

PULMONARY EMBOLISM

Pulmonary Embolism

Guidelines for diagnosis and initial treatment of non-massive PE

PLEASE DO NOT PLACE THIS DOCUMENT IN THE MEDICAL RECORD

CLINICAL TIPS

- PE usually presents with dyspnoea and/or tachypnoea with or without pleuritic chest pain and/or haemoptysis.
- PE may present with sudden collapse with raised JVP
- PE is easily missed
 - In severe cardiorespiratory disease
 - In elderly patients
 - If the only symptom is breathlessness
- PE is rare if age <40 with no risk factors
- Oestrogens are only a minor risk factor

ASSESS AND DOCUMENT THE CLINICAL PROBABILITY



| RULE FOR PREDICTING THE CLINICAL PROBABILITY OF PE | |
|--|--------------|
| Risk factor | No of Points |
| Clinical signs and symptoms of DVT | 3.0 |
| An alternative diagnosis deemed less likely than PE | 3.0 |
| Heart rate > 100 | 1.5 |
| Immobilisation or surgery in the previous 4 weeks | 1.5 |
| Previous DVT or PE | 1.5 |
| Haemoptysis | 1.0 |
| Cancer (receiving treatment, treated in the past 6 mo or pal care) | 1.0 |
| ADD THE POINTS | |

| CLINICAL PROBABILITY | | Total points |
|----------------------|-------------------|--------------|
| Low | 3.4% chance of PE | <2.0 |
| Intermediate | 20% chance of PE | 2.0 – 6.0 |
| High | 67% chance of PE | >6.0 |