Process for PERT Activation

1. A patient with high risk and intermediate-high risk (ie high risk submassive) PEs is identified at our hospital or satellite.
2. The primary team calls the emergency line 167333 to reach the operator.
3. The operator then sends a halo to PERT 1 (please see page 2 of algorithm for call distribution for PERT 1).
4. When you receive the halo, you will call back the operator at 167333 and they will provide you with the Name, MRN and call back number.
5. If there is no response to the initial halo within 10 mins, the operator escalates by calling the PERT 1 person on-call. This will occur a 2nd time if there is no answer within 5 mins of the first call.
6.
    a. For High Intermediate Risk PE: Once you've called the primary team and gotten a sense of clinical presentation, reviewed imaging etc, PERT 1 calls PERT 2 (PERT 2 is the interventionalist on call). PERT 2 alternates week to week between IR and interventional cardiology. The IR champions on the PERT team are Drs Scott Schwartz, John Fallucca, Nik Kolicaj and for Int cardiology the champion is Dr Gerald Koenig). Please DO NOT called IR on call or Cardiology on call as the process we have in place requires vetting of the case by one of the procedural PERT team members who then will discuss the case with the respective on call person from their department.)

    b. For High Risk PE and/or any clot in transit: Same process as above, however you will also contact PH on-call. Ideally, there will be a 3-way conference call between PERT 1, PERT 2, and PH-call +/- other services as is deemed appropriate on a case-by-case basis.
7. Once a multidisciplinary discussion has occurred, please place a PERT note in the chart. This should be as a "general note" or "significant event" note type and should be done using the dot phrase .shpertnew
8. If the patient is coming from one of our satellite EDs/hospitals, you can discuss the case and accept the patient but you must have the sending physician still go through ATMO so they can ask for a bed and discuss case with MICU fellow as is our normal process.
9. If it is determined that a stat echo is needed
    a. During normal daytime weekday hours: Place order for stat echo with right heart protocol and call the echo lab (169496) to let them know that this study needs to be prioritized.

    b. After hours and on the weekend: Call cardiology fellow (164484) and let them know you are calling from the PERT team and ask them for stat echo. Please remember, the cardiology fellows are the only ones here on the weekends and overnight and often stretched thin between stat consults, cath lab, and ICU so we try to only ask for these when absolutely necessary and results of the study will change management.
10. We are sometimes called on patients who do not meet criteria for high risk or intermediate-high risk PE. We still need to document PERT notes on those patients.