

Abnormality on CXR concerning for aortic injury:

- Wide Mediastinum (supine >8cm, upright >6cm)
- Obscure aortic knob, abnormal arch contour
- Left Apical cap
- Large left hemothorax
- Displaced left main stem bronchus
- Deviation of nasogastric tube to right
- Deviation of trachea or displacement of bronchus to right
- Wide left paravertebral stripe

Blunt Aortic Injury

Type I- Intimal injury

Type II- Intramural hematoma

Type III- Pseudoaneurysm

Type IV- Periaortic hematoma or free rupture

Aortic Injury confirmed by CT Chest



Stable



Yes



No

Other causes excluded

Emergent OR

Treat Aortic Injury by CT Type

Type I



Vascular or CT Surgery Consultation
Antiplatelet therapy
SICU admission
Neurovascular monitoring
Blood pressure control



Outpatient vascular surgery appt
Order CT Angio C/A/P for 30 days from injury (for review at appt)

Type II or Type III



Vascular or CT Surgery Consultation
Blood pressure control
Endovascular repair (within 24 hours)



Post-op management per vascular surgery recommendations

Type IV

