

SAQ 8

A 32 year old woman presents to your tertiary ED from her GP.

She has been referred with a letter stating:

“Thank you for reviewing this 32 year old who has recently returned from a trip to the UK, she has pleuritic chest pain and I am concerned about a possible PE”

- 1.** Name 3 risk stratification tools that you use to guide your assessment (3 marks)
- 2.** You calculate a Wells score of 3. What is the patient’s risk of PE (1 point)
- 3.** The D Dimer is 3x the upper limit of normal. You need to discuss imaging with the patient, list 3 benefits and 3 negatives of CTPA (3 points)
- 4.** The CTPA is positive for bilateral proximal PEs. The patient has a BP of 100/70, HR 98, SpO2 94% RA. How could you risk stratify her further with regards to possible treatment? (3 points)

Answers

1. Name 3 risk stratification tools that you use to guide your assessment (3 marks)
 - a. Wells
 - b. PERC
 - c. Modified Geneva
2. You calculate a Wells score of 3. What is the patient's risk of PE (1 point)
 - a. 20%
3. A D dimer is 1100 and you need to discuss imaging with the patient, list 3 benefits and 3 negatives of CTPA (3 points)
 - a. Benefits (any of) – effective gold standard test, sensitive compared to VQ, evaluates clot burden may give alternative diagnosis, available to ED, relatively rapid, minimally invasive (cc angiogram)
 - b. Negatives (any of) – radiation, contrast allergy, contrast nephrotoxicity, difficult IV access difficult, expensive, can miss small sub-segmental (particularly if older gen CT).
4. The CTPA is positive for bilateral proximal PEs. The patient has a BP of 100/70, HR 98, SpO2 94% RA. How could you risk stratify her further with regards to possible treatment? (3 points need to only list 3 to score 2.5, 4 scores 3)
 - a. Echo – signs of RV strain
 - b. Troponin and/or BNP elevation
 - c. Subjective distress or breathlessness
 - d. ECG changes of RVH