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A. Patient details

2. Age at presentation to hospital: ☐☐☐ years

3. Gender ☐ Male ☐ Female ☐ Transgender

4a. Weight at presentation to hospital ☐☐☐ kg ☐ Not recorded

4b. Height: ☐☐☐ cm ☐ Not recorded

4c. BMI at time of presentation to hospital ☐☐.☐ ☐ Not recorded

5a. In your opinion were all the patient's co-morbidities / risk factors for VTE appropriately documented? ☐ Yes ☐ No ☐ Insufficient data

5b. If No were: ☐ None documented ☐ Not all documented ☐ Other

6a. Was the patient's mental health considered on presentation? ☐ Yes ☐ No ☐ Unknown

6b. Did the patient have a known or newly diagnosed mental health condition? ☐ Yes known ☐ Yes newly diagnosed ☐ No ☐ Unknown

6c. If Yes what condition?

7. Rockwood clinical frailty scale score at presentation (see definitions on page 2) - please estimate from your review of the casenotes:

☐ 1 - very fit ☐ 2 - well ☐ 3 - managing well ☐ 4 - vulnerable ☐ 5 - mildly frail

☐ 6 - moderately frail ☐ 7 - severely frail ☐ 8 - very severely frail ☐ 9 - terminally ill

B. Previous VTE

8a. Did the patient have a previous diagnosis of VTE? ☐ Yes ☐ No ☐ Unknown

8b. If Yes was this a: ☐ DVT ☐ PE ☐ Other (please specify)

8c. If Yes to 8a how long prior to the current episode did the last diagnosis for VTE occur? ☐ < 3 months ☐ 3-6 months ☐ 6-12 months ☐ > 12 months ☐ Unknown

8d. On how many previous occasions to this episode had the patient been diagnosed with VTE? ☐☐ ☐ Unknown

8e. Was the last episode of PE ☐ Provoked ☐ Unprovoked ☐ Not recorded

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9a. Was the patient on prophylactic or therapeutic anticoagulation when they developed the current episode of PE?

☐ Prophylactic ☐ Therapeutic ☐ Neither ☐ Unknown

9b. If Yes, in your opinion was the drug and dosing correct?

☐ Yes ☐ No ☐ Unknown

9c. If No to 9b, please expand on your answer

9d. If the patient wasn't on prophylactic or therapeutic anticoagulation, in your opinion should they have been?

☐ Yes prophylactic ☐ Yes therapeutic ☐ No ☐ Unknown

9e. Is there evidence that the patient was non compliant with medication?

☐ Yes ☐ No ☐ Unknown ☐ Not applicable

10a. For this presentation when did the patient first notice symptoms of PE?

d d m m y y y y ☐ Date unknown h h m m 24 hr clock ☐ Time unknown

☐ Not applicable - patient developed PE as an inpatient **(please go to section C)**

10b. If the date is unknown please approximate the duration of the patient's symptoms

weeks days hours

11a. Is it documented that prior to this hospital attendance the patient had contact/ engaged with healthcare services relating to this episode of PE.

☐ Yes ☐ No

☐ Not applicable patient developed PE as an inpatient **(please go to section C)**

11b. If Yes which service

☐ GP ☐ 111 / NHS 24 services ☐ DVT clinic

☐ Emergency department ☐ Other (please specify)

12a. In your opinion, was there an avoidable delay in presentation to hospital?

☐ Yes ☐ No ☐ Unknown

12b. If yes, how long was the delay?

weeks days hours

12c. What was the reason for the delay?

☐ Patient factors ☐ Health care provider factors

☐ Other (please specify)

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C. Presentation to hospital - all patients

13a. Time/date of arrival to hospital: ☐☐ h h ☐☐ m m 24 hr clock ☐ Time not recorded ☐☐ d d ☐☐ m m ☐☐☐☐ y y y y

13b. Was this episode/admission ☐ Non-elective ☐ **Elective (please go to section Diii)**

13c. If Non-elective, did the patient arrive by ambulance ? ☐ Yes ☐ No

13d. Mode of presentation (please select all that apply)?

