

Children's Mercy Kansas City

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Care Process Models

Quality Improvement and Clinical Safety

12-2021

Pulmonary Embolism, Suspected

Children's Mercy Kansas City

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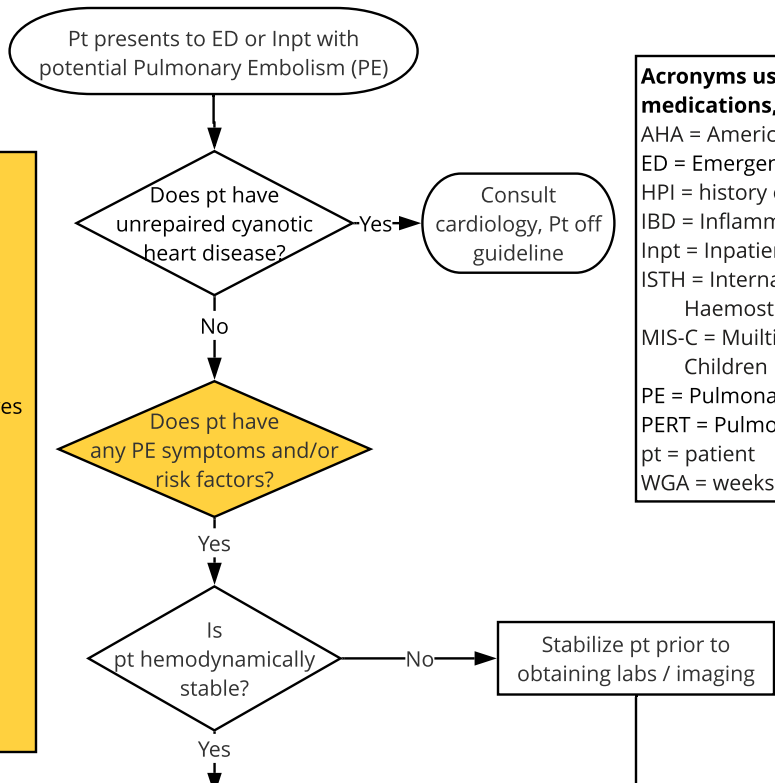
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These guidelines do not establish a standard of care to be followed in every case. It is recognized that each case is different and those individuals involved in providing health care are expected to use their judgment in determining what is in the best interests of the patient based on the circumstances existing at the time. It is impossible to anticipate all possible situations that may exist and to prepare guidelines for each. Accordingly, these guidelines should guide care with the understanding that departures from them may be required at times.

Acronyms used in document (laboratory, medications, radiology studies excluded):

AHA = American Heart Association
 ED = Emergency Department
 HPI = history of present illness
 IBD = Inflammatory Bowel Disease
 Inpt = Inpatient
 ISTH = International Society of Thrombosis and Haemostasis, Inc.
 MIS-C = Multisystem Inflammatory Syndrome in Children
 PE = Pulmonary Embolism
 PERT = Pulmonary Embolism Response Team
 pt = patient
 WGA = weeks gestational age

- Presenting symptoms (in order of frequency):**
- Dyspnea
 - Chest pain
 - Cyanosis/hypoxemia
 - Hemoptysis
 - Shock or cardiac arrest
- PE Risk Factors:**
- Estrogen containing oral contraceptives
 - Immobility
 - Surgery/trauma
 - Obesity
 - Active malignancy
 - Central venous catheter
 - Nephrotic syndrome
 - Inflammatory bowel disease
 - Family history of thrombosis
 - Inherited/acquired thrombophilia
 - COVID-19 positive and/or diagnosis of MIS-C



*For low suspicion of PE start with Tier 1 labs. Progress to Tier 2 labs if Tier 1 labs result increase suspicion, CT confirms presence of PE, or patient ill appearing/high suspicion of PE

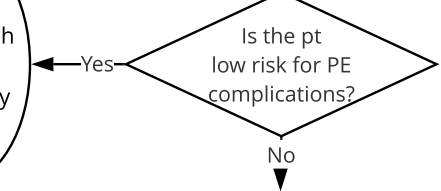
Tier 1 Labs:
 CT angiography chest, EKG, CBC with differential, BMP, Hepatic function panel, PT, PTT, INR, Fibrinogen, D-dimer

Tier 2 Labs:
 VBG with Lactate, Troponin/NT pro-BNP/Type and Screen, Cardiology Consult, Echocardiogram (if readily available, in not, discuss with Cardiology regarding need for obtaining STAT)

Is PE confirmed? No → Based on HPI and exam, consider other diagnoses and W/U

[Stratify the PE Risk Category using the AHA guidelines](#)

Admit to inpatient floor to Hem Onc Service if no underlying co-morbidities (such as IBD, etc., if co-morbidities present, then admit to Primary Service and consult Coagulation Service)



Activate PERT if Intermediate or High Risk PE Category or other risk factors identified (To activate PERT, page Hematology/Coag, Cardiology, Interventional Radiology and arrange in person or phone huddle.)

[To Intermediate/High Risk PE Algorithm](#)

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This care process model is meant as a guide for the healthcare provider, does not establish a standard of care, and is not a substitute for medical judgement which should be applied based upon the individual circumstances and clinical condition of the patient.