

Pulmonary Embolism Imaging Request

UR:

DOB:

Name:

Phone:

Address:

M / F

Billing Details

- Rebate
- WC
- Private
- TAC
- Vets
- Other.....

ED cubicle No.....

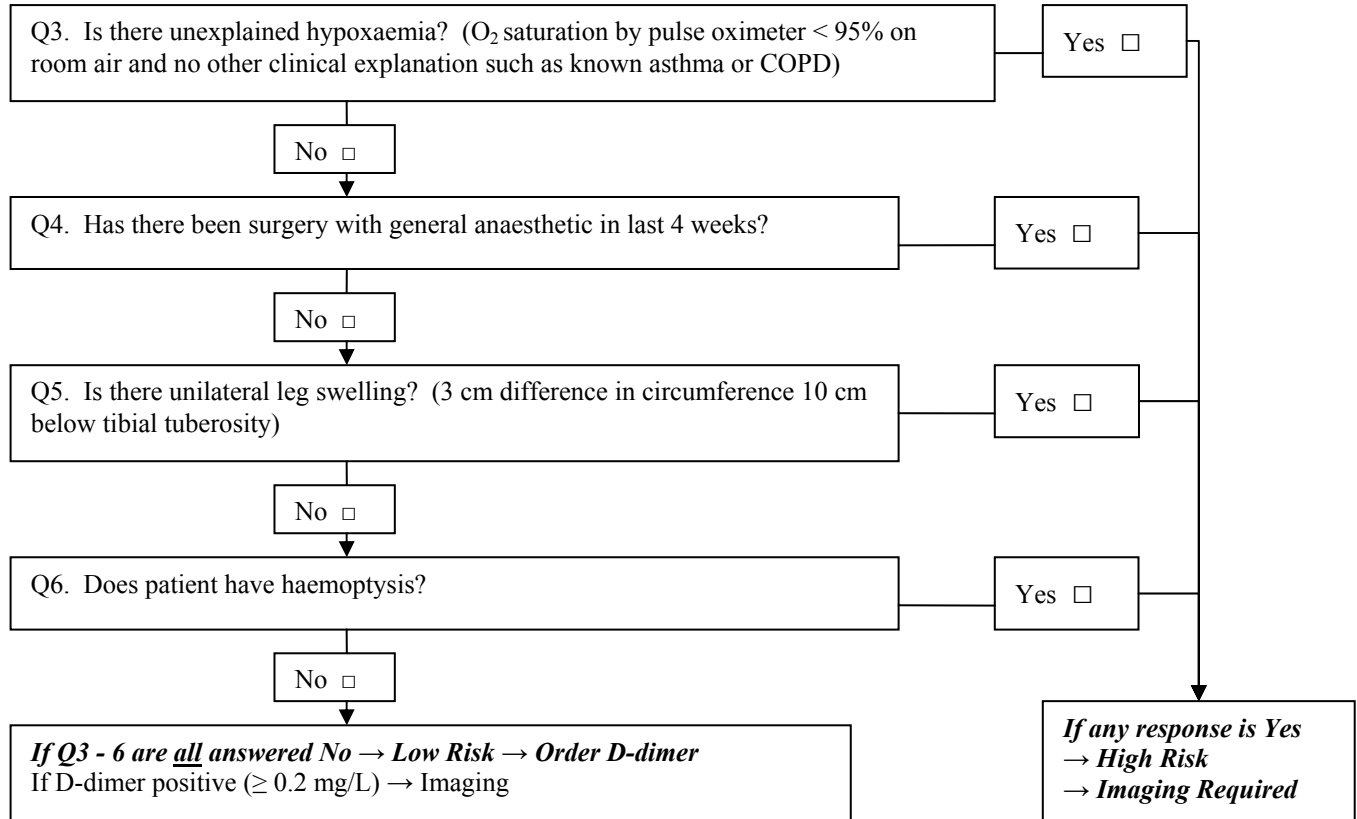
Monitored Yes / No

Outpatient clinic no.....

Risk Assessment

- Q1. Age > 49 Yes No
 Q2. Heart Rate > 1 Yes No
 Systolic BP

- **If both No** → **Low Risk** → **Order D-dimer**
 If D-dimer positive (≥ 0.2 mg/L) → Imaging
 ► **If both Yes** → **High Risk** → **Imaging**



If patient has

- clear CXR and no smoking history or smoking < 10 years
- OR** ▪ contrast allergy
- OR** ▪ renal impairment

→ **VQ is the suggested initial test, CTPA for all other patients**
 (refer alternate guideline for pregnant patients)

