**The TEE Collaborative Registry Database**
**Participant Agreement**

By agreeing to participate in the TEE Collaborative Registry Database, each Participating Institution agrees to all terms regarding the submission, use and disclosure, and protection of data outlined in Introduction to the TEE Collaborative Registry Database.

We also reserve the right to market your entity as a Participating Institution in the TEE Collaborative Registry Database, which may include the use of logos and images associated with your entity.

This Participant Agreement will remain in effect only for as long as the TEE Collaborative Registry Database continues to operate. If the Database ceases to operate, Participating Institutions will be notified and given a time frame with which to download the data they have stored in TEE Collaborative Registry. Notwithstanding the forgoing, in the case that it becomes necessary, we reserve the right to discontinue our relationship with any Participating Institution with which we are partnered. The data that has already been entered by that Participating Institution will remain in the TEE Collaborative Registry Database subject to all ongoing privacy and security measures.

We may amend or modify the terms of this Participation Agreement at any time and such amendments or modifications shall be effective immediately upon notice to the affected parties.

IN WITNESS WHEREOF, the parties hereto have executed this agreement as of the last written date below.

FOR: **PARTICIPATING INSTITUTION:**

_____
Institution Name

Date: Name and Title

FOR THE **TEE COLLABORATIVE REGISTRY DATABASE** TEAM:

Felipe Teran Digitally signed by Felipe Teran Date: 2021.05.11 15:27:49 -04'00'

Date: Name and Title Principal Investigator

# EXHIBIT A

## REPORTABLE DATA ELEMENTS

**Clinician operator information**
Level of operator performing TEE (Attending, Fellow, Resident, Other)
Specialty of operator performing TEE (EM, Intensive Care, Cardiology, Anesthesiology)
Clinical unit (ED, ICU, OR, Ward, Prehospital, Other).

**Patient information**
Date of birth
Gender
Race
Weight
BMI
Medical history:
- Coronary artery disease (CAD), congestive heart failure (CHF), chronic kidney disease (CKD), diabetes mellitus (DM), hypertension (HTN), previous STEMI (pSTEMI), ventricular assist device (VAD), and implantable cardioverter defibrillator (ICD)

**General procedure information**

Procedure date / time

Procedure duration (estimated duration of total procedure in mins)

**Pre-procedure interventions**
- Endotracheal intubation
- Sedation
- Muscle relaxation
- Nasogastric or orogastric tube placement

Probe insertion:
- Technique used
  - no laryngoscope used for insertion
  - direct laryngoscopy used for insertion
  - video laryngoscopy used for insertion

Number of attempts including successful insertion attempt

Immediate complications detected during probe insertion
- Pharyngeal bleed
- Endotracheal tube dislodgement during TEE insertion
- Endotracheal tube cuff rupture during TEE insertion

**Complications related to TEE**

Diagnosis of esophageal perforation made after TEE

Diagnosis of oropharyngeal injury made after TEE
Diagnosis of gastrointestinal bleed made after TEE

**TEE indication** (will determine form for subsequent sections)

Intra-arrest evaluation in OHCA

Post-arrest evaluation in OHCA

Intra-arrest evaluation in IHCA

Post-arrest evaluation in IHCA

Initial evaluation of undifferentiated shock or acute hemodynamic decompensation

Hemodynamic monitoring in critically-ill patient

Procedural guidance

**Indication-specific variables**

*Intra-Arrest Evaluation of Out-of-Hospital Cardiac Arrest*

**Prehospital process**

Arrest location
Witnessed
Bystander CPR
Exact time of arrest
Approximate time of arrest
Exact downtime
Approximate downtime

