Diagnostic Treatment Algorithm for Suspected or Diagnosed Submassive/Massive Pulmonary Embolism

**TABLE 1**
Modified Wells Criteria

<table>
<thead>
<tr>
<th>Clinical Assessment for pulmonary embolism</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Symptoms of DVT (leg swelling, pain with palpation)</td>
<td>3.0</td>
</tr>
<tr>
<td>Other Diagnosis less likely then pulmonary embolism</td>
<td>3.0</td>
</tr>
<tr>
<td>Heart rate &gt; 100</td>
<td>1.5</td>
</tr>
<tr>
<td>Immobilization (≥ 3 days) or surgery in the previous 4 weeks</td>
<td>1.5</td>
</tr>
<tr>
<td>Previous DVT/PE</td>
<td>1.5</td>
</tr>
<tr>
<td>Hemoptysis</td>
<td>1.0</td>
</tr>
<tr>
<td>Malignancy</td>
<td>1.0</td>
</tr>
</tbody>
</table>

**TABLE 2**
Massive PE

- Systolic arterial pressure <90 mm Hg or drop in 40 mm Hg from baseline
- Shock manifested by signs of tissue hypoperfusion
- Right ventricular dysfunction or pulmonary hypertension
- Hemodynamically stable
- No evidence of shock

**TABLE 3**
Massive PE Protocol Members

1) On call Hematology attending or fellow (1-888-961-8802 after hours)
2) Trauma pager (258-9345) if surgery patient
3) MICU (on call fellow or attending) if medicine patient (265-5114)
4) SICU (494-9189) if surgery patient

**TABLE 4**
Thrombolytic Therapy Contraindications

**Absolute**
- History of hemorrhagic stroke
- Active intracranial neoplasm
- Recent (<2 months) intracranial surgery or trauma
- Active or recent internal bleeding in prior 6 months

**Relative**
- Bleeding diathesis
- Uncontrolled severe hypertension
- diastolic BP > 110 mmHg
- Surgery within the previous 10 Days
- Thrombocytopenia

**Absolute contraindication to any anticoagulation**

1) IVC Filter
2) Consider Surgical Embolectomy

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Department of Radiology – College of Medicine – University of Florida