

Acute AoD Management Pathway

Arrange for definitive management

- Appropriate surgical consultation
- Inter-facility transfer if indicated based on institutional capabilities (If transfer required initiate aggressive medical management until transfer occurs)

STEP 1
Immediate post diagnosis management and disposition considerations

STEP 2
Initial management of aortic wall stress

Obtain accurate blood pressure prior to beginning treatment
Measure in both arms
• Base treatment goals on highest blood pressure reading

Hypotension or shock state?

Anatomic based management

Intravenous rate and pressure control

Rate / Pressure Control 1
Intravenous beta blockade or Labetalol
(If contraindication to beta blockade substitute diltiazem or verapamil)
Titrate to heart rate < 60

Pain Control 2
Intravenous opiates
Titrate to pain control

Type A dissection

1 Urgent surgical consultation + Arrange for expedited operative management

2 Intravenous fluid bolus
• Titrate to MAP of 70mm Hg or Euvolemia
(If still hypotensive begin intravenous vasopressor agents)

3 Review imaging study for:
• Pericardial tamponade
• Contained rupture
• Severe aortic insufficiency

Type B dissection

1 Intravenous fluid bolus
• Titrate to MAP of 70mm Hg or Euvolemia
(If still hypotensive begin intravenous vasopressor agents)

2 Evaluate etiology of hypotension
• Review imaging study for evidence of contained rupture
• Consider TTE to evaluate cardiac function

3 Urgent surgical consultation

Systolic BP > 120mm Hg?

Secondary pressure control

BP Control 3
Intravenous vasodilator
Titrate to BP < 120mm HG
(Goal is lowest possible BP that maintains adequate end organ perfusion)

Etiology of hypotension amenable to operative management?

Dissection involving the ascending aorta?

Ongoing medical management
Close hemodynamic monitoring
Maintain systolic BP < 120mm Hg
(Lowest BP that maintains end organ perfusion)

Operative or interventional management

Ongoing medical management
Close hemodynamic monitoring
Maintain systolic BP < 120mm Hg
(Lowest BP that maintains end organ perfusion)

Complications requiring operative or interventional management?

Malperfusion syndrome
Progression of dissection
Aneurysm expansion
Uncontrolled hypertension

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STEP 3
Definitive management

STEP 4
Transition to out-patient management and disease surveillance

Transition to oral medications
(beta blockade/ antihypertensives regimen)
Outpatient disease surveillance imaging

