



SCREENING: Include adult (≥18 years) patients who have attended/admitted to hospital services due to subsequently demonstrating symptoms of acute PE if **all** the following criteria apply:

- Attending and/or admitted to adult hospital services
- Presented with symptoms later diagnosed as PE
- Managed as an outpatient (discharged immediately or spent ≤1 night in hospital)
- **Not** diagnosed with an incidental PE on CT imaging performed for another reason
- PE did **not** develop during hospital admission
- **Not** related to COVID-19

Section 1. Patient Information			
1.1	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	1.9	If imaging was not performed immediately (<1hour) then was therapeutic anticoagulation administered within 1 hour? <input type="checkbox"/> No Delay <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Documented
1.2	Age:		
1.3	Date of Attendance: DD/MM/YYYY	1.10	Was the patient instructed to go home and return at a specific time for imaging? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Documented
1.4	Time of Attendance: HH:MM	1.11	What was the first diagnostic imaging tool? <input type="checkbox"/> CTPA <input type="checkbox"/> Perfusion Scan <input type="checkbox"/> Compression Ultrasonography of leg veins <input type="checkbox"/> Other
1.5	Initial Managing Team at Hospital Presentation: <input type="checkbox"/> Acute Medicine <input type="checkbox"/> Ambulatory Care Unit / Same Day Emergency Care <input type="checkbox"/> Cardiology <input type="checkbox"/> Emergency Department <input type="checkbox"/> Respiratory Medicine <input type="checkbox"/> General Medical (Take) Consultant Team <input type="checkbox"/> Other	1.12	Was a validated risk stratification tool used? <input type="checkbox"/> PESI <input type="checkbox"/> sPESI <input type="checkbox"/> HESTIA <input type="checkbox"/> Other <input type="checkbox"/> No
1.6	If the patient was admitted, then which team was the admission under: <input type="checkbox"/> Acute Medicine <input type="checkbox"/> Ambulatory Care Unit / Same Day Emergency Care <input type="checkbox"/> Cardiology <input type="checkbox"/> Emergency Department <input type="checkbox"/> Respiratory Medicine <input type="checkbox"/> Take Consultant Team <input type="checkbox"/> Other <input type="checkbox"/> Not Admitted	1.12a	What was their score?
		1.13	Was right ventricle size/function assessment recorded in notes? Please tick all that apply. <input type="checkbox"/> CTPA <input type="checkbox"/> Echocardiography <input type="checkbox"/> No
1.7	What was the date and time of first clinical suspicion? DD/MM/YYYY HH:MM	1.14	If the right ventricle was dilated then were laboratory biomarkers measured? <input type="checkbox"/> Not Applicable <input type="checkbox"/> Troponin <input type="checkbox"/> BNP <input type="checkbox"/> NT-proBNP <input type="checkbox"/> No
1.8	What was the date and time of first diagnostic imaging? DD/MM/YYYY HH:MM	1.15	If a patient was considered suitable for out-patient management on the basis of PESI/sPESI, were clinical exclusion criteria also assessed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Section 2. Patient Management			
2.1	What anticoagulation regime was used?	2.3	Was the administration of verbal information,

	<input type="checkbox"/> LMWH-VKA <input type="checkbox"/> LMWH-dabigatran <input type="checkbox"/> LMWH-edoxaban <input type="checkbox"/> apixaban <input type="checkbox"/> rivaroxaban <input type="checkbox"/> Other _____		including a point of contact, recorded in the notes? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.2	Was the patient reviewed by a senior decision-maker ((ST3 or above; ST4 in the case of Emergency Medicine) by a staff grade or similar substantive career grade doctor, advanced nurse practitioner or clinical nurse specialist designated to undertake this role within the department with consultant advice available) before going home on an out-patient pathway? <input type="checkbox"/> Yes <input type="checkbox"/> No	2.4	Was the administration of written information recorded in the notes? <input type="checkbox"/> Yes <input type="checkbox"/> No
		2.5	Did patients receive initial follow-up within 7 days of discharge on an out-patient pathway? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Documented