☐ Self referral ☐ Referred by radiology ☐ Directly seen in ambulatory care unit / area / service

☐ GP referral ☐ Referred from outpatient clinic ☐ Other (please specify): ☐

14a. Where was the patient first assessed?

☐ Emergency department (ED) - Resuscitation ☐ Acute medical unit ☐ Ambulatory care centre / unit (see definitions)

☐ Ambulatory care pathway but on the ward ☐ Other (please specify) ☐

☐ Unknown

14b. Was the patient treated on an ambulatory care pathway? (for the entire or some part of this episode of PE) ☐ Yes ☐ No ☐ No ambulatory care pathway available

14c. If No, In your opinion should they have been? ☐ Yes ☐ No

14d. If Yes to 14c please expand on your answer? ☐

Di). Ambulatory care patients (including patients who were later admitted)

15a. Grade and specialty of the person who made the decision to accept this patient for ambulatory care:

Grade: (see definitions) ☐☐ Specialty: ☐ ☐ Not documented

15b. Time/date patient arrived in ambulatory care area/unit

☐☐ h h ☐☐ m m 24 hr clock ☐ Time unknown Date ☐☐ d d ☐☐ m m ☐☐☐☐ y y y y

16a. Were any formal criteria for ambulatory referral documented? ☐ Yes ☐ No ☐ Unknown

16b. If Yes, what criteria were used to select this patient for ambulatory care?

☐ AMB score (see defintions) ☐ NEWS score ☐ Temperature ☐ Oxygen saturation

☐ Blood pressure ☐ Pulse/heart rate ☐ Respiratory rate ☐ Other ☐

☐ Clinical, please specify ☐

17a. Was an early warning score (eg. NEWS) documented when the patient arrived in the ambulatory area/unit? ☐ Yes ☐ No ☐ Unknown

17b. If Yes, what was the score and when was it recorded?

Type of early warning score ☐ Score ☐☐

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18a. When was the first clinical assessment performed in the ambulatory care area/unit?

Time ☐☐ ☐☐ 24 hr clock ☐ Time unknown Date ☐☐ ☐☐ ☐☐☐☐

h h m m d d m m y y y y

18b. Grade and specialty of the person performing this assessment **DROP DOWN BOXES FOR GRADE and SPECIALTY from Q35 OF HF Eqaf**

18c. Was PE suspected/identifed during clerking? ☐ N/A already identified in ED ☐ Yes ☐ No

Dii). Patients presenting to hospital with symptoms of PE that were managed as an inpatient. This includes patients that were initially managed on an ambulatory care pathway

19a. What was the time/date that the patient was formally admitted to hospital?

Time ☐☐ ☐☐ 24 hr clock ☐ Time unknown Date ☐☐ ☐☐ ☐☐☐☐

h h m m d d m m y y y y

19c. Where was the patient first admitted?

☐ Clinical Decision / Observation unit ☐ Acute assessment unit (eg AMU) ☐ Medical ward

☐ Surgical ward ☐ Level 2 (HDU) ☐ Level 3 (ICU)

☐ Other (please specify) ☐ Unknown

20a. Time/date of initial clerking:

Time ☐☐ ☐☐ 24 hr clock ☐ Time unknown Date ☐☐ ☐☐ ☐☐☐☐

h h m m d d m m y y y y

20b. Grade and specialty of doctor performing initial clerking (see definitions) **DROP DOWN BOXES FOR GRADE and SPECIALTY from Q35 OF HF Eqaf**

20c. Was PE suspected/identifed for the first time during clerking? ☐ Yes ☐ No

20d. If No, please select all that apply?

☐ Suspected by GP/ ED/ other ☐ Diagnostic tests sent by GP/ED/other ☐ Confirmed by GP/ED/other

☐ Confirmatory test was CTPA/VQ/other ☐ Other (please specify)

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Diii). Patients that developed PE as an inpatient

21a. If the patient developed symptoms of PE as an inpatient, what was the original reason for their admission?

