Assessing and Diagnosing PE

Wells Clinical Prediction Rule for PE[7,10]

Clinical Feature	Score
Clinical signs and symptoms of DVT (minimum of leg swelling and pain with palpation of the deep veins)	3
An alternative diagnosis is less likely than PE	3
Heart rate >100 beats per minute	1.5
Immobilization or surgery in the previous 4 weeks	1.5
Previous DVT/PE	1.5
Hemoptysis	1
Malignancy (ongoing treatment, treatment within 6 months, or receiving palliative care)	1

Adapted with permission from Wells PS et al. *Thromb Haemost*. 2000;83(3):418.

Calculating Your Patients' Pretest Probability of PE[7,10]

Probability	Points
High	>6
Moderate	2–6
Low	<2

PESI Score[8]

Clinical Finding/Feature	Points
Demographic characteristics	
Age	+1 per year
Male gender	+10
Comorbid illnesses	
Cancer (history of cancer or active cancer)	+30
Heart failure	+10
Chronic lung disease	+10
Clinical findings	
Pulse ≥110 beats per minute	+20
Systolic blood pressure <100 mm Hg	+30
Respiratory rate ≥30 breaths per minute	+20
Temperature <36°C (<96.8°F)	+20
Altered mental status*	+60
Arterial oxygen saturation <90%†	+20

Calculating Your Patients' 30-Day PE Mortality Risk[8]

Class (Risk)	Point Total
Class I (very low)	≤65
Class II (low)	66–85
Class III (intermediate)	86–105
Class IV (high)	106–125
Class V (very high)	>125

PESI score provides HCPs with a validated, practical tool that accurately identifies low-risk and very low-risk patients with PE who may be potential candidates for outpatient treatment or early hospital discharge.[8]

Total point score for a patient is calculated by adding the patient's age in years and adding the points for each applicable characteristic.
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This modified table is based on the original table available from www.atsjournals.org.

*Defined as disorientation, lethargy, stupor, or coma.

†With and without administration of supplemental oxygen.

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