

Emergency Department

Standard Operating Procedure for ED
SUSPECTED AORTIC DISSECTION TRIAGE POLICY

SUSPECTED AORTIC DISSECTION TRIAGE SOP

PRESENTING PROBLEM OF '**CHEST PAIN**', '**BACK PAIN**',
'**ABDOMINAL PAIN IN ADULTS**' OR '**COLLAPSE**'

ASSESSMENT NURSE SUSPECTS 'AORTIC PAIN' BASED
ON MANCHESTER TRIAGE DEFINITION*

Additional features which raise suspicion of aortic pathology include presence of **neurological symptoms** (e.g. weakness, numbness, visual/speech disturbance) and **symptoms of peripheral vascular disease** (e.g. cold limb, painful limb)
See [AD primer documents](#) for **further presentations** of AD

SELECT 'AORTIC PAIN' AS DISCRIMINATOR ON MTS

ESCALATE TO EM CONSULTANT/ST4+, WHO SHOULD
REVIEW PATIENT WITHIN 10 MINUTES

DIAGNOSTIC WORK-UP PROCEEDS ACCORDING TO
PROBABILITY OF AORTIC DISSECTION
(SEE [AORTIC DISSECTION PRIMER DOCUMENTS](#))

* Manchester Triage System definition of 'aortic pain' (May 2020):

"The onset of symptoms is sudden and the leading symptom is severe abdominal or chest pain.

The pain may be described as sharp, stabbing or ripping in character.

Classically, aortic chest pain is felt around the sternum and then radiates to the shoulder blades; aortic abdominal pain is felt in the centre of the abdomen and radiates to the back.

The pain may get better or even vanish and then recur elsewhere.

Over time, pain may also be felt in the arms, neck, lower jaw, stomach or hips."

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Patient Group:

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Adult/Paed

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