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| **Pulmonary Embolism Response Team outcome at St George hospital** |
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| **Introduction/Aim:**  Despite advances in diagnosing and treating pulmonary embolism (PE), a proportion of PE presentations still have a high early mortality risk. Identifying patients at risk of deterioration remains challenging even with biomarkers. Implementing a multidisciplinary pulmonary embolism response team (PERT) aims to improve communication and share expertise in managing patients with complex PE. This study evaluates the in-hospital outcomes of PE, since the implementation of guideline-directed risk stratification and PERT system.  **Methods:**  We have conducted a retrospective audit of the PERT database at the St George hospital for the period of January 2022 to June 2023, examining patient demographics, risk stratifying biomarkers, PERT call statistics, treatment decisions and clinical outcomes including length of stay (LOS), mortality and complications.  **Results:**  A total of 48 patients underwent PERT call at St George hospital between the period of February 2022 and June 2023. There were 31% patients with high-risk PE, 47% with intermediate-high risk PE and 20% patients with intermediate-low risk PE. 80% of the patients were admitted to ICU for monitoring (average stay of 2.4 days). 27% of the patients received systemic thrombolysis, 21% of patients were treated with catheter directed thrombectomy and 37.5% of patients had inferior vena cava filter insertion. 7 patients experienced bleeding complications. There were 5 instances of PE-related mortality (10%), 4 of which were high-risk PE and one intermediate-high risk PE.  **Conclusion:**  This study demonstrated real world analysis of PERT system and patient outcomes with acute PE. We found that a greater portion of patients had haemodynamic monitoring as well as escalation to advanced therapy. The mortality rate of high and intermediate-high risk patients was comparable to the published literature. Further comparison to pre-PERT era data and published PERT studies will be conducted.  **Grant Support: Nil** |