NHS
North East Essex
Clinical Commissioning Group

Two-level PE Wells score;

Clinical feature	Points
Clinical features of DVT (minimum of leg swelling and pain with palpation of the deep veins)	3 points
Heart rate greater than 100 beats per minute	1.5 points
Immobilization for > 3 days or surgery in the previous 4 weeks	1.5 points
Previous deep vein thrombosis or pulmonary embolism	1.5 points
Haemoptysis	1 point
Cancer (receiving treatment, treated in the last 6 months, or palliative)	1 point
An alternative diagnosis is less likely than pulmonary embolism	3 points

Alternative conditions to consider include:

- Respiratory conditions such as pneumothorax, pneumonia, acute exacerbation of chronic lung disease.
- Cardiac causes such as acute coronary syndrome, acute congestive heart failure, dissecting or rupturing aortic aneurysm, pericarditis.
- Musculoskeletal chest pain. Note that chest pain with chest wall palpation occurs in up to 20% of people with confirmed PE.
- Gastro-oesophageal reflux disease.
- Any cause for collapse such as vasovagal syncope, orthostatic (postural) hypotension, cardiac arrhythmias, seizures, cerebrovascular disorders.

* Arrange immediate admission for people with suspected pulmonary embolism with any of the following features:
Altered level of consciousness.
Systolic BP of less than 90 mmHg.
Heart rate of more than 130 beats per minute.
Respiratory rate of more than 25 breaths per minute.
Oxygen saturation of less than 91%.
Temperature of less than 35°C.
If they are pregnant, or have given birth within the past 6 weeks.

Suspected PE Pathway

Patient presents with symptoms indicative of PE

Carry out an assessment of their general medical history and a physical examination to exclude other causes

Perform a Two-Level Wells score

Score ≤ 4 PE unlikely

Score > 4 PE likely

Perform d-dimer

Patient clinically stable

Patient unstable*

Admit to EAU

Negative

Positive

Consider alternative diagnosis – if further advice needed contact ‘Urgent Connect’

Commence treatment – **and** contact ‘Urgent Connect’ for further advice

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Approved by; North East Essex Clinical Commissioning Group December 2015
Review; December 2017

Recommended treatment options for the management of PE

Treatment should generally be continued for 3-6 months as per individual clinical picture

- short term/modifiable risks consider 3 months treatment,
- long term risks consider 6 months treatment.
- If recurrent event consider long term treatment

N.B. If the patient is known to have active cancer on-going Low Molecular Weight Heparin (LMWH) may be the most appropriate option.

Standard Treatment

LMWH (Enoxaparin) 1.5mg/kg by subcutaneous injection every 24 hours until adequate oral anticoagulation is established. **Warfarin 5mg l**oading regimen as per local guideline (ORAL ANTICOAGULANT, Vit K antagonist only, MANAGEMENT GUIDELINES) **-***hyperlink to guideline to be added once updated*

Or consider use of a novel agent

Apixaban - 10 mg taken orally twice daily for the first 7 days followed by 5 mg taken orally twice daily.

See SPC for full list of cautions/contra-indications

Dabigatran – 150mg twice daily following treatment with a parenteral anticoagulant for at least 5 days. For special groups see below

See SPC for full list of cautions/contra-indications

Dabigatran dose should be reduced to 110mg twice a day in the following groups:

- Patients aged 80 years or above
- Patients who receive concomitant verapamil

Dabigatran 110mg twice a day may also be appropriate in the following groups dependent on an individual assessment of the thromboembolic risk and the risk of bleeding:

- Patients between 75-80 years
- Patients with moderate renal impairment
- Patients with gastritis, esophagitis or gastroesophageal reflux
- Other patients at increased risk of bleeding

Edoxaban - 60 mg once daily following treatment with a parenteral anticoagulant for at least 5 days

See SPC for full list of cautions/contra-indications

Rivaroxaban - 15 mg twice daily for the first three weeks followed by 20 mg once daily for the continued treatment

See SPC for full list of cautions/contra-indications

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