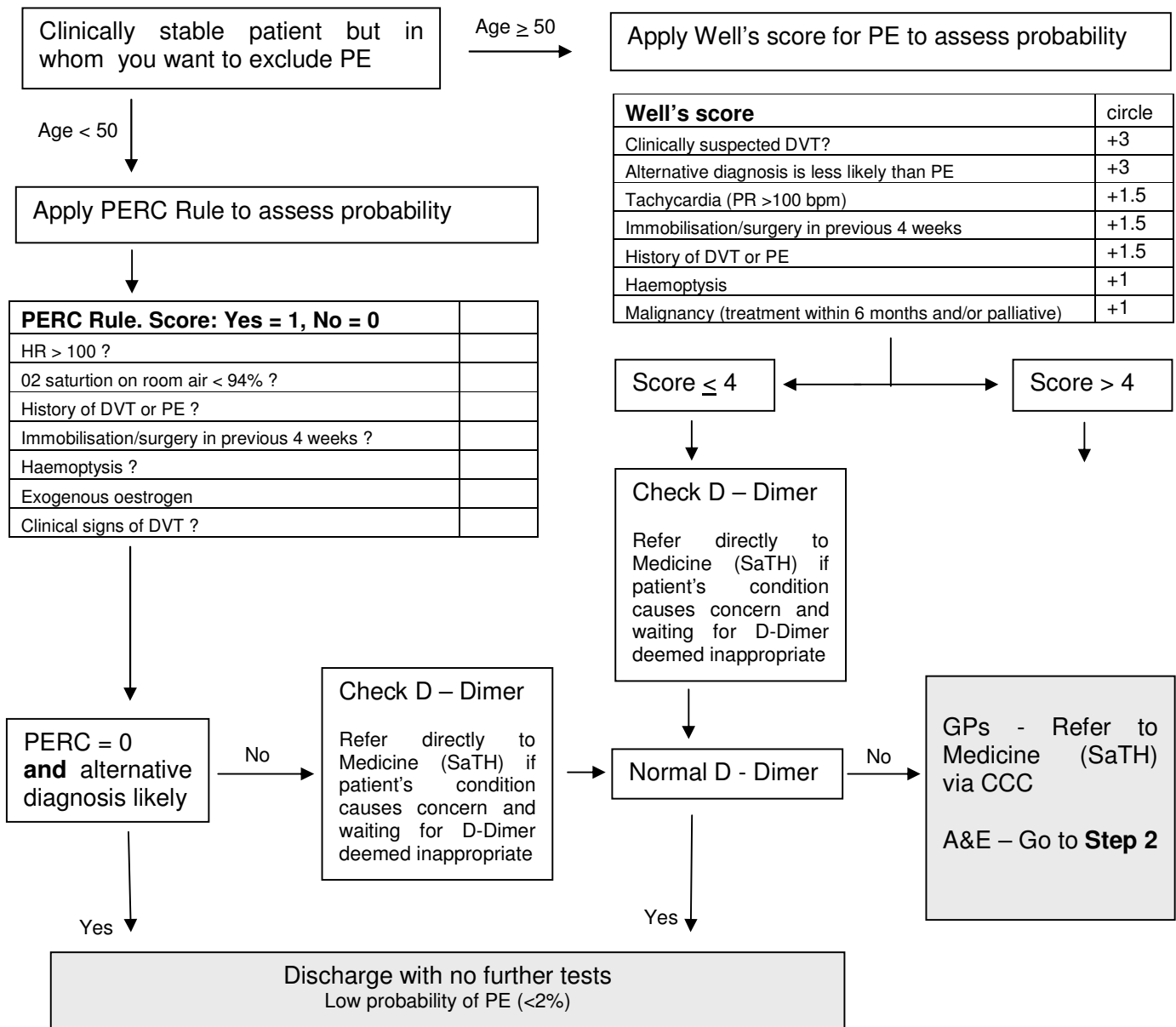


Clinical Tools: Excluding Pulmonary Embolus (Step1)

(Affix label)
Name

Number

NOTE: THIS TOOL IS TO SUPPORT CLINICIANS EXCLUDE PULMONARY EMBOLIC DISEASE AS THE CAUSE OF THEIR PATIENT'S SYMPTOMS.

