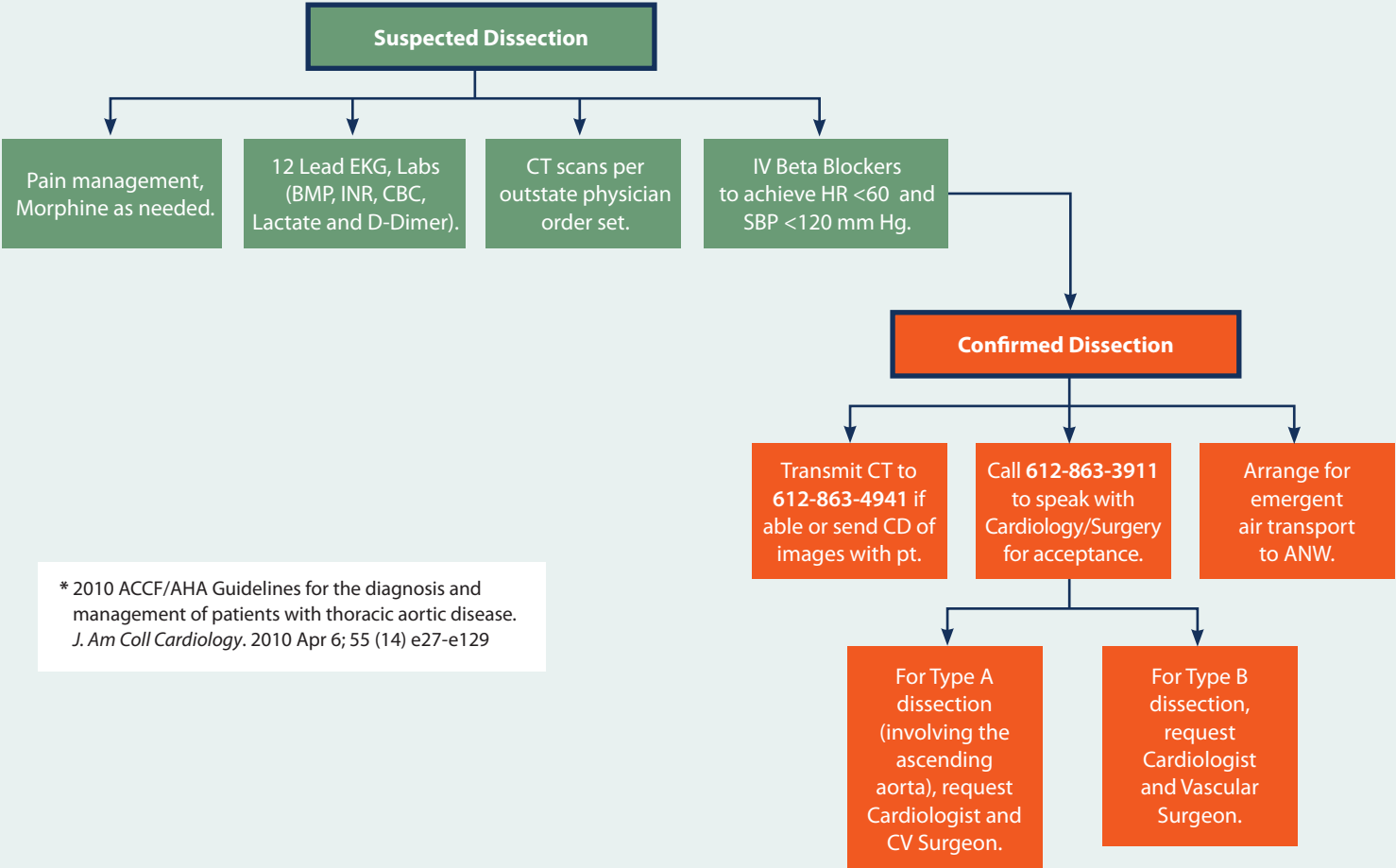


ANW/MHI Acute Dissection Protocol
Is the aortic dissection suspected or confirmed?
Refer to Aortic Dissection Outstate Physician Order Set.

- *High-risk chest, back or abdominal pain features:**
- Pain that is abrupt or instantaneous in onset.
 - Pain that is severe in intensity.
 - Pain that has a ripping, tearing, stabbing or sharp quality.

- *High-risk conditions and historical features**
- Marfan syndrome, Loeys-Dietz Syndrome, vascular Ehlers-Danlos syndrome, Turner syndrome, or other connective tissue disease.
 - Patients with mutations in genes known to predispose to thoracic aneurysms and dissection, such as FBN1, TGFBR1, TGFBR2, ACTA2 and MYH11.
 - Family history of dissection or thoracic aortic aneurysms.
 - Known Aortic Valve disease.
 - Recent Aortic manipulation (surgical or catheter based).
 - Known thoracic aortic aneurysm.

- *High-risk examination features:**
- Pulse deficit
 - Systolic blood pressure limb differential greater than 20 mm Hg.
 - Focal neurological deficit.
 - Murmur or aortic regurgitation (new).



* 2010 ACCF/AHA Guidelines for the diagnosis and management of patients with thoracic aortic disease. *J. Am Coll Cardiology*. 2010 Apr 6; 55 (14) e27-e129