

CKiD Sonographer Echo Worksheet

Clinical Site #: _____

Subject ID #: _____

Sonographer Initials: _____

Date of Study: _____

ASE Baseline Echo: Yes No ←

Visit: V2
 V6
 V10
 V14
 Irregular (Accelerated) Visit ____

Is this a Repeat Echo? Yes No

Sonographer Checklist

ASE Baseline Echo:
If this is the first CKiD echo visit for the participant, then check “yes” and indicate the appropriate visit number. (A complete ASE guideline baseline ECHO and the 12 CKiD images must be sent.)

Check When Echo Study Completed:

1. _____ All of the above worksheet data filled in.
2. _____ Subject ID and site number entered correctly on tape/disc (no patient name is to be listed on tape/disc or worksheet)
3. _____ Complete Echo performed to exclude the presence of congenital heart disease (**ONLY for 1st Echo**).
4. _____ Echocardiographic CKiD study complete. (10 cardiac cycles per image, sweep speed 100mm/sec)
 - a) _____ Parasternal Long-Axis Image (**Image #1**)
 - b) _____ PLAX 2D-guided M-Mode of LV (**Image #2**)
 - c) _____ PLAX 2D-guided M-Mode of LA and Aorta (**Image #3**)
 - d) _____ 2D-parasternal short-axis image (papillary muscle level) (**Image #4**)
 - e) _____ 2D Apical 4-chamber image (**Image #5**)
 - f) _____ 2D Apical 2-chamber image (**Image #6**)
 - g) _____ Mitral Inflow Pulse Wave Doppler (**Image #7**)
 - h) _____ Pulse Wave Tissue Doppler Imaging
 - 1) _____ Medial mitral annulus (**Image #8**)
 - 2) _____ Lateral mitral annulus (**Image #9**)
 - i) _____ Suprasternal notch (high parasternal) short axis image of the aorta (**Image #10**)
 - j) _____ Suprasternal notch (high parasternal) short axis image of the aorta – ZOOMED (**Image #11**)
 - k) _____ Suprasternal notch (high parasternal) short axis image of the aorta-2D guided M-Mode of Zoomed image (**Image #12**)
4. _____ “Alert” protocol followed (if applicable). “Alert” Finding (specify): _____
5. _____ Videotape/disc copied and stored. Both tapes/discs labeled with clinical site, patient ID and study date.

Shipment Directions for CKiD Sonographer:

- Make a copy of this form. Keep a copy for CKiD records. Mail original form with the Sonographer Self Critique Form and tape/disc to:

CCHMC

Attn: Lauren Longshore

Cardiology Dept., ML 2003

3333 Burnet Ave.

Cincinnati, OH 45229

513-803-5517

Lauren.Longshore@cchmc.org

FedEx Slip:

- Contact Leah Haddadi at Lshaddadi@cmh.edu for a FedEx slip and it will be emailed to you.