



Prior to activating Pulmonary Embolism Response Team (PERT) please obtain the following information from the chart

- sPESI score, vital signs and O2 requirements
- Troponin result (with priors if available)
- If CT or ultrasound available, are findings of RV strain present?
- Any existing contraindications to thrombolytic therapy
- Prior echo with findings of RV dysfunction, prior diagnosis of pulmonary hypertension, CHF, right heart failure, or prior diagnosis of massive or submassive PE.

High Risk PE

And/Or Clot in Transit

PERT Conference Call to include:

PERT 1*

PERT 2

PH on-call

*PERT 1 Weekday

- 7 am- 4 pm PH IPD
- 4 pm- 7 pm Yellow
- 7 pm- 7 am ICU Nights

*PERT 1 Weekend

- 7 am -12 pm ICU Call
- 12 pm -7 pm Yellow
- 7 pm – 7 am ICU Nights

**Deterioration =

- Decrease in SBP
- Increase in HR
- Worsening gas exchange
- Signs of inadequate perfusion
- Worsening RV function
- Increasing cardiac biomarkers

Intermediate-High Risk PE

Admit to MICU/telemetry

Order:

- Systemic AC if no contraindication
- 2D Echo with right heart protocol and bubble study
- Consult to PH (patient will be seen by PH team between 7am-4 pm)
- Document pert note as a "General Note" or "Significant Event" note type using dot phrase .shpnew.

If there is deterioration ** after starting systemic AC but patient has not yet developed hypotension

Call PH on-call