Suspected PE

PE diagnosis is challenging—if unsure about management, refer to the ED for further evaluation.

	FIRST Determine Level of Risk	THEN Diagnosis
Less than 2% risk	Well's PE score 0 and/or PERC score 0	No further action required
Low risk	Well's PE score 1-2	Same-day D-Dimer, if available and eGFR
Med or high risk	$\frac{\text{Well's PE}}{\text{Score}} \ge 2 \qquad \text{OR}$	Refer to the ED
	you suspect PE irrespective of blood test result	

How to Interpret Investigations		
D-Dimer	• Age 18-50: normal <500 ug/L	
interpretation	• Age ≥ 50: use Age-Adjusted D-Dimer	
	Pregnant: use <u>YEARS algorithm</u>	
D-Dimer (-)	Management as per your DDx	
D-Dimer (+)	 Access CT Pulmonary Angiogram via LGH radiology within 24 hours via North Shore Urgent CT and US Referral Guidelines and Referral Form (need GFR in last 3 months) If patient has now become unwell or developed abnormal vital signs, refer to the ED for emergent assessment 	

Treatment		
CTPA (-) for PE	 Management as per your DDx Consider urgent bilateral lower extremity Doppler US to investigate DVT 	
CTPA (+) for PE	 If Hestia and/or sPESI NEGATIVE and GFR >30, prescribe apixaban 10 mg PO BID x 7 days, then 5 mg PO BID (<u>and refer</u> to LGH Thrombosis Clinic for assessment within 72 hours) 	
	 If pregnant or eGFR <30, refer to the ED for urgent LMWH anticoagulation If Hestia and/or sPESI POSITIVE or patient is unwell or has abnormal vital signs, refer to the ED for emergent assessment 	

Resources				
 <u>Pulmonary Embolism – Diagnosis</u> <u>Pulmonary Embolism - Treatment</u> LGH Thrombosis Clinic (#200-101 West 16th St) Fax referral to (604) 904-0812 Please have patient call the office at 9am (604) 904-0810 	 Well's PE scoring PERC scoring RACE line: (604) 696-2131 Hestia scoring sPESI scoring YEARS algorithm 			



