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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.