

GP DIRECT ACCESS ECHO REPORTABLE ABNORMALITIES SOP

1. Introduction and Purpose of the Protocol

This protocol is designed to clarify designated pathways between the Cardio-Respiratory department and referrers to minimise the risk of serious harm to patients resulting from significant findings being overlooked even though they have been correctly reported. **This does not replace the essential requirement for each referrer to be responsible for reading and acting on the result of every investigation they generate.** Rather it is designed to provide a safety net for the highlighting of significant findings.

CRITICAL FINDINGS – FOR THE IMMEDIATE ATTENTION OF MEDICAL STAFF

Notification period – Within 1 hour

- Large (>3cm) pericardial effusion / tamponade
 - Acute VSD - ventricular septal rupture
 - Obstructive (clotted) prosthetic heart valve / dehiscence of prosthetic valve
 - Papillary muscle rupture
 - Pseudo aneurysm
 - Aortic dissection
1. Contact a Consultant Cardiologist for advice (see list of Contactable Consultants according to day).
 2. Email the report immediately to the referring GP and obtain confirmation of receipt by telephoning the surgery.

URGENT FINDINGS - FOR URGENT ATTENTION

Notification period – within 24hrs

- New vegetations
 - New dilated cardiomyopathy or new finding of severe LV impairment (if not under cardiology f/u for heart failure)
 - New LV thrombus
 - New intracardiac tumour
 - New finding of severe aortic or mitral stenosis/regurgitation (if not under cardiology f/u for valve disease)
 - Any patient raising physiologist concern.
1. Contact a Consultant Cardiologist (see list) for advice or refer the patient directly into cardiology clinic
 2. Email the report within 24hrs to the referring GP and obtain confirmation of receipt by telephoning the surgery.
 3. If new finding of severe LV impairment, send copy of report to heart failure matron

NON-URGENT FINDINGS

- New finding of moderate AS / AR, moderate MS / MR
 - New finding of moderate or severe pulmonary stenosis
1. Add the phrase “Please consider referral to a Consultant Cardiologist” to the report. (This only applies if the patient is not under active cardiology follow-up).
 2. Copy of the echo report to be sent to Dr * or to the covering Consultant depending on day (see list)
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