



Sanger Heart & Vascular Institute
SHVI Echocardiography Appropriateness Test

Office/Hospital _____

Patient: _____ Date: _____ Previous Date of Echo: _____

Symptoms: _____ MR #: _____

SUSPECTED CARDIAC ETIOLOGY - GENERAL	
<input type="checkbox"/> Dyspnea/shortness of breath (1)	<input type="checkbox"/> ↑BNP (2) <input type="checkbox"/> Murmur (34)
<input type="checkbox"/> Palpitations	<input type="checkbox"/> Abnl CXR (2)
<input type="checkbox"/> Syncope (9)	<input type="checkbox"/> Abnl ECG (2)
<input type="checkbox"/> TIA/CVA (1)	<input type="checkbox"/>
RESPIRATORY FAILURE	
<input type="checkbox"/> Eval respiratory failure with suspected cardiac etiology (26)	
HYPERTENSION	
<input type="checkbox"/> Initial eval suspected hypertensive heart disease (67)	
ARRHYTHMIAS	
<input type="checkbox"/> SVT (5)	<input type="checkbox"/> VT (5) <input type="checkbox"/> Atrial fibrillation (5)
<input type="checkbox"/> Frequent PVC's or exercise induced PVC's (4)	
HEART FAILURE	
<input type="checkbox"/> Initial eval known or suspected CHF (systolic or diastolic) (70)	
<input type="checkbox"/> Re-evaluation to guide therapy (73)	
<input type="checkbox"/> Re-evaluation in patient with change in clinical status (71)	
<input type="checkbox"/> Re-evaluation after optimal therapy to determine candidacy for device therapy (76)	
CARDIOMYOPATHY	
Eval for: <input type="checkbox"/> Restrictive <input type="checkbox"/> Infiltrative <input type="checkbox"/> Genetic <input type="checkbox"/> Hypertrophic (86)	
Hypertrophic cardiomyopathy	
<input type="checkbox"/> Re-evaluation in patient with change in clinical status OR to evaluate therapy (87)	
<input type="checkbox"/> Screening for first degree relatives (90)	
THERAPY WITH CARDIOTOXIC AGENTS	
<input type="checkbox"/> Baseline and serial re-evaluation in pts undergoing therapy with cardiotoxic agents (91)	
PULMONARY HYPERTENSION	
<input type="checkbox"/> Eval of known or suspected pulmonary hypertension (15)	
<input type="checkbox"/> Surveillance > 1 yr to re-evaluate (17)	
<input type="checkbox"/> Re-eval of pulmonary hypertension with change in status or to guide therapy (18)	
PACING DEVICE EVALUATION	
<input type="checkbox"/> Pt with pacing device with symptoms possibly due to suboptimal pacing device settings or re-evaluate for dyssynchrony and/or revision of pacer settings (78)	
EVALUATION OF CARDIAC TRANSPLANT / VENTRICULAR ASSIST DEVICE	
<input type="checkbox"/> Determine candidacy for VAD (81)	
<input type="checkbox"/> Optimization of settings or eval for complications of VAD (82,83)	
<input type="checkbox"/> Monitoring for rejection in transplant recipient (84)	
<input type="checkbox"/> Evaluate cardiac structure and function in potential donor (85)	
INTRACARDIAC AND EXTRACARDIAC STRUCTURES AND CHAMBERS	
<input type="checkbox"/> Eval cardiac source of embolus (58)	
<input type="checkbox"/> Eval cardiac mass or suspected thrombus (57)	
<input type="checkbox"/> Eval of pericardium (effusion, constriction, post cardiac surgery) (59)	
<input type="checkbox"/> Re-eval of pericardial effusion to guide management (61)	

