

Management of acute pulmonary embolism



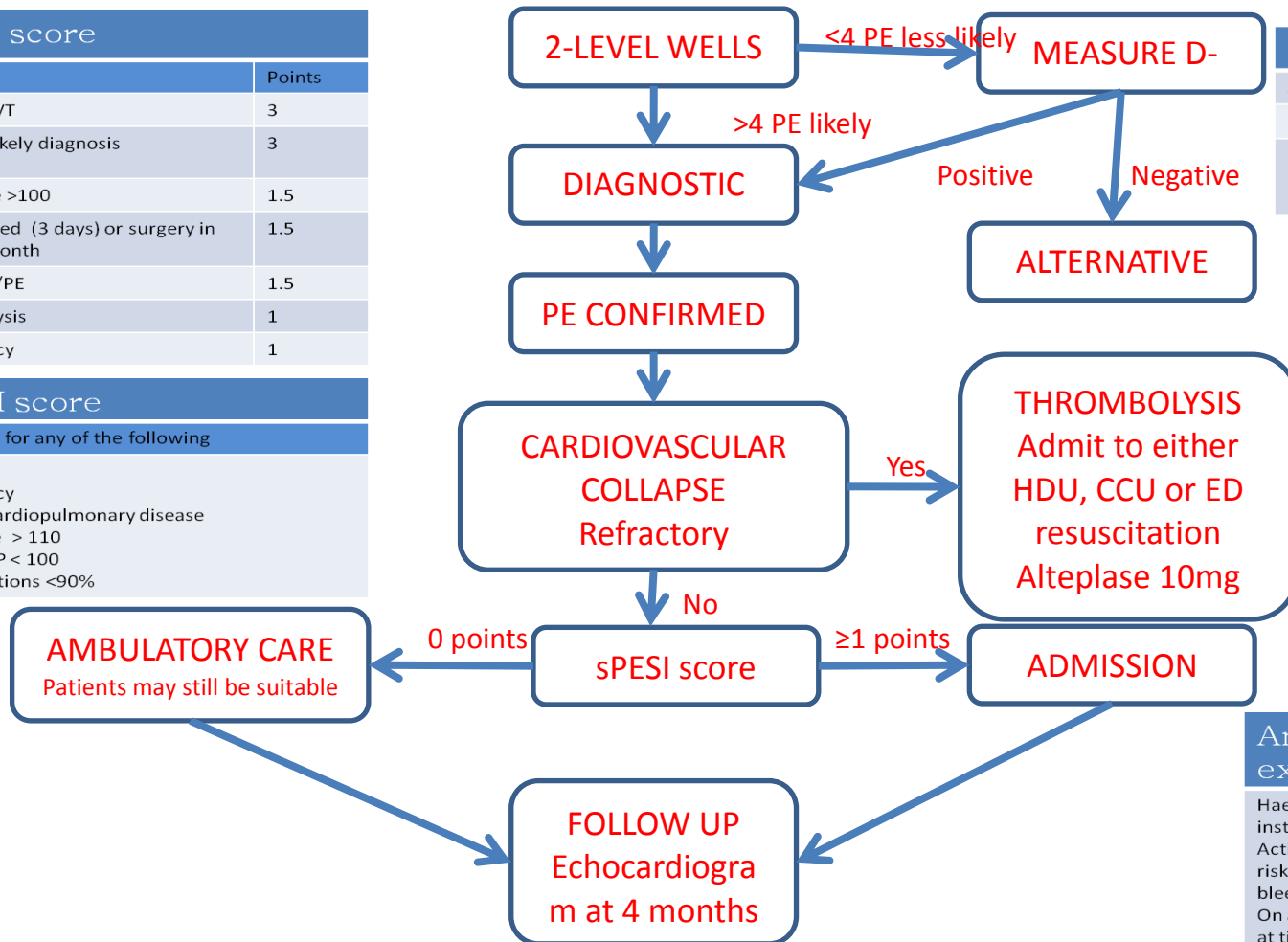
Wells score

| Criteria | Points |
|---|--------|
| Clinical DVT | 3 |
| PE most likely diagnosis | 3 |
| Heart rate >100 | 1.5 |
| Immobilised (3 days) or surgery in the last month | 1.5 |
| Prior DVT/PE | 1.5 |
| Haemoptysis | 1 |
| Malignancy | 1 |

sPESI score

One point for any of the following

- Age >80
- Malignancy
- Chronic cardiopulmonary disease
- Heart rate > 110
- Systolic BP < 100
- O2 saturations <90%



Imaging

All patients should have a CXR

CTPA is the investigation of choice

Discuss patients with renal impairment, who are pregnant/lactating or who have contrast allergy with radiology

Recommended treatment

Apixaban 10mg twice daily for 7 days followed by 5 mg twice daily

Begin Apixaban immediately while awaiting imaging in patients with suspected PE. i.e. No need for administration of LMWH

Pregnancy or lactation – 1mg/kg bd enoxaparin (booking weight)

| Cause | Duration |
|------------|----------|
| Provoked | 3 months |
| Idiopathic | 6 months |
| Cancer | 6 months |

Ambulatory care exclusion criteria

Haemodynamic instability
Active bleeding or risk of significant bleeding
On anticoagulation at time of PE

Severe pain
Pregnancy
Social isolation
cognitive impairment
O2 saturation <90%