

Abdominal Aortic Aneurysm Ultrasound Logbook

Name _____

Contents

- AAA Accreditation Requirements
- 15 Abdominal Aorta Report Records
- 3 Formative Assessments
- 1 Summative Assessment

AAA Accreditation

Abdominal Aortic Aneurysm Ultrasound Assessment

Accreditation requires (as a minimum)

1. Completion of Introductory US course

Physics, artefacts, how to use the machine and perform a scan

2. Completion of an US course covering scanning of the abdominal aorta

With theoretical and hands on components

Including how to integrate into clinical practice

3. Completion of an ultrasound logbook

15 scans with recording of images (ideally 25 scans)

Half indicated

5 positive

Scans all checked by a supervisor (may simply view images retrospectively)

Ideally scans compared to a gold standard (CT / Serial clinical exam / Formal ultrasound / Operative findings / Post mortem)

4. Completion of 3 Formative Assessments (Ultrasound Village recommendation)

Detailed and directed AAA examinations with a supervisor, going through the attached work sheet.

5. Summative Assessment (Ultrasound Village recommendation)

A formative assessment with no help / feedback, where the competence of the sonologist is completely assessed by a supervisor.

6. Testing of Knowledge

Ideally a test of image interpretation and clinical decision making ability to test knowledge rather than ultrasound ability.



**EMERGENCY
ULTRASOUND
E AORTA**

Supervisor: _____ Comment: _____

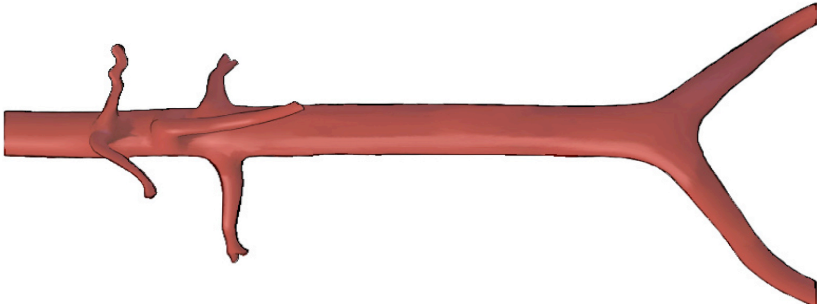
**EMERGENCY
ULTRASOUND
E AORTA**

Supervisor: _____ Comment: _____

Conclusions (Note: E-AORTA findings must be consistent with clinical suspicion; integrate history, examination, investigations and E-AORTA findings to reach a conclusion. Seek urgent formal USS or CT if uncertainty remains)

**EMERGENCY
ULTRASOUND
E AORTA**

Supervisor: _____ Comment: _____

| Views | | Key Views | | Findings | | Measurements |
|--|---------------------------------------|---------------------|------------------------------|-----------------------------|------------|--|
|  <p>Sketch findings on this image</p> <p>Copyright Rippey and Erleive 2009</p> | Upper Abdominal Aorta T5 Coeliac Axis | Basic Report | Abdominal Aorta Transverse | Normal < 3 cm throughout | Inadequate | Transverse section Maximal diameter ____ cm |
| | Upper Abdominal Aorta T5 SMA | | Abdominal Aorta Longitudinal | Normal < 3 cm throughout | Inadequate | Longitudinal section Maximal diameter ____ cm |
| | Mid Abdominal Aorta T5 | Evidence of Rupture | Retroperitoneal Haematoma | None | Inadequate | Present |
| | Abdominal Aorta L5 | | Free Fluid | None | Inadequate | Small Moderate Large |

Conclusions (Note: E-AORTA findings must be consistent with clinical suspicion; integrate history, examination, investigations and E-AORTA findings to reach a conclusion. Seek urgent fomal USS or CT if uncertainty remains)

