# ED OBSERVATION UNIT: INDIRECT SUPERVISION NYC H+H KINGS COUNTY HOSPITAL CENTER

General Observation Guidelines apply for all ED observation patients. Protocol deviation may occur at the treating attendings discretion.

### INCLUSION CRITERIA

- Diagnosis of PE made in ED
- Low risk or very low risk PE by PESI or sPESI score
- Neg trop and ProBNP
- No right heart strain on CTPA, ECG, or bedside ECHO
- No need for supplemental oxygen
- Adequate home support and expected to be compliant with medications
- No bleeding risks by starting oral anticoagulation
- Non-pregnant
- No other reason for full admission after evaluation.

### **EXCLUSION CRITERIA**

- Saddle PE or significantly large clot burden on CTPA
- Inability to tolerate oral anticoagulants
- · Contraindications to initiation of oral anticoagulants
- Severe symptoms
- Need for oxygen
- Any indication of sub-massive PE
- Pregnancy
- Malignancy
- Arrythmias
- Syncope
- Chronic cardiopulmonary disease
- Severe renal or hepatic impairment
- Hemoptysis
- Right heart strain

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### **INTERVENTIONS**

- Telemetry monitoring
- Initiation of oral anticoagulants in preparation for discharge
- Referral to primary care for follow up
- Optional intervention: formal ECHO

\*Common Oral Anticoagulant Dosing Guidance per UpToDate:

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

Rivaroxaban: 15 mg twice daily with food for 21 days followed by 20 mg once daily with food

\*Consider consulting with Emergency Department Pharmacist and/or prescribing information for further details.

## DISPOSITION

### Home:

- Tolerating oral anticoagulation
- Has prescription for continued oral anticoagulation and is able to obtain these medications as an outpatient
- Good social/functional status and/or appropriate services available
- Stable and/or normal/baseline vital signs

# Admission:

- Worsening symptoms/clinical status
- New need for oxygen
- Not tolerating oral medications or unable to obtain