

# OUTPATIENT ECHO REQUISITION

Patient Name (last) \_\_\_\_\_  
 (first) \_\_\_\_\_  
 DOB (dd/mmm/yyyy) \_\_\_\_\_  
 PHN \_\_\_\_\_ MRN \_\_\_\_\_  
 Account/Visit # \_\_\_\_\_  
**IH USE ONLY**

Work Safe BC  ICBC  Private

**Patient Information**  
 Name \_\_\_\_\_ Birth Sex:  M  F  
 Date of Birth (dd/mmm/yyyy) \_\_\_\_\_ PHN \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Procedure Requested**  Standard Transthoracic Echo (TTE)  Transesophageal Echo (TEE)\*  
 \* must be ordered by specialist with or without contrast  Stress Echo Treadmill\*  Bike\*  
 Contrast Echo Required  Dobutamine Stress Echo\*  
 Agitated Saline Bubble Echo  Pediatric Echo (16 years and younger)\*

**Clinical Information (REQUIRED) \*\*\*Requests without clinical information will be returned\*\*\***  
 Indication \_\_\_\_\_  
 \_\_\_\_\_  
 Pertinent Cardiac/Medical History \_\_\_\_\_  
 \_\_\_\_\_  
 Past Cardiac Surgeries/Procedures (Date/Prosthesis Type/Size) \_\_\_\_\_  
 \_\_\_\_\_  
 For repeat Echo studies within the past 6 months:  
 1. Date of previous Echo \_\_\_\_\_  
 2. Reason for repeat \_\_\_\_\_  
 Change in patient symptoms?  Yes  No  
 Assess response to treatment?  Yes  No  
 Infectious Precautions  No  Yes \_\_\_\_\_

<p><b>Urgency (prioritization guidelines on reverse)</b>  <input type="checkbox"/> P1 Emergent (if less than 24 hours)– call department  <input type="checkbox"/> P2 Urgent (within 7 days)  <input type="checkbox"/> P3 Semi Urgent (within 30 days)  <input type="checkbox"/> P4 Routine Elective (within 90 days)  <input type="checkbox"/> P5 Specified Date (or specified date range) _____          Reason _____          Dates patient unavailable _____</p>	<p><b>Preferred Site (check one)</b>          (see reverse for specific studies performed at each site)  <input type="checkbox"/> Cranbrook  <input type="checkbox"/> Kamloops  <input type="checkbox"/> Kelowna  <input type="checkbox"/> Nelson  <input type="checkbox"/> Penticton  <input type="checkbox"/> Salmon Arm  <input type="checkbox"/> Trail  <input type="checkbox"/> Vernon  <input type="checkbox"/> Williams Lake</p>
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**Appointment (dd/mmm/yyyy) Office use only**  
 Date Requisition Received \_\_\_\_\_  
 Appointment Date \_\_\_\_\_ Time \_\_\_\_\_

Office Phone	Specialty	MSP Practitioner Number		
Copy Results To				
Date (dd/mmm/yyyy)	Time (24 hour)	Provider Name/Signature	Initials	Designation / College ID #

Permanent part of the health record

Summary Indications for Transthoracic Echo	
Clinical Indications	Conditions
<ul style="list-style-type: none"> <li>• Baseline / Suspected diagnosis</li> <li>• New / Change in clinical findings</li> <li>• New / Change in symptoms</li> <li>• Assess response to treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Murmur</li> <li>• Congenital Heart Disease</li> <li>• CHF / LV Dysfunction</li> <li>• CAD: MI / New Murmur / Unstable / LV Function</li> <li>• Valvular: Dysfunction or Prosthesis</li> <li>• Endocarditis</li> <li>• Pericardial: Inflammation / Effusion / Constriction</li> <li>• Pulmonary: Hypertension / Embolus / Shunt</li> <li>• Cardiac Masses</li> <li>• Thoracic Aorta: Suspected Dilation / Dissection / Rupture</li> <li>• Chest Pain, SOB or Syncope</li> <li>• Source of Systemic Embolus / Stroke</li> <li>• Arrhythmia: AF / WPW / VT / Frequent Ectopy</li> <li>• Pre Cardiac Surgery</li> </ul>

