**External Referral Form for Pulmonary Embolism Lysis Team (PELT)**

*Demographics*

Name:

Age: DOB:

Referring Site: Local Hospital Number:

*Clinical Details*

Onset of symptoms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Past medical history: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Observations*

|  |  |  |
| --- | --- | --- |
|  | Current | Significant changes over 24 hours |
| Heart rate |  |  |
| Blood pressure |  |  |
| SaO2 |  |  |
| FiO2 |  |  |

*Investigations*

CTPA: Confirmed evidence of right heart strain €

NT-Pro BNP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Troponin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ABG (including FiO2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Echocardiogram: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Treatment*

Anticoagulation in last 48 hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous thrombolytic use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current bleeding issues: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inotrope or other critical care support: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other relevant medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(e.g beta-blocker, antiplatelet)

*Contraindications to Thrombolysis*

Absolute

* Haemorrhagic stroke or stroke of unknown origin at any time
* Ischaemic stroke in preceding 6 months
* Central nervous system damage or neoplasm
* Recent major trauma/surgery/head injury (within preceding 3 weeks)
* Gastrointestinal bleeding within the last month
* Known bleeding

Relative

* Transient ischaemic attack in preceding 6 months
* Oral anticoagulant therapy
* Pregnancy or within 1-week post-partum
* Non-compressible punctures
* Traumatic resuscitation
* Refractory hypertension (systolic blood pressure >180 mmHg)
* Advanced liver disease
* Infective endocarditis
* Active peptic ulcer

**Referring Clinician:**

**Email Address:**

**Contact Number (pleasure ensure that this can be contactable beyond initial referral):**

* Please be aware that this is a referral for patients with high-intermediate and high-risk PE only with a contra-indication to anticoagulation and/or systemic thrombolysis
* The service is routinely offered between 09:00 and 17:00 Monday – Friday. Referrals made outside of these hours cannot be guaranteed.
* Please contact via switchboard to the Haemostasis & Thrombosis SpR (020 7188 7188) to discuss the case and for the e-mail address for this referral
* We aim to respond within 2 hours of referral

*Outcome (To be completed by PELT team at GSTT):*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_