

Mount Sinai Hospital Pulmonary Embolism Diagnosis Algorithm

Wells Criteria
 Estimate clinical pretest probability of PE:

• Clinical signs/symptoms of DVT	3
• Alternative diagnosis unlikely	3
• Heart rate > 100 bpm	1.5
• Immobilization previous 4 days	1.5
• Previous DVT/PE	1.5
• Hemoptysis	1
• Malignancy (treatment in last 6 months)	1

≥ 7 points: High probability (78%)
 2-6 points: Moderate probability (28%)
 ≤ 1 point: Low probability (3%)

Age-adjusted D-dimer
 For age ≤ 50, positive is ≥ 0.50 ug/mL
 For age > 50, positive is ≥ [age in years] X 0.01 ug/mL

References

1. Wells PS, et al. Use of a clinical model for safe management of patients with suspected pulmonary embolism. *Ann Intern Med.* 1998; 129(12):997-1005.
2. Ma Y, et al. Comparison of the Wells Score with the revised Geneva score for assessing pretest probability of pulmonary embolism in hospitalized elderly patients. *Eur J Int Med.* 2016; 36:E18-E19.
3. Righini M, et al. Age-adjusted D-dimer cutoff levels to rule out pulmonary embolism: the ADJUST-PE study. *JAMA.* 2014; 311(11):1117-24.
4. Rivera-Lebron B, et al. Diagnosis, treatment and follow up of acute pulmonary embolism: Consensus practice from the PERT consortium. *Clin Appl Thromb Hemost.* 2019; 25:1076029619853037.

