

McLaren Flint
ANESTHESIA EPIAORTIC SCAN/TRANSESOPHAGEAL ECHOCARDIOGRAM RECORD
INTRAOPERATIVE ASSESSMENT

PRE-OPERATIVE/ DEPLOYMENT ASSESSMENT

PRE OPERATIVE ASSESSMENT OF ASCENDING AORTA:				
Diffuse Aortic Calcification (Porcelain Aorta) : <input type="checkbox"/> Yes <input type="checkbox"/> No			Wall Motion Abnormalities: <input type="checkbox"/> Inferior <input type="checkbox"/> Lateral <input type="checkbox"/> Anterior <input type="checkbox"/> Right Heart	Pericardial Effusion: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount _____ccs Pleural Effusion: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount _____ccs Pre- op Ejection Fraction _____(%)
Assm of Asc Aorta/Arch for atheroma/plaque: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported				
<input type="checkbox"/> Normal Aorta/No or minimal plaque <i>(Grade I)</i>	<input type="checkbox"/> Protruding Atheroma < 5 mm <i>(Grade III)</i>	<input type="checkbox"/> Mobile plaques <i>(Grade V)</i>		
<input type="checkbox"/> Extensive intimal thickening <i>(Grade II)</i>	<input type="checkbox"/> Protruding Atheroma >= 5 mm <i>(Grade IV)</i>	<input type="checkbox"/> Not documented PA Systolic Pressure _____mmHg LV End-Systolic Dimension: ___(mm) (=LVIDs)		

PRE-OPERATIVE/DEPLOYMENT

Aortic Valve:

Aortic Insufficiency: <input type="checkbox"/> None <input type="checkbox"/> Trivial/Trace <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Not Documented				
Aortic Valve Disease: <input type="checkbox"/> Yes <input type="checkbox"/> No	Peak Velocity: _____m/s	Aortic Valve Area : _____cm ²	Mean Gradient: _____mmHg	Peak Gradient: _____mmHg

POST DEPLOYMENT/ PROCEDURE ASSESSMENT

Post EF _____ %

Aortic Valve:

Aortic Insufficiency: <input type="checkbox"/> None <input type="checkbox"/> Trivial/Trace <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Not Documented				
Aortic Valve Disease: <input type="checkbox"/> Yes <input type="checkbox"/> No	Peak Velocity: _____m/s	Aortic Valve Area : _____cm ²	Mean Gradient: _____mmHg	Peak Gradient: _____mmHg

Mitral Valve:

Mitral Insufficiency: <input type="checkbox"/> None <input type="checkbox"/> Trivial/Trace <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Not Documented				
Mitral Valve Disease: <input type="checkbox"/> Yes <input type="checkbox"/> No	Valve Area: _____cm ²	Mean Gradient: _____mmHg	Peak Gradient: _____mmHg	
Carpentier Mitral leaflet motion classification: <input type="checkbox"/> Type I (normal) <input type="checkbox"/> Type II (excessive) <input type="checkbox"/> Type IIIa (excessive both diastolic/systolic) <input type="checkbox"/> Type IIIb (restricted systolic) <input type="checkbox"/> Not Documented (leave blank for prosthetic valves)				

Tricuspid Valve:

Tricuspid Insufficiency: <input type="checkbox"/> None <input type="checkbox"/> Trivial/Trace <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Not Documented		
Tricuspid Valve Disease <input type="checkbox"/> Yes <input type="checkbox"/> No	Tricuspid Stenosis <input type="checkbox"/> Yes <input type="checkbox"/> No	Tricuspid Annulus Size: _____cm

Physician Printed Name: _____

Signature: _____ Date/Time _____

