

**Ordering Echos  
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- I. When to order an echo
  - a. Assessment of/for valvular heart disease
    - i. Murmur evaluation
    - ii. Following known valve abnormality
    - iii. Prosthetic valve
  - b. Evaluation of systolic function
    - i. Estimation of EF
    - ii. Wall motion abnormalities consistent with infarct or ischemia
    - iii. LV aneurysm
  - c. Evaluation of diastolic function
  - d. Pericardial effusion/tamponade
  - e. Cardiac mass
    - i. Tumor-myxoma
    - ii. Thrombus-LV/apical/aneurysm
    - iii. Vegetation/Endocarditis
  - f. Aortic dissection-TEE better than TTE (CT may be more timely)
- II. Stat/after hours echos
  - a. Endocarditis with acute deterioration/shock/CHF
  - b. Suspected tamponade
  - c. Pediatric echos
    - i. Peds cardiology usually present to interpret/evaluate
  - d. MI with suspected complication
    - i. VSD
    - ii. Ruptured papillary muscle/MR
    - iii. RV infarct
  - e. Evaluation of LV function in shock of uncertain etiology
  - f. Any other indication must be approved by Cardiologist
- III. Commonly ordered echos that do NOT need to be stat (ie can wait until next AM if ordered after 5PM)
  - a. Evaluation CVA-looking for cardiac source of embolus
  - b. CHF/SOB
  - c. Murmur-unless suspected as a complication of MI
  - d. "Routine" MI
  - e. Atrial fibrillation
  - f. Endocarditis without hemodynamic deterioration
- IV. Process for ordering STAT echos
  - a. An after hours echo requires that a tech and cardiologist come in from home
  - b. If the urgency and planned immediate intervention do not justify an immediate echo, it should be done routinely
  - c. The ordering MD MUST page the cardiologist on call directly, before an echo will be done after hours (unless this is a pediatric echo)
  - d. A written order for "stat echo" does not activate the system, nor the floor paging the tech or cardiologist