21b. Is there evidence in the notes that the patient was assessed for VTE risk at admission ☐ Yes ☐ No

21c. If Yes to 21b, what decision was made?

☐ No thromboprophylaxis required ☐ Anti-embolic stockings ☐ Intermittent Pneumatic Compression ☐ Aspirin
☐ LMWH ☐ Apixaban ☐ Dabigatran etexilate ☐ Fondaparinux sodium
☐ Rivaroxaban ☐ IVC filter permanent ☐ IVC filter inserted for this admission (temporary) ☐ Other

21d. Was this plan implemented? ☐ Yes ☐ No ☐ Unknown

21e. If No to 21d, what method of thromboprophylaxis was provided?

☐ None ☐ Anti-embolic stockings ☐ Intermittent Pneumatic Compression ☐ Aspirin
☐ LMWH ☐ Apixaban ☐ Dabigatran etexilate ☐ Fondaparinux sodium
☐ Rivaroxaban ☐ IVC filter permanent ☐ IVC filter inserted for this admission (temporary) ☐ Other

21f. Was there an avoidable delay in starting thromboprophylaxis? ☐ Yes ☐ No ☐ Not applicable

21g. If Yes please expand on your answer?

22a. When was PE first suspected ☐☐ ☐☐ 24 hr clock (h h / m m) ☐ Time unknown ☐☐ ☐☐ ☐☐☐☐ (d d / m m / y y y y)

22b. In your opinion was there a delay in recognising the patient had symptoms of PE? ☐ Yes ☐ No ☐ Unknown

22c. If Yes please give a reason for your answer?

22d. How long was the delay? ☐☐☐ hours

22e. In your opinion was the delay avoidable? ☐ Yes ☐ No

22f. In your opinion did the delay have an adverse impact on outcome? ☐ Yes ☐ No

23a. What type of ward was the patient on when PE symptoms were suspected? ☐ Medical ☐ Surgical ☐ Critical care ☐ Other (please specify)

23b. What type of ward was the patient transferred to after PE was diagnosed? ☐ Medical ☐ Surgical ☐ Critical care ☐ Not transferred ☐ Other (please specify)

23c. If the patient was transferred, who made the decision?

☐ Ward team ☐ VTE team ☐ Haematologist ☐ Respiratory physician
☐ Other (please specify)

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E. Assessment, investigations and treatments - all patients

24a. What were the first set of observations recorded when PE was suspected?

Respiratory rate ☐☐ ☐ Not documented Heart rate ☐☐☐ ☐ Not documented

GCS or AVPU ☐☐ ☐ Not documented SpO2 ☐☐☐ ☐ Not documented

BP ☐☐☐ / ☐☐☐ ☐ Not documented Temperature ☐☐.☐ ☐ Not documented

24b. What were the clinical symptoms when PE was suspected (please mark all that apply)?

☐ Chest pain ☐ Shortness of breath ☐ Haemoptysis ☐ Syncope / fainting ☐ Cough

☐ Panic attack / anxiety ☐ Leg pain and/or swelling ☐ Arm pain and/or swelling ☐ Other (please specify) ☐

25a. Was a clinical probability score for PE documented? ☐ Yes ☐ No ☐ Unknown

25b. If Yes, which score was used?

☐ Modified Wells Score ☐ Simplified Revised Geneva Score ☐ Two level PE Wells Score

☐ Revised Geneva Score ☐ Pulmonary Embolism Rule Out Criteria ☐ Other (please specify) ☐

25c. If Yes to 25a, what score was documented in the notes? ☐☐.☐

25d. Please retrospectively calculate a modified Wells score for this patient? ☐☐.☐ ☐ Unable to calculate

26a. In your opinion was there a delay in recognising the patient had symptoms of PE? ☐ Yes ☐ No ☐ Unknown

26b. If Yes what were the reasons for delay? ☐

26c. If Yes to 26a how long was the delay? ☐☐☐ hours

27a. In your opinion was the patient seen by all the appropriate specialties when PE was suspected? ☐ Yes ☐ No ☐ Unknown

27b. If No please expand on your answer? ☐

27c. In your opinion were any specialist reviews timely? ☐ Yes ☐ No ☐ Unknown

28a. Which of the following 'initial' investigations were carried out when PE was suspected?

