### PULMONARY EMBOLISM ENCOUNTER FORM

**Patient’s name:** __________________________  **Age:** ________  **Medical record #:** ________________

#### Data collection:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Clinical signs and symptoms of deep venous thrombosis (DVT; leg swelling and pain with palpation of the deep veins)</td>
<td>3.0</td>
</tr>
<tr>
<td>☐ Pulmonary embolism (PE) as likely or more likely than an alternative diagnosis (based on the history and physical examination, chest radiography, electrocardiogram, and any blood tests that were considered necessary)</td>
<td>3.0</td>
</tr>
<tr>
<td>☐ Heart rate &gt; 100 beats per minute</td>
<td>1.5</td>
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<tr>
<td>☐ Immobilization (bed rest, except to access the bathroom, for at least 3 consecutive days) or surgery in the previous 4 weeks</td>
<td>1.5</td>
</tr>
<tr>
<td>☐ Previous objectively diagnosed DVT or PE</td>
<td>1.5</td>
</tr>
<tr>
<td>☐ Hemoptysis</td>
<td>1.0</td>
</tr>
<tr>
<td>☐ Malignancy (treatment that is ongoing, within the past 6 months, or palliative)</td>
<td>1.0</td>
</tr>
<tr>
<td>Total points:</td>
<td></td>
</tr>
</tbody>
</table>

**Risk score interpretation:**
- < 2 points: low risk (1.3 percent)
- 2 to 6 points: moderate risk (16.2 percent)
- > 6 points: high risk (40.6 percent)

#### Other important data:

- ☐ Known thrombophilia
- ☐ Pregnant

**Other information from the history and physical examination:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Assessment/plan:**

- ☐ Low-risk patient:
  - Order d-dimer assay (at least 85% sensitive):
    - d-dimer negative: PE ruled out.*  
    - d-dimer positive: Go to protocol for moderate- or high-risk patient.

- ☐ Moderate-risk patient: or  ☐ High-risk patient:
  - Order d-dimer test and either ventilation-perfusion (V/Q) scan or helical computed tomographic (CT) scan (the latter is preferred if the patient has chronic pulmonary disease):
    - Normal V/Q scan: PE ruled out.†
    - High-probability V/Q scan or positive helical CT scan‡: PE diagnosed.
    - Nearly normal V/Q scan, low- or intermediate-probability V/Q scan, or any other helical CT result.
      - Order bilateral ultrasound of leg veins:
        - Positive ultrasound examination: PE diagnosed.
        - Negative ultrasound examination. Base further evaluation on initial clinical risk assessment:
          - Low-risk patient: PE ruled out.
          - Moderate-risk patient and negative d-dimer test: PE ruled out.
          - High-risk patient and positive d-dimer test: PE ruled in (consider angiogram to confirm diagnosis).
          - Moderate-risk patient and positive d-dimer test, or high-risk patient and negative d-dimer test. Choose one of the following options and manage according to the results:
            - Serial ultrasound at 1 and 2 weeks:
              - Positive  
              - Negative
            - Helical CT scan (if not already ordered):
              - Positive  
              - Negative§
            - V/Q scan (if not already ordered):
              - Positive  
              - Negative§
            - Pulmonary angiography||:
              - Positive  
              - Negative

*—Less than 2 percent PE with moderately sensitive d-dimer test (85 to 98 percent) and less than 1 percent PE with highly sensitive d-dimer test (greater than 98 percent).
†—Approximately 1 percent with PE.
‡—Positive helical CT indicates intraluminal filling defects in segmental or larger pulmonary arteries.
§—Consider serial bilateral ultrasound examination of proximal leg veins in patients with negative results.
||—Preferred in the following instances: if a subsegmental intraluminal filling defect is seen on initial helical CT scan; if there is a high-probability V/Q scan in a low-risk patient; if serial testing is not feasible; or if symptoms are severe and there is a need to exclude PE from the differential diagnosis.