



Aortic Dissection Outstate Physician Order Set

ED Arrival Date: _____ Time: _____

Referring Physician: _____

Contact #: _____

Allergies: _____

Family Disposition: _____ Contact #: _____

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

Patient Label

CALL:	TIME COMPLETED:
Call Minneapolis Heart Institute® at Abbott Northwestern - 612-863-3911. Speak to a cardiologist for acceptance and transfer of Aortic Dissection (AoD) patient.	
Call for air transport: Life Link 1-800-328-1377 Mayo Air Care: 1-800-237-6822 North Air 1-800-247-0229	
Keep NPO	
DIAGNOSTIC STUDIES:	TIME COMPLETED:
12 Lead EKG	
Lab work: Basic Metabolic Panel, INR, CBC with Platelets, Lactate, D-Dimer,	
CT Scan protocol: CT Chest without contrast STAT, and CT Chest, Abdomen and Pelvis with contrast STAT Label STAT Aortic Dissection and transmit films to 612-863-4941 and send films/disk with patient.	
PHYSICAL EXAM:	TIME COMPLETED:
Record BP in both arms R: _____ / _____ L: _____ / _____	
STABILIZATION:	TIME COMPLETED:
Cardiac Monitor, obtain 2 large bore IVs	
Achieve Intravenous Heart and Pressure Control to target Heart Rate < 60 bpm and Systolic Blood Pressure < 120 mm Hg	
Initial: Intravenous Beta Blockade OR Labetalol	
<input type="checkbox"/> Labetol: 20 mg bolus IV followed by repeat incremental bolus dose. 20-80 mg every 10 minutes or may start continuous IV infusion at 1-2mg/min. <input type="checkbox"/> OR <input type="checkbox"/> 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. <input type="checkbox"/> OR <input type="checkbox"/> If beta blockade contraindicated, IV Diltiazem 0.25 mg/hour load with 20 mg maximum; start infusion of 5 mg/hour to maximum of 15 mg/hour	
Intravenous Opiate titrate for pain control - Morphine Sulfate 2-6 mg IV as needed	
Secondary Pressure Control - Intravenous Vasodilator to titrate SBP < 120 mm Hg Nipride 0.5 mcg/kg/min continuous infusion. Increase 0.2 mcg/kg/min every 5 minutes as needed	
For Shock State or Hypotension, Intravenous Fluid Bolus titrate to Mean BP 70mm Hg or euvolemia. If hypotensive still, begin intravenous Vasopressor agent, Dopamine 5 mcg/kg/min.	
ALL SUSPECTED AORTIC DISSECTION PATIENTS GO DIRECTLY TO ABBOTT NORTHWESTERN EMERGENCY DEPARTMENT.	

TRANSFER CHECKLIST

- | | |
|--|---|
| <input type="checkbox"/> All copies of EMS reports | <input type="checkbox"/> This form completed with timing of meds documented |
| <input type="checkbox"/> All EKGs | <input type="checkbox"/> Vital signs |
| <input type="checkbox"/> Lab results | <input type="checkbox"/> Transferring Physician H&P |
| <input type="checkbox"/> Chest x-ray | <input type="checkbox"/> CT films on disc |