



Thrombolysis should only be considered when cardiorespiratory impairment is felt to be caused by an acute PE

NOTES:

1. Do not thrombolyse if the patient has an alternate cause for acute distress and an incidental small PE. Attending Physician must be involved in thrombolysis decision making.
2. Radiological clot burden alone should not be a criteria for thrombolysis - the patient's clinical status must be the paramount driver of the lysis decision
3. Dalteparin should be given at time of lysis or not more than 2 hours prior. Dalteparin given more than 2 hours prior to lytics may increase risk of bleeding
4. Thrombolysis is indicated for patients with sustained hypotension (= SBP<90 for >15 min).
5. Current evidence suggests that some patients without sustained hypotension who are acutely unwell due to a PE will also benefit from thrombolysis, but the magnitude of benefit and population that benefits is still being defined. We have selected clinical criteria to identify those that appear to have the greatest likelihood of benefit.
6. Current evidence suggests a lower bleeding risk with "safe dose thrombolysis", using half dose Alteplase. This remains to be confirmed in a high quality prospective trial. We have recommended "safe dose thrombolysis" for patients without sustained hypotension., and full dose thrombolysis for peri/post arrest and sustained hypotension >15 minutes..
7. Patients with life expectancy < 6 months are generally not candidates for Interventional Radiology / Cath Directed Lysis.
8. **Systemic Thrombolysis order set and Powerplan is on the Cerner system under order "ED - Pulmonary Embolism PE Thrombolysis".**
Use this order for all cases of PE Thrombolysis.

High Bleeding Risk:

- age>75
- active non-compressible bleeding
- surgery/trauma within 4 weeks
- stroke within 3 months
- history ICH or intracranial neoplasm
- high risk malignancy: any one of metastatic breast, renal cell, melanoma, large liver mets, pulmonary mets, active chemotherapy
- history of congophilic angiopathy

NOTE: all thrombolysed patients admitted to CCTC for observation
- page CCTC to assume care after thrombolysis initiated / IR activated