

# AORTIC ANEURYSM PATHO

## PATHOPHYSIOLOGY

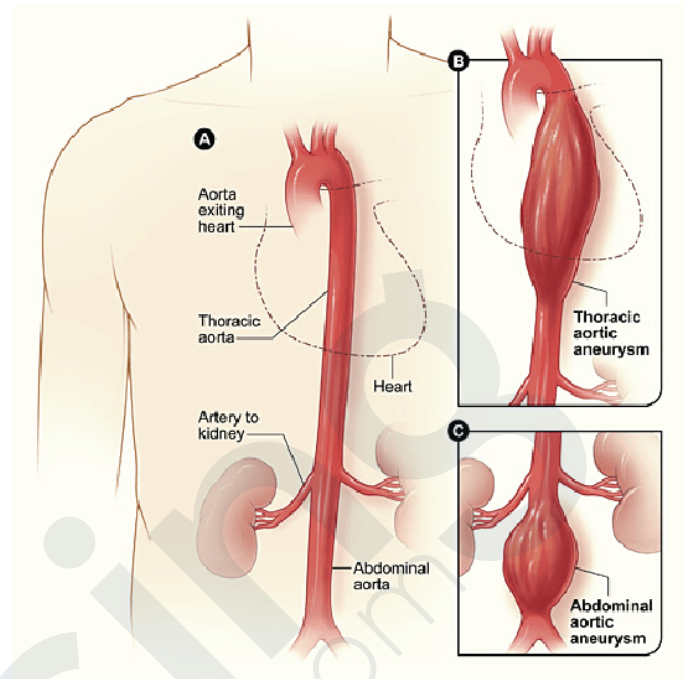
"A Dilation or out-pouching of the aorta due to weakened medial layer. It is classified by location (thoracic, abdominal). There are four different types; Dissection-blood vessels separated by layer of blood; Fusiform - Dilation that involve the entire circumference; Saccular - localized out-pouching; False - clot forms outside the vessel wall"

## ASSESSMENT FINDINGS

- Thoracic - pain in back, shoulders, abdomen, dyspnea
- Abdominal - pulsating mass in the abdomen, systolic bruit, tenderness on abdominal palpation, hematoma on flank
- Rupture assessment - severe sudden onset of pain, pain radiating to flank and groin, signs of shock

## DIAGNOSTICS

- CT scan
- X-ray
- Ultrasound



## NURSING PRIORITIES

- Promote adequate tissue perfusion
- Optimize cardiac output
- Assess and manage pain

## THERAPEUTIC MANAGEMENT

- Reduce and monitor blood pressure
- Assess peripheral pulses
- Color/temp/cap refill of extremities
- Monitor renal function (due to blood loss and decreased perfusion)
- Abdominal aortic aneurysm resection/EVAR (endovascular aneurysm repair)
- Urine output
- Renal labs
- Assess vital signs
- Assess incision site
- Changes in sensation

## MEDICATION THERAPY

- Fluid replacement
- Various antihypertensives (beta blockers, CCB)
- Analgesics
- Antiplatelet /anticoagulant
- Broad-spectrum antibiotics
- Electrolyte replacement