☐ dDimer ☐ Clotting screen ☐ Troponin ☐ Blood gases ☐ ECG

☐ CXR ☐ U+Es ☐ FBC ☐ Point of care US / Echocardiogram ☐ BNP/ NT-proBNP

☐ Other (please specify) ☐

28b. In your opinion were any initial investigations that should have been undertaken omitted? ☐ Yes ☐ No ☐ Unknown

28c. If Yes, which?

☐ dDimer ☐ Clotting screen ☐ Troponin ☐ Blood gases ☐ ECG

☐ CXR ☐ U+Es ☐ FBC ☐ Point of care US / Echocardiogram ☐ BNP/ NT-proBNP

☐ Other (please specify) ☐

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29a. Which of the following investigations were undertaken (these may have occurred prior to the patients attendance/admission or after their discharge)?

☐ CTPA ☐ VQ/SPECT ☐ Ultrasound of the lower limb veins ☐ Ultrasound of the upper limb veins ☐ Formal Transthoracic Echocardiogram

☐ MRI/MRV ☐ Transoesophageal echocardiogram ☐ Focused Echocardiogram ☐ Other

29b. In your opinion were any investigations that should have been undertaken omitted? ☐ Yes ☐ No ☐ Unknown

29c. If Yes which?

☐ CTPA ☐ VQ/SPECT ☐ Ultrasound of the lower limb veins ☐ Ultrasound of the upper limb veins ☐ Formal Transthoracic Echocardiogram

☐ MRI/MRV ☐ Transoesophageal echocardiogram ☐ Focused Echocardiogram ☐ Other

30a. In your opinion were there any delays to carrying out any investigations once PE was suspected? ☐ Yes ☐ No ☐ Unknown

30b. If Yes how long was the delay? ☐☐ days ☐☐ hours

30c. If Yes please expand:

31a. In your opinion were there any delays in reporting the findings of any investigations? ☐ Yes ☐ No ☐ Unknown

31b. If Yes how long was the delay? ☐☐ days ☐☐ hours

31c. If Yes please expand:

32a. If the patient had a CTPA is the formal/final report included with the case notes you have to review? ☐ Yes ☐ No ☐ NA - no CTPA undertaken

32b. If Yes what does the formal / final CTPA report describe:

i) the site of thrombus ☐ Central ☐ Lobar ☐ Segmental ☐ Subsegmental

☐ Not specified ☐ Other (please specify)

ii) the size of thrombus ☐ Large ☐ Moderate ☐ Small ☐ Not quantified

☐ Other (please specify)

iii) evidence of right heart strain ☐ Yes ☐ No ☐ No comment made

iv) Other findings ☐ Malignancy or metastic disease ☐ Pulmonary infarction ☐ Infection ☐ Chronic lung disease

☐ Other (please specify)

32c. How do you rate the information provided in the CTPA report? ☐ Good ☐ Adequate ☐ Poor ☐ Unacceptable

32d. Please expand:

33a. In your opinion was there any over investigation of the patient? ☐ Yes ☐ No ☐ Unknown

33b. If Yes please expand:

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34a. Were any patient risk factors for bleeding documented before commencing treatment? ☐ Yes ☐ No ☐ Insufficient data

34b. If Yes what was documented?

34c. In your opinion was the documentation of risk factors adequate? ☐ Yes ☐ No

34d. If No please expand?

35a. Which of the following acute treatments did the patient receive?

☐ LMWH ☐ Fondaparinux ☐ IV unfractionated heparin (UFH) ☐ Warfarin ☐ Oral anti-coagulant (please specify)

☐ Supplemental oxygen ☐ Inotropes ☐ Other (please specify)

35b. In your opinion, were the correct treatments/doses of treatment prescribed to this patient? ☐ Yes ☐ No ☐ Unknown

35c. If No please expand?

