NURSING CARE PLAN
(PULMONARY EMBOLISM - PE)

Medical Diagnosis: Pulmonary Embolism (PE)

Subjective Data:	Nursing Intervention (ADPIE)	Rationale
• Dyspnea and accessory muscle use • Pleuritic Chest Pain • Dizziness	Collect ABG	Respiratory Alkalosis may occur due to tachypnea; PaO2 is reduced due to increased dead space ventilation; (Late stages) ABG may progress to Metabolic Acidosis due to prolonged hypoxia
	Closely Monitor Vital Signs	BP may decrease due to decreased LV preload; Heart rate may increase due to hypoxemia; SpO2 decreases because of decreased blood perfusion in lungs.
	CT Scan	A CT scan is ordered to diagnose PE. The CT scan can also detect peripheral blood clots such as DVT. • If CT Scan is not readily available, a Ventilation-Perfusion scan (V/Q scan) can be used. A test with a "High probability" result means that there is an obstruction in the pulmonary vasculature. Please note that this test is not specific to diagnosing PE's.
Objective Data: • Respirations > 20 • Tachycardia • Hemoptysis • Lung Crackles • Fever (100.4 or higher) • Cough • Decreased SpO2 • Hypotension	Place the patient on bleeding precautions.	Anticoagulants and thrombolytics increase risk of bleeding. • Minimize laboratory draws • Assess for new bruises • Assess sputum and urine for blood.
	Keep patient NPO	If a patient becomes hemodynamically unstable, they may need to go to surgery for an embolectomy. Oftentimes after clot is successfully removed, an IVC filter may be placed to prevent recurrent pulmonary embolisms.

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	Start Anticoagulation or Thrombolytic Therapy	Heparin (anticoagulant) Alteplase (Thrombolytic)
	Draw Labs	Lactic Acid • An increase in lactic acid indicates anaerobic metabolism in the absence of oxygen. • D-dimer can indicate presence of thrombus in body.
	Monitor EKG	Patient may have ST elevation at rest, or new Afib