



Jan/Feb 2018

SutherSound

The Sutherland ED PoCUS Newsletter

Website:

<http://www.sutherland.com/pocus/>

TSH PoCUS Faculty:

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PoCUS Quality Improvement JMO

Dr Eilidh Dempster
Dr Jason Ngai (from March 2018)

The US Faculty would like to extend a warm welcome to all of the new doctors starting this term. Please have a look at the PoCUS section of the Sutherland teaching website to familiarise yourselves with local US guidelines, QA projects and the departmental video on using the XPorte. There are also lots of educational tools, including links to free ebooks, logbooks and information about the ACEM/ASUM (CCPU) credentialing processes.

Kirsty Short (US Clinical Lead) and Katrina Tsacalos (US project Lead) will be approaching the SRMO and registrar group over the next 2 weeks to discuss the expectations of US usage in the ED and responsibilities re: ongoing audits.

Revised location for US machines

Both US machines have now been moved to resus 1. They should be stored here, plugged in and either turned off (XPorte) or on standby (GE Vivid S5). The ongoing cleaning/machine maintenance audit includes ensuring that the machines are returned to their correct location after use.

Scan Deletion from the Sonosite XPorte: Feb 14th

Loretta Scarborough from Sonosite will be coming to the ED this Wednesday at 10am to upgrade our current XPorte with new software. This requires ALL scans saved on the machine to be exported and deleted which Kirsty will be doing on the morning of 14th. Loretta is a Sonographer and PoCUS enthusiast so if you have any questions about the machine this would be a great opportunity to get answers from an expert.

Audit results: Room for Improvement

Thank you to Eilidh Dempster for completing the second ultrasound documentation audit. Compared to May 2017, our rates of documentation for December 2017 remain significantly below expectation. 60% of all scans were documented but only 6% were in a separate note. Using a separate note helps communication with the inpatient teams and demonstrates the added value provided by ED US. In addition, only 33% of scans had the expected 4 data points entered on to the machine prior to scanning. Guidelines relating to ED US use and documentation are on the PoCUS part of the website. We will be auditing again at the end of this clinical term.

Instructional PoCUS Courses for 2018

A link to the 2018 courses from the main training companies has been placed on the PoCUS Website. These include the Australian Institute of Ultrasound (AIU, Gold Coast), Ultrasound Training Solutions (UTS, Melbourne) and Ultrasound Village (Perth).

Dates for the Diary.....

February/March:

26th Feb – 1st March

RPA Point of Care 4 day
Ultrasound Workshop

14th March

St George Hospital one
day AAA and EFAST
course

CCPU Logbook review dates:

Book in your times with
Kirsty Short for logbook
reviews, summative /
formative assessments
and ACEM BELS image
series reviews.

Upcoming admin days:

28th March, 18th April

Google US Logbook for Registrars

All new registrars have been added to the online google US logbook so that you can now log scans for Kirsty/Janine to review. We suggest making the link https://docs.google.com/forms/d/e/1FAIpQLSfk0sZJ-nlxjYQ89Fr_3oJL5noYRkv6TUID8v3CuAKT9y7dqg/viewform a bookmark or favourite so that you can easily access it from your smartphone to log scans at the point of care. Please ask any of the US faculty to demonstrate this if you are having trouble.

Adverse Outcome Following FIB: Warning from the UK

A recent death in the UK highlights the importance of adhering to guidelines regarding FIB performance and safety. A checklist, which includes expected post procedure monitoring, is in all the FIB packs as an aide-memoire. For more information take a look at the FIB document on the ACI website.

Top Tips from our SEED

Thank you to Janine Lister who has put together some of her top US tips. These are relevant for the novice user as well as serving as a reminder for more experienced clinicians.

1. If the image you are getting is not what you want, do not move the probe quickly. A slow movement of up to 2cm and angling back towards the organ may improve the image.
2. When ribs are creating shadowing in the image, try feeling for the alignment of the intercostal space and placing the probe along the space. Then angle up and down within the limits of the rib space.
3. Ask the patient to breathe in and hold their breath. Note the phase of respiration where the image is ideal and ask the patient to replicate that. You can also freeze an image after a respiratory manoeuvre, scroll back through the most recent frames and save the best picture.
4. Aorta: if midline gas is obstructing the image then use increased probe pressure to displace it. If this doesn't work the move laterally (either side) and angle back towards the aorta. This technique is particularly useful in longitudinal scans. Make sure are not imaging the IVC.
5. Try to maintain an even gray scale throughout the image.
6. Remember to utilise the depth function. If the bottom of the image does not contain real image information or you are not interested in deeper tissues then decrease the depth.
7. Use a 'no touch' technique while applying gel to either probe or patient. Do not allow the gel bottle nozzle to touch either the probe/patient.

The Royal College of
Emergency Medicine

February 2018

**Death after
Fascia Iliaca
Block (FIB)**

STOP
before you block

The Coroner has issued a Regulation 28
FIB removed painful stimulus; pre-administered opiates
caused apnoea, this went unrecognised.

NRLS data reveals:

- Poor or no documentation of procedure in ED
- Poor or no post procedure observations in ED

An ED LocSSIP/guideline should include documentation of:

- Site, side, dose and time of block
- Frequency of post procedure observations

A minimum would be at 5, 10, 15, 30 mins post procedure

RCEM/ISSIP/2018/02

For other RCEM issued Safety Alerts and Safety Newflashes see:
www.rcem.ac.uk/safetyalerts