



College of Intensive Care Medicine
of Australia and New Zealand
ABN: 16 134 292 103

FOCUSED CARDIAC ULTRASOUND CASE FORM

This is a training report only and should not be included in patient notes or influence patient management without discussion with an expert.

Please send the completed form to assessments@cicm.org.au

Trainee	
Assessor	
Date of case	
Patient reference*	
Image quality (please circle)	Good / Adequate / Poor
Result (please circle)	Passed / To be repeated

*Non-identifiable information required if the case is to be sent to an Assessor who is not involved in the patient's care.

LV function	<input type="checkbox"/> Normal <input type="checkbox"/> Hyperdynamic <input type="checkbox"/> Mild / moderate dysfunction <input type="checkbox"/> Severe dysfunction <input type="checkbox"/> Unsure	RV function	<input type="checkbox"/> Normal <input type="checkbox"/> Hyperdynamic <input type="checkbox"/> Severe dysfunction <input type="checkbox"/> Unsure
LV dilation	<input type="checkbox"/> Normal <input type="checkbox"/> Small <input type="checkbox"/> Dilated <input type="checkbox"/> Unsure	RV dilation	<input type="checkbox"/> Normal or mildly dilated <input type="checkbox"/> Significantly dilated <input type="checkbox"/> Unsure

✓ Please tick	YES	NO	UNSURE
Is there pericardial fluid?			
Is there tamponade?			
Is significant hypovolaemia present?			
Is referral for formal imaging required?			N/A

Conclusion (including clinical significance):

Trainee signature: _____

Assessor signature: _____