

Privilege Cluster: Emergency Focused Ultrasound

Description: POCUS for resuscitative, diagnostic, symptom based or procedural guidance

Qualifications

Education/Training

Documentation of training and experience during residency/fellowship training/experience with POCUS in Emergency Medicine.

OR

*if no previously residency/fellowship training/experience with pocus in emergency medicine, please refer to the [redacted] clinical ultrasound competency policy 10.105

[redacted] American College of Emergency Physicians. Emergency ultrasound guidelines. Ann Emerg Med. 2009 Apr;53(4):550-70. doi: 10.1016/j.annemergmed.2008.12.013. PMID: 19303521. (Updated 2021)

Request	<i>Request all privileges listed below.</i>
	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> - Currently granted privileges
Core Emergency Ultrasound Privileges	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Core emergency ultrasound Includes: Trauma (EFAST), Intrauterine Pregnancy Evaluation (Transabdominal), AAA, Focused Cardiac/Hemodynamic Assessment, Biliary, Urinary Tract, Dvt, Soft Tissue/Msk, Thoracic/Airway, Ocular, Bowel, Procedural Guidance, Basic Nerve Blocks (Fascia Iliaca and Forearm Blocks)
Advanced Emergency Ultrasound Privileges	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Advanced Echo
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Transesophageal Echo (Tee)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Advanced Regional Nerve Blocks (Supraclavicular, Interscalene, Tap, Serratus Anterior, Esp)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Pregnancy Evaluation (Intracavitary Probe)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Adnexal Evaluation
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Testicular