

# Harbor UCLA ED PERT Activation Algorithm

Cardiac arrest/ongoing CPR due to presumed PE

Confirmed PE on CTPA?

Suspected PE **AND** Clot-in-transit or right heart thrombi on TTE/TEE

Administer thrombolytics **IF** no absolute contraindications (see FAQ table)  
 -tPA at 50mg IV/IO over 2 mins (peripheral preferred)  
 [For patients < 70kg, dose tPA at 0.6mg/kg IV/IO]  
 -Continue CPR for a minimum of 15 mins s/p tPA infusion [60-90mins per 2019 ESC Guidelines]  
 -Consider ECMO

## Calculate PE Mortality Risk

|                   | Hemodynamic Instability* | PESI class III–V or sPESI ≥1 | RV dysfunction (TTE or CTPA) | Elevated cardiac troponin, BNP, or lactate levels |
|-------------------|--------------------------|------------------------------|------------------------------|---|
| High              | +                        | (+)                          | +                            | (+)   |
| Intermediate-High | -                        | +                            | +                            | +   |
| Intermediate-Low  | -                        | +                            | One (or none) positive       |   |
| Low               | -                        | -                            | -                            | If assessed, negative                             |

Activate PERT: Cerner Autopage PERT or p9956  
 PRIOR TO THROMBOLYTICS

Activate PERT if PE confirmed on imaging  
Cerner Autopage PERT or p9956

PERT will coordinate and consult for:

- Thrombolytic decision making
- Catheter-based interventions

Dispo: Most patients with a PE will be admitted to PCU under Medicine, and PERT will assist with this decision.

\* One of the following:  
 -Cardiac arrest  
 -Obstructive Shock (SBP <90mmHg or requiring vasopressors to maintain SBP>90)  
 -Unexplained Persistent Hypotension (SBP<90mmHg or SBP drop > 40mmHg for >15min)  
 (+) In Patients with confirmed PE or suspected PE causing hemodynamic instability, patients are inherently high risk and calculation of PESI or obtaining troponin is not required for PERT consult.

Low risk patients do not require PERT consultation and can be managed solely by the ED. If there are clinical concerns or contraindications to anticoagulation, please Cerner Autopage Pulmonology or p5194