**SUMMARY: Thoracic Aortic Dissection**

|  |
| --- |
| **Case Introduction** |
| 76 yo male brought in with sudden inability to move legs. |

| **Patient Parameters** | **Effective Management** | **Notes** |
| --- | --- | --- |
| **Phase 1: Presentation**  **Condition:** Anxious. Skin cool and clammy  **Initial Assessment**   * **Heart Rhythm:** Sinus * **HR:** 72 * **BP:** 70/40 * **RR:** 20 * **SP02:** 93% * **T:** 37.0 * **Glucose:** 18 * **CNS:** GCS 15. Unable to move legs. * **Chest:** Clear * **Integ:** Cool and clammy | 1. **Take a focused history** (see Notes column) 2. **Medical Management**  * ABC’s * IV, O2, monitor * Thoracic Aorta Dissection Management:   + Type B – Manage medically   + Type A – Recognize must go to OR * Identify differential diagnoses for acute paraplegia * Investigations * Call surgeon   **Consequences of ineffective management**   * Death | 1. **Focused history**  * Sudden onset associated with shoulder pain.     **PMHx**   * Diabetes * Back pain * HTN * CHF with poor EF   **Meds**   * Metoprolol * Ramipril * Lasix * Metformin   **Allergies**   * NKA |
| **Phase 2: Improvement**  **Condition:**  **Physical Exam**   * **Heart Rhythm:** Sinus * **HR:** 80 * **BP:** 180/98 * **RR:** 18-20 * **SP02:** 93% on 3L * **CNS:** GCS 15. No change to paraplegia. | 1. **Patient Reassessment** (see Notes column) 2. **Medical Management**  * Continue managing ABCs * Surgeon calls back – OR ready | 1. **Patient Reassessment**   **Airway**   * Patent   **Breathing**   * Improved   **Circulation**  Improved |