

RESPIRATORY

MANAGEMENT OF MASSIVE P.E.

Diagnosis of PE in a haemodynamically stable patient is initially based on clinical suspicion & pre-test clinical scoring systems +/- D Dimer levels and confirmed by imaging (CTPA).

(See PE scoring systems resource)

Don't do a D Dimer before using a pre-test clinical score

Massive pulmonary embolism is a PE causing haemodynamic instability, defined as:

Systolic BP <90mmHg or a BP drop of ≥ 40 mmHg for greater than 15 minutes with no other plausible cause (e.g. hypovolaemia, new arrhythmia or sepsis)

Immediate management

- Inform senior immediately & move patient to Resus
- Give a bolus of 5000 units of Unfractionated Heparin IV
- Then start IV Heparin infusion at 18units/kg/hr (adjust to keep APTT ratio 1.8-2.8)
- Oxygen to maintain sats >94
- IV fluids +/- inotropes as required
- Arrange CTPA or if too unstable cardiac ECHO
- If the patient is pregnant inform on-call obstetrics
- If CTPA confirms PE, cardiac ECHO shows RV strain or the patient is peri arrest consider thrombolysis
 - **Alteplase IV 10mg over 1–2 minutes followed by 90mg over 2 hours (max 1.5mg/kg if <65kg)**
 - Continue Heparin to maintain APTT ratio 1.8- 2.8

