Echocardiogram Requisition

Note: Depending on the urgency of the study and the volume of in-patient activity, an in-patient echocardiogram may take a few days to complete. If the clinical situation is suitable, consider changing the request from an in-patient echocardiogram to an urgent out-patient echo in an assigned dedicated slot.

Patient home #: □ Call - can leave a message □ on voicemail □ with a person
Patient work/other #: □ Call - can leave a message □ on voicemail □ with a person

Patient not available: From: dd / mm / yy To: dd / mm / yy Reason:

Expected Date of Discharge (EDD): dd / mm / yy Height: __________ Weight: __________

Indication For Test:

☐ Chest Pain/CAD  ☐ Heart Failure/SUB  ☐ Murmur/Valve  ☐ Arrhythmia

☐ Other: a) See Common Indicator List on Page 2 and check applicable
OR
b) Indication Number: __________
(Refer to the CCN Standards for Provision of Echocardiography in Ontario 2012 or Indication for Echocardiography (SL2106), available on the Intranet)

RELEVANT CLINICAL INFORMATION: (must be provided and please be specific)
_________________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________________

Echocardiogram Type:

☐ Transthoracic Echo (TTE)
☐ Limited TTE (assessment of one specific structure)
☐ Transesophageal Echo (TEE) (ensure patient is NPO > 6 hrs prior to test)
☐ Contrast Echo (CE) (*for technically difficult wall motion analysis or ruling out apical thrombus)

Last Echocardiogram (if known) – Date: dd / mm / yy Location:

☐ Cardiology consultation requested on patient while in hospital

Family Physician: (print first, last)

Referring Physician: (print first, last)

Time: _______ Date: dd / mm / yy
Office Phone: (_______)

Signature:

Address:

Fax Number: (_______)

CLINIC USE ONLY

Date Received: dd / mm / yy
Most Common Indication for Echocardiography (Please check applicable)

Valvular Heart Disease
- Murmur in patient with symptoms or if structural heart disease cannot be excluded
- Known valvular stenosis/regurgitation with change in clinical status
- Reassessment of valvular disease of mild (> 2 yr), moderate (> 1 yr) and severe (> 6months) degree
- Clinically suspected mitral valve prolapse
- Baseline assessment of new prosthetic valve
- Known prosthetic valve with change in clinical status for periodic (>1yr) reassessment
- Clinically suspected infective endocarditis
- Reassessment of infective endocarditis with change in clinical status or if high risk for complications

Miscellaneous Conditions
- Clinically suspected congenital heart disease
- Known congenital heart disease with change in clinical status or periodic (> 2yr) reassessment
- Clinically suspected pericardial disease
- Reassessment of significant pericardial effusion or with change in clinical status
- Clinically suspected cardiac mass
- Reassessment of surgically removed cardiac mass
- Malignancies with suspected cardiac involvement

Pulmonary Disease
- Clinically suspected pulmonary hypertension
- Evaluation of pulmonary embolism or unexplained oxygen desaturation
- Pre lung transplantation assessment
- Reassessment post treatment of pulmonary hypertension or pulmonary embolism

Coronary Artery Disease
- Chest pain/troponin rise suspicious for coronary artery disease or with hemodynamic instability
- Ventricular function post MI or revascularization
- Reassessment of severe (> 6mo) or mild/moderate (> 1 yr) ischemic cardiomyopathy

Cardiomyopathy
- Clinically suspected heart failure or cardiomyopathy
- Evaluation of unexplained hypotension
- Initial and periodic reassessment of LV function with use of cardiotoxic drugs
- Reassessment of cardiomyopathy and change in clinical status or periodic (> 1yr) reassessment
- Screening of relatives in select inheritable cardiomyopathies (i.e. hypertrophic cardiomyopathy)
- Evaluation of hypertension and suspected LV dysfunction or LVH that may guide management

Aortic and Vascular Disease
- Clinically suspected aortic dissection/rupture
- Suspected dilatation of aortic root/ascending aorta
- Reassessment of aortic pathology with change in clinical status or periodic (> 1 yr) post-surgical repair
- Reassessment of asymptomatic aortic aneurysm
- Acute arterial embolic event
- TIA/stroke of unknown etiology

Arrhythmias
- Initial assessment of symptomatic arrhythmia
- Asymptomatic atrial fibrillation, significant atrial or ventricular dysrhythmia, WPW
- Evaluation pre-cardioversion in AF > 48 hr duration without anticoagulation or if known atrial thrombus
- Syncope of unknown etiology
- Evaluation of LBBB or high grade AV block
- Assessment of ventricular function for possible tachycardia-mediated cardiomyopathy
- Pre or post evaluation of select minimally invasive cardiac procedures (i.e. EP study, ablation, valve repair, TAVI, ICD, PPM)

Situations to consider requesting echocardiogram be deferred to an out-patient study or cancelled altogether
- Post ACS/unstable angina with left ventriculogram done at time of coronary angiography and showing no/minimal LV dysfunction
- Post valve/CABG surgery, baseline echo can be deferred to the out-patient recovery stage
- Patient with history of HF admitted for HF due to a clear precipitant (i.e. change in diet or medication)
- Routine preoperative for non-cardiac surgery
- When echocardiogram has been done recently at Southlake or another institution and there is no clinical change in patient cardiac status

Instructions for In-patient TEE
- No food or drink for 6 hours prior
- Meds with sips can be given at least 2 hours prior (with preference to AVOID diuretics if possible)
- Patient must have IV access
- No driving for 24 hours post TEE
- Please indicate on requisition if patient has previous surgery or known disease of esophagus or stomach
- Patient to be sent by stretcher