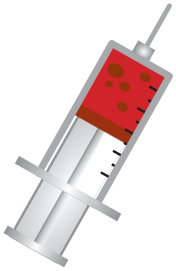
TO IMPROVE THE CARE PROVIDED TO PATIENTS DIAGNOSED WITH ACUTE PULMONARY EMBOLISM

A **RETROSPECTIVE CASE NOTE AND QUESTIONNAIRE REVIEW** was undertaken in 526 patients aged 16 and over who had a PE either presenting to hospital or who developed a PE whilst as an inpatient for another condition



GIVE an interim dose of **ANTICOAGULANT** to patients suspected of having an acute PE (unless contraindicated) when confirmation of the diagnosis is expected to be **delayed by more than one hour**

DOCUMENT the **SEVERITY** of acute PE immediately after the confirmation of diagnosis - using a validated standardised tool, such as 'PESI' or 'sPESI'. This score should then be considered when deciding on the level of inpatient or ambulatory care.

STANDARDISE CTPA REPORTING. The proforma should include the presence or absence of right ventricular strain. The completion of these proformas should be audited locally to monitor compliance and drive quality improvement.

LOOK for indicators of **MASSIVE (HIGH-RISK) OR SUB-MASSIVE (INTERMEDIATE-RISK) PE**, in addition to calculating the severity of acute PE

- Haemodynamic instability (clinical)
- Right heart strain (imaging)
- Elevated troponin or BNP (biochemical)

ASSESS patients suspected of having an acute PE for their suitability for **AMBULATORY CARE**

PROVIDE every **PATIENT** with an acute PE with a **FOLLOW-UP PLAN, PATIENT INFORMATION LEAFLET** and, at discharge, a **DISCHARGE LETTER**

- The likely cause of the PE
- Provoked or unprovoked PE
- Details of follow-up appointment(s)
- Any further investigations required
- Details of anticoagulant prescribed and its duration

NCEPOD