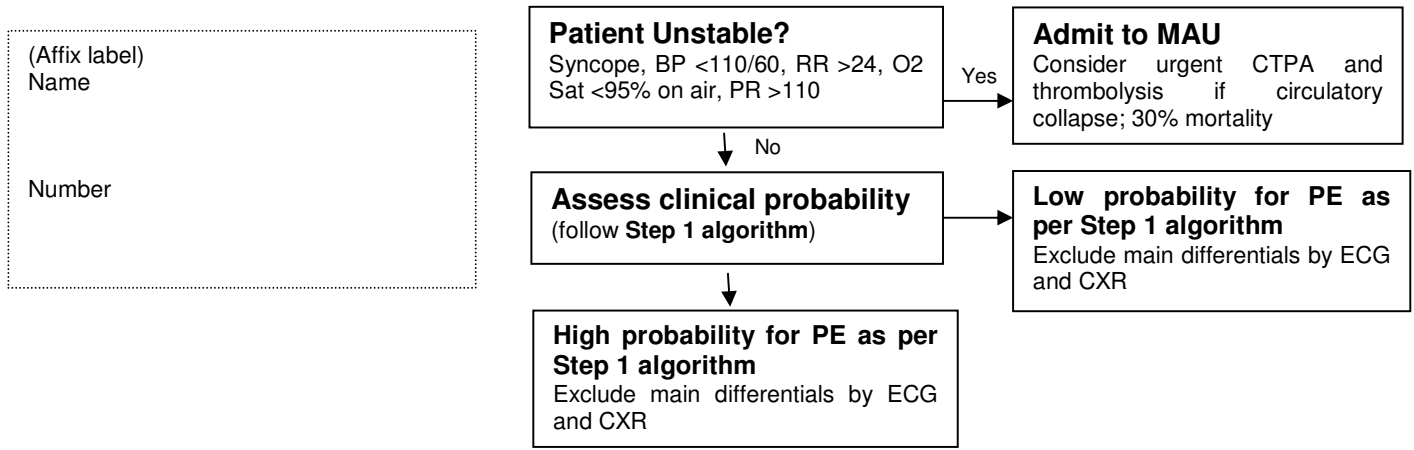


Ref : Based on BTS Guidance 2003; Well's Score, Throm Haemost. 2000
PERC; Pulmonary Embolus Rule-out Criteria

Authors: Dr Moudgil, Dr Eardley, Dr Bhamidimarri, Dr Clements, Dr Ramadan November 2011

Suspected Pulmonary Embolus: Management and Criteria for referral to Ambulatory Care (Step 2)

ED or MAU team initial assessment:
EWS, FBC, U&E, LFT, Bone. Glucose, Coagulation screen, CRP, ECG, CXRay, D-Dimer, TnI



Request VQ (or CTPA according to CXR)
Indicate if for Ambulatory Care on request form

Start Full Dose Tinzaparin

Assess against criteria for Ambulatory care (see table)

Admit

Refer to Ambulatory Care
Ensure medical admission history and examination proforma completed. (Phone handover to staff)

Date/Time:

Name of Assessing Doctor:

GMC Number:

Exclusion Criteria for Ambulatory care

1. Must have a Low PESI score = ≤ 85

Clinical predictors	Score
Age (years)	Absolute
Male	+10
Cancer	+30
Heart Failure	+10
COPD	+10
HR ≥ 110	+20
SBP < 100	+30
RR ≥ 30	+20
SaO2 < 90%	+20
T < 36 degrees	+20
Delirium	+60

2. Low risk of haemorrhage All must be answered no.

	Yes	No
Coagulopathy		
Active bleeding		
Intracranial haemorrhage ever		
GI bleed in past month		
Platelets < 50		

