

Pulmonary Embolism

- The probability of a PE can be assessed using a clinical predication tool such as the Wells Criteria (Table 3.72). However a low probability cannot rule out PE.

5. Assessment and Management

For the assessment and management of pulmonary embolism refer to Table 3.73 and Figure 3.16.

Methodology

For details of the methodology used in the update of this guideline refer to the guideline webpage.

Table 3.72 – WELLS CRITERIA FOR PE

Item	Score
Clinical signs and symptoms of DVT (leg swelling and pain with palpation of the deep veins).	3
An alternative diagnosis is less likely than pulmonary embolism.	3
Pulse rate >100 beats per minute.	1.5
Immobilisation or surgery in the previous 4 weeks.	1.5
Previous DVT/pulmonary embolism.	1.5
Haemoptysis.	1
Malignancy (treatment ongoing or within previous 6 months or palliative).	1
Clinical Probability of PE	Total
high >6 points	
moderate 2–6 points	
low <2 points	

KEY POINTS

Pulmonary Embolism

- **Common symptoms of PE are dyspnoea, tachypnoea, pleuritic pain, apprehension, tachycardia, cough, haemoptysis, leg pain/clinical DVT.**
- **Risk factors may be identifiable from the history.**
- **Ensure ABCD assessment and apply a pulse oximetry monitor early.**
- **Patients may present with unilateral swelling of the lower limbs; they may also be warm and red.**
- **Apply oxygen and if in respiratory distress, transfer to further care as a medical emergency.**