IHS LOW RISK, ADULT PULMONARY EMBOLISM PATHWAY (LoPE ALGORITHM)
PE diagnosis established?

Calculate modified sPESI score. ZERO points (low risk)? *

Troponin < 0.1 ng/ml & BNP <90 pg/ml

Alternative reason for admission **

Presence of any concomitant DVT

Contraindication to DOAC (Use HAS-BLED calculator)

No psychosocial barriers to outpatient PE management with DOAC ***

Consider outpatient management with Direct Oral Anticoagulant (DOAC) -- such as apixaban (Eliquis) or rivaroxaban (Xarelto). Discharge instructions that include: Risk of DOAC & need for outpatient follow-up (scheduled with primary care physician or specialist).

* Age > 80 yrs, PMH of cancer or chronic cardiopulmonary disease, HR>= 110, SBP < 100 mmHg, O₂ Sat < 93% are considered high risk variables

**Pain control (no narcotic requirement), cancer management, etc.

*** high risk for non-compliance = impaired mental status, dementia, lack of access to primary care, lack of insurance to pay for DOAC, limited health literacy, etc.