Wells Score

Algorithm:

Predictor	Score
Clinical signs and symptoms of DVT (minimum of leg swelling and pain with palpation of deep veins)	+3
An alternative diagnosis is less likely than PE	+3
Heart rate greater than 100	+1.5
Immobilisation at least 3 days or surgery in previous 4 weeks	+1.5
Previous DVT/PE	+1.5
Haemoptysis	+1
Malignancy	+1
Total	**/12.5**

Risk of PE	Associated Score
Low (3% risk of PE)	<2
Moderate (28%)	2-6
High (78%)	>6

Risk of PE	Associated Score
Unlikely (5.1-7.8% rate of PE)	≤4
Likely (~40%)	>4

Inclusion Criteria:

(Unless ALL are satisfied, the Wells Score cannot be applied to assess the pre-test probability of PE)

- Inpatients or outpatients with clinical suspicion for PE
- Symptoms for < 30 days

Exclusion Criteria:

(If ANY these are satisfied, the Wells Score cannot be applied to assess the pre-test probability of PE)

- Suspected upper extremity DVT as source of PE
- No symptoms of PE for more than 3 days before presentation
- Use of anticoagulation for more than 72hrs
- Expected survival <3 months
- Contraindication to contrast media
- Pregnancy

Summary Statement:

Based on the primary derivation study, a Wells Score of ≤4 and a negative whole blood D dimer assay result is associated with a sufficiently low probability of PE that anticoagulation is not required and an alternative diagnosis should be sought.

In addition, the PERC rule may be used with patients with a score of ≤4 to determine who should have a D dimer and who require no further testing for PE.

Reference:

Wells PS, Anderson DR, Rodger M, Ginsberg JS, Kearon C, Gent M, et al. Derivation of a Simple Clinical Model to Categorize Patients Probability of Pulmonary Embolism-Increasing the Models Utility with the SimpliRED D-dimer. *Thromb Haemost*. 2000; 83(3): 416-20.