PERT Protocol

PERT Activation and On call MD Obtains History from Consulting Team

Reviews EMR

Examines patient as needed, discusses with Team

Completes Initial Consult Data Form for possible PERT interventions based upon Inclusion/Exclusion criteria

On call PERT MD discusses case with Interventionalist for any interventions not already ruled-out by exclusion criteria

ERT Activation For:
- Massive PE (SBP < 90 OR significant BP drop from baseline) Diagnosed/Suspected
- Submassive PE (SBP > 90) Diagnosed/Suspected
  - RV dilation on bedside echo
  - RV:LV > 1 on CTPA
  - NTpBNP / BNP AND Trop I elevation
  - Significant new O2 requirement
- Any order for systemic tPA for PE
  - Should NOT be given without PERT activation unless in arrest or immediate peri-arrest state
- Any concerns regarding diagnosis or therapy of PE

Recommendations Likely from PERT:
GENERAL:
- Further Diagnostic Workup Recommended
- Hemodynamic Support
- Ventilatory / Respiratory Support

SPECIFIC:
- No Further Specific Therapy Recommended
- No Anticoagulation Recommended +/- IVC Filter
- Systemic Anticoagulation Recommended
- Systemic tPA with Anticoagulation Recommended
- EKOS Catheter and Anticoagulation Recommended
- Surgical Embolectomy Recommended
- Extracorporeal Membrane Oxygenation (ECMO)
- Triage for Location of Further Care (see page 2)

PERT MD calls consulting Team with:
- Recommendations
- Activates Intervention Teams
- Completes templated PERT Consultation Form in EMR

Necessary Intervention Team Activated

CONTRAINDIATIONS
- Active internal bleeding
- Subarachnoid hemorrhage
- History of intracranial hemorrhage
- History of cerebrovascular accident within 3 months
- History of intracranial or intraspinal surgery
- Intracranial neoplasm, AV malformation, or aneurysm
- Known bleeding diathesis
- Severe uncontrolled hypertension (ex. SBP > 185/110)
  - “uncontrolled” after 3 doses of prn medications or persistently elevated despite maximum drip rate

WARNINGS
- Advanced age
- Pregnancy
- Current use of anticoagulation other than acute treatment of PE (heparin, enoxaparin) such as vitamin K antagonists, direct thrombin inhibitors, Xa inhibitors with elevated sensitive laboratory tests (such as aPPT, INR, platelet count, and ECT; TT; or appropriate factor Xa activity assays
- Hemostatic defects including those secondary to severe hepatic or renal disease
- Recent major surgery (e.g. coronary artery bypass graft, obstetrical delivery, organ biopsy or trauma) within 14 days
- *Recommend discussion with surgeon prior to thrombolysis
- Recent internal bleeding or significant gastrointestinal or genitourinary (≤4 weeks)
- Recent puncture of noncompressible vessels (previous 7 days)
- High likelihood of left heart thrombosis, e.g. mitral stenosis with A-Fib
- Acute pericarditis
- Subacute bacterial endocarditis
- Septic thrombophlebitis or occluded AV cannula at seriously infected site

UCMC PERT Protocol