**FOI Ref: 6344**

**Category(ies): Trust - Policies**

**Subject: Management of Patients with Chest Pain, Suspected Aortic Dissection and Diagnosed Aortic Dissection**

**Date Received: 14/04/2022**

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| **Your request:** | **Our response:** |
| We are undertaking a piece of work to better understand if Trusts have policies and / or procedures in place for the management of patients with chest pain, suspected aortic dissection and diagnosed aortic dissection. From this we hope to produce a standard policy / procedure for the NHS.We would therefore like to submit a FOI request for the following information: |
| 1. Do you have a policy and/or written procedures for how your trust responds to patients presenting at A&E with chest pain or suspected heart related conditions?
 | We have a policy for the management of acute chest pain and NSTE-ACS patients in-house, while STEMI patients should not be treated locally and should be directed to the regional primary PCI centre, this is usually done by ambulance service, or by UECC team if the patient was brought to RGH by mistake. |
| 1. Do you have a policy and/or written procedures for managing suspected aortic dissection?
 | These patients receive a CT aortogram while in UECC if there is clinical suspicion, and if that was confirmed, then these cases are discussed with and managed in the regional centre who has cardiac surgery/vascular surgery service 24h/7. They are not treated locally unless, after discussion with the relevant speciality depending on the site of the aortic syndrome (cardiac surgery or vascular surgery) they decide that these patients are not for invasive management for any reason e.g. high surgical risk, comorbidities, stable disease...then they are managed locally guided by their advice.  |
| 1. Do you have a policy and/or written procedures for managing aortic dissection once diagnosed? Please provide a copy of these
 | UECC should have their own guidance on how to manage suspected/confirmed Aortic dissection cases. Whether it is pain control, haemodynamic stability, appropriate investigations, namely urgent CT Aortogram/MRI and referral to the right team whether Cardiothoracic or Vascular.  |
| 1. If you have a policy or procedures in place regarding aortic dissection, what is the trust's process for ensuring that all clinical staff are made aware and are reminded?
 | Induction for UECC includes raising staff awareness of this and ensures consideration of dissection is taught to all doctors rotating through UECC. Teaching on CP in line with the Hub guidance, M&M review where cases arise |
| 1. If you provide training, please provide a copy of the training material. Do you have any training / induction to ensure that all staff are familiar with it?
 | This is covered as part of each rotating doctors induction to raise and maintain awareness throughout their rotation  |