Consider Acute AoD in All Patients Presenting With:
- Chest, back, or abdominal pain
- Syncope
- Symptoms consistent with perfusion deficit (Box 1)

Perform Bedside Pre-Test Risk-Assessment

High-Risk Conditions
- Marfan Syndrome
- Connective tissue disease
- Known aortic valve disease
- Recent aortic valve manipulation
- Known thoracic aortic aneurysm

High-Risk Pain Features
- Abrupt onset
- Severe
- Ripping/tearing/sharp/stabbing

AND

High-Risk Exam Features
- Pulse/pressure deficit
- Focal neurologic deficit (with pain)
- NEW AI murmur (with pain)
- Hypotension/shock state

Low Risk
NO high risk features
Proced with diagnostic evaluation as clinically indicated by presentation

Intermediate Risk
ANY SINGLE high risk feature

High Risk
TWO OR MORE high risk features

ECG Consistent with STEMI? Yes
"Likely primary ACS. Initiate appropriate treatment"
No

CXR with clear alternative diagnosis?
Yes
Initiate appropriate treatment

No

H&P strongly suggestive of specific alternative diagnosis?
Yes
Alternative Diagnosis confirmed by further testing?
Yes
No

Proceed to Aortic Imaging (Pg. 2)

Alternative diagnosis identified?
Yes
Initiate appropriate treatment

No

Unexplained widened mediastinum?
Yes

No

Consider aortic imaging based on clinical scenario

Box 1
Signs and Symptoms consistent with: 1) CVA, 2) Mesenteric ischemia 3) Myocardial infarction, or 4) Limb ischemia

Revised: 6-20-16
Expedited Aortic Imaging

If clinical suspicion remains high obtain secondary imaging study

Aortic Dissection Present?

Yes
Proceed to Treatment Pathway

No

Arrange for Definitive Management
Type A: Cardiac surgery consult
Type B: Vascular surgery consult
(refer to amion or engage HUC)

Rate/Pressure Control
1. Pain control with IV opiates
2. Esmolol; Titrate to HR 60
(Diltiazem inpatients with severe CHF/COPD)

Hypotension or Shock State?

No

SBP>120?

Yes
IV Vasodilator (i.e. Nitroprusside)
Titrate to SBP<120

No
Continue current medical management

Yes

SBP>120?

Yes
Type A Dissection?

No Type B

Indication for operative intervention? (Box 2)

Yes
Discuss operative management with vascular surgery

No
Admit for medical management

Type A
Transfer to OR with Cardiac Surgery

Type B
Admit for medical management

Box 2: Indications for operative intervention in Type B dissections
- Aortic rupture
- Limb/organ ischemia
- Intractable pain
- Progression of dissection
- Uncontrolled hypertension