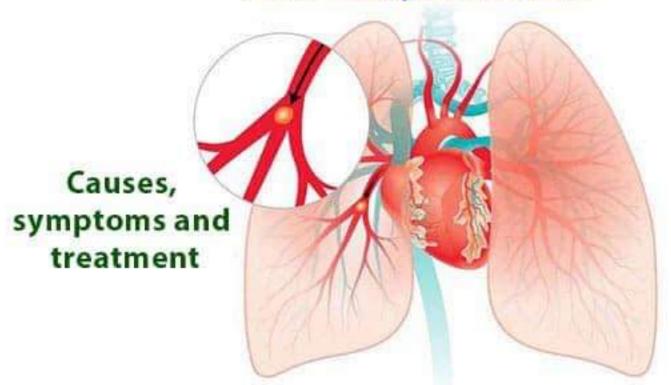
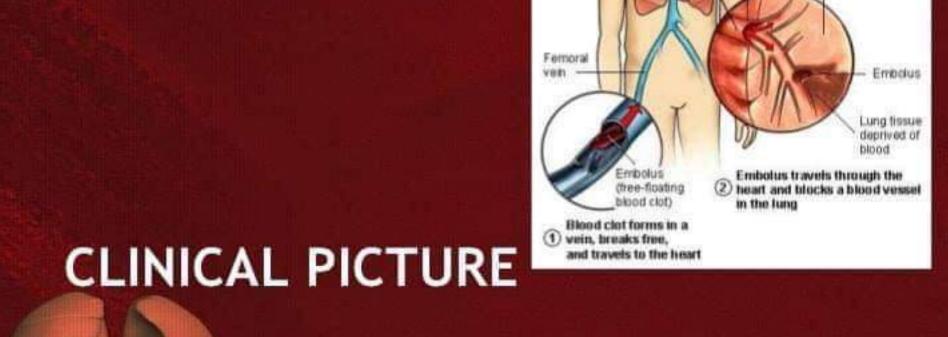
### **Pulmonary Embolism**



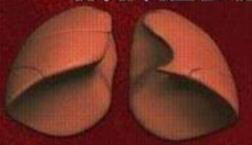


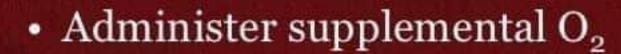
Pulmonary artery

> Healthy lung tissue



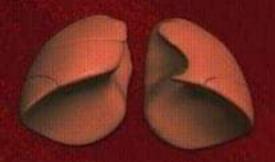
## IMMEDIATE INTERVENTIONS





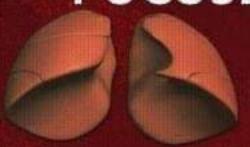
- Assess VS
- Assess respiratory rate and work of breathing
- Notify physician or NP
- Place on pulse oximetry and cardiac monitor if available

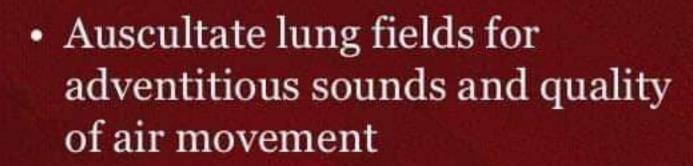
 Document patient's status, phone call to physician or NP, physician or NP response



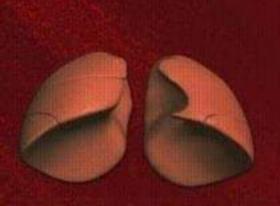


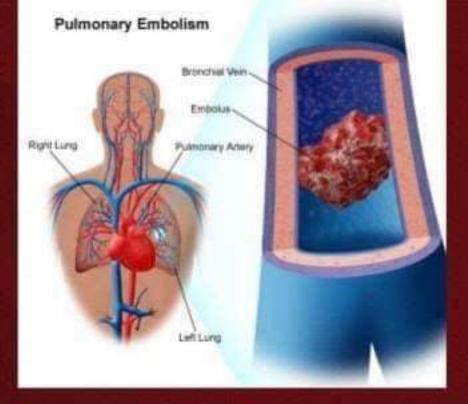
## **FOCUSED ASSESSMENT**





- Assess O<sub>2</sub> saturation, cardiac rhythm, VS
- Assess for chest pain, leg vein tenderness
- Assess for history of recent surgery, immobilization, recent DVT, malignancy

