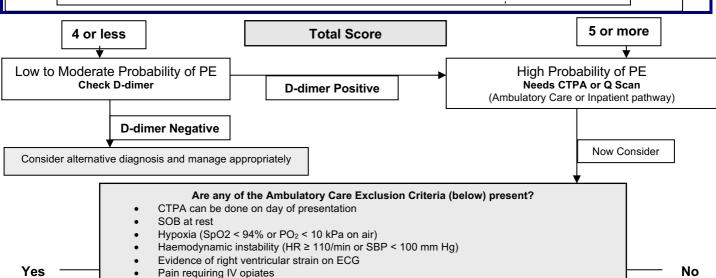
Suspected Pulmonary Embolism



Ambulatory Care Plan

Do you suspect that your patient has a Pulmonary Embolism? Perform Clinical Probability Assessment - Simplified Revised Geneva Score

Risk marker	Score	Patient's score
Age > 65	1	
Previous DVT / PE	1	
Surgery under GA or leg fracture within past month	1	
Active malignancy within past year	1	
Unilateral leg pain	1	
Haemoptysis	1	
Pulse 75-94	1	
Pulse > 94	2	
Tender deep veins of leg and unilateral oedema	1	
Total:		



Yes

- Pregnant (Refer to obstetric triage if pregnant)
- Renal failure necessitating consideration of IV heparin therapy Cr Cl <15mls/min for Apixaban, <30ml/min for LMWH)
- Thrombocytopenia precluding heparin therapy (platelet count < 50x 10⁹/L)
- Chronic Cardiac or Respiratory Disease
- Other illnesses or social circumstances requiring admission

Admit via Acute Medical Receiving Unit (or escalate to Critical Care)

- · Consider IV heparin and/or thrombolysis if concern of intermediate / high risk PE
- · If patient is not for immediate thrombolysis or IV heparin start Apixaban 10mg twice daily or therapeutic Enoxaparin as per NHS Lothian Antithrombotic Guide if no contraindication to either and no bleeding risk.
- If urgent review required contact Respiratory / Medical / Critical Care SpR on call

Ambulatory Care Clinic

- Check platelet count and bleeding risk.
- Check kidney function-do not give Enoxaparin if creatine clearance <30 mls/min and do not give Apixaban if <15mls/min.
- Check other contra-indications and use patient counselling sheets for both.
- Refer to NHS Lothian Antithrombotic Guide and contact senior doctor or Haematology if contraindication or bleeding risk exists.
- Start anticoagulation with Apixaban 10mg twice daily or therapeutic Enoxaparin as per NHS Lothian Antithrombotic Guide if no contra-indication to anticoagulation and no bleeding risk.
- In body weight extremes > 200kg for Enoxaparin and >150Kg for Apixaban, discuss with senior doctor or Haematology.
- Complete the patient's notes or discharge letter on Trak.
- Ask ED or AMU reception to book patient into the next day ambulatory care clinic as a NEW PE patient for 10am.
- Send patient home with instructions to return to AMU reception at 10am (for an 11am scan slot)
- Request CTPA scan on Trak including time at which patient told to return prior to discharge
- Supply patient with information leaflet with advice to return if more unwell

Ambulatory care

Patient Information Leaflet



You are being investigated or treated for the cause of your illness and the medical team looking after you have decided that you are well enough to go home and have this done as an out-patient.

We would like you to return to the Acute Medical Unit Reception Area on / / where you will be seen in the Ambulatory Care Clinic.

- If you are being investigated for a clot in the leg the nursing staff there will contact you that morning with the exact time that you should attend.
- If you are being investigated for a clot in the lung you should attend the Acute Medical Unit Reception Area at 10am.
- All other patients should be given a time to attend prior to discharge.

You may have been commenced on treatment while we wait to get the tests done and you may require further treatment at the clinic.

Sometimes it can take more than one day to arrange the tests you require, especially if you come at the weekend.

If you do require further tests, such as a scan, you should also return to the Ambulatory Care Clinic after the test. You will likely be given the result later that day and reviewed by medical staff there.

Please continue to take any other medications prescribed for you unless advised to stop them. Please be aware that you may spend some hours in the clinic and please bring an overnight bag in case you subsequently need hospital admission.

You should attend the Emergency Department if you become more unwell after going home.

You can telephone for advice if you are unsure:

Emergency Department - 0131- 2421300

Acute Medical Unit - 0131- 2421422