

Pulmonary Embolism Risk Stratification

- **Low Risk:** Acute PE and the absence of the clinical markers of adverse prognosis that define massive or submassive PE and oxygen requirement of less than 2L
- **Intermediate Risk (Submassive):** Acute PE without systemic hypotension with either:
 - *Right Ventricular (RV) dysfunction:*
 - RV dilation or RV systolic dysfunction on echocardiography
 - RV dilation on CT
 - Elevation of NT-pro BNP
 - EKG changes (new complete or incomplete right bundle branch block, anteroseptal ST elevation or depression, or anteroseptal T-wave inversion)
 - *Myocardial Necrosis:*
 - Elevation of troponin
- **High Risk (Massive):**
 - Sustained hypotension (not due to a cause other than PE such as sepsis, hypovolemia, etc)
 - Pulselessness
 - Profound bradycardia

*Other PE indications: Clinical deterioration including escalation of respiratory support

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.