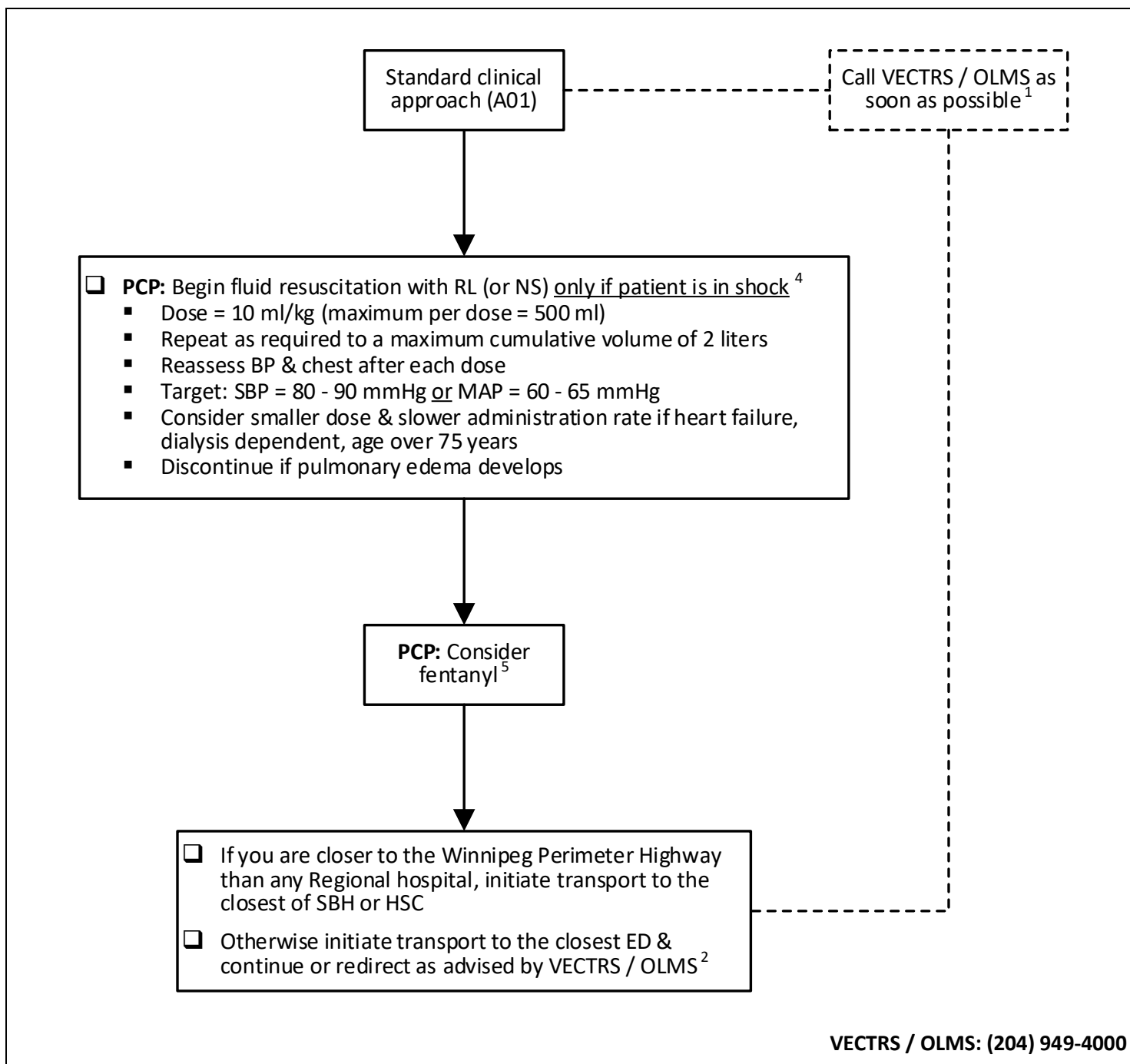
 Shared health Soins communs Manitoba	E09 - ABDOMINAL AORTIC ANEURYSM (ADULT)		
	Version date: 2025-04-17		Effective Date: 2025-04-30 (07:00)
PCP = PCP - ACP	ICP = ICP & ACP	ACP = ACP only	None = EMR - ACP



