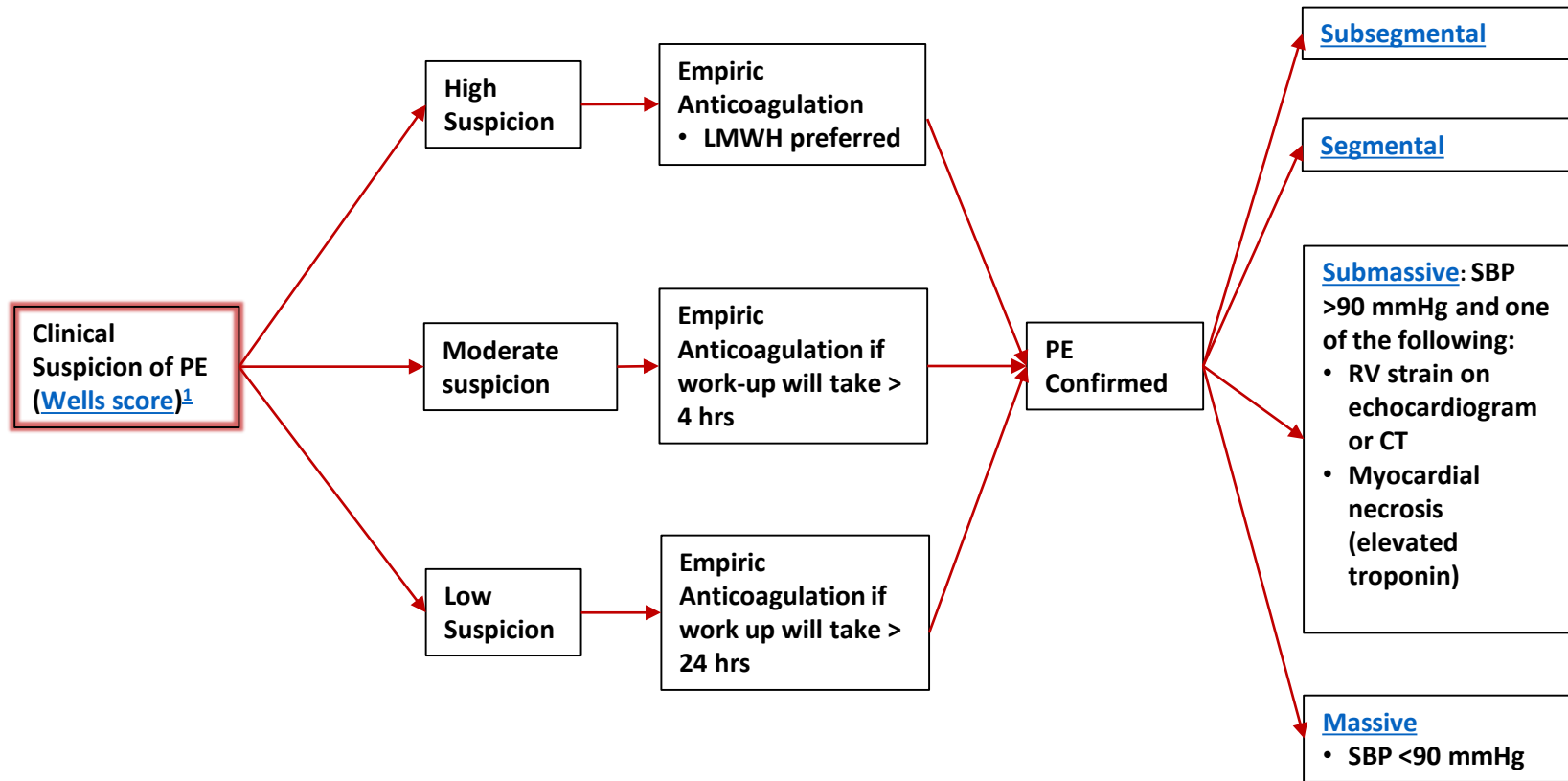


Pulmonary Embolism

Updated: 10/13/2017

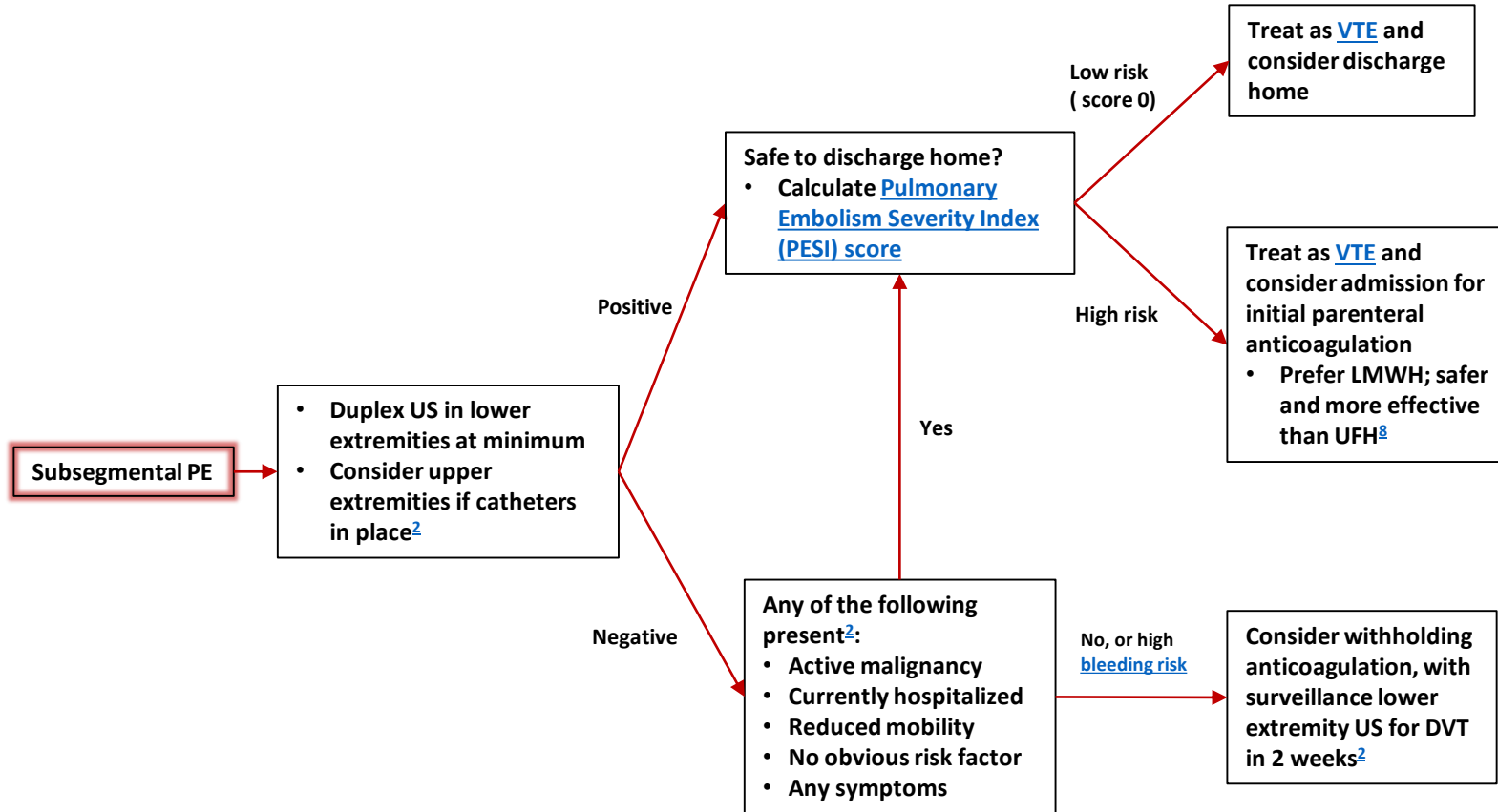
1. [Pulmonary embolism likelihood](#)
2. [Subsegmental PE](#)
3. [Segmental and submassive PE](#)
4. [Massive PE](#)
5. [Inferior Vena Cava \(IVC\) filter](#)
6. [Anticoagulant dosing](#)
7. [Bleeding risk calculators](#)
8. [References](#)

