

Madigan Army Medical Center Clinical Practice Guidelines

Management of Known or Suspected Abdominal Aortic Aneurysm

Department of Medicine/Cardiology
Madigan Army Medical Center
Maintained by Quality Services Division
Clinical Practice and Referral Guidelines Administrator

Last Review for this Guideline: **May 2010**
Clinical Guidelines require review every three years

TITLE: CLINICAL GUIDELINE FOR THE MANAGEMENT OF KNOWN OR SUSPECTED ABDOMINAL AORTIC ANEURYSM (AAA)

INDICATIONS FOR THE CLINICAL GUIDELINE: Patients with abdominal aortic aneurysms present to health care providers with a wide spectrum of clinical stability. The approach to a patient with an AAA is dependent upon the clinical manifestation and hemodynamic stability of the patient. Understanding the different clinical manifestations of the disease is vital for delivering appropriate care. We have divided patients into four separate clinical presentations. While all four carry the same potential diagnosis (AAA), their workup and referral pattern differ significantly. The previous confusion of these four separate clinical presentations was the stimulus for creating this document. These guidelines do not pertain to thoracic aortic aneurysms or dissections, which are separate diseases that require a different approach.

METRICS: THE KEY ELEMENTS OF THE CLINICAL GUIDELINE THAT WILL BE USED TO MONITOR PROVIDER ADHERENCE TO THE CLINICAL GUIDELINE.

Medical records will be reviewed to monitor compliance with the metrics described in the [AAA management checklist](#). The following metrics listed as A, B, and C on the checklist must all be followed.

Symptomatic patients, suspected or known to have an AAA, who are clinically/hemodynamically stable should have an urgent consultation with Vascular Surgery (A & B)

Clinical unstable patients, suspected or known to have an AAA, should have an emergent consultation with Vascular Surgery (C)

DATE: Published: May 1999, Revised: April 2000, May 2007

AUTHORS:

Please contact the clinical guidelines administrator at 253-968-3013 for information regarding the authors of this clinical guideline.

AREAS OF DISAGREEMENT: There was a considerable amount of discussion among all committee members about how to classify patients, what radiological study to order and timing of specialty consultation as well as who should be consulted (junior resident, senior resident, attending). All agree with submitted proposal.

PUBLISHED GUIDELINES OF CARE AND OTHER REFERENCES UPON WHICH THE CLINICAL GUIDELINE IS BASED:

Crawford ES, Hess KR: Abdominal aortic aneurysms. N Engl J Med 321:1040 1989. Neutt MP, Ballard DJ, Hallett JW: Prognosis of abdominal aortic aneurysms. A population-based study. N Engl J Med 321:1009 1989. Jones CS, Reilly MK, Dalsing MC et al.. Chronic contained rupture of abdominal aortic aneurysms. Arch Surg 121:542, 1986. Tintinalli JE: Emergency Medicine: A comprehensive study guide: 4th edition, McGraw Hill 382:386, 1996. Rosen P: Emergency Medicine: Concepts and clinical practice, 4th edition; Mosby 1806-1819, 1998

CLINICAL PRACTICE RECOMMENDATIONS: Refer to AAA Management checklist, and AAA Management Flow sheet. Patients with AAA are separated into four different clinical categories. The categories were arbitrarily labeled I, II, III, IV. Category III and IV represent those patients where every minute of resuscitation, workup, etc. . . . , is critical because patient mortality and morbidity directly correlates with the speed in which the AAA is surgically corrected. The critical nature of category III and IV patients is what prompted the recommended immediate contact with a peripheral vascular surgery attending, as well as a host of other consultants. Please refer to attached flow sheet for recommended diagnostic approach and consultation patterns.

KEY POINTS: Patients with AAA present to health care providers with a wide spectrum of clinical stability. The approach to a patient with an abdominal aortic aneurysm is dependent upon the clinical manifestation and hemodynamic stability of the patient. Understanding the different clinical manifestations of the disease is vital for delivering appropriate care. We have divided patients into four separate clinical presentations. While all four carry the same potential diagnosis (AAA), their workup and referral pattern differ significantly. The previous confusion of these four separate clinical presentations was the stimulus for creating this document. *These guidelines do not pertain to thoracic aortic aneurysms or dissections*, which are separate diseases that require a different approach.

IMPACT STATEMENT TO THE INSTITUTION: Patients with AAA can present to a wide range of health care providers and the workup of such patients affects a variety of departments. The following departments/services may be involved with their medical care: Emergency Medicine, Vascular Surgery, General Surgery, Radiology, Internal Medicine, Family Medicine, Anesthesiology and other Primary Care clinics.

LINKS WITHIN THE MAMC INTRANET: Proposed future links may include a reminder with ordering of abdominal CT scans.

