

# Provider Led Entity

## CDI Quality Institute AUC Questions: Pulmonary Embolus

5/2/17

**Patient/Problem:** Appropriateness of advanced imaging procedures in patients with the following clinical presentations:

- Low clinical suspicion for pulmonary embolus based on a validated clinical prediction rule (Wells criteria, Geneva criteria and/or Pulmonary Embolism Rule-Out Criteria (PERC))
- Intermediate clinical suspicion for pulmonary embolus based on a validated clinical prediction rule (Wells criteria, Geneva criteria and/or Pulmonary Embolism Rule-Out Criteria (PERC)) with a negative plasma D-dimer test
- Intermediate clinical suspicion for pulmonary embolus based on a validated clinical prediction rule (Wells criteria, Geneva criteria and/or Pulmonary Embolism Rule-Out Criteria (PERC)) with a positive plasma D-dimer test
- High clinical suspicion for pulmonary embolus based on a validated clinical prediction rule (Wells criteria, Geneva criteria and/or Pulmonary Embolism Rule-Out Criteria (PERC))
- Surveillance of established pulmonary embolism prior to stopping anticoagulation
- Suspected pulmonary embolism in the evaluation of a patient with newly diagnosed pulmonary artery hypertension.
- Suspected pulmonary embolism with contraindication to contrast enhanced CT (impaired renal function and/or allergy)

For patients > 18 years of age,  
In a community outpatient setting,  
Without pregnancy, and  
For the purposes of diagnosis.

**Interventions:** Advanced testing - CT pulmonary angiography (CTPA or pulmonary CTA), CT chest with IV contrast, CT chest without IV contrast, CT venography lower extremities, MRA chest w/ & w/o IV contrast, MR chest without IV contrast, MR venography of the lower extremities, Tc-99m ventilation/perfusion lung scan, Tc-99m perfusion scan

**Comparison:** Gold standard (pulmonary angiographic findings or patient outcome)

**Outcome:** Diagnostic accuracy, effect on patient management, and/or patient outcome.