PULMONARY EMBOLISM

CDU INCLUSION CRITERIA

- Stable vital signs
- Pulmonary embolism diagnosed by CT scan or VQ scan which is not saddle or main pulmonary artery
- Score of 0 on Simplified Pulmonary Embolism Severity Index (sPESI) (see below)
- Troponin T, if obtained, ≤ 0.02 ng/mL
- NT-pro BNP, if obtained, ≤ 300 pg/mL
- EKG shows no new right ventricular strain (T wave inversions in v1-v4, RBBB, S1Q3T3)
- CT scan, if obtained, shows no enlargement of right ventricle suggestive of right heart strain
- Echo, if obtained, shows no evidence of right heart strain

CDU EXCLUSION CRITERIA

- Unstable vital signs
- Any of the following (ie score > 0 on sPESI)
  
  Simplified Pulmonary Embolism Severity Index

  - Age > 80 years
  - Cancer (history or active)
  - Chronic lung or heart disease
  - Heart rate ≥ 110 bpm
  - SBP < 100 mm Hg
  - O2 saturation < 90%
  
- Pregnant, lactating, or postpartum
- Patient already on anticoagulation
- Weight > 150 kg
- Significant renal impairment (CrCl < 30 mL/min)
- Known heparin allergy, suspected HIT, heparin treatment within the last 4 weeks
- Known history of hypercoaguable disorder (protein C deficiency, protein S deficiency, AT-III deficiency, or other)
- Platelet count < 70k, abnormal INR

CDU INTERVENTIONS

- Serial vital signs and re-evaluation
- Pulse oximetry, cardiac monitoring
- Enoxaparin administration and teaching
CDU DISPOSITION

Home
- Stable vital signs
- Tolerating adequate PO
- First dose of enoxaparin and warfarin administered
- Pt has undergone enoxaparin and warfarin teaching and able to obtain and administer medications at home
- Adequate follow-up plan established: INR check and dose adjustment in 48-72 hours
- Discharge medications:
  - Warfarin 5mg tabs 1 tab qhs for 7 days
  - Enoxaparin 1mg/kg subcutaneous bid for 7 days

Admit
- Symptoms not improved or worsening
- New findings that require hospitalization
- Inability to complete CDU interventions or ensure outpatient follow-up
- EM provider or consultant discretion