A prospective, multicentre observational study of point-of-care ultrasound practice in Emergency Departments across Australia and New Zealand - The POCUS-ED Registry

Supplemental file

Abnormalities identified for each clinically-indicated diagnostic scan modality. 2
The POCUS-ED Registry data collection form. 8
Abnormalities identified for each clinically-indicated diagnostic scan modality.

| eFAST (N = 476)                      |       |
|--------------------------------------|-------|
| Abnormal scan                        | 148 (31.1%) |
| Free fluid                           | 95 (20.0%)  |
| **RUQ**                              | 59 (12.4%)  |
| **LUQ**                              | 46 (9.7%)   |
| **Pelvis**                           | 69 (14.5%)  |
| Pneumothorax                         | 18 (3.8%)   |
| Pericardial effusion                 | 16 (3.4%)   |
| Haemorthorax                         | 11 (2.3%)   |

| Echocardiography (N = 693)           |       |
|--------------------------------------|-------|
| Left ventricle                       |       |
| **Dilated**                          | 72 (10.4%) |
| **Wall thickening**                  | 66 (9.5%)  |
| **Thin wall**                        | 8 (1.2%)   |
| **Hyperdynamic function**            | 53 (7.7%)  |
| **Mild-moderate impairment**         | 112 (16.2%)|
| **Significant impairment**           | 52 (7.5%)  |

| Right ventricle                      |       |
| **Dilated**                          | 49 (7.1%)  |
| **Wall thickening**                  | 9 (1.3%)   |
| **Thin wall**                        | 4 (0.6%)   |
| **Hyperdynamic function**            | 30 (4.3%)  |
| **Mild-moderate impairment**         | 42 (6.1%)  |
| **Significant impairment**           | 29 (4.2%)  |
| Condition                                      | Value   |
|------------------------------------------------|---------|
| Interventricular septum                        |         |
| Flattened                                      | 18 (2.6%) |
| Paradoxical motion                             | 16 (2.3%) |
| Inferior vena cava                             |         |
| Small/collapsing                               | 93 (13.4%) |
| Distended/plethoric                            | 76 (11.0%) |
| Pericardium                                    |         |
| Pericardial effusion                           | 99 (14.3%) |
| Mild                                           | 65 (9.4%)  |
| Moderate                                       | 15 (2.2%)  |
| Large                                          | 7 (1.0%)  |
| Tamponade physiology                           | 4 (0.6%)  |
| Other                                          |         |
| Valvular lesion                                | 30 (4.3%)  |
| Regional wall motion abnormality               | 22 (3.2%)  |
| Mural/Intracardiac thrombus                    | 4 (0.6%)  |
| Vegetation                                     | 1 (0.1%)  |
| RUQ (N = 352)                                  |         |
| Abnormal scan                                  | 186 (52.8%) |
| Cholelithiasi                                  | 100 (28.4%) |
| Thickened gallbladder wall                     | 68 (19.3%) |
| GBW measurement (mm)                           | 4.2 (3.7, 5.0) |
| Distended gallbladder                          | 66 (18.8%) |
| Dilated common bile duct                       | 49 (13.9%) |
| Condition                                | Count (%)          |
|------------------------------------------|--------------------|
| **CBD measurement (mm)**                 | 8.0 (7.0, 11.7)    |
| Pericholecystic fluid                    | 29 (8.2%)          |
| Sonographic Murpheys                     | 27 (7.7%)          |
| Biliary sludge                           | 25 (7.1%)          |
| Polyps                                   | 7 (2.0%)           |
| Intrahepatic duct dilatation             | 5 (1.4%)           |
| Ductal stone                             | 3 (0.9%)           |
| Pancreatic duct dilatation               | 2 (0.6%)           |
| **Renal (N = 285)**                      |                    |
| Abnormal scan                            | 132 (46.3%)        |
| Hydronephrosis/Hydroureter               | 112 (34.2%)        |
| **Mild**                                 | 51 (17.9%)         |
| **Moderate**                             | 31 (10.9%)         |
| **Large**                                | 14 (4.9%)          |
| Absent ureteral jet                      | 35 (10.7%)         |
| Renal cysts                              | 28 (8.5%)          |
| Visible calculi                          | 11 (3.4%)          |
| **AAA (N = 276)**                        |                    |
| Abnormal scan                            | 105 (38.0%)        |
| Aneurysmal aorta                         | 32 (11.6%)         |
| **Small (3-5cm)**                        | 19 (6.9%)          |
| **Intermediate (5.1-7cm)**               | 8 (2.9%)           |
| **Large (>7cm)**                         | 5 (1.8%)           |
| Aortic measurement (cm)                  | 4.5 (3.8, 6.0)     |
| Condition                        | Count (Percentage) |
|---------------------------------|--------------------|
| Dissection flap                 | 9 (2.9%)           |
| Intraperitoneal free fluid      | 6 (2.2%)           |
| Mural haematoma                 | 3 (1.1%)           |