36a. In your opinion were there any avoidable delays to commmencing any of the treatments? ☐ Yes ☐ No ☐ Unknown

36b. If Yes how long was the delay?

37. Was the patient involved in the treatment decision? ☐ Yes ☐ No ☐ Unknown

38. How was the decision to admit or discharge the patient made?

☐ Clinical assessment ☐ Pulmonary Embolism Severity Index (PESI) score ☐ simplified PESI score

☐ Hestia criteria ☐ NEWS score

☐ Other (please specify) ☐ Unknown/Not documented

39. Observations at the time PE was confirmed

Respiratory rate ☐ Not documented Heart rate ☐ Not documented

GCS or AVPU ☐ Not documented SpO2 ☐ Not documented

BP / ☐ Not documented Temperature . ☐ Not documented

40a. Was there an assessment of severity of PE? ☐ Yes ☐ No ☐ Unknown

40b. If Yes what ? ☐ PESI score ☐ Simplified PESI score ☐ APACHE-II

☐ euroSCORE II ☐ Glasgow Coma Scale ☐ Other (please specify)

40c. If Yes what was the severity score

40d. If Yes when was the score calculated ☐ before confirmation of diagnosis and/or ☐ after confirmation of diagnosis

40e. Please retrospectively calculate a PESI score for this patient

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F. Escalation

Please answer the following questions if this patient was admitted to hospital, even if they were initially on an ambulatory care pathway. If the patient was not admitted please go to section G

41a. Was a treatment escalation decision made? ☐ Yes ☐ No ☐ Unknown

41b. If Yes, what was the date and time of this decision?

☐☐ ☐☐ ☐☐☐☐ ☐ Date unknown ☐☐ ☐☐ 24 hr clock ☐ Time unknown

d d m m y y y y h h m m

42a. Was escalation of treatment discussed with the patient? ☐ Yes ☐ No ☐ Unknown

42b. If not discussed, was the reason for this documented? ☐ Yes ☐ No

42c. If not discussed, was this due to the patient's medical condition? ☐ Yes ☐ No

42d. Was treatment escalation discussed with the patient's family or next of kin? ☐ Yes ☐ No ☐ Unknown

43a. Was the patient referred for: ☐ Level 2/3 admission ☐ Specialist procedure

☐ Escalation of care to another hospital ☐ Other ☐ None of the above

43b. If Referred, in your opinion was this timely? ☐ Yes ☐ No ☐ Unknown

43c. If the patient wasn't referred for any of the above, in your opinion, should they have been? ☐ Yes ☐ No

43d. If Yes, please expand on your answer

44a. Was the patient admitted to: ☐ Level 2/3 ☐ Transferred to another hospital ☐ Not admitted

44b. In your opinion was the transfer to level 2/3 care timely? ☐ Yes ☐ No ☐ NA not admitted

44c. If No what caused the delay? ☐ Bed availability ☐ Delayed recognition

☐ Other (please specify)

45a. If the patient was not admitted to level 2/3, in your opinion, should the patient have been? ☐ Yes ☐ No ☐ Not applicable, patient admitted

45b. If Yes, please expand on your answer:

If the patient was not admitted to level 2/3 care please go to section G

46. Which interventions/monitoring did the patient receive in the level 2/3 ward? (If the patient had more than one admission to a level 2/3 ward please answer the question for the first admission)

☐ Respiratory ☐ Cardiovascular support

☐ CPAP ☐ NIV ☐ High flow oxygen ☐ Invasive ventilation ☐ IABP ☐ ECMO ☐ Vasopressors ☐ Inotropes ☐ Mechanical support

☐ Renal Replacement Therapy ☐ Cardiac output monitoring ☐ Other

☐ haemodialysis ☐ haemofiltration

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47a. What was the outcome of the level 2/3 stay / interhospital transfer? ☐ Discharged to ward ☐ Discharged from hospital ☐ Died

47b. Was the patient readmitted to a level 2/3 ward? ☐ Yes ☐ No ☐ Unknown

47c. If Yes why was the patient readmitted to a level 2/3 ward? ☐

G. Further treatment and intervention - all patients

48a. Was the anticoagulation plan changed after the first dose was administered? ☐ Yes ☐ No ☐ Unknown

48b. If Yes what was prescribed?

