



Physician Orders
Abdominal Aortic Aneurysm (AAA)
Referring Physician Work Up

ED Arrival Date: _____ Time: _____

Referring Physician: _____

Contact #: _____

Allergies: _____

Family Disposition: _____ Contact #: _____

Height: _____' _____" _____ cm Weight: _____ kg _____ lbs

Patient Label

TRANSFER:	TIME COMPLETED:
Contact MHI at 612-863-3911 for admission to Abbott Northwestern Speak to a physician for acceptance and transfer of AAA patient. Inform receiving physician of Critical Lab Results (Platelets <100,000; INR>1.5; Hgb < 10) and if patient is on anticoagulant (ex. Coumadin, Plavix)	
Call for air transport: Life Link 1-800-328-1377 North Air 1-800-247-0229	
DIAGNOSTIC STUDIES:	TIME COMPLETED:
Lab work: Basic Metabolic Panel, Hemoglobin, Platelets, INR, Type & Cross	
CT Scan abdomen/pelvis without contrast with 2.5 mm cuts. CT (CTA) Scan abdomen/pelvis with IV contrast (no oral contrast) with 1.25mm cuts. Label STAT AAA and transmit films to 612-863-4941 or send films/disk with the patient.	
Copy and send with patient any labs, 12 Lead EKG, face sheet, Imaging studies (including CXR and CT Scan) ED notes	
DO NOT PLACE FOLEY CATHETER	
STABILIZATION:	TIME COMPLETED:
Keep NPO	
Cardiac Monitor, obtain 2 large bore IVs	
Maintain Systolic BP between 90-110 mmHG HR 60-80 Allow Permissive Hypotension to SBP of 90 mmHG	
1st Option: Labetalol 5-10 mg bolus IV followed by repeat incremental bolus dose 10-20 mg every 10 minutes or may start continuous IV infusion at 1-2mg/min until desired BP effect is achieved.	
2nd Option: Esmolol: 500 mcg/kg IV loading dose over 1 minute followed by a continuous infusion of 25-50 mcg/kg/min. Increase every 4 minutes by 25 mcg/kg/min to a maximum infusion rate of 300 mcg/kg/min.	
3rd Option: Nitroprusside (Nipride) 0.2 mcg/kg/min continuous IV infusion; increase by 0.2 mcg/kg/min every 5 minutes up to 10 mcg/kg/min.	
Morphine sulfate 2-4 mg IV push every 10 minutes as needed or Dilaudid 0.2-0.3 mg IV push every 15 minutes as needed.	
Consider IV Vitamin K if patient is on Coumadin per facility discretion.	
Place Arterial line if time allows	
Transfer/transfuse with PRBC if able	
All suspected AAA patients go directly to Abbott Northwestern's ED prior to the OR	