**Lung (N = 246)**

| Condition                        | Count (Percentage) |
|---------------------------------|--------------------|
| Abnormal scan                   | 171 (69.5%)        |
| Pleural effusion                | 80 (32.5%)         |
| Small                           | 33 (13.4%)         |
| Moderate                        | 27 (11.0%)         |
| Large                           | 16 (6.5%)          |
| Pneumothorax                    | 15 (6.1%)          |
| Lung point visualised           | 9 (3.7%)           |
| B-profile (cardiac failure)     | 48 (19.5%)         |
| B-profile (other cause)         | 35 (14.2%)         |
| Consolidation                   | 29 (11.8%)         |
| Subpleural consolidation        | 17 (6.9%)          |
| Pleural line abnormality        | 14 (5.7%)          |
| Atelectasis                     | 8 (3.3%)           |
| Pleural thickening              | 5 (2.0%)           |

**Early pregnancy (N = 199)**

| Condition                        | Count (Percentage) |
|---------------------------------|--------------------|
| Gestational sac visualised      | 115 (57.8%)        |
| Gestational sac size (mm)       | 20.7 (12.9, 38.1)  |
| Yolk sac visualised             | 24 (12.1%)         |
| Yolk sac size (mm)              | 4.0 (2.9, 5.0)     |
| Foetal pole visualised          | 72 (36.2%)         |
| **Foetal pole length (mm)** | 33.4 (10.0, 58.2) |
|----------------------------|------------------|
| Foetal heart beat visualised | 82 (41.2%) |
| **Foetal heart rate (bpm)** | 160.0 (150.0, 168.8) |
| Estimated gestational age (weeks) | 8.0 (6.0, 11.0) |
| Corpus luteum visualised | 15 (7.5%) |
| Abnormal scan | 119 (59.8%) |
| Pelvic free fluid | 25 (12.6%) |
| Ectopic pregnancy | 11 (5.5%) |
| Ovarian cyst | 11 (5.5%) |

**DVT (N = 105)**

| Abnormal scan | 33 (31.4%) |
| Incompressible vein | 18 (17.1%) |
| Echogenic material in lumen | 11 (10.5%) |
| Incomplete coaptation of walls | 8 (7.6%) |

**Gynae/pelvic (N = 59)**

| Abnormal scan | 35 (59.3%) |
| Ovarian cyst | 10 (17.0%) |
| Pelvic free fluid | 6 (10.2%) |
| Uterine fibroids | 3 (5.1%) |
| Enlarged ovary | 3 (5.1%) |
| Polycystic ovary | 1 (1.6%) |

**Soft tissue (N = 47)**

| Abnormal scan | 34 (72.3%) |
| Abscess/collection | 13 (27.7%) |
| Condition                                | Count (%) |
|------------------------------------------|-----------|
| Cobblestone appearance                   | 9 (19.2%) |
| Joint effusion                           | 5 (10.6%) |
| Haematoma                                | 3 (6.4%)  |
| Fracture                                 | 3 (6.4%)  |
| Muscle injury                            | 2 (4.3%)  |
| Subcutaneous emphysema                   | 1 (2.1%)  |
| Ligament/tendon injury                    | 1 (2.1%)  |

**Ocular (N = 18)**

| Condition                                | Count (%) |
|------------------------------------------|-----------|
| Abnormal scan                            | 6 (33.3%) |
| Optic nerve sheath dilatation            | 4 (22.2%) |
| Vitreous detachment                      | 1 (5.6%)  |

