



Promoting Excellence In Ultrasound

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Point of Care Ultrasound:
Proficiency & Appropriate Use Statement for Neonatal Ultrasound



Australasian
Society for
Ultrasound in
Medicine

Policies and Statements

Certificate in Clinician Performed Ultrasound - CCPU Neonatal Ultrasound Modality Proficiency & Appropriate Use Statement

It is expected that the CCPU (Neonatal Ultrasound) is to be used for provision of ultrasound at the point of care in a neonatal intensive care unit to enhance the clinical care of the infant and not to raise revenue.

Recognised Institutions

Recognised institutions for training in the CCPU (Neonatal Ultrasound) should have the following.

- Be associated with a neonatal intensive care unit
- Close affiliation with a radiology and paediatric cardiology service
- At least one clinician whose qualification is recognised by the ASUM council as a qualification for training.
- Appropriate level of ultrasound equipment as specified below

Ultrasound equipment

Candidates regularly involved in the provision of neonatal ultrasound under the qualification of CCPU (Neonatal Ultrasound) are expected to have access to ultrasound machines of appropriate quality to allow accurate and repeatable scanning ability.

The minimum expected standard is

- No older than 10 years
- 2D gray scale imaging
- Pulsed wave and Color Doppler availability
- Cardiac package in software
- Transducers between 5 to 10 MHz for neonatal use with at least 1 transducer 7MHz or 10MHz.

Essential skills (Basic criteria)

Candidates for the Certificate in Clinician Performed Ultrasound (CCPU) are expected to be able to perform the following competently

- 2D imaging of the neonatal heart using the 5 commonly used echocardiographic windows – long axis parasternal, short axis, ductal, apical and subcostal.
- Understanding of normal anatomy and variations of normal

- Able to competently use M mode, pulsed wave Doppler and color Doppler to measure basic indices of cardiac contractility, size and direction of ductal and atrial shunts, assessment of valve incompetency & stenoses and measurement of pulmonary pressure
- Use of coronal and sagittal cranial ultrasound windows
- Able to recognise and grade intracranial bleeding and white matter damage
- Able to recognise and grade ventricular dilation and hydrocephalus

Desirable skills (Advanced criteria)

- Assessment of systemic blood flow
- Assessment of myocardial function
- Recognition of common congenital heart disease
- Recognition of structural brain abnormalities
- The asphyxiated infant – imaging & use of Doppler

Appropriate use of CCPU (Neonatal Ultrasound)

Holders of the CCPU (Neonatal Ultrasound) are expected to consult and request appropriate advice by a paediatric cardiologist or radiologist under the following circumstances:

- By a paediatric cardiologist
 - If the primary concern is the possibility of congenital heart disease(CHD)
 - If specific treatment is being instituted for CHD based on a clinical performed ultrasound (CPU)
 - If transfer to a paediatric cardiology unit is being planned based on a CPU
 - If the clinical findings or course are NOT consistent with the CPU findings
 - If the baby is no longer in an NICU setting eg. after discharge.
- By a radiologist
 - For documentation of abnormal cranial ultrasound results
 - For provision of routine cranial ultrasound services if this already exists

Performance of a CPU is not expected to be equivalent to a study performed by an imaging consultant and as such should not be relied upon to exclude significant pathology.



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