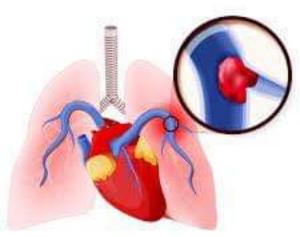


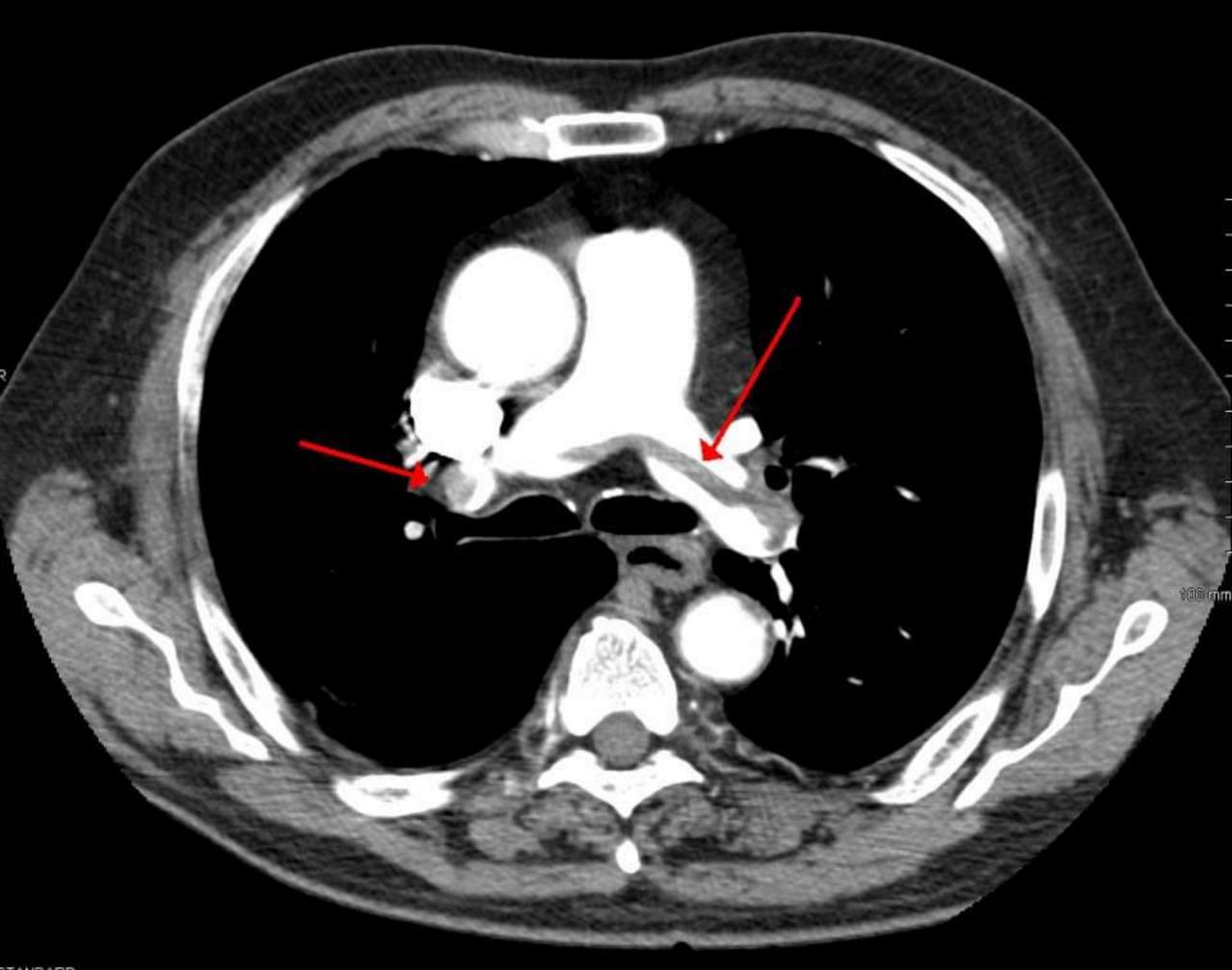


## STABILIZING AND MONITORING



#### Pulmonary embolism



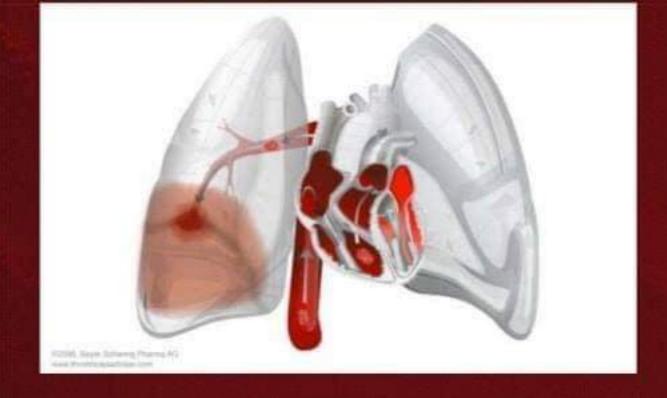




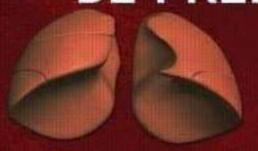




- Continue to assess
  VS, LOC, respiratory status
- Initiate anticoagulant therapy (heparin) as ordered
- Have second practicioner independently calculate dilutions and infusion pump programming
- Chart patient status and convey to physician or NP



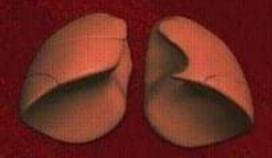
## **BE PREPARED TO**

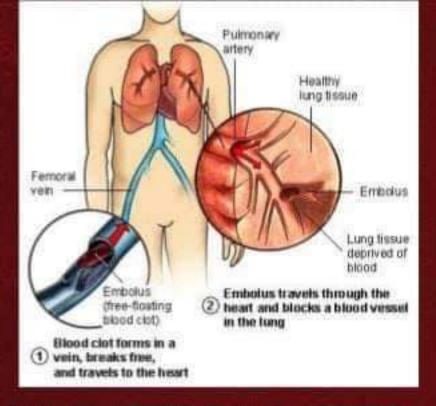