**Scrotal (N = 12)**

| Condition                                | Count (%) |
|------------------------------------------|-----------|
| Abnormal scan                            | 7 (58.3%) |
| Testicular enlargement                   | 2 (16.7%) |
| Increased testicular blood flow          | 2 (16.7%) |
| Increased epididymal blood flow          | 2 (16.7%) |
| Hydrocele                                | 3 (25.0%) |

All values as n (%) or median (IQR)
eFAST; extended Focused Assessment with Sonography in Trauma, RUQ; Right Upper Quadrant, LUQ; Left Upper Quadrant, GBW; GallBladder Wall, CBD; Common Bile Duct, AAA; abdominal aortic aneurysm, DVT; Deep vein thrombosis
The POCUS-ED Registry data collection form.
The Australia and New Zealand Emergency Medicine Point of Care Ultrasound Registry

Record ID

User details

Hospital

Other hospital

Initials (ultrasound operator)

(Initials of the Ultrasound Special Skills Term registrar)

Year

2019
2020
2021
2022

Term

1
2
3
4

(Registrar term (within academic year))

Scan number

(Sequential number for individual ultrasound operator)

(Ensure this matches the scan number on your secure logbook copy containing Hospital MRNs for back tracing and results followup.)

Special Skills Registrar log-book (allowing tracking of hospital identifiers with POCUS Registry scan numbers).

[Attachment: "POCUS-ED Registry logbook.pdf"]
## POCUS details

| Date & time of scan | (Date & time of POCUS study) |
|---------------------|-----------------------------|
| Age (years)         | (Patients age in years (rounded down)) |
| Gender              | Male | Female | Unknown | (Patient gender) |
| Clinically indicated scan? | Yes | No | (Clinically indicated = for patient benefit, Not indicated = training scan) |
| Indication for scan | Diagnostic/therapeutic | Procedural | (Diagnostic: guides diagnosis/evaluation, Therapeutic: informs/adjusts therapy/treatment, Procedural: guides procedure or intervention) |
| Type of scan (diagnostic/therapeutic) | FAST/eFAST | AAA | Echo | Renal | RUQ/Biliary | DVT | Lung | Early pregnancy | Gynae/Pelvic | Ocular | Skin/Soft tissue | Scrotal | Other | (NB. More than one modality can be chosen. All must be reported on. *Lung scan is anything in addition to pneumothorax scanning *Gynae/Pelvic scan is for non-pregnant females *Skin/Soft tissue relates to cellulitis vs abscess) |
| Other scan type     | __________________________________ |
| FAST/eFAST indication | Trauma | Shock (non-traumatic) | Other (specify below) | (Predominate clinical reason to perform FAST or eFAST study. If 'Other' indication - add comments in free text below) |
| Peritoneum          | Free fluid | No free fluid | Not assessed/Not visualised | (Select findings that apply to your scan) |
| Findings                                      | Options                                                                 |
|----------------------------------------------|-------------------------------------------------------------------------|
| Peritoneal free fluid location               | □ RUQ  
|                                             | □ LUQ  
|                                             | □ Pelvis (Select findings that apply to your scan)                      |
| Pneumothorax                                 | □ Pneumothorax  
|                                             | □ No pneumothorax  
|                                             | □ Not assessed/Not visualised (Select findings that apply to your scan) |
| Pneumothorax location                        | □ Right  
|                                             | □ Left  
|                                             | □ Bilateral (Select findings that apply to your scan)                    |
| Haemothorax                                  | □ Haemothorax  
|                                             | □ No haemothorax  
|                                             | □ Not assessed/Not visualised (Select findings that apply to your scan) |
| Haemothorax location                         | □ Right  
|                                             | □ Left  
|                                             | □ Bilateral (Select findings that apply to your scan)                    |
| Pericardium                                  | □ Pericardial effusion  
|                                             | □ No pericardial effusion  
|                                             | □ Not assessed/Not visualised (Select findings that apply to your scan) |
| Pericardial effusion size                    | □ Small  
|                                             | □ Moderate  
|                                             | □ Significant (Select findings that apply to your scan)                  |
| Tamponade physiology                         | □ Yes  
|                                             | □ No  
|                                             | □ Uncertain (Select findings that apply to your scan)                    |
| FAST/eFAST other findings                    | (Report other findings here)                                             |
| AAA scan indication                          | □ Clinical suspicion for AAA  
|                                             | □ Flank pain ?cause  
|                                             | □ Undifferentiated shock/hypotension  
|                                             | □ Other (specify below) (Predominate clinical reason to perform AAA study. If 'Other' indication - add comments in free text below) |
| Aortic calibre                               | □ Non-aneurysmal (< 3cm)  
|                                             | □ Aneurysmal  
|                                             | □ Uncertain / Not visualised (Aortic calibre from your AAA scan)          |
| Aortic aneurysm size                  | ○ Small (3-5cm)  
|                                     | ○ Intermediate (5.1-7cm)  
|                                     | ○ Large (>7cm)  
| (Record the size of your aneurysmal aorta) | |

