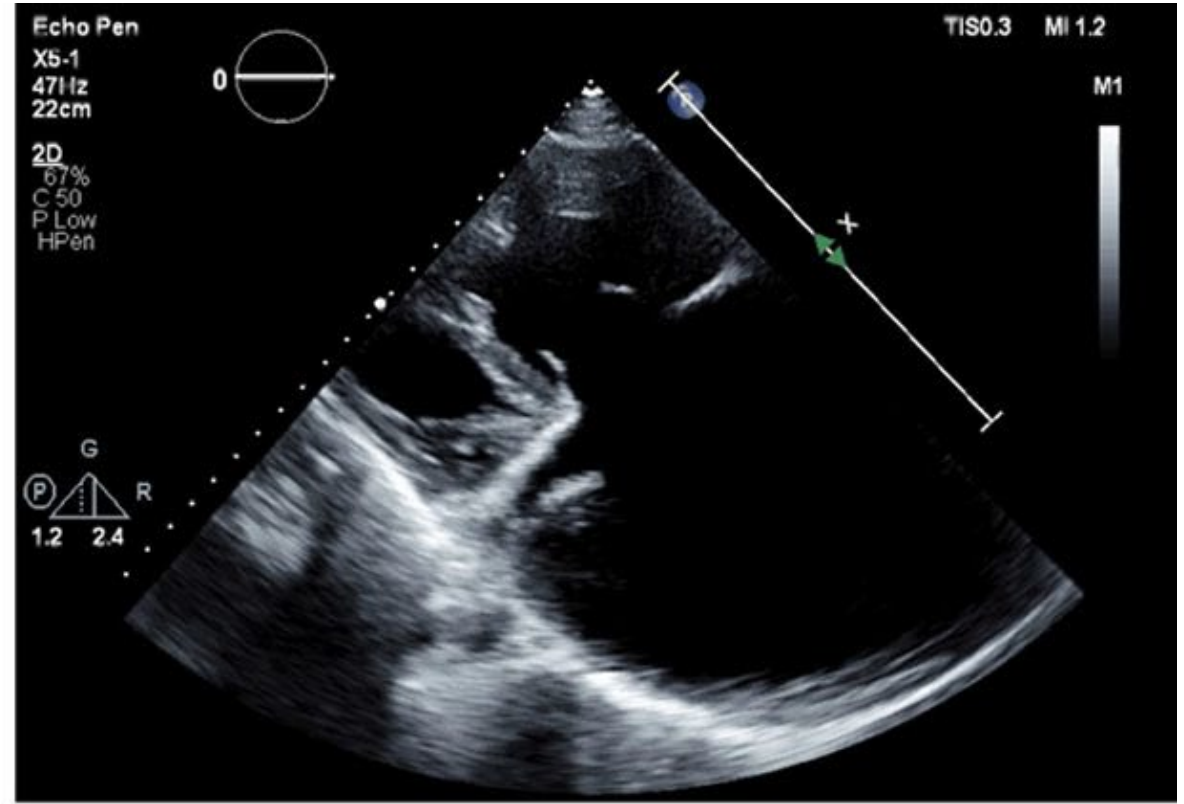
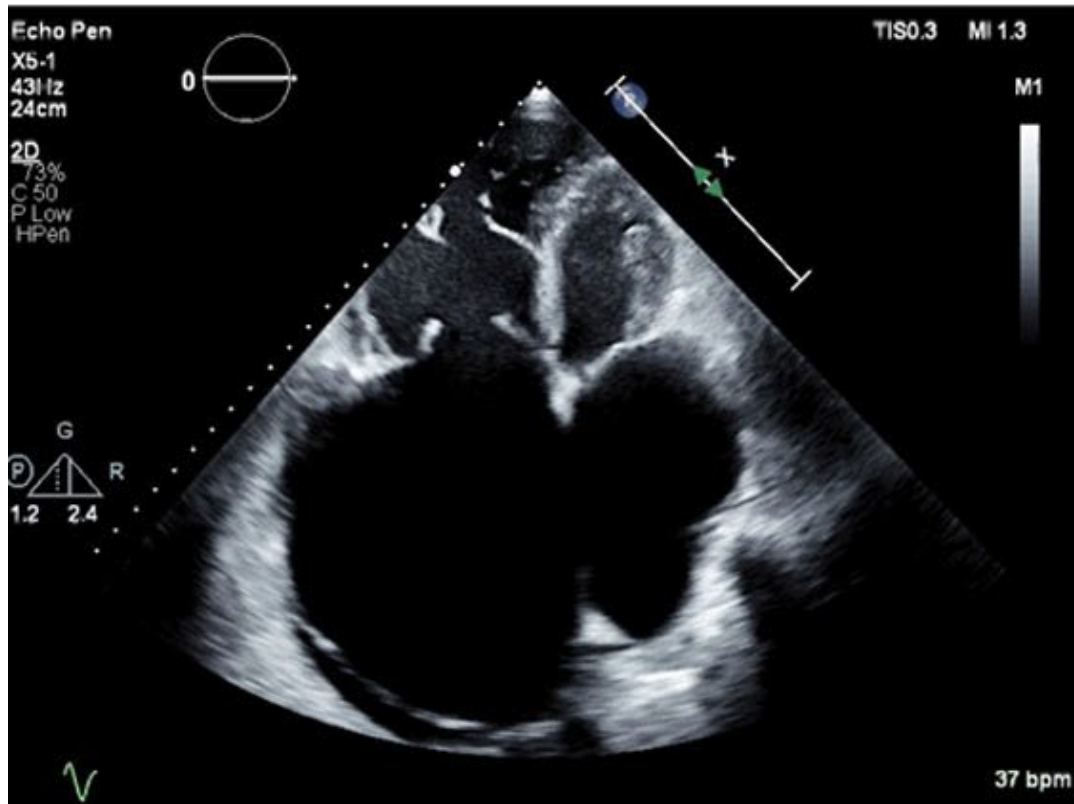


