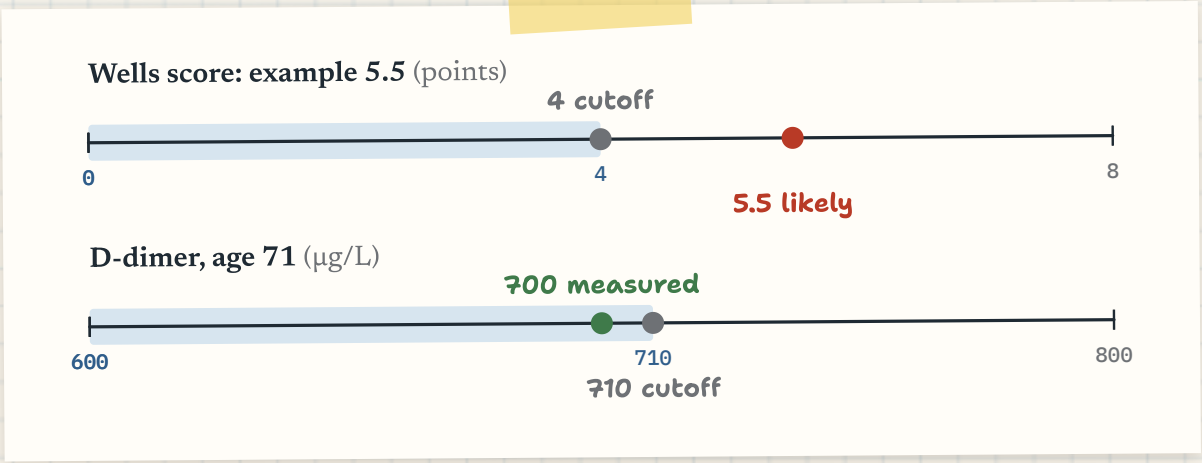
Suspected PE: which test?

Probability first, then the right test



Step by step

1. Estimate pretest probability (judgment or Wells)
2. Low risk and all 8 PERC met: stop
3. Unlikely or low-to-moderate: D-dimer
4. Likely or high probability: CT angiography
5. Contrast problem: V/Q scan

Patient	Next step
Low risk, all 8 PERC met	Stop
Unlikely (Wells 4 or less)	D-dimer
Normal D-dimer	PE unlikely, stop
Raised D-dimer	Imaging
Likely (Wells over 4) or high	CT angiography
Contrast is a problem	V/Q scan

Pretest probability to next step

AGE-ADJUSTED D-DIMER CUTOFF

`age × 10 µg/L`

patients over 50; fibrinogen-equivalent-unit assays

Rule of thumb

Probability first, then the right test
Wells: 4 or less unlikely, over 4 likely
Age 71: 71 × 10 = 710 µg/L cutoff

Exam traps

- PERC applies only to patients already judged low risk.
- A D-dimer cannot rule out PE in a high-probability patient.
- Echocardiography is not a first test in a stable patient.
- Leg duplex can show a clot but does not exclude PE.

Suspected pulmonary embolism: Wells, PERC, D-dimer or CTPA

Video, written lesson, practice question and sources: medservatory.com/usmle-step-2-ck/emergency-medicine/pulmonary-embolism-wells-perc-d-dimer-ctpa

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