3. Features of Right Ventricular Strain Must be no.

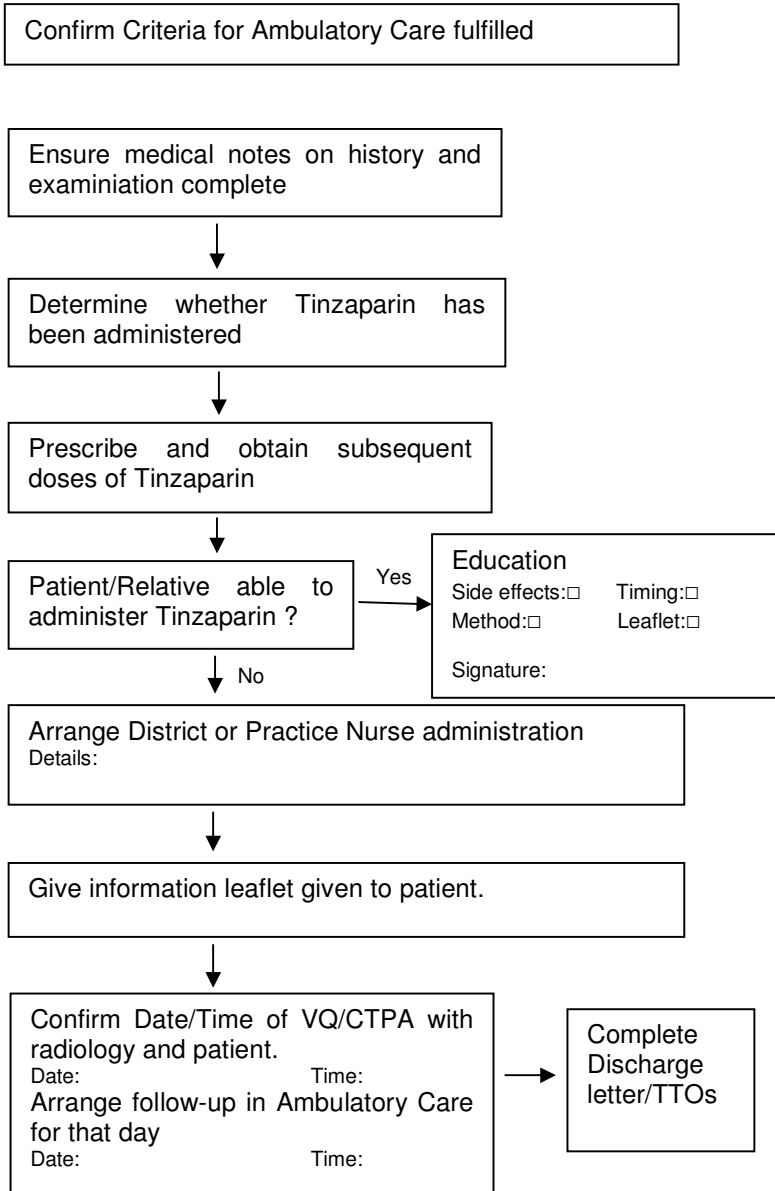
	Yes	No
Abnormal TnI		
RV Strain on ECG		

4. Other contraindications All must be answered no.

	Yes	No
Compliance unlikely		
Immobility making transportation for diagnostics not feasible.		
Unaware of adverse symptoms and how to obtain help		
Pregnant		
Allergy to heparin		
Active malignancy		

Suspected or Confirmed Pulmonary Embolus: Ambulatory Care Pathway

Ref: Based on BTS Guidance (Thorax doi: 10.1136/thx.2011.1596799
Athors: Dr Moudgil, and Amb Care Pathway Group Oct 2011



Criteria for Ambulatory care		
1. Must have a Low PESI score = \leq 85		
Clinical predictors	Score	
Age (years)	Absolute	
Male	+10	
Cancer	+30	
Heart Failure	+10	
COPD	+10	
HR \geq 110	+20	
SBP < 100	+30	
RR \geq 30	+20	
SaO ₂ < 90%	+20	
T < 36 degrees	+20	
Delirium	+60	
2. Low risk of haemorrhage All must be answered no.		
	Yes	No
Coagulopathy		
Active bleeding		
Intracranial haemorrhage ever		
GI bleed in past month		
Platelets < 50		
3. Features of Right Ventricular Strain Must be no.		
	Yes	No
Abnormal Tnl		
RV Strain on ECG		
4. Other contraindications All must be answered no.		
	Yes	No
Compliance unlikely		
Immobility making transportation for diagnostics not feasible.		
Unaware of adverse symptoms and how to obtain help		
Pregnant		
Allergy to heparin		
Active malignancy		

Outcome from VQ/CTPA:

Low probability VQ/CTPA negative: Stop Tinzaparin and reassess

Intermediate probability VQ: Reassess and arrange further tests if appropriate

High probability VQ/CTPA positive:

