

SCREENING: Include adult patients who have attended/admitted to hospital services due to subsequently demonstrating symptoms of acute PE if <u>all</u> 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)
- <u>Not</u> diagnosed with an incidental PE on CT imaging performed for another reason
- PE did **not** develop during hospital admission

Section 1. Outpatient PE Service			
1.1	Does your organisation have a formalised outpatient PE pathway? Yes No Is a 7 day service in place for outpatients with a suspected Pulmonary Embolism? Yes No	1.7	If admitted, by which speciality would a patient with suspected or diagnosed PE be managed? (tick all that apply) Acute Medicine Cardiology Respiratory Medicine Take Consultant Other
1.3	Do you have 7-day access to a CT Pulmonary Angiogram?	1.8	Do patients managed as an outpatient receive specific written information?
1.4	Do you have access to nuclear perfusion scanning for patients unable to undergo a CT Pulmonary Angiogram?	1.9	Do patients managed as an outpatient receive emergency contact details?
1.5	Do you routinely use one of the following validated risk stratification tool? PESI sPESI Hestia Other None	1.10	Do patients have a formal follow-up within the 1st week of diagnosis? □ Yes □ No Which department sees the patient at their ≈3 month follow-up?: □ Respiratory Medicine □ Haematology □ Both □ Other □ Not applicable
1.6	Under which speciality would an outpatient with suspected PE be managed through? (tick all that apply) Ambulatory Care Unit / Same Day Emergency Care Acute Medicine Cardiology Respiratory Medicine Emergency Medicine Take consultant	1.12	Is their ≈3 month follow-up within a designated PE clinic? □ Yes □ No □ Not Applicable