

# Best Practice from Clinical Guidelines Committee for evaluation of patients with suspected Acute Pulmonary Embolism

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**PATIENTS WITH SUSPECTED PE**

**Geneva Score**

Clinical characteristic	Score
Age >65 y	1
Previous PE or DVT	3
Surgery (general anesthesia or fracture of lower limbs in past month)	2
Cancer (solid or hematologic; current or cured <1y)	2
Unilateral lower limb pain	3
Hemoptysis	2
Heart rate	
75-94 beats/min	3
≥ 95 beats/min	5
Pain on deep venous palpitation on lower limb and unilateral Edema	4

SCORING: **Low** = <4, **Intermediate** = 4-10, **High** = >10

**Wells Prediction Rule**

Clinical Characteristic	Score
Previous PE or DVT	1.5
Heart rate > 100 beats/min	1.5
Recent surgery or immobilization	1.5
Clinical signs of DVT	3
Alternative diagnosis less likely than PE	3
Hemoptysis	1
Cancer	1

SCORING: **Low** = <2, **Intermediate** = 2-6, **High** = >6

**ASSESS PRETEST PROBABILITY WITH A VALIDATED CLINICAL MODEL USE: WELLS PREDICTION RULE OR GENEVA SCORE**

**Low**

**Intermediate**

**High**

**PERC (Pulmonary Embolism Rule-out Criteria)**

- Age ≥ 50
- HR ≥ 100
- O2 sat on RA <95%
- Prior history of thromboembolism
- Trauma or surgery within 4 wks
- Hemoptysis
- Exogenous estrogen
- Unilateral leg swelling

**Any Positive**

**Order high sensitivity D-Dimer**  
 (Use Age adjusted threshold cutoff if patient > 50 y by equation- age x 10 ng/mL= as cutoff instead of conventional 500 ng/mL) if results < cutoff imagining not warranted (Negative)

**Negative**

**Positive**

**Imaging Indicated:**

- Use CT Pulmonary Angiograph (CTPA);
- Reserve V/Q scans for patients with contraindications or if CTPA not available

**If All Negative**

**No PE work-up indicated**

**No Imaging Indicated**