First documented pulseless cardiac rhythm
- Asystole
- PEA
- VF
- VT
- Unknown

EMS level
- BLS
- ALS

Prehospital interventions
- Chest compressions
- Defibrillation
- Airway procedures
  - Valve-Mask Ventilation
  - Supraglottic airway device placed
  - Endotracheal intubation in the field
- Drug administration
  - Epinephrine administration
    - Route (IV, IO)
    - Total number of doses given
    - Time of doses
  - Other Drug Interventions
    - Intravenous fluids
    - Antiarrhythmic Medications
    - Vasopressors (epinephrine infusion)
    - Atropine
    - Others

- CPR quality parameters
  - End-Tidal CO2 (Values / Times)
  - Systolic blood pressure (Values / Times)
  - Diastolic blood pressure (Values / Times)
  - CC depth
  - CC rate

CC fraction

**ED process**

Time of ED arrival

First ED documented pulseless cardiac rhythm
- Asystole
- PEA
- VF
- VT
- Unknown

Emergency Department interventions

- Chest compressions
- Defibrillation
- Airway procedures
  - Valve-Mask Ventilation
  - Supraglottic airway device placed
  - Endotracheal intubation
- Drug administration
  - Epinephrine administration
    - Route (IV, IO)
    - Total number of doses given
    - Time of doses
  - Other Drug Interventions
    - Intravenous fluids
    - Antiarrhythmic Medications
    - Vasopressors (epinephrine infusion)
    - Atropine
    - Others
- CPR quality parameters
  - End-Tidal CO2 (Value / Times)
  - Systolic blood pressure (Values / Times)
  - Diastolic blood pressure (Values / Times)
  - CC depth
  - CC rate
  - CC fraction

**TEE data**

Windows obtained
- Mid-esophageal four chamber view
- Mid-esophageal long axis view (three chamber view)
- Mid-esophageal bicaval view

- Transgastric midpapillary muscle short axis view
- Mid-esophageal two chamber view
- Mid-esophageal aortic valve short axis view
- Upper esophageal ascending aorta view short axis (main PA view)
- Upper esophageal ascending aorta view long axis
- Mid-esophageal right ventricular inflow-outflow view
- Mid-esophageal descending aorta short axis view
- Mid-esophageal descending aorta long axis view
- Transgastric midpapillary muscle long axis view
- Transgastric deep five chamber view
- Other (Describe)

Type of CPR during TEE (Manual / Mechanical)
Initial Area of Maximal Compression (AMC) in ME LAX view
Left ventricle
LVOT
Aortic root
Unable to determine
Other

End-Tidal CO2 at the time of initial AMC assessment (Value)
DBP at the time of initial AMC assessment (Value)
AMC changed under TEE guidance (Y/N)
Time of AMC change (if previous answer yes) (Time)
End-Tidal CO2 at the time of initial AMC assessment (Time/Value)
DBP at the time of initial AMC assessment (Time/Value)

**Operator-identified TEE findings**

Cardiac tamponade
RV dilation
Pseudo PEA
Hypovolemia
Fine ventricular fibrillation
Intra-cardiac thrombus
Aortic dissection
Etiology of arrest established based on TEE findings?

**Outcomes**

ROSC (Y/N)
Survived ED admission (Y/N)
Survived Hospital discharge (Y/N)
Date/Time of Discharge/Death
Do Not Attempt Resuscitation Order During this Admission (Date/Time)
Life Support Withdrawn
Discharge Destination
Adult Cerebral Performance Category (CPC) at Discharge
Adult Modified Rankin Score (mRS) at Discharge

*Post-Arrest Evaluation of Out-of-Hospital Cardiac Arrest*

**Prehospital process**

Arrest location
Witnessed
Bystander CPR
Exact time of arrest
Approximate time of arrest
Exact downtime
Approximate downtime

First documented pulseless cardiac rhythm
- Asystole
- PEA
- VF
- VT
- Unknown

EMS level
- BLS
- ALS

Prehospital interventions
- Chest compressions
- Defibrillation
- Airway procedures
  - Valve-Mask Ventilation
  - Supraglottic airway device placed
  - Endotracheal intubation in the field
- Drug administration
  - Epinephrine administration
    - Route (IV, IO)
    - Total number of doses given
    - Time of doses
  - Other Drug Interventions
    - Intravenous fluids
    - Antiarrhythmic Medications
    - Vasopressors (epinephrine infusion)
    - Atropine
    - Others

