

# EFAST

Extended Focussed Assessment with Sonography for Trauma

## Ultrasound Logbook

Name \_\_\_\_\_

### Contents

EFAST Accreditation Requirements

25 Abdominal Aorta Report Forms

3 Formative Assessments

1 Summative Assessment



# E-FAST Accreditation

## Extended Focussed Assessment with Sonography for Trauma

### 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 a FAST or E-FAST course

With theoretical and hands on components

Including integration of EFAST into the clinical setting

#### 3. Completion of an ultrasound logbook

25 scans with recording of images

Half indicated

5 positive for free fluid

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 E-FAST 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 sonographer 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.

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- Major haemothorax
- Pneumothorax

A normal E-FAST does not exclude significant intra abdominal injury

**Patient details**

<b>Mechanism of Trauma</b>		<b>Pulse</b>		<b>BP</b>	<b>RR</b>	<b>Sats</b>		
<b>Examination Findings</b>								
Probe Position		Views	Notes	Findings			Optional Information	
	1 RUQ		<b>RUQ</b> Fluid collects in Morison's Pouch Look above diaphragm for HTX 5° head down tilt will increase RUQ fluid	Right Upper Quadrant	Normal	Inadequate	Positive	< 2mm maximal depth 2 - 10mm maximal depth > 10 mm maximal depth
	2 LUQ		<b>LUQ</b> Fluid can collect around the entire spleen Look above the diaphragm for HTX	Right Haemothorax	Normal	Inadequate	Positive	
	3 Subcostal		<b>Subcostal</b> Taponade is a clinical diagnosis Look for fluid in the pericardial space Intra-abdominal fluid above the liver can simulate fluid in front of the right ventricle - although it is on the other side of the diaphragm Pericardial fat pads may give the appearance of pericardial fluid Fluid must have a depth of >5mm; traces of pericardial fluid are normal	Left Upper Quadrant	Normal	Inadequate	Positive	< 2mm maximal depth 2 - 10mm maximal depth > 10 mm maximal depth
	4 Female Pelvis LS		<b>Pelvis</b> Look for free fluid behind and above the bladder In the female, fluid collects initially in the Pouch of Douglas A small amount of pelvis free fluid is normal in women	Subcostal	Normal	Inadequate	Positive	Maximal depth _____ mm
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Copyright Rippey and Erclve 2009								
<b>Conclusions</b>				(Note: E-FAST findings must be consistent with clinical suspicion; integrate history, examination, investigations and EFAST findings to reach a conclusion)				

Clinician

Signature

Date


Time

EMERGENCY ULTRASOUND EFAST

EFAST: Indicated? Y N (Circle) Positive? Y N (Circle)

Gold Standard Comparison: \_\_\_\_\_

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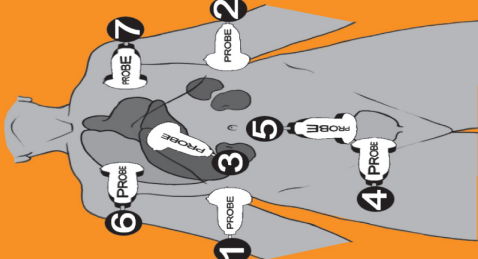






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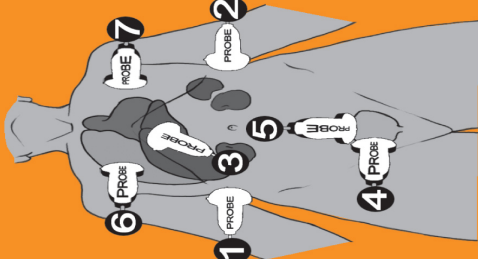






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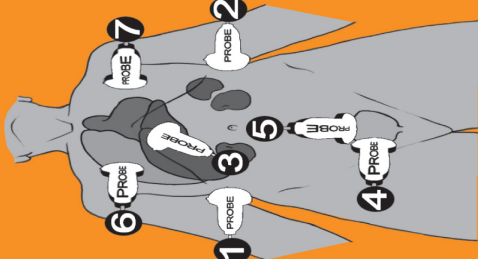






