

Managing pulmonary embolism in primary care feasible for some patients

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(HealthDay)—Comprehensive clinic-based care may be acceptable for

carefully selected adults diagnosed with acute pulmonary embolism in the primary care setting, according to a study published online Jan. 12 in the *Journal of General Internal Medicine*.

David R. Vinson, M.D., from the Permanente Medical Group in Oakland, California, and colleagues describe 30-day outcomes stratified by initial site-of-care decisions in a multicenter retrospective cohort study involving adults diagnosed with [acute pulmonary embolism](#) in primary care. Data were included for 652 patient encounters from 646 [patients](#) (median age, 64 years; 51.5 percent male).

The researchers found that 20.6 percent of cases were sent home from primary care and 79.4 percent were initially referred to the [emergency department](#) or hospital. Overall, 37.8 percent of those who were initially referred were discharged home without events. A 30-day serious adverse event was experienced by eight patients (1.2 percent) and included [venous thromboembolism](#), major bleed, and death (four, one, and three patients, respectively). Of these patients, seven were initially hospitalized and one had been sent home from primary care. The three deaths occurred in patients with known metastatic cancer who were initially referred to the emergency department, hospitalized, and subsequently enrolled in hospice. About half (50.3 percent) of the patients were hospitalized within seven days: 322 and six at the time of index diagnosis and following initial outpatient management, respectively.

"These results suggest that community-based [primary care](#) clinicians can manage patients with acute pulmonary embolism safely and effectively," the authors write.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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