

Ruptured Abdominal Aortic Aneurysm (AAA) Assessment, Consultation & Referral Guide

This guide is intended as a support tool to assist the emergency department clinician with initial diagnosis, immediate clinical management and vascular surgeon consultation and/or transfer to a vascular program for patients with moderate to high suspicion for ruptured AAA and should be applied using clinical judgement.

Ruptured AAA is a vascular surgical emergency.

Consultation with a vascular surgeon should be initiated within 30 minutes of first medical contact with a patient with suspected ruptured AAA.

If vascular services are not available on-site, **phone CritiCall**Ontario to facilitate all ruptured AAA consultations with a vascular surgeon and transfers to a vascular program.

This information is for guidance only and is not a requirement.

*Time goals are not standards for medicolegal purposes. Times will vary based on patient presentation and other circumstances.

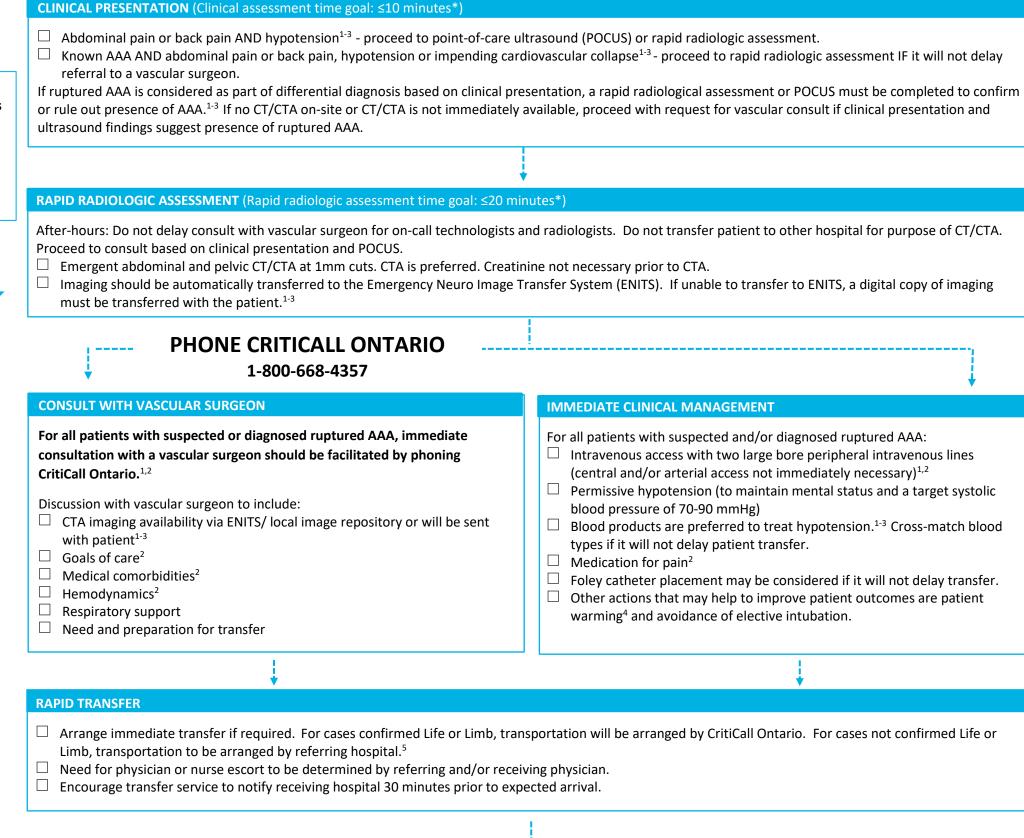
Consult, transfer and repatriation of the patient is supported by the Ontario Life or Limb Policv.⁵

Final decision to transfer remains at the discretion of the referring and receiving physicians.

Reference

- Mell MW, Starnes BW, Kraiss, LW, et al. Western Vascular Society Guidelines for Transfer of Patients with Ruptured AAA. J Vasc Surq, 2017;65:603-8.
- Chaikof EL, Dalman RL, Eskandari RK, et al. The Society for Vascular Surgery practice guidelines on the care
 of patients with an abdominal aortic aneurysm. J Vasc Surq, 2018;67:2-77.
- 3. Hinchliffe RJ, Ribbons T, Ulug P, et al. Transfer of patients with ruptured abdominal aortic aneurysm from general hospitals to specialist vascular centres: results of a Delphi consensus study. *Emerg Med J*, 2013:30:483–486.
- 4. Spahn DR, Bouillon D, Cerny, V, et al. Management of bleeding and coagulopathy following major trauma: an updated European guideline. *Crit Care*, 2013;17(2):R76.
- Ontario Life or Limb Policy:
- http://www.health.gov.on.ca/en/pro/programs/criticalcare/docs/provincial_life_or_limb_policy.pdf

*Time goal:
≤30 minutes
from first
medical
contact to
CritiCall
activation



RECEIVING HOSPITAL (Arrival at receiving hospital to intervention start time goal: ≤30 minutes*)

 $\ \square$ Emergent evaluation and intervention by receiving vascular team.