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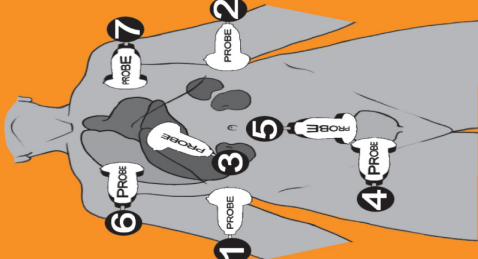






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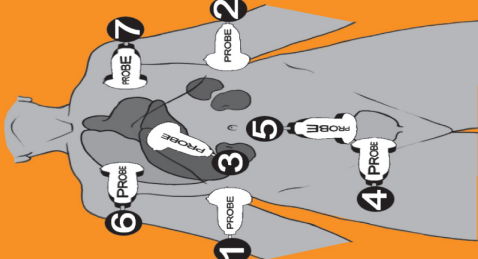






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<p>Copyright Rippey and Erclve 2009</p> <p><b>Conclusions</b> (Note: E-FAST findings must be consistent with clinical suspicion; integrate history, examination, investigations and EFAST findings to reach a conclusion)</p>										
<p><b>Clinician</b> _____ <b>Signature</b> _____ <b>Date</b> _____ <b>Time</b> _____</p>										

EMERGENCY

ULTRASOUND

EFAST

EFAST: Indicated? Y N (Circle) Positive? Y N (Circle)

Gold Standard Comparison: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Comment: \_\_\_\_\_



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<b>Mechanism of Trauma</b>		<b>Pulse</b>		<b>BP</b>	<b>RR</b>	<b>Sats</b>	
<b>Examination Findings</b>							
Probe Position	Views	Notes	Findings			Optional Information	
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**Clinician**

**Signature**

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**Time**

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EMERGENCY


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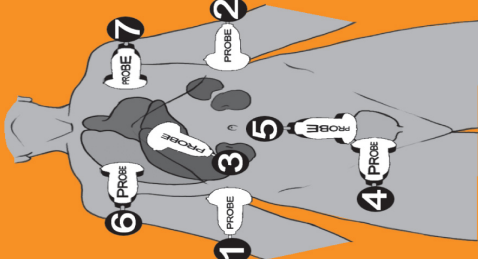






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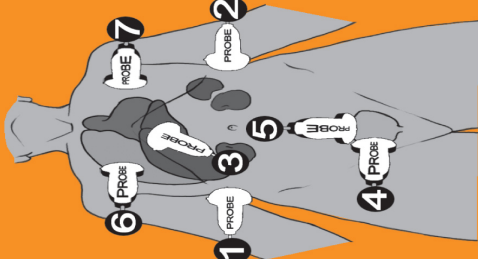






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Probe Position		Views	Notes	Findings			Optional Information		
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<p>Copyright Rippey and Erclve 2009</p>							Anteriorly and laterally		

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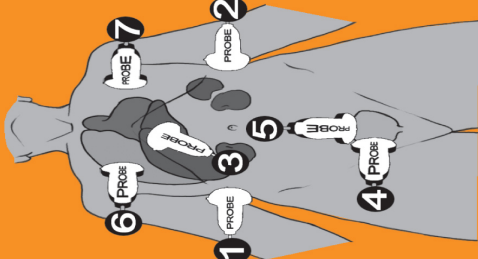






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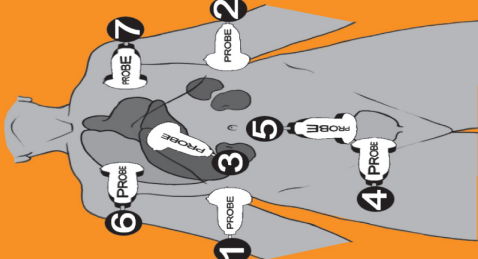






