



THROMBOSIS UNIT SUSPECTED/CONFIRMED PULMONARY EMBOLISM (PE) REFERRAL

If PE is confirmed: • Complete section B only
• Follow Thrombosis Unit referral checklist

If consult is required, please fax this completed form to 613-737-8093 AND call ext 78060 to leave a detailed message.

SECTION A Wells Clinical Model for Predicting pretest probability for PE	NO	YES	If YES SCORE
Active cancer (treatment ongoing or within previous 6 months or palliative)	<input type="checkbox"/>	<input type="checkbox"/>	1.0
Surgery or bedridden for 3 days or more within previous 4 weeks (check all that apply):	<input type="checkbox"/>	<input type="checkbox"/>	1.5
<input type="checkbox"/> Immobilization (more than 72 hrs continuously bedridden in the last month) <input type="checkbox"/> Surgery (major surgery in the last month) <input type="checkbox"/> Lower limb cast			
Previous history deep vein thrombosis (DVT) or PE	<input type="checkbox"/>	<input type="checkbox"/>	1.5
Hemoptysis	<input type="checkbox"/>	<input type="checkbox"/>	1.0
Heart rate greater than 100 (Heart rate: _____ beats/minute)	<input type="checkbox"/>	<input type="checkbox"/>	1.5
Clinical signs and symptoms compatible with DVT	<input type="checkbox"/>	<input type="checkbox"/>	3.0
PE is most likely diagnosis (no alternative diagnosis as likely or more likely than PE)	<input type="checkbox"/>	<input type="checkbox"/>	3.0

Please specify alternative diagnosis (see below):

TOTAL:

Clinical probability: (Please check)

PE unlikely: less than or equal to 4.0

PE likely: greater than 4.0

A patient with more than 4 points may require imaging

Alternative Diagnoses: (Please check)

Atelectasis

Exacerbation of COPD

Anxiety/hyperventilation

Chest wall disorders

Pneumonia

Diaphragmatic irritation

Pericarditis

Pleuritis

Pulmonary neoplasm

Myocardial infarction

SECTION B

D-Dimer(if indicated) Positive _____ Negative _____

CBC Hb _____ Platelets _____ Creatinine _____ Other (please specify): _____

Dose of Lovenox given: _____ at _____ on _____
(total mg given) (time) (date)

(For all referrals, please call ext 78060 and leave a detailed message, including patient name, telephone number, hospital and/or campus.)

Referring physician's FULL printed name

Signature

Date (yyyy/mm/dd)

OUTPATIENT THROMBOSIS UNIT REFERRAL CHECKLIST

Is the patient appropriate for outpatient investigation/management?

Refer to ER guidelines on infonet at:

<http://infonet/documents/emergency/Pulmonary%20Embolism%20or%20DVT.pdf>

If YES, then follow these steps:

- FAX** a copy of the **Thrombosis Unit Suspected/Confirmed PE** form to **78093**
- Patient information package given to patient with a copy of Record of treatment (ROT), ultrasound/CT/VQ report (as applicable) if PE has already been confirmed.

We will not be able to properly assess patient without at least a preliminary written diagnostic imaging report.
- Patient name, phone number, hospital number and called to 78060
- If you have any questions or concerns please call the Thrombosis MD on call through locating at 14221
- If D-dimer negative and PE unlikely please call the Thrombosis MD directly before referring patient