Simplified UW PE Algorithm: Suspected PE Workup

1-4: see appendix and glossary

SUSPECTED PE

* RISK ASSESS (WELLS¹, PERC²)

Ambulatory AND Wells ≤ 1 AND PERC negative?

Yes

PE UNLIKELY

Hemodynamically Stable³ AND Wells ≤ 4?

Yes

PE MORE LIKELY

No

D-DIMER

< 500 ng/ml OR less than age-adjusted value⁴

≥500 AND greater than age-adjusted value⁴

PE Excluded

Candidate for CT PA?

No

Refer to “No CT PA Algorithm”

Yes

Refer to “CT PA Algorithm”
1. **Wells Score:**
   - No better alternative dx (3 pts)
   - Symptoms of DVT (3 pts)
   - HR > 100 (1.5 pts)
   - Immobilization > 3d or surgery in <4 wks (1.5 pts)
   - Hx of DVT or PE (1.5 pts)
   - Hemoptysis (1 pt)
   - Malignancy (1 pt)

   *PE risk: Unlikely ≤4, Likely >4*

2. **PERC** – negative if all true
   - Age < 50
   - HR < 100 bpm
   - SpO2 > 95%
   - No hemoptysis
   - No estrogen use
   - No h/o DVT/PE
   - No unilateral leg swelling
   - No surgery/trauma within last 4 weeks

3. **Hemodynamically stable**
   - SBP >90mmHg

4. **Age Adjusted D-Dimer if ≥ 50 yrs old**
   - Calculated as age*10
   - Ex: 88 y/o threshold for excluding VTE is <880 ng/ml

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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)