

**Point of Care Ultrasound Image Acquisition Criteria (modified from the ASA POCUS certificate)**

The POCUS Certificate program offered by the ASA contains image requirement criteria as the core element of the Image Acquisition training (PART 4 of the program) in order to provide competency. The following elements will be used as a guide to evaluate resident performance when acquiring and interpreting images. This section is not meant to interpret images but to good image acquisition skills by the performer. Essentially this means we are evaluating the skill of obtaining good quality images by using the following criteria on each organ system. This document also satisfies criteria for the OSCE content on POCUS.

1		CARDIAC	Complete	Incomplete
CARDIAC	<b>A</b>	<b>Parasternal long-axis view:</b>		
	i. Axis:		<input type="checkbox"/>	<input type="checkbox"/>
	a. The following structures are visible: LV, LA, RV, LVOT, aortic valve and mitral valve b. Functional findings: Both aortic & mitral valve are both seen opening at appropriate part of the cardiac cycle			
	ii. Gain:	The blood is relatively black	<input type="checkbox"/>	<input type="checkbox"/>
	iii. Depth:	Able to see at least descending thoracic aorta	<input type="checkbox"/>	<input type="checkbox"/>
CARDIAC	<b>B</b>	<b>Parasternal short-axis view:</b>		
	i. Axis:		<input type="checkbox"/>	<input type="checkbox"/>
	a. The following structures visible: LV at mid-ventricular level.			
	ii. Gain:	The blood is relatively black	<input type="checkbox"/>	<input type="checkbox"/>
	iii. Depth:	Able to see deep enough to visualize parietal pericardium	<input type="checkbox"/>	<input type="checkbox"/>
CARDIAC	<b>C</b>	<b>Apical 4-chamber view:</b>		
	i. Axis:		<input type="checkbox"/>	<input type="checkbox"/>
	a. The following structures are visible: LV, RV, RA, LA, mitral and tricuspid valve. b. Functional findings: The tricuspid & mitral valves both seen opening in diastole.			
	ii. Gain:	The blood is relatively black	<input type="checkbox"/>	<input type="checkbox"/>
	iii. Depth:	able to see deep enough to see just posterior to the atria	<input type="checkbox"/>	<input type="checkbox"/>
CARDIAC	<b>D</b>	<b>Subcostal 4-chamber view:</b>		
	i. Axis:		<input type="checkbox"/>	<input type="checkbox"/>
	a. The following structures are visible: LV, RV, RA, LA, tricuspid. The mitral valve may be seen. b. Functional finding: The tricuspid valve is seen opening in diastole gain.			
	ii. Gain:	The blood is relatively black	<input type="checkbox"/>	<input type="checkbox"/>
	iii. Depth:	able to see deep enough to just posterior to parietal pericardium deep to the LV	<input type="checkbox"/>	<input type="checkbox"/>
CARDIAC	<b>E</b>	<b>IVC (long-axis) view:</b>		
	i. Axis:		<input type="checkbox"/>	<input type="checkbox"/>
	a. The following structures visible: IVC in the long axis (and NOT the aorta or hepatic vein), and liver.			
	ii. Gain:	The blood is relatively black	<input type="checkbox"/>	<input type="checkbox"/>
	iii. Depth:	Able to see deep enough to see behind the IVC to see if there is liver tissue or spine there (i.e., if liver posterior to IVC, this supports the identification of the structure as being the IVC whereas if spine is posterior, this would support the identification of this structure as being the aorta)	<input type="checkbox"/>	<input type="checkbox"/>

2		LUNG	Complete	Incomplete
LUNG	<b>A</b>	<b>Anterior or antero-lateral lung view</b>		
	i. Axis:		<input type="checkbox"/>	<input type="checkbox"/>
	a. Cranial & caudal ribs/rib shadows are visible b. You should be able to visualize whether lung sliding is present or absent			
	ii. Gain:	gain should be low enough to see pleural line distinct from surround structures	<input type="checkbox"/>	<input type="checkbox"/>
	iii. Depth:	if B-lines are visible, sector depth should be enough to see the B-lines obliterate at least 2 A-lines (>10cm). If only A-lines are visible, you really only need enough sector depth to see the first A line	<input type="checkbox"/>	<input type="checkbox"/>

