Aortic Dissection (AoD) Protocol

Assessment and Indications

- 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)
- Transmit CT images and/or label and send with patient

Initial Management

- Contact Minneapolis Heart Institute® at 612-863-3911 for an Aortic Dissection consult
- Activate transport team via fastest route possible
- NPO, monitor, place 2 large bore IVs, draw labs
- Do not place foley cath

Maintain Systolic BP between 90-120 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
- Oxygen: to maintain SpO2 ≥ 92%
- Consider IV Vitamin K if patient is on Coumadin

Learn More

"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.