

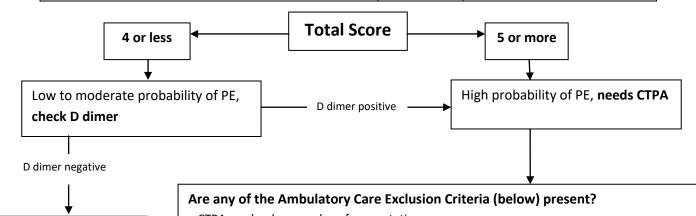
SUSPECTED PULMONARY EMBOLISM SJH AMBULATORY CARE PROTOCOL



Is a PE suspected?

If Yes - Perform Clinical Probability Assessment: Simplified Revised Geneva Score

Risk Marker	Score	Patient's Score
Age > 65	1	
Previous DVT/PE	1	
Surgery under GA or leg fracture in last month	1	
Active malignancy in last year	1	
Unilateral leg pain	1	
Haemoptysis	1	
Pulse 75-94	1	
Pulse > 94	2	
Tender deep veins of leg and unilateral oedema	1	
	Total	



Consider alternative diagnosis

- CTPA can be done on day of presentation
- SOB at rest

Yes

- Hypoxia (SpO2 < 94% or PO2 < 10 kPa on air)
- Haemodynamic instability (HR ≥ 110/min or SBP < 100 mm Hg)
- Evidence of right ventricular strain on ECG
- Pain requiring IV opiates
- Pregnant (Refer to obstetric triage if pregnant)
- Renal failure necessitating IV heparin therapy (eGFR < 70x 109 /L)
- Chronic Cardiac or Respiratory Disease
- Other illnesses or social circumstances requiring admission

Admit overnight to medical ward

- Give therapeutic dalteparin (if patient is not for immediate thrombolysis or IV heparin) and request inpatient CTPA
- If urgent review required contact respiratory / medical / critical care SpR on call

Return to SDEC next available appointment

• Complete the patient's notes or discharge letter on Trak. Ensure patient is given treatment dose dalteparin (if no contraindications)

No

- Ask EMA staff to book patient into the next available SDEC CTPA appointment
- Send patient home with instructions to return to SDEC/OPD2 at appointment time
- Request CTPA scan on Trak including time at which patient told to return prior to discharge
- Supply patient with information leaflet with advice to return if more unwell