- CPR quality parameters
  - End-Tidal CO2 (Values / Times)
  - Systolic blood pressure (Values / Times)

Diastolic blood pressure (Values / Times)
CC depth
CC rate
CC fraction

**ED process**

First documented pulseless cardiac rhythm (during arrest)
- Asystole
- PEA
- VF
- VT
- Unknown / Not available

Presenting rhythm post ROSC
- Sinus tachycardia
- Sinus bradycardia
- Normal sinus rhythm
- Atrial fibrillation
- Atrial flutter
- Junctional Rhythm
- Ventricular tachycardia
- Other
- Unknown / Not available

Vital signs at time of TEE
- Blood pressure
- MAP
- Heart rate
- Pulse oximetry

**Critical Care Variables**

Ventilation settings at time of TEE
- Ventilation mode
- FiO2
- RR
- Tidal volume
- PEEP

Drugs at the time of TEE
- Sedation (Y/N)
- Muscle relaxation (Y/N)
- Vasopressor infusions
  - Epinephrine (Y/N)
  - Epinephrine (Dosing)
  - Norepinephrine (Y/N)
  - Norepinephrine (Dosing)
  - Vasopressin (Y/N)
  - Vasopressin (Dosing)

Dobutamine (Y/N)
Dobutamine (Dosing)
Other (Specify)

Targeted Temperature Management initiated at the time of TEE (Y/N)

**TEE data**

Windows obtained

- Mid-esophageal four chamber view
- Mid-esophageal long axis view (three chamber view)
- Mid-esophageal bicaval view
- Transgastric midpapillary muscle short axis view
- Mid-esophageal two chamber view
- Mid-esophageal aortic valve short axis view
- Upper esophageal ascending aorta view short axis (main PA view)
- Upper esophageal ascending aorta view long axis
- Mid-esophageal right ventricular inflow-outflow view
- Mid-esophageal descending aorta short axis view
- Mid-esophageal descending aorta long axis view
- Transgastric midpapillary muscle long axis view
- Transgastric deep five chamber view
- Other (Describe)

**Operator-identified TEE findings**

Cardiac tamponade
Echocardiographic signs suggesting acute right ventricular failure
Echocardiographic signs suggesting pulmonary embolism
Intra-cardiac LV thrombus
Intra-cardiac RV thrombus
Global LV systolic dysfunction
Echocardiographic signs suggesting hypovolemia
Aortic dissection
    None
    Type A
    Type B
Wall motion abnormalities
    None
    LAD (Anterior, Septal)
    RCA (Inferior)
    Circumflex (Lateral)
LV rupture
SVC diameter respirophasic variation (%)
Acute severe valvular pathology
Etiology of arrest established based on TEE findings?
Change in management based on TEE findings
    No change in management based on TEE findings
    Patient was taken to the cardiac catheterization lab
    Patient was taken to the operating room

Decision to give intravenous fluids
Decision to stop intravenous fluids administration
Patient was started on vasopressors for hemodynamic support
Decision to initiate mechanical circulatory support
Other intervention

Change in management based on TEE findings
No change in management based on TEE findings
Patient was taken to the cardiac catheterization lab
Pericardiocentesis was performed
Decision to give intravenous fluids
Decision to stop intravenous fluids administration
Patient was started on vasopressors for hemodynamic support
Decision to initiate mechanical circulatory support

**Outcomes**

Survived ICU admission (Y/N)
Survived Hospital discharge (Y/N)
Date/Time of Discharge/Death
Do Not Attempt Resuscitation Order During this Admission (Date/Time)
Life Support Withdrawn
Discharge Destination
Adult Cerebral Performance Category (CPC) at Discharge
Adult Modified Rankin Score (mRS) at Discharge

