INDICATIONS FOR TESTING
Symptoms of first episode of PE (chest pain, dyspnea, hemoptysis, tachycardia, syncope, hypotension)

PERFORM
Pretest probability assessment that is appropriate for the clinical situation (eg, Wells' criteria for PE, revised Geneva score, PERC)

ORDER
High-sensitivity D-dimer

Negative
PE ruled out

Positive
Perform appropriate imaging studies

Intermediate risk

Low risk

High risk

Positive

Negative
PE confirmed

Abbreviations
ASH American Society of Hematology
PE Pulmonary embolism
PERC Pulmonary embolism rule-out criteria

Reference

a In cases of suspected recurrent PE, D-dimer should be the initial test for those with an unlikely pretest probability assessment, and imaging should be the initial test for those with a likely pretest probability assessment.

b If D-dimer is not available in a timely manner or if the patient has another underlying condition that would cause a baseline elevation of D-dimer, proceed directly to imaging studies.

For the specific recommended imaging studies, see the ASH 2018 Guidelines for Management of Venous Thromboembolism: Diagnosis of Venous Thromboembolism.