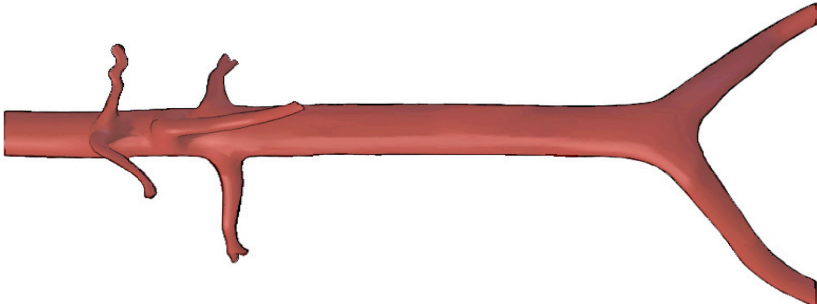
Clinician

Signature

Date _____

EMERGENCY
ULTRASOUND
E AORTA

Supervisor: _____ Comment: _____

| Views | | Key Views | | Findings | | Measurements |
|---|---------------------------------------|---------------------|------------------------------|-----------------------------|------------|--|
|  <p>Sketch findings on this image</p> <p>Copyright Rippey and Erlewine 2009</p> | Upper Abdominal Aorta T5 Coeliac Axis | Basic Report | Abdominal Aorta Transverse | Normal < 3 cm throughout | Inadequate | Transverse section Maximal diameter ____ cm |
| | Upper Abdominal Aorta T5 SMA | | Abdominal Aorta Longitudinal | Normal < 3 cm throughout | Inadequate | Longitudinal section Maximal diameter ____ cm |
| | Mid Abdominal Aorta T5 | Evidence of Rupture | Retroperitoneal Haematoma | None | Inadequate | Present |
| | Abdominal Aorta L5 | | Free Fluid | None | Inadequate | Small Moderate Large |

Conclusions (Note: E-AORTA findings must be consistent with clinical suspicion; integrate history, examination, investigations and E-AORTA findings to reach a conclusion. Seek urgent fomal USS or CT if uncertainty remains)

Clinician

Signature

Date _____

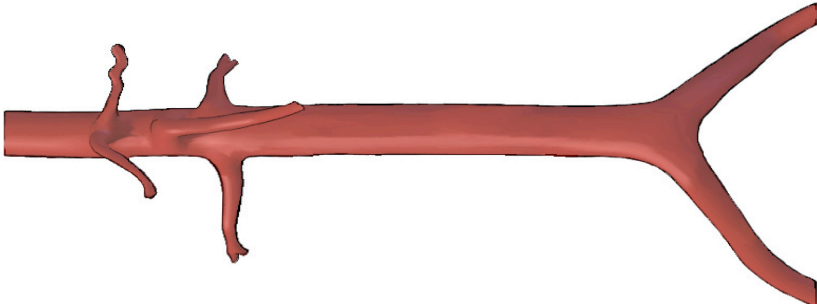
EMERGENCY
ULTRASOUND
E AORTA

Supervisor: _____ Comment: _____

Conclusions (Note: E-AORTA findings must be consistent with clinical suspicion; integrate history, examination, investigations and E-AORTA findings to reach a conclusion. Seek urgent formal USS or CT if uncertainty remains)

**EMERGENCY
ULTRASOUND
E AORTA**

Supervisor: _____ Comment: _____

| Views | | Key Views | | Findings | | Measurements |
|--|---------------------------------------|---------------------|------------------------------|-----------------------------|------------|--|
|  <p>Sketch findings on this image</p> <p>Copyright Rippey and Erleive 2009</p> | Upper Abdominal Aorta T5 Coeliac Axis | Basic Report | Abdominal Aorta Transverse | Normal < 3 cm throughout | Inadequate | Transverse section Maximal diameter ____ cm |
| | Upper Abdominal Aorta T5 SMA | | Abdominal Aorta Longitudinal | Normal < 3 cm throughout | Inadequate | Longitudinal section Maximal diameter ____ cm |
| | Mid Abdominal Aorta T5 | Evidence of Rupture | Retroperitoneal Haematoma | None | Inadequate | Present |
| | Abdominal Aorta L5 | | Free Fluid | None | Inadequate | Small Moderate Large |

Conclusions (Note: E-AORTA findings must be consistent with clinical suspicion; integrate history, examination, investigations and E-AORTA findings to reach a conclusion. Seek urgent formal USS or CT if uncertainty remains)

