**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): Basic Echo in Life Support Rapid Cardiac Echocardiography Both Neither**

**BELS REPORT:**

Clinical provisional dx: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pt haemodynamically stable? Yes / No

Indication for BELS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confidence in US findings: low moderate high

**Tick a Box:**

|  |  |  |
| --- | --- | --- |
| **Standard Views** (required) | **Adequate** | **Inadequate** |
| Subcostal |  |  |
| IVC |  |  |
| PLAX |  |  |
| PSAX |  |  |
| **A4C** |  |  |
| **Additional Views** (optional) |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Additional Comments:**

**Report – 5 E’s:**

**Effusion:**

**Ejection:**

**Equality:**

**Exit:**

**Entrance:**

Scan reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reviewer comments:**

Scan adequate? Yes/No Scan clinically indicated? Yes/No

**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.