**Acute AoD Management Pathway**

**STEP 1**  
Immediate post diagnosis management and disposition considerations

**STEP 2**  
Initial management of aortic wall stress

- **Intravenous rate and pressure control**
  - **Rate / Pressure Control**
    - Intravenous beta blockade or Labetalol (if contraindication to beta blockade substitute diltiazem or verapamil)
    - Titrated to heart rate < 60
  - **Pain Control**
    - Intravenous opiates
    - Titrated to pain control

- **Systolic BP > 120 mm Hg?**
  - No
  - **Secondary pressure control**
    - **BP Control**
      - Intravenous vasodilator
      - Titrated to BP < 120 mm Hg
      - (Goal is lowest possible BP that maintains adequate end organ perfusion)
  - Yes

- **Hypotension or shock state?**
  - No
  - **Anatomic based management**
  - Yes

- **Type A dissection**
  - Urgent surgical consultation
  - Arrange for expedited operative management
  - Intravenous fluid bolus
  - Titrated to MAP of 70 mm Hg or Euvolemia
  - (If still hypotensive begin intravenous vasopressor agents)

- **Type B dissection**
  - Intravenous fluid bolus
  - Titrated to MAP of 70 mm Hg or Euvolemia
  - (If still hypotensive begin intravenous vasopressor agents)

- **Etiology of hypotension amenable to operative management?**
  - Yes
  - Urgent surgical consultation

**STEP 3**  
Definitive management

- **Dissection involving the ascending aorta?**
  - No
  - **Ongoing medical management**
    - Close hemodynamic monitoring
    - Maintain systolic BP < 120 mm Hg
    - (Lowest BP that maintains end organ perfusion)
    - Complications requiring operative or interventional management?
      - Yes
      - Malperfusion syndrome
      - Progression of dissection
      - Aneurysm expansion
      - Uncontrolled Hypertension
    - Operative or interventional management
  - Yes

- **Complications requiring operative or interventional management?**
  - Yes
  - Malperfusion syndrome
  - Progression of dissection
  - Aneurysm expansion
  - Uncontrolled Hypertension

**STEP 4**  
Transition to outpatient management and disease surveillance

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

**Transition to out-patient management and disease surveillance**