Minneapolis Heart Institute®

Allina Health
ABBOTT NORTHWESTERN HOSPITAL

Aortic Dissection (AoD) Protocol

Assessment and Indication

- ☐ Acute, severe **chest, back, or abdominal pain** (ripping, tearing, stabbing, or sharp)
- ☐ **High risk history** (connective tissue disease, genetic markers, known aneurysm, recent aortic manipulation, family Hx of dissection, smoker)
- ☐ **Clinical findings** (pulse deficits, SBP limb differential > 20 mmHg, new murmur)
- ☐ CT chest **without** contrast STAT, and
- ☐ CT chest/abdomen/pelvis **with** contrast (no oral) with thinnest cuts possible
- ☐ Obtain 12 lead EKG and labs (Lactate, D-dimer, Type & Cross, BMP, CBC, INR)
- ☐ Label films "STAT AoD" and transmit to **612-863-4941**, or send with patient

Initial Management

- ☐ Contact Minneapolis Heart Institute® at **612-863-3911** to page cardiologist, and either cardiothoracic surgeon for a Type A consult, or vascular surgeon for a Type B 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)

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