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	1 RUQ		<b>RUQ</b> Fluid collects in Morison's Pouch Look above diaphragm for HTX 5° head down tilt will increase RUQ fluid		Normal	Inadequate	Positive	< 2mm maximal depth 2 - 10mm maximal depth > 10 mm maximal depth		
	2 LUQ		<b>LUQ</b> Fluid can collect around the entire spleen Look above the diaphragm for HTX		Normal	Inadequate	Positive	< 2mm maximal depth 2 - 10mm maximal depth > 10 mm maximal depth		
	3 Subcostal		<b>Subcostal</b> Tampoonade is a clinical diagnosis Look for fluid in the pericardial space Intra-abdominal fluid above the liver can simulate fluid in front of the right ventricle - although it is on the other side of the diaphragm Pericardial fat pads may give the appearance of pericardial fluid Fluid must have a depth of >5mm; traces of pericardial fluid are normal		Normal	Inadequate	Positive			
	4 Female Pelvis LS		<b>Pelvis</b> Look for free fluid behind and above the bladder In the female, fluid collects initially in the Pouch of Douglas A small amount of pelvis free fluid is normal in women		Normal	Inadequate	Positive	Maximal depth ____ mm		
	5 Male Pelvis TS				Normal	Inadequate	Positive	< 2mm maximal depth 2-10mm maximal depth > 10 mm maximal depth		
	6 & 7 Lung LS		<b>Lung</b> Sliding sign and comet tail artefact are normal; loss of these indicate PTX Pneuradhesia, large bullae, COPD and non-ventilation (eg endobronchial intubation) can simulate PTX		Normal	Inadequate	Positive	Detected anteriorly Anteriorly and laterally		
					Normal	Inadequate	Positive	Detected anteriorly Anteriorly and laterally		

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**Conclusions**

(Note: E-FAST findings must be consistent with clinical suspicion; integrate history, examination, investigations and EFAST findings to reach a conclusion)

**Clinician**

**Signature**

**Date**


**Time**

**EMERGENCY ULTRASOUND EFAST**

EFAST: Indicated? Y N (Circle) Positive? Y N (Circle)

Gold Standard Comparison: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Comment: \_\_\_\_\_



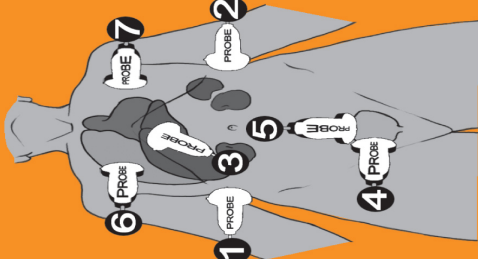






# E-FAST

E-FAST is a limited trauma ultrasound that only aims to detect:

- Intra abdominal free fluid
- Pericardial effusion
- Major haemothorax
- Pneumothorax

A normal E-FAST does not exclude significant intra abdominal injury

**Patient details**

Mechanism of Trauma		Pulse		BP	RR	Sats		
Examination Findings								
Probe Position	Views	Notes	Findings			Optional Information		
	1 RUQ		<b>RUQ</b> Fluid collects in Morison's Pouch Look above diaphragm for HTX 5° head down tilt will increase RUQ fluid	Right Upper Quadrant	Normal	Inadequate	Positive	< 2mm maximal depth 2 - 10mm maximal depth > 10 mm maximal depth
	2 LUQ		<b>LUQ</b> Fluid can collect around the entire spleen Look above the diaphragm for HTX	Right Haemothorax	Normal	Inadequate	Positive	
	3 Subcostal		<b>Subcostal</b> Tamponade is a clinical diagnosis Look for fluid in the pericardial space Intra-abdominal fluid above the liver can simulate fluid in front of the right ventricle - although it is on the other side of the diaphragm Pericardial fat pads may give the appearance of pericardial fluid Fluid must have a depth of >5mm; traces of pericardial fluid are normal	Left Upper Quadrant	Normal	Inadequate	Positive	< 2mm maximal depth 2 - 10mm maximal depth > 10 mm maximal depth
	4 Female Pelvis LS		<b>Pelvis</b> Look for free fluid behind and above the bladder In the female, fluid collects initially in the Pouch of Douglas A small amount of pelvis free fluid is normal in women	Left Haemothorax	Normal	Inadequate	Positive	
	5 Male Pelvis TS			Subcostal	Normal	Inadequate	Positive	Maximal depth ____ mm
				Pelvis	Normal	Inadequate	Positive	< 2mm maximal depth 2-10mm maximal depth > 10 mm maximal depth
	6 & 7 Lung LS		<b>Lung</b> Sliding sign and comet tail artefact are normal; loss of these indicate PTX Pleuradhesia, large bullae, COPD and non-ventilation (eg endobronchial intubation) can simulate PTX	Right Lung Pneumothorax	Normal	Inadequate	Positive	Detected anteriorly Anteriorly and laterally
			Left Lung Pneumothorax	Normal	Inadequate	Positive	Detected anteriorly Anteriorly and laterally	

