

Ultrasound Assessment: FAST

Resident:

Faculty:

Date:

TO PROCTORS: These forms are designed to not only give residents the possibility of being signed off to perform scans independently, but also provide direct feedback on areas for improvement on various studies. These forms can not include every aspect of each ultrasound study. I ask that you ensure the resident performs a complete study (multiple views of the structure if indicated, fans through the entire structure, optimizes the image with depth/gain, etc) and provide feedback at the end of the exam.

- ☐ Correctly labels study
- ☐ Optimizes image correctly (depth, gain, etc)
- ☐ Saves appropriate clips and images
- ☐ Correctly interprets any findings
- ☐ Cleans probe after use, ends study, returns and plugs in machine

- ☐ Obtains RUQ - identifies fluid can be in Morison's pouch, at the tip of the liver, or at the dome
- ☐ Obtain LUQ – identifies fluid can be in splenorenal recess, tip of spleen, or between spleen and diaphragm
- ☐ Obtains subxiphoid
- ☐ Obtains both transverse and longitudinal pelvis views
- ☐ Identifies that the most sensitive spot for free fluid is tip of the liver

Assessment

- ☐ Appropriate for level of training
- ☐ Below expectationss (leave comments)

Comments:

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Ultrasound Assessment: Cardiac

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- ☐ Obtains PSLA
- ☐ Obtains PSSA at level of papillary muscles
- ☐ Obtains A4C
- ☐ Obtains subxiphoid
- ☐ Knows rescue view (rolling onto left)
- ☐ Can distinguish between a pericardial and pleural effusion using descending aorta in PSLA
- ☐ Knows what a D sign is
- ☐ Knows how to visually estimate EF
- ☐ Knows the 3 questions we ask ourselves: effusion? EF? Who owns the septum?

Assessment

- ☐ Appropriate for level of training
- ☐ Below expectations (leave comments)

Comments:

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Procedure Competency Form: Pulmonary

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- ☐ Knows linear transducer is best for assessing lung sliding
- ☐ Knows curvilinear is best for assessing B lines
- ☐ Knows B line definition (3 per field, 15-18 centimeters)
- ☐ Knows what a B line signifies
- ☐ Knows what an A line signifies
- ☐ Scans at least 4 lung fields per side

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Comments:**Faculty Signature:**

Procedure Competency Form: Aorta

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- ☐ Obtains views of aorta in at least three different areas
- ☐ Obtains both short and long axis views
- ☐ Identifies bifurcation
- ☐ Identifies aorta based on anatomy to vert body and IVC, not pulsatility
- ☐ Measures outside wall to outside wall

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Procedure Competency Form: Biliary

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- ☐ Identifies GB in both short and long axis
- ☐ Measures an anterior wall, not a posterior wall
- ☐ Specifically checks GB neck
- ☐ Looks for pericholecystic fluid
- ☐ Identifies portal triad (does not need to directly identify or measure CBD)
- ☐ Checks for sonographic murphy sign
- ☐ Knows rescue position (rolling pt onto left, taking a deep breath)

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Procedure Competency Form: Renal

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- ☐ Obtains both transverse and longitudinal images of each kidney
- ☐ Uses color to distinguish hydronephrosis from renal vasculature
- ☐ Correctly identifies where hydronephrosis would be
- ☐ Obtains bladder views
- ☐ Puts color at the base of the bladder to check for UVJ stone

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Procedure Competency Form: DVT

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- ☐ Scans groin to knee as much as possible, not just 2 point with only groin and popliteal
- ☐ Identifies saphenous vein
- ☐ Understands superficial femoral vein is a deep vessel not a superficial vessel
- ☐ Identifies deep femoral vein and deep femoral artery
- ☐ Identifies popliteal vein
- ☐ Understands the vein needs complete collapse to rule out DVT. Any lumen left is a sign of DVT
- ☐ Understands if the vein does not collapse, the artery deforming is a sign of using the correct amount of pressure (did not accidentally just not push hard enough)

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Comments:

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Procedure Competency Form: IVC

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- ☐ Correctly identifies IVC
- ☐ Identifies hepatic vein entering IVC as confirmation vessel is actually IVC
- ☐ Understands how to interpret IVC findings – collapsible vs distended, etc

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Procedure Competency Form: Soft Tissue

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- ☐ Knows what cobblestoning is
- ☐ Knows what a fluid collection would look like
- ☐ Knows what a foreign body would look like (likely hyperechoic with posterior shadowing)
- ☐ Identifies a nerve
- ☐ Identifies a lymph node
- ☐ Distinguishes between an artery and a vein

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Procedure Competency Form: Ocular

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- ☐ Correctly interprets any findings
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- ☐ Identifies lens
- ☐ Knows what pathology we would be looking for – foreign body, vitreous hemorrhage, retinal detachment, posterior vitreous detachment, increased ICP, lens dislocation
- ☐ Knows how to differentiate posterior vitreous detachment and retinal detachment
- ☐ Measures optic nerve correctly
- ☐ Asks the patient to move eye in all directions and fans through entire eye in both long and short

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