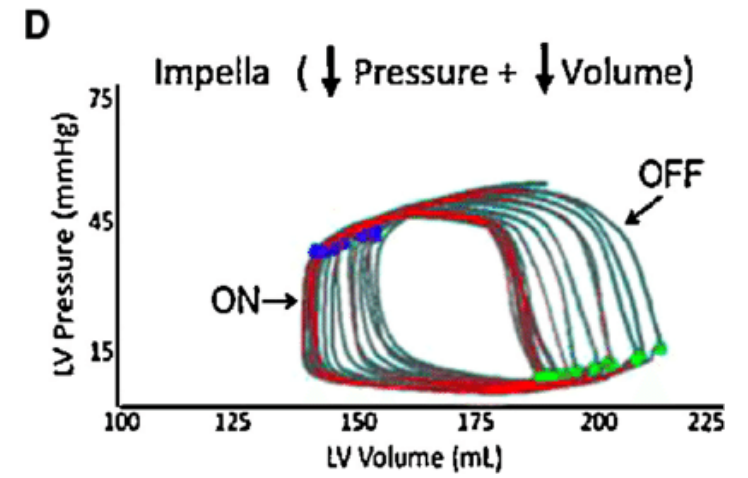
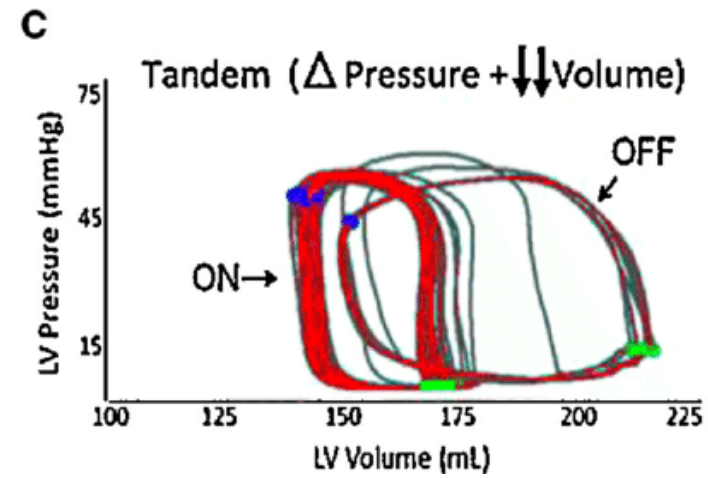
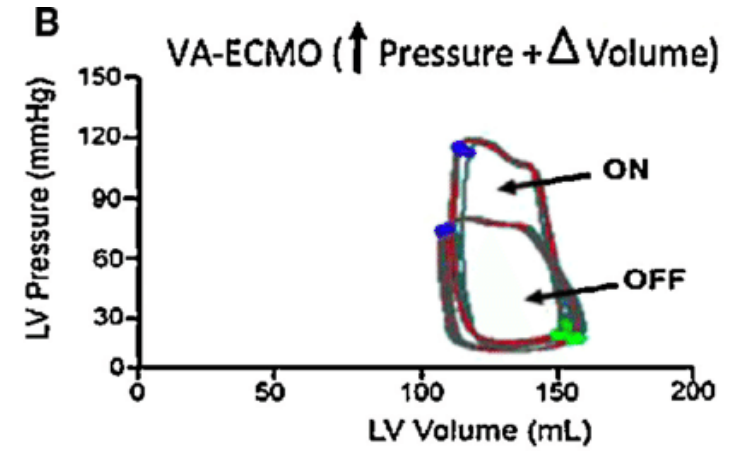
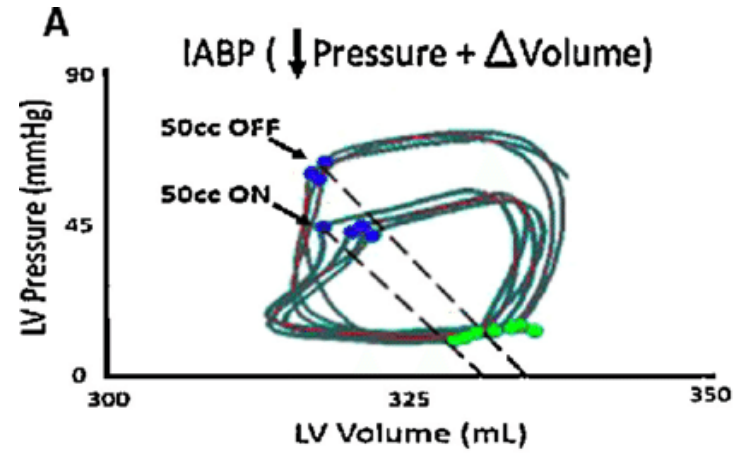
#RV – people's ventricle





#PA pressure,
much?