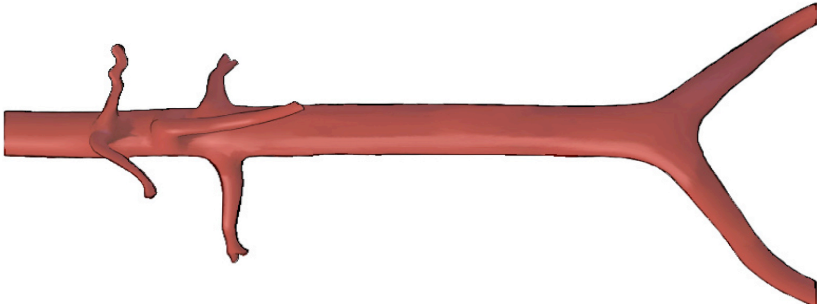
Clinician

Signature

Date _____

EMERGENCY ULTRASOUND E AORTA

Supervisor: _____ Comment: _____

| Views | | Key Views | | Findings | | Measurements |
|--|---------------------------------------|---------------------|------------------------------|-----------------------------|------------|--|
|  <p>Sketch findings on this image</p> <p>Copyright Rippey and Erleive 2009</p> | Upper Abdominal Aorta T5 Coeliac Axis | Basic Report | Abdominal Aorta Transverse | Normal < 3 cm throughout | Inadequate | Transverse section Maximal diameter ____ cm |
| | Upper Abdominal Aorta T5 SMA | | Abdominal Aorta Longitudinal | Normal < 3 cm throughout | Inadequate | Longitudinal section Maximal diameter ____ cm |
| | Mid Abdominal Aorta T5 | Evidence of Rupture | Retroperitoneal Haematoma | None | Inadequate | Present |
| | Abdominal Aorta L5 | | Free Fluid | None | Inadequate | Small Moderate Large |

Conclusions (Note: E-AORTA findings must be consistent with clinical suspicion; integrate history, examination, investigations and E-AORTA findings to reach a conclusion. Seek urgent fomal USS or CT if uncertainty remains)

Clinician

Signature


Date _____

EMERGENCY
ULTRASOUND
E AORTA

Supervisor: _____ Comment: _____

**EMERGENCY
ULTRASOUND
E AORTA**

Supervisor: _____ Comment: _____



E-AORTA

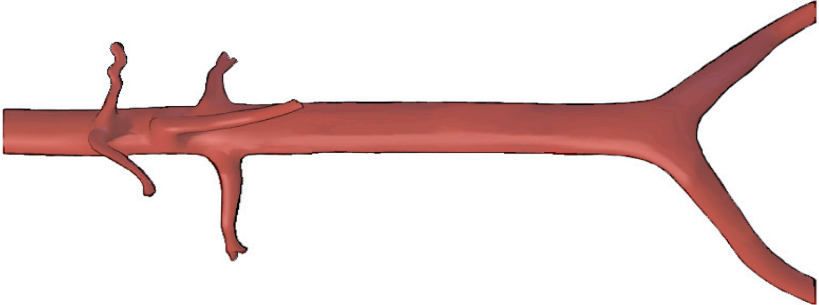
This is a focused abdominal aortic ultrasound. It aims to determine the diameter of the abdominal aorta. Generally it cannot confirm or exclude rupture or any other pathology. Any incidental findings commented on should be independently confirmed by a formal imaging investigation.

