



POLICY ON THE USE OF FOCUSSED ULTRASOUND IN EMERGENCY MEDICINE

1. PURPOSE AND SCOPE

This document is a policy of the Australasian College for Emergency Medicine and relates to the use of focussed ultrasound in emergency departments.

The policy is applicable to both public and private hospital emergency departments throughout Australasia.

2. POLICY

Focussed ultrasound imaging has been shown to enhance the clinician's ability to assess and manage patients with a variety of acute illnesses and injuries.

Focussed ultrasound examinations performed by trained emergency physicians in order to answer specific clinical questions have been shown to improve patient outcomes.

Clinicians need to be credentialed for their scope of ultrasound practice.

3. PROCEDURE AND ACTIONS

The Australasian College for Emergency Medicine supports the following principles:

- (a) Ultrasound examination, interpretation and clinical correlation should be available in a timely manner 24 hours a day for emergency department patients.
- (b) Emergency physicians providing emergency ultrasound services should possess appropriate training and hands-on experience to perform and interpret limited focussed ultrasound imaging.
- (c) ACEM specifically supports the use of ultrasound imaging by emergency physicians for at least the following clinical indications:
 - traumatic haemoperitoneum/haemothorax/pneumothorax
 - abdominal aortic aneurysm
 - pericardial fluid
 - intra-uterine pregnancy identification
 - vascular access and other procedures
 - basic echocardiography in life support
 - hydronephrosis and biliary tract disease
 - soft tissue studies
 - deep vein thrombosis
- (d) ACEM encourages continued research in the area of ultrasound imaging and any other known or evolving imaging techniques and modalities.

- (e) ACEM encourages all emergency physicians to be competent in the 'core' areas of emergency ultrasound, being abdominal aortic aneurysm, EFAST, procedural guidance and echo in life support.
- (f) ACEM expects that all emergency medicine training programs will have processes in place that allow trainees to gain instruction and experience in focussed ultrasound imaging.

4. DOCUMENT REVIEW

Timeframe for review: every five (5) years, or earlier if required.

4.1 Responsibilities

Document authorisation: Council of Advocacy, Practice & Partnerships
Document implementation: ED Ultrasound Subcommittee
Document maintenance: Policy and Research Department

4.2 Revision History

Version	Date of Version	Pages revised / Brief Explanation of Revision
V1	July 1999	Approved by Council
V2	March 2006	Approved by Council
V3	July 2012	Approved by Council
V4	Mar 2016	Approved by Council
The title of the policy has been changed from 'Use of Focussed Ultrasound by Emergency Physicians' as the policy will be used by many individuals working in the ED. The applicability of this policy to both public and private EDs has been outlined. 'Focussed ultrasound imaging' is utilised in place of 'point-of-care' ultrasound imaging.		