#hemodynamics





#RV shock

info@inarimedical.com | inarimedical.com | (877) 923-4747

INCH

1

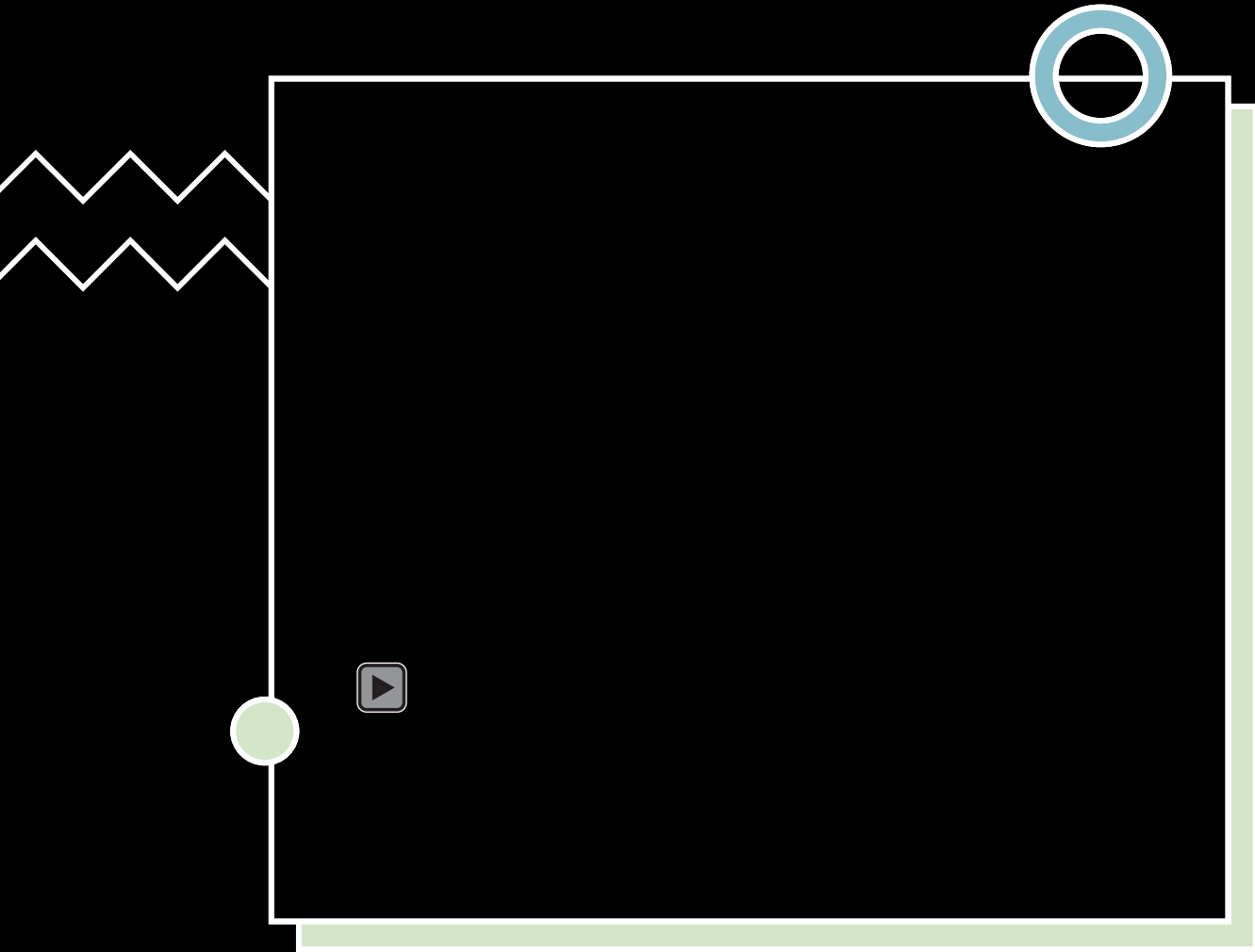
2

3

4

5

6



#images in
cardiogenic
shock





#images in
cardiogenic
shock





14:31

GENERAL

ECG **79** /min
Arrh. analysis: Severe

II -3.3
III -3.3

81/48
mmHg

ET **2.5** FI **2.7**
MC **1.2**

99

Apnea deactivated
ET **4.3** FI **0.2**
RR **12** /min

Alarms: **21** **450**
Temp: **4** **420**
Comp: **24** **ml/cm2**

Temp: **36.5**
Manual

T1+T2	36.5	
T1	---	T2-T1
T2	---	---

Case	O2	MC	Sev
ET	74	0	2.5
FI	78	0	2.7

Control panel with buttons for menu, back, and other functions.



