Date

Time

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NHS:

**This ambulatory pathway is to be used for patients with suspected pulmonary embolism in ED or AMU. Patients can be added to the pathway prior to or during admission. It does not replace the medical notes for the patient episode.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Exclusion criteria (exclude if any)** | **Tick** | **Exclusion criteria (relative)** | **Tick** |
| Heart rate > 100bpm |  | Creatinine >150 micromol/l |  |
| Systolic BP <100 mmHg |  | Coexisting major DVT |  |
| SpO2 on air <94% |  | Immobility |  |
| Platelets < 90x109/litre |  | Significant comorbidities (e.g. CCF, COPD) |  |
| RV strain on ECG |  | Altered mental state |  |
| Pregnant or <6 weeks post partum |  | Anticipated compliance problem |  |

**Initial Investigations**

Bloods - FBC, UE, LFT, INR, DDimer and TropT.

ECG & CXR.

**Risk assessment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Must have one of the three below:** | **Tick** | **Score 1 point for each of:** | **Points** |
| Breathless/tachypnoea |  | No other reasonable explanation |  |
| Pleuritic pain |  | Presence of a major risk factor |  |
| Haemoptysis |  | Total (0-2) |  |

|  |  |  |
| --- | --- | --- |
| **Score** | **Risk** | **Tick** |
| 0 | Low |  |
| 1 | Intermediate |  |
| 2 | High |  |

**Initial Treatment**

 Analgesia

 If intermediate or high risk prescribe a stat dose of clexane 1.5mg/kg

(NB – caution/contraindicated in high risk of bleeding, already anticoagulated, Cr >150 micromol/l, Platelets <90x109 or history of heparin induced thrombocytopenia (HIT) – seek advice from Consultant or Haematologist if needed).

**Monitoring**

Monitor patients for 90 minutes.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Time (minutes) | Patient well (Y/N) | BP | Pulse | Sats |
| 0 |  |  |  |  |
| 90 |  |  |  |  |

Date

Time

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NHS:

**Risk assessment and decision to investigate**

If risk is low or intermediate **and** D-dimer is negative then PE is excluded. Look for another cause for symptoms and remove the patient from the pathway.

State alternative diagnosis:

**All other patients will require a VQ scan or CTPA to exclude PE. Radiology investigations**

CXR findings:

Discuss with ESH radiology department (Bleep 600) in the context of the CXR findings and detail below when the relevant scan will be done (please ring):

**CTPA VQ scan Date: Time:**

**NB – scans should be performed urgently on the same day if at all possible. Please discuss with radiology.**

If the scan cannot be done on the same day patients may go home and return to the RAC the next day at 0900hrs for review:

**Discharge decision**

|  |  |
| --- | --- |
| **Patient can be discharged if all are met:** | **Tick** |
| Patient is well |  |
| No other reason for admission / transfer to accute |  |
| Patient has a good understanding of management |  |
| Patient will not be alone at home |  |
| Lead Clinician agrees to discharge if relative exclusions |  |

**Communication/Follow-up**

1. Create EDS or other discharge note and send to GP with copy to patient

2. Patients must return to RAC/AMU daily at 0900hrs for review until the scan is done (use phase 3 proforma on next page)

3. Provide the patient with an information leaflet/patient passport and copy of the EDS

4. File this paperwork in the patients notes

**RAC doctor /GP responsible for patient:**

I confirm that I have followed the patient pathway above and completed the steps required

**Signed: Grade: Contact details:**