Recommended Follow Up Intervals	
Asymptomatic or Stable Condition	Frequency of Repeat Exams
Cardiomyopathy / LV Dysfunction	Greater than or equal to 1 year
Valve Lesion – Mild	3 to 5 years
Valve Lesion – Moderate	1 to 2 years
Valve Lesion – Severe	6 months to 1 year
Prosthetic Valve	3 months post-operative, Q3 years thereafter
Pulmonary Hypertension	Greater than or equal to 1 year
Aortic Aneurysm	6 months, annually thereafter
Cardiotoxic Therapy	Greater than or equal to 3 to 6 months during active treatment
Congenital – complete repair	Greater than or equal to 2 years
Congenital – incomplete repair	Annually

For more details / adapted from: <http://asecho.org/files/AUCEcho.pdf> and [http://www.ccn.on.ca/ccn\\_public/uploadfiles/files/CCN\\_Echo\\_Standards\\_Final.pdf](http://www.ccn.on.ca/ccn_public/uploadfiles/files/CCN_Echo_Standards_Final.pdf)

Benchmark Wait Times for Accessing Echocardiography		
Urgency Category	Recommended Wait Time	Defined by: Examples
P1 Emergent	Less than 24 hrs	Hemodynamically unstable patients with suspected certain cardiovascular conditions (eg. pericardial effusion with tamponade, mechanical complications, post myocardial infarction)
P2 Urgent	Within 7 days	Critically ill patients who do not meet the definition of emergent and patients with a condition that could deteriorate rapidly (eg: symptomatic aortic stenosis)
P3 Semi urgent	Within 30 days	Examinations indicated to investigate symptoms of potentially life threatening conditions in which immediate treatment is not necessary, or history/physical findings do not require immediate treatment.
P4 Routine elective	Within 90 days	All patients who do not fall into the previous categories (eg: assessment of murmurs in asymptomatic individuals, assessment of left ventricle mass)
P5 Specified Date	(or specified date range)	Used when a specific date or follow up is required.

Adapted from: 2008, CCS Wait time benchmarks: Treating the Right Patient at the Right Time: Access to Echocardiography in Canada

Hospital	Contact	Procedures Available
<b>Cariboo Memorial Hospital</b>	517 North 6th Avenue Williams Lake, BC V2G 2G8 Tel: (250) 302-3220 Fax: (250) 398-5892	• Transthoracic Echo
<b>East Kootenay Regional Hospital</b>	13 – 24th Ave North Cranbrook, BC V1C 3H9 Tel: (250) 489-6446 Fax: (250) 417-3516	• Transthoracic Echo • Stress Echo (Treadmill) • Saline Bubble Echo (Specialist order only)
<b>Kelowna General Hospital</b>	2268 Pandosy Street Kelowna, BC V1Y 1T2 Tel: (250) 862-4257 Fax: (250) 862-4155	• Transthoracic Echo • Transesophageal Echo (TEE) • Stress Echo (Treadmill / Bike) • Dobutamine Stress Echo • Saline Bubble Echo • Contrast Echo • Pediatric Echo
<b>Kootenay Boundary Regional Hospital</b>	1200 Hospital Bench Trail, BC V1R 4M1 Tel: (250) 364-3416 Fax: (250) 364-3435	• Transthoracic Echo • Saline Bubble Echo • Contrast Echo
<b>Kootenay Lake Hospital</b>	3 View Street Nelson, BC V1L 2V1 Tel: (250) 354-2316 Fax: (250) 354-2328	• Transthoracic Echo
<b>Penticton Regional Hospital</b>	550 Carmi Avenue Penticton, BC V2A 3G6 Tel: (250) 492-9006 Fax: (250) 492-9070	• Transthoracic Echo • Transesophageal Echo (TEE) • Stress Echo (Treadmill) • Dobutamine Stress Echo • Saline Bubble Echo • Contrast Echo • Pediatric Echo
<b>Royal Inland Hospital</b>	311 Columbia Street Kamloops, BC V2C 2T1 Tel: (250) 314-2536 Fax: (250) 314-2152	• Transthoracic Echo • Transesophageal Echo (TEE) • Stress Echo (Treadmill / Bike) • Dobutamine Stress Echo • Saline Bubble Echo • Contrast Echo • Pediatric Echo
<b>Shuswap Lake General Hospital</b>	601 – 10th Street Salmon Arm, BC V1E 4N6 Tel: (250) 833-3607 Fax: (250) 833-3628	• Transthoracic Echo • Transesophageal Echo (TEE) • Stress Echo (Treadmill) • Saline Bubble Echo • Contrast Echo
<b>Vernon Jubilee Hospital</b>	2101 – 32 Street Vernon, BC V1T 5L2 Tel: (250) 558-1206 Fax: (250) 503-3721	• Transthoracic Echo • Transesophageal Echo (TEE) • Contrast Echo • Saline Bubble Echo

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