*Intra-Arrest Evaluation of In-Hospital-Cardiac Arrest*

**In-Hospital Arrest Process**

Arrest location (Emergency Department, Hospital Ward, Intensive Care Unit, Operating Room, Other)
Witnessed
Bystander CPR
Exact time of arrest
Approximate time of arrest
First documented pulseless cardiac rhythm
Asystole
PEA
VF
VT
Unknown

In-hospital arrest interventions
Chest compressions
Defibrillation
Airway procedures
Valve-Mask Ventilation

Supraglottic airway device placed
Endotracheal intubation in the field

Drug administration
Epinephrine administration
Route (IV, IO)
Total number of doses given
Time of doses
Other Drug Interventions
Intravenous fluids
Antiarrhythmic Medications
Vasopressors (epinephrine infusion)
Atropine
Others

CPR quality parameters
End-Tidal CO2 (Values / Times)
Systolic blood pressure (Values / Times)
Diastolic blood pressure (Values / Times)
CC depth
CC rate
CC fraction

**TEE data**

Windows obtained

- Mid-esophageal four chamber view
- Mid-esophageal long axis view (three chamber view)
- Mid-esophageal bicaval view
- Transgastric midpapillary muscle short axis view
- Mid-esophageal two chamber view
- Mid-esophageal aortic valve short axis view
- Upper esophageal ascending aorta view short axis (main PA view)
- Upper esophageal ascending aorta view long axis
- Mid-esophageal right ventricular inflow-outflow view
- Mid-esophageal descending aorta short axis view
- Mid-esophageal descending aorta long axis view
- Transgastric midpapillary muscle long axis view
- Transgastric deep five chamber view
- Other (Describe)

Type of CPR during TEE (Manual / Mechanical)

Initial Area of Maximal Compression (AMC) in ME LAX view
Left ventricle
LVOT
Aortic root
Unable to determine
Other

End-Tidal CO2 at the time of initial AMC assessment (Value)

DBP at the time of initial AMC assessment (Value)
AMC changed under TEE guidance (Y/N)
Time of AMC change (if previous answer yes) (Time)
End-Tidal CO2 at the time of initial AMC assessment (Time/Value)
DBP at the time of initial AMC assessment (Time/Value)

**Operator-identified TEE findings**

Cardiac tamponade
RV dilation
Pseudo PEA
Hypovolemia
Fine ventricular fibrillation
Intra-cardiac thrombus
Aortic dissection
Etiology of arrest established based on TEE findings

**Outcomes**

ROSC (Y/N)
Survived Hospital discharge (Y/N)
Date/Time of Discharge/Death
Do Not Attempt Resuscitation Order During this Admission (Date/Time)
Life Support Withdrawn
Discharge Destination
Adult Cerebral Performance Category (CPC) at Discharge
Adult Modified Rankin Score (mRS) at Discharge

*Post-Arrest Evaluation of In-Hospital Cardiac Arrest*

First documented pulseless cardiac rhythm (during arrest)
- Asystole
- PEA
- VF
- VT
- Unknown / Not available

Hospital interventions
- Chest compressions
- Defibrillation
- Airway procedures
  - Valve-Mask Ventilation
  - Supraglottic airway device placed
  - Endotracheal intubation
- Drug administration
  - Epinephrine administration
    - Route (IV, IO)
    - Total number of doses given


- Time of doses
- Other Drug Interventions
  - Intravenous fluids
  - Antiarrhythmic Medications
  - Vasopressors (epinephrine infusion)
  - Atropine
  - Others

Presenting rhythm post ROSC
- Sinus tachycardia
- Sinus bradycardia
- Normal sinus rhythm
- Atrial fibrillation
- Atrial flutter
- Junctional Rhythm
- Ventricular tachycardia
- Other
- Unknown / Not available

