Pulmonary Embolism (PE):
Guideline Changes

National guidelines have updated the classification and management of pulmonary embolisms. This document provides an overview of these changes.

Always escalate changes in respiratory status or hemodynamic stability to the provider.

Classification

Classification is moving to A through E designations, instead of previous categories such as intermediate, submassive and massive. These A through E categories also have levels with them and a potential respiratory (R) modifier.

Note that right ventricle (RV) dysfunction is assessed with CT and/or echo and the biomarkers being assesses are lactate, BNP, and troponin.

Category	A/B	C1	C2	C3	D1	D2	E1	E2
	Low Risk	Intermediate-Low		Intermediate-High	Impending Instability		Shock/Arrest	
Clinical Criteria	A = Subclinical	Normal RV and biomarkers	RV dysfunction **or** ≥1 abnormal biomarker	RV dysfunction **and** ≥1 abnormal biomarker	Transient hypotension	Normotensive Shock	Recurrent or persistent hypotension with cardiogenic shock	Refectory cardiogenic shock or cardiac arrest
	B = Symptomatic							
Criteria for addition of Respiratory Modifier		SpO2≤90%, RR ≥ 30, need supplemental O2			>6 L nasal cannula or use of an NRB mask		Hypoxemic respiratory failure or ventilatory failure	

Respiratory (R) Modifier: Identifies patients who have respiratory compromise that may warrant greater attention or escalation than would be predicted by RV dysfunction, biomarkers, or hemodynamics alone

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Management

A	B	C1	C2	C3	D1	D2	E1	E2
Outpatient with oral DOAC		Low Molecular Weight Heparin (LMWH)			*All C interventions **plus**:* Systemic thrombolysis, catheter directed thrombolysis (CDL), or mechanical thrombectomy (MT)	*All C and D1 interventions **plus**:* Vasopressor and/or Inotropic support		*All C – E1 interventions **plus**:* Heparin **or** LMWH VA-ECMO

Pulmonary Embolism Response Team (PERT)

Pulmonary Embolism Response Team is a multidisciplinary team designated to evaluate, triage, and manage PE patients.

Patients in category C, D or E should have a PERT activated, per facility processes.

Goal: To ensure patients with PE are directed to the appropriate level of care based on their presentation and the assessing facility's capabilities.

RN Role in PERT

- Participate in PERT activation per facility-specific process
- Assess the patient, monitor, and escalate any concerns
- Assist as needed in the transfer or transport of the patient

Reference

Creager, M. A., Barnes, G. D., Giri, J., Amin, A. N., Angiolillo, D. J., Beshara, M., ... & Weinberg, I. (2026). 2026 AHA/ACC/ACCP/ACEP/CHEST/SCAI/SHM/SIR/SVM/SVN guideline for the evaluation and management of acute pulmonary embolism in adults: A report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *Circulation*, *153*(1), e977–e1051. doi.10.1161/CIR.0000000000001415