

CLINICAL GUIDELINES ID TAG	
Title:	TTE referral flowchart
Author:	DR M CONNOLLY
Speciality / Division:	MEDICINE
Directorate:	CARDIOLOGY
Date Uploaded:	5 TH AUGUST 2020
Review Date	3 RD AUGUST 2023
Clinical Guideline ID	CG0726

Referral for new transthoracic echocardiography

Additional considerations

Dyspnoea

Yes

Assess ECG for structural abnormalities*:

- LVH criteria**
- Pre-excitation
- Brugada criteria
- cQT interval
- Epsilon wave

Clinical examination:

- Signs of heart failure
- Cardiac murmurs suggesting significant valve disease

Assess family history:

- Any sudden cardiac death (SCD) under the age of 45

- If any of the above are present, consider TTE if clinically indicated.
- If above all normal then TTE generally not indicated

Symptoms / signs of 1st presentation heart failure:

- Dyspnoea on exertion
- Dyspnoea at rest
- Peripheral oedema
- Pulmonary oedema
- Raised JVP

Check NT-Pro BNP level

<400

400 - 2000

>2,000

TTE may or may not be warranted, routine if so. Consider alternative diagnosis

Urgent TTE within 6 weeks

Urgent TTE within 2 weeks

Please note this guideline does not cover all potential scenarios. If in doubt discuss with a member of the cardiology team

*See overleaf for examples

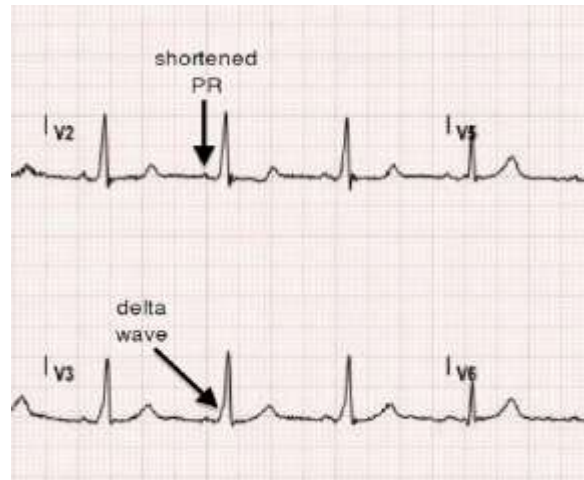
**LVH could suggest underlying HTN, aortic stenosis or a cardiomyopathy. This should be assessed using specific criteria e.g. deepest S wave in V1/V2 added to tallest R wave in V5/V6 >35mm (7 large squares), see overleaf

For palpitations / syncope / VHD please follow separate pathways

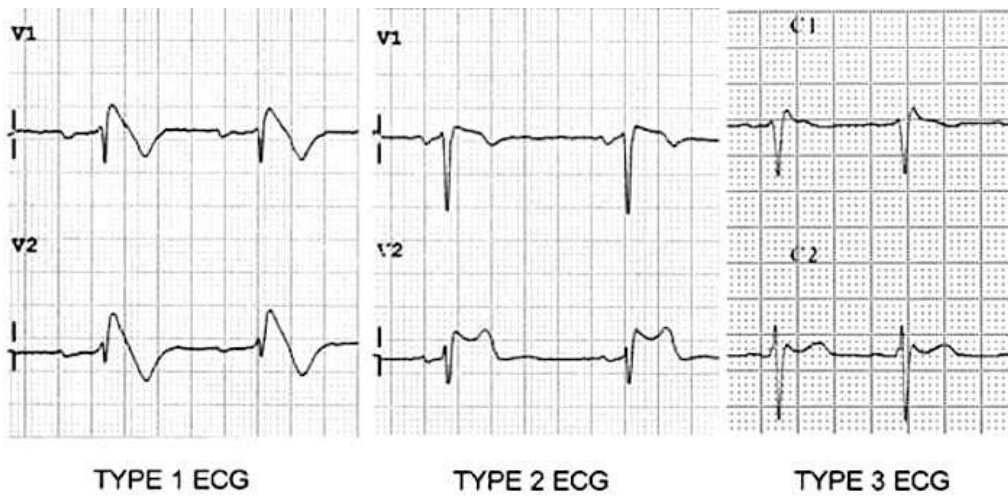
LVH voltage criteria:



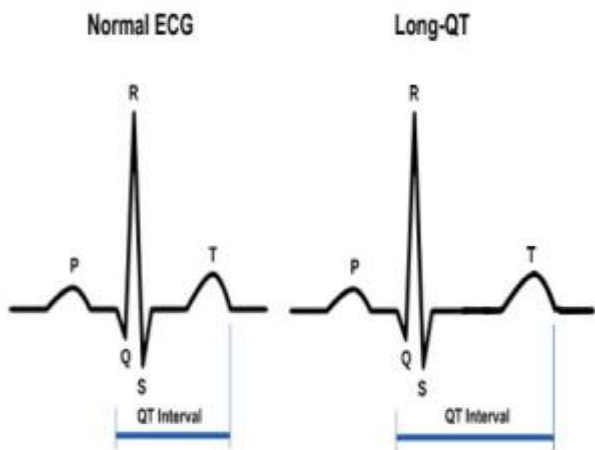
Pre-excitation / delta wave in WPW:



Brugada criteria:



Prolonged QT syndrome:



Epsilon wave of ARVC:

