

PULMONARY EMBOLISM SCREENING ENCOUNTER FORM

Patient's name: _____

Age: _____ Medical record #: _____

Data collection:

Symptom	Points
<input type="checkbox"/> Clinical signs and symptoms of deep venous thrombosis (DVT; leg swelling and pain with palpation of the deep veins)	3.0
<input type="checkbox"/> 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)	3.0
<input type="checkbox"/> Heart rate > 100 beats per minute	1.5
<input type="checkbox"/> Immobilization (bed rest, except to access the bathroom, for at least 3 consecutive days) or surgery in the previous 4 weeks	1.5
<input type="checkbox"/> Previous objectively diagnosed DVT or PE	1.5
<input type="checkbox"/> Hemoptysis	1.0
<input type="checkbox"/> Malignancy (treatment that is ongoing, within the past 6 months, or palliative)	1.0
Total points:	
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:

Low-risk patient:

Order D-dimer assay (at least 85% sensitive):

- D-dimer negative: PE ruled out.* **STOP**
- 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.† **STOP**
- High-probability V/Q scan or positive helical CT scan‡: PE diagnosed. **STOP**
- 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. **STOP**
 - Negative ultrasound examination. Base further evaluation on initial clinical risk assessment:
 - Low-risk patient: PE ruled out. **STOP**
 - Moderate-risk patient and negative D-dimer test: PE ruled out. **STOP**
 - High-risk patient and positive D-dimer test: PE ruled in (consider angiogram to confirm diagnosis). **STOP**
 - 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

Assessment/plan:

*—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.



FPM Toolbox To find more practice resources, visit <https://www.aafp.org/fpm/toolbox>.

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