Patient details

History

Pulse

BP

| Views | | Key Views | | Findings | | Measurements | |
|---|---------------------------------------|------------------------------|-----------------------------|------------|--|--------------|--|
|  <p>Sketch findings on this image</p> <p>Copyright Rippey and Ercole 2009</p> | Upper Abdominal Aorta TS Coeliac Axis | Abdominal Aorta Transverse | Normal < 3 cm throughout | Inadequate | Transverse section Maximal diameter ____ cm | | |
| | Upper Abdominal Aorta TS SMA | Abdominal Aorta Longitudinal | Normal < 3 cm throughout | Inadequate | Longitudinal section Maximal diameter ____ cm | | |
| | Mid Abdominal Aorta TS | Retroperitoneal Haematoma | None | Inadequate | Present | | |
| | Abdominal Aorta LS | Free Fluid | None | Inadequate | Small Moderate Large | | |

Basic Report

Evidence of Rupture

Conclusions (Note: E-AORTA findings must be consistent with clinical suspicion; integrate history, examination, investigations and E-AORTA findings to reach a conclusion. Seek urgent formal USS or CT if uncertainty remains)

Clinician

Signature

Date

E

M

E

R

G

E

N

C

Y

U

L

T

R

A

S

O

N

D

E

A

O

R

T

A

AORTA SCAN: Indicated? Y N (Circle) Positive? Y N (Circle)

Gold Standard Comparison: _____

Supervisor: _____ Comment: _____

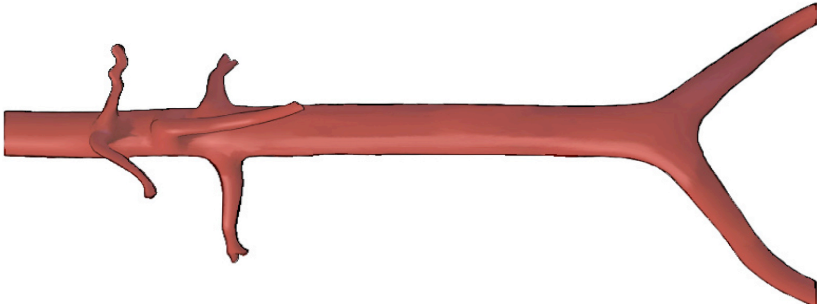
**EMERGENCY
ULTRASOUND
E AORTA**

Supervisor: _____ Comment: _____

AORTA SCAN: Indicated? Y N (Circle) Positive? Y N (Circle)

Gold Standard Comparison: _____

Supervisor: _____ Comment: _____

| Views | | Key Views | | Findings | | Measurements |
|--|---------------------------------------|---------------------|------------------------------|-----------------------------|------------|--|
|  <p>Sketch findings on this image</p> <p>Copyright Rippey and Erleuve 2009</p> | Upper Abdominal Aorta T5 Coeliac Axis | Basic Report | Abdominal Aorta Transverse | Normal < 3 cm throughout | Inadequate | Transverse section Maximal diameter ____ cm |
| | Upper Abdominal Aorta T5 SMA | | Abdominal Aorta Longitudinal | Normal < 3 cm throughout | Inadequate | Longitudinal section Maximal diameter ____ cm |
| | Mid Abdominal Aorta T5 | Evidence of Rupture | Retroperitoneal Haematoma | None | Inadequate | Present |
| | Abdominal Aorta L5 | | Free Fluid | None | Inadequate | Small Moderate Large |

Conclusions (Note: E-AORTA findings must be consistent with clinical suspicion; integrate history, examination, investigations and E-AORTA findings to reach a conclusion. Seek urgent fomal USS or CT if uncertainty remains)


Clinician

Signature

Date _____

EMERGENCY ULTRASOUND E AORTA

Supervisor: _____ Comment: _____



E-AORTA

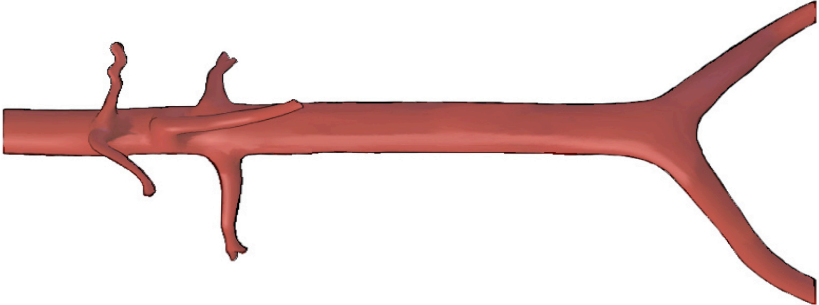
This is a focused abdominal aortic ultrasound. It aims to determine the diameter of the abdominal aorta. Generally it cannot confirm or exclude rupture or any other pathology. Any incidental findings commented on should be independently confirmed by a formal imaging investigation.

