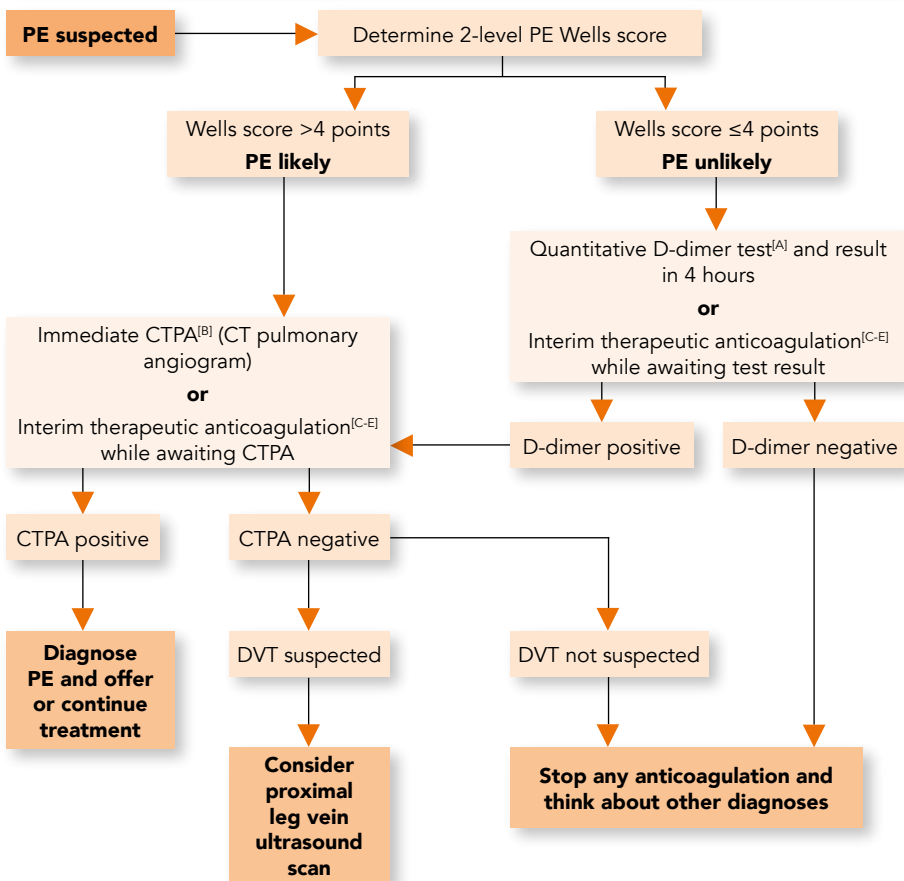


Suspected PE: diagnosis and initial management



Consider outpatient treatment for low-risk PE

This is a summary of the recommendations on diagnosis and management from NICE's guideline on venous thromboembolic diseases. See the original guidance at www.nice.org.uk/guidance/NG158.

[A] Laboratory or point-of-care test. Consider age-adjusted threshold for people over 50

[B] CT pulmonary angiogram. Assess suitability of V/Q SPECT or V/Q planar scan for allergy, severe renal impairment (CrCl <30 ml/min estimated using the Cockcroft and Gault formula; see the BNF) or high irradiation risk

[C] Measure baseline blood count, renal and hepatic function, PT and APTT but start anticoagulation before results are available and review within 24 hours

[D] If possible, choose an anticoagulant that can be continued if PE is confirmed

[E] Direct-acting anticoagulants and some LMWHs are off label for use in suspected PE. Follow GMC guidance on prescribing unlicensed medicines