**POWH EMERGENCY DEPARTMENT POINT OF CARE ULTRASOUND REPORTING FORM**

**Date and Time: PATIENT STICKY LABEL:**

**OR NAME AND MRN**

**Scan performed by:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Accredited for (circle): FAST Aorta Both Neither**

**eFAST REPORT:**

Clinical suspicion (circle): low moderate high

Confidence in US findings: low moderate high

**Tick a Box** (Positive = fluid seen)**:**

|  |  |  |
| --- | --- | --- |
| Standard Views (required) | **Negative** | **Positive** |
| Subcostal Pericardial |  |  |
| Hepatorenal |  |  |
| Splenorenal |  |  |
| Pelvis (long) |  |  |
| Pelvis (trans) |  |  |
| |  |  |  | | --- | --- | --- | | Right pleural |  |  | | | |
| |  |  |  | | --- | --- | --- | | Left pleural |  |  | | | |
|  | | |
| **Additional Views** (optional) |  |  |
| Parasternal Pericardium |  |  |
| Right Subdiaphragmatic |  |  |
| Left Subdiaphragmatic |  |  |

**Additional Comments:**

**AORTA REPORT:**

Positive = aneurysm (distension with diameter ≥ 3cm) or aneurysmal (loss of distal taper).

Clinical suspicion (circle): low moderate high

Confidence in US findings: low moderate high

**Circle or Insert Measurement as Indicated:**

|  |  |  |
| --- | --- | --- |
| Aneurysm | Y | N |
| Aneurysmal | Y | N |
| Max AP Diameter |  |  |
| Max Transverse Diameter |  |  |
| Distance Below SMA (cm) |  |  |
| Distance Above Bifurcation |  |  |

Standard Views:

Transverse - prox (coeliac), mid (sma), and distal (above bifucation).

Longitudinal - prox and distal.

**Additional Comments:**

**form continued overleaf**

**Corroborative Results (Laparotomy, Imaging, Clinical Follow-up):**

**Proctor/Reviewer Name and Signature:**

**Circle: Realtime Review OR Image Review**

**Circle: Adequate Study OR Not adequate Study**

**Comments:**

**BILIARY**

Ultrasonic Murphy's: Yes or No Gallstones: Yes or No Pericholecystic Fluid: Yes or No

GB wall thickness in mm: CBD diameter in mm:

**OBSTETRIC** Circle: TA or TV

Gestational Sac (GS) Intrauterine (eccentric sac sign): Yes or No GS size in mm 1/3(L+H+W):

Yolk Sac Seen (always seen if GS≥ 20mm): Yes or No

Foetal Pole Seen: Yes or No CRL in mm:

Foetal Heart Rate (always seen for CRL > 15mm = 7.5wks):

**OTHER STUDIES** Indicate Study Type: Vascular Access, Foreign Body Localisation, DVT, Procedural, etc.

**Important Notes**

Point of Care ultrasounds (POCUS) are clinical assessment tools that aid decision making - they do not replace formal imaging studies. They should only be performed and utilised by trained clinicians who are aware of their appropriate use and limitations. The Australasian College for Emergency Medicine has a specific accreditation process for FAST and Aortic Ultrasound. Candidates undergoing accreditation may use this report for this purpose. The form is also intended to act as a record of all forms of POCUS being performed by ED staff so should be completed for all studies.

Images are to be saved on the Hard Drive of whichever machine is used for Accreditation and Audit purposes. Individuals may create their own folders in addition to this to store copies of their images, or copy them onto other media such as USB drive. The patient info file must be created before commencing the study in order to save images.

Images for accreditation must contain the minimum set of standard views for a negative study but for a positive study one adequate image alone that demonstrates the pathology will be accepted though a complete study is desirable.