Vital signs at time of TEE
- Blood pressure
- MAP
- Heart rate
- Pulse oximetry

**Critical Care Variables**

Ventilation settings at time of TEE
- Ventilation mode
- FiO2
- RR
- Tidal volume
- PEEP

Drugs at the time of TEE
- Sedation (Y/N)
- Muscle relaxation (Y/N)
- Vasopressor infusions
  - Epinephrine (Y/N)
  - Epinephrine (Dosing)
  - Norepinephrine (Y/N)
  - Norepinephrine (Dosing)
  - Vasopressin (Y/N)
  - Vasopressin (Dosing)
  - Dobutamine (Y/N)
  - Dobutamine (Dosing)
  - Other (Specify)

Targeted Temperature Management initiated at the time of TEE (Y/N)

**TEE data**

Windows obtained

- Mid-esophageal four chamber view
- Mid-esophageal long axis view (three chamber view)
- Mid-esophageal bicaval view
- Transgastric midpapillary muscle short axis view
- Mid-esophageal two chamber view
- Mid-esophageal aortic valve short axis view
- Upper esophageal ascending aorta view short axis (main PA view)
- Upper esophageal ascending aorta view long axis
- Mid-esophageal right ventricular inflow-outflow view
- Mid-esophageal descending aorta short axis view
- Mid-esophageal descending aorta long axis view
- Transgastric midpapillary muscle long axis view
- Transgastric deep five chamber view
- Other (Describe)

**Operator-identified TEE findings**

Cardiac tamponade
Echocardiographic signs suggesting acute right ventricular failure
Echocardiographic signs suggesting pulmonary embolism
Intra-cardiac LV thrombus
Intra-cardiac RV thrombus
Global LV systolic dysfunction
Echocardiographic signs suggesting hypovolemia
Aortic dissection
    None
    Type A
    Type B
Wall motion abnormalities
    None
    LAD (Anterior, Septal)
    RCA (Inferior)
    Circumflex (Lateral)
LV rupture
SVC diameter respirophasic variation (%)
Acute severe valvular pathology
    Valvular assessment not performed
    No evidence of severe pathology
    Aortic regurgitation
    Mitral insufficiency
    Tricuspid regurgitation
Etiology of arrest established based on TEE findings?
Change in management based on TEE findings
    No change in management based on TEE findings
    Patient was taken to the cardiac catheterization lab
    Patient was taken to the operating room
    Pericardiocentesis was performed
    Decision to give intravenous fluids

Decision to stop intravenous fluids administration
Patient was started on vasopressors for hemodynamic support
Decision to initiate mechanical circulatory support
Other intervention

**Outcomes**

Survived ICU admission (Y/N)
Survived Hospital discharge (Y/N)
Date/Time of Discharge/Death
Do Not Attempt Resuscitation Order During this Admission (Date/Time)
Life Support Withdrawn
Discharge Destination
Adult Cerebral Performance Category (CPC) at Discharge
Adult Modified Rankin Score (mRS) at Discharge

*Initial evaluation of undifferentiated shock or acute hemodynamic decompensation*

Cardiac rhythm at the time of TEE
- Sinus tachycardia
- Sinus bradycardia
- Normal sinus rhythm
- Atrial fibrillation
- Atrial flutter
- Junctional Rhythm
- Ventricular tachycardia
- Other
- Unknown / Not available

Vital signs at time of TEE
- Blood pressure
- MAP
- Heart rate
- Pulse oximetry

**Critical Care Variables**

Ventilation settings at time of TEE
- Ventilation mode
- FiO2
- RR
- Tidal volume
- PEEP

Drugs at the time of TEE
- Sedation (Y/N)
- Muscle relaxation (Y/N)
- Vasopressor infusions
  - Epinephrine (Y/N)
  - Epinephrine (Dosing)

