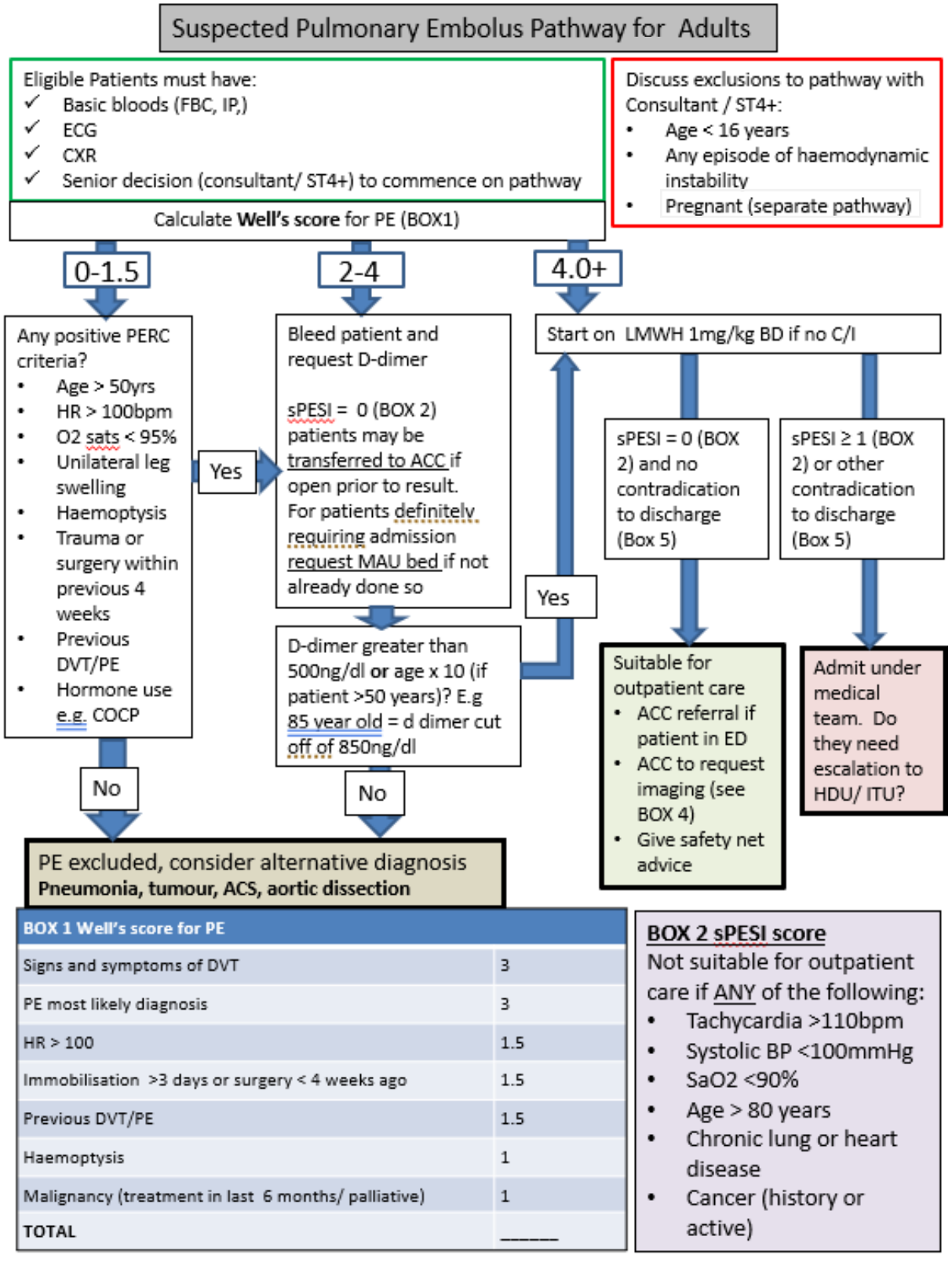
Suspected Pulmonary Embolus - Summary Clinical Guideline

Reference no.: ED-CG/2020/3642



BOX 1 Well's score for PE	
Signs and symptoms of DVT	3
PE most likely diagnosis	3
HR > 100	1.5
Immobilisation >3 days or surgery < 4 weeks ago	1.5
Previous DVT/PE	1.5
Haemoptysis	1
Malignancy (treatment in last 6 months/ palliative)	1
TOTAL	_____

BOX 2 sPESI score

Not suitable for outpatient care if ANY of the following:

- Tachycardia >110bpm
- Systolic BP <100mmHg
- SaO2 <90%
- Age > 80 years
- Chronic lung or heart disease
- Cancer (history or active)

BOX 3 Anticoagulation

Patients awaiting imaging should receive anticoagulation while awaiting imaging unless imaging is available immediately or there is a major contraindication to anticoagulation.

Enoxaparin 1mg/kg BD if no contraindication (altered dosing in renal impairment, pregnancy and extremes of weight- check BNF/ discuss with pharmacist)

Prescribing Advice for all anticoagulation

- See BNF for drug interactions
- If the patient is at risk of bleeding the clinician needs to weigh up risk vs. benefit. Could early imaging be obtained to potentially negate need for anticoagulation?

BOX 4 Imaging

Timing:

- All patients with suspected PE in whom radiological imaging is required after initial assessment should be imaged within 24 hours.
- Stable patients assessed out of normal working hours should be imaged on the first available list the following day. Unstable patients should ideally be imaged within 1 hour.
- Where a patients' need for imaging is considered urgent, a senior clinician, should discuss the case with the radiologist on call

Imaging modality:

- Age under 50 and no significant co-morbid cardiorespiratory disease with a normal chest radiograph: VQ SPECT scan if available (Not available after hours)
- Age over 50 or significant co-morbid cardiorespiratory disease, or abnormal chest radiograph: CTPA.
- Impaired renal function or previous reaction to contrast discuss with radiologist.

Box 5 Do not discharge following groups of patients being treated with anticoagulation for suspected pulmonary embolus

- Active bleeding or risk of major bleeding
- On full-dose anticoagulation at the time of the suspected PE
- Severe pain (requiring IV opioids)
- Other medical comorbidities requiring hospital admission
- Chronic kidney disease (CKD) stage 4 or 5 or severe liver disease.
- Heparin induced thrombocytopenia within the last year and where there is no alternative to repeating heparin treatment.
- Social reasons which may include inability to return home, inadequate care at home, lack of telephone communication or concern over treatment compliance.

Reference Number From Library and Knowledge Service Manager	**Version:** 2.0.0		**Status** Final	
Version / Amendment History	Version	Date	Author	Reason
	1.0.0	14/05/2020	Susie Hewitt	Development of Guideline
	1.1.0	16/05/2020	Jemma Cradock	Amendment
	2.0.0	22/05/2023	Susie Hewitt	Changes to dosages and addition of hyperlink to pregnancy guidance
Intended Recipients:				
Training and Dissemination:				
Development of Guideline: Susie Hewitt **Job Title:** Consultant				
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