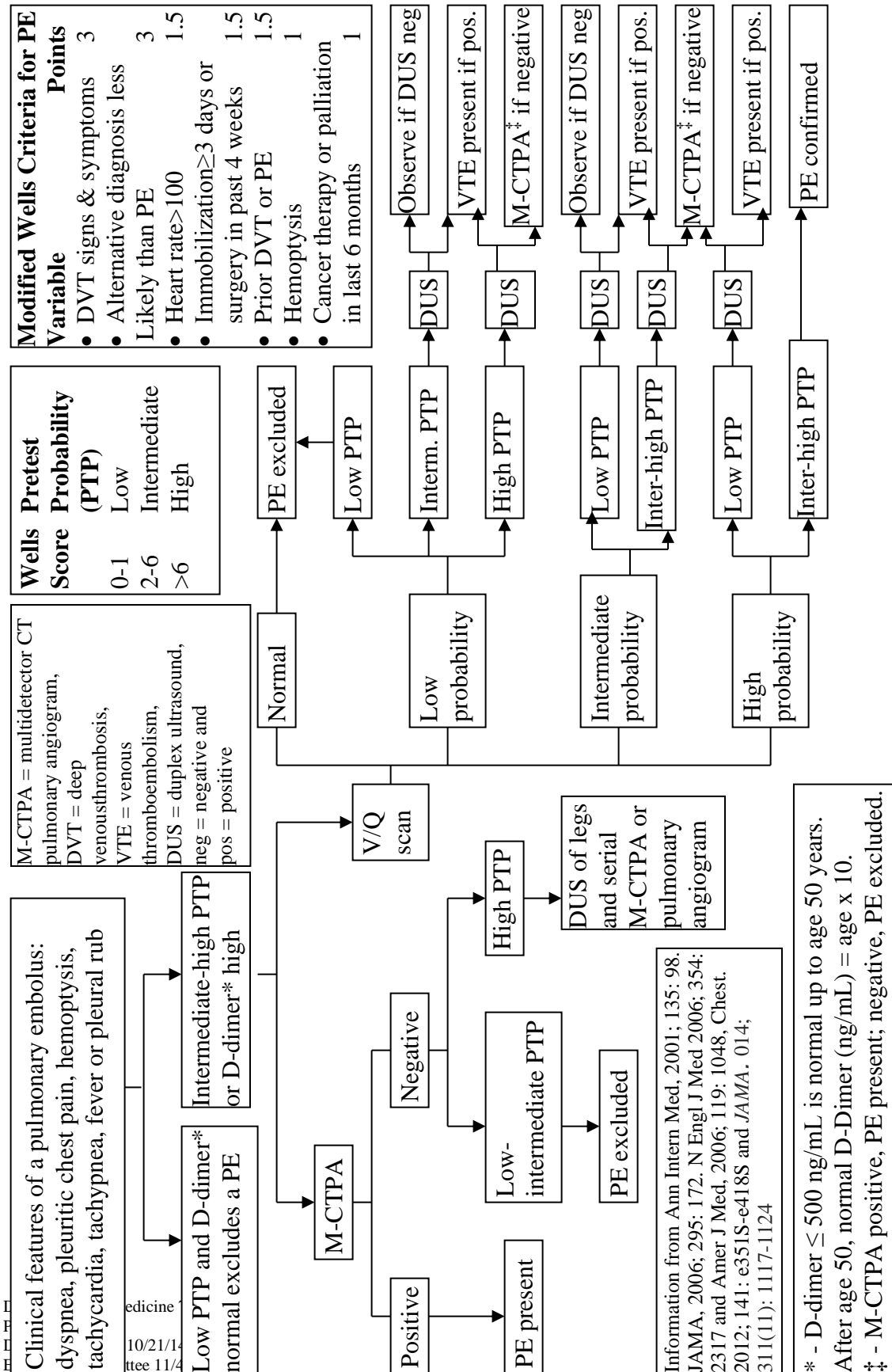


VCMC/SANTA PAULA HOSPITAL CLINICAL PRACTICE GUIDELINE EVALUATION OF SUSPECTED PULMONARY EMBOLISM (PE)

The contents of this Clinical Practice Guidelines are to be used as a guide. Healthcare professionals should use sound clinical judgment and individualized patient care. This CPG is not meant to be a replacement for training, experience, CME or studying the latest literature and drug information.



VCMC/SANTA PAULA HOSPITAL CLINICAL PRACTICE GUIDELINE

EVALUATION OF SUSPECTED PULMONARY EMBOLISM (PE)

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Treatment Options for Pulmonary Embolism (PE)

- Unfractionated heparin 80 units/kg bolus → 18 units/kg/hr titrated to PTT
- Enoxaparin 1 mg/kg SQ q12h or 1.5 mg/kg SQ daily
- Fondaparinux 5 mg (<50kg); 7.5 mg (50-100 kg); or 10 mg (>100 kg) SQ daily
- Concomitant warfarin & overlap with heparin or (lovenox) enoxaparin ≥ 5 days and INR 2-3 x 48 hrs
- Inferior vena cava filter if warfarin contraindicated or if recurrent DVT on adequate anticoagulation
- Early ambulation on heparin is safe
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