Inspection and interpretation of TOE

Assessment of competences for ANP

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please note: Practitioners can add DOPS, PBAs and CEXs as evidence.**

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| --- | --- | --- | --- | --- |
|  | | **NOT competent** | **Competent** | **Signature and date** |
| Inspection and interpretation of TOE | | | | |
| 1 | Indications   * Murmurs and valvular heart disease * Cardiomyopathy and assessment of left ventricular function * Pericardial disease * Cardiac masses and tumours * Systemic hypertension * Ischaemic heart disease * Pulmonary heart disease * Arrhythmias and palpitation * Ventricular function |  |  |  |
| 2 | Annotation   * Patient name * Correct DOB * Correct ID number * Correct date |  |  |  |
| 3 | Physics of ultrasound   * Reflection * Refraction * Scattering * Attenuation |  |  |  |
| 4 | Modalities   * Brightness * Motion * Colour * Imaging modalities * Resolution |  |  |  |
| 5 | Technique |  |  |  |
| 6 | Contraindications   * Requires sedation * Absolute contraindication: * Recent variceal bleed * Recent oesophageal trauma/surgery * Oesophageal malignancy * Relative contraindication: * Known varices * Recent upper GI bleed |  |  |  |
| 7 | Procedure   * Patient position * NBM * IV access * Baseline observations and CVS/resp monitoring * Sedation * Probe insertion * Probe position * Emergency equipment |  |  |  |
| 8 | Complications   * Bleeding * Sedation: * delayed discharge * admission to ICU * cardiopulmonary resuscitation * Oesophageal trauma * Superficial * Oesophageal rupture * Arrhythmia |  |  |  |
| 9 | Interpretation  *Windows*   * Parasternal * Apical * Subcostal * Suprasternal   *Image planes (transthoracic)*   * Long axis * Short axis * 4 chambers |  |  |  |
| 10 | Clinical findings and action   * Pericardial effusion * Tamponade * LVF * Wall abnormalities * Valvular abnormalities * Septal abnormalities |  |  |  |
| **Assessor’s comments** – Demonstrates knowledge of the anatomy, physiology and pathophysiology associated with insertion of the probe, the indications and risks associated with the procedure. Describes the contraindications to performing TOE. Can identify the different views in relation to the anatomy.  Can comment on the chamber function, the function of the valves and identify abnormalities in relation to patient’s clinical status.  The practitioner can verbalise the correct course of action that should be taken if there are any abnormal findings, to include communication with the multidisciplinary team and the documentation according to the practitioner’s professional body and code of conduct: | | | | |
|  | | | | |
| **This practitioner has completed these outcomes to the appropriate standard.**  **Assessor’s name:**  **Signature and date:** | | **Practitioner’s signature:**  **Date:** | | |