

FEEL-UK Logbook (Summary)

Name	.....
Institution(s)	.....

Mentor(s) details

Name	.....
Echo Qualification	.....
Institution	.....

Name	.....
Echo Qualification	.....
Institution	.....

Name	.....
Echo Qualification	.....
Institution	.....

FEEL-UK course details

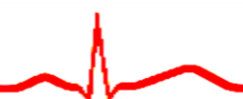
Date of course	.....
Venue	.....
Course Director	.....

FEEL-UK competency statement
I/We confirm that I/we have mentored and reviewed the focused echo studies performed by this student and that they are of an adequate standard.

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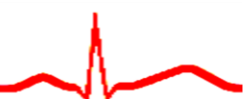
Student	Mentor
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Notes
Studies should be recorded, and reported on the standard reporting sheet, and copies of these reports should be included in the trainees personal logbook.
Each echocardiographic study completed by the trainee should be reviewed with the mentor, who will countersign the report. If the study and interpretation are satisfactory, the mentor should countersign the logbook summary.
Once the mentor considers the trainee has achieved competency in peri-resuscitation echocardiography, this summary should be signed and dated (by both the supervisor and trainee) and returned to the Course Director.
The total number of studies performed at the time of achieving competency should also be recorded, and be a minimum of 50.



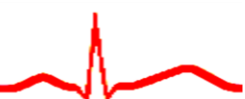
FEEL-UK Logbook (Summary)

Study Number	Date of echo	Comment (optional)	Trainee signature	Supervisor signature
1				
2				
3				
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FEEL-UK Logbook (Summary)

Study Number	Date of echo	Comment (optional)	Trainee signature	Supervisor signature
26				
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FEEL-UK Logbook (Summary)

Sample Reporting Sheet for Focused Echo Studies

Patient Details : Name Hospital No. DOB		
Clinical indication: Cardiac arrest with CPR <input type="checkbox"/> Peri arrest <input type="checkbox"/> Other <input type="checkbox"/>		
Study details: Date performed Performed by		
Quality of images (2- optimal, 1-suboptimal, 0-inadequate)		
Windows used: Subcostal <input type="checkbox"/> PLAX <input type="checkbox"/> PSAX <input type="checkbox"/> Apical 4 Chamber <input type="checkbox"/>		
Findings / Results		
Rhythm		
cardiac motion detected?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ECG =PEA (no cardiac motion)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ECG =PEA (cardiac motion)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cardiac standstill	Yes <input type="checkbox"/>	No <input type="checkbox"/>
VF	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Left Heart		
LV severely dilated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
LV severely impaired?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
LV severely under filled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Right Heart		
RV severely dilated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
RV severely impaired?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Paradoxical septal motion?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pericardium		
Large pericardial collection?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Free text / Additional comments		
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Outcome / Management		
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.....		
Signatures		
Echocardiographer	Supervisor	
.....	
Supervisor Comments		
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.....		

