PULMONARY EMBOLISM

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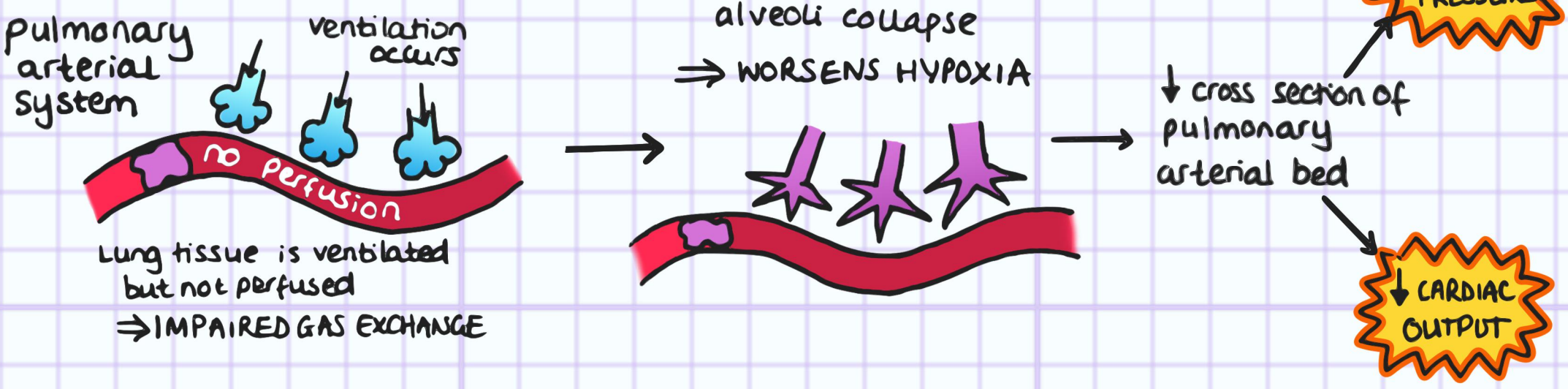
Pathophysiology

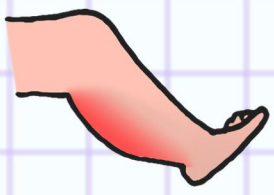


Clinical Features

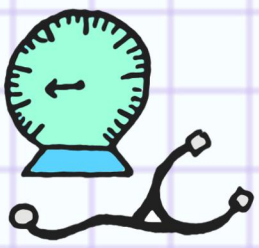
dyspnoea
tachypnoea RR >20

tachycardia >100

pleuritic chest pain



signs /symptoms of DVT



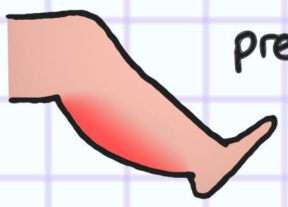
Hypotension (systolic BP ⩽110)

Fever

Haemoptysis

Syncope

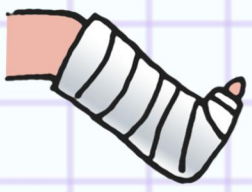
Risk Factors



previous thrombotic event

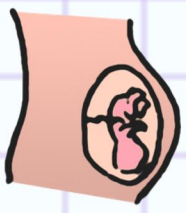
current DVT

surgery within the last 2 months

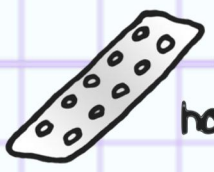


recent lower limb trauma

sedentary travel



pregnancy
up to 6 weeks post partum



combined oral contraceptives
hormone replacement therapy

Active malignancy

Thrombotic disorders

Investigations

ECG:
- S1, Q3, T3
- T-wave inversion V1-V3
- Right axis deviation
- Right bundle branch block

CXR:
- rule out alternative causes
- pleural effusion
- elevated hemidiaphragm

D-DIMER:
- If WELLS SCORE ⩽ 4
- normal d-dimer = PE ruled out
- raised d-dimer = further investigation required

CTPA:
- used in high clinical probability
- used when d-dimer is positive

V Q scan:
- used in certain circumstances eg. pregnancy

#EM3

Management

- Immediately give LOW MOLECULAR WEIGHT HEPARIN
- continue for at least 5 days or until INR >2 for 24hrs

WARFARIN
- commenced within 24hrs of diagnosis

continued for 3 months