

# UCMC PERT Protocol

**PERT Activation and On call MD Obtains History from Consulting Team**

**Reviews EMR**

**Examines patient as needed, discusses with Team**

**Completes Initial Consult Data Form for possible PERT interventions based upon Inclusion/Exclusion criteria**

**On call PERT MD discusses case with Interventionalist for any interventions not already ruled-out by exclusion criteria**

EKOS: Int Cards or Int Rads

Surgical embolectomy: Cardiovascular Surgery

ECMO: 5135022320

Receiving ICU MD for lytics, hemodynamic management

**PERT MD calls consulting Team with:**

- Recommendations
- Activates Intervention Teams
- Completes templated PERT Consultation Form in EMR

**Necessary Intervention Team Activated**

- PERT Activation For:**
- **Massive PE (SBP < 90 OR significant BP drop from baseline) Diagnosed/Suspected**
  - **Submassive PE (SBP > 90) Diagnosed/Suspected**
    - RV dilation on bedside echo
    - RV:LV > 1 on CTPA
    - NTpBNP / BNP AND Trop I elevation
    - Significant new O2 requirement
  - **Any order for systemic tPA for PE**
    - Should NOT be given without PERT activation unless in arrest or immediate peri-arrest state
  - **Any concerns regarding diagnosis or therapy of PE**

- Recommendations Likely from PERT:**
- GENERAL:**
- Further Diagnostic Workup Recommended
  - Hemodynamic Support
  - Ventilatory / Respiratory Support
- SPECIFIC:**
- No Further Specific Therapy Recommended
  - No Anticoagulation Recommended +/- IVC Filter
  - Systemic Anticoagulation Recommended
  - Systemic tPA with Anticoagulation Recommended
  - EKOS Catheter and Anticoagulation Recommended
  - Surgical Embolectomy Recommended
  - Extracorporeal Membrane Oxygenation (ECMO)
  - Triage for Location of Further Care (see page 2)

**BOX B: UCMC TPA in PE Guidelines Contraindications and Warnings**

**CONTRAINDICATIONS**

- Active internal bleeding
- Subarachnoid hemorrhage
- History of intracranial hemorrhage
- History of cerebrovascular accident within 3 months
- History of intracranial or intraspinal surgery
- Intracranial neoplasm, AV malformation, or aneurysm
- Known bleeding diathesis
- Severe uncontrolled hypertension (ex. SBP > 185/110)
  - “uncontrolled” after 3 doses of prn medications or persistently elevated despite maximum drip rate

**WARNINGS**

- Advanced age
- Pregnancy
- Current use of anticoagulation other than acute treatment of PE (heparin, enoxaparin) such as vitamin K antagonists, direct thrombin inhibitors, Xa inhibitors with elevated sensitive laboratory tests (such as aPTT, INR, platelet count, and ECT; TT; or appropriate factor Xa activity assays)
- Hemostatic defects including those secondary to severe hepatic or renal disease
- Recent major surgery (e.g. coronary artery bypass graft, obstetrical delivery, organ biopsy or trauma) within 14 days
- \*Recommend discussion with surgeon prior to thrombolysis
- Recent internal bleeding or significant gastrointestinal or genitourinary (≤4 weeks)
- Recent puncture of noncompressible vessels (previous 7 days)
- High likelihood of left heart thrombosis, e.g. mitral stenosis with A-Fib
- Acute pericarditis
- Subacute bacterial endocarditis
- Septic thrombophlebitis or occluded AV cannula at seriously infected site

