PERT CONSORTIUM®

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.

Adapted from Rali P, Sacher D, et al. Interhospital Transfer of Patients With Acute Pulmonary Embolism: Challenges and Opportunities. Chest. 2021 Nov;160(5):1844-1852. doi: 10.1016/j.chest.2021.07.013.

This project was funded through a research grant from Boston Scientific