Minneapolis Heart Institute®

Allina Health
ABBOTT NORTHWESTERN HOSPITAL

Abdominal Aortic Aneurysm (AAA) Protocol

Assessment and indications

- ☐ Acute, severe **abdominal, back or flank pain** (ripping, tearing, stabbing or sharp)
- ☐ **High risk history** (connective tissue disease, genetic markers, known aneurysm, recent aortic manipulation, family Hx of AAA, smoker).
- ☐ **Clinical findings** (pulsatile abdominal mass, lower extremity pulse deficits)
- ☐ CT abdomen/pelvis **without** contrast STAT, and
- ☐ CT abdomen/pelvis **with** IV contrast (no oral) with thinnest cuts possible
- ☐ Obtain 12 lead EKG and labs (Lactate, D-dimer, Type & Cross, BMP, CBC, INR)
- ☐ Label films "STAT AAA" and transmit to **612-863-4941**, or send with patient

Initial Management

- ☐ Contact Minneapolis Heart Institute® at **612-863-3911** to page cardiologist and vascular surgeon for a AAA consult
- ☐ Activate emergency transport team (air, if not contraindicated)
- ☐ NPO, monitor, 2 large bore IVs, draw labs – DO NOT PLACE FOLEY CATH

Maintain Systolic BP between 90-110 mmHg and HR < 60

- ☐ **1st Option:** Esmolol: 500 mcg/kg IVP over 1 min followed by continuous infusion at 25-50 mcg/kg/min, increase every 4 min by 25 mcg/kg/min to max rate of 300 mcg/kg/min
- ☐ **2nd Option:** Metoprolol: 5 mg IVP over 5 min, may repeat X 2 if necessary

- ☐ **If Beta-blocker contraindicated:** Nicardipine: 5 mg/hr continuous infusion, increase by 2.5 mg/hr every 5-15 min to max rate of 15 mg/hr
- ☐ **For secondary BP control:** Nitroprusside: 0.2 mcg/kg/min continuous infusion, increase by 0.2 mcg/kg/min every 5 min to max rate of 10 mcg/kg/min
- ☐ Morphine Sulfate: 2-4 mg IVP, prn **OR** Dilaudid: 0.2-0.3 mg IVP, prn
- ☐ Oxygen: to maintain SpO2 ≥ 92%
- ☐ Consider IV Vitamin K if patient is on Coumadin
- ☐ Transfer with PRBC if able
- ☐ If awaiting transport, place arterial line (DO NOT delay transport)

"Guidelines are not meant to replace clinical judgment or professional standards of care. Clinical judgment must take into consideration all the facts in each individual and particular case, including individual patient circumstances and patient preferences. They serve to inform clinical judgment, not act as a substitute for it. These guidelines were developed by a Review Organization under Minn. Stat. §145.61 et. seq., and are subject to the limitations described at Minn. Stat. §145.65."

This information is intended only as a guideline. Please use your best judgment in the treatment of patients.