

## Thromboembolic Disease Diagnostic and Treatment Algorithms

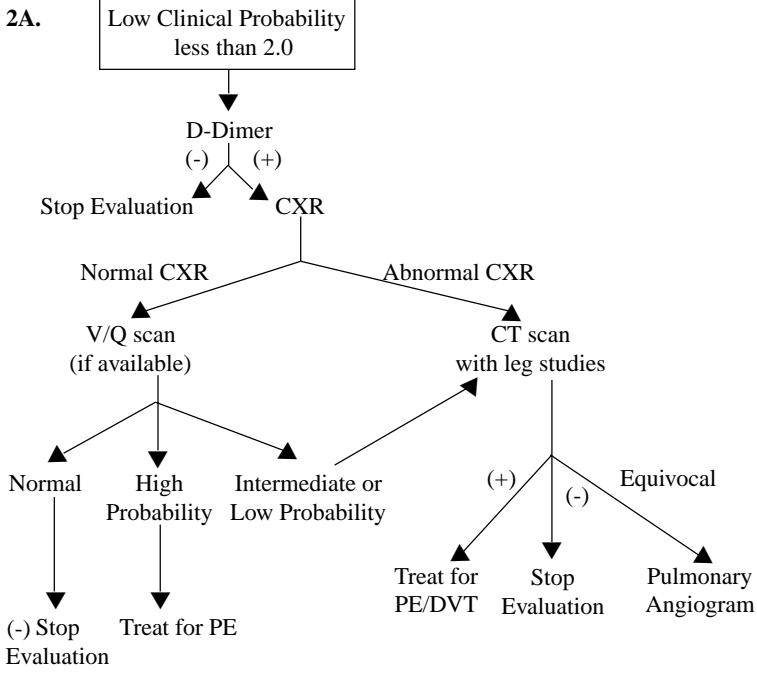
### 1. Clinical Probability of Pulmonary Embolism Scoring System

- 3.0 Signs or symptoms of DVT  
(a minimum of leg swelling and pain with palpation of deep veins)
- 1.5 Heart rate greater than 100
- 1.5 Immobilization for more than 3 days or surgery in past 4 weeks
- 1.5 Prior DVT or PE
- 1.0 Hemoptysis
- 1.0 Malignancy
- 2.0 PE as likely or more likely than alternative diagnosis

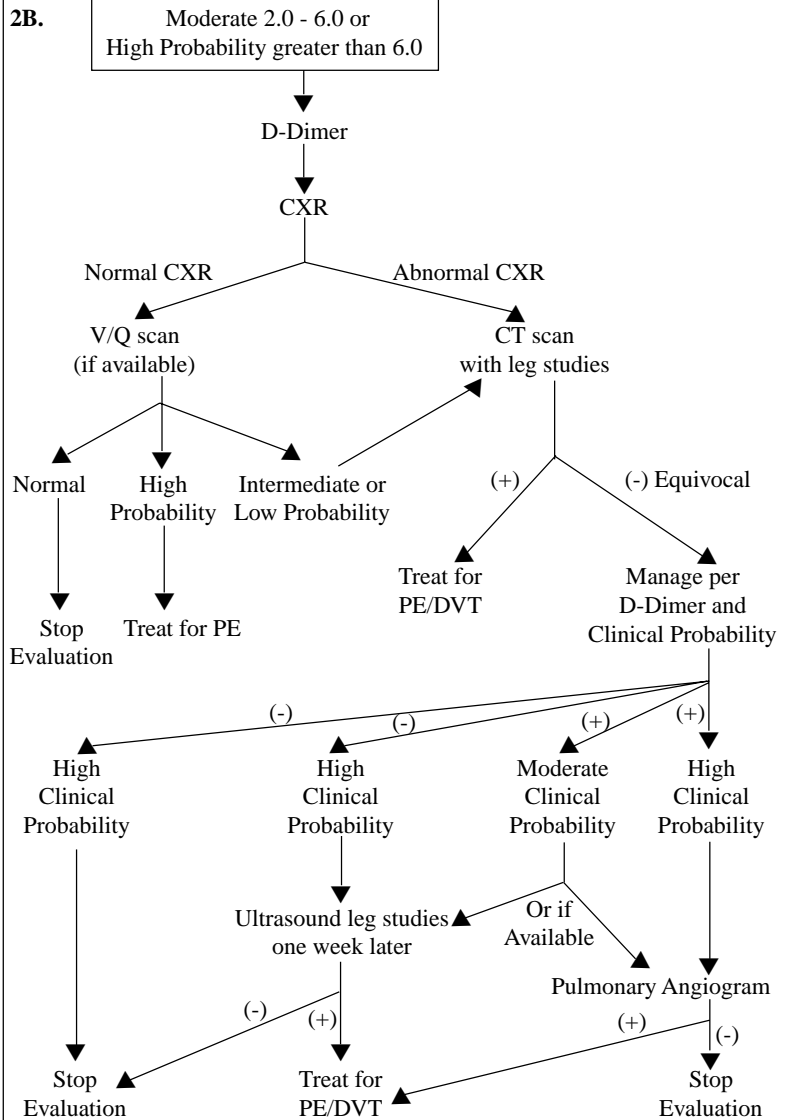
### 2. Diagnostic Algorithm for Pulmonary Embolism

**Instructions**

1. Circle appropriate clinical risks for PE.
2. Circle all appropriate steps on Diagnostic Algorithm.
3. If PE is present, circle all appropriate steps on anticoagulant treatment algorithm.
4. Sign both sheets and date.