#shock team meetings



@TANNERFRIZZELL

Practice, practice





9:40

The Cardiogenic Shock Working Group

Shock Stage Calculator

Hemodynamics Calculator

Congestion Profile Tracker

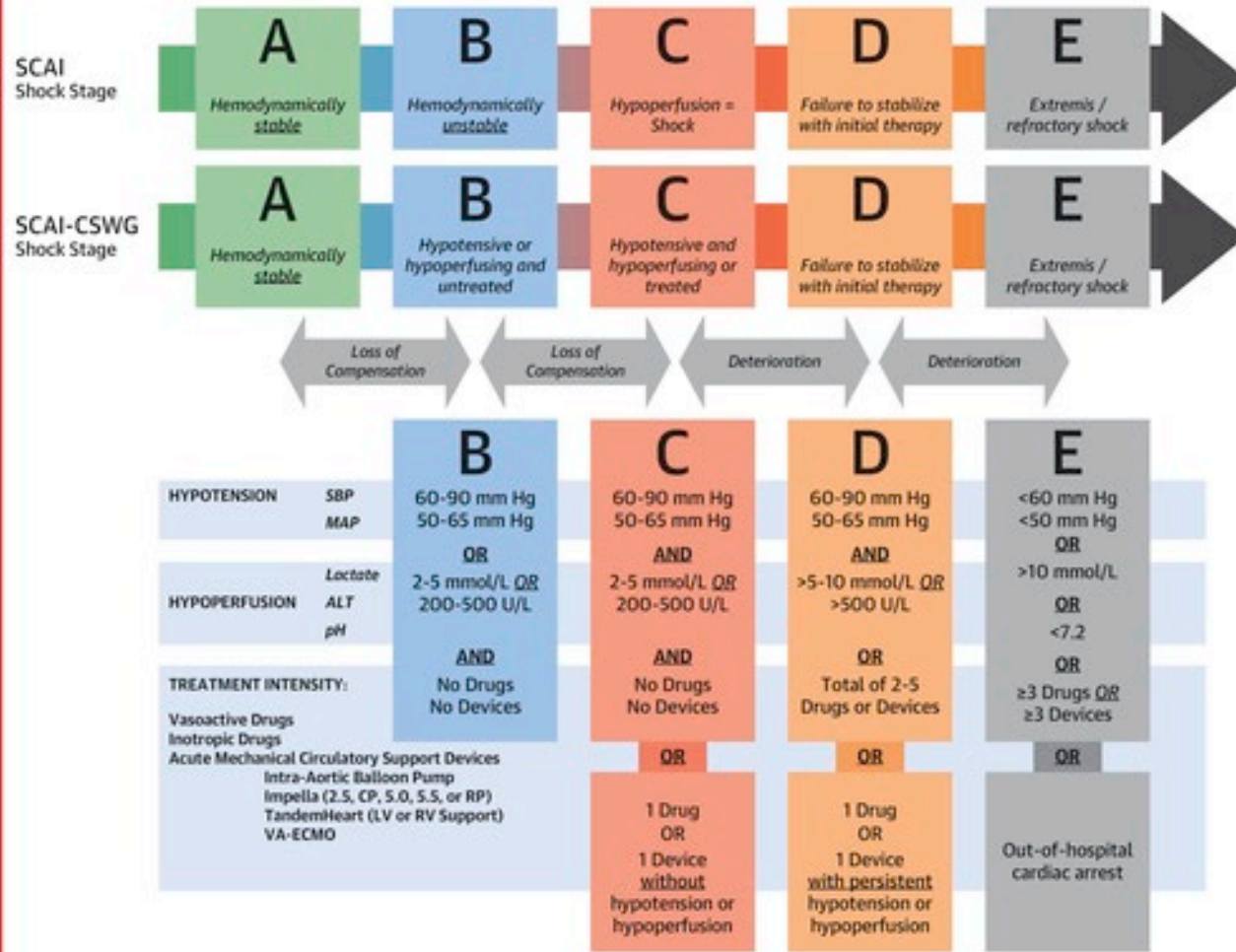
CSWG-SCAI Walker

Shock Phenotype Calculator

Terms & Conditions

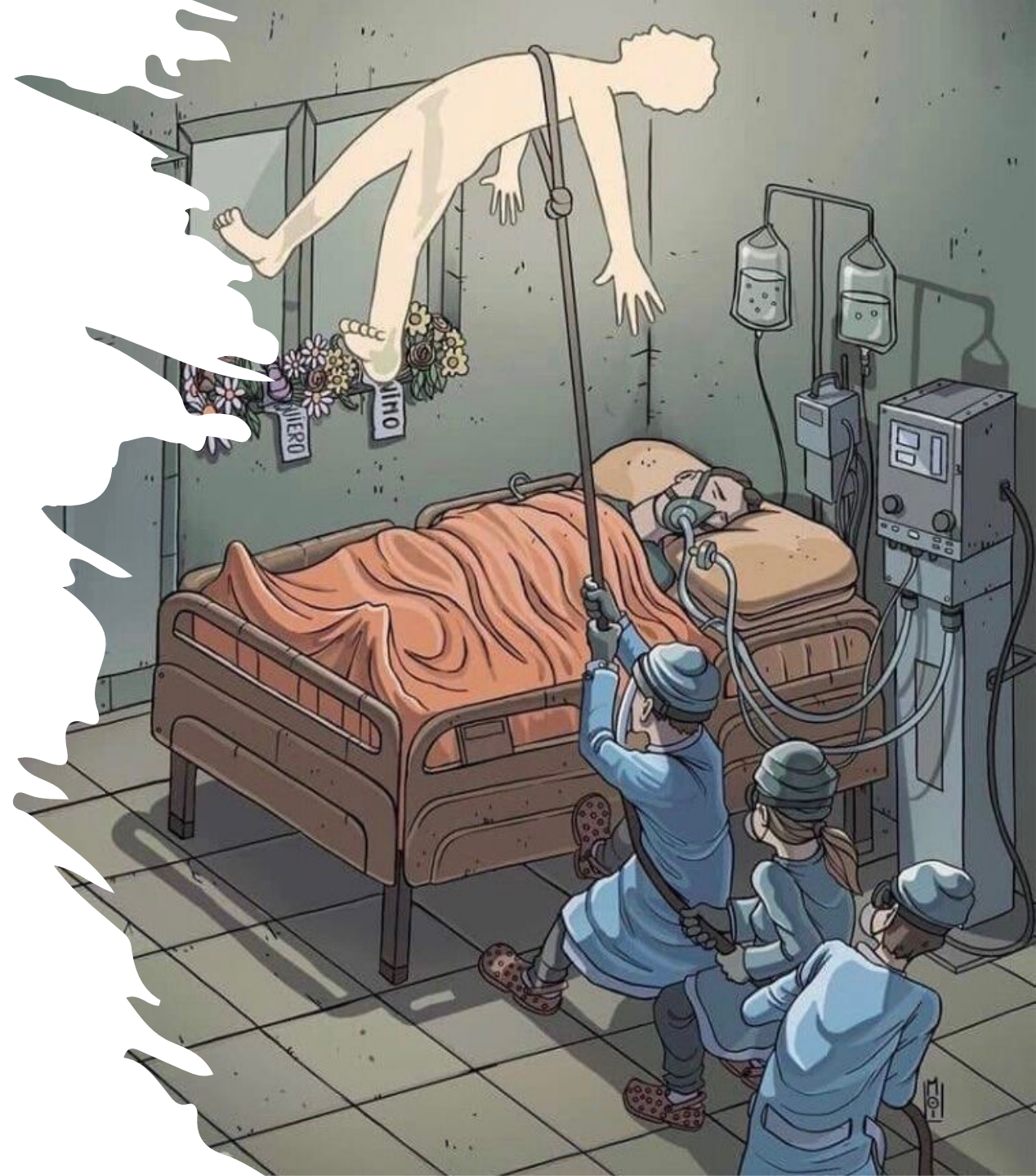
Download
on your
phones
today!
CSWG app

CENTRAL ILLUSTRATION: Clinical Variables and Parameters to Define Society for Cardiovascular Angiography and Interventions Stages



Kapur NK, et al. J Am Coll Cardiol. 2022;80(3):185-198.

