

Prospective Evaluation of Point of Care Ultrasound at Pemberton Music Festival – Data Collection Form

Date/Time of scan: _____

Patient Age: _____ Patient Gender (M/F/T): _____

Chief Complaint: _____

Pre-ultrasound diagnosis:

Indications for ultrasound (check all that apply):

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| Trauma Assessment (EFAST) | <input type="checkbox"/> | MSK (Fracture) | <input type="checkbox"/> |
| Medical Shock/Volume Status | <input type="checkbox"/> | MSK (Soft Tissue/Tendon) | <input type="checkbox"/> |
| Dyspnea | <input type="checkbox"/> | Pregnancy/Reproductive | <input type="checkbox"/> |
| Abdominal Pain | <input type="checkbox"/> | Rule out DVT | <input type="checkbox"/> |
| Procedure Guidance (specify below) | <input type="checkbox"/> | Renal/Bladder Symptoms | <input type="checkbox"/> |
| Skin (Foreign Body, Abscess) (specify) | <input type="checkbox"/> | Cardiac Arrest | <input type="checkbox"/> |
| Ocular/Vision | <input type="checkbox"/> | | |

Specifications (if necessary) or other indication: _____

Which scans were performed (check all that apply):

- | | | | |
|-------------------------------|--------------------------|-------------------------------|--------------------------|
| Pericardial Effusion | <input type="checkbox"/> | Global Cardiac Activity | <input type="checkbox"/> |
| Abdominal Free Fluid (FAST) | <input type="checkbox"/> | Cardiac Scans Other (specify) | <input type="checkbox"/> |
| Thoracic/Lung Scan (specify) | <input type="checkbox"/> | Procedural (specify) | <input type="checkbox"/> |
| IVC/ Volume Status Assessment | <input type="checkbox"/> | MSK (specify) | <input type="checkbox"/> |
| Ocular | <input type="checkbox"/> | DVT | <input type="checkbox"/> |
| Gallbladder | <input type="checkbox"/> | Soft Tissue (specify) | <input type="checkbox"/> |
| Appendix | <input type="checkbox"/> | Other (specify below) | <input type="checkbox"/> |

Specifications (if necessary) or other scans: _____

Ultrasound scan findings, and post-ultrasound diagnosis (please be detailed):

Additional questions (circle yes or no): If yes please explain in box below. If N/A please indicate and explain.

- Did ultrasound aid in diagnosis of the patient? Yes No
If Yes, did ultrasound:
 - change your working diagnosis? Yes No
 - narrow your differential? Yes No
 - exclude a life threatening diagnosis? Yes No
 - confirm a life threatening diagnosis? Yes No

- Did ultrasound aid in the management of the patient? Yes No
If Yes, did ultrasound:
 - change your management plan? Yes No
 - confirm your management plan? Yes No
 - result in a new procedure/intervention being performed? Yes No
 - prevent an unnecessary procedure/intervention being performed? Yes No

- Did ultrasound aid in appropriate disposition of the patient? Yes No
If Yes, did ultrasound:
 - prevent the need for obtaining formal diagnostic imaging? Yes No
 - change the urgency for obtaining formal diagnostic imaging? Yes No
 - prevent the need for transport to another facility? Yes No
 - change the receiving hospital, if patient was transported? Yes No
 - change the level of acuity/urgency of transport for the patient? Yes No

- Did the patient require transport by ambulance? Yes No

- Do you think the use of ultrasound at Pemberton Music Festival reduced the burden on the local community health resources (ambulance, Pemberton Health Center, Whistler, LGH, etc.)? Yes No
Please elaborate below.

If yes to any of the above, or additional comments, please explain in the box below:

Physician name: _____

Physician signature: _____