Clinical pathways never replace clinical judgement
Please discuss your patient with a senior clinician
Care outlined in this pathway must be altered if not clinically appropriate for the individual patient

ED SUSPECTED PE DIAGNOSTIC PATHWAY FOR NON-PREGNANT ADULTS

Reason(s) for variance from PE diagnostic pathway:

Senior clinician name:

VQ scan if YES TO ALL:

• Female
• <55 years
• Normal CXR
• Haemodynamically stable
• No significant suspicion of pathology other than PE

PE Rule-out Criteria (PERC):

Wells Risk Assessment Score

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>PE more likely than an alternative diagnosis</td>
<td>(3)</td>
</tr>
<tr>
<td>Suspected DVT</td>
<td>(3)</td>
</tr>
<tr>
<td>Heart rate &gt;100/min</td>
<td>(1.5)</td>
</tr>
<tr>
<td>Immobilisation or surgery within 4 weeks</td>
<td>(1.5)</td>
</tr>
<tr>
<td>Previous DVT/PE</td>
<td>(1.5)</td>
</tr>
<tr>
<td>Haemoptysis</td>
<td>(1)</td>
</tr>
<tr>
<td>Malignancy (on treatment, treated in past 6 months or palliative)</td>
<td>(1)</td>
</tr>
</tbody>
</table>

Total risk score for PE / 12.5

PE Rule-out Criteria (PERC):

- Age <50
- Heart rate <100
- SaO₂ ≥95%
- No haemoptysis
- No oestrogen use
- No surgery/trauma requiring hospitalisation in last 4 weeks
- No history of VTE
- No unilateral leg swelling

STOP Risk of PE: 1.0%

Wells <2 or low risk senior clinician gestalt

Wells >6 or high risk senior clinician gestalt

Wells 2–6 or moderate risk senior clinician gestalt

D-dimer test

YES TO ALL

Result: __________ mg/L

Patient younger than 50 years with D-dimer result LESS than 0.5mg/L

OR

Patient 50 years or older with D-dimer result LESS than age-adjusted ratio (0.01 x age = __________ mg/L)

Diagnostic imaging*

*Choice of imaging dependent on:
  • Department logistics
  • Clinic preference
  • Patient factors
  • VQ Scan (if available and meets criteria)*
  • CTPA
  • Other:

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REFERENCES


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