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**Conclusions**

(Note: E-FAST findings must be consistent with clinical suspicion; integrate history, examination, investigations and EFAST findings to reach a conclusion)

**Clinician**

**Signature**

**Date**

**Time**

**EMERGENCY ULTRASOUND EFAST**

EFAST: Indicated? Y N (Circle) Positive? Y N (Circle)

Gold Standard Comparison: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Comment: \_\_\_\_\_



# E-FAST

E-FAST is a limited trauma ultrasound that only aims to detect:

- Intra abdominal free fluid
- Pericardial effusion
- Major haemothorax
- Pneumothorax

A normal E-FAST does not exclude significant intra abdominal injury

**Patient details**

Mechanism of Trauma		Pulse		BP	RR	Sats	
Examination Findings							
Probe Position	Views	Notes	Findings			Optional Information	
	1 RUQ		RUQ Fluid collects in Morison's Pouch Look above diaphragm for HTX 5° head down tilt will increase RUQ fluid	Normal	Inadequate	Positive	< 2mm maximal depth 2 - 10mm maximal depth > 10 mm maximal depth
	2 LUQ		LUQ Fluid can collect around the entire spleen Look above the diaphragm for HTX	Normal	Inadequate	Positive	
	3 Subcostal		Subcostal Tampnade is a clinical diagnosis Look for fluid in the pericardial space Intra-abdominal fluid above the liver can simulate fluid in front of the right ventricle - although it is on the other side of the diaphragm Pericardial fat pads may give the appearance of pericardial fluid Fluid must have a depth of >5mm; traces of pericardial fluid are normal	Normal	Inadequate	Positive	< 2mm maximal depth 2 - 10mm maximal depth > 10 mm maximal depth
	4 Female Pelvis LS		Pelvis Look for free fluid behind and above the bladder In the female, fluid collects initially in the Pouch of Douglas A small amount of pelvis free fluid is normal in women	Normal	Inadequate	Positive	Maximal depth ____ mm
	5 Male Pelvis TS			Normal	Inadequate	Positive	< 2mm maximal depth 2-10mm maximal depth > 10 mm maximal depth
	6 & 7 Lung LS		Lung Sliding sign and comet tail artefact are normal; loss of these indicate PTX Pneumothorax, large bullae, COPD and non-ventilation (eg endobronchial intubation) can simulate PTX	Normal	Inadequate	Positive	Detected anteriorly Anteriorly and laterally
				Normal	Inadequate	Positive	Detected anteriorly Anteriorly and laterally

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**Conclusions** (Note: E-FAST findings must be consistent with clinical suspicion; integrate history, examination, investigations and EFAST findings to reach a conclusion)

**Clinician** **Signature** **Date** **Time**

**EMERGENCY ULTRASOUND EFAST**

EFAST: Indicated? Y N (Circle) Positive? Y N (Circle)

Gold Standard Comparison: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Comment: \_\_\_\_\_



# E-FAST

E-FAST is a limited trauma ultrasound that only aims to detect:

- Intra abdominal free fluid
- Pericardial effusion
- Major haemothorax
- Pneumothorax

