

Vascular Center at Harborview Medical Center

GUIDELINES FOR STABILIZATION & TRANSPORT OF PATIENTS WITH AORTIC DISSECTION OR AORTIC ANEURYSMS

The following clinical recommendations have been developed at the request of institutions that transfer patients with ruptured aortic aneurysms and/or aortic dissections. This protocol is in the interest of facilitating rapid, safe and expeditious transfer while maximizing the chances for survival: As always please use your clinical judgment; these are only recommendations.

RUPTURED ABDOMINAL OR THORACIC AORTIC ANEURYSMS | ACUTE AORTIC DISSECTIONS | PENETRATING AORTIC ULCERATIONS

1. Call UW Medicine Transfer Center at 888-731-4791 to initiate transfer and begin upload of relevant CT images to PACS (Transfer Center personnel will guide in this).
2. Establish (2) large bore peripheral IVs, begin gentle IV fluid administration.
3. Permissive hypotension: Allow SBP >80mmHg for ruptures.
4. For HTN- initiate:
 - a. Esmolol gtt first:
 - i. Load with 500 mcg/kg/min over 1 minute
 - ii. Then 50mcg/kg/min, titrate to effect
 - b. Follow with Nipride gtt:
 - i. 0.3 to 0.5mcg/kg/min over 1 minute
 - ii. Increase by 0.5mcg/kg/min to MAX 10 mcg/kg/min.
 - c. To keep MAP < 80mmHg
5. Pain management—IV Morphine 2 mg bolus IV p.r.n.
6. Patient warming with Bair Hugger.
7. Goal SBP should be >80mmHg and <140mmHg.
8. Goal HR <100.
9. Goal O2 Sat > 90%.

If time permits—after speaking with the on-call vascular surgery attending you may be asked to do the following steps:

- Insert A-line in right radial artery.
- Place Foley catheter to monitor urine output.
- Clip hair in both groins, pubic area and entire abdomen.
- Remove and package all clothing for transport.
- Insert 6Fr sheath in Right Common Femoral Artery—and sew in place with sterile dressing.
(*CAUTION: this must only be performed by IR, Cardiology, or Surgeon trained in catheter-based techniques)

CALL UW MEDICINE TRANSFER CENTER AT: 888-731-4791

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