#ECPR

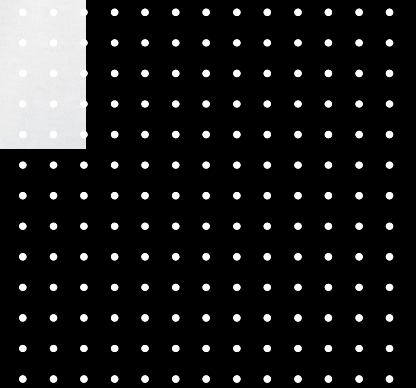
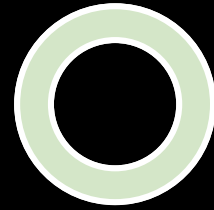
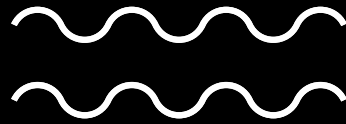


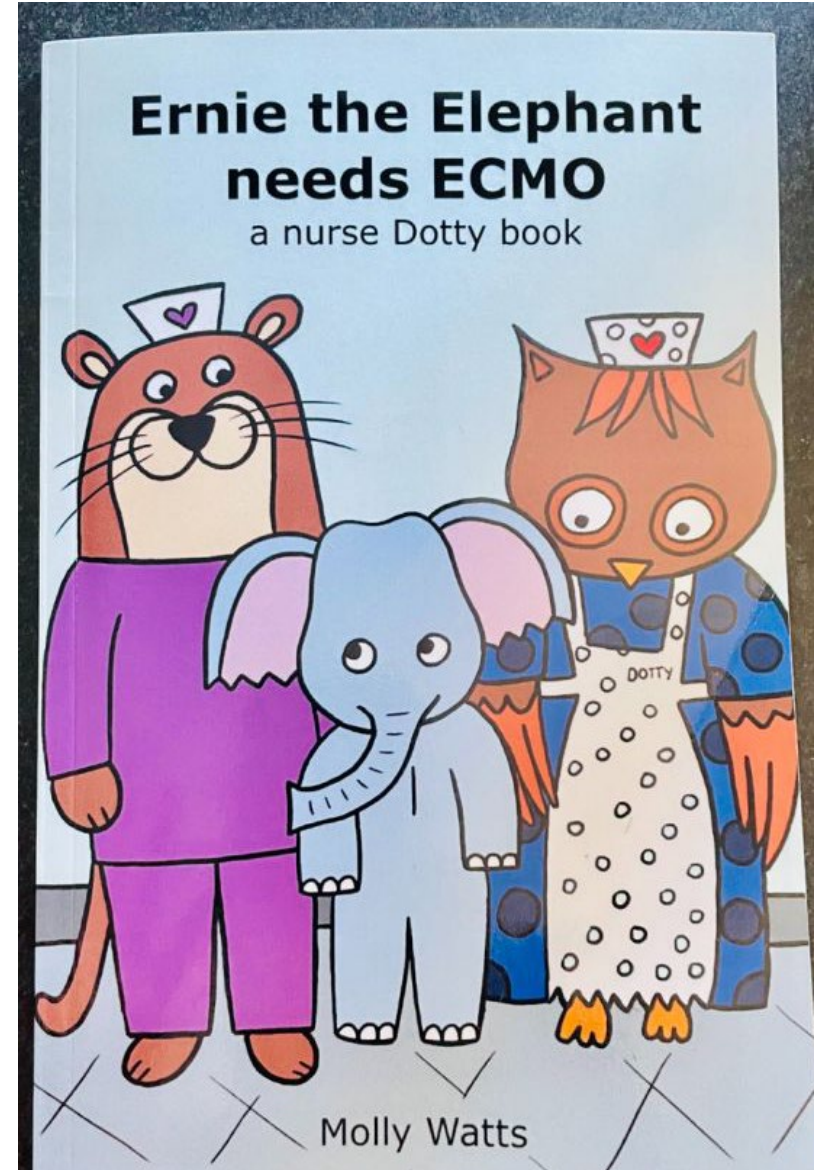
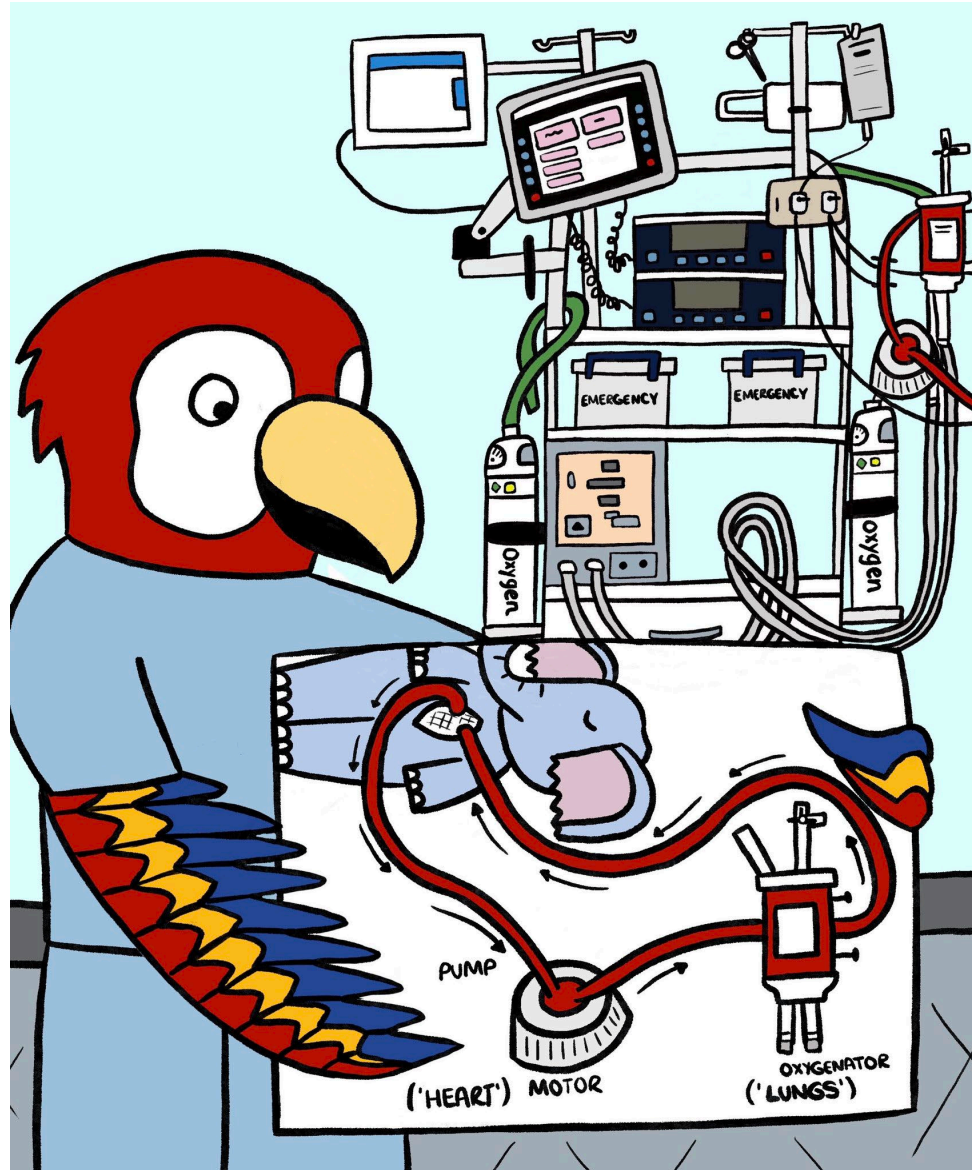


