Cardiac Investigation Unit Salisbury NHS Foundation Trust

**Inpatient Transthoracic Echocardiogram Request**

Transoesophageal echo (TOE) is only to be requested directly through cardiologist

**Patient Name:**

**Hospital number:**

**Date of Birth:**

As per BSE guidance, we will only perform scans which will alter the immediate management of the patient –

C*an it be deferred?*

During COVID crisis, please note all scans will be BSE Focal Level 1 (17 images or adapted where necessary)

Requests are now triaged by the Echocardiographer.

**Ward:**

**Consultant:**

**Clinical details:**

**Infection / COVID status:** (fill in / highlight where applicable)

**□** Low risk

**□** NegativeDate 1st swab: Date of 2nd swab:

□ Suspected

□ Positive

*If 2nd COVID swab required, can the echo wait until after the result is back? □ Yes □ No*

**Requested by:**

**Date Requested:**

**To finish requesting the echo, attach this form to an email and send it to:** **sft.inpatientechocardiogram@nhs.net**

Email address monitored 8am-5pm Mon-Fri

Incomplete forms will be returned to sender