

PATIENT'S INFORMATION
(Please Stick Label)

ULTRASONIC ENHANCING AGENT ECHOCARDIOGRAPHY PROCEDURE

Allergic to Sulfur Hexafluoride: YES ☐ NO ☐

1. SonoVue is a contrast agent used in echocardiography procedure to improve ultrasound image quality of the heart. It contains millions of microbubbles that act as a reflector of the ultrasound beam and provide image enhancement.
2. It is used when the result of the echocardiography study without contrast agent is inconclusive.
3. CVT will consult the echo referring doctor to obtain permission to use SonoVue contrast agent if he/she encounters a patient with poor echo window (ie if ≥ 2 adjacent segments are not visualised) and for suspected cardiac thrombus.
4. Once the approval has been obtained, CVT will proceed with SonoVue administration protocol as per WI/SOP.
5. The requesting doctor shall transcribe the SonoVue contrast media ordering in Trackare (in eNCL Investigation Request section) immediately once he/she received a request from CVT or within 24 hours if he/she has no immediate access to Trackcare.
6. Doctors may order contrast echocardiography procedure with SonoVue contrast agent for a patient if clinically indicated.
7. The recommended dose of SonoVue for thrombus assessment is 2 ml administered as an intravenous bolus injection. During a single examination, a second injection of 2 ml SonoVue may be administered to prolong contrast enhancement. For patient with poor echo window, the recommended dose of SonoVue is 1ml administered as an intravenous bolus injection. During a single examination, repeat injection of 1 ml SonoVue may be administered to prolong contrast enhancement. Follow each SonoVue injection with an intravenous flush using 5 mL of 0.9% Sodium Chloride injection.
8. The details of the administration of the SonoVue shall be documented in the section below.

SonoVue CONTRAST INJECTION:

Total Dose in mg (5mg/ml) given ($\sqrt{}$)	5 mg	10 mg	15 mg	20 mg	25 mg

Prepared by:

Signature: _____
Name : _____
Date : _____
Time : _____

Administrated by:

Signature: _____
Name : _____
Date : _____
Time : _____ (Start Time)

[CVT] : Cardiovascular Technologist
[PC]: Personal Computer