CACTUS® Cardiac Assessment Pack

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CACTUS® Cardiac

1. Summary of requirements

Assessments for each module consist of 4 parts:

- Competencies
- Logbook cases
- Triggered Assessment
- Summary training record

Each will need the relevant signatures from a CACTUS® approved Trainer.

Only the summary training record (STR) should be submitted via the CACTUS® Portal

Please refer to the CACTUS® Cardiac Training Pack for further details on this process

2. Competency assessment

	Name	Professional Reg no	Job title
Trainee			
Trainer			

Competency	Trainer Signature
Inputting patient's details into the ultrasound machine as appropriate	
Positioning of patient and machine ergonomically	
Selection of appropriate probe and optimisation of machine settings at each examination point	
Obtains optimised images at PLAX, PSAX, A4C and Subcostal windows	
Identifies anatomy in each window (chambers, walls, valves, great vessels, pericardium, lung)	
Comments accurately on adequacy of each view	
Demonstrates effective probe handling techniques	
Identification of a significantly dilated LV	
Identification of LV function (hyperdynamic and reduced)	
Identification of RV and aware of potential RV pathology	
Recognises limitations of cardiac POCUS in context of congenital heart disease	
Identification of pericardial and pleural effusion	
Performs exam in an appropriate way for the circumstances including an APLS compliant manner	
Knows when to seek expert assistance in a timely fashion	
Correlates cardiac POCUS findings with clinical picture and takes appropriate action / inaction	
Attention to infection control with respect to procedure, patient and machine	
Adequate documentation and storage of images and scans as appropriate	
Reports findings to clinical team as appropriate	
Identification of whether a further scan or alternative imaging is indicated	

3. Logbook report form

Demographics (e.g Age, Gender, BMI)			**Operator**		
Indication for Scan					
Ventilation	IPPV		PSV		SPONT
Vital Signs	HR:		BP:		CVP:
CV Support					
Views	PLAX	PSAX	AP4C	SC4C	IVC
Image Quality	Good		Acceptable		Poor

Findings			
LV dilated?	Yes	No	U/A
LV significantly impaired?	Yes	No	U/A
RV dilated?	Yes	No	U/A
RV significantly impaired?	Yes	No	U/A
Evidence of low preload?	Yes	No	U/A
Pericardial fluid?	Yes	No	U/A
Summary of findings *(to include conclusion, clinical correlation, suggested actions and requirement for referral?)*			

Trainee signature		**Trainer Signature**	
Trainer feedback			

Note: circle as appropriate, U/A = unable to assess

4. Training logbook

Study No.	Date	Diagnosis	Summary of main findings	Trainer Signature
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5. Triggered assessment

Learners must achieve	Supervisor comments	Competent?	
		Yes	No
Pre-Scan			
Demonstration of appropriate attitude and professional manner			
Explanation of procedure to patient as appropriate			
Input patient's details into the ultrasound machine as appropriate			
Confirmation of indication and check any supportive imaging			
Positioning of patient and machine ergonomically			
The scan			
Sets up equipment acceptably			
Probe selection, handling and scanning technique			
Acquisition of optimised images using depth, gain and focus and demonstrates all views available			
Identifies pericardium and describes any effusion			
Describes ventricular sizes			
Describes ventricular systolic function			
Comments on evidence for vasodilatation, hypovolaemia, or hypervolaemia			
Post Scan			
Adequate documentation and storage of images as per departmental policy			
Informing patient and reporting findings where appropriate			
Identification whether need for further scan or alternative imaging			
Attention to infection control with respect to procedure, patient and machine			

6. Summary of training record

	Name	Hospital	Professional Reg no	Job title
Trainee				
Trainer 1				
Trainer 2				
Trainer 3				

Training component	Date completed	Trainer Signature
E Learning		
Approved Course		
Name of approved CACTUS® course:		
Competencies		
Logbook		
Triggered assessment		

Final Sign Off	
Approved CACTUS® Cardiac Trainer (Full Name)	
Signature	
Date of Completion	