

TRIGGER FOR TRANSFER	EXAMPLES
Need for advanced therapies unavailable at referring center	 Contraindication to AC or systemic thrombolysis, and patient is a candidate for CDL or embolectomy Refractory shock to medical therapy, and patient is a candidate for mechanical circulatory support
Need for higher level of care or closer monitoring than available at referring center	Need for ICU level care either MICU or CV-ICU Clinical worsening (e.g., worsening hypoxemia, tachycardia, hypotension) despite standard AC Severe comorbidities (e.g., advanced heart or lung disease, peripheral vascular disease, chronic right ventricular failure, pregnancy) Syncope and fall attributed to PE High bleeding risk (e.g., elderly, prior stroke, recent major surgery, renal failure, history of major bleeding) Active bleeding following thrombolysis Hemodynamic decompensation despite adequate AC Worsening acute right heart failure
Need for expert management of complex PE clinical scenarios	Clot in transit PFO with risk of paradoxical embolism Tumor thromboembolism Iliocaval thrombus Undifferentiated shock with PE in differential
Need for diagnostic and risk stratification tools unavailable at referring center in a timely fashion (at time of presentation)	VQ scan (if indicated) Duplex ultrasound Echocardiogram Iliocaval thrombus CT chest angiogram
Other factors	Patient/family preference Regional protocols to provide optimal care at a specialized medical facility. No cardiac cath lab/Cardiovascular surgery Special population

Table: Potential triggers for interhospital transfer in acute pulmonary embolism.

Note that the above list is not exhaustive, and that the decision for interhospital transfer requires individualized, case-by-case assessment.

Abbreviations: AC, anticoagulation; CDL, catheter-directed lysis; ICU, intensive care unit; PE, pulmonary embolism; PFO, patent foramen ovale; VQ, ventilation-perfusion.

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