☐ LMWH ☐ Fondaparinux ☐ Oral anti-coagulant (please specify below)

☐ IV unfractionated heparin (UFH) ☐ Warfarin ☐

48c. What was the reason for the change in treatment?

☐ Planned switch to oral therapy ☐ Adverse effects (please specify) ☐ ☐ Clinical deterioration

☐ Other (please specify) ☐ ☐ Unknown

49a. Were additional interventions undertaken? ☐ Yes ☐ No

49b. If No, in your opinion should they have been? ☐ Yes ☐ No

49c. If Yes to 49b why do you think further intervention should have been undertaken ?

☐ Shock/hypotension ☐ Hypoxia ☐ Right heart strain ☐ Prevent further PE

☐ Residual DVT ☐ High risk for anticoagulation ☐ Contraindication for anticoagulation ☐ Other (please specify) ☐

49d. If Yes to 49b what intervention(s) should have been undertaken ?

☐ Systemic (intravenous) thrombolysis ☐ Catheter directed local thrombolysis ☐ Catheter directed mechanical clot clearance ☐ Surgical thrombectomy

☐ IVC filter ☐ Other (please specify) ☐

50a. Which of the following interventions were undertaken?

☐ Systemic (intravenous) thrombolysis - go to Q50b ☐ Catheter directed local thrombolysis - go to Q50b ☐ Catheter directed mechanical clot clearance - go to Q50b

☐ Surgical thrombectomy - go to Q50b ☐ IVC Filter Insertion - go to Q53a ☐ **No further interventions - please go to section H**

☐ Other intervention (please specify) - go to Q50b ☐

50b. Was the reason for this intervention documented? ☐ Yes ☐ No

50c. If Yes what was the reason (answers may be multiple)?

☐ Shock/hypotension ☐ Hypoxia ☐ Right heart strain ☐ Other (please specify) ☐

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51a. Was an appropriate consent form with details of risk and benefits completed and signed? ☐ Yes ☐ No ☐ Unknown, consent form not included

51b. If No please expand

52a. Did the treatment improve their condition? ☐ Yes ☐ No

52b. Did the patient suffer any complications? ☐ Yes ☐ No

52c. If Yes what?

52d. In Your opinion were any of the complications avoidable? ☐ Yes ☐ No ☐ Not applicable

52e. In Your opinion were the complications managed appropriately? ☐ Yes ☐ No ☐ Not applicable

IVC filter insertion - please complete questions 53 - 59 if the patient had an IVC filter inserted

53a. Was the reason for IVC filter insertion documented? ☐ Yes ☐ No

53b. If Yes what was the reason (answers may be multiple)?

☐ Prevent further PE ☐ Residual DVT ☐ High risk for anticoagulation ☐ Contraindication for anticoagulation

☐ Recurrent PE whilst anticoagulated ☐ Requires surgery ☐ Poor anticoagulation compliance

☐ Other (please specify)

53c. If the patient received a pre-operative IVC filter, what surgery did they have?

53d. When was full therapeutic anticoagulation started after surgery? ☐☐ days post surgery

54a. Was an appropriate consent form with details of risks and benefits for IVC filter insertion completed and signed? ☐ Yes ☐ No

54b. If No please expand

55a. When was the filter inserted? ☐☐ ☐☐ ☐☐☐☐
d d m m y y y y

55b. Did the patient suffer any complications of filter insertion? ☐ Yes ☐ No

55c. If Yes what?

56a. Was the IVC filter planned to be ☐ Permanent or ☐ Temporary ☐ Unknown

56b. If permanent what was reason for this?