Patient details

History

Pulse

BP

| Views | | Key Views | | Findings | | Measurements | |
|---|---------------------------------------|------------------------------|-----------------------------|------------|--|--------------|--|
|  <p>Sketch findings on this image</p> <p>Copyright Rippey and Ercole 2009</p> | Upper Abdominal Aorta TS Coeliac Axis | Abdominal Aorta Transverse | Normal < 3 cm throughout | Inadequate | Transverse section Maximal diameter ____ cm | | |
| | Upper Abdominal Aorta TS SMA | Abdominal Aorta Longitudinal | Normal < 3 cm throughout | Inadequate | Longitudinal section Maximal diameter ____ cm | | |
| | Mid Abdominal Aorta TS | Retroperitoneal Haematoma | None | Inadequate | Present | | |
| | Abdominal Aorta LS | Free Fluid | None | Inadequate | Small Moderate Large | | |

Basic Report

Evidence of Rupture

Conclusions (Note: E-AORTA findings must be consistent with clinical suspicion; integrate history, examination, investigations and E-AORTA findings to reach a conclusion. Seek urgent formal USS or CT if uncertainty remains)

Clinician

Signature

Date

E

M

E

R

G

E

N

C

Y

U

L

T

R

A

S

O

N

D

E

A

O

R


T

A

AORTA SCAN: Indicated? Y N (Circle) Positive? Y N (Circle)

Gold Standard Comparison: _____

Supervisor: _____ Comment: _____



E-AORTA

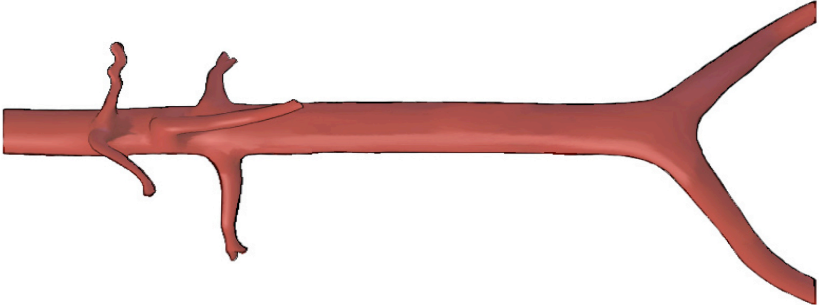
This is a focused abdominal aortic ultrasound. It aims to determine the diameter of the abdominal aorta. Generally it cannot confirm or exclude rupture or any other pathology. Any incidental findings commented on should be independently confirmed by a formal imaging investigation.

Patient details

History

Pulse

BP

| Views | | Key Views | | Findings | | Measurements | |
|---|--|------------------------------|-----------------------------|------------|--|--------------|--|
|  <p>Sketch findings on this image</p> <p>Copyright Rippey and Ercole 2009</p> | Upper Abdominal Aorta TS Coeliac Axis | Abdominal Aorta Transverse | Normal < 3 cm throughout | Inadequate | Transverse section Maximal diameter ____ cm | | |
| | Upper Abdominal Aorta TS SMA | Abdominal Aorta Longitudinal | Normal < 3 cm throughout | Inadequate | Longitudinal section Maximal diameter ____ cm | | |
| | Mid Abdominal Aorta TS | Retroperitoneal Haematoma | None | Inadequate | Present | | |
| | Abdominal Aorta LS | Free Fluid | None | Inadequate | Small Moderate Large | | |

Basic Report

Evidence of Rupture

Conclusions (Note: E-AORTA findings must be consistent with clinical suspicion; integrate history, examination, investigations and E-AORTA findings to reach a conclusion. Seek urgent formal USS or CT if uncertainty remains)

Clinician

Signature

Date

E

M

E

R

G

E

N

C

Y

U

L

T

R

A

S

O

N

D

E

A

O

R

T

A

AORTA SCAN: Indicated? Y N (Circle) Positive? Y N (Circle)

