Diagnostic utility of arterial blood gases for investigation of pulmonary embolus

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Three Part Question
In [patients with clinical diagnosis of pulmonary embolus] do [arterial blood gases] aid in [making a definite diagnosis]?

Clinical Scenario
A 38 year old woman presents with acute suspected pulmonary embolus (PE). You wonder whether normal arterial blood gases are sufficient to rule out pulmonary embolus.
Diagnostic utility of ECG for diagnosing pulmonary embolism

Report By: Ged Brown - Specialist Registrar
Search checked by: Kerstin Hogg - Clinical Research Fellow
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Three Part Question
In [a patient presenting with features suggestive of pulmonary embolus] what is [the diagnostic utility of ECG] in [stratifying risk of pulmonary embolus]?

Clinical Scenario
A thirty year old man presents to the emergency department with a spontaneous onset of atraumatic pleuritic chest pain. He is in a low risk group clinically. The medical registrar suggests that the fact that the ECG is normal makes the diagnosis of pulmonary embolus much less likely. You wonder whether his assertion that a normal ECG will help to exclude a pulmonary
Diagnostic utility of chest xray for investigation of pulmonary embolism

Report By: Ged Brown - Specialist Registrar
Search checked by: Kerstin Hoog - Clinical Research Fellow
Institution: Manchester Royal Infirmary
Date Submitted: 10th April 2003
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Status: Blue (submitted but not checked)

Three Part Question
In [a patient presenting with features suggestive of pulmonary embolus] what is [the diagnostic utility of chest X-Ray] in [stratifying risk of pulmonary embolus]?

Clinical Scenario
A thirty year old man presents to the department with a spontaneous onset of atraumatic pleuritic chest pain. He is in a low risk group clinically. You wonder whether a chest X-Ray will help to safely exclude a pulmonary embolus.
Accuracy of combining clinical probability score and simpliRED D-dimer for diagnosis of pulmonary embolism

Search checked by: Kerstin Hogg - Clinical Research Fellow, MRI
Institution: Lyell McEwin Health Services Adelaide
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Three Part Question
In [suspected PE] is [bedside clinical examination and simpliRED D-dimer sufficiently sensitive] at [ruling out PE]?

Clinical Scenario
A 34 year old woman presents with a 2 day history of pleuritic chest pain. There are no abnormal physical signs and her only risk factor is that she is taking the oral contraceptive pill long term. You wonder if a combination of clinical examination and the available d-dimer test (SimpliRED) would be suitable to rule out pulmonary embolism.
IL D-dimer test in the diagnosis of pulmonary embolism

Three Part Question
In a [patient with suspected pulmonary embolus] does the [does a negative IL D-dimer test] adequately [rule out the diagnosis]?

Clinical Scenario
A 30 year old woman presents to the emergency department with distressing, left sided pleuritic chest pain. She may have had a pulmonary embolism and you request a D-dimer. You know the lab in your hospital utilises the IL D-dimer test and wonder whether a normal result would be sufficiently sensitive to rule out a pulmonary embolus.
Clinical probability scoring and pulmonary embolism

Report By: Ged Brown - Specialist Registrar
Search checked by: Kerstin Hoog - Clinical Research Fellow
Institution: Manchester Royal Infirmary
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Three Part Question
In [a patient presenting with features suggestive of pulmonary embolus] what is [the diagnostic utility of clinical assessment] in [stratifying risk of pulmonary embolus]?

Clinical Scenario
A 30 year old man presents to the emergency department with a spontaneous onset of atraumatic pleuritic chest pain. He has no previous medical history and has no shortness of breath or haemodynamic compromise. You wonder whether his clinical features and risk factors can help to safely exclude a pulmonary embolus.
Outpatient investigation of pulmonary embolism

Report By: Kerstin Hooj - Clinical Research Fellow
Search checked by: Debbie Dawson - Clinical Research Nurse
Institution: Manchester Royal Infirmary
Date Submitted: 19th March 2003
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Status: Green (complete)

Three Part Question
In a [patient with suspected pulmonary embolism] is [outpatient investigation] [safe]?

Clinical Scenario
A 38 year old man presents to the emergency department with left posterior pleuritic chest pain. He had a DVT 8 years ago and his D-dimer levels are elevated. He is haemodynamically stable with normal oxygen saturations, ECG and chest X-ray. You would like to rule out a pulmonary embolism, but it is 8pm. You wonder whether it would be safe to discharge the patient home tomorrow morning.
CT pulmonary angiogram compared with ventilation-perfusion scan for the diagnosis of pulmonary embolism in patients with cardiorespiratory disease

Report By: Jonathan Costello - Specialist Registrar
Search checked by: Kerstin Hogg - Clinical Research Fellow
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Date Submitted: 27th June 2002
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Status: Green (complete)

Three Part Question
In [patients with chronic respiratory disease] does [V-Q scintigraphy have greater diagnostic utility than computed tomography] in the [investigation of pulmonary embolus]?*

Clinical Scenario
A 70 year old known COPD patient presents to your emergency department with pleuritic chest pain and dyspnoea suggestive of pulmonary embolus. Initial investigations do not exclude...
Accuracy of CT pulmonary angiogram in the diagnosis of pulmonary embolism.

Report By: Dr Kerstin Hogg - Clinical Research Fellow
Search checked by: Ged Brown - Specialist Registrar
Institution: Manchester Royal Infirmary
Date Submitted: 25th January 2003
Last Modified: 27th June 2003
Status: Orange (submitted and checked)

Three Part Question
In [a patient with symptoms and signs of pulmonary embolism] what is the [diagnostic utility] of a [CT pulmonary angiography]?

Clinical Scenario
You have reviewed a 48 year old man who presents with isolated pleuritic chest pain on the left side. His fingers are nicotine stained. He tells you he regularly coughs up yellow phlegm in the morning. His PaO2, PaCO2 are normal and D-dimers elevated. You would like to discharge him to the care of his GP if you are able to rule out pulmonary embolus. Would a CT pulmonary angiogram allow you to do this?
Combining clinical probability and ventilation-perfusion scan for diagnosis of pulmonary embolism

Report By: Kerstin Hoog - Clinical Research Fellow
Search checked by Ged Brown - Specialist Registrar
Institution: Manchester Royal Infirmary
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Status: ● Green (complete)

Three Part Question
In [patients who have undergone ventilation-perfusions scans for possible pulmonary embolus] does [combining clinical probability of pulmonary embolism and [ventilation-perfusion scan result] increase the [diagnostic utility]?

Clinical Scenario
A 20 year old woman presents to the emergency department with shortness of breath and chest pain. Her D-dimer level is abnormal and you have sent her for a ventilation-perfusion scan.
Outpatient treatment of pulmonary embolism

Three Part Question
Is it [safe] to treat a patient with [pulmonary embolic disease] as an [outpatient]?

Clinical Scenario
A 40 year old woman presents to the emergency department with pleuritic chest pain. She comments that she has had 'cramp' in her left leg since discharge from the surgical ward, post hysterectomy. Her ventilation-perfusion scan shows a high probability of pulmonary embolism. You have scored her as a high clinical probability of PE and therefore diagnose pulmonary