



Pulmonary Embolism Virtual Acute Care Unit

This leaflet is for patients who are discharged home following diagnosis of a pulmonary embolism (PE). It explains how you can monitor yourself at home to make sure your body's oxygen levels, heart rate and blood pressure remain safe.

VACU telephone: 0118 322 5201 (8am-8pm, Mon-Sun)

Out of hours: 111 or 999



What is the Pulmonary Embolism Virtual Acute Care Unit?

The purpose of our Virtual Acute Care Unit is to enable you to return home sooner but still receive hospital care, by remotely monitoring your symptoms and response to ongoing treatment. Your clinician has determined that you are safe to go home with monitoring by the Virtual Acute Care Unit (VACU) team. You will receive regular telephone calls with a clinician. Monitoring will be needed and you may also be given equipment, such as a pulse oximeter, temperature probe and a blood pressure monitor to check your readings, so we can make sure that you are improving. If you do become more unwell, the VACU team will ensure you receive appropriate and timely treatment.

What will happen after I go home?

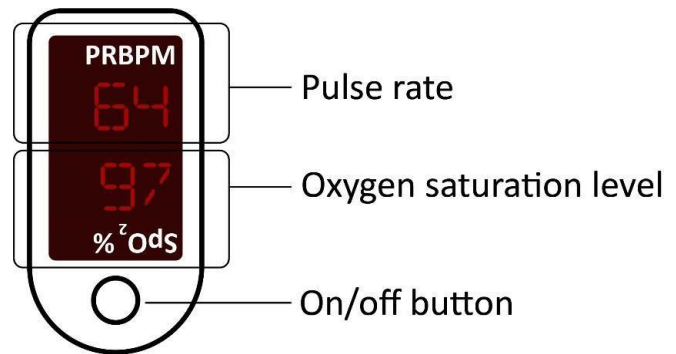
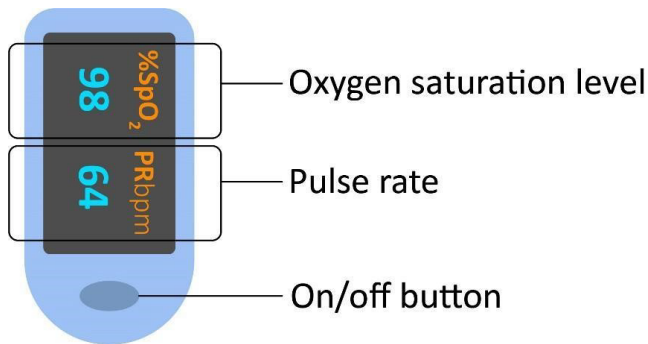
Once you return home, a member of the VACU team will call to:

- Check your symptoms and to check for any side effects of your treatment. This usually consists of a call once a week but may be more if we need to monitor you more closely.
- Arrange an appointment slot for weekly blood tests to monitor your infection markers.
- Update you with the results of your blood tests.
- If you have not heard from us by 1pm on the first day after arriving home, call the Virtual Acute Care Unit number (0118 322 5201) 8am-8pm Monday-Sunday. You can also call this number if you have any questions or concerns.

Instructions for using your pulse oximeter at home

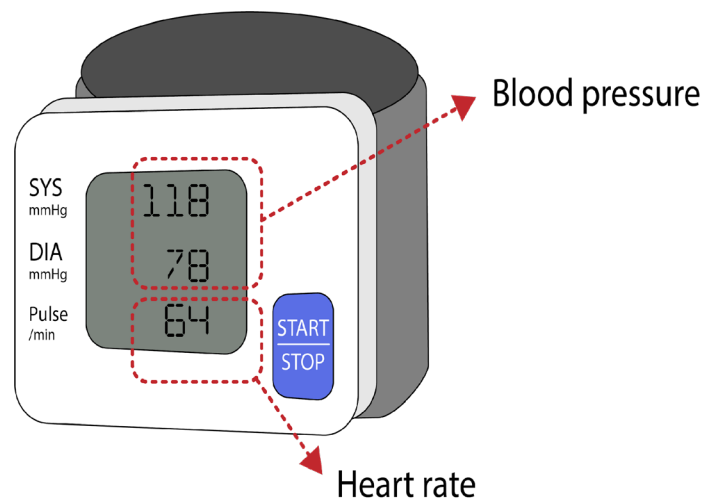
- Make sure your fingers are warm.
- Remove any nail varnish before attaching the probe.
- Clip the oximeter onto your finger.
- Sit up straight and rest for a few minutes before taking measurements.
- After 5–10 seconds, the probe will give you two different numbers – an oxygen saturation level (abbreviated to SpO₂) and a pulse rate (abbreviated to PR or BPM) – we are interested in both readings.





Using your blood pressure monitor at home

- Ensure you are seated comfortably and rest for a few minutes before taking the readings.
- Attach the cuff to your wrist, against your skin (and not over clothing).
- Press the START/STOP button to start measuring your blood pressure – the cuff will pump up, which may feel a bit uncomfortable for a short period.
- The monitor will give you three readings.
- The top two readings are your blood pressure.
- The bottom number is your heart rate.
- You can view the full instruction manual by searching online for “Omron RS1 manual”.



Recording your oxygen levels and blood pressure

Using the table on the next page, record your oxygen saturations level (SpO₂) and your pulse rate (PR or BPM) and your blood pressure four times a day:

Virtual appointments

- Our team will phone you every day until we determine you are getting better.
- We will ask about your symptoms and ask you to give us a reading from your pulse oximeter and your blood pressure monitor.
- If you have not heard from us by 1pm on the first day after you were sent home from hospital, call our Virtual Acute Care Unit phone number.

