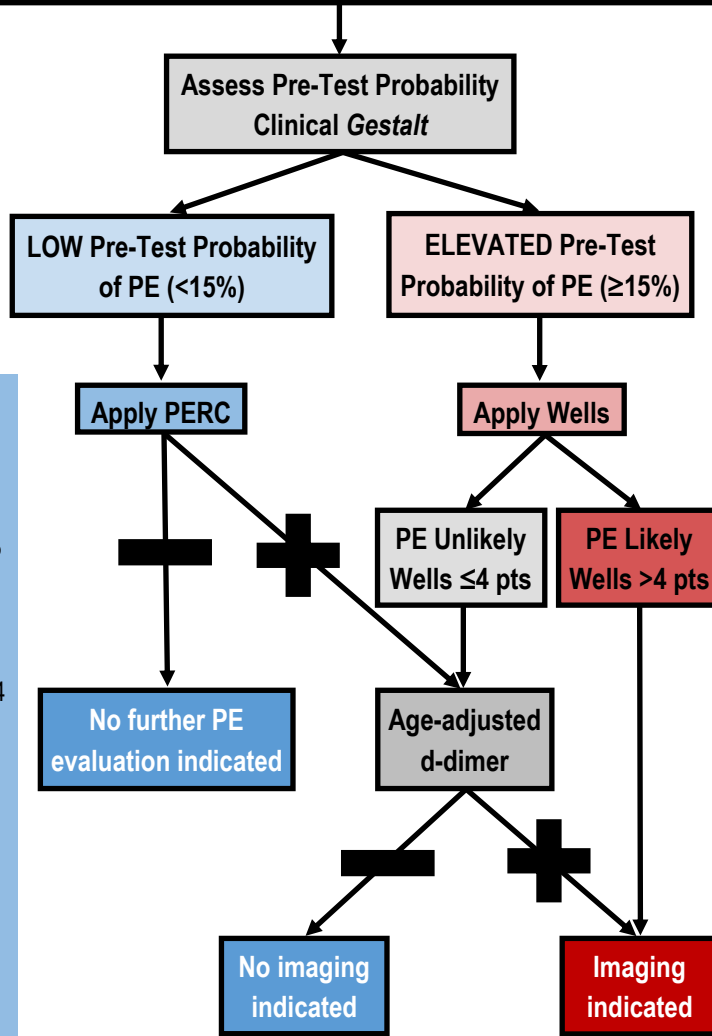


PAUSE PRE PE

“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 ≥ 50
- ◆ Heart rate ≥ 100
- ◆ Room air O₂ saturation <95%
- ◆ Unilateral leg swelling
- ◆ Hemoptysis
- ◆ Recent surgery or trauma (≤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 ≥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

***If probability of PE is <2%, harms of testing are greater than benefits**

Last updated: 1/22/2020

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