| Aneurysm size (cm)  |
| (Record the actual size of your aneurysmal aorta) |

| Other AAA scan findings                  | □ Nil  
|                                          | □ Intraperitoneal free fluid  
|                                          | □ Paraortic / Prevertebral mass  
|                                          | □ Mural haematoma  
|                                          | □ Dissection flap  
|                                          | □ Other findings (add to free text below)  
|                                          | □ Alternate diagnosis (select from other scan modality above)  
| (Report all findings from your AAA scan) |

| Echo indication                      | ○ Cardiac arrest  
|                                     | ○ Shock  
|                                     | ○ Chest pain (normotensive)  
|                                     | ○ Dyspnoea  
|                                     | ○ Other (specify below)  
| (Predominate clinical reason to perform echo study. If 'Other' indication - add comments in free text below) |

| Left ventricle                        | □ Size: Normal  
|                                       | □ Size: Dilated  
|                                       | □ Wall: Normal  
|                                       | □ Wall: Thickened  
|                                       | □ Wall: Thin  
|                                       | □ Function: Hyperdynamic  
|                                       | □ Function: Grossly normal  
|                                       | □ Function: Mild-moderate impairment  
|                                       | □ Function: Significant impairment  
|                                       | □ Not assessed/Not visualised  
| (Select findings that apply to your scan) |

| Right ventricle                       | □ Size: Normal  
|                                      | □ Size: Dilated  
|                                      | □ Wall: Normal  
|                                      | □ Wall: Thickened  
|                                      | □ Wall: Thin  
|                                      | □ Function: Hyperdynamic  
|                                      | □ Function: Grossly normal  
|                                      | □ Function: Mild-moderate impairment  
|                                      | □ Function: Significant impairment  
|                                      | □ Not assessed/Not visualised  
| (Select findings that apply to your scan) |

