

Symptomatic or Ruptured Abdominal Aortic Aneurysm (AAA) Pre-Transfer Clinical Recommendations



Transfer Center: **919-681-3440** Elective Referral Line: **919-576-8641** Email: Duke.vascular.aortic@duke.edu

Goals

SBP: > 80 mmHg and <140mmHg

HR: <100 BPM

O2: Sat > 90%

IV: 2 large bore IVs and begin gentle IVF; one IV in the right antecubital

Airway/Breathing:

- Avoid intubation/paralytics unless patient is unconscious or GCS < 8

- Start O2 at 2 L/min nasal cannula

Pain Management

IV morphine 2 mg bolus
PRN q 5 minutes

Temperature

Patient warming with Bair Hugger

Communication

To notify if patient condition is worsening or stabilizing to determine arrival to ED or directly to OR

- Departure and ETA every 30 min if able
- 15 min pre-arrival notification

Permissive Hypotension

Goal for normal mentation SBP 80 - 120 mmHg

If decreased mentation or SBP < 80 mmHg:

- Ongoing needs for resuscitation to keep SBP > 80 mmHg should be preferentially done with blood products over crystalloid
- If crystalloid is used, administer discrete fluid boluses of 250 - 500 CC for improved mentation or SBP > 80 mmHg

Hypertension (SBP > 140 mmHg)

Initiate Esmolol infusion first (2.5 gm in 250 mL NS or D5W)

- Load with 500 mcg/kg/min over 1 minute
- Then 50 mcg/kg/min, titrate to effect
- If HR initial <60 BPM, start Nicardipine instead of Esmolol

Adjunct: If Esmolol infusion is unable to achieve SBP < 120 mmHg or HR < 60 BPM

Nicardipine infusion (25 mg in 250 mL NS or D5W)

- Start at 5 mg/hr
- Increase 1 - 2.5 mg/hr q 15 minute to achieve SBP < 120 mmHg
- Max dose of 15 mg/hr

Nitroprusside infusion

- 0.3 - 0.5 mcg/kg/min over 1 minute
- Increase by 0.5 mcg/kg/min
- Max dose 10 mcg/kg/min

Goal to keep MAP < 80 mmHg and cognitive mentation

Additional requests

If time permits, the vascular surgery attending on-call may ask for the following (based on resources and professional expertise):

- Insert an **A-line** in the right radial artery
- Place **foley catheter** to monitor urinary output
- **Clip hair** in bilateral groins, pubic area, and entire abdomen
- Remove and package all clothing for transport
- Insert **6 Fr sheath** in right common femoral artery
 - Sew in place with sterile dressing
 - **Caution:** This must only be performed by IR, Cardiology, or surgeon trained in catheter-based techniques