**“It is not enough to do your best;
you must know what to do,
and then do your best”**

- W. Edwards Deming

#cath lab realities

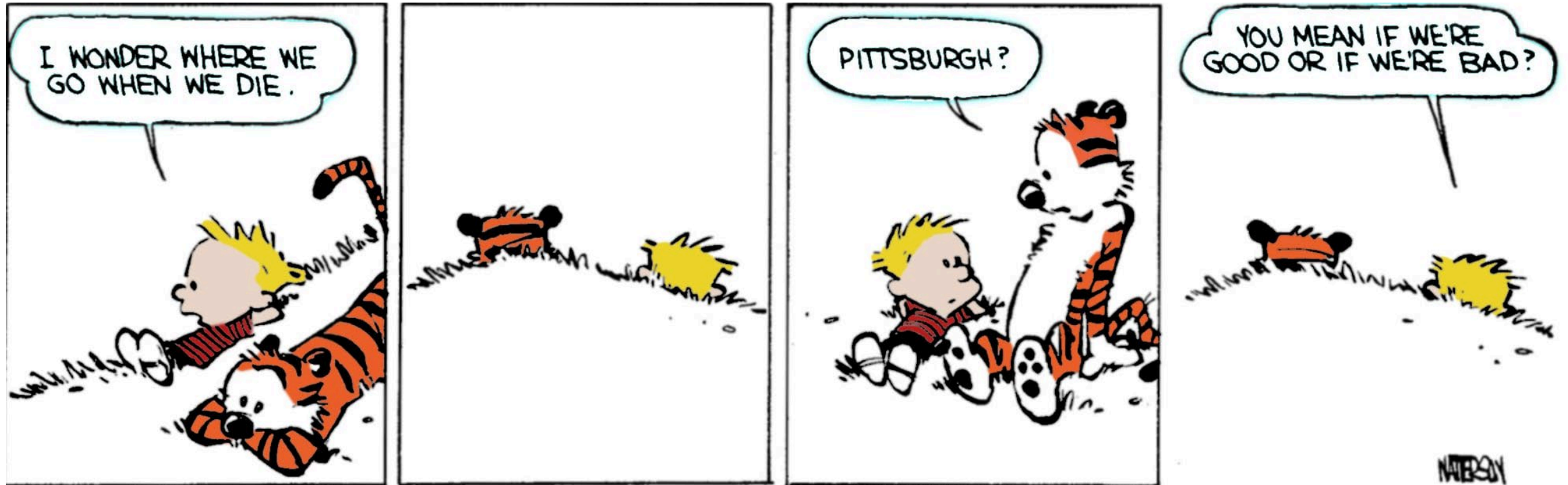






#musings

#Pittsburgh musings



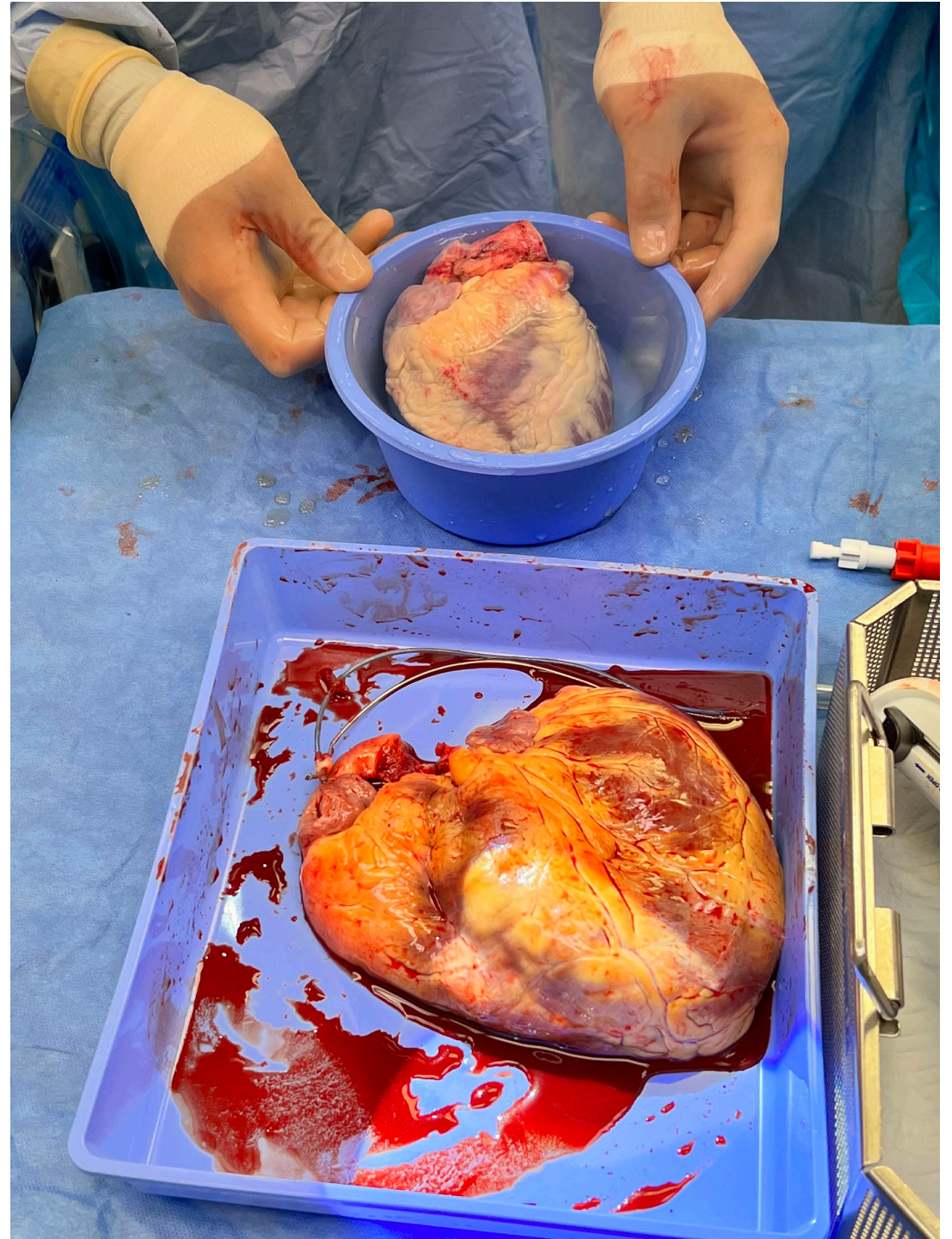
**Learning is not
compulsory... neither is
survival.**

