

ASUM CCPU Competence Assessment Form - Summative Assesment Clinician Performed Neonatal Cranial Ultrasound

Candidate:	
Assessor:	
Date:	
To pass the su	immative assessment, the candidate must pass all the components listed:

		Competent	Prompted	Fail
Prepare Patient	Positioning, thermal care/comfort			
	Parents/nursing informed			
Prepare Environment	Lights dimmed if possible			
Dunk a suid	Can choose the appropriate transducer			
Probe and Preset	Can change transducer			
Selection	Selects appropriate preset			
Data Entry	Correct patient details			
Image	2D - Optimisation (depth, width, gain, focus, frequency)			
Acquisition	Doppler – Optimisation (scale, baseline, gain)			
	Coronal – Section 1			
	Coronal – Section 2			
	Coronal – Section 3			
	Coronal – Section 4			
	Coronal – Section 5			
	Coronal – Section 6			
Scans	Sagittal – midline			
Courio	Right – medial parasagittal			
	Right – lateral parasagittal			
	Left – medial parasagittal			
	Left – lateral parasagittal			
	Mastoid – identifies cerebellum (optional)			
	Temporal – Middle cerebral artery Doppler			
	Posterior fontanel sagittal view (optional)			

		Competent	Prompted	Fail
Identifies and describes	Key anatomical structures of brain parenchyma as outlined in the style guide			
	Ventricles			
	Germinal matrix/intraventricular haemorrhage			
	Periventricular echogenicities/cysts			
	Doppler findings of the anterior cerebral artery, middle cerebral artery, superior sagittal sinus			
	Evaluation of convexity of the brain			
	Artefacts and normal variants			
	Any congenital anomalies			
	Correct annotation and storage of images			
	Completes report and documents any pathology identified			
Record	Each view adequate/inadequate			
Keeping	Document scan			
	Describe findings briefly			
	Integrates ultrasound findings with clinical assessment and explains how the findings might influence management			
Machine Maintenance	Cleans / disinfects ultrasound probe & interface			
	Stores the machine, probes and cables safely correctly			

Assessor Signature:	Candidate Signature:	
Assessor Name:	Candidate Name:	
Date:		

Page 2 of 2 07/23