A normal E-FAST does not exclude significant intra abdominal injury

**Patient details**

Mechanism of Trauma		Pulse		BP		RR		Sats		
Examination Findings										
Probe Position		Views		Notes		Findings			Optional Information	
	1 RUQ		<b>RUQ</b> Fluid collects in Morison's Pouch Look above diaphragm for HTX 5° head down tilt will increase RUQ fluid		Normal	Inadequate	Positive	< 2mm maximal depth		
	2 LUQ		<b>LUQ</b> Fluid can collect around the entire spleen Look above the diaphragm for HTX		Normal	Inadequate	Positive	2 - 10mm maximal depth		
	3 Subcostal		<b>Subcostal</b> Tampoonade is a clinical diagnosis Look for fluid in the pericardial space Intra-abdominal fluid above the liver can simulate fluid in front of the right ventricle - although it is on the other side of the diaphragm Pericardial fat pads may give the appearance of pericardial fluid Fluid must have a depth of >5mm; traces of pericardial fluid are normal		Normal	Inadequate	Positive	> 10 mm maximal depth		
	4 Female Pelvis LS		<b>Pelvis</b> Look for free fluid behind and above the bladder In the female, fluid collects initially in the Pouch of Douglas A small amount of pelvis free fluid is normal in women		Normal	Inadequate	Positive	Maximal depth _____ mm		
	5 Male Pelvis TS				Normal	Inadequate	Positive	< 2mm maximal depth		
	6 & 7 Lung LS		<b>Lung</b> Sliding sign and comet tail artefact are normal; loss of these indicate PTX Pneumothorax, large bullae, COPD and non-ventilation (eg endobronchial intubation) can simulate PTX		Normal	Inadequate	Positive	2-10mm maximal depth		
					Normal	Inadequate	Positive	> 10 mm maximal depth		
<p>Copyright Rippey and Erclve 2009</p>				<p>Detected anteriorly</p> <p>Anteriorly and laterally</p>	<p>Detected anteriorly</p> <p>Anteriorly and laterally</p>					
<p><b>Conclusions</b> (Note: E-FAST findings must be consistent with clinical suspicion; integrate history, examination, investigations and EFAST findings to reach a conclusion)</p>										
<p><b>Clinician</b> _____ <b>Signature</b> _____ <b>Date</b> _____ <b>Time</b> _____</p>										

**EMERGENCY**

**ULTRASOUND**

**EFAST**

EFAST: 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
<b>Preparation</b>		
<b>Prepare patient</b>		
Position		
Consent / Explanation		
<b>Prepare environment</b>		
Lights dimmed if possible		
<b>Prepare machine</b>		
Correct position		
<b>Turn machine on</b>		
<b>Probe selection</b>		
Can change transducer		
Selects appropriate transducer for indication		
<b>Preset selection</b>		
Select correct preset		
<b>Data entry</b>		
Enter patient / study details		

			Competent	Required Instruction	
Image acquisition					
RUQ					
	Optimisation	Adjusts depth			
		Understands frequency adjustment			
		Adjusts focus if on machine			
		Adjusts gain & TGC			
	Identifies	Liver			
		Morrisons pouch			
		Kidney			
		Diaphragm			
		Lung			
		Gallbladder (if seen)			
		IVC (if seen)			
		Bowel			
		Duodenum (if seen)			
	Describes	Where intraabdominal blood collects			
		Appearance of this			
		Where pleural blood collects			
		Appearance of this			
	LUQ				
		Optimises image			
		Identifies	Spleen		
Kidney					
Diaphragm					
Can identify bowel / stomach					
Describes		Where intraabdominal blood collects			
		Appearance of this			
		Where pleural blood collects			
		Appearance of this			
Pelvis					
		Optimises image	Adjusts gain appropriately		
		Identifies	Bladder		
	Iliac vessels				
	Prostate / Uterus & Vagina				
	Rectum				
	Scans through in TS / LS appropriately				
	Describes	Where free fluid collects			

