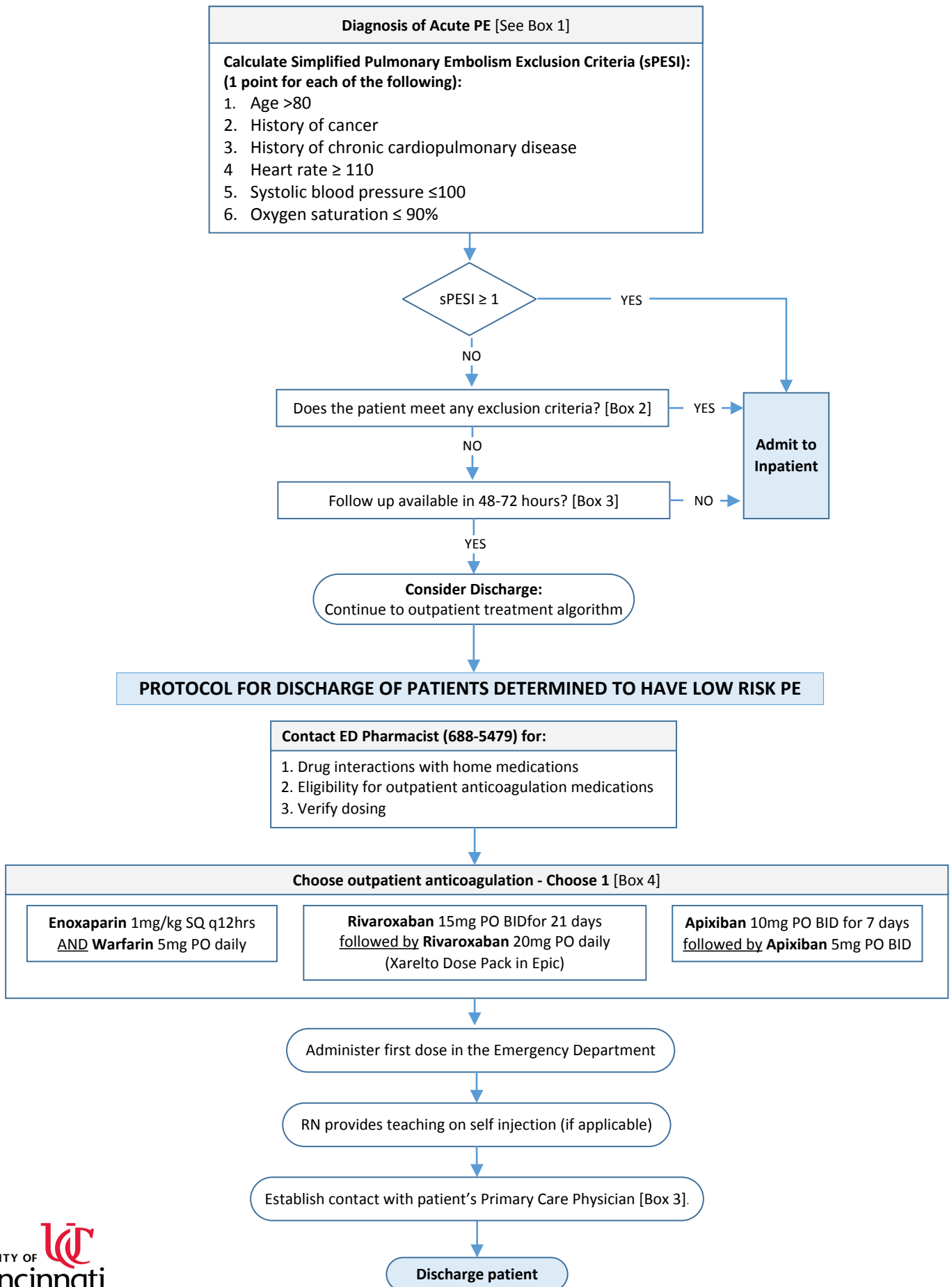


## DISCHARGE OF PATIENTS WITH LOW RISK PULMONARY EMBOLISM (PE)



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### Box 1: Diagnosis of Acute PE

1. One of the following:
  - New filling defect on CTPA
  - New filling defect on pulmonary angiography
  - High probability VQ Scan
  - Non-diagnostic VQ w/ new DVT on venous US

**AND**

2. Symptoms of dyspnea/chest pain <14 days

**AND**

3. Not currently on anticoagulation for PE

### Box 3: Establishing Follow-Up

1. Outside Hospital PCP:
  - Establish contact with PCP or on-call PCP (after hours), confirming follow-up in 48-72 hours **by phone**
  - Physician discretion on patient-by-patient basis on adequacy of follow-up
2. Hoxworth Patient or No PCP:
  - Establish follow-up through established protocols at [www.tamingthesru.com](http://www.tamingthesru.com)

### Box 2: Exclusion Criteria for Outpatient Treatment

1. Age <18
2. Other medical reason for admission
3. Social circumstances requiring admission
4. Relative or absolute contraindication to outpatient anticoagulation:
  - Documented history of HIT or warfarin skin necrosis
  - Coagulopathy (INR >1.7)
  - Platelets < 75 x10<sup>9</sup>/L
  - High risk of bleeding (recent surgery, GI bleed, stroke)
  - CrCl < 30 ml/min
  - Severe liver impairment (Childs Pugh B/C)
  - Sustained BP >200/100
  - Morbid obesity (BMI >35)
5. Meets criteria for submassive pulmonary embolism:
  - a. Myocardial Necrosis/ Troponin elevation

**OR**

  - b. RV Dysfunction:
    - RV/LV Diameter ≥ 0.9 on apical 4 view or CT
    - NTproBNP > 500 pg/ml
    - BNP elevation >90 pg/ml
    - EKG w/ new RBBB, new anteroseptal T-wave inversion or ST elevation/depression
6. Currently on anticoagulation for other medical reason
7. Pregnancy
8. **Physician discretion**

### Box 4: Choice of Anticoagulation Regimen

1. Patient preference
2. Cost
3. Availability given insurance status
4. Ability to comply with subcutaneous injections
5. Safety and efficacy