

# MASSIVE Pulmonary Embolus (PE)

<b>1</b>	<p>Unstable patient with likely PE diagnosis/proven massive PE (BP &lt;90 systolic, PaO<sub>2</sub> &lt;7)</p> <ul style="list-style-type: none"> <li>• Exclude other causes for shock (sepsis, cardiac arrhythmia or hypovolemia, tension pneumothorax or cardiac tamponade)</li> </ul>
<b>2</b>	<p>Does the patient require urgent treatment before imaging?</p> <ul style="list-style-type: none"> <li>• Significant haemodynamic instability is a contraindication to CTPA</li> <li>• Arrange a bedside ECHO</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Consider thrombolysis based on clinical picture – Senior clinical decision</li> <li>• <b>Once decision has been made to thrombolyse administer within 5 minutes</b></li> </ul>
<b>3</b>	<p><b><u>Thrombolysis in Arrest/Peri arrest</u></b></p> <ul style="list-style-type: none"> <li>• Is it appropriate to continue CPR for 60 minutes?</li> <li>• Give ALTEPLASE 50 mg IV bolus</li> <li>• If no return of spontaneous circulation or improvement after 15 minutes</li> <li>• Give ALTEPLASE 50 mg IV bolus</li> <li>• MAX 100 mg ALTEPLASE</li> </ul>
<b>5</b>	<p><b><u>Thrombolysis In Stable Patient</u></b></p> <ul style="list-style-type: none"> <li>• ALTEPLASE 10 mg IV over 1-2 minutes</li> <li>• Then prepare an infusion of 90 mg over 2 hours (if &lt;65 kg then give 1.5 mg/kg)</li> </ul>
<b>6</b>	<p><b>Start Heparin Infusion after 3 hours</b></p> <ul style="list-style-type: none"> <li>• Once APTT ratio &lt;2 OR ROSC and APTT ratio &lt;2</li> <li>• Administer as per Trust IV Heparin protocol</li> </ul>
<b>7</b>	<p>Is thrombectomy an option? If so, contact cardiology (#8850) +/- interventional radiology (switch)</p>