

TWO YEAR EXPERIENCE OF PERT IN AN UNIVERSITY HOSPITAL IN BUENOS AIRES, ARGENTINA.

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BACKGROUND

The management of pulmonary embolism (PE) represents a challenge. To organize and improve the efficiency of care between different medical specialties, the Pulmonary Embolism Rapid Response Team (PERT) was developed. The aim is to describe the experience of the PERT team at the British Hospital, Buenos Aires, Argentina.

METHODS

Data were collected from patients diagnosed with PE from October 2021 to October 2023. Those who required the activation of the team were analyzed.

RESULTS

There were 48 PERT team activations. 47 were PE. 51% corresponded to high intermediate-risk PE, 26% high-risk, 19% low intermediate-risk, and 4% low-risk. 30% received only anticoagulation. The remaining 70% received other therapies, 42% required placement of an IVC filter, 27% systemic thrombolytics and 25% were treated by the hemodynamics team. 6% received systemic and local fibrinolytics. The all-cause mortality at 30 days was 13%. There were 5 hemorrhagic complications. The anticoagulants chosen for discharge were: 17% direct oral anticoagulants, 22% enoxaparin, 59% vitamin K antagonists. 2% did not receive anticoagulation due to contraindication.

Treatment according to PE risk:

	Anticoagulation alone n:14	Cath lab n:8	Systemic thrombolytics n:9	Systemic thrombolytics + Catheter directed thrombolytics n:2	IVC Filter placement n:14
Low Risk					2 (14%)
Intermediate-low risk	4 (28%)				5 (36%)
Intermediate-high risk	10 (72%)	5 (63%)	3 (33%)	1 (50%)	5 (36%)
High risk		3 (37%)	6 (67%)	1 (50%)	2 (14%)

CONCLUSIONS

We present the initial results obtained by our PERT team, with the aim of collecting data and thus guiding future attention to these complex cases. There are currently some works that demonstrate that the actions of these teams managed to reduce patient mortality.