Potential Pulmonary Embolism (PE)

t presents to ED or Inpt with potential Abbreviations (laboratory & radiology excluded): Pulmonary Embolism (PE) pt = patient inpt = inpatient ED = Emergency Department PE = pulmonary embolism Does pt have Consult HPI = history of present illness QR code for unrepaired cyanotic cardiology, Pt off MIS-C = Multisystem Inflammatory syndrome in Children mobile view guideline heart disease IBD = Inflammatory bowel disease No Presenting symptoms (in order of frequency): Does pt have Dyspnea any PE symptoms and/or Chest pain risk factors Cyanosis/hypoxemia Hemoptysis Yes Shock or cardiac arrest PE Risk Factors: Estrogen containing oral contraceptives ls Immobility Stabilize pt prior to pt hemodynamically Surgery/trauma obtaining labs / imaging stable? Obesity Active malignancy · Central venous catheter Yes Nephrotic syndrome Inflammatory bowel disease *For low suspicion of PE start with Tier 1 labs. Progress to Tier 2 Family history of thrombosis labs if Tier 1 labs result increase suspicion, CT confirms presence Inherited/acquired thrombophilia of PE, or patient ill appearing/high suspicion of PE COVID-19 positive and/or diagnosis of MIS-C Tier 1 Labs: CT angiography chest, EKG, CBC with differential, BMP, Hepatic function panel, PT, PTT, INR, Fibrinogen, D-dimer Tier 2 Labs: VBG with Lactate, Troponin/NT pro-BNP/Type and Screen, Cardiology Consult, Echocardiogram (if readily available, in not, discuss with Cardiology regarding need for obtaining STAT) Based on HPI and exam, Is PE confirmed? onsider other diagnoses and W/U Yes Stratify the PE Risk Category using the **AHA** guidelines Admit to inpatient floor to Is the pt Hem Onc Service if no underlying co-morbidities (such as low risk for PE IBD, etc., if co-morbidities present, then admit to Primary complications? Service and consult Coagulation Service) No Activate PERT if Intermediate or High Risk PE Category or other risk factors identified (To activate PERT, page Hematology/Coag, Cardiology, Interventional Radiology and arrange in person or phone huddle.)

Children's Mercy

Evidence Based Practice

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This care process model/clinical practice guideline is meant as a guide for the healthcare provider, does not establish a standard of care, and is not a substitute for medical judgment which should be applied based upon the individual circumstances and clinical condition of the patient.

<u>To Intermediate/High</u> _Risk PE Algorithm