

# RETU Pulmonary Embolism Pathway

## ED Evaluation

### Required testing prior to RETU Admission

- CBC
- Basic Metabolic Panel
- PT/INR, aPTT
- Trop, BNP
- CT Angio Chest (or V/Q Scan)
- Doppler US results (as indicated)
- Pregnancy test (appropriate age female)

### Not appropriate for RETU

- Hypoxemia
- Vital sign abnormality (tachycardia, hypotension, or orthostatic vital sign changes)
- History of chronic cardiopulmonary disease (eg, CHF, CAD, COPD)
- Cardiac arrhythmias of immediate concern
- RV dysfunction/strain (eg, by echo or EKG)
- Positive cardiac biomarker (positive trop or elevated BNP)
- Patient at high risk for hemorrhage on anticoagulation (eg, active bleeding)
- Limb-threatening thrombosis
- Thrombolysis or pharmacomechanical thrombectomy needed
- IVC filter placement needed
- Pregnancy with delivery planned
- Contraindication to outpatient use of anticoagulation medication

## RETU Intake Evaluation

(do not repeat testing if already done in ED)

### Exam Focus

- Cardiopulmonary
- Vascular

### Initial Testing

- Labs: **CBC, BMP, PT/PTT** (others as clinically indicated)
- Imaging: Transthoracic echocardiogram

### Monitoring

- Vital signs q4h
- Telemetry, Continuous pulse ox (as indicated)

## RETU Treatment / Evaluation

### DOACs\*

(Direct Oral Anticoagulants)

\*preferred if no contraindication

or

### Enoxaparin

or

Enoxaparin  
+  
Warfarin

Place **nursing communication** for  
teaching if on enoxaparin

Ensure patient or family member is  
comfortable with self-injecting

Discharge with INR check in 2 days  
if on warfarin

### DOACs\*

- Rivaroxaban 15mg PO bid x21 days
- Apixaban 10mg PO bid x7 days

\*Ensure insurance can fill medication by  
calling pharmacy after prescribing or  
involving social work

### Enoxaparin

- 1 mg/kg SC q12h
- Alt: 1.5 mg/kg SC daily

### Warfarin

- 2-5mg PO daily on day 1-2 of  
parenteral anticoagulation

## Disposition Guidelines

### Discharge from RETU

- No deterioration in clinical status
- No development of criteria for admission (as per exclusion criteria)
- Acceptable vital signs
- Pain absent or managed
- Outpatient anticoagulation plan established

### Admission to Hospital

- RV dysfunction found on echocardiogram
- Unstable vital signs/other deterioration of clinical status
- Anticoagulation not tolerated (i.e. bleeding, allergic reaction)
- Unable to satisfy follow-up requirements
- Unsafe home environment/inability to adhere as determined by social work/case management
- Intractable pain