Pulmonary embolism - clinical suspicion



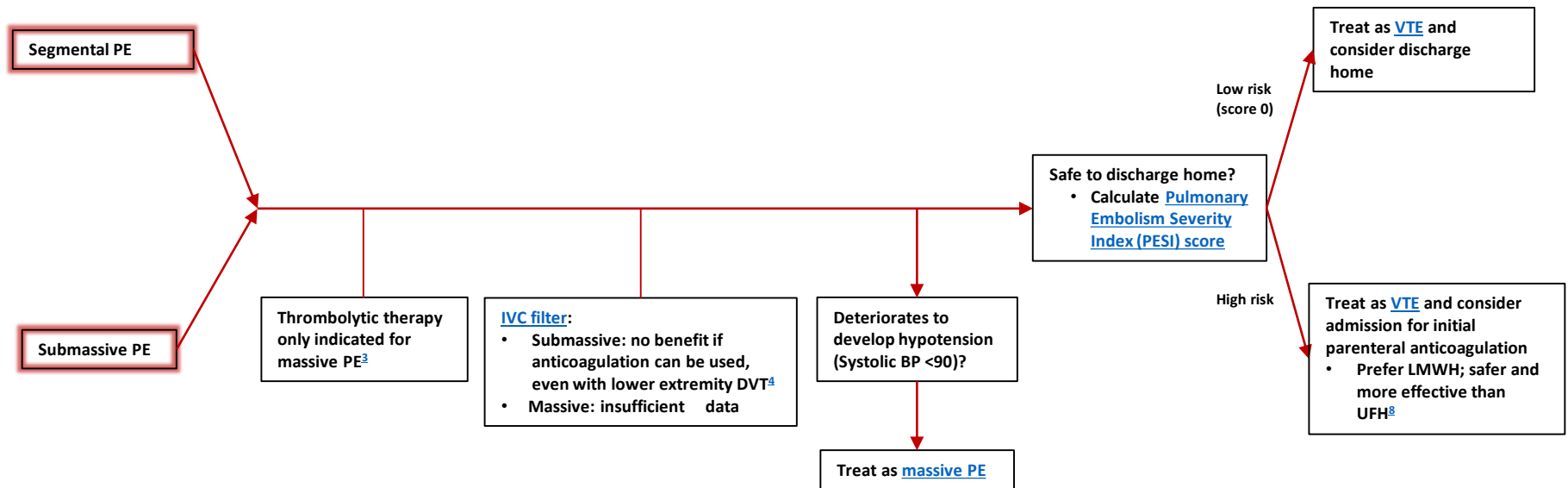
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Subsegmental pulmonary embolism



