

Nearly two-thirds of low-risk pulmonary embolism patients are hospitalized after ED visit: Study

January 29 2024



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An analysis of more than 1.6 million emergency department (ED) visits for acute pulmonary embolism (PE) has found that nearly two-thirds of

ED visits still resulted in hospitalization for low-risk patients. This trend remained stable between 2012 and 2020, despite research indicating the safety of outpatient management. The analysis is published in *Annals of Internal Medicine*.

PE is a leading cause of cardiovascular mortality, and its [clinical management](#) among patients with more severe presentations often requires inpatient hospitalization for intravenous anticoagulation or other advanced therapies. However, in recent years, it has become increasingly clear that outpatient management for some low-risk patients with acute PE is a safe and feasible approach.

Researchers from Harvard Medical School and Beth Israel Deaconess Medical Center studied data from the National Hospital Ambulatory Medical Care Survey (NHAMCS) for 1,635,300 patient visits to evaluate whether the proportion of discharges from EDs for acute PE changed between 2012 and 2020 and which baseline characteristics were associated with ED discharge. The authors found that discharge rates remained constant over time.

The authors could not identify any baseline characteristics related to an increased likelihood for discharge, including established risk stratification scores used to identify low risk patients. However, patients at teaching hospitals and those with [private insurance](#) were more likely to receive oral anticoagulation at discharge. According to the authors, these findings suggest that outpatient management of acute PE remains underutilized despite [clinical evidence](#) and guideline recommendations. They suggest further investigation of the root causes of ED triage decisions and dedicated interventions to improve appropriate use of outpatient management, such as dedicated post-discharge clinics.

More information: Trends in Discharge Rates for Acute Pulmonary Embolism in U.S. Emergency Departments, *Annals of Internal Medicine*

(2024). [DOI: 10.7326/M23-2442](https://doi.org/10.7326/M23-2442)

Provided by American College of Physicians

Citation: Nearly two-thirds of low-risk pulmonary embolism patients are hospitalized after ED visit: Study (2024, January 29) retrieved 30 April 2024 from <https://medicalxpress.com/news/2024-01-thirds-pulmonary-embolism-patients-hospitalized.html>

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