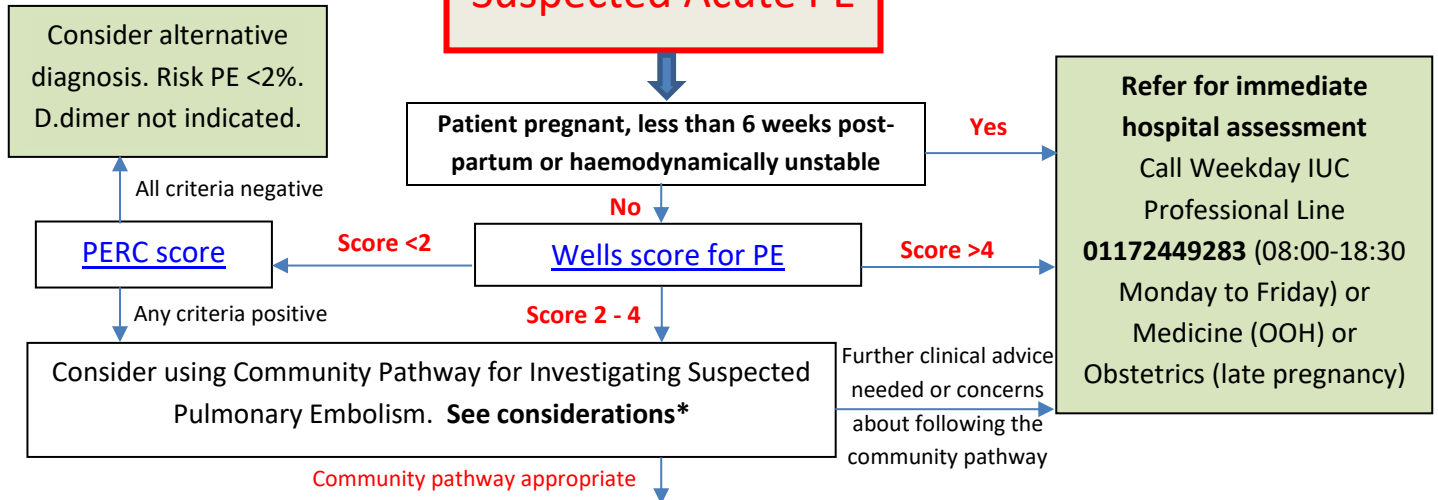


# BNSSG Community Pathway for Investigating Suspected Acute Pulmonary Embolism in Adults

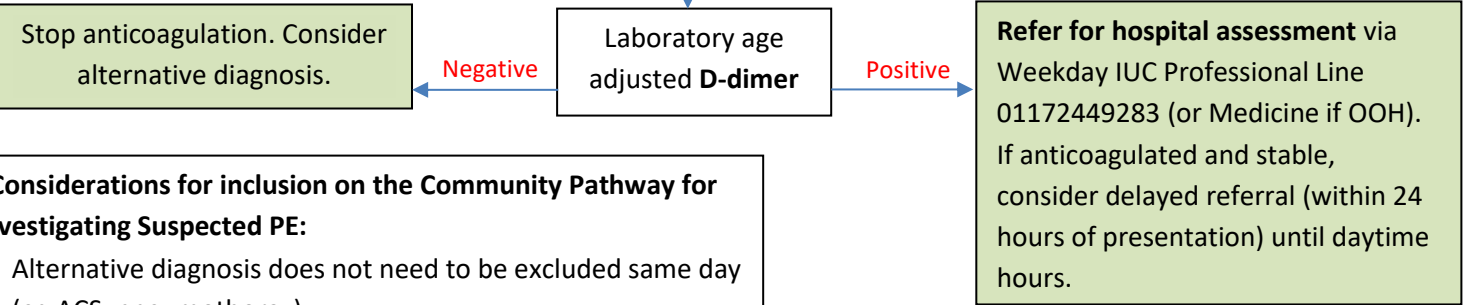
Based on NICE guideline [NG158](#)

## Suspected Acute PE



- Send **same day laboratory** urgent bloods for: **FBC, Clotting, U&E, LFT, D. dimer\*\***
- If blood results anticipated to take >4 hours (likely scenario in primary care), **prescribe and start interim anticoagulation** (NB. "off label"). Options include Rivaroxaban (formulary first line, initially 15mg BD) or Apixaban (initially 10mg BD) or LMWH. Refer to BNF, BNSSG formulary and [NICE guide to anticoagulation in VTE](#) (page3).
- Provide safety net advice and ask patient to keep phone switched on.
- If same day bloods are not possible or clinical discussion is needed, phone the IUC Professional Line 01172449283.

**Review blood results within 24h**  
Hand over to Severnside IUC to chase results if not possible to review them within 24h (ie. weekend): 01172449283



**\*Considerations for inclusion on the Community Pathway for Investigating Suspected PE:**

- Alternative diagnosis does not need to be excluded same day (eg ACS, pneumothorax).
- Haemodynamically stable (eg. NO pallor, tachycardia, hypotension, shock, collapse).
- Patient has had F2F assessment in Primary Care that day.
- Not already on anticoagulation.
- No contraindication to anticoagulation (eg. significant bleeding risk).
- Safe home environment/access to a phone.
- Capacity to send same day bloods and have results reviewed within 24 hours. If not possible to do this from daytime practice/UTC, consider calling Severnside IUC 01172449283.

**\*\*Notes on D.dimer:** Should be a laboratory test (not POC), sent in a *full* blue bottle and should reach the lab within 20hours (store at 18-25oC or 2-6oC). Positive D.dimer results are *not* phoned through by the lab in or out of hours.

- PERC SCORE**
- Age ≥ 50
  - HR ≥ 100
  - Sats on air < 95%
  - Unilateral leg swelling
  - Haemoptysis
  - Recent surgery or trauma ≤ 4 weeks ago needing GA
  - Past DVT or PE
  - Hormone use eg. COC, HRT

2-level PE Wells score	
Clinical feature	Points
Clinical signs and symptoms of DVT (minimum of leg swelling and pain with palpation of the deep veins)	3
An alternative diagnosis is less likely than PE	3
Heart rate more than 100 beats per minute	1.5
Immobilisation for more than 3 days or surgery in previous 4 weeks	1.5
Previous DVT/PE	1.5
Haemoptysis	1
Malignancy (on treatment, treated in the last 6 months, or palliative)	1
PE likely: More than 4 points PE unlikely: 4 points or less	
Adapted with permission from <a href="#">Wells et al. (2000)</a>	