

Riverside University Health System IV tPA for PE inclusion/exclusion criteria

Written and approved by RUHS pulmonology department whom provide treatment for submassive pulmonary embolism

Indications:
Age \geq 18 years
Diagnosis of Submassive Pulmonary Embolism with hemodynamic instability
Contraindications
SBP >185 or DBP >110 mmHg (despite medical intervention to lower it)
Intracranial or spinal surgery in the previous 3 months
Significant head trauma or prior stroke in past 3 months
History of previous intracranial hemorrhage
Active Internal Bleeding
Arterial Puncture at noncompressible site in the past 7 days
Symptoms that suggest subarachnoid hemorrhage
CT findings (ICH, SAH, or major infarct signs: hypodensity $>1/3$ of cerebral hemisphere
Platelets $<100,000$
Heparin received within 48 hours with aPTT $>$ upper normal limit
Use of anticoagulant with INR >1.7 or PT >15
Current use of direct factor Xa inhibitors or direct thrombin inhibitor (May consider IV-tPA in patients with clearly confirmed last dose >48 hours, creatinine clearance >50 ml/min and normal coagulation panel)
Intra-axial brain tumors or vascular malformation
Unruptured intra-cranial aneurysm ≥ 10 mm in size
Post- partum period (within 14 days after delivery)
Infective endocarditis
Known or suspected aortic arch dissection or intracranial arterial dissection
Current systemic malignancy
Relative Contraindications:
<i>With careful consideration and weighting of risk and benefits, patients may receive IV-tPA despite 1 or more relative contraindications:</i>
Acute pericarditis
Subacute bacterial endocarditis (SBE)
Pregnancy
Diabetic hemorrhage retinopathy or hemorrhagic ophthalmic conditions
Lumbar puncture in the previous 7 days
Major surgery or serious trauma within the previous 14 days
Recent gastrointestinal or urinary track hemorrhage within previous 21 days
Recent acute myocardial infarction (within previous 3 months)
Life expectancy less than 6 months
<i>Additional Contraindications:</i>
Concurrent use of direct thrombin inhibitor (Dabigatran) or factor Xa inhibitors (Rivaroxaban, Apixaban and Edoxaban) regardless of time of last dose