hTEE Use Criteria

PATIENT MUST BE INTUBATED!

Prior to placing an hTEE probe, please consider the following:

1. Does the patient have an indication for hTEE (ex. shock, severe hypoxemia)? Is it anticipated that the patient survive for > 48 hours?
2. Is it anticipated that the patient may be intubated for > 48 hours?
3. ***Is the patient's esophagus and stomach intact?***
4. ***Does the patient not have other preclusions to the catheter (ex. history of bradycardia with other oral or nasal gastric tubes, severe TBI that cannot tolerate placement or manipulation of catheter due to increasing TBI with such maneuvers*** (that does not mean TBI is an absolute contraindication)?

If the answer is yes to all these questions, the patient could be a reasonable candidate for the hTEE probe.

The ultrasound machine and probes (if not left in the patient, please secure to patient if so) need to be cleaned as instructed. Please sync your images to Q-path as instructed.

hTEE ***will*** be used in (***in whom TTE is suboptimal/failed)***:

1. Sepsis protocol patients who have received 4L of fluid in less than 12 hours FROM THE SEPSIS PROTOCOL (not total for the day) and are still being told by the computer to give more fluid.
2. Sepsis protocol patients who remain hypotensive despite a CVP ≥ 10.
3. Sepsis protocol patients on pressors or inotropes for more than one hour.
4. MELD 35 patients (pre-op transplant) *who do not have a contraindication to a NGT from varices* who have one of the following criteria: AKI or renal failure; moderate or severe ARDS as defined as P/F ratio of <200; or shock requiring pressors or inotropes.

hTEE ***may*** be used in patients ***in whom TTE is suboptimal/failed:***

a. Patients on pressors or inotropes.
b. Persistent traumatic shock to assist determining etiogolgy (hemorrhagic vs. neurogenic, vs. cardiogenic, etc.)
c. Suspected cardiogenic shock in conjunction with myocardial infarction.
d. Unable to adequately assess volume status via other objective means (CVP, bedside TTE).
e. ARDS patients who require paralytics or flolan ***but are not candidates for proning***.
f. Post-op liver transplant patients who do not appear to be 'extubatable' from the ventilator > 48 hours.
g. Non-septic patients who have received more than 4L of fluid in < 24 hours (ex. pancreatitis).
h. Any patient you think requires a pulmonary arterial catheter or Flotrac monitor.

Again, TTE needs to have been unsuccessful for a-e.

DO NOT ORDER FLO-TRAC IN ADDITION TO THE hTEE. One of the other should be used. CVP is ok as most of these patients will have CVL anyway.