

# SUSPECTED PULMONARY EMBOLISM IMAGING REQUESTS

I know this is a bit of a chore but it is now Mandatory under NICE guidelines.

So as a matter of routine:

- If the patient is haemodynamically stable a Chest Radiograph should be the preliminary investigation to assess for an alternative diagnosis such as pneumonia or heart failure. A normal CXR does not exclude a pulmonary embolus.
- The Wells score value has to be stated in the clinical information on the imaging request as per NICE guidelines.

Wells' criteria:

Symptoms of DVT: 3 pt

No alternative diagnosis: 3 pt

Heart rate >100/min: 1.5 pt

Immobilisation or surgery: 1.5 pt

Previous DVT or PE: 1.5 pt

Haemoptysis: 1 pt

Malignancy: 1 pt

- In a haemodynamically stable patient with Wells Score of  $\leq 4$  a D-dimer has to be performed and it's value should be stated on the request.
- CTPA is a contrast enhanced scan so eGFR needs to be included on the request. In a patient with renal dysfunction a V/Q scan should be considered.
- V/Q scan should be considered should be considered for young patients <50 with normal chest radiographs.
- For a pregnant patient please consult RCOG Guidelines online (Green-top Guideline No. 37). If you are unsure ask a senior colleague for advice.

Anyhow thanks in advance. I know it gets busy on the wards (and a bit disheartening with all the paperwork).

On lighter note as a trainee I was advised to approach medicine like Sherlock Holmes approaches a case. Gather the facts and establish the key evidence. Demonstrate your diagnostic reasoning on any request/referral rather than going through the motions. It kept me sane(ish). Hopefully this rotation I will meet some of you for teaching and we can discuss some peculiar cases. Regards, Dr. Dave Russell Consultant Radiologist



-Wells  
Score  
-D-Dimer  
-eGFR

