**ASSESSMENT OF ACUTE AORTIC DISSECTION**

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| **A. Demographics** |

1. **Are you:** [ ]  Male [ ]  Female
2. **Have you seen any patients in the last year with acute aortic dissection?** [ ]  Yes [ ]  No
3. **How many years have you been practicing medicine?** \_\_\_\_\_\_\_ Years
4. **How many years of residency training?** \_\_\_\_\_\_\_ Years
5. **On average how many patients do you see per week?** \_\_\_\_\_\_\_ # Patients/week
6. **In what setting do you perform MOST of your clinical activities? Tick one box**
7. Teaching Hospital [ ]
8. Community / District General Hospital: Teaching [ ]
9. Community / District General Hospital: Non-Teaching [ ]
10. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **B. Need and priority of a decision aid** |

1. **Do we need a clinical decision aid/tool for acute aortic dissection?** Yes [ ]  No [ ]  Unsure [ ]
2. **Should the priority be**
	1. reduce unnecessary imaging [ ]  or reduce miss rate [ ] or equally important [ ]
3. **Which is more important?** The ability to rule out acute aortic dissection..[ ]

The ability to rule in acute aortic dissection.….[ ]

Equally important……………………………………………………………[ ]

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| **C. Components of proposed decision aid/tool** |

1. **Please provide your opinion on the importance of each of the following variables in the proposed score to determine which patients are at risk for Acute aortic dissection**

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| **Pain Descriptors** | Very Important | Important |  Less Important | Never Important |
| 1. Thunderclap pain (acute onset chest, back, abdominal, flank pain reaching max intensity within 1 hour)
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Migrating pain
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Tearing/ripping pain
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Pleuritic pain
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Pain - dull, pressure, burning
 | [ ]  | [ ]  | [ ]  | [ ]  |
| **Past medical history** |  |  |  |  |
| 1. History of aortic aneurysm
2. Hypertension
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Ischemic heart disease
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Diabetes
 | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Physical Exam** |  |  |  |  |
| 1. New cardiac murmur
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Pulse deficit
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Neurological deficit (including syncope)
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Hypotension
 | [ ]  | [ ]  | [ ]  | [ ]  |
| **Clinical suspicion for acute aortic dissection**  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Clinical suspicion for an alternative diagnosis** | [ ]  | [ ]  | [ ]  | [ ]  |

1. **If the proposed risk score is validated to accurately risk stratify patients for Acute aortic dissection will you incorporate this tool in your clinical practice? Yes** [ ]   **Likely** [ ]  **Unlikely**  [ ]  **No**  [ ]

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| D. **Optimal Cut point for Risk Strata** |
| 1. Based on an individual patient’s risk score, we would like to classify the patient as “Low”, “Medium”, or “High” risk.
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1. **What is an acceptable miss rate for acute aortic dissection**[ ]  **<1%**[ ]  **1-5%**[ ]  **5-10%** [ ]  **other \_\_\_\_\_\_\_\_\_\_**
2. **What is an acceptable percentage of positive computed tomographic scans (yield) for acute aortic dissection? 2-5%**[ ]  **5-10%**[ ]  **10-20%** [ ]  >20% [ ]  **other \_\_\_\_\_\_\_\_\_\_**
3. **What is an acceptable number of missed cases of acute aortic dissection at your hospital?**

[ ]  **1 missed case/ year**

[ ]  **1 missed case every 2 years**

[ ]  **1 missed case every 3 years**

[ ]  **1 missed case every 5 years**

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|  | **E. Tests available in your hospital** |  |
| 1. Do you have 24 hour access to Computed tomography [ ]  Yes [ ] No [ ] Sometimes
2. Do you have D-dimer available at your institution? [ ]  Yes [ ] No
3. Would you be comfortable using D-dimer to rule out AAS in a low risk group? [ ]  Yes [ ] No [ ] Maybe
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| **F. Comments** |  |  |  |  |