[redacted]

East Surrey Clinical Commissioning Group

PE CAP

Name:

NHS:

Date

Time

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 < $90x10^9$/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 <$90x10^9$ 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				

With Acknowledgements: Surrey & Sussex Health Care NHS Trust

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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:**

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