

Pulmonary Embolism PE

Is this a PE?

We know the symptoms; pleuritic CP, SOB, haemoptysis, etc.

But when you have a patient with pleuritic CP do you trust your instincts or do you send a D-Dimer?

PERC Rule out

If your clinical gestalt says this is not a PE and the patient fulfills ALL of the following criteria, you can rule out a PE and avoid D-Dimer.

1. Age <50yrs
2. Pulse <100bpm
3. SaO2 >94%
4. No Unilateral Leg Swelling
5. No Haemoptysis
6. No Recent Trauma/Surgery
7. No Previous PE/DVT
8. No Hormone Use/Pregnant

Treatment

Give treatment dose Dalteparin
(varies on weight eGFR and pregnancy)
Supportive measures

AAU - sPESI = 0

sPESI features	Score
Over 80 years	1
History of cancer	1
Chronic cardiopulmonary disease	1
HR >109 bpm	1
Sys BP <100mmHg	1
Saturations <90%	1

MAU / HDU - sPESI >0

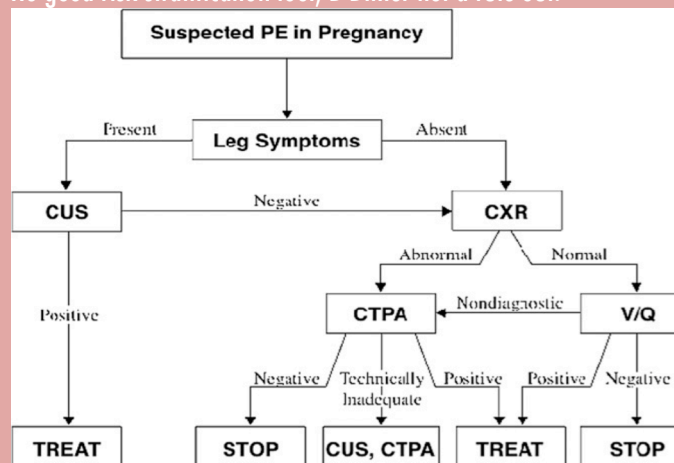
>20/40 Preg - Admit CRH & inform O&G

Wells Score (<4 D-Dimer, >4 CTPA)

Well's features	Score
Signs and Symps of DVT	3
Alternative diagnosis less likely than PE	3
HR >100bpm	1.5
Immobilisation for 3/7 or surgery within 1/12	1.5
Previous DVT/PE	1.5
Haemoptysis	1
Malignancy (treated within 6/12 or palliative)	1

Pregnant (ATS)

No good risk stratification tool, D-Dimer not a rule out.



Sub-Massive PE

Definition: PE & 1 of; RV dilatation, New RBBB, Troponin rise

Thrombolysis: 2 consultant decision (not time critical)

Massive PE

Definition: PE causing sustained >15min; SBP < 90mmHg **OR** Bradycardia <40bpm with shock **OR** Cardiac Arrest

Thrombolysis: Immediate Senior Involvement

Cardiac Arrest 50mg Altaplast

Non-Cardiac Arrest 100mg Altaplast