



Case Study Submission Requirements: Point-of-Care Ultrasound (POCUS)

➤ Refer to the *Accreditation Application Manual* for [additional case study submission requirements](#).

To determine case study requirements, review the chart below and submit cases based on your scope of practice.

Details regarding specific imaging requirements are organized by scope starting on page 2.

From the <u>primary site</u> :	From each <u>additional site</u> or <u>mobile unit</u> :
Based on your scope of practice, submit case studies from the 4 sections below. If your application includes all sections, a total of 8 cases are required.	Submit 2 case studies from each additional site or mobile unit, based on your scope of practice, from any of the 4 sections below. (If your application includes all sections, each site does not need to provide more case studies than the 2 required.)
If you perform US of the abdomen: <ul style="list-style-type: none"> • Submit one abnormal case study demonstrating free fluid; <u>and</u> • Submit one other case study from any of the following areas: 	
<ul style="list-style-type: none"> - Free fluid (if a second case is submitted it must be abnormal) - Hepatobiliary - Urinary - AAA 	
If you perform US of the thorax: <ul style="list-style-type: none"> • Submit one normal A-line; <u>and</u> • Submit one abnormal case study from either of the following areas: 	
<ul style="list-style-type: none"> - Lung - Pleural 	
If you perform US for a possible DVT: <ul style="list-style-type: none"> • Submit two case studies as shown below: 	
<ul style="list-style-type: none"> - One abnormal lower extremity - One normal lower extremity 	
If you perform cardiac US: <ul style="list-style-type: none"> • Submit 2 abnormal case studies: one with left ventricular dysfunction, <u>and</u> • One case study from the list of indications below (at least one submission should include demonstration of color Doppler interrogation of the mitral valve and/or AO valve): 	
<ul style="list-style-type: none"> - Cardiogenic shock, function - Pericardium, tamponade - Hypertrophic cardiomyopathy 	

Note:
mobile unit - ultrasound machine that goes with the provider to various facilities (not a mobile / hand-held unit that stays within the facility.)

POCUS Imaging Checklists

The Ultrasound Practice Accreditation Council (UPAC) understands that providers performing and/or interpreting the scans are aware of what each image demonstrates. In order to uniformly evaluate a broad spectrum of practices across institutions, a protocol must be in place with specific requirements. In order to ensure that the appropriate structure is being identified, labeling is required. Post-process labeling is acceptable and/or video files can be renamed according to what is demonstrated on the clip.

Note: Although the Point-of-Care Practice Parameter states in several instances that exam components may not all be necessary to answer a clinical question, for the purpose of accreditation all views listed are required and measurements (if listed) must be performed on at least one submitted case as applies.

Hepatobiliary

Labeled clips and/or still images of the following:

- o Long-axis views of the gallbladder obtained in the supine position
- o Short-axis views of the gallbladder obtained in the supine position
- o Gallbladder views in alternate position if applicable
- o If applicable, measurement of the anterior gallbladder wall
- o If applicable, measurements of the common bile duct

Urinary

Labeled clips and/or still images of the following:

- o Long-axis views of the right kidney AND measurement of renal length
 - o Short-axis views of the right kidney
 - o Views of Hepatorenal recess
 - o Long-axis views of the left kidney AND measurement of renal length
 - o Short-axis views of the left kidney
 - o Views of splenorenal recesses
 - o Views of liver/right kidney
 - o Views of spleen/left kidney
 - o Long-axis views of the bladder
 - o Short-axis views of the bladder
- Depending on abnormal finding:
- o If applicable, color Doppler views of kidney
 - o If Foley catheter, correct placement demonstrated
 - o If applicable, a postvoid residual may be quantified and reported

Abdominal Aorta

Labeled clips and/or still images of the following:

- o Transverse and longitudinal views for as much of the length of the aorta as possible; from the celiac axis through the level of the renal arteries, through the aortic bifurcation, and into the common iliac arteries
 - o Transverse and anteroposterior dimensions of the aorta (orthogonal to the direction of the aorta)
- Depending on the abnormal finding:
- o If applicable, presence and location of an intraluminal thrombus or flap
 - o If applicable, the maximal size and location of any aneurysm AND the relationship of the dilated segment with the renal arteries and the aortic bifurcation
 - o If applicable, fluid or a mass adjacent to the aorta and location

Free Fluid

Labeled clips and/or still images of the following:

- o Hepatorenal region
- o Perisplenic region
- o Suprapubic region

Lung

Labeled clips of the following:

- o A-line pattern with lung sliding
- Depending on the abnormal finding:
 - o If applicable, A-line pattern without lung sliding demonstrated
 - o If applicable, B-line pattern demonstrated
 - o If applicable, thickness of the pleura and the location of the B-line pattern
 - o If applicable, consolidation pattern

Pleura

Labeled clips and/or still images of the following:

- o Quantification or estimation of the size of the pleural effusion
- o Complexity of the fluid demonstrated

Lower Extremity (for DVT)

Labeled clips or still images of the following:

- o Common femoral vein (CFV) with and without compression
- o Junction of the CFV with great saphenous vein with and without compression
- o Proximal deep femoral vein separately with and without compression
- o Proximal femoral vein with and without compression
- o Distal femoral vein with and without compression
- o Popliteal vein with and without compression
- o If abnormal, demonstrate thrombus with and without compression

Depending on practice procedures: a color or spectral Doppler evaluation, with or without augmentation, may be used to support the presence or absence of an abnormality.

Cardiac Examination

As a reminder, all cardiac cases submitted must include labeled clips or still images of all of the following 5 views:

- o Parasternal long-axis view
- o Parasternal short-axis view
- o Apical 4-chamber view
- o Subcostal 4-chamber view
- o Subcostal IVC view

In addition, the following should be included depending on indications and findings during the exam:

- Cardiogenic shock, function:
 - o Cine clip(s) of both ventricles adequate for subjective assessment of systolic function
 - o Color Doppler interrogation of mitral, aortic, and tricuspid valves
- Pericardium, tamponade:
 - o Cine clip(s) of both ventricles adequate for subjective assessment of systolic function
 - o Evaluation for IVC or right atrial collapse
 - o Evaluation of ventricular septal position and motion
 - o Measurement of largest dimension of effusion, in diastole, if one is present
- Hypertrophic cardiomyopathy
 - o Cine clip(s) of both ventricles adequate for subjective assessment of systolic function
 - o Evaluation of ventricular septal thickness and left ventricular posterior wall thickness (2D or M-mode), including measurement
 - o Doppler interrogation of left ventricular outflow tract (if feasible, use of continuous wave Doppler is preferred)