	Morning			Midday			Afternoon			Evening		
	Oxygen	Heart rate	Blood pressure	Oxygen	Heart rate	Blood pressure	Oxygen	Heart rate	Blood pressure	Oxygen	Heart rate	Blood pressure
Day 1												
Day 2												
Day 3												
Day 4												
Day 5												

Alarm signs and what to do next

Seek help via our Virtual Acute Care Unit number, 111 or 999 in the following cases:

- If your oxygen saturations are **persistently 94% or less**.
- If the top number of your blood pressure is **persistently less than 100**.
- If your heart rate is **persistently greater than 110**.
- If you are more short of breath.
- If you feel **dizzy or light-headed**.
- If you develop **worsening chest pain**.
- If you have **uncontrolled bleeding or black stools (poo)**.

During working hours, you can also call our Virtual Acute Care Unit number if you are not sure.

If you have any questions or concerns, do not hesitate to call our Virtual Acute Care Unit number – we are happy to help as we know this can be very stressful and scary.

0118 322 5201

Your blood thinning medications

General considerations

- Blood thinners will **increase your risk of bleeding**, so avoid injuries, e.g., contact sports.
- Blood thinners can **interact with other medications** (including over-the-counter supplements), so speak to your GP or Virtual Acute Care Unit staff prior to making any changes.
- Blood thinners may **not be safe in pregnancy**, so speak to your doctor if you are pregnant or are planning on becoming pregnant.

For Apixaban (Eliquis)

- Take 10 mg of Apixaban twice a day for the first 7 days (you may have started taking this while in hospital).
- Reduce your dose to 5mg twice a day after 7 days.
- Remain on 5mg twice a day for at least 3 months, until you are seen by a lung doctor.
- Contact your GP for a repeat prescription.

For Tinzaparin injections

- Inject it under the skin.
- Inject this at roughly the same time every day.
- Vary the injection site daily.
- Contact your local council to arrange collection of a full sharps bin.

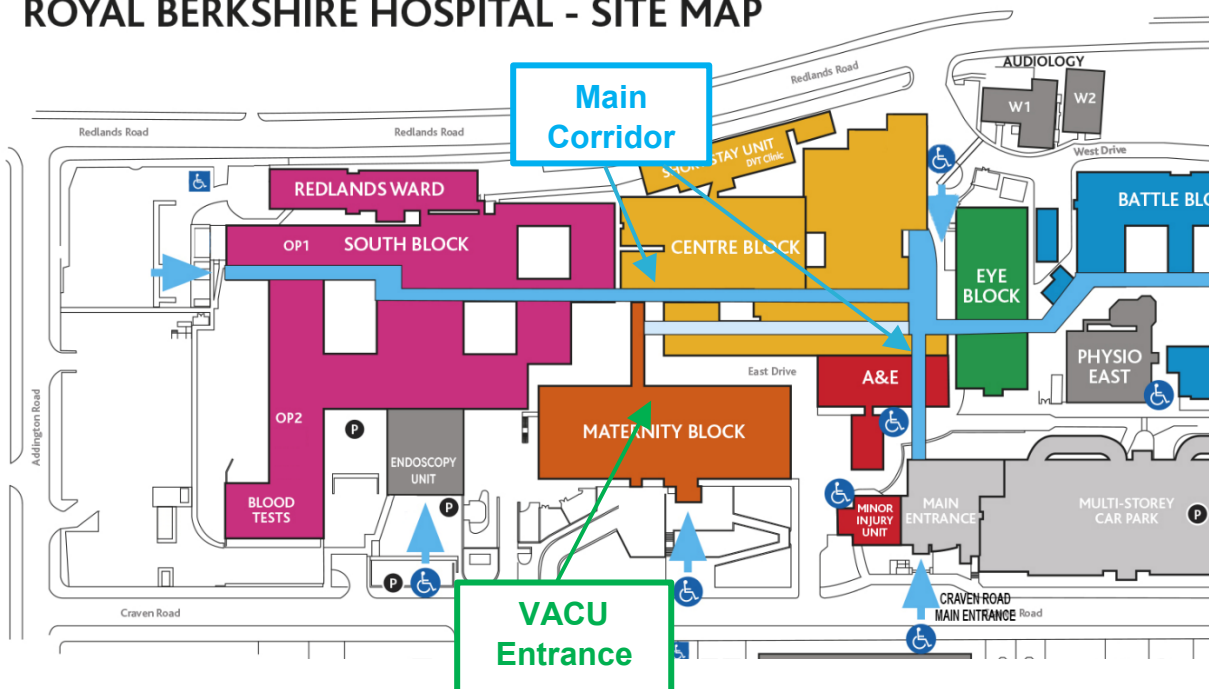
For Warfarin

- Your warfarin dose will depend upon your individual blood test results (INR).
- Please follow any guidance you received upon discharge from hospital, regarding where and when to have a repeat blood test.

Returning the blood pressure monitor and pulse oximeter

Once you have recovered, please return the pulse oximeter to the drop-off box located in the Virtual Acute Care Unit (VACU) in **Maternity Block, level 2** – see map below. Open Mon-Sun, 8am-8pm. **Please do not return them to the Emergency Department (A&E).**

ROYAL BERKSHIRE HOSPITAL - SITE MAP



To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Virtual Acute Care Unit

Reviewed: September 2024. Next review due: September 2026.