DISCHARGE OF PATIENTS WITH LOW RISK PULMONARY EMBOLISM (PE)

**DISCHARGE Low Risk PE 5/5/2017**

**PROTOCOL FOR DISCHARGE OF PATIENTS DETERMINED TO HAVE LOW RISK PE**

**Contact ED Pharmacist (688-5479) for:**
1. Drug interactions with home medications
2. Eligibility for outpatient anticoagulation medications
3. Verify dosing

**Choose outpatient anticoagulation - Choose 1 [Box 4]**
- **Enoxaparin**: 1mg/kg SQ q12hrs AND **Warfarin**: 5mg PO daily
- **Rivaroxaban**: 15mg PO BID for 21 days followed by **Rivaroxaban** 20mg PO daily (Xarelto Dose Pack in Epic)
- **Apixiban**: 10mg PO BID for 7 days followed by **Apixiban** 5mg PO BID

**Administer first dose in the Emergency Department**

**RN provides teaching on self injection (if applicable)**

Establish contact with patient’s Primary Care Physician [Box 3].

Discharge patient
### Box 1: Diagnosis of Acute PE

1. One of the following:  
   - New filling defect on CTPA  
   - New filling defect on pulmonary angiography  
   - High probability VQ Scan  
   - Non-diagnostic VQ w/ new DVT on venous US  

   **AND**

2. Symptoms of dyspnea/chest pain <14 days  

   **AND**

3. Not currently on anticoagulation for PE

### Box 2: Exclusion Criteria for Outpatient Treatment

1. Age <18  
2. Other medical reason for admission  
3. Social circumstances requiring admission  
4. Relative or absolute contraindication to outpatient anticoagulation:  
   - Documented history of HIT or warfarin skin necrosis  
   - Coagulopathy (INR >1.7)  
   - Platelets < 75 x10⁹/L  
   - High risk of bleeding (recent surgery, GI bleed, stroke)  
   - CrCl < 30 ml/min  
   - Severe liver impairment (Childs Pugh B/C)  
   - Sustained BP >200/100  
   - Morbid obesity (BMI >35)  
5. Meets criteria for submassive pulmonary embolism:  
   a. Myocardial Necrosis/ Troponin elevation  

   **OR**

   b. RV Dysfunction:  
      - RV/LV Diameter ≥ 0.9 on apical 4 view or CT  
      - NTproBNP > 500 pg/ml  
      - BNP elevation >90 pg/ml  
      - EKG w/ new RBBB, new anteroseptal T-wave inversion or ST elevation/depression  
6. Currently on anticoagulation for other medical reason  
7. Pregnancy  
8. Physician discretion

### Box 3: Establishing Follow-Up

1. Outside Hospital PCP:  
   - Establish contact with PCP or on-call PCP (after hours), confirming follow-up in 48-72 hours **by phone**  
   - Physician discretion on patient-by-patient basis on adequacy of follow-up  
2. Hoxworth Patient or No PCP:  
   - Establish follow-up through established protocols at www.tamingthesru.com

### Box 4: Choice of Anticoagulation Regimen

1. Patient preference  
2. Cost  
3. Availability given insurance status  
4. Ability to comply with subcutaneous injections  
5. Safety and efficacy