AORTIC DISEASE	
<input type="checkbox"/> Eval of ascending aorta, known or suspected condition predisposing to aneurysm (63)	
<input type="checkbox"/> Re-eval ascending aorta to follow up (64)	
ADULT CONGENITAL HEART DISEASE	
<input type="checkbox"/> Eval of known or suspected congenital heart disease: _____ (92)	
NATIVE VALVULAR STENOSIS	
<input type="checkbox"/> Aortic <input type="checkbox"/> Mitral <input type="checkbox"/> Tricuspid <input type="checkbox"/> Pulmonic	
<input type="checkbox"/> Initial eval of suspected valvular stenosis (34)	
<input type="checkbox"/> Re-evaluation for change in clinical status (37)	
<input type="checkbox"/> Routine surveillance (\geq 1yr) of moderate to severe valvular stenosis (41)	
<input type="checkbox"/> Routine surveillance (\geq 3yrs) of mild valvular stenosis (39)	
NATIVE VALVULAR REGURGITATION	
<input type="checkbox"/> Aortic <input type="checkbox"/> Mitral <input type="checkbox"/> Tricuspid <input type="checkbox"/> Pulmonic	
<input type="checkbox"/> Initial eval of suspected valvular regurgitation (34)	
<input type="checkbox"/> Re-evaluation for change in clinical status (37)	
<input type="checkbox"/> Routine surveillance (\geq 1yr) of moderate to severe valvular regurgitation (46)	
PROSTHETIC VALVE	
<input type="checkbox"/> Initial eval of prosthetic valve for establishment of baseline after implantation (47)	
<input type="checkbox"/> Re-evaluation for suspected dysfunction, thrombosis or change in clinical status (50)	
<input type="checkbox"/> Routine surveillance (\geq 3yrs) post implantation (49)	
INFECTIVE ENDOCARDITIS	
<input type="checkbox"/> Initial eval of suspected endocarditis with positive blood cultures or a new murmur (52)	
<input type="checkbox"/> Re-evaluation of endocarditis in pts with any of following: virulent organism, severe hemodynamic lesion, aortic involvement, persistent bacteremia, change in clinical status, or symptomatic deterioration (55)	
MI/ACUTE CORONARY SYNDROME	
<input type="checkbox"/> Active chest pain (during exam) w/non-diagnostic clinical markers (21)	
<input type="checkbox"/> Pt. without chest pain with ischemic equivalent or lab markers of MI (22)	
<input type="checkbox"/> Initial eval post MI (24)	
<input type="checkbox"/> Re-evaluation post MI during recovery phase (25)	
Suspected complications post MI:	
<input type="checkbox"/> Acute MR <input type="checkbox"/> VSD <input type="checkbox"/> Hypoxia <input type="checkbox"/> Free wall rupture <input type="checkbox"/> Shock (23)	
<input type="checkbox"/> Tamponade <input type="checkbox"/> RV involvement <input type="checkbox"/> CHF <input type="checkbox"/> Thrombus (23)	
HYPOTENSION OR HEMODYNAMIC INSTABILITY	
<input type="checkbox"/> Eval of hypotension or hemodynamic instability of uncertain or suspected cardiac etiology (19)	
PULMONARY EMBOLISM	
<input type="checkbox"/> Eval of known or suspected pulmonary embolism to guide therapy (not to establish diagnosis) (29)	
<input type="checkbox"/> Re-eval after thrombolysis or thrombectomy to assess RV or PA pressure (31)	
MISCELLANEOUS	
<input type="checkbox"/> _____ (200)	

TEE*

PRE-CARDIOVERSION
<input type="checkbox"/> Evaluate precardioversion/radiofrequency ablation (112)
EMBOLIC EVENT
<input type="checkbox"/> Evaluate for cardiovascular source of embolic event (119)
MISCELLANEOUS
<input type="checkbox"/> _____ (200)

*TEE is indicated for TTE indications IF TTE images are suboptimal.

COMMON USES
<input type="checkbox"/> Evaluation of suspected acute aortic pathology (dissection/transection) (104)
<input type="checkbox"/> Guidance during percutaneous cardiac intervention (103)
<input type="checkbox"/> Determine mechanism of regurgitation suitability for repair (106)
<input type="checkbox"/> Manage/diagnose endocarditis with moderate to high pretest probability (108)
<input type="checkbox"/> Re-eval of prior TEE for interval change (ie resolution thrombus etc.) (101)

Physician Signature _____