

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 _____