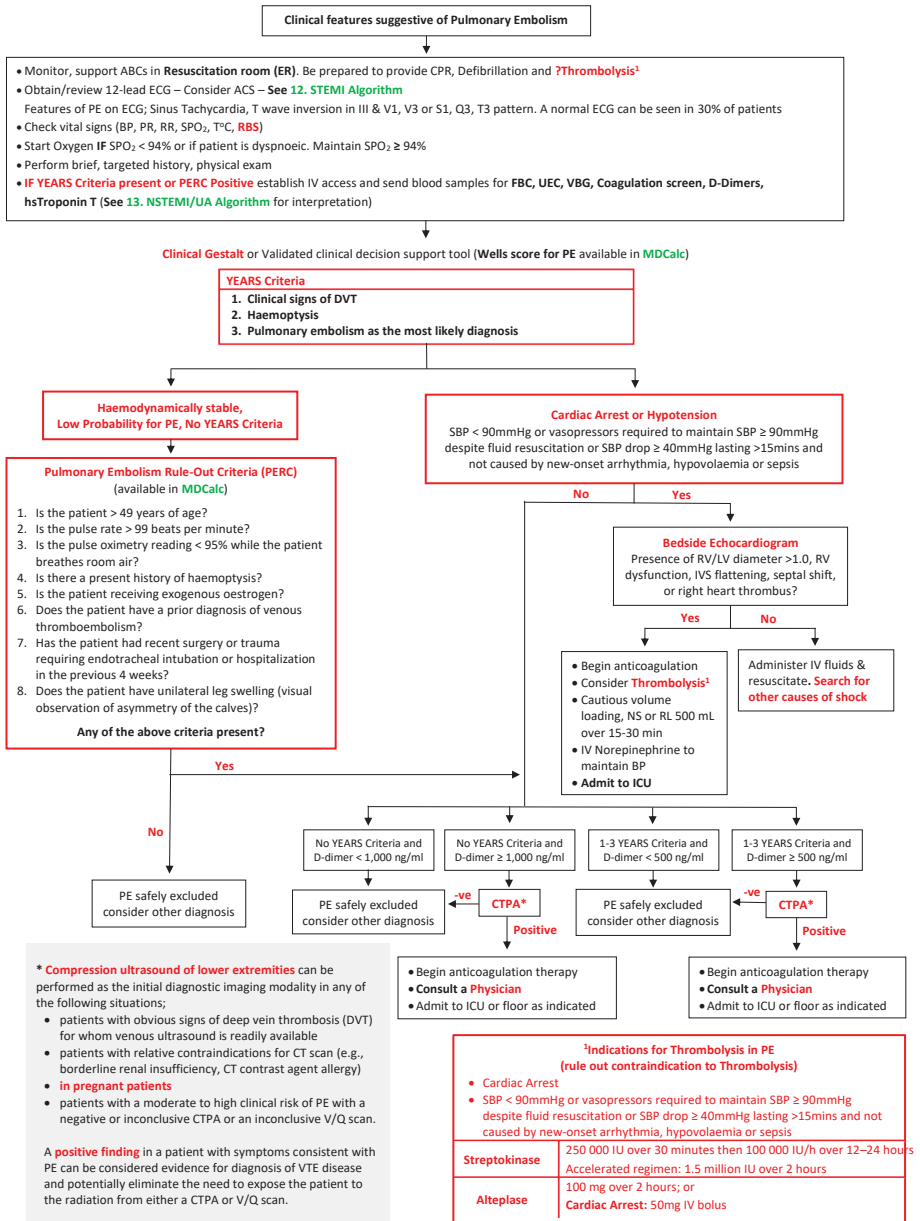


15. Pulmonary Embolism Algorithm

This clinical pathway is intended to supplement, rather than substitute for, professional judgment and may be changed depending upon a patient's individual needs. Failure to comply with this pathway does not represent a breach of the standard of care.



¹Indications for Thrombolysis in PE (rule out contraindication to Thrombolysis)

- Cardiac Arrest
- SBP < 90mmHg or vasopressors required to maintain SBP ≥ 90mmHg despite fluid resuscitation or SBP drop ≥ 40mmHg lasting >15mins and not caused by new-onset arrhythmia, hypovolaemia or sepsis

| | |
|----------------------|--|
| Streptokinase | 250 000 IU over 30 minutes then 100 000 IU/h over 12–24 hours Accelerated regimen: 1.5 million IU over 2 hours |
| Alteplase | 100 mg over 2 hours; or Cardiac Arrest: 50mg IV bolus |

*** Compression ultrasound of lower extremities** can be performed as the initial diagnostic imaging modality in any of the following situations;

- patients with obvious signs of deep vein thrombosis (DVT) for whom venous ultrasound is readily available
- patients with relative contraindications for CT scan (e.g., borderline renal insufficiency, CT contrast agent allergy)
- **in pregnant patients**
- patients with a moderate to high clinical risk of PE with a negative or inconclusive CTPA or an inconclusive V/Q scan.

A **positive finding** in a patient with symptoms consistent with PE can be considered evidence for diagnosis of VTE disease and potentially eliminate the need to expose the patient to the radiation from either a CTPA or V/Q scan.