

OUTPATIENT ECHO REQUISITION

□ Work Safe BC □ ICBC □ Private

Patient Name (last)

(first) _

DOB (dd/mmm/yyyy)

PHN _____ MRN _____

Account/Visit #

IH USE ONLY

| Patient Information | | | | | | | | |
|---|----------------------|---|-----------------|-------------------|---|--|-------------|------|
| Name | | | | | | Birth Sex: | \square M | 🗆 F |
| Date of Birth (dd/mmm/yyyy) | | | PHN | | | | | |
| Address | | | | | | | | |
| Home Phone | | | Cell | | | | | |
| Procedure Requested * must be ordered by specialist | with or Contras | rd Transthoracic Ed without contrast st Echo Required d Saline Bubble Ec | | □ Stres □ Dobu | s Echo Ti utamine S | eal Echo (TEE readmill* □ tress Echo* (16 years and | Bike* | er)* |
| Clinical Information (R | EQUIRED) | ***Requests v | vithout clini | ical inform | nation v | vill be retu | rned** | ** |
| Indication | | | | | | | | |
| | | | | | | | | |
| Pertinent Cardiac/Medical His | tory | | | | | | | |
| Past Cardiac Surgeries / Proce | dures (Date / Pros | thesis Type/Size) | | | | | | |
| For repeat Echo studies within | the past 6 month | s: 1 | . Date of previ | ious Echo | | | | |
| | | 2 | | | | | | |
| | | | • | • • | | Yes 🗆 No | | |
| | | | Assess resp | onse to treatr | nent? | ∃Yes □ N | 0 | |
| Infectious Precautions N | | | | | | | | |
| Urgency (prioritization gui | | | | | | rred Site (d | | |
| \square P2 Urgent (within 7 days) | 24 110013) – Call 08 | epartment | | | (see reverse for specific studies performed at each site) | | | |
| □ P3 Semi Urgent (within 30 | | | | | | | | |
| □ P4 Routine Elective (within | • • | | | | | mloops | | |
| P5 Specified Date (or specified date range) Kelowna | | | | | | | | |
| Reason Dates patient unavailable | | | | | - □ Nelson □ Penticton | | | |
| Appointment (dd/mmm/ | | | | | _ | mon Arm | | |
| Date Requisition Received | <i>yyyy</i> enice | | | | | | | |
| Appointment Date Time | | | | | non liams Lake | | | |
| Office Phone | Specialty | | | | | itioner Number | | |
| Corry Dogy He To | | | | | | | | |
| Copy Results To Date (dd / mmm / yyyy) | Time (24 hour) | Provider Name/Signati | Ire | | Intitials | Designation / Col | laga ID # | |
| | | | uic | | inuuais | | icye iD # | |

| Summary Indications for Transthoracic Echo | | Recommended Follow Up Intervals | | | |
|--|---|----------------------------------|--|--|--|
| Clinical Indications | Conditions | Asymptomatic or Stable Condition | Frequency of Repeat Exams | | |
| Baseline / Suspected | • Murmur | Cardiomyopathy/LV Dysfunction | Greater than or equal to 1 year | | |
| diagnosis | Congenital Heart Disease | Valve Lesion – Mild | 3 to 5 years | | |
| New / Change in symptoms Assess response to treatment Valvular: Dysfunction or Prosthesis Endocarditis Pericardial: Inflammation / Effusion / Pulmonary: Hypertension / Embolus Cardiac Masses Thoracic Aorta: Suspected Dilation / Dissection / Ru Chest Pain, SOB or Syncope Source of Systemic Embolus / Strol | CAD: MI/New Murmur/Unstable/LV Function Valvular: Dysfunction or Prosthesis | Valve Lesion – Moderate | 1 to 2 years | | |
| | | Valve Lesion – Severe | 6 months to 1 year | | |
| | | Prosthetic Valve | 3 months post-operative, Q3 years thereafter | | |
| | Pericardial: Inflammation / Effusion / Constriction | Pulmonary Hypertension | Greater than or equal to 1 year | | |
| | Thoracic Aorta: Suspected Dilation / Dissection / Rupture Chest Pain, SOB or Syncope Source of Systemic Embolus / Stroke Arrhythmia: AF / WPW / VT / Frequent Ectopy | 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

| Benchmark Wait Times for Accessing Echocardiography | | | |
|--|--|--|--|
| Urgency Category | 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 coul deteriorate rapidly (eg: symptomatic aortic stenosis) | |
| P3 Semi urgent | i 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 is not necessary. | | |
| P4 Routine elective | 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 | | |
|--|---|--|---|---|--|
| Cariboo Memorial Hospital | 517 North 6th Avenue Williams Lake, BC V2G 2G8 | Tel: (250) 302-3220 Fax: (250) 398-5892 | Transthoracic Echo | | |
| East Kootenay Regional Hospital | 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) | |
| Kelowna General Hospital | 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 | |
| Kootenay Boundary Regional Hospital | 1200 Hospital Bench Trail, BC V1R 4M1 | Tel: (250) 364-3416 Fax: (250) 364-3435 | Transthoracic Echo | Saline Bubble Echo Contrast Echo | |
| Kootenay Lake Hospital | 3 View Street Nelson, BC V1L 2V1 | Tel: (250) 354-2316 Fax: (250) 354-2328 | Transthoracic Echo | | |
| Penticton Regional Hospital | 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 | |
| Royal Inland Hospital | 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 | |
| Shuswap Lake General Hospital | 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 EchoContrast Echo | |
| Vernon Jubilee Hospital | 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 | |