Gold Standard Comparison: _____

Supervisor: _____ Comment: _____

Trainee: _____**Tutor:** _____**Date:** _____

A Formative Assessment is a structured teaching process. The student is led through a complete ultrasound examination by their tutor. The tutor may direct, prompt and teach as they see appropriate. At least 3 Formative Assessments are required before attempting the final Summative Assessment. The Summative Assessment is a structured assessment process where the candidate may be prompted through the ultrasound examination process, is asked questions but should not be instructed.

| | Competent | Required Instruction |
|---|-----------|----------------------|
| Preparation | | |
| Prepare patient | | |
| Position | | |
| Consent / Explanation | | |
| Prepare environment | | |
| Lights dimmed if possible | | |
| Prepare machine | | |
| Correct position | | |
| Turn machine on | | |
| Probe selection | | |
| Can change transducer | | |
| Selects appropriate transducer for indication | | |
| Preset selection | | |
| Select correct preset | | |
| Data entry | | |
| Enter patient / study details | | |

| Competent | Required Instruction |
|-----------|----------------------|
|-----------|----------------------|

Image acquisition

Aorta TS

Optimisation

- Adjusts depth
- Understands frequency adjustment
- Adjusts focus if on machine
- Adjusts gain & TGC
- Firm constant pressure

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |

Identifies

- Vertebral body
- Aorta
- Iliac vessels
- IVC
- Coeliac Axis
- SMA
- Splenic vein
- Left renal vein (if seen)
- Bowel
- Liver

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Traces Aorta down to bifurcation

| | |
|--|--|
| | |
|--|--|

Measures aorta accurately

- Outer wall to outer wall

| | |
|--|--|
| | |
|--|--|

Aorta LS

Optimises image

| | |
|--|--|
| | |
|--|--|

Identifies

- Aorta and fans across it
- Differentiates aorta from IVC

| | |
|--|--|
| | |
| | |

Describes

- Appearance of AAA (size)
>3cm = aneurysm
- Appearance of thrombus
- Appearance of retroperitoneal haematoma
- Usually can't tell if leaking but may see haematoma / free fluid

| | |
|--|--|
| | |
| | |
| | |

Alternative Views

- Aware of imaging the aorta through the left kidney

| | |
|--|--|
| | |
|--|--|

Essential Clinical Knowledge

Acts on ultrasound findings appropriately

- AAA stable patient
- AAA unstable patient
- Normal sized aorta
- Indeterminate findings

| | |
|--|--|
| | |
| | |
| | |
| | |

Competent

**Required
Instruction**

Record Keeping

Stores appropriate images

| | |
|--|--|
| | |
|--|--|

Writes appropriate report

| | |
|--|--|
| | |
|--|--|

Machine Maintenance

Cleans ultrasound probe

Can replace printer paper (if printer attached)

Stores machine and probes safely and correctly

| | |
|--|--|
| | |
| | |
| | |

Trainee Signature

Trainee's Name

Tutor Signature

Tutor's Name

A copy of this completed formative assessment form should be kept by the trainee.

Trainee: _____

Tutor: _____

Date: _____

A Formative Assessment is a structured teaching process. The student is led through a complete ultrasound examination by their tutor. The tutor may direct, prompt and teach as they see appropriate. At least 3 Formative Assessments are required before attempting the final Summative Assessment. The Summative Assessment is a structured assessment process where the candidate may be prompted through the ultrasound examination process, is asked questions but should not be instructed.

| | Competent | Required Instruction |
|---|-----------|----------------------|
| Preparation | | |
| Prepare patient | | |
| Position | | |
| Consent / Explanation | | |
| Prepare environment | | |
| Lights dimmed if possible | | |
| Prepare machine | | |
| Correct position | | |
| Turn machine on | | |
| Probe selection | | |
| Can change transducer | | |
| Selects appropriate transducer for indication | | |
| Preset selection | | |
| Select correct preset | | |
| Data entry | | |
| Enter patient / study details | | |

| Competent | Required Instruction |
|-----------|----------------------|
|-----------|----------------------|