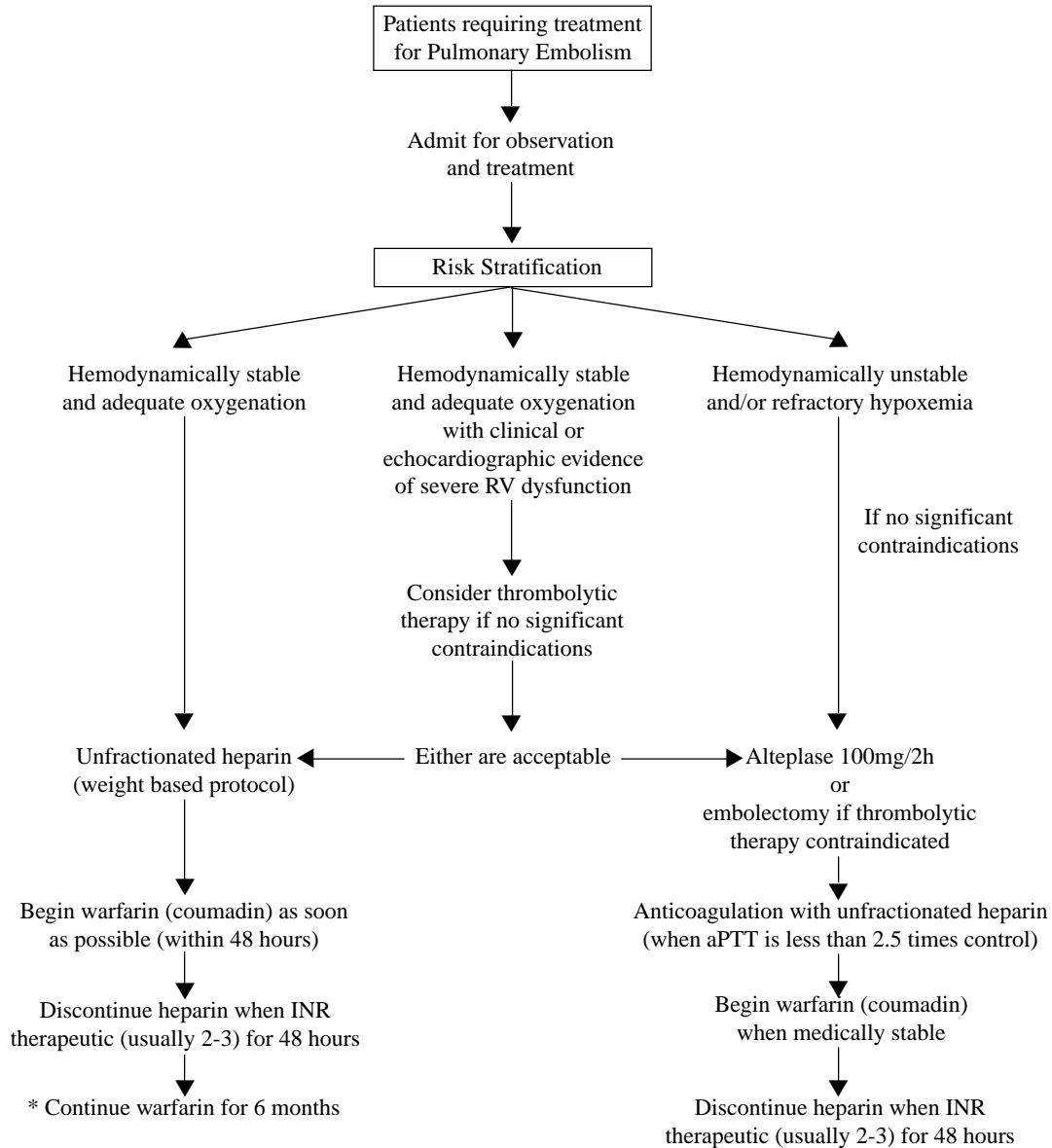
- V/Q scan availability is subject to availability of technologist on call. Please call Radiology (ext. 29374) for information. If V/Q scan is unavailable, the CT scan with leg studies should be performed.
- If a consultation is required (telephone or in person), the pulmonary consultant assigned for that day will assist.
- Pulmonary angiography is available via the Department of Radiology or the Division of Cardiology.



Practitioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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### 3. Anticoagulant Treatment in the Management of Pulmonary Embolism



\* The duration of anticoagulation may be modified based upon risks of bleeding (decreased duration) or risk of recurrent DVT/PE (increased duration).

Practitioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_