emergent cardiac/cardiothoracic surgery.

BACKGROUND

Cardiac and advanced vascular care has become increasingly specialized. While several hospitals in our region can perform cardiac catheterization, not all centers can support patients who deteriorate or require advanced therapies such as mechanical circulatory support (e.g., Intraaortic balloon pump, Impella, or Extra-Corporal Membrane Oxygenation - ECMO) or require emergent surgical intervention. Patients transported to a facility without these services often require secondary transfer to a facility with them, which may delay definitive care. Destination decisions should therefore consider where the patient may ultimately need definitive care, not just the initial intervention. For this reason, patients at higher risk for deterioration should be transported directly to a cardiac surgery–capable center even if the transport time is longer, as higher-risk patients stand to benefit even more from direct access to comprehensive cardiac services.

CLINICAL DESTINATION GUIDELINE

The following is intended to help EMS Clinicians identify patients who are most likely to require advanced cardiac interventions and which facility is recommended, even when transport distance is longer:

Condition	Preferred Destination(s)
STEMI with stable vital signs	Rochester General Hospital Strong Memorial Hospital Unity Hospital
STEMI with any unstable vital sign including: <ul style="list-style-type: none"> • Hypotension or other signs of cardiogenic shock (e.g. altered mental status, mottling, low EtCO₂) • Ongoing or recurrent ventricular dysrhythmias 	Rochester General Hospital Strong Memorial Hospital
Cardiac arrest with refractory VF or VT ¹	
Post-ROSC following a shockable rhythm	
Suspected massive pulmonary embolism with hemodynamic instability	
Suspected aortic dissection	

¹ See also [MLREMS Prehospital ECLS Algorithm](#)