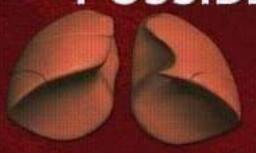
- Obtain IV access
- Change or set up an O<sub>2</sub> delivery system
- Administer medications or fluids to maintain BP
- Assist with obtaining diagnostic studies
  - CXR, V/Q scan, spiral CT scan, pulmonary angiogram

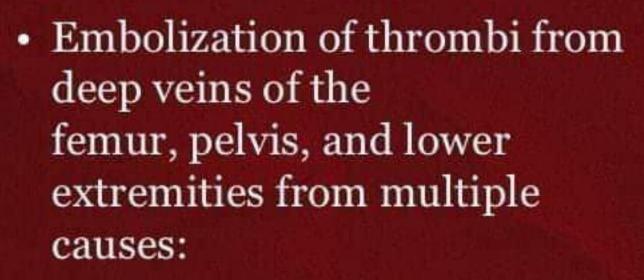
- Obtain ABGs
- Obtain serial PPTs and titrate heparin infusion
- Transfer to ICU for high acuity care or thrombolytic therapy





## **POSSIBLE ETIOLOGIES**





- Venous stasis
- Hypercoagulable states
- Surgery and trauma
- Oral contraceptive and ERT
- Pregnancy

# Thank You!

