**RESULTS**

Of the CIU admissions, 73% had a stable SCAI stage, 13% had an early worsening SCAI stage, and 14% had an improving SCAI stage during the initial 12 hours of CIU admission (Figure 1).

**Table 1. Baseline Characteristics**

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Improved (n=111)</th>
<th>Stable (n=576)</th>
<th>Worsened (n=106)</th>
<th>p-value (vs improved)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, median</td>
<td>66 (57-76)</td>
<td>66 (55-77)</td>
<td>67 (57-78)</td>
<td>0.15 0.08</td>
</tr>
<tr>
<td>BMI, median</td>
<td>28.0 (24.9-31.3)</td>
<td>28.1 (23.9-30.7)</td>
<td>28.2 (24.2-31.2)</td>
<td>0.98 0.34</td>
</tr>
<tr>
<td>IQR, kg/m²</td>
<td>33.0 (30.0-33.0)</td>
<td>33.0 (30.0-33.0)</td>
<td>31.2 (29.0-32.1)</td>
<td>0.06 0.09</td>
</tr>
</tbody>
</table>

**CONCLUSIONS**

Patients with early worsening of SCAI stage have a markedly higher risk of inhospital mortality than those with a stable SCAI stage.

Early evolution in SCAI stage in CS enhances prognostication based on SCAI stage at ICU presentation and may ultimately prove useful for identifying patients who are candidates for additional interventions to ameliorate the progression of CS.

**References**


**Figure 1. SCAI Stage Change from 0-6hours to 6-12hours**

- **Figure 2. In-Hospital Mortality by Initial and 6-12Hour Shock Stages**

- **Figure 3. In-Hospital Mortality by Initial and 6-12Hour Shock Stages**

**Data are reported as % unless otherwise stated.**

**Population**

Critical Care Cardiology Trials Network (CCCTN) is a multicenter network of ICUs across North America.

**Methods**

- **Primary Outcome**
  - In-hospital mortality

Multivariable logistic regression was performed to evaluate the association between the trend in SCAI stage and in-hospital mortality adjusting for age and 0-6hr SCAI stage.

**RESULTS**

In-hospital mortality among cases with a worsened SCAI stage was 61%, compared to 31% in those with stable and 26% with improved SCAI stage (Figure 2).

Compared to cases with stable SCAI stage, those with worsened SCAI stage had higher risk of inhospital mortality adjusted for age and initial SCAI stage (aOR: 11.5% [95% CI 3.14-8.34], p<0.001).

Admissions with worsened SCAI stage had greater use of mechanical circulatory support (MCS) (48.3% vs 35.1%, p=0.007), with no significant difference in the median time to first MCS device from CIU admission across SCAI change categories.

**Figure 3. In-Hospital Mortality by Initial and 6-12Hour Shock Stages**

- **E-Initial n[%]**
  - D-Initial n[%]
  - C-Initial n[%]
  - B-Initial n[%]

**Conclusions**

- Among admissions with initial SCAI stage C or D, strong mortality gradients were observed according to 6-12 hour SCAI stage (p<0.001 for each).

**Figure 3**