**** See reverse for management pathway following imaging ****

Examination Requested CTPA VQ

Clinical Details

Serum Creatinine D-dimer

Contrast Allergy Yes/No Pregnant Yes/No Metformin Yes/No

Requesting/Approving Consultant

Registrar

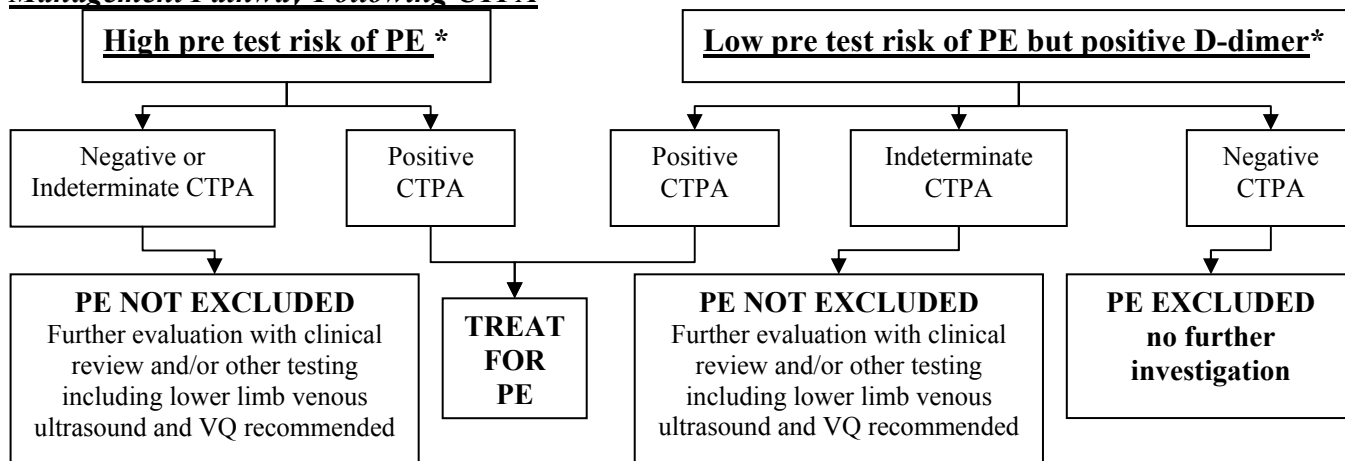
HMO/intern

Copy of report to:

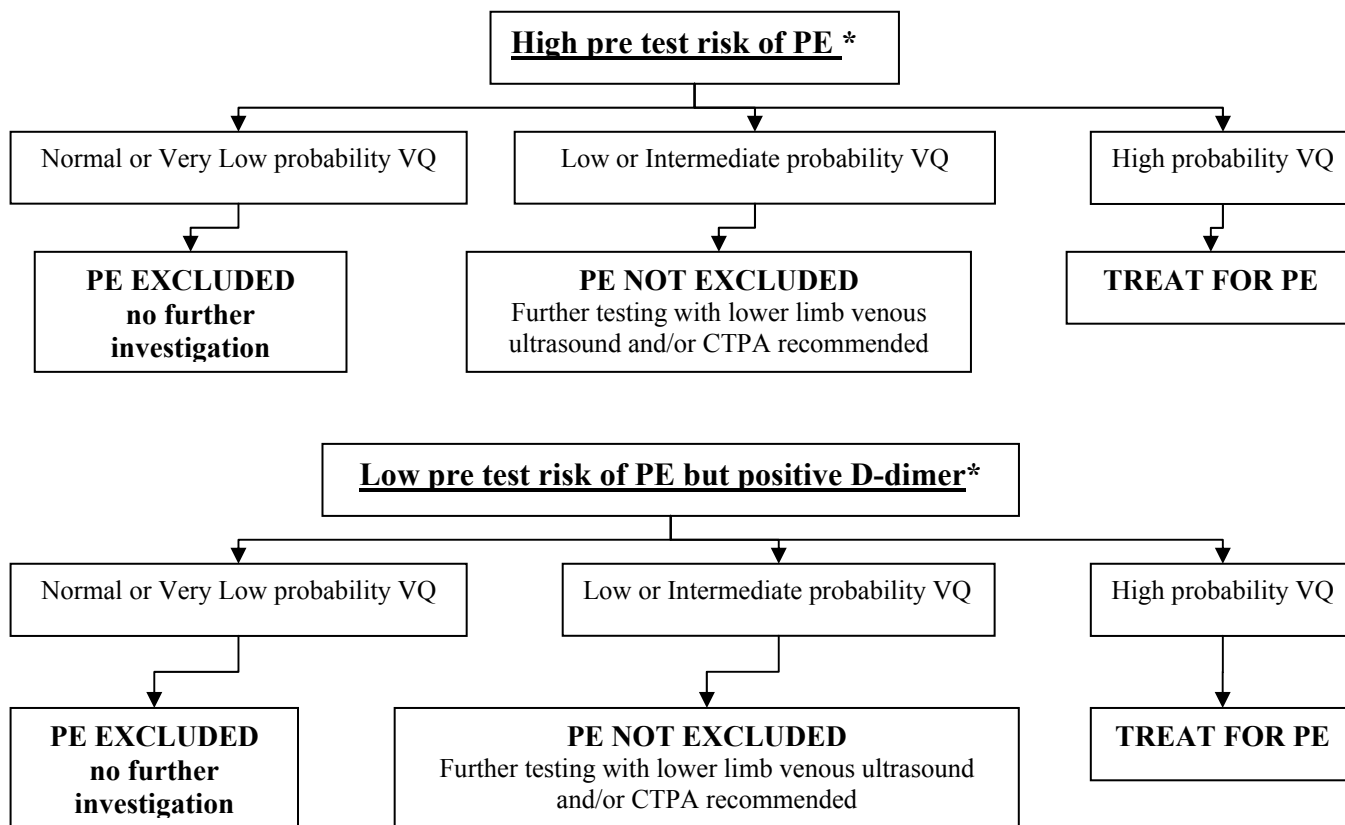
Signature..... Name Page Date

Diagnostic Imaging Monash Medical Centre 9594-2200 Fax 9594-6687
 Dandenong Hospital 9554-8175 Fax 9554-8654
 Casey Hospital 8768- 1265 Fax 8768-1966

Management Pathway Following CTPA



Management Pathway Following VQ



* Pre test risk: Risk level established on the front side of this form PRIOR to D-dimer or imaging

Reference

Kline JA, Nelson RD, Jackson RE, Courtney DM
 Criteria for the safe use of D-dimer testing in emergency department patients with suspected pulmonary embolism: A multicenter us study.
Ann Emerg Med Feb 2002; 39:2 144-52