

Safe Transfer of People with Acute Aortic Dissection (aAD).

South England Aortic Dissection Network

A medical escort is required for ambulance service transfers.

PREPARATION

Lines Patients must have 2 sites of peripheral intravenous access or central venous access. An arterial line is not essential (but helpful!). Peripheral infusion lines should be taped to the skin with a mesentery and doubled back to reduce the risk of dislodgement. Arterial line must be attached using the disposable transducer holder.

Labetalol infusion The recommended concentration of labetalol is 100mg/20ml. This is delivered using a syringe driver. The rate is titrated to achieve pulse rate < 60 pm and blood pressure < 110 mmHg systolic. Ensure that there is adequate infusion volume for the transfer, this is especially important when patient transferring a long distance.

Opiate analgesia One cannula (ideally right) must have a bag of crystalloid, giving set, three-way tap and extension line connected to enable bolus opioid administration en-route without an ambulance crew member, or doctor, unbuckling from their seat.

Anti-emetic Prescribing an anti-emetic is recommended for motion sickness.

Reassurance Explain to patient and carers and relatives what is happening.

Provide them and/or their relatives with a patient information sheet.

Medical records Emergency department records must be photocopied in advance of the arrival of the transfer team.

Communication Inform receiving aortic centre that patient has left and ETA.

DEBRIEF

Run through with the team how the diagnosis, referral stabilisation of the patient and transfer were managed. Feedback any issues identified to the network.

DURING INTER-FACILITY TRANSFER

A medical escort is required for ambulance service transfers.

Monitoring Minimum monitoring is pulse, blood pressure and temperature hourly.

Pulse and Blood pressure Follow targets set in the Supra-regional aAD SOP.

Temperature The ambient temperature should be set to ensure patient and crew comfort. A warming blanket may be used, these blankets must never be placed in direct contact with the patient's skin as there is a small risk of contact burns.

Anxiety Anxiety is to be expected and reassurance should be given.

Acute deterioration Contact specialist aortic team or on-call ACCST Consultant for advice. If deterioration is rapid and patient will not survive surgery then stopping at the nearest ED, or returning to local hospital, may be preferable to continuing to specialist aortic centre.

ARRIVAL AT AORTIC CENTRE

- Make way to location identified in the SOP.
- Introduce team to receiving team and state if there are any immediate requirements.
- Provide a structured handover to receiving team.

POST TRANSFER

- Clean equipment.
- Complete checklist to ensure no equipment is left behind.
- Arrange return journey for medical escort (if used).
- Depart.