W. EDWARDS DEMING



Out with the old, in with a new!

*(explanted heart of a 26-year-old
in CS, supported on Impella 5.5)*

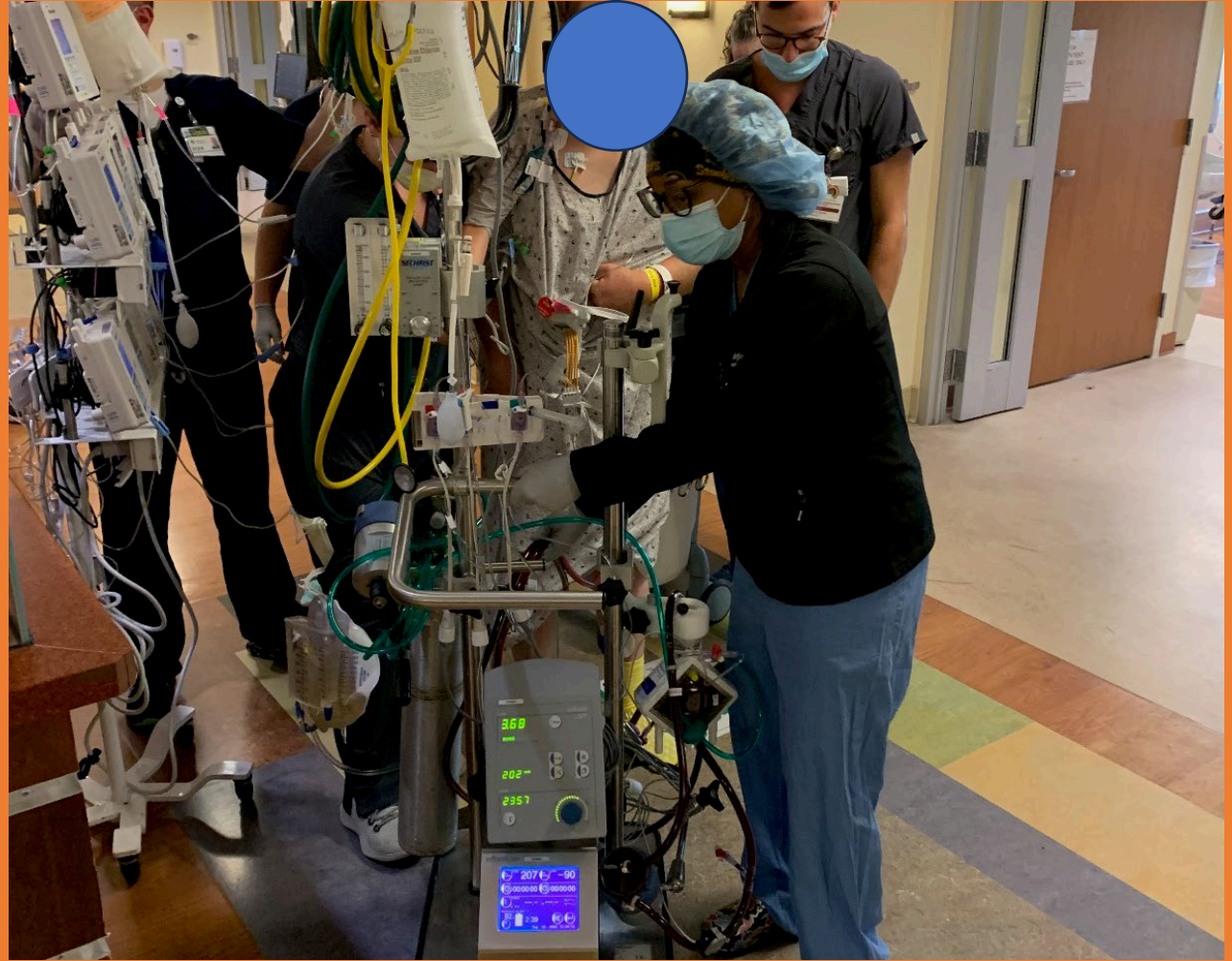




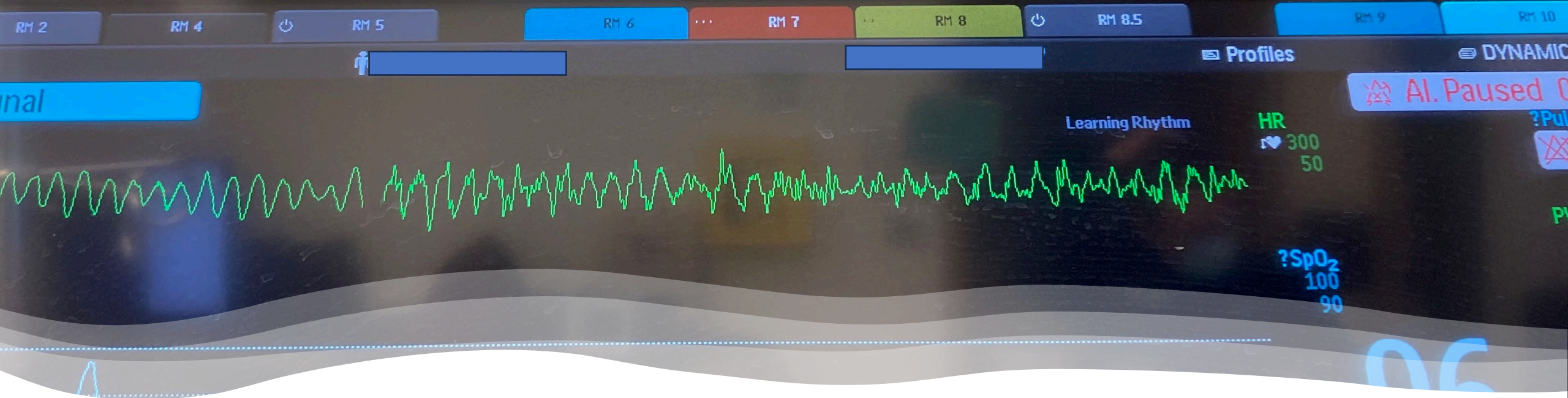
#ECPR

*#mobilize,
mobilize!*

(ambulatory VA
ECpella)



MED4



#just shock 'em!



VERJER

Lido

Levo

DOPA

Epi

#Living proof

Covid myocarditis, cardiac arrest
→ VA ECMO → Transplant

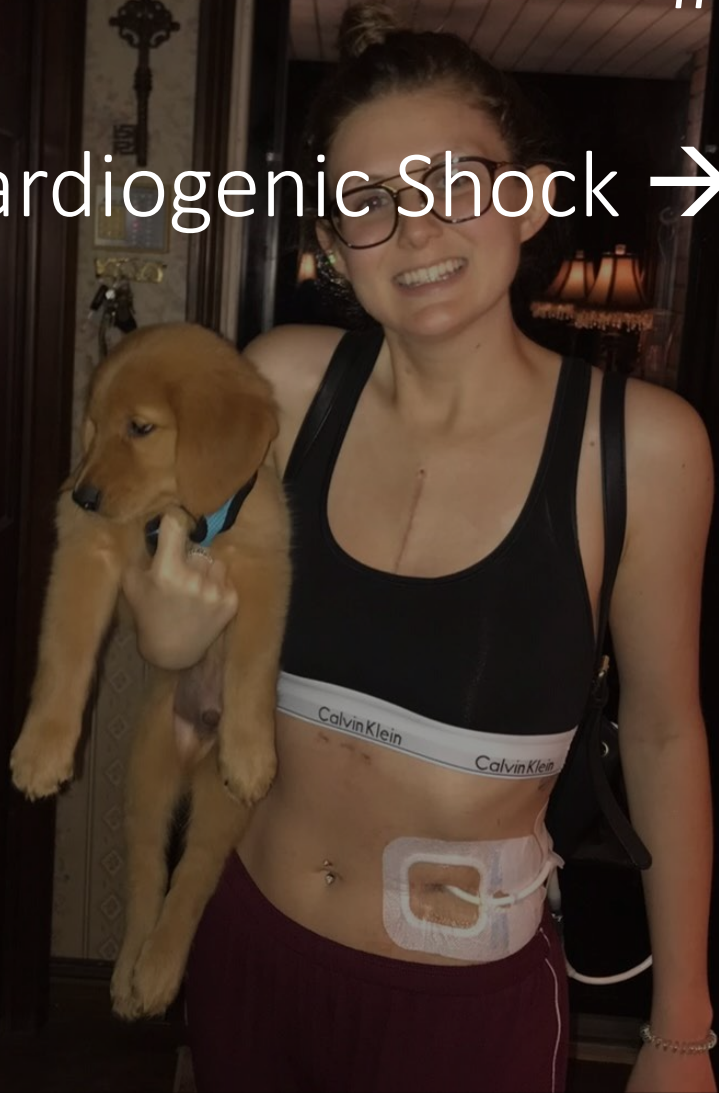




#Living proof

VT arrest -- 13 days of V fib,
supported on BiVAD -- 3 months of
SICU stay -- Heart transplant

#Living proof
Cardiogenic Shock → LVAD as Bridge to Recovery →
Explant



#Living proof

Non-ischemic SCAI D shock
→ Impella 5.5 for 3 weeks
→ GDMT → Recovery





#Living proof

Massive PE cardiac
arrest → VA ECMO →
thrombectomy



#Living Proof

Notice the 3 ECPR survivors?

Living proof

SCAI E Shock in end stage HF
→ EC-Pella → Heart
transplant





#Living proof

- # 1 STEMI shock with lack of LV recovery/ inability to wean from Impella 5.5 for 4 weeks → transplant
- # 2 LVEF diagnosis at age 19, on GDMT for 20 years, presentation with Cardiogenic Shock → IABP → LVAD → heart transplant

#Living Proof
STEMI arrest with delayed
presentation
→ Impella 5.5 → LVAD





Living proof

VT/VF with 62 shocks prior to arrival in ER
Door to ECMO time – 9 minutes

#Living Proof

Witnessed cardiac arrest, bystander
CPR

Ant wall STEMI; LVEF 5%

PCI under Impella CP → VA ECMO

Impella CP → Impella 5.5 (EcPella)

Decannulated from ECMO

LVEF improved to 35% after 2 weeks

Impella 5.5 → decannulated to GDMT



Home after 21 day LOS

