



PAUSE PRE PE

“Reasonable and prudent emergency care does not dictate that all patients with a sign or symptom of PE must be tested for PE. Nor does it dictate that a patient with one or more risk factors for PE must undergo testing for PE in the absence of a sign or symptom of PE.”

- Kline J & Kabrhel C, *Emergency Evaluation for Pulmonary Embolism, Part 2: Diagnostic Approach*, 2015.

PERC Factors

- ◆ Age \geq 50
- ◆ Heart rate \geq 100
- ◆ Room air O₂ saturation $<$ 95%
- ◆ Unilateral leg swelling
- ◆ Hemoptysis
- ◆ Recent surgery or trauma (\leq 4 wks prior requiring treatment w/ general anesthesia)
- ◆ Prior PE or DVT
- ◆ Exogenous estrogen use

PERC Interpretation

If **no** criteria are positive, then $<$ 2% chance of PE

Wells Criteria

- ◆ Clinical signs + symptoms of DVT = 3 pts
- ◆ PE is #1 diagnosis OR equally likely = 3 pts
- ◆ Heart rate $>$ 100 = 1.5 pts
- ◆ Hemoptysis = 1 pts
- ◆ Immobilization \geq 3 days OR surgery in prior 4 wks = 1.5 pts
- ◆ Prior PE or DVT = 1.5 pts
- ◆ Malignancy w/ treatment w/i 6 months OR palliative = 1 pt

2-Tier Wells Interpretation

\leq 4 points = PE Unlikely

$>$ 4 points = PE Likely

