European Respiratory Society
Annual Congress 2012

Title: The use of pulmonary embolism severity index (PESI) score in identifying patients suitable for ambulatory treatment or early hospital discharge following diagnosis of pulmonary embolism

Dr. Veronica 13111 Smith smith_veronica@hotmail.com MD [1], RN. Rossana 13112 Salinas-Abedalaziz rossana.salinas@stgeorges.nhs.uk [1], Dr. Muriel 13113 Shannon muriel.shannon@stgeorges.nhs.uk MD [1] and Prof. Dr Brendan 25104 Madden brendan.madden@stgeorges.nhs.uk MD [1]. [1] Cardiothoracic Medicine, St. George's Hospital, London, United Kingdom, SW17 0QT .

Body: Introduction: International treatment guidelines for pulmonary embolism (PE) recommend that patients with low-risk of mortality should be considered for early discharge or ambulatory care. The Pulmonary Embolism Severity Index (PESI) has been validated to assess probability of 30 and 90 day mortality post PE. The aim of this study was to determine whether avoiding hospital admission, or facilitating early discharge, in low-risk patients could be achieved safely using the PESI score. Methods: Since May 2010, St George's Hospital has implemented a PE Assessment pathway. The PESI score was used to risk stratify patients in order to determine suitability for early discharge or ambulatory care. A dedicated PE specialist nurse collected patient data and selected appropriate patients. Low-risk patients with PESI score I-II were given education, and taught self-administration of low molecular weight heparin. Results: Over a twenty-one month period, 119 of 346 patients with confirmed PE on computed tomography pulmonary angiogram (CTPA) were discharged within 24-48 hours of diagnosis. A further 25 patients were able to avoid hospital admission altogether. No readmissions or mortalities were noted in these groups, within up to 90 days of diagnosis. Conclusions: The PESI score can be utilised effectively by a specialist nurse to treat patients with low-risk PE (PESI score class I-II) in the community.