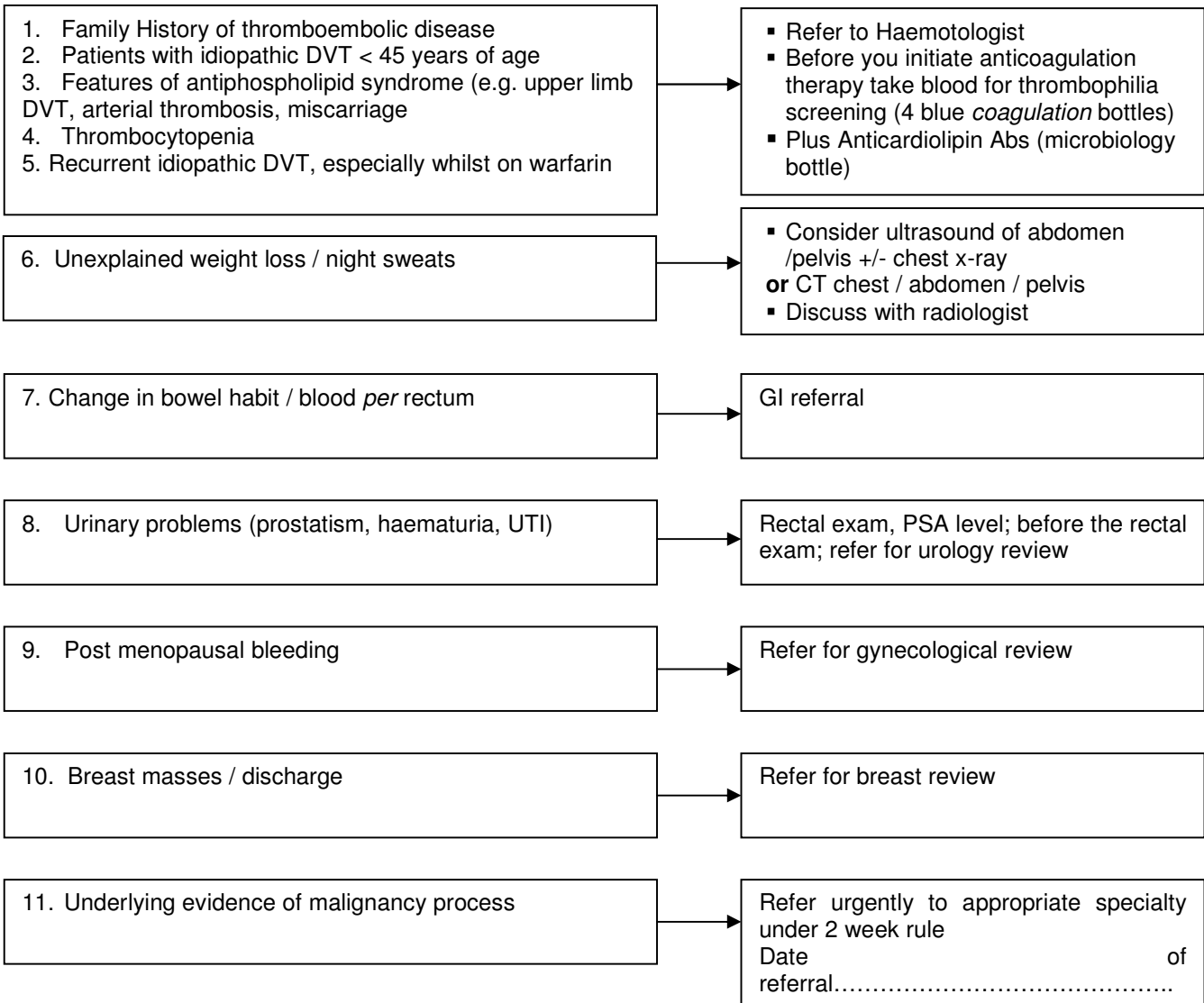
- Continue/Prescribe more Tinzaparin (until INR \geq 2 for 48 hours).....
- 5 day supply provided
- Prescribe Warfarin starter pack.....Date.....
- Refer to anticoagulation clinic.....Date.....
- Inform patient of details where and when to have 4th day INR.....
- Give patient warfarin treatment and PE information pack.....
- Arrange follow-up appointment with Consultant GP Date.....
- Underlying pathology suspected (see overleaf).... Yes No

VQ/CTPA Report	Date: _____
<input type="checkbox"/> Completed GP letter with outcomes	

Consider Underlying Pathology of Pulmonary Embolus

(Affix label)
Name

Number



Review Appointment

Date/Time (each assessment): **Name of Assessing Doctor:** **GMC Number:** **Name of lead nurse:**

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