



March 2018

SutherSound

The Sutherland ED PoCUS Newsletter

Website:

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

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PoCUS Quality Improvement JMO

Dr Eilidh Dempster

Dr Jason Ngai (from April 2018)

Cleaning Audit

We know it's not the most inspiring task each morning, but keeping the US machines clean really impacts patient care. The fast track SRMO/Registrar is expected to clean both machines when they start their shift and this needs to be encouraged by the responsible FACEM. The audit book should also be signed after completion. All US related stock (wipes, gel, probe covers) is kept on the top shelf on the right, in the acute storeroom out side of resus. The compliance by the department has been terrible this month. Lets change this.

Training Scans with Credentialed Supervisors

When you perform training scans that are not being used to direct patient care and therefore not being documented, can you please indicate this in the patient detail section before you start you scan. There are plenty of boxes here where you can write 'TRAINING'. This helps improve the accuracy of our documentation audits (and makes our performance look better too!)

Emergency Medicine Ultrasound Group (EMUGs)

EMUGs will be running a Critical Care US evening on the North Shore in May. A lot of work goes into these sessions and the quality of education delivered is fabulous. The cost is very reasonable too. Here's the link for further details and tickets <https://www.emugs.org/events.html>

TSH ED Registrars and the SEED

Since the beginning of March we have opened up ultrasound training with our SEED to the registrar group. The funding for this is through Staff Specialist TESL. There is now an agreement that when Janine is on the floor and there is no Staff Specialist booked in for a teaching session, registrars on shift are allowed to access this training time. The focus of these sessions is to perform supervised scans for credentialing purposes. The consultants receive a weekly group message reminding them to encourage registrars to take up this opportunity. Janine's days are listed on the left.

Dates for the Diary.....

17th May

EMUGs US in critical Care

SEED Days in April

Thurs 5th, Fri 6th, Wed 10th, Thurs 11th, Thurs 19th, Fri 20th

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:

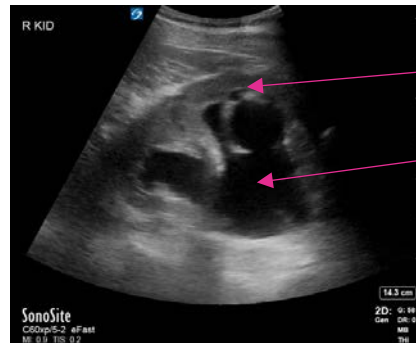
28th March, 18th April

Normal Kidney

Pyramids

Medullary fat

Calyces and renal pelvis

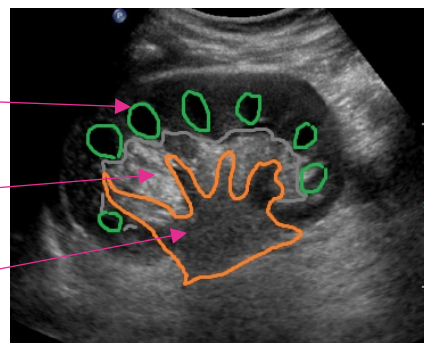


Flattened (less easy to see) pyramid

Dilated renal pelvis and calyces

These findings were BL on US. A catheter placed and pt admitted under urology with renal input following CT KUB which showed BL hydronephrosis/ureter and an enlarged prostate, no stones.

Hydronephrosis is graded from 0-4. Early US signs are opposed calyceal walls and dilatation of the pelvis without the calyces being affected. This patient displayed grade 3-4 hydronephrosis. Cortical thinning is an additional late sign not demonstrated in this image



Multiple Australia-wide US Training Dates

The Australian Institute of Ultrasound (AIU) has held training courses on the Gold Coast for many years. They now offer courses in Melbourne and have a new look website to accompany news of their expansion.

<http://aiu.edu.au/>. Our POCUS website has also been updated with the 2018 brochures for the main training companies.

<http://www.sutherland.com/pocus/us-courses-2018/>

Lung US and ECI

There is a new online Lung ultrasound course uploaded onto the UTEC website. It has been created by the likes of Justin Bowra and Kylie Baker. It is a rich course with lots of loops and images from clinicians who know what they are doing. Here is the link to all the UTEC modules including Lung:

<http://aci.moodlesite.pukunui.net/course/view.php?id=55>

Use the Sutherland specific key, SUTHUS, to create an account.

Bedside Diagnosis of Obstructive Uropathy

An 80yo male with dizziness, SOB and lethargy for the last 3 weeks presented to TSH ED. He had acute renal impairment (cr 550, u 32, K 6.5). His other bloods were unremarkable. BG: COPD, PPM, AF, BPH. His only nephrotoxic drug was aspirin. You haven't done any formal renal US training but notice that it looks different (**top image**) from any other kidney views you've seen when doing your EFASTs.