

Appropriate Use Criteria for Transthoracic Echocardiography

The American Society of Echocardiography (ASE) defined appropriate use of transthoracic echocardiography (TTE) as “appropriate, maybe appropriate, and rarely appropriate.”

The following are 3 (of many) instances in which TTE was determined to be **rarely appropriate**. They are listed herein for purposes of education only and should not deter a provider from ordering a study that they deem necessary.

In sequential or follow-up testing of asymptomatic or stable patients, **rarely appropriate** indications for TTE consisted of:

1. Re-evaluation at <1 year of ejection fraction in a patient at risk for heart failure (HF) without structural heart disease on prior TTE and no change in clinical status or cardiac examination
2. Re-evaluation at <1 year of known hypertensive heart disease without a change in clinical status or cardiac examination
3. Re-evaluation at <1 year of cardiomyopathy (systolic or diastolic) or HF without a change in clinical status or cardiac examination

Rarely appropriate use of TTE is further defined as: “*Rarely an appropriate option for management of patients in this population due to the lack of a clear benefit/risk advantage; rarely an effective option for individual care plans; exceptions should have documentation of the clinical reasons for proceeding with this care option.*”

Link to ASE Guidelines: <https://www.asecho.org/appropriate-use-criteria/>