ED Pathway for Suspected PE in Pregnancy/Puerperium*

*6 weeks post-partum

Symptoms and signs
- Dyspnoea (may be sudden onset)
- Pleuritic chest pain
- Haemoptysis
- Syncope*
- Tachypnoea (RR>20)
- Low grade fever
- Pleural rub
- Tachycardia (>100bpm)
- Hypoxia (sats <90% on air)*

Risk factors
- PMH and/or FH of VTE
- Obesity
- Immobility (bedridden ≥ 3 days)
- Increasing age
- Malignancy (treatment/palliation within last 6 months)
- Hyperviscosity syndromes (myeloma, polycythaemia vera, essential thrombocythaemia, CML)
- Thrombophilia
- Post orthopaedic/neurosurgery (within last 12 weeks)

Investigations

Bloods – FBC, U&E, LFT, PT/INR, aPTT, Fgn

CXR – *unless a DVT is suspected*

ECG – *sinus tachycardia, features of right heart failure/strain (S1Q3T3, new RBBB, RAD, p pulmonale)**

ABG – *if sats <90% on air**

***HIGH RISK FEATURES?**
- Haemodynamic instability or shock
- Hypoxia
- Syncope
- Features of right heart failure or strain

YES → **Senior review in ED**

Contact medical take SpR on 2223

For acute obstetric concerns, contact on-call obs/gynae reg via BWH switchboard

NO → **Is there also clinically suspected DVT?**

YES → **If clinical suspicion of DVT start anticoagulation immediately with enoxaparin BD dosing** (see blue box to the left) → **Follow the 'ED Pathway for suspected DVT'**

NO → **If clinical suspicion of PE, start anticoagulation immediately with enoxaparin BD dosing** (see blue box to the left) → **CXR normal or abnormal?**

CXR normal or abnormal?
- NORMAL → Sunday 1600 to Friday 1600 / Friday 1600 to Sunday 1600 → **½ dose Q scan**
- ABNORMAL → **CTPA**

½ dose Q scan
- Out of hours i.e. Monday to Thursday after 1600 → Is patient safe to go home overnight for return next morning?
  - NO → **Continue anticoagulation**
    - Ensure enoxaparin BD is prescribed on regular meds
    - **Submit PICS request for V/Q scan**
      - Specify pregnancy gestation age/post-partum period
      - The following clinical details **MUST** be included to meet vetting criteria by NM technicians:
      1. **≥ 2 features in blue** *and*
      2. **Explicit documentation of normal CXR within last 48 hours**
    - **Arrange transfer to SDEC** (SDEC navigator 14293)
      - Ensure CXR within last 48 hours, ECG and baseline bloods are complete and available
  - YES → **Submit PICS request for next-day V/Q scan**
    - Specify 'for next working day' and pregnancy gestation age/post-partum period
    - The following clinical details **MUST** be included to meet vetting criteria by NM technicians:
    1. **≥ 2 features in blue** *and*
    2. **Explicit documentation of normal CXR within last 48 hours**
    - **Book in SDEC returners book for next working day 08:45** (SDEC navigator 14293)
      - Ensure CXR within last 48 hours, ECG and baseline bloods are complete and available
    - **On discharge, provide patient with**
      - Letter specifying to return to SDEC next working day at 08:45
      - TTO for enoxaparin BD to cover for interim period
      - Safety net advice
- In working hours i.e. Monday to Friday between 0800-1600 → **Continue anticoagulation**
  - Ensure enoxaparin BD is prescribed on regular meds
  - **Submit PICS request for V/Q scan**
    - Specify pregnancy gestation age/post-partum period
    - The following clinical details **MUST** be included to meet vetting criteria by NM technicians:
    1. **≥ 2 features in blue** *and*
    2. **Explicit documentation of normal CXR within last 48 hours**
  - **Arrange transfer to SDEC** (SDEC navigator 14293)
    - Ensure CXR within last 48 hours, ECG and baseline bloods are complete and available

CTPA

Continue anticoagulation
- Ensure enoxaparin BD is prescribed on regular meds

Submit PICS request for CTPA
- Specify pregnancy gestation age/post-partum period
- Include justification for CTPA over V/Q scan:
  - **Out of hours, and/or**
  - **Abnormal CXR with explicit documentation of findings**

Arrange transfer to SDEC (SDEC navigator 14293)
- Ensure CXR within last 48 hours, ECG and baseline bloods are complete and available

Anticoagulation for VTE in pregnancy

- **If high clinical suspicion of PE or DVT, start anticoagulation with enoxaparin immediately**
- Do not wait for results of bloods to start
- Do **NOT** perform D-dimer testing or thrombophilia screen

Dose
- 1mg/kg BD based on pre-pregnancy booking weight
- Speak to on-call haematologist if ANY of the following:
  - Dose above 150mg/kg BD
  - GFR < 30ml/min or creatinine > 150
  - High risk e.g. mechanical heart valve, breakthrough thrombosis

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