| Interventricular septum              | □ Normal  
|                                      | □ Flattened  
|                                      | □ Paradoxical motion  
|                                      | □ Not assessed/Not visualised  
| (Select findings that apply to your scan) |
| Inferior vena cava                  |☐ Small / collapsing  
☐ Normal size  
☐ Distended / plethoric  
☐ Not assessed/Not visualised  
(Select findings that apply to your scan) |
|------------------------------------|-------------------------------------------------|
| Pericardial assessment             |☐ No pericardial effusion  
☐ Pericardial effusion (mild)  
☐ Pericardial effusion (moderate)  
☐ Pericardial effusion (large)  
☐ Tamponade physiology  
☐ Not assessed/Not visualised  
(Select findings that apply to your scan) |
| Other findings                     |☐ Nil  
☐ Mural or intracardiac thrombus  
☐ Valvular lesion  
☐ Vegetation  
☐ Regional wall motion abnormality  
☐ Aortic root measurement  
☐ Other findings (add to free text below)  
☐ Alternate diagnosis (select from other scan modality above)  
(Select findings that apply to your scan) |
| Aortic root diameter (cm)          |__________________________________________|
| Renal scan indication              |☐ Abnormal renal function ?obstruction  
☐ Flank pain ?cause  
☐ Other (specify below)  
( Predominate clinical reason to perform a renal study. If 'Other' indication - add comments in free text below) |
| Renal tract dilation               |☐ No hydronephrosis/hydroureter  
☐ Hydronephrosis/hydroureter  
☐ Uncertain / Not visualised  
(Renal tract dilatation on your renal scan) |
| Hydronephrosis or hydroureter      |☐ Mild  
☐ Moderate  
☐ Severe  
(Record the degree of hydronephrosis/hydroureter) |
| Side of renal tract pathology      |☐ Right  
☐ Left  
☐ Bilateral  
☐ Uncertain / Not visualised  
(Select findings that apply to your scan) |
| Section                                      | Options                                                                 |
|----------------------------------------------|-------------------------------------------------------------------------|
| Other findings                               | - Perinephric fluid                                                   |
|                                              | - Renal / ureteric calculi                                             |
|                                              | - Renal cysts                                                          |
|                                              | - Ureteric jet seen                                                    |
|                                              | - No ureteric jet                                                      |
|                                              | - Other findings (add to free text below)                              |
|                                              | - Alternate diagnosis (select from other scan modality above)          |
|                                              | (Select findings that apply to your scan)                              |
| RUQ/Biliary scan indication                  | - RUQ or epigastric pain                                              |
|                                              | - Abnormal LFTs                                                       |
|                                              | - Other (specify below)                                                |
|                                              | (Predominant clinical reason to perform a RUQ/biliary ultrasound study. If 'Other' indication - add comments in free text below) |
| Patient fasting status                       | - Fasted                                                              |
|                                              | - Non-fasted                                                          |
|                                              | - Unknown/uncertain                                                   |
| Gallbladder size                             | - Normal                                                              |
|                                              | - Distended                                                           |
|                                              | - Collapsed                                                           |
|                                              | - Not visualised / Not assessed                                        |
|                                              | (Record the size of the gallbladder)                                  |
| Gallbladder wall                             | - Normal                                                              |
|                                              | - Thickened (>3mm)                                                    |
|                                              | - Not visualised / Not assessed                                        |
|                                              | (Record the thickness of the gallbladder wall)                        |
| Gallbladder wall thickness (mm)              | (Record actual thickness of GB wall here)                             |
| Common bile duct                             | - Normal                                                              |
|                                              | - Dilated                                                             |
|                                              | - Not visualised / Not assessed                                        |
|                                              | (Record the diameter of the common bile duct)                        |
| CBD diameter (mm)                             | (Record actual thickness of common bile duct here)                    |
| Other findings                               | - Cholelithiasis                                                      |
|                                              | - Pericholecystic fluid                                               |
|                                              | - Biliary / Gallbladder sludge                                        |
|                                              | - Sonographic Murphey’s                                               |
|                                              | - Polyps                                                              |
|                                              | - Intrahepatic duct dilatation                                        |
|                                              | - Pancreatic duct dilatation                                          |
|                                              | - Ductal stone                                                        |
|                                              | - Other findings (add to free text below)                             |
|                                              | - Alternate diagnosis (select from other scan modality above)          |
|                                              | (Select findings that apply to your scan)                              |
| DVT scan indication |  |  |  |
|---------------------|------------------|------------------|------------------|
| ○ Leg swelling      | ○ PE evaluation  | ○ Other (specify below) |
| (Predominate clinical reason to perform a DVT scan. If ‘Other’ indication - add comments in free text below) |

| DVT scan findings |  |  |  |
|--------------------|------------------|------------------|------------------|
| No obvious abnormality | Complete coaptation of walls of vein | Incomplete coaptation of walls | Incompressible vein |
| Echogenic material within vein lumen | PW Doppler examined | Other findings (add to free text below) | Alternate diagnosis (select from other scan modality above) |
| (Report all findings from your DVT scan) |

| PW Doppler findings |  |  |  |
|---------------------|------------------|------------------|------------------|
| Normal flow | Absent flow | Diminished flow | Flat trace |
| Other findings (add to free text below) | Alternate diagnosis (select from other scan modality above) |
| (Report the Doppler findings from your DVT scan) |

| Side of DVT scan pathology |  |  |  |
|-----------------------------|------------------|------------------|------------------|
| Right | Left | Bilateral | Uncertain / Not visualised |
| (Select findings that apply to your scan) |

| Lung scan indication |  |  |  |
|----------------------|------------------|------------------|------------------|
| ○ Shortness of breath (incl. hypoxia) | ○ Hypotension / shock | ○ Other (specify below) |
| (Predominate clinical reason to perform a lung scan. If ‘Other’ indication - add comments in free text below) |

