

PERT

Large Pulmonary Embolism (PE) Diagnosis: ER/In-hospital

ICU FELLOW
(‘PERT ALERT’)

1. Obtain ECHO:
TT Cards Fellow Consult →
“PERT ALERT ECHO to room X”

2. DATA Collection:

- Hemodynamics-Tachy? O2 support? Pressors?
- Troponin, pro-BNP, Lactate Q6 hrs x 24 hours
- EKG
- Hx of presyncope/syncope?
- Obtain ECHO from cards fellow

3. ICU 2 ATTENDING
Notification:

PERT ACTIVATION

Activate PERT considerations:

1. HD Instability
2. Severe RV Dysfxn
3. Mild RV Dysfxn + Elevated BNP or Trop
4. Elevated Lactate
5. Syncope + another abnormality

*Can TT PE Consult for guidance

Call + TT CT Surgeon On-Call

TT IR Consult

TT PE Consult

*TT info should include brief hx, pertinent labs (see data collection) and ECHO images
*PERT Activation can be performed by ICU Fellow after discussion with ICU Attg

Cards Fellow responsibilities:
1. Timely bedside echo
2. D/w CCU attg
3. Share echo images via TT with ICU Fellow
4. Maintain record of pt

Post Activation Patient Location

- If patient received an Inari Thrombectomy → ICU 2 CT service
- If patient received catheter-directed TPA +/- Anticoagulation → MAIN ICU Service.