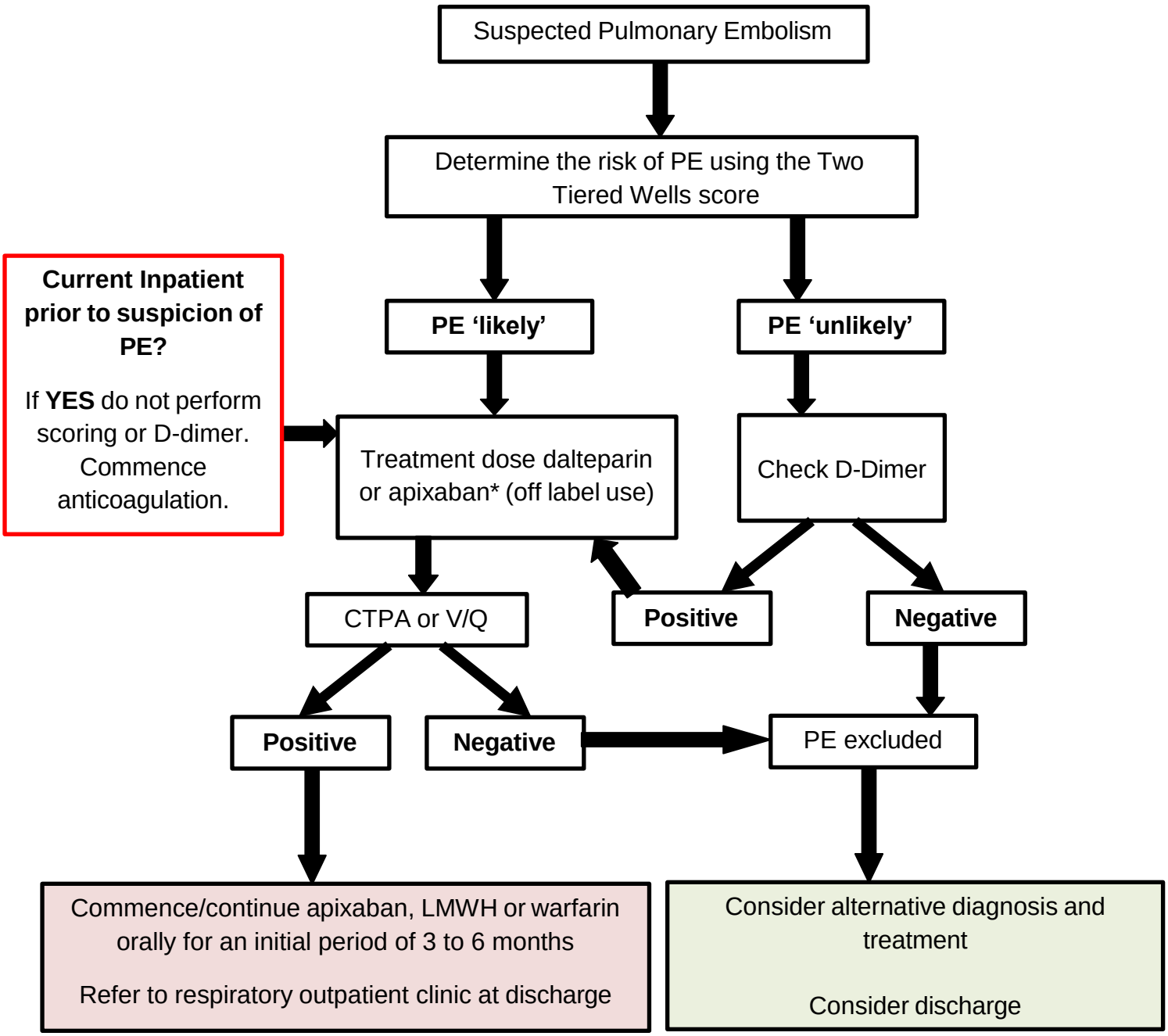
Flowchart for managing 1st presentation of suspected Pulmonary Embolus in non – pregnant adult ≥ 18 year old patients



Apixaban is not suitable for some patient groups – see main guideline.

Notes

- CTPA is the 'gold standard' test. Consider VQ in low risk patients with normal chest X-ray, where radiation risk is thought unacceptable from CTPA. For unprovoked PE a thorough history and examination is required, including chest x-ray, urine dip for haematuria, breast/testicular examination and directed investigation.
- **Current inpatient prior to suspicion of PE:** Do not assess risk or do a D-dimer. Consider treatment dose dalteparin or apixaban (off-license) if suitable and request a CTPA. VQ is unlikely to be helpful due to likelihood of confounding factors (e.g. pneumonia, COPD etc).
- ***If PE likely (Wells score >4 points):*** Offer CTPA immediately if possible or assess suitability for V/Q scanning in patients with allergy to contrast media, severe renal impairment (CrCl <30ml/min) or those at high risk from irradiation. If imaging not immediately available, offer interim therapeutic anticoagulation.
- ***If PE unlikely (Wells score ≤4 points):*** Perform a D-dimer test with the results available within 4 hours. **If D-dimer positive:** Offer CTPA or V/Q (as above). **If D-dimer negative:** Stop interim therapeutic anticoagulation and consider alternative diagnoses. **If D-dimer not available within 4 hours:** Offer interim therapeutic anticoagulation.
- ***If PE excluded:*** Stop therapeutic anticoagulation and consider alternative diagnoses.
- ***If PE is confirmed:*** Offer/continue anticoagulation. If haemodynamic compromise is present or if anticoagulation is contraindicated, seek urgent senior advice – refer to NICE guideline: *Venous thromboembolic diseases: diagnosis, management and thrombophilia testing* (26 March 2020)

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