

Management of Low-Risk PE

- Patients with low risk PE should be assessed for early discharge.
- Use the below flowchart to assess suitability for outpatient management.

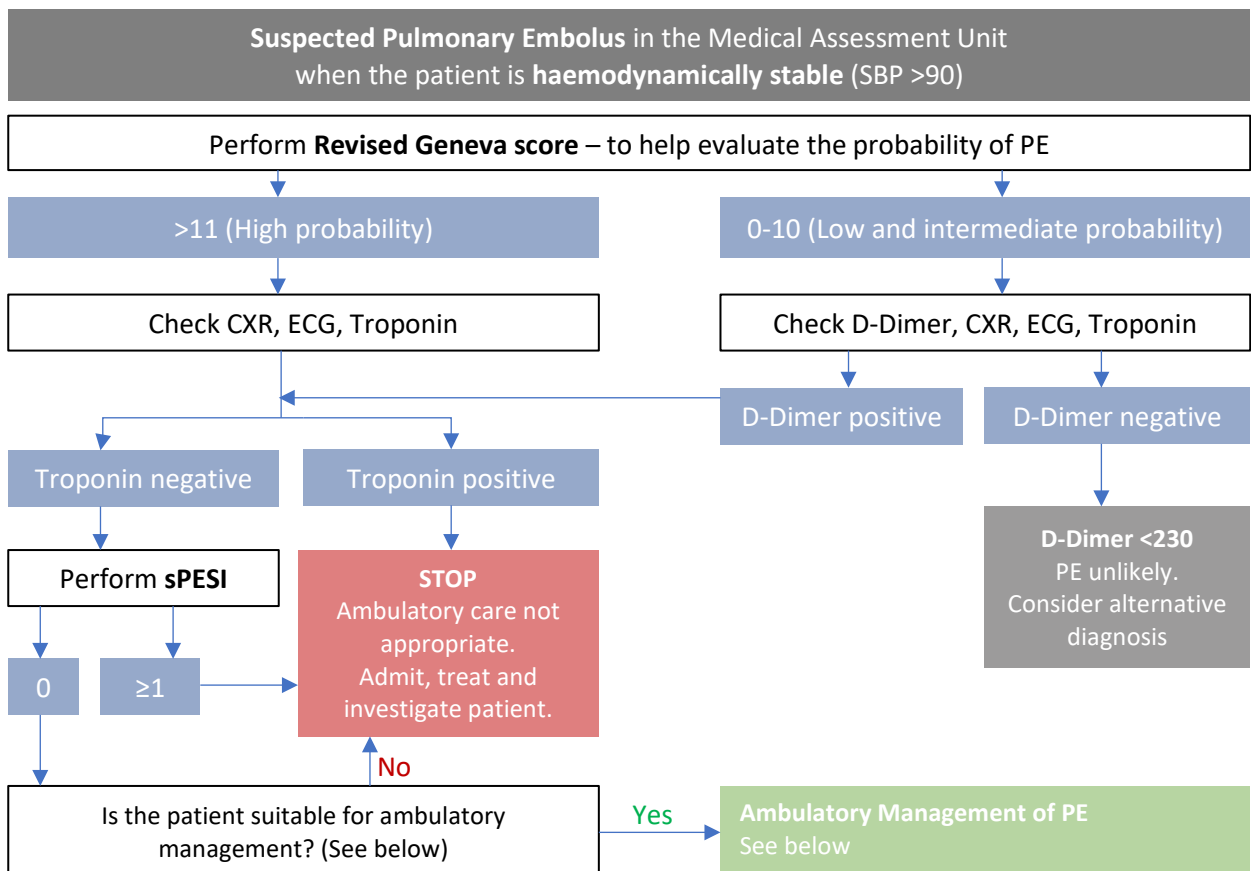


Figure 4. Overview for the ambulatory management of suspected low risk pulmonary embolism.

Suitable for Early Discharge/Ambulatory Care

- Low Risk PE
- No severe chest pain
- No significant co-morbidity that may complicate acute PE and/or its treatment
e.g. significant renal/liver/cardiac dysfunction
- No other requirement for admission
- Patient is mobile and able to return to hospital
- Patient is happy for ambulatory management
- Patient is aware of the need to return to hospital earlier if they become more unwell at home (should be warned of presyncope symptoms, becoming more breathless, etc.)
- Patient is **not** pregnant (see Special Cases)
- Patient is **not** already therapeutically anticoagulated.
- Bleeding risks and contra-indications to LWMH have been ruled out
- Patient does not live alone or does not have good support at home
- Patient has a working telephone