Image acquisition

Aorta TS

Optimisation

- Adjusts depth
- Understands frequency adjustment
- Adjusts focus if on machine
- Adjusts gain & TGC
- Firm constant pressure

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |

Identifies

- Vertebral body
- Aorta
- Iliac vessels
- IVC
- Coeliac Axis
- SMA
- Splenic vein
- Left renal vein (if seen)
- Bowel
- Liver

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Traces Aorta down to bifurcation

| | |
|--|--|
| | |
|--|--|

Measures aorta accurately

- Outer wall to outer wall

| | |
|--|--|
| | |
|--|--|

Aorta LS

Optimises image

| | |
|--|--|
| | |
|--|--|

Identifies

- Aorta and fans across it
- Differentiates aorta from IVC

| | |
|--|--|
| | |
| | |

Describes

- Appearance of AAA (size)
>3cm = aneurysm
- Appearance of thrombus
- Appearance of retroperitoneal haematoma
- Usually can't tell if leaking but may see haematoma / free fluid

| | |
|--|--|
| | |
| | |
| | |

Alternative Views

- Aware of imaging the aorta through the left kidney

| | |
|--|--|
| | |
|--|--|

Essential Clinical Knowledge

Acts on ultrasound findings appropriately

- AAA stable patient
- AAA unstable patient
- Normal sized aorta
- Indeterminate findings

| | |
|--|--|
| | |
| | |
| | |
| | |

Competent

**Required
Instruction**

Record Keeping

Stores appropriate images

| | |
|--|--|
| | |
|--|--|

Writes appropriate report

| | |
|--|--|
| | |
|--|--|

Machine Maintenance

Cleans ultrasound probe

Can replace printer paper (if printer attached)

Stores machine and probes safely and correctly

| | |
|--|--|
| | |
| | |
| | |

Trainee Signature

Trainee's Name

Tutor Signature

Tutor's Name

A copy of this completed formative assessment form should be kept by the trainee.

Trainee: _____

Tutor: _____

Date: _____

A Formative Assessment is a structured teaching process. The student is led through a complete ultrasound examination by their tutor. The tutor may direct, prompt and teach as they see appropriate. At least 3 Formative Assessments are required before attempting the final Summative Assessment. The Summative Assessment is a structured assessment process where the candidate may be prompted through the ultrasound examination process, is asked questions but should not be instructed.

| | Competent | Required Instruction |
|---|-----------|----------------------|
| Preparation | | |
| Prepare patient | | |
| Position | | |
| Consent / Explanation | | |
| Prepare environment | | |
| Lights dimmed if possible | | |
| Prepare machine | | |
| Correct position | | |
| Turn machine on | | |
| Probe selection | | |
| Can change transducer | | |
| Selects appropriate transducer for indication | | |
| Preset selection | | |
| Select correct preset | | |
| Data entry | | |
| Enter patient / study details | | |

| Competent | Required Instruction |
|-----------|----------------------|
|-----------|----------------------|

Image acquisition

Aorta TS

Optimisation

- Adjusts depth
- Understands frequency adjustment
- Adjusts focus if on machine
- Adjusts gain & TGC
- Firm constant pressure

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |

Identifies

- Vertebral body
- Aorta
- Iliac vessels
- IVC
- Coeliac Axis
- SMA
- Splenic vein
- Left renal vein (if seen)
- Bowel
- Liver

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Traces Aorta down to bifurcation

| | |
|--|--|
| | |
|--|--|

Measures aorta accurately

- Outer wall to outer wall

| | |
|--|--|
| | |
|--|--|

Aorta LS

Optimises image

| | |
|--|--|
| | |
|--|--|

Identifies

- Aorta and fans across it
- Differentiates aorta from IVC

| | |
|--|--|
| | |
| | |

Describes

- Appearance of AAA (size)
>3cm = aneurysm
- Appearance of thrombus
- Appearance of retroperitoneal haematoma
- Usually can't tell if leaking but may see haematoma / free fluid