56c. If permanent was follow up booked? ☐ Yes ☐ No

57a. If the filter was planned to be temporary, was a retrieval date booked at the time of insertion? ☐ Yes ☐ No

57b. If Yes what date was retrieval booked for? ☐☐ ☐☐ ☐☐☐☐
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57c. Was the filter retrieved? ☐ Yes ☐ No ☐ Unknown

57d. If Yes when was the filter retrieved? ☐☐ ☐☐ ☐☐☐☐
d d m m y y y y

58a. Did the patient suffer any complications? ☐ Yes ☐ No ☐ Unknown

58b. If Yes what? ☐

59. If the filter was not retrieved what was the reason for this?

☐ Clot in filter ☐ Retrieval attempted but failed ☐ Clinical deterioration

☐ Decision changed to permanent filter ☐ Other ☐ ☐ Unknown

H. Discharge - all patients

60a. What was the date of discharge or death? ☐☐ ☐☐ ☐☐☐☐
d d m m y y y y

60b. What was the discharge location?

☐ Discharged to usual place of residence ☐ **Not applicable, patient died during this admission (please go to section J)**

☐ Discharged to another hospital ☐ Other ☐

61a. What anti-coagulant medication and dose of medication was this patient discharged on?

☐ LMWH ☐ ☐ Warfarin ☐ ☐ DOAC ☐

☐ Other (please specify) ☐ ☐ None ☐ Unknown

61b. What was the duration of anti-coagulant prescription – (in days) ☐☐☐

61c. In your opinion was this adequate? ☐ Yes ☐ No ☐ Unknown

62. Did the patient receive written information about PE at discharge? ☐ Yes ☐ No ☐ Unknown

I. Follow up - all patients

63a. Was follow up arranged for the patient? ☐ Yes ☐ No ☐ Insufficient data

63b. If Yes when was the first follow up arranged for? ☐☐ ☐☐ ☐☐☐☐
d d m m y y y y

63c. Which specialties were involved in follow up?

☐ Haematology ☐ Respiratory ☐ Critical care ☐ Acute medicine ☐ Cardiology

☐ Anticoagulation clinic ☐ Vascular surgery ☐ Other (please specify) ☐ ☐ Unknown

64a. Was risk of thrombophilia assessed during this follow up? ☐ Yes ☐ No ☐ Unknown

64b. If No is a reason for this documented? ☐

65a. In your opinion was follow up adequate for this patient? ☐ Yes ☐ No ☐ Insufficient data

65b. If No please expand on your answer? ☐

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66a. Was the patient readmitted to hospital within 6 months of discharge? ☐ Yes ☐ No ☐ Unknown

66b. If Yes was this a complication of PE? ☐ Yes ☐ No ☐ Unknown

66c. If Yes please provide details (date readmitted, duration and compliation)?

d d m m y y y y duration (days) ☐☐ complication ☐

d d m m y y y y duration (days) ☐☐ complication ☐

J. Death - please complete this section if the patient died during this hospital attendance

67a. Speciality of consultant responsible at time of death ☐

67b. Was death anticipated? ☐ Yes ☐ No ☐ Not documented

68a. Was treatment withdrawn? ☐ Yes ☐ No ☐ Not documented

68b. If Yes, was treatment withdrawal discussed with (please select all that apply):

☐ Patient ☐ Relatives ☐ Consultant physician

68c. If not discussed, please provide reasons: ☐

69. Was the patient referred to / discussed with the palliative care team? ☐ Yes ☐ No ☐ Not documented

70. Was CPR attempted? ☐ Yes ☐ No

71. What level ward was the patient on when they died (see page 2 for definitions)?

☐ Level 0 ☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Not documented

K. Audit and review - please complete this section for all patients

73a. Was the patient discussed at a M & M meeting? ☐ Yes ☐ No ☐ Not applicable

73b. If Yes, were remediable factors in the care of this patient identified? ☐ Yes ☐ No ☐ Unknown

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