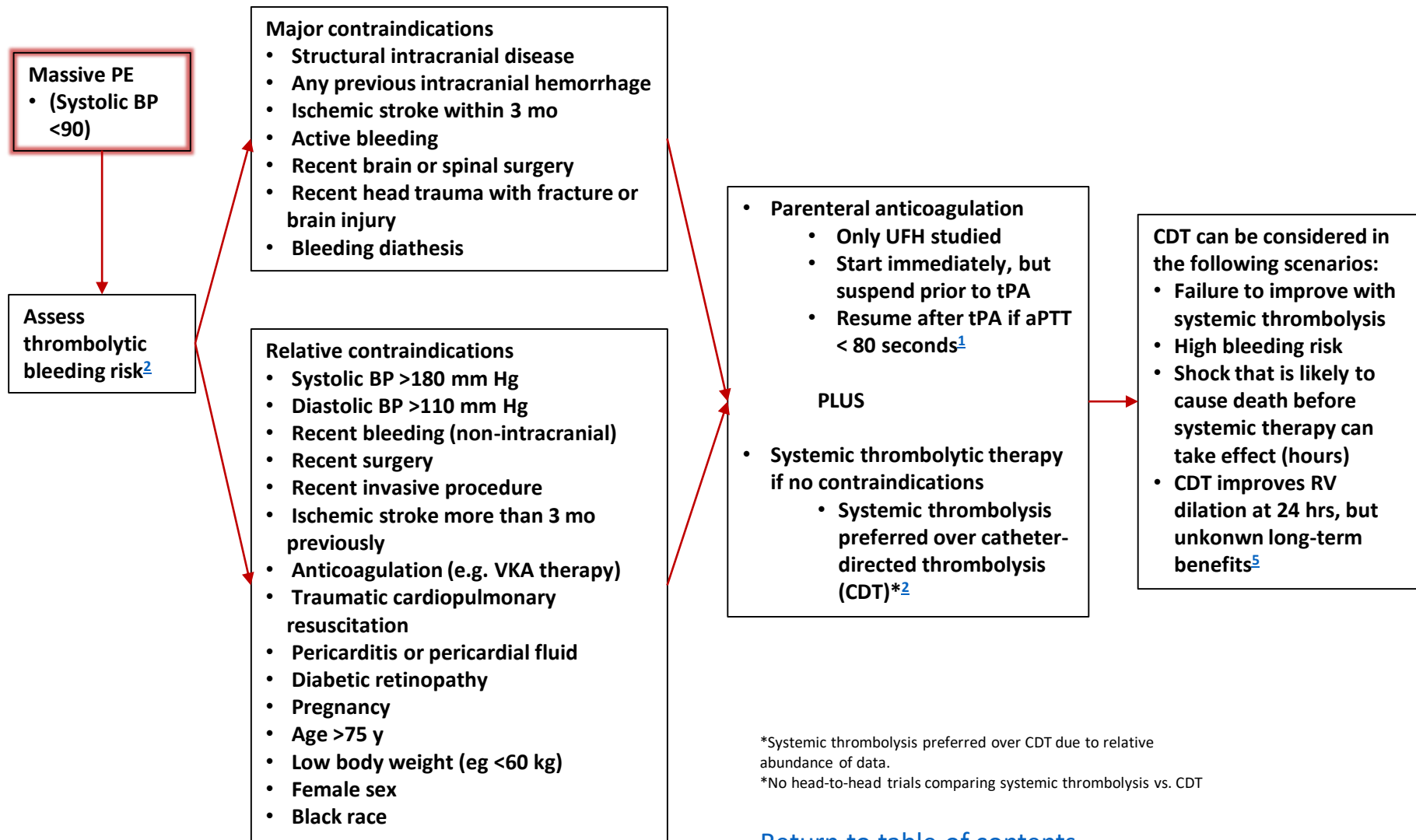
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Segmental and submassive pulmonary embolism



