

Case Report Form

Please complete the DASHED Case Report Form, thanks.

Study Site

- Edinburgh RIE
- St John's Hospital, Livingston
- North Bristol
- Royal Alexander Hospital, Paisley
- QUEH, Glasgow
- Queen Elizabeth Hospital, King's Lynn
- Kirkcaldy, Fife
- Royal United Hospital, Bath
- Wythenshawe
- James Paget Hospital, Great Yarmouth
- Raigmore, Inverness
- Harrogate
- Royal Victoria Hospital, Newcastle
- John Radcliffe, Oxford
- Frimley
- Wexham Park
- Royal Berkshire, Reading
- Bristol Royal Infirmary
- Luton and Dunstable
- Lewisham and Greenwich
- Sheffield Northern General

Please confirm the patient meets study Inclusion criteria i.e. Attended the ED with new-onset chest, back or abdominal pain, syncope, symptoms related to malperfusion or any other symptom of Acute Aortic Syndrome?

- Yes
- No

At least SECTIONS A and B to be collected prospectively by treating clinician at time of enrolment

SECTIONS C-F must completed even if AAS not suspected, but may be completed at time of enrolment or at a later date using the 'Saved and Return Later' button at the bottom of CRF

SECTION A: Demographics (MUST BE COMPLETED PROSPECTIVELY)

Recruiting ED Clinician name

Date and time of ED attendance

Symptom onset date and time (nearest hour)

Sex

- Male
- Female
- Other

Age

SECTION B: ED clinician suspicion of AAS (MUST BE COMPLETED PROSPECTIVELY)

Acute aortic syndrome/dissection a possible diagnosis according to treating clinician?

Yes
 No
 Unknown

ED clinician rating as to likelihood of AAS before confirmatory testing (from 0=not likely to 10=almost definitely)

0
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10
 unknown

Acute aortic syndrome/dissection the most likely diagnosis according to treating clinician?

Yes
 No
 Unknown

If not then most likely diagnosis?

Acute coronary syndrome
 Pulmonary Embolus
 Stroke
 TIA
 Subarachnoid haemorrhage
 CNS infection
 Renal colic
 Dyspepsia / Oesophageal spasm
 Acute abdomen
 Musculoskeletal
 Non specific chest pain
 Non specific abdominal pain
 Other
 Unknown

SECTION C: History of presenting episode

Must completed even if AAS not suspected, but may be completed at time of enrolment or at a later date using the 'Saved and Return Later' button at the bottom of CRF

Chest pain?

Yes
 No
 Unknown

Back pain?

Yes
 No
 Unknown

Abdominal pain?

Yes
 No
 Unknown

Syncope?

Yes
 No
 Unknown

Malperfusion / symptoms related to perfusion deficit?
(examples: CNS=stroke or TIA, cardiac=STEMI,
mesenteric=ischemic bowel, limb=acute embolic limb
etc)

- Yes
 No
 Unknown

Neurology: paraparesis, hemiparesis/acute confusion
(can be transient)?

- Yes
 No
 Unknown

Pain severe intensity or worst ever?

- Yes
 No (or no pain)
 Unknown

Pain thunderclap/abrupt onset (including worst when
awoke)?

- Yes
 No (or no pain)
 Unknown

Pain tearing or ripping?

- Yes
 No (or no pain)
 Unknown

Pain migrating or radiating?

- Yes
 No (or no pain)
 Unknown

Pregnant?

- Yes
 No
 Unknown

Recent significant trauma / high speed deceleration
injury?

- Yes
 No
 Unknown

Recent recreational drugs including cocaine or other
sympathomimetics?

- Yes
 No
 Unknown

SECTION D: Past Medical History

Known Marfan syndrome/connective tissue disease /
Ehler Danlos / giant cell arteritis?

- Yes
 No
 Unknown

Known or family history of aortic dissection/syndrome,
aortic disease/coarctation?

- Yes
 No
 Unknown

Known aortic valve disease (e.g. bicuspid / dilated
aortic root)?

- Yes
 No
 Unknown

Recent aortic manipulation / Instrumentation (within
last year)?

- Yes
 No
 Unknown

Known thoracic aortic aneurysm? Yes
 No
 Unknown

Known abdominal aortic aneurysm? Yes
 No
 Unknown

SECTION E: Physical examination findings

Pulse deficit (i.e. absence of one or more upper limb or femoral pulse)? Yes
 No
 Unknown

Systolic BP differential (>20mmHg difference in SBP between arms at anytime during ED stay)? Yes
 No
 Unknown

Focal neurological deficit? Yes
 No
 Unknown

New aortic regurgitation murmur (i.e. not previously documented)? Yes
 No
 Unknown

Hypotension (SBP < 90mmHg) or shock or pericardial effusion? Yes
 No
 Unknown

Hypertension (SBP >140 and DBP > 90) documented at any point during ED stay Yes
 No
 Unknown

SECTION F: Investigations

D-Dimer performed? Yes
 No
 Unknown

Result in ng/mL _____

CXR performed in ED? Yes
 No
 Unknown

If so; abnormal mediastinum? (if available from either treating clinician or formal radiology report) Yes
 No
 Unknown

CT chest performed? Yes
 No
 Unknown

Was this a CT angiogram?

Yes
 No
 Unknown

Date and time of CT

CT positive for AAS?

Yes
 No
 Unknown

Alternative diagnoses found on CT/CTA?

Yes
 No
 Unknown

SECTION G: Follow up to be completed at 30 days

Confirmed Acute Aortic Syndrome?

Yes
 No
 Unknown

Date and time of confirmed Acute Aortic Syndrome?

Location of patient when AAS confirmed?

ED
 Medical receiving
 Ward
 ITU/HDU
 Unknown

Alive at 30-days according to EPR?

Yes
 No
 Unknown

Final hospital discharge diagnosis (99 if unknown)

How was this case IDENTIFIED?
(we realise that most cases will have some retrospective data entry but here we want to know specifically about initial case IDENTIFICATION)

Prospectively by treating clinician
 Retrospectively by study team through Electronic Patient Records or other searches