

KINGSTON HOSPITAL NHS TRUST

**PULMONARY EMBOLISM (PE) IMAGING PATHWAY**

Patient Label:

Mode of Transport: **Bed / Chair**

Oxygen Needed: **Yes / No**

Ward:

**REQUEST FOR IMAGING**

*(No CRS request required)*

**Pregnant patients must be discussed with a Consultant**

**Obstetrician and Consultant Physician on call prior to request submission**

**CLINICAL DETAILS**

Date of onset of symptoms: \_\_\_\_\_

Tachypnoea Yes / No

Pleuritic Pain Yes / No

Tachycardia Yes / No

Haemoptysis Yes / No

**Brief clinical history:**

**WELLS SCORE – CLINICAL PRE-TEST PROBABILITY (PTP) OF PE**

RISK FACTORS	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
Immobilisation for more than 3 days or surgery in the previous 4 weeks	1.5
Previous DVT/PE	1
Haemoptysis	1
Malignancy (on treatment, treated in the last 6 months, or palliative)	1
<b>TOTAL SCORE</b>	

***Clinical Probability simplified scores:***

PE unlikely 4 points or less Check D-dimer (imaging not indicated unless D-dimer positive)

PE likely more than 4 points D-dimer NOT indicated, request imaging

**Result of D-Dimer: Positive / Negative**

**H<sup>x</sup> of Asthma: Yes / No**

**H<sup>x</sup> of Cardiopulmonary Disease: Yes / No**

**CXR: Normal / Abnormal (also to be reviewed by Radiologist)**

**Allergy to contrast media: Yes / No**

**Creatinine : \_\_\_\_\_**

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Bleep: \_\_\_\_\_ Consultant Code: \_\_\_\_\_

***NB – All requests must be authorised by the patient's consultant before requesting to radiology***

**To be completed by RADIOLOGIST**

CXR findings **Normal / Abnormal**

Patient to have **CTPA      Perfusion Scan      (please circle the appropriate examination)**

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Printed name: \_\_\_\_\_

***PLEASE ENSURE THE PATIENT HAS A WORKING VENFLON (PINK OR LARGER) IN THE ANTICUBITAL FOSSA PRIOR TO THE INVESTIGATION***