

Name: Last, First; MR#: XXXXXXXXXXXX

PULMONARY EMBOLISM SEVERITY INDEX (PESI) 

	YES	NO	Age: <input type="text" value="35"/>		YES	NO
Altered Mental Status:	<input type="radio"/>	<input checked="" type="radio"/>		Temperature <36° C:	<input type="radio"/>	<input checked="" type="radio"/>
Male:	<input type="radio"/>	<input checked="" type="radio"/>		Respiratory Rate ≥ 30/min:	<input checked="" type="radio"/>	<input type="radio"/>
Cancer:	<input type="radio"/>	<input checked="" type="radio"/>		Heart Rate ≥ 110/min:	<input type="radio"/>	<input checked="" type="radio"/>
Heart Failure:	<input checked="" type="radio"/>	<input type="radio"/>		Systolic BP <100 mmHg:	<input checked="" type="radio"/>	<input type="radio"/>
Lung Disease:	<input type="radio"/>	<input checked="" type="radio"/>		O2 Saturation <90%:	<input type="radio"/>	<input checked="" type="radio"/>

DATA IMPORTED FROM HC. PLEASE CHECK, EDIT & REFRESH AS NEEDED.

BACK

REFRESH

CONFIRM