

Most ER patients with low-risk PE eligible for outpatient Tx

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(HealthDay)—The majority of adults presenting to the emergency department with low-risk pulmonary embolism (PE) are eligible for outpatient treatment, but relative contraindications to outpatient management are associated with increased frequency of adverse events at 30 days, according to a study published in the May issue of the *Annals of the American Thoracic Society*.

David R. Vinson, M.D., from Kaiser Permanente Roseville Medical Center in California, and colleagues compared five-day and 30-day adverse event rates among low-risk [emergency department](#) patients with acute PE with and without outpatient ineligibility criteria. Data were included for 423 adults with acute low-risk PE.

The researchers found that 64.1 percent of the patients had no relative contraindications to outpatient treatment (outpatient eligible), and 35.9

percent had one or more contraindications (outpatient ineligible). Contraindications were classified as PE-related factors, comorbid illness, and psychosocial barriers (26.5, 9.9, and 4.5 percent, respectively). No five-day events were seen in outpatient-eligible patients, while there were two events in the outpatient-ineligible group (1.3 percent; $P = 0.13$). At 30 days there were five and nine events, respectively, in the outpatient-eligible versus outpatient-ineligible groups (1.8 versus 5.9 percent; P

"Nearly two-thirds of adults presenting to the emergency department with low-risk PE were potentially eligible for outpatient therapy," the authors write. "Relative contraindications to outpatient management were associated with an increased frequency of [adverse events](#) at 30 days among [adults](#) with low-risk PE."

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