### SECTION A

**Wells Clinical Model for Predicting pretest probability for PE**

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
<th>If YES</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active cancer (treatment ongoing or within previous 6 months or palliative)</td>
<td></td>
<td></td>
<td></td>
<td>1.0</td>
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<tr>
<td>Surgery or bedridden for 3 days or more within previous 4 weeks (check all that apply):</td>
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<td>1.5</td>
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<tr>
<td>□ Immobilization (more than 72 hrs continuously bedridden in the last month)</td>
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<td>□ Surgery (major surgery in the last month)</td>
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<tr>
<td>□ Lower limb cast</td>
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<tr>
<td>Previous history deep vein thrombosis (DVT) or PE</td>
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<td>1.5</td>
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<tr>
<td>Hemoptysis</td>
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<td>1.0</td>
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<tr>
<td>Heart rate greater than 100   (Heart rate:  beats/minute)</td>
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<td></td>
<td></td>
<td>1.5</td>
</tr>
<tr>
<td>Clinical signs and symptoms compatible with DVT</td>
<td></td>
<td></td>
<td></td>
<td>3.0</td>
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<tr>
<td>PE is most likely diagnosis (no alternative diagnosis as likely or more likely than PE)</td>
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<td>3.0</td>
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</tbody>
</table>

Please specify alternative diagnosis (see below):

#### Clinical probability: (Please check)

- □ PE unlikely: less than or equal to 4.0
- □ PE likely: greater than 4.0

A patient with more than 4 points may require imaging

#### Alternative Diagnoses: (Please check)

- □ Atelectasis
- □ Exacerbation of COPD
- □ Anxiety/hyperventilation
- □ Chest wall disorders
- □ Pneumonia
- □ Pulmonary neoplasm
- □ Myocardial infarction

#### Section B

**D-Dimer (if indicated)**

- Positive ____
- Negative ____

**CBC**

- Hb ____
- Platelets ____
- Creatinine ____

**Other (please specify):**

**Dose of Lovenox given:**

- (total mg given) at (time) on (date)

(For all referrals, please call ext 78060 and leave a detailed message, including patient name, telephone number, hospital and/or campus.)

**Referring physician’s FULL printed name**

**Signature**

**Date (yyyy/mm/dd)**
OUTPATIENT THROMBOSIS UNIT REFERRAL CHECKLIST

Is the patient appropriate for outpatient investigation/management?

Refer to ER guidelines on infonet at:
http://infonet/documents emergency/Pulmonary%20Embolism%20or%20DVT.pdf

If YES, then follow these steps:

☐ FAX a copy of the Thrombosis Unit Suspected/Confirmed PE form to 78093

☐ Patient information package given to patient with a copy of Record of treatment (ROT), ultrasound/CT/VQ report (as applicable) if PE has already been confirmed.

   We will not be able to properly assess patient without at least a preliminary written diagnostic imaging report.

☐ Patient name, phone number, hospital number and called to 78060

☐ If you have any questions or concerns please call the Thrombosis MD on call through locating at 14221

☐ If D-dimer negative and PE unlikely please call the Thrombosis MD directly before referring patient