Norepinephrine (Y/N)
Norepinephrine (Dosing)
Vasopressin (Y/N)
Vasopressin (Dosing)
Dobutamine (Y/N)
Dobutamine (Dosing)
Other (Specify)

**TEE data**

Windows obtained

- Mid-esophageal four chamber view
- Mid-esophageal long axis view (three chamber view)
- Mid-esophageal bicaval view
- Transgastric midpapillary muscle short axis view
- Mid-esophageal two chamber view
- Mid-esophageal aortic valve short axis view
- Upper esophageal ascending aorta view short axis (main PA view)
- Upper esophageal ascending aorta view long axis
- Mid-esophageal right ventricular inflow-outflow view
- Mid-esophageal descending aorta short axis view
- Mid-esophageal descending aorta long axis view
- Transgastric midpapillary muscle long axis view
- Transgastric deep five chamber view
- Other (Describe)

**Operator-identified TEE findings**

Pericardium:
Pericardial effusion present (Y/N)
Echocardiographic signs of tamponade (Y/N)
Not evaluated

Left ventricle:
Presence of global LV systolic dysfunction (Y/N)
Estimated EF (%)
Not evaluated

Cardiac output:
LVOT diameter (CM)
LVOT VTI (CM)
HR
Not evaluated
Unable to determine

Right ventricle:
Presence of RV dysfunction (Y/N)
TAPSE (mm)
FAC (%)
Not evaluated

Unable to determine

SVC:
- Size end of diastole (mm)
- Respirophasic variation
  - < 36% diameter variation
  - > 36% diameter variation
  - Not evaluated
  - Unable to determine

Transesophageal Lung Ultrasound (TELUS):
- A-line pattern bilaterally
- B-Line pattern bilaterally
- Right pleural effusion present
- Left pleural effusion present
- Not evaluated

Operator's impression:
- Echocardiographic signs suggesting acute right ventricular failure
- Echocardiographic signs suggesting pulmonary embolism
- Intra-cardiac LV thrombus
- Intra-cardiac RV thrombus
- Global LV systolic dysfunction
- Echocardiographic signs suggesting hypovolemia
- Aortic dissection
  - None
  - Type A
  - Type B
- Wall motion abnormalities
  - None
  - LAD (Anterior, Septal)
  - RCA (Inferior)
  - Circumflex (Lateral)
- LV rupture
- Acute severe valvular pathology
  - Valvular assessment not performed
  - No evidence of severe pathology
  - Aortic regurgitation
  - Mitral insufficiency
  - Tricuspid regurgitation

Etiology of shock / hemodynamic decompensation established based on TEE findings?

Change in management based on TEE findings
- No change in management based on TEE findings
- Patient was taken to the cardiac catheterization lab
- Patient was taken to the operating room
- Pericardiocentesis was performed
- Decision to give intravenous fluids
- Decision to stop intravenous fluids administration
- Patient was started on vasopressors for hemodynamic support

Decision to initiate mechanical circulatory support
Other intervention (Describe)

*Hemodynamic monitoring in critically-ill patient*

Cardiac rhythm at the time of TEE
- Sinus tachycardia
- Sinus bradycardia
- Normal sinus rhythm
- Atrial fibrillation
- Atrial flutter
- Junctional Rhythm
- Ventricular tachycardia
- Other
- Unknown / Not available

Vital signs at time of TEE
- Blood pressure
- MAP
- Heart rate
- Pulse oximetry

**Critical Care Variables**

Ventilation settings at time of TEE
- Ventilation mode
- FiO2
- RR
- Tidal volume
- PEEP

Drugs at the time of TEE
- Sedation (Y/N)
- Muscle relaxation (Y/N)
- Vasopressor infusions
  - Epinephrine (Y/N)
  - Epinephrine (Dosing)
  - Norepinephrine (Y/N)
  - Norepinephrine (Dosing)
  - Vasopressin (Y/N)
  - Vasopressin (Dosing)
  - Dobutamine (Y/N)
  - Dobutamine (Dosing)
  - Other (Specify)