INDICATIONS

- Known or suspected symptomatic or rupture abdominal aortic aneurysm

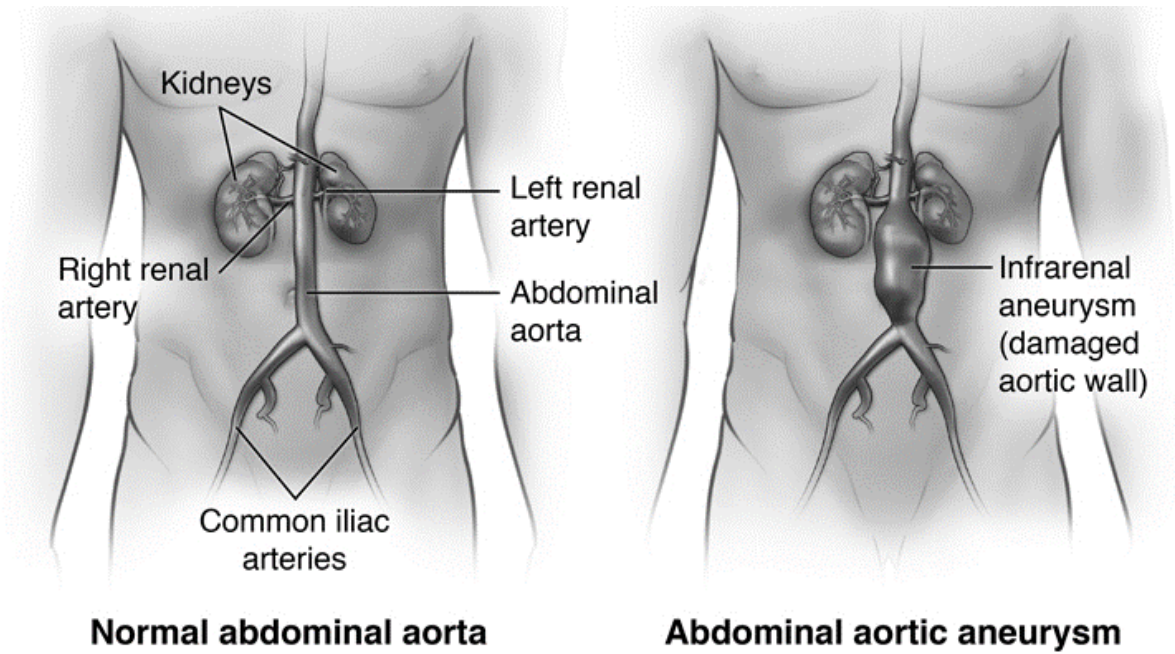
WARNINGS

- None

NOTES

1. If an abdominal aortic aneurysm (AAA) has ruptured, the patient requires immediate assessment and emergency treatment at the closest available vascular surgery center.
Calling the Virtual Emergency Care & Transport Resource Service (VECTRS) and consulting online medical support (OLMS) for assistance with destination decision making and facility pre-alert is essential.
2. Depending on your location, transport duration, patient condition, and whatever services are available at the closest facility, it may advise you to bypass it and transport to an alternative destination.
Where feasible (and if they have not already been auto launched) VECTRS / OLMS may conference in the transport physician and air medical crew for consideration of air intercept.
3. AAA is defined as an infrarenal aorta with a diameter of greater than 3.0 centimeters (figure 1). After age 50, the prevalence is between 4 and 8 percent in males, and about 1 percent of females. Risk factors for its development include older age, cigarette smoking, hypertension, and atherosclerosis.
The aneurysm will inevitably expand over time, usually at a rate of about one-third of a centimeter per year. The likelihood that the aneurysm will spontaneously rupture increases once its diameter reaches 5 cm.
The majority of patients are asymptomatic, and many are discovered during routine screening or as an incidental findings during imaging for an unrelated condition. Only 25 percent of patients are aware that they have a AAA at the time of rupture.
Symptomatic unruptured aneurysms can present with abdominal, back, or flank pain as the expanding aorta compresses adjacent structures. Ischemic leg pain can result from downstream occlusion of an iliac artery or even a concomitant iliac artery aneurysm. Rupture must be excluded with the development of any symptoms.
The classical presentation of a rupture AAA with severe pain, hypotension, and a pulsatile abdominal mass occurs in less than half of all patients. The absence of a pulsatile mass, however, does not exclude the diagnosis as smaller aneurysms can be difficult to palpate, especially in the obese patient.
4. In the event of a rupture, overly aggressive crystalloid administration may worsen bleeding. Crystalloid administration should be limited to the minimum amount needed to maintain adequate cerebral perfusion. Otherwise administer at an appropriate rate to maintain venous patency (TKVO).
5. The pain of aortic rupture can be excruciating. Careful administration of analgesia should be considered, but may worsen hypotension.

FIGURE 1



LINKS

- A01 - Standard Clinical approach
- M03.2 - Fentanyl

APPROVED BY

EMS Medical Director

EMS Associate Medical Director

VERSION CHANGES (refer to X05 for change tracking)

- New