

ED OBSERVATION UNIT: PULMONARY EMBOLISM PROTOCOL

NYC H+H KINGS COUNTY HOSPITAL CENTER

General Observation Guidelines apply for all ED observation patients.

INCLUSION CRITERIA

- Confirmed pulmonary embolism
- Hemodynamically stable
- No procedural intervention necessary

EXCLUSION CRITERIA

- Non low-risk pulmonary embolism (sPESI > 0)
- Hestia score > 1 that is unlikely to be resolved w/in 48 hours
- Planned thrombolysis or embolectomy
- Active bleeding or high risk for bleeding
- Supplemental oxygen requirement to maintain sat > 90%
- Evidence of right heart strain manifested by:
 - Presence of McConnell's sign, D-sign, or septal bowing on ED bedside ultrasound as per determination of attending physician
 - Troponemia or BNP greater than upper limit of normal, or greater than the patient's baseline
- Psychosocial barriers to home anticoagulation treatment (i.e. inability to self-administer anticoagulant or lack of necessary social support)
- End Stage Renal Disease

INTERVENTIONS

- Initiate full dose anticoagulation with LMWH. Transition to DOAC therapy if feasible.
- Rx for LMWH/DOAC (confirm pharmacy availability and insurance coverage of selected agent)
- Patient education (lovenox self-administration teaching if needed)
- Care management and/or social work consult

Last updated 7/1/2019

Authored by K. Christophe MD

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DISPOSITION	
Home: <ul style="list-style-type: none"> • Resolution of any initial Hestia criteria • Patient education complete • Rx confirmed received and covered by insurance at patient's pharmacy 	Admission: <ul style="list-style-type: none"> • Clinical deterioration • Unresolved Hestia criteria • Bleeding complication • Need for initiation of coumadin

Sources

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3. Aujesky D, Roy PM, Verschuren F, et al. Outpatient versus inpatient treatment for patients with acute pulmonary embolism: an international, open-label, randomised, non-inferiority trial. *Lancet.* 2011;378(9785):41-48.
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