**TEE data**

Windows obtained
- Mid-esophageal four chamber view
- Mid-esophageal long axis view (three chamber view)
- Mid-esophageal bicaval view

- Transgastric midpapillary muscle short axis view
- Mid-esophageal two chamber view
- Mid-esophageal aortic valve short axis view
- Upper esophageal ascending aorta view short axis (main PA view)
- Upper esophageal ascending aorta view long axis
- Mid-esophageal right ventricular inflow-outflow view
- Mid-esophageal descending aorta short axis view
- Mid-esophageal descending aorta long axis view
- Transgastric midpapillary muscle long axis view
- Transgastric deep five chamber view
- Other (Describe)

**Operator-identified TEE findings**

Pericardium:
Pericardial effusion present (Y/N)
Echocardiographic signs of tamponade (Y/N)
Not evaluated

Left ventricle:
Presence of global LV systolic dysfunction (Y/N)
Estimated EF (%)
Not evaluated

Cardiac output:
LVOT diameter (CM)
LVOT VTI (CM)
HR
Not evaluated
Unable to determine

Right ventricle:
Presence of RV dysfunction (Y/N)
TAPSE (mm)
FAC (%)
Not evaluated
Unable to determine

SVC:
Size end of diastole (mm)
Respirophasic variation
< 36% diameter variation
> 36% diameter variation
Not evaluated
Unable to determine

Transesophageal Lung Ultrasound (TELUS):
A-line pattern bilaterally
B-Line pattern bilaterally
Right pleural effusion present

Left pleural effusion present
Not evaluated

Operator's impression:
- Echocardiographic signs suggesting acute right ventricular failure
- Echocardiographic signs suggesting pulmonary embolism
- Intra-cardiac LV thrombus
- Intra-cardiac RV thrombus
- Global LV systolic dysfunction
- Echocardiographic signs suggesting hypovolemia
- Aortic dissection
  - None
  - Type A
  - Type B
- Wall motion abnormalities
  - None
  - LAD (Anterior, Septal)
  - RCA (Inferior)
  - Circumflex (Lateral)
- LV rupture
- Acute severe valvular pathology
  - Valvular assessment not performed
  - No evidence of severe pathology
  - Aortic regurgitation
  - Mitral insufficiency
  - Tricuspid regurgitation

Etiology of shock / hemodynamic decompensation established based on TEE findings?

Change in management based on TEE findings
- No change in management based on TEE findings
- Patient was taken to the cardiac catheterization lab
- Patient was taken to the operating room
- Pericardiocentesis was performed
- Decision to give intravenous fluids
- Decision to stop intravenous fluids administration
- Patient was started on vasopressors for hemodynamic support
- Decision to initiate mechanical circulatory support
- Other intervention (Describe)

*Procedural guidance*

**Procedure guided with TEE**

- Intravenous pacemaker
- Veno-arterial (VA) ECMO
- Veno-venous (VV) ECMO
- Impella pump placement
- Intra-aortic balloon pump (IABP) pump placement

**TEE data**

Windows obtained

- Mid-esophageal four chamber view
- Mid-esophageal long axis view (three chamber view)
- Mid-esophageal bicaval view
- Transgastric midpapillary muscle short axis view
- Mid-esophageal two chamber view
- Mid-esophageal aortic valve short axis view
- Upper esophageal ascending aorta view short axis (main PA view)
- Upper esophageal ascending aorta view long axis
- Mid-esophageal right ventricular inflow-outflow view
- Mid-esophageal descending aorta short axis view
- Mid-esophageal descending aorta long axis view
- Transgastric midpapillary muscle long axis view
- Transgastric deep five chamber view
- Other (Describe)

Notes from procedure (free text)

Briefly describe how TEE was used to guide procedure