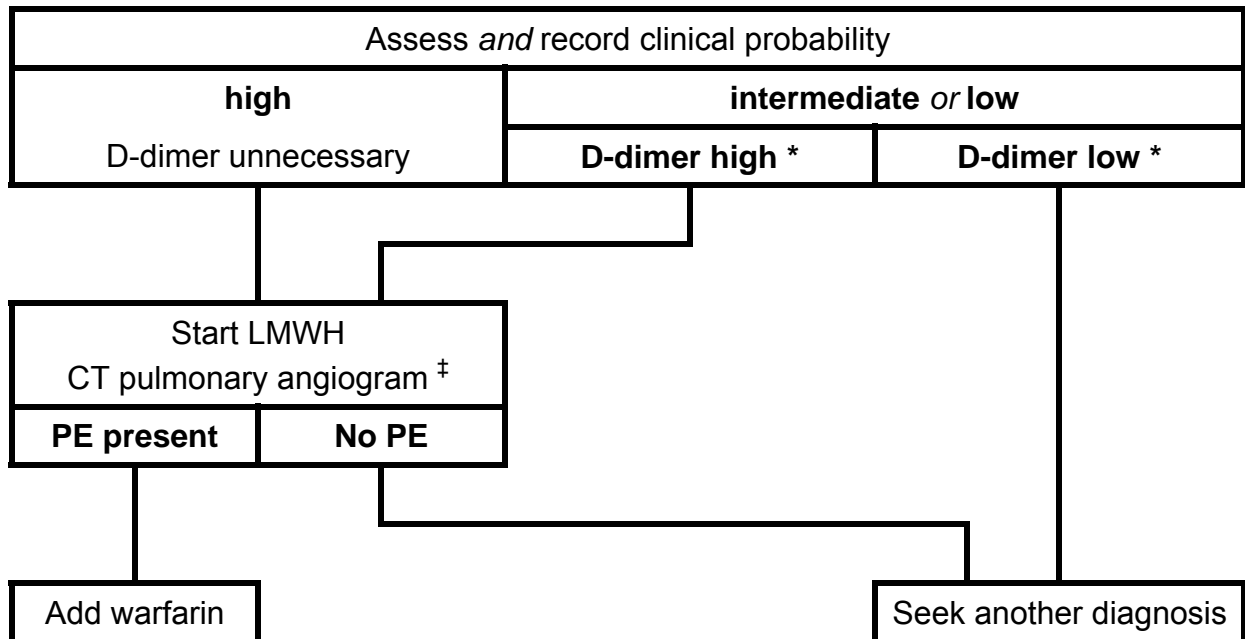


The advice below is for middle-grade medical staff in A&E

1. Is chest X-ray poor quality? *If so*, arrange departmental PA film →
2. Was assessment inadequate? *If so*, review carefully, considering non-PE diagnoses →
3. Does PE seem a reasonable possibility? *If so*, consult flow chart below →
4. Are you unsure whether CTPA is justified? *If so*, LMWH and await consultant decision.



* Refers to quantitative tests. Qualitative (+ve/-ve) only useful if low probability, not recommended.

‡ or V/Q, but only if (a) normal CXR *and* no chronic cardio-respiratory disease, or (b) pregnant

For clinical probability (which assumes that PE is a *reasonable* possibility):

- Is PE more likely than any alternative? *If so*, score **+1**
- Is there a *major* risk factor ^ψ for VTE? *If so*, score **+1**
- Probability from total score is **2 = high, 1 = intermediate, 0 = low**

^ψ Recent immobility/major surgery/leg fracture, previous DVT/PE, obstetric, metastatic cancer.
Does not include minor risks: oestrogens, travel, known thrombophilia, obesity, minor surgery