Simplified UW PE Algorithm: Probable PE, No CT PA

1-6: see appendix and glossary
Appendix & Glossary

1. **CT-PA Candidate?**
   - Low eGFR or severe contrast allergy

2. **Consider activation of Modified PERT (PE Response Team) prior to TTE**
   - To discuss if TTE can be delayed until business hours (M-F 8am-4:30pm) if the patient is clinically stable or low likelihood to give thrombolysis

3. **STAT TTE**
   - Place order in ORCA
   - Call Echo Lab at 8-7000 during business hours (M-F 8am-4:30pm) or page Echo Fellow during non-business hours

4. **PERT (PE Response Team)**
   - **Modified PERT Activation, Page 222:**
     - Phone Call with
       - Primary Clinician
       - Pulmonary Consult (SCCA Pulm if SCCA patient with cancer. Consult Gen Pulm if not an SCCA patient)
   - **Full PERT Activation, Dial 222**
     - Bedside Meeting with:
       - Primary Attending (may join by phone)
       - MICU Attending/Nocturnist
       - ECMO Consult (may join by phone)
       - STAT Nurse
       - IR Attending (may join by phone)
       - ICU Pharmacist

5. **Thrombolytics**
   - If patient has active malignancy, obtain head CT prior to giving thrombolitics

6. **Massive PE**
   - In a rapidly decompensating patient, orders for alteplase (code dose 50mg IV x 3min or 100mg IV over 2hrs if pulse) should be written while enacting a Full PERT. Alteplase is not a contraindication to ECMO.

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**Glossary**
- CT PA – CT Pulmonary Angiogram
- Trop I – Troponin I
- BNP – Brain Natriuretic Peptide
- POC US – Point-of-care Ultrasound
- TTE – Transthoracic Echocardiogram
- IV UFH – Intravenous Unfractionated Heparin
- DOAC – Direct Oral Anticoagulant (e.g. Rivaroxaban, Dabigatran)
- LMWH – Low Molecular Weight Heparin (e.g. Enoxaparin)
- rtPA – Recombinant Tissue Plasminogen Activator
- CDT – Catheter Directed Thrombolysis (mechanical or chemical)