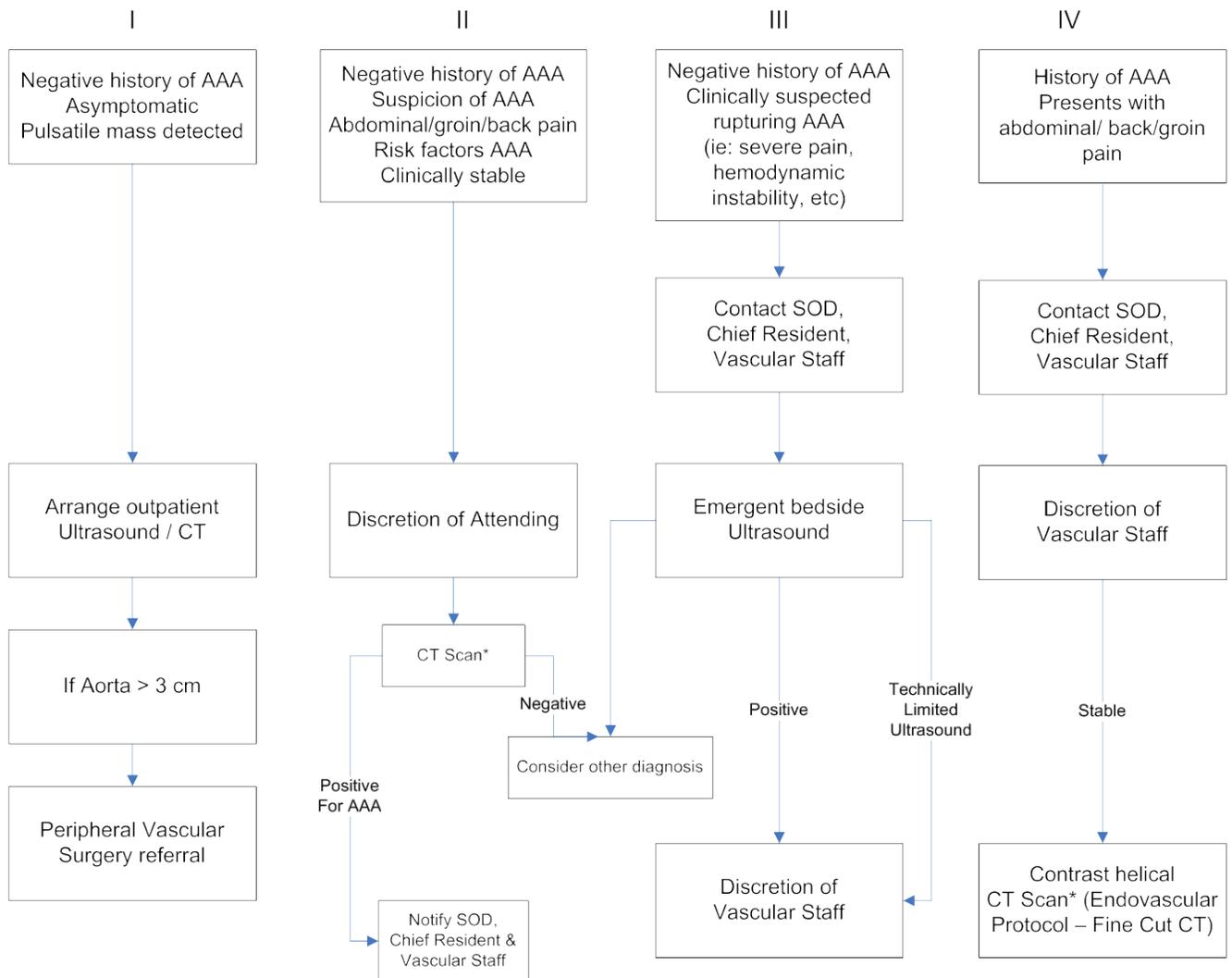
METHODS OF PROVIDER EDUCATION: Designated Standardization POC's for the departments will forward this guideline and Department/Service Chiefs of specialties that may care for AAA patients will notify their departments of the guideline and emphasize the use of the guideline. Annual education to all providers should be performed. The guideline will be listed on the MAMC Intranet. Hard copies of this guideline should be kept readily available in the following departments: Emergency Medicine, Radiology, Vascular Surgery, General Surgery and Primary Care clinics.

METHODS OF PATIENT EDUCATION: There are no patient education materials for this clinical guideline.

REVISION FREQUENCY: This guideline will be reviewed and updated by the POC annually. If the changes are substantial the guideline will be subject to review and approval by the Clinical Guidelines and Outcomes Integrations Committee. Changes not deemed "substantial" will be approved by the Chair, Clinical Guidelines and Outcomes Integrations Committee.

Approach to the Patient with Known or Suspected Abdominal Aortic Aneurysm

In order to maximize efficiency and patient care, it's important to have an organized plan of action. Teamwork between departments is necessary to ensure quality patient care.



* Prior to ordering CT, check Creatinine level – if > 2.5, get Vascular clearance prior to ordering enhanced study

Pre-operative goals: 2 large bore IVs, CXR, coagulation studies, EKG, CBC, Chem 7, Foley
 This clinical standard does **NOT** pertain to *Thoracic Aortic Dissection / Aneurysm*

Abdominal Aortic Aneurysm (AAA) Management Checklist

Date: _____

Time: _____

1. History of AAA > 3cm

a. Yes

b. No

2. Symptomatic: Abdominal, back, groin pain

a. Yes

b. No

3. Clinical condition consistent with AAA rupture

a. Yes

b. No

4. Is patient hemodynamically unstable

a. Yes

b. No

5. Emergency referral to peripheral vascular surgery staff in a timely fashion
(input noted on medical record, direct or indirect acceptable)

6. Outpatient ultrasound/CT scheduled in an asymptomatic pulsatile mass

Metrics required to meet standard

A. If 2a plus 1a or 3a or 4a, then 5 must be performed

B. If 1a plus 4a, then 5 must be performed

C. If 3a, then 5 must be performed

Patient Identification

Printed Name _____

Signature _____