| Lung scan performed |  |  |  |
|---------------------|------------------|------------------|------------------|
| ○ Pleural scan | Parenchymal scan |
| (Type of lung scan performed. Tick BOTH options if both scans performed.) |

| Pleural scan |  |  |  |
|---------------|------------------|------------------|------------------|
| Lung sliding (no pneumothorax) | Pneumothorax | Lung point | Pleural thickening |
| Pleural line abnormality | Subpleural consolidation | Other findings (add to free text below) | Alternate diagnosis (select from other scan modality above) |
| (Select findings that apply to your scan. Detailed findings can be documented below.) |
### Parenchymal scan
- [ ] A-line profile
- [ ] B-line profile (cardiac failure)
- [ ] B-line profile (other cause)
- [ ] Pleural effusion
- [ ] Lobar collapse / atelectasis
- [ ] Consolidation
- [ ] Other findings (add to free text below)

(Select findings that apply to your scan. Detailed findings can be documented below.)

### Likely cause of B-line profile

(What was the likely cause of the B-profile appearance on this lung scan?)

### Size of pleural effusion
- [ ] Small
- [ ] Moderate
- [ ] Large

(Size of pleural effusion)

### Side of lung pathology
- [ ] Right
- [ ] Left
- [ ] Bilateral (symmetrical)
- [ ] Bilateral (asymmetric pathology)
- [ ] Uncertain / Not visualised

(Select findings that apply to your scan. Detailed findings can be documented below.)

### Early pregnancy scan indication
- [ ] Early pregnancy bleeding
- [ ] Possible ectopic pregnancy
- [ ] Other (specify below)

(Predominate clinical reason to perform an early pregnancy scan. If 'Other' indication - add comments in free text below)

### Estimated gestational age (weeks)

(Pre-POCUS estimated gestational age (based on LMP))

### Bladder size
- [ ] Small
- [ ] Medium
- [ ] Large
- [ ] Not noted

(Size of urinary bladder at time of scan)

### Gestational sac
- [ ] Visualised
- [ ] Not visualised

(Did you see the gestational sac?)

### Gestational sac size (mm)

(What was the size of the gestational sac?)

### Yolk sac
- [ ] Visualised
- [ ] Not visualised

(Did you see the yolk sac?)
| Question                                                                 | Options                                      |
|-------------------------------------------------------------------------|----------------------------------------------|
| Yolk sac size (mm)                                                      | (What was the size of the yolk sac?)         |
| Foetal pole                                                             | ☐ Visualised                                 |
|                                                                        | ☐ Not visualised                             |
|                                                                        | (Did you see the foetal pole?)               |
| Foetal pole size (mm)                                                   | (What was the size of the foetal pole?)      |
| Foetal heart beat                                                       | ☐ Yes                                        |
|                                                                        | ☐ No                                         |
|                                                                        | ☐ Not visualised                             |
|                                                                        | (Did you see the foetal heart beat?)         |
| Foetal heart rate (bpm)                                                 | (What was the foetal heart rate?)            |
| Other findings                                                          | ☐ Adnexal mass / ectopic pregnancy           |
|                                                                        | ☐ Ovarian cyst                               |
|                                                                        | ☐ Corpus luteum                              |
|                                                                        | ☐ Pelvic free fluid                          |
|                                                                        | ☐ Other findings (add to free text below)    |
|                                                                        | ☐ Alternate diagnosis (select from other scan |
|                                                                        |    modality above)                           |
|                                                                        | (Report all findings from your early pregnancy scan) |
| Free fluid in early pregnancy                                          | ☐ Anechoic                                   |
|                                                                        | ☐ Echoic                                     |
|                                                                        | (Report all findings from your early pregnancy scan) |
| Gynae/Pelvic scan indication                                            | ☐ Vaginal bleeding                           |
|                                                                        | ☐ Lower abdominal pain                       |
|                                                                        | ☐ Other (specify below)                      |
|                                                                        | (Predominate clinical reason to perform a     |
|                                                                        |    gynae or pelvic ultrasound scan. If ‘Other’ |
|                                                                        |    indication - add comments in free text    |
|                                                                        |    below)                                    |
| Bladder size                                                            | ☐ Small                                      |
|                                                                        | ☐ Medium                                     |
|                                                                        | ☐ Large                                      |
|                                                                        | ☐ Not noted                                  |
|                                                                        | (Size of urinary bladder at time of scan)    |
| Uterus                                                                  | ☐ Anteverted                                 |
|                                                                        | ☐ Retroverted                                |
|                                                                        | ☐ Not visualised                             |
|                                                                        | (Uterus orientation)                         |
### Other findings

