

PULMONARY EMBOLISM

CDU INCLUSION CRITERIA

- Stable vital signs
- Pulmonary embolism diagnosed by CT scan or VQ scan which is not saddle or main pulmonary artery
- Score of 0 on Simplified Pulmonary Embolism Severity Index (sPESI) (see below)
- Troponin T, if obtained, ≤ 0.02 ng/mL
- NT-pro BNP, if obtained, ≤ 300 pg/mL
- EKG shows no new right ventricular strain (T wave inversions in v1-v4, RBBB, S1Q3T3)
- CT scan, if obtained, shows no enlargement of right ventricle suggestive of right heart strain
- Echo, if obtained, shows no evidence of right heart strain

CDU EXCLUSION CRITERIA

- Unstable vital signs
- Any of the following (ie score > 0 on sPESI)

Simplified Pulmonary Embolism Severity Index

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| <ul style="list-style-type: none">• Age > 80 years• Cancer (history or active)• Chronic lung or heart disease• Heart rate ≥ 110 bpm• SBP < 100 mm Hg• O₂ saturation $< 90\%$ |
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- Pregnant, lactating, or postpartum
- Patient already on anticoagulation
- Weight > 150 kg
- Significant renal impairment (CrCl < 30 mL/min)
- Known heparin allergy, suspected HIT, heparin treatment within the last 4 weeks
- Known history of hypercoagulable disorder (protein C deficiency, protein S deficiency, AT-III deficiency, or other)
- Platelet count $< 70k$, abnormal INR

CDU INTERVENTIONS

- Serial vital signs and re-evaluation
- Pulse oximetry, cardiac monitoring
- Enoxaparin administration and teaching

- Warfarin initial dose administration and teaching
- Arrangement of follow-up care

CDU DISPOSITION

Home

- Stable vital signs
- Tolerating adequate PO
- First dose of enoxaparin and warfarin administered
- Pt has undergone enoxaparin and warfarin teaching and able to obtain and administer medications at home
- Adequate follow-up plan established: INR check and dose adjustment in 48-72 hours
- Discharge medications:
 - Warfarin 5mg tabs 1 tab qhs for 7 days
 - Enoxaparin 1mg/kg subcutaneous bid for 7 days

Admit

- Symptoms not improved or worsening
- New findings that require hospitalization
- Inability to complete CDU interventions or ensure outpatient follow-up
- EM provider or consultant discretion