STable 1. Risk stratification of patients with pulmonary embolism according to the Chinese guidelines

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| --- | --- | --- | --- | --- |
| Risk stratification | | Shock or hypotension | Sign of RVD in imaging testa | Elevated lab cardiac biomarkersb |
| High risk | | + | + | +/- |
| Intermediate risk | Intermediate-high risk | - | + | + |
| Intermediate-low risk | - | +/-c | -/+ c |
| Low risk | | - | - | - |

NOTE: RVD: right heart dysfunction; a: Echocardiographic criteria of RV dysfunction include RV dilation and/or an increased end-diastolic RV–LV diameter ratio (in most studies, the reported threshold value was 0.9 or 1.0); hypokinesia of the free RV wall; increased velocity of the tricuspid regurgitation jet; or combinations of the above. On computed tomographic (CT) angiography (four-chamber views of the heart), RVD is defined as an increased end-diastolic RV/LV (left ventricular) diameter ratio (with a threshold of 0.9 or 1.0). b: Markers of myocardial injury (e.g. elevated cardiac troponin I or -T), or of heart failure biomarkers (BNP or NT-BNP); c: Either one of imaging or laboratory examination is positive.