- Pelvic free fluid
- Uterine fibroids
- Ovarian enlargement
- Ovarian cyst
- Polycystic ovaries
- Haemorrhagic corpus luteum
- Adnexal mass / ectopic pregnancy
- Other findings (add to free text below)
- Alternate diagnosis (select from other scan modality above)

(Report all findings from your gynaecological or pelvic scan)

### Side of pathology

- Right
- Left
- Bilateral
- Uncertain / Not visualised

(Select findings that apply to your scan)

### Ocular scan indication

- Reduced visual acuity
- Eye pain
- Reduced consciousness
- Other (specify below)

(Predominate clinical reason to perform an ocular ultrasound. If 'Other' indication - add comments in free text below)

### Ocular findings

- No obvious abnormality
- Retinal detachment
- Vitreous detachment
- Vitreous haemorrhage
- Intraocular foreign body
- Optic nerve sheath dilatation
- Other findings (add to free text below)

(Report all findings from your ocular scan)

### Skin/soft tissue ultrasound indication

- Painful limb or joint
- Swollen or inflamed limb or joint
- Abscess
- Foreign body
- Other (specify below)

(Predominate clinical reason to perform a skin/soft tissue ultrasound. If 'Other' indication - add comments in free text below)

### Skin/soft tissue ultrasound body region

- Upper limb
- Lower limb
- Chest
- Abdominal wall
- Back
- Head & neck

(What location did you scan?)
### Upper/lower limb soft tissue scan
- **Proximal limb**
- **Distal limb**
- **Whole limb**

*(What location did you scan?)*

### Upper/lower limb soft tissue scan
- **Left side**
- **Right side**
- **Both**

*(What side did you scan?)*

### Skin/Soft tissue findings
- No obvious abnormality
- Cobblestone appearance
- Soft tissue abscess
- Subcutaneous collection
- Subcutaneous emphysema
- Haematoma
- Fracture
- Ligamentous / tendon injury
- Muscle injury
- Joint effusion
- Vascular abnormality
- Other findings (add to free text below)

*(Report all findings from your skin or soft tissue scan)*

### Scrotal ultrasound indication
- **Scrotal swelling**
- **Testicular pain**
- **Other** (specify below)

*(Predominate clinical reason to perform a scrotal ultrasound. If 'Other' indication - add comments in free text below)*

### Scrotal findings
- No obvious abnormality
- Testicular enlargement
- Testicular blood flow (increased)
- Testicular blood flow (reduced/absent)
- Epididymal blood flow (increased)
- Epididymal blood flow (reduced/absent)
- Spermatic cord abnormal
- Hydrocele
- Hernia
- Cyst
- Other findings (add to free text below)
- Alternate diagnosis (select from other scan modality above)

*(Report all findings from your scrotal scan)*

### Other findings (diagnostic/therapeutic)

*(Detailed description of your scan findings including specific measurements.)*

### Scan findings (diagnostic/therapeutic)
- **Negative**
- **Positive**
- **Indeterminate**

*(Negative = No abnormalities detected, Positive = abnormal findings/pathology detected, Indeterminate = limited information based on incomplete study/poor visualisation.)*
| Type of scan (procedural)                                                                 | ○ Peripheral vascular access (venous) |
|                                                                                         | ○ Peripheral vascular access (arterial) |
|                                                                                         | ○ Central venous access                |
|                                                                                         | ○ Nerve block/regional anaesthesia     |
|                                                                                         | ○ Paracentesis                         |
|                                                                                         | ○ Pleural drainage                     |
|                                                                                         | ○ Abscess drainage                     |
|                                                                                         | ○ Lumbar puncture                      |
|                                                                                         | ○ Pericardiocentesis                   |
|                                                                                         | ○ FB removal                           |
|                                                                                         | ○ Bladder aspirate/SPC insertion       |
| ** if more than ONE procedure performed on a single patient, please log EACH procedure SEPARATELY ** | ○ Other                                |
|                                                                                         | (Choose one only. For multiple procedures on single patient, must log each procedure separately.) |

