Policy for the Performance of Echocardiography in the ICU

1. Echocardiograms performed by the Division of Critical Care should be for the evaluation of hemodynamic instability. Routine echos for non-urgent cardiac evaluation, e.g. for evaluation of source of embolus, for troponin leaks, for new onset atrial fibrillation, etc., are under the auspices of the Department of Cardiology.

2. ICU fellows performing echocardiography in the ICU should do so only under the supervision of the echo attending.

3. The ICU fellow must contact the supervising echo attending and receive authorization prior to performing an echo study. If the attending was not present for the performance of the study, the fellow is expected to inform the attending at the time of study completion.

4. Fellows may perform an echo study without the supervising attending present in emergency situations. This is permissible only at the discretion of the attending and after prior notification.

5. It is the ICU fellow’s responsibility to upload the study onto the appropriate institutional server after study completion.

6. If an echo was done for a clinical reason, the fellow is expected to write a preliminary report on Encor by the end of the day the study was done.

7. The fellow and echo attending should review all studies together and make any necessary corrections to the preliminary report generated by the fellow within 24 hours of exam completion.

8. The echo attending is responsible for all components of the echocardiographic report including findings, billing information, and confirmation of fellow entries.

9. Fellows are not permitted to perform TEEs without a supervising attending present, even in emergency situations.

10. At the completion of the study, a “wet read” should be given to the ICU team. In case of major findings, the echo attending should directly contact the responsible ICU attending and alert him/her of these findings. Major findings include but may not be limited to diagnoses such as:
    a. Intracardiac mass/tumor/thrombus
    b. Vegetation
    c. Aortic dissection or severe thoracic aneurysm
    d. Findings consistent with pulmonary embolism
    e. Moderate to severe or severe pericardial effusion with or without tamponade
    f. Dynamic left ventricular outflow obstruction or significant aortic stenosis
    g. Evidence of significant wall motion abnormalities
    h. Severe valvular regurgitant lesions
    i. Severe hypovolemia
    j. Moderate and severe degrees of left ventricular systolic dysfunction
    k. Any other important findings as perceived by the echo attending

TEACHING
The Echo attending is expected to provide feedback on technique and study interpretation of echocardiographic examinations performed and/or interpreted by the ICU fellow.