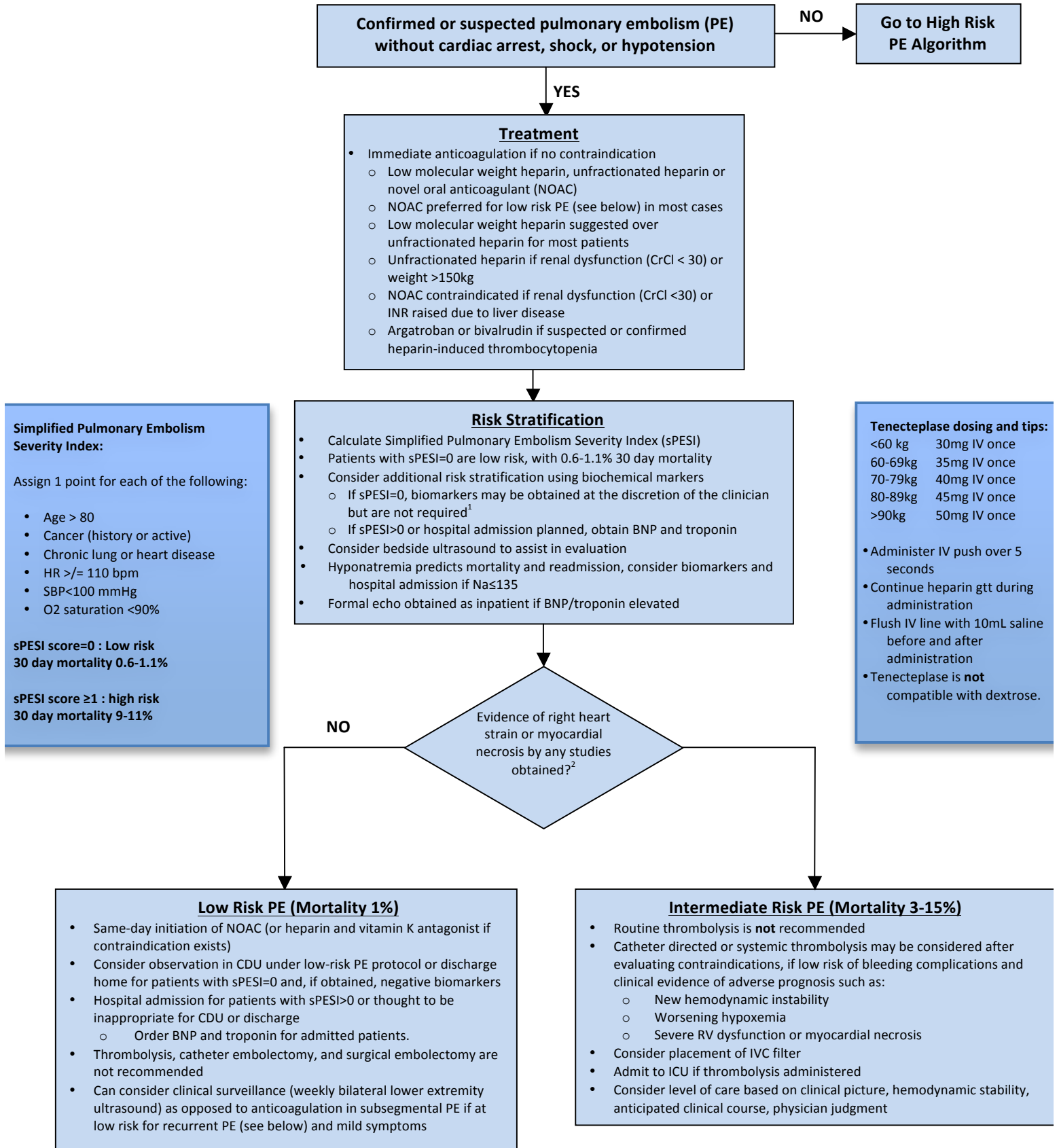


# Non - High Risk Pulmonary Embolism



## Simplified Pulmonary Embolism Severity Index:

Assign 1 point for each of the following:

- Age > 80
- Cancer (history or active)
- Chronic lung or heart disease
- HR >= 110 bpm
- SBP < 100 mmHg
- O2 saturation < 90%

sPESI score=0 : Low risk  
30 day mortality 0.6-1.1%

sPESI score ≥1 : high risk  
30 day mortality 9-11%

## Tenecteplase dosing and tips:

<60 kg	30mg IV once
60-69kg	35mg IV once
70-79kg	40mg IV once
80-89kg	45mg IV once
>90kg	50mg IV once

- Administer IV push over 5 seconds
- Continue heparin gtt during administration
- Flush IV line with 10mL saline before and after administration
- Tenecteplase is **not** compatible with dextrose.

1. Negative biomarkers have excellent NPV for mortality (NT-proBNP<300 has 100% NPV for adverse outcome in several studies, negative troponins associated with good outcome) however data varies on whether biomarkers improve risk stratification in the patient who is already low-risk by clinical criteria.
2. Right heart strain: echocardiography suggesting RV dysfunction rate ≥ (Increased RV:LV size, RVSP>40mmHg, TAPSE <2.0 cm), RV:LV size >0.9 on CT, elevated BNP, EKG changes (new RBBB, anteroseptal TWI, anteroseptal ST changes). Myocardial injury: elevated troponin
3. Low risk for recurrent PE if not hospitalized/immobilized, no active cancer and do not have a reversible risk factor for their PE such as recent surgery