DOSES BELOW

Suspected life-threatening PE or intracardiac thrombosis

START HERE · Mobilize transplant, echo and rescue teams
Sudden collapse, falling $ETCO_2$ or RV failure: support oxygenation and circulation. Use TEE when available without interrupting resuscitation.

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Arrest, shock with pulse, or clot without shock?

Pulseless with suspected PE	Start CPR. Activate the local PE-arrest decision for thrombolysis or mechanical rescue with the team. After lysis, consider 60–90 min of CPR in selected cases. Cardiac arrest in the operating room
Shock with pulse or obstructing clot	Confirm cause by echo if possible. Decide reperfusion with surgery and the rescue team. Consider mechanical options and the operative bleeding risk.
Thrombus without shock	Assess site and progression with repeat echo. Agree anticoagulation and surveillance with surgery after reviewing bleeding risk.

DOSE AND ADMINISTRATION

Alteplase · labeled systemic PE regimen Product or evidence specific	**US Activase label for acute massive PE: 100 mg IV over 2 h. Arrest dosing follows the local PE-arrest pathway.** [24] [23] [21]

Reassess and escalate · There is no established intraoperative transplant clot or PE-arrest alteplase dose. Reassess RV function, clot and bleeding after each intervention.

Clinical scope · Off-label intracardiac thrombus doses come from observational reports. Confirm the indication, contraindications and local rescue protocol. Graft-vessel thrombosis follows a separate pathway.

Official algorithm

Sources [6] RCUK ALS 2025 • [21] RCUK special circumstances 2025 • [22] Del Prete et al. 2025, Fig. 4 • [23] AHA / ACC acute PE 2026 • [24] Activase (DailyMed) • [25] Heparin (DailyMed) • [37] Sinclair De Frías et al. 2024