

AAA Emergency Pathway For Patients Accepted By The Vascular Team

AAA patients coming from Community / QHB /Chesterfield who have been accepted by the Vascular team at RDH.

Accepting Vascular Registrar calls the ED consultant via RED Resus phone **Tel 01332783121.**
EMAS / WMAS to contact ED RED Resus phone with ETA.

On Patient Arrival to RDH Resus

ED Team contact the Vascular Registrar on-call **Tel 07385402247**
(+/- the Vascular consultant via Switch).

1. ED Resus team monitor and support the patient (ECG / Bloods including Cross Match).
2. Vascular Reg/Cons undertake initial evaluation of the patient, including the need for CT scan.
3. Vascular Reg/Cons contact Anaesthetist / Theatre team / Radiology team.
4. Patient transfers to CT scan (swift and optimal time).

Following patient CT scan, return patient to ED Resus.

Radiologist and Vascular Reg/Cons discuss intervention suitability regarding 3 possible scenarios.

If confirmed as a leaking AAA on CT Scan,

- 1 Swift transfer of the patient to theatre is essential. Further resuscitation will only lead to delay and further blood loss.
This swift (within minutes) transfer process will be led and coordinated by the vascular surgeon and anaesthetist. May require support from ED team to transfer the patient to theatre.
- 2 Very occasionally there may be direct transfer from CT scan to theatre.
- 3 Consider activation of the major haemorrhage protocol at this time for open repairs (but do not delay transfer to theatre).

If not a leaking AAA,

Vascular Reg/Con to call other appropriate speciality on call Reg/Con to hand the patient over to the appropriate speciality.

- 1 Vascular Reg/Con to advise ED Consultant of the transfer of care, and clearly document in the patients ED notes.
- 2 Patient who has a clear medical emergency - MI for example, to remain in ED Resus / Majors under the care of the ED team until transferred to the accepting speciality inpatient bed / discharged.
- 3 If a Surgical intervention required, the patient to be admitted to SAU and referred through to the appropriate speciality from there.
- 4 Patient who turns out not to be a AAA but requires further investigations / possible referral to Gastro team to be transferred to SAU and then referred onto the appropriate speciality inpatient team, once surgical intervention excluded.

If determined that intervention is not suitable and deemed for 'End of Life' care,

Vascular Reg/Con to have the significant conversation with the patient / next of kin regarding EOL care and complete the appropriate documentation.

- 1 Transfer to SAU is arranged unless the vascular team have agreed with a different in-patient speciality to take over EOL care.
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