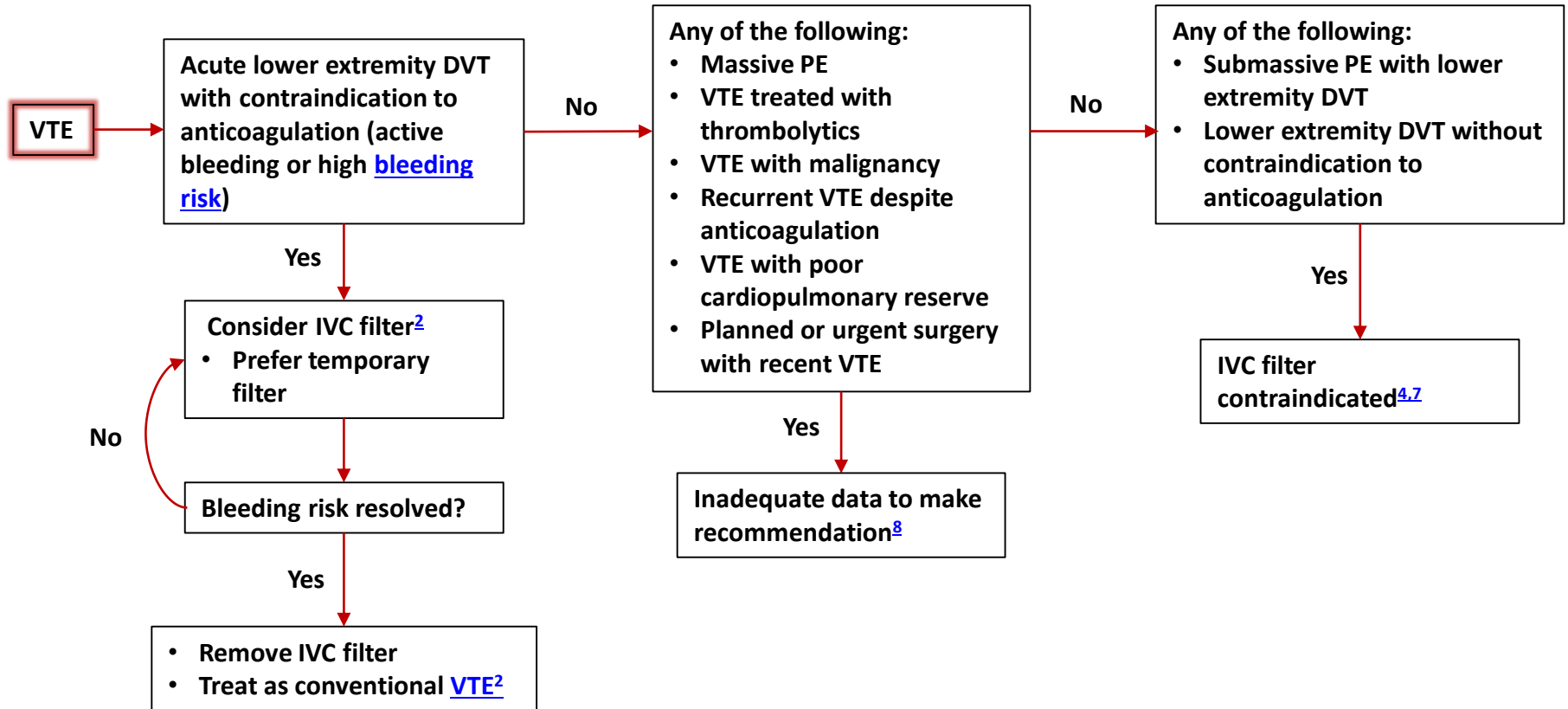
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Massive pulmonary embolism



