

PULMONARY EMBOLISM RESPONSE TEAM (PERT)

Harbor UCLA ED Algorithm to determine if PERT activation is indicated.

HOW TO ACTIVATE PERT
Cerner Autopage "PERT" · p9956



1 STEP 1- CONFIRM THE DIAGNOSIS

PE confirmed on CTPA — or — Clot-in-transit / right heart thrombus on TTE /TEE

2 STEP 2- DETERMINE IF THE PATIENT HAS A LOW-RISK PE?

LOW-RISK requires ALL FOUR of the following. If any one is not met, the patient is not low risk.

☐ No Hemodynamic Instability*

☐ sPESI = 0
see MDcalc calculator

☐ No RV dysfunction
on TTE or CTPA

☐ Normal troponin
and BNP

ANY BOX UNCHECKED → ACTIVATE PERT Cerner Autopage "PERT" · p9956

ALL FOUR CHECKED → LOW RISK — no PERT needed. Autopage "Pulmonology" or p5194 if concerns or contraindications to anticoagulation. For other questions reference the WikEM PERT page via Harbor Main

For documentation purposes only: ESC risk tier — PERT confirms the tier and directs therapy

HIGH	INTERMEDIATE-HIGH	INTERMEDIATE-LOW	LOW
Hemodynamic instability *	sPESI ≥ 1 + RV dysfunction + ↑ cardiac biomarker	sPESI ≥ 1 +/- either RV dysfunction or ↑ cardiac biomarker	All four low-risk criteria above are met

* Hemodynamic instability = any one of: cardiac arrest · obstructive shock (SBP < 90 mmHg, or pressors to keep SBP > 90) · persistent hypotension (SBP < 90 mmHg, or drop > 40 mmHg for > 15 min)

PERT coordinates: thrombolytic decision-making · catheter-based intervention. Disposition: most PE patients are admitted to PCU under Medicine; PERT will assist with this decision.

CARDIAC ARREST / ONGOING CPR

from presumed or confirmed PE

GIVE THROMBOLYTICS NOW

if no absolute contraindication (see FAQ table)

tPA 50 mg IV/IO over 2 min

if < 70 kg: **tPA 0.6 mg/kg** IV/IO
peripheral access preferred

- Continue CPR ≥ 15 min
after the tPA infusion (ESC 2019: 60–90 min)
- Consider ECMO
in parallel — do not delay to decide
- Once PE confirmed on imaging activate PERT

sPESI on MDcalc →

