SOUTHLAKE
REGIONAL HEALTH CENTRE

596 Davis Drive
Newmarket, ON L3Y 2P9

Cardiac Diagnostics - FAX: 905-830-5810

Health Record #: _____ Complete or place barcoded patient label here

Patient Name: *(Print first, last)* _____

DOB: dd / mm / yy Age: _____ ❑ Female ❑ Male

OHIP #: _____ Version Code: _____

Account #: _____ Date of Admission: dd / mm / yy

Echocardiogram Requisition

❑ IN-PATIENT ❑ OUT-PATIENT *(give original to patient)*

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
Signature:	**Office Phone:** ( )
Address:	**Fax Number:** ( )

CLINIC USE ONLY **Date Received:** dd / mm / yy

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SL2031_09 (12/16) "Cardiac Diagnostics" Review (12/19)

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Echocardiogram Requisition

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 of 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 alltogether

- 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

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