

University of Florida Critical Care Medicine Ultrasound Curriculum

Procedure Notes (updated 6/1/15)

Refer to separate instruction sheet on the various options of using ultrasound in the ICU. If the decision is made to perform one for billing by your Attending physician, the images must be ordered through EPIC (“US in ICU” is the order) and loaded onto PACS. If you do an ‘educational’ ultrasound and subsequently make management decision from it, you can still place a short progress note using these same templates and can show other physicians archived ultrasound images/clips through Qpath (see Qpath instruction sheet).

The following are the ultrasound procedures that are to be placed into the chart to complete documentation. Billing for individual ultrasounds can only be done by providers (Attending physicians and extensions of these physicians) who are credentialed by the hospital to perform them and through the individual billing departments (MICU, SICU, NeuroICU, CICU).

Use “POCT Bedside Ultrasound” to enter into the procedure location.

***The indication pre and post procedure should be HYPOXIA or HYPOTENSION
Use the smartphrase “.uscc”; this will give a drop-down list with fields to complete***

There will be CCM Ultrasound Scanning Rounding opportunities throughout each month to perform with specific attending physicians who are credentialed to perform them in order to ensure quality instruction when obtaining these images.

Core

1. **Procedural/Vascular** – for use in procedures the physician is already proficient in without ultrasound guidance including but not limited to central venous lines and tube thoracostomy, evaluation of relevant vessels for access and for determination of thrombosis in critical care settings
2. **Abdomen** – for evaluation intraperitoneal hemorrhage, pericardial tamponade, hemothorax, and assessment for gross abnormalities of kidney (hydronephrosis) and aorta (aneurysm) in the evaluation of critically ill unstable hypotensive patients
3. **Transthoracic echocardiogram basic limited** – for evaluation of pericardial tamponade, pericardial effusion, to evaluate cardiac function, activity, and evaluate volume status in the critically ill hypotensive patient
4. **Lung** – for evaluation of presence of hemothorax, pneumothorax, pulmonary edema, consolidations, and other pleural effusions in the evaluation of critically ill hypoxic patient

Advanced/Optional/Limited studies

5. **Aorta**- Ultrasound to determine the presence of abdominal aortic aneurysm to evaluate hypotension in the critically ill patient
6. **Renal** - renal ultrasound to determine presence of hydronephrosis, assessment of presence of bladder volume for evaluation of oligoanuria in critically ill patients
7. **Gallbladder** - abdominal ultrasound to detect evidence of cholelithiasis, cholecystitis, choledocholithiasis, or fluid around gallbladder in the acutely hypotensive patient
8. **hTEE (Imacor)** - for evaluation of pericardial tamponade, pericardial effusion, to evaluate cardiac function, activity, and evaluate volume status in the critically ill hypotensive patient