| Other procedure type                                                                   | ____________________________________________ |
|                                                                                       | (Choose one only. For multiple procedures on single patient, must log each procedure separately.) |

| Side of procedure                                                                       | ○ Left                                    |
|                                                                                         | ○ Right                                   |
|                                                                                         | ○ Bilateral                              |
|                                                                                       | (What was the side of your procedure?)    |

| Upper/lower limb procedure                                                               | ○ Proximal limb                          |
|                                                                                         | ○ Distal limb                            |
|                                                                                         | ○ Whole limb                             |
|                                                                                       | (What was the location of your procedure?) |

| Specific procedure performed                                                             | ____________________________________________ |
|                                                                                       | (eg. name of nerve block, location of vascular access, type of chest drain used etc.) |

| Procedure success                                                                       | ○ Successful                              |
|                                                                                         | ○ Unsuccessful                           |

| Number of attempts                                                                       | ○ 1                                       |
|                                                                                         | ○ 2                                       |
|                                                                                         | ○ 3                                       |
|                                                                                         | ○ 4                                       |
|                                                                                         | ○ 5+                                      |

| Additional comments (procedural)                                                        | ____________________________________________ |
|                                                                                       | (Provide further comments on procedure here including site & difficulty) |

| Did POCUS alter provisional diagnosis?                                                  | ○ Yes                                     |
|                                                                                         | ○ No                                      |
|                                                                                         | ○ Uncertain                              |

| Provisional diagnosis before POCUS use                                                   | ____________________________________________ |
|                                                                                       | (Working diagnosis/pathology pre-POCUS use. This can include disease process or pathology found (eg. Cholecystitis, intraabdominal haemorrhage, obstructive shock etc)) |
### Provisional POCUS diagnosis

(Working diagnosis/pathology post-POCUS use. This can include disease process or pathology found (eg. Cholecystitis, intraabdominal haemorrhage, obstructive shock etc))

| Influence of POCUS                      |
|----------------------------------------|
| ☐ Confirm clinical suspicion           |
| ☐ Change of clinical management/treatment |
| ☐ Procedural guidance                  |
| ☐ Therapeutic decision                 |
| ☐ Communication (including referrals)  |
| ☐ Patient triage (change risk stratification) |
| ☐ Arrange further imaging for POCUS findings |
| ☐ Avoid other imaging                  |
| ☐ Other                                |

(Provisional POCUS diagnosis can include disease process or pathology found (eg. Cholecystitis, intraabdominal haemorrhage, obstructive shock etc))

### Other influence of POCUS

(Describe how POCUS influenced patient care)

### How was disposition changed?

- Discharge home
- Ward safe
- Critical care required
- Palliation
- Not changed

(Resulting disposition post-POCUS.)

### Key timings

| Triage time |
|-------------|
| (Time of patient triage) |

| Time of admission decision |
|----------------------------|
| (Time of ED team decision to admit to hospital (leave blank if unknown/not available)) |

### Case follow-up

| Findings confirmed by |
|------------------------|
| ☐ Credentialed POCUS practitioner |
| ☐ Diagnostic ultrasound |
| ☐ CT scan |
| ☐ X-ray |
| ☐ Echo |
| ☐ Operative findings |
| ☐ MRI |
| ☐ Vascular lab |
| ☐ Nuclear medicine (incl. VQ scan) |
| ☐ Clinical course or follow-up |
| ☐ Not available |

| Time of confirmatory test |
|---------------------------|
| (Date & time of confirmatory test. Leave blank if 'not available'.) |
| Confirmed diagnosis | (This can include disease process or pathology found (eg. Cholecystitis, intraabdominal haemorrhage, obstructive shock etc)) |
|---------------------|-----------------------------------------------------------------------------------------------------------------|
| Does confirmatory test agree with POCUS study? | ☐ Yes  
☐ No |
| Supervisor review & feedback obtained | ☐ Yes  
☐ No  
(SST Supervisor has reviewed case/image) |
| Supervisor comments | (Comments by SST supervisor) |