**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>
</tr>
<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>□ Malignancy (treatment that is ongoing, within the past 6 months, or palliative)</td>
<td>1.0</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:**

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

---

*—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.