

# Focused Acute Medicine Ultrasound (FAMUS)

## Reporting sheet – thoracic ultrasound

Candidate name:

Date:

Patient identifier:

Image quality:

Good

Adequate

Poor

		Lung sliding?	A lines present?	B lines present?	Effusion?	Consolidation/ Collapse?
Right	Upper anterior	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Right	Lower anterior	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Right	Postero-lateral	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Left	Upper anterior	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Left	Lower anterior	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Left	Postero-lateral	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has a suitable site for pleural procedure been identified?			Yes (performed)	Yes (not performed)	No	
Comment/further details and conclusion of scan: e.g. description of effusion type/size presence of shred sign dynamic air/fluid/bronchograms seen						
Candidate reflection on scan (optional) e.g how did the scan affect management						
Mentor/supervisor comments:						

Signed (candidate):

Signed to confirm above findings (mentor/supervisor):

Initial to confirm candidate suitable to commence mentored practice (only required once):  
(minimum 10 supervised scans)

Is a Departmental scan required? Yes  No

Requested? Yes  No

Once completed candidate must maintain logbook of countersigned report sheets. Please remember not to remove patient confidential information from Trust property