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

This guide is intended as a support tool to assist consultations with vascular specialist and/or transfer to a Vascular Centre for patients with moderate to high suspicion for ruptured AAA. The guide should be applied using clinical judgement.

Ruptured AAA is a surgical emergency. Consultation with a vascular specialist should be initiated within 30 minutes of first medical contact with a patient suspected of rAAA.

If vascular services are not available on-site, contact CritiCall Ontario to facilitate ALL rAAA consultations and potential referral to a Vascular Centre.

**Clinical Presentation (Clinical Assessment Target Time ≤ 10 minutes*)**

- Abdominal pain or back pain AND hypotension.1,2,3 Proceed to POCUS or rapid radiologic assessment.
- Known AAA AND abdominal pain or back pain, hypotension, or impending cardiovascular collapse.1,2,3 Proceed to rapid radiologic assessment IF it will not delay referral to a vascular specialist.

*If rAAA is considered as part of differential diagnosis based on clinical presentation, a rapid radiological assessment or POCUS must be completed to confirm or rule out presence of AAA.1,2,3 If no CT/CTA on-site or CT/CTA is not immediately available, proceed with request for vascular consult if clinical presentation and ultrasound findings suggest presence of rAAA.

**Rapid Radiologic Assessment: CTA (Rapid Radiologic Assessment Target Time ≤ 20 minutes*)**

After-hours: Do not delay consult with vascular specialist for on-call technologists & radiologists. Do not transfer patient to other hospital for purpose of CT/CTA. Proceed to consult based on clinical presentation and POCUS.

- Abdominal and pelvic CT/CTA at 1mm cuts. CTA is preferred. Creatinine not necessary prior to CTA.
- Imaging should be automatically transferred to ENITS. If unable to transfer to ENITS a digital copy of imaging must be transferred with the patient.1,2,3

**Immediate Clinical Management**

- Intravenous access with two large bore peripheral IVs (central and/or arterial access not immediately necessary).1,2
- Permissive hypotension (to maintain mental status and target systolic blood pressure of 70-90 mmHg).
- Blood products are preferred to treat hypotension.1,2,3 Cross-match blood types if it will not delay patient transfer.
- Medication for pain.2
- Foley catheter placement may be considered if it will not delay transfer.
- Other actions that may help improve patient outcomes are patient warming4 and avoidance of elective intubation.

**Consult with Vascular Specialist**

- Discussion with vascular specialist1,2 includes:
  - CTA Imaging availability via ENITS/ local image repository or will be sent with patient1,2,3
  - Goals of care2
  - Medical comorbidities2
  - Hemodynamics1
  - Respiratory support

**Phone**

CritiCall Ontario

1-800-668-4357

**Rapid Transfer**

- Arrange immediate transfer. Cases confirmed Life or Limb5, transportation will be arranged by CritiCall Ontario. Cases not confirmed Life or Limb5, transportation arranged by referring hospital.
- Physician or nurse escort may be required as determined by referring physician.

**Receiving Hospital**

- Emergent evaluation and intervention by receiving vascular team

**References:**