| Procedure Competency Form: | |
|----------------------------|--|
| Bedside Lung Ultrasound | |
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| | | Patient Addressograph |
|----------------------|--|------------------------------------|
| □Res □Fac □Dat | ulty observing: | |
| | Informs patient/family of procedure including risverbal consent as appropriate | sks and benefits and obtains |
| | Enters patient name and MR number into ultraso | und machine |
| | Places patient in proper position | |
| | Explains steps of procedure to patient throughou | t the procedure |
| | Chooses appropriate ultrasound transducer and s | tates reasoning for choice |
| | Resident cleans the transducer before use | |
| | Anterior chest views obtained in proper positions | s with appropriate depth to easily |
| | visualize entire pleural sliding | |
| | Accurately identifies presence or absence of pleu | ıral sliding |
| | Accurately identifies presence or absence of pleu | ıral effusion |
| | Documents each area with a representative clip, | M-mode, or color documentation |
| | Relays findings to the patient and the team involved | ved in the care of the patient |
| | Prepares the machine for the next user | |
| | Writes a procedure note | |

| Assessment: | | |
|-------------|----------------|--|
| | Unsatisfactory | |
| | Proficient | |
| | Mastered | |
| Comments: | | |
| Facult | ty signature: | |