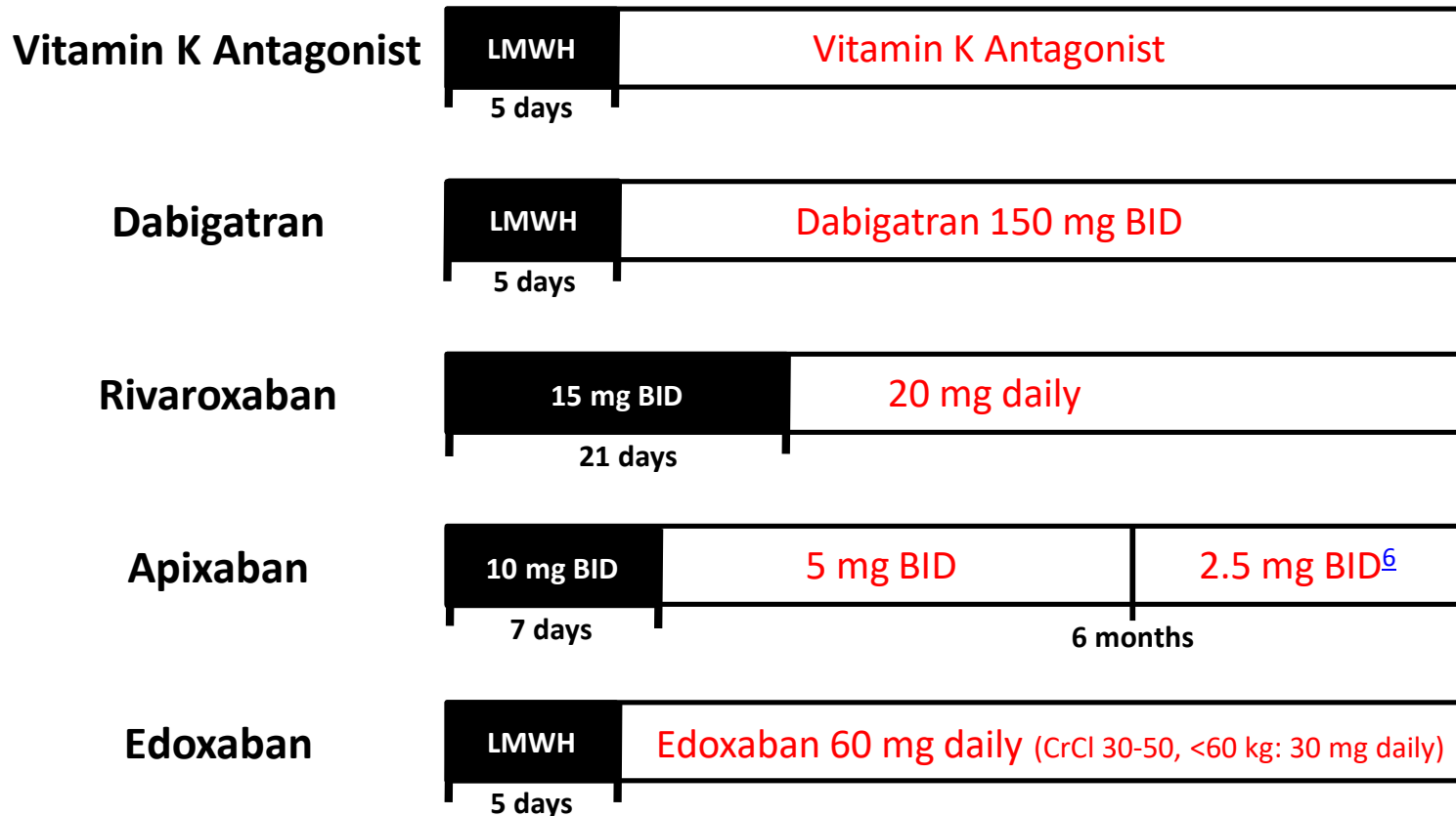
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Inferior vena cava (IVC) filters



- Only two RCTs exist evaluating efficacy of IVC filters!^{4,7}
- Data is lacking to justify IVC filter use in majority of proposed scenarios⁸

Oral anticoagulant dosing for VTE



Bleeding risk calculators

Important notes:

- No bleeding risk tools have been validated for VTE treatment, only for prophylaxis and atrial fibrillation
- Observational studies suggest net clinical benefit of anticoagulation even with very high bleeding risk
- No RCTs exist demonstrating benefit of *withholding* anticoagulation based on high bleeding risk

HAS-BLED (atrial fibrillation) 1 point each	IMPROVE (VTE prophylaxis for inpatients)
HTN (SBP >165 mmHg)	Active gastroduodenal ulcer (4.5)
Renal disease (ESRD, Cr >2.26, or transplant)	Bleeding within past 3 months (4)
Liver disease (cirrhosis, AST/ALT >3x upper limit, Tbili >2x upper limit)	Admission platelets < 50 x10 ⁹ cells/L (4)
History of stroke	Hepatic failure (INR >1.5) (2.5)
History of bleeding or predisposition to bleeding	ICU/CCU stay (2.5)
Labile INR	Central venous catheter (2)
Alcohol or illicit drug use	Rheumatic disease (2)
Taking antiplatelet or NSAID	Active malignancy (2)
Age > 65	Age: 40-84 (1.5), ≥ 85 (3.5)
	Renal disease: GFR 30-59 mL/min (1), <30 mL/min (2.5)
High risk	High risk
≥ 3	≥ 7

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