LUNG	L	B	Postero-lateral lung view								
		i. Axis:						<input type="checkbox"/>	<input type="checkbox"/>		
		a.	The following structures are seen: diaphragm, spine caudal to the diaphragm, supradiaphragmatic space								
		ii. Gain:	gain should be high enough to see liver/diaphragm as relatively echogenic structures							<input type="checkbox"/>	<input type="checkbox"/>
		iii. Depth:	should be set deep enough to see the spine							<input type="checkbox"/>	<input type="checkbox"/>

GASTRIC	GASTRIC	3	<b>GASTRIC</b>					Complete	Incomplete		
		Video clips are preferred but still images will be considered if they are of high-quality need to include both a supine and a RLD clip unless supine shows either solids or a grossly distended antrum (in which a supine view of the antrum alone is sufficient)									
		i. Axis:						<input type="checkbox"/>	<input type="checkbox"/>		
		a.	The following structures are visualized: liver, antrum in full circumference, aorta (exception when there is recent solid intake in which case the aorta may be obscured by air artifact in the antrum)								
		ii. Gain:	should be set so that the liver appears of medium echogenicity (grey) and the content of aorta appears anechoic							<input type="checkbox"/>	<input type="checkbox"/>
		iii. Depth:	should be set deep enough to see the aorta, or where it is expected to be							<input type="checkbox"/>	<input type="checkbox"/>

FAST	FAST	4	<b>Focused Assessment with Sonography in Trauma (FAST) exam</b>					Complete	Incomplete		
		A	<b>Right Upper Quadrant (RUQ) / Morison's Pouch view</b>								
		i. Axis:						<input type="checkbox"/>	<input type="checkbox"/>		
		a.	The following structures should be visible: diaphragm, hepato-renal recess (Morison's pouch), and inferior tip of liver.								
		ii. Gain:	should be appropriate to allow visualization of free fluid as distinct from surrounding tissues							<input type="checkbox"/>	<input type="checkbox"/>
		iii. Depth:	appropriate to visualize spine, but not beyond spine							<input type="checkbox"/>	<input type="checkbox"/>
		B	<b>Left Upper Quadrant (LUQ) / Spleno-renal recess view</b>								
		i. Axis:						<input type="checkbox"/>	<input type="checkbox"/>		
		a.	The following structures should be visible: diaphragm, spleno-renal interface, and inferior tip of spleen are visible								
		ii. Gain:	should be appropriate to allow visualization of free fluid as distinct from surrounding tissues							<input type="checkbox"/>	<input type="checkbox"/>
		iii. Depth:	appropriate to visualize spine, but not beyond spine							<input type="checkbox"/>	<input type="checkbox"/>
		C	<b>Pelvic view: Transverse</b>								
		i. Axis:						<input type="checkbox"/>	<input type="checkbox"/>		
		a.	The following structures should be visible: male pelvis: entire bladder is visualized. Seminal vesicles and/or prostate. Female pelvis: entire bladder is visualized.								
iii. Gain:	set low enough to permit screening for free fluid posterior to the bladder.							<input type="checkbox"/>	<input type="checkbox"/>		
D	<b>Pelvic view: Sagittal</b>										
i. Axis:						<input type="checkbox"/>	<input type="checkbox"/>				
a.	The following structures should be visible: female pelvis: bladder, uterus (if present), and vaginal stripe are visualized. In both females and males, if the bladder is distended then the maximal size of bladder should be visible (i.e., anterior-posterior dimension of bladder similar in this view to the maximal anterior-posterior dimension of bladder seen in accompanying transverse view)										
ii. Gain:	set low enough to permit screening for free fluid posterior to the bladder							<input type="checkbox"/>	<input type="checkbox"/>		