		Competent	Required Instruction
<b>Pericardium</b>			
<b><i>Subcostal view</i></b>			
Optimises image	Adjusts depth appropriately		
Identifies	Liver		
	Lung		
	Heart		
	R Ventricle		
	L Ventricle		
	Septum		
	Atria		
	Pericardium		
Describes	Where pericardial fluid collects		
	Appearance of this		
<b><i>Long axis parasternal view (optional)</i></b>			
Optimises image			
Identifies	Heart		
	RV		
	LV		
	LA		
	MV		
	AV		
	Pericardium		
Describes	Where pericardial fluid collects		
	Appearance of this		
<b><i>Lung (optional)</i></b>			
Optimises image			
Identifies	High resolution (abdo or linear probe)		
	Shallow depth		
	Rib		
	Pleura		
	Comet tail artifact		
	Sliding sign		
Describes	Appearance of pneumothorax		
	Assessment of pneumothorax size		
<b><i>Other (optional)</i></b>			
Sternum fracture assessment			
IVC size and variation assessment			

Competent	Required Instruction
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## Essential Clinical Knowledge

Acts on ultrasound findings appropriately

Free fluid

Normal scan

Indeterminate

Incidental findings


## Record Keeping

Stores / prints appropriate images

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Writes appropriate report

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## Machine Maintenance

Cleans ultrasound probe

Can replace printer paper (if printer attached)

Stores machine and probes safely and correctly


Trainee Signature

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Trainee's Name

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Tutor Signature

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Tutor's Name

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



			Competent	Required Instruction	
Image acquisition					
RUQ					
	Optimisation	Adjusts depth			
		Understands frequency adjustment			
		Adjusts focus if on machine			
		Adjusts gain & TGC			
	Identifies	Liver			
		Morrisons pouch			
		Kidney			
		Diaphragm			
		Lung			
		Gallbladder (if seen)			
		IVC (if seen)			
		Bowel			
		Duodenum (if seen)			
	Describes	Where intraabdominal blood collects			
		Appearance of this			
		Where pleural blood collects			
		Appearance of this			
	LUQ				
		Optimises image			
		Identifies	Spleen		
Kidney					
Diaphragm					
Can identify bowel / stomach					
Describes		Where intraabdominal blood collects			
		Appearance of this			
		Where pleural blood collects			
		Appearance of this			
Pelvis					
		Optimises image	Adjusts gain appropriately		
		Identifies	Bladder		
	Iliac vessels				
	Prostate / Uterus & Vagina				
	Rectum				
	Scans through in TS / LS appropriately				
	Describes	Where free fluid collects			

		Competent	Required Instruction
<b>Pericardium</b>			
<b><i>Subcostal view</i></b>			
Optimises image	Adjusts depth appropriately		
Identifies	Liver		
	Lung		
	Heart		
	R Ventricle		
	L Ventricle		
	Septum		
	Atria		
	Pericardium		
Describes	Where pericardial fluid collects		
	Appearance of this		
<b><i>Long axis parasternal view (optional)</i></b>			
Optimises image			
Identifies	Heart		
	RV		
	LV		
	LA		
	MV		
	AV		
	Pericardium		
Describes	Where pericardial fluid collects		
	Appearance of this		
<b><i>Lung (optional)</i></b>			
Optimises image	High resolution (abdo or linear probe)		
	Shallow depth		
Identifies	Rib		
	Pleura		
	Comet tail artifact		
	Sliding sign		
Describes	Appearance of pneumothorax		
	Assessment of pneumothorax size		
<b><i>Other (optional)</i></b>			
Sternum fracture assessment			
	IVC size and variation assessment		

**Competent** **Required Instruction**

## Essential Clinical Knowledge

Acts on ultrasound findings appropriately  
Free fluid  
Normal scan  
Indeterminate  
Incidental findings


## Record Keeping

Stores / prints appropriate images

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Writes appropriate report

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## Machine Maintenance

Cleans ultrasound probe  
Can replace printer paper (if printer attached)  
Stores machine and probes safely and correctly