| | |
|--|--|
| | |
| | |
| | |

Alternative Views

- Aware of imaging the aorta through the left kidney

| | |
|--|--|
| | |
|--|--|

Essential Clinical Knowledge

Acts on ultrasound findings appropriately

- AAA stable patient
- AAA unstable patient
- Normal sized aorta
- Indeterminate findings

| | |
|--|--|
| | |
| | |
| | |
| | |

Competent

**Required
Instruction**

Record Keeping

Stores appropriate images

| | |
|--|--|
| | |
|--|--|

Writes appropriate report

| | |
|--|--|
| | |
|--|--|

Machine Maintenance

Cleans ultrasound probe

Can replace printer paper (if printer attached)

Stores machine and probes safely and correctly

| | |
|--|--|
| | |
| | |
| | |

Trainee Signature

Trainee's Name

Tutor Signature

Tutor's Name

A copy of this completed formative assessment form should be kept by the trainee.

Candidate: _____

Examiner: _____

Date: _____

A Summative Assessment is a structured assessment process. The student is led through a complete ultrasound examination by their examiner.

At least 3 Formative Assessments are required before attempting the final Summative Assessment. The candidate may be prompted through the ultrasound examination process and is asked questions but should not be instructed.

Failure to complete any one element changes the Summative Assessment into a Formative Assessment and the examination is completed as a teaching exercise, not a final assessment. A further Summative Assessment is required prior to accreditation.

| | Competent | Fail |
|---|-----------|------|
| Preparation | | |
| Prepare patient | | |
| Position | | |
| Consent / Explanation | | |
| Prepare environment | | |
| Lights dimmed if possible | | |
| Prepare machine | | |
| Correct position | | |
| Turn machine on | | |
| Probe selection | | |
| Can change transducer | | |
| Selects appropriate transducer for indication | | |
| Preset selection | | |
| Select correct preset | | |
| Data entry | | |
| Enter patient / study details | | |

Competent**Fail****Image acquisition****Aorta TS**

Optimisation

Adjusts depth
 Understands frequency adjustment
 Adjusts focus if on machine
 Adjusts gain & TGC
 Firm constant pressure

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |

Identifies

Vertebral body
 Aorta
 Iliac vessels
 IVC
 Coeliac Axis
 SMA
 Splenic vein
 Left renal vein (if seen)
 Bowel
 Liver

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Traces Aorta down to bifurcation

| | |
|--|--|
| | |
|--|--|

Measures aorta accurately

Outer wall to outer wall

| | |
|--|--|
| | |
|--|--|

Aorta LS

Optimises image

| | |
|--|--|
| | |
|--|--|

Identifies

Aorta and fans across it
 Differentiates aorta from IVC

| | |
|--|--|
| | |
| | |

Describes

Appearance of AAA (size)
 >3cm = aneurysm

| | |
|--|--|
| | |
|--|--|

Appearance of thrombus

| | |
|--|--|
| | |
|--|--|

Appearance of retroperitoneal haematoma

| | |
|--|--|
| | |
|--|--|

Usually can't tell if leaking but may see haematoma / free fluid

Alternative Views

Aware of imaging the aorta through the left kidney

| | |
|--|--|
| | |
|--|--|

Essential Clinical Knowledge

Acts on ultrasound findings appropriately

AAA stable patient
 AAA unstable patient
 Normal sized aorta
 Indeterminate findings

| | |
|--|--|
| | |
| | |
| | |
| | |

Competent**Fail****Record Keeping**

Stores appropriate images

| | |
|--|--|
| | |
|--|--|

Writes appropriate report

| | |
|--|--|
| | |
|--|--|

Machine Maintenance

Cleans ultrasound probe

Can replace printer paper (if printer attached)

Stores machine and probes safely and correctly

| | |
|--|--|
| | |
| | |
| | |

Candidate's Signature

Candidate's Name

Examiner's Signature

Examiner's Name

A copy of this completed summative assessment form should be kept by the trainee.

If the department has a Director of Emergency Ultrasound they should keep a copy of this document.

Copyright Dr James Rippey

