

**IHS LOW RISK, ADULT  
PULMONARY EMBOLISM PATHWAY  
(LOPE ALGORITHM)**

# PE diagnosis established?

Calculate *modified* sPESI score.

ZERO points (low risk)? \*

YES ↓

Troponin < 0.1 ng/ml & BNP < 90 pg/ml

YES ↓

Alternative reason for admission \*\*

NO ↓

Presence of any concomitant DVT

NO ↓

Contraindication to DOAC

(Use HAS-BLED calculator)

NO ↓

No psychosocial barriers to outpatient PE management with DOAC \*\*\*

NO ↓



**ADMISSION**

\* Age > 80 yrs, PMH of cancer or chronic cardiopulmonary disease, HR ≥ 110, SBP < 100 mmHg, O2 Sat < 93% are considered high risk variables

\*\* Pain control (no narcotic requirement), cancer management, etc.

\*\*\* high risk for non-compliance = impaired mental status, dementia, lack of access to primary care, lack of insurance to pay for DOAC, limited health literacy, etc.

**Consider outpatient management with Direct Oral Anticoagulant (DOAC) -- such as apixaban (Eliquis) or rivaroxaban (Xarelto). Discharge instructions that include: Risk of DOAC & need for outpatient follow-up (scheduled with primary care physician or specialist).**