



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. **Only case studies with an ultrasound indication, per practice parameters, will be accepted. (Non-indicated exams will not be accepted.)**

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; and • 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; and • 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, and • 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.

**Only case studies with an ultrasound indication, per practice parameters, will be accepted.
(Non-indicated exams will not be accepted.)**

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)

Changes made to this document since previous version:

7/24/24	added requirement for proper exam indication
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