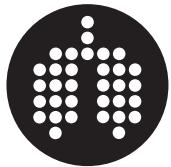


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### Educational questions.

#### "Changes in PESI scores predict mortality in intermediate-risk patients with acute pulmonary embolism"

##### 1. Which of the following statements is true?

- The Wells score assists with the risk stratification of patients with acute symptomatic pulmonary embolism (PE).  Haemodynamic status at the time of presentation with acute PE has the strongest prognostic implications for short-term mortality of patients with acute PE.  The Pulmonary Embolism Severity Index (PESI) score includes 11 clinical and laboratory parameters at the time of PE presentation.

##### 2. Which of the following statements is true?

- The PESI identifies PE patients at high risk of early death who may benefit from escalated surveillance or therapy (*i.e.*, thrombolytics).
- The simplified PESI (sPESI) assists with the risk stratification of cancer patients with acute PE.  A decrease in PESI and sPESI after 48 hours of treatment is associated with decreased subsequent mortality during follow-up.

##### 3. Which of the following statements is NOT true?

- The PESI and the simplified PESI may be used to identify patients with acute PE for an abbreviated hospital stay.  Calculation of the PESI at the time of PE diagnosis allows identification of around 40% of patients with acute PE who had very low risk of dying during the first month of follow-up.  Calculation of the PESI 48 hours after diagnosis of PE allows identification of an additional 25% of patients with acute PE who had very low risk of dying during the first month of follow-up.

##### 4. A decrease in the PESI at 48 hours is mostly attributable to the following, except:

- Systolic blood pressure.  Heart rate.  Temperature.  Arterial oxyhaemoglobin saturation.