Trainee Signature

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

			Competent	Required Instruction	
Image acquisition					
RUQ					
	Optimisation	Adjusts depth			
		Understands frequency adjustment			
		Adjusts focus if on machine			
		Adjusts gain & TGC			
	Identifies	Liver			
		Morrisons pouch			
		Kidney			
		Diaphragm			
		Lung			
		Gallbladder (if seen)			
		IVC (if seen)			
		Bowel			
		Duodenum (if seen)			
	Describes	Where intraabdominal blood collects			
		Appearance of this			
		Where pleural blood collects			
		Appearance of this			
	LUQ				
		Optimises image			
		Identifies	Spleen		
Kidney					
Diaphragm					
Can identify bowel / stomach					
Describes		Where intraabdominal blood collects			
		Appearance of this			
		Where pleural blood collects			
		Appearance of this			
Pelvis					
		Optimises image	Adjusts gain appropriately		
		Identifies	Bladder		
	Iliac vessels				
	Prostate / Uterus & Vagina				
	Rectum				
	Scans through in TS / LS appropriately				
	Describes	Where free fluid collects			

		Competent	Required Instruction
<b>Pericardium</b>			
<b><i>Subcostal view</i></b>			
Optimises image	Adjusts depth appropriately		
Identifies	Liver		
	Lung		
	Heart		
	R Ventricle		
	L Ventricle		
	Septum		
	Atria		
	Pericardium		
Describes	Where pericardial fluid collects		
	Appearance of this		
<b><i>Long axis parasternal view (optional)</i></b>			
Optimises image			
Identifies	Heart		
	RV		
	LV		
	LA		
	MV		
	AV		
	Pericardium		
Describes	Where pericardial fluid collects		
	Appearance of this		
<b><i>Lung (optional)</i></b>			
Optimises image	High resolution (abdo or linear probe)		
	Shallow depth		
Identifies	Rib		
	Pleura		
	Comet tail artifact		
	Sliding sign		
Describes	Appearance of pneumothorax		
	Assessment of pneumothorax size		
<b><i>Other (optional)</i></b>			
Sternum fracture assessment			
	IVC size and variation assessment		

Competent	Required Instruction
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## Essential Clinical Knowledge

Acts on ultrasound findings appropriately

Free fluid

Normal scan

Indeterminate

Incidental findings


## Record Keeping

Stores / prints 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

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Trainee's Name

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Tutor Signature

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Tutor's Name

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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

### RUQ

Optimisation	Adjusts depth		
	Understands frequency adjustment		
Identifies	Adjusts focus if on machine		
	Adjusts gain & TGC		
Identifies	Liver		
	Morrisons pouch		
	Kidney		
	Diaphragm		
	Lung		
	Gallbladder (if seen)		
	IVC (if seen)		
	Bowel		
Describes	Duodenum (if seen)		
	Where intraabdominal blood collects		
	Appearance of this		
	Where pleural blood collects		
	Appearance of this		

### LUQ

Optimises image		
Identifies		
Spleen		
Kidney		
Diaphragm		
Can identify bowel / stomach		
Describes		
Where intraabdominal blood collects		
Appearance of this		
Where pleural blood collects		
Appearance of this		

### Pelvis

Optimises image		
Adjusts gain appropriately		
Identifies		
Bladder		
Iliac vessels		
Prostate / Uterus & Vagina		
Rectum		
Scans through in TS / LS appropriately		
Describes		
Where free fluid collects		

**Competent** **Fail**

## Pericardium

### Subcostal view

- Optimises image
  - Adjusts depth appropriately
- Identifies
  - Liver
  - Lung
  - Heart
    - R Ventricle
    - L Ventricle
    - Septum
    - Atria
    - Pericardium
- Describes
  - Where pericardial fluid collects
  - Appearance of this


### Long axis parasternal view (optional)

- Optimises image
- Identifies
  - Heart
    - RV
    - LV
    - LA
    - MV
    - AV
    - Pericardium
- Describes
  - Where pericardial fluid collects
  - Appearance of this


### Lung (optional)

- Optimises image
  - High resolution (abdo or linear probe)
  - Shallow depth
- Identifies
  - Rib
  - Pleura
  - Comet tail artifact
  - Sliding sign
- Describes
  - Appearance of pneumothorax
  - Assessment of pneumothorax size


### Other (optional)

- Sternum fracture assessment
- IVC size and variation assessment


**Competent**      **Fail**

## Essential Clinical Knowledge

Acts on ultrasound findings appropriately  
 Free fluid  
 Normal scan  
 Indeterminate  
 Incidental findings


## Record Keeping

Stores / prints 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.