

POCUS in the Emergency Department: Risk, Reward, and Responsibility

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Disclosures

Consultant for:

Butterfly

Vave

Rivanna

Ethos Medical

AISAP

Compremium AG



What is POCUS?

Point-of-Care Ultrasound

1

Bedside imaging

Performed by treating clinician

2

Focused exam

Answers specific clinical questions

3

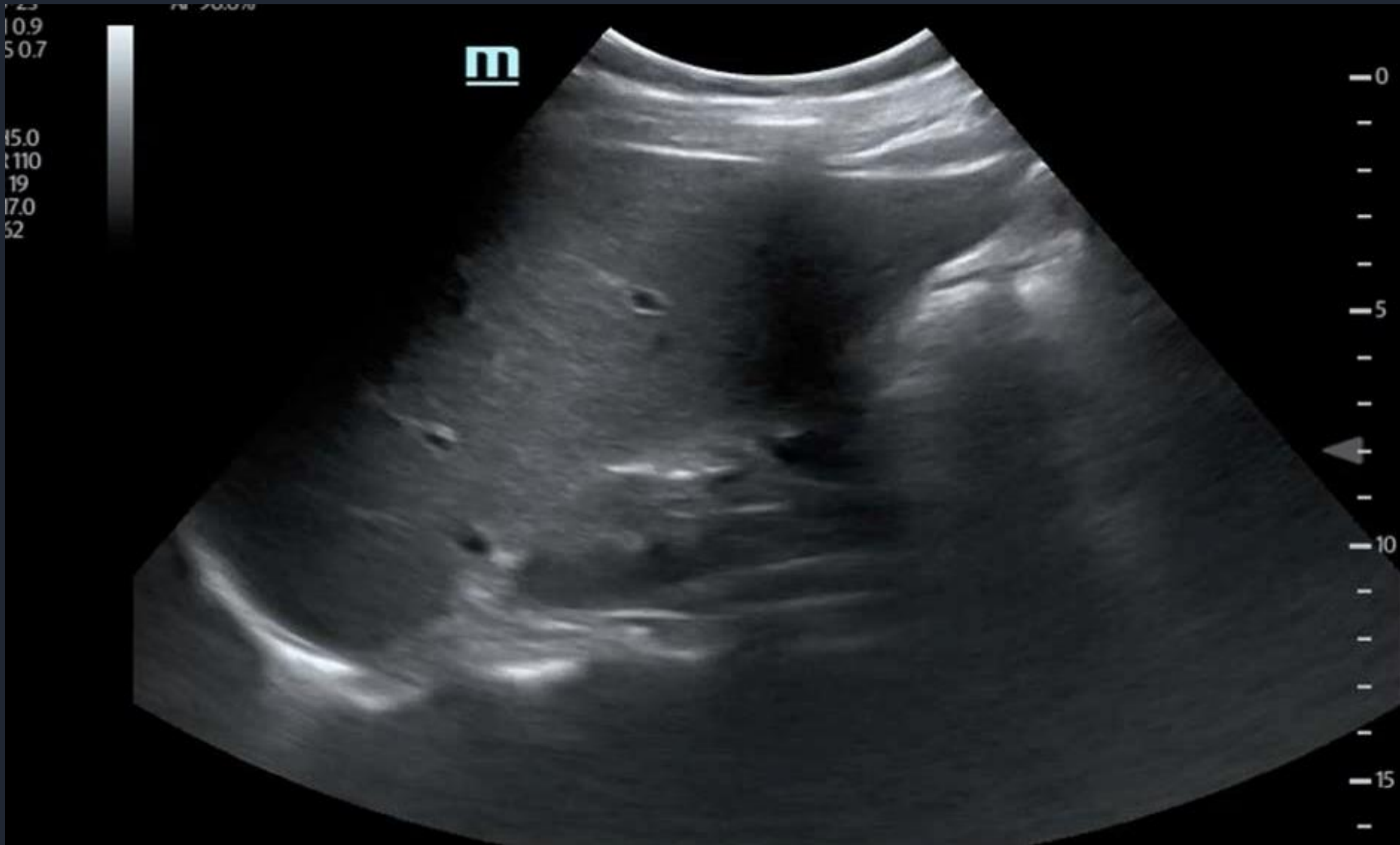
Real-time results

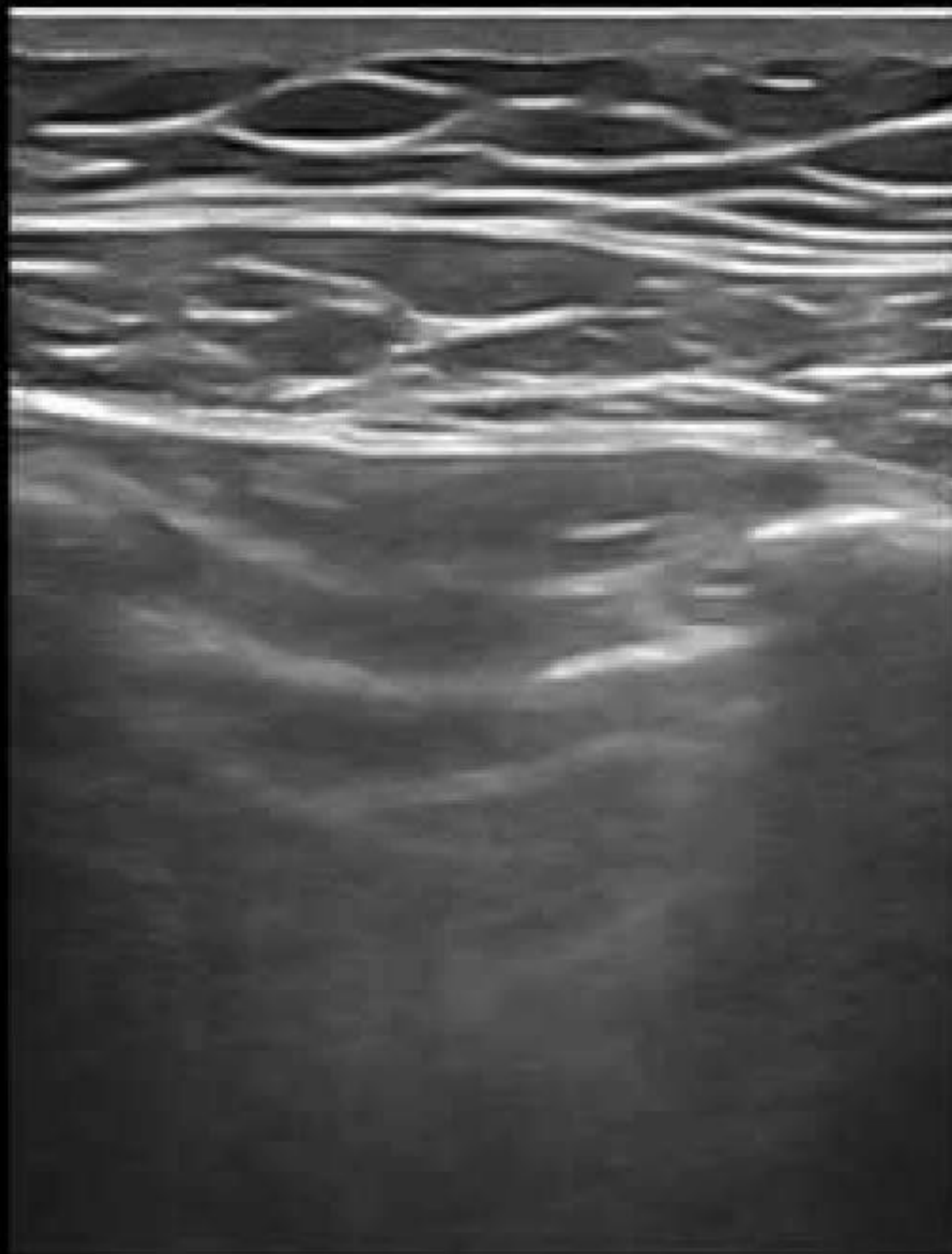
Immediate clinical decisions

Case 1-Polytrauma



FAST Exam





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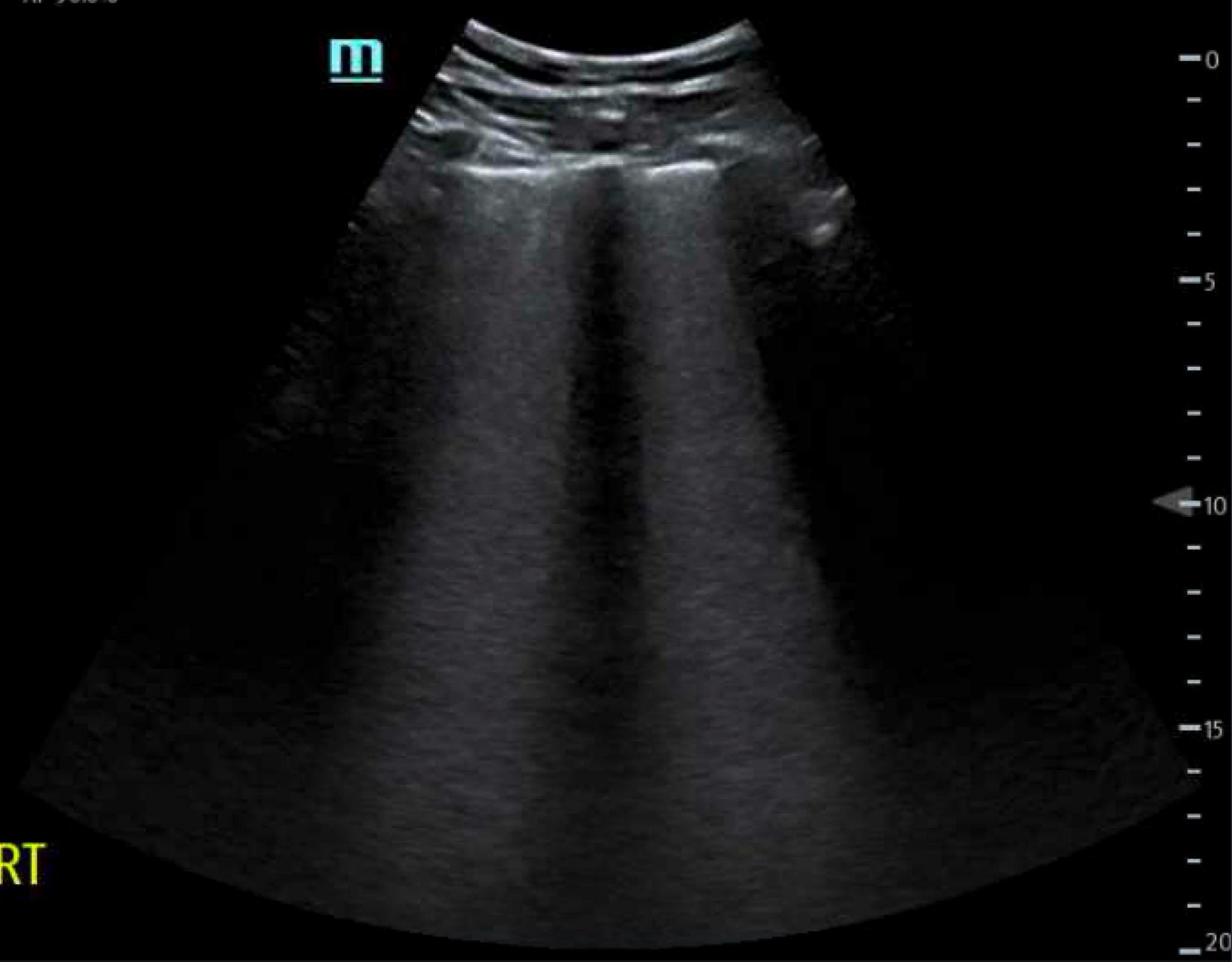
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Case 2-Shortness of Breath







Case 3-Abscess?





AP 96.6% MI 1.17 T150.6



RT LEG

Where does POCUS reduce risk?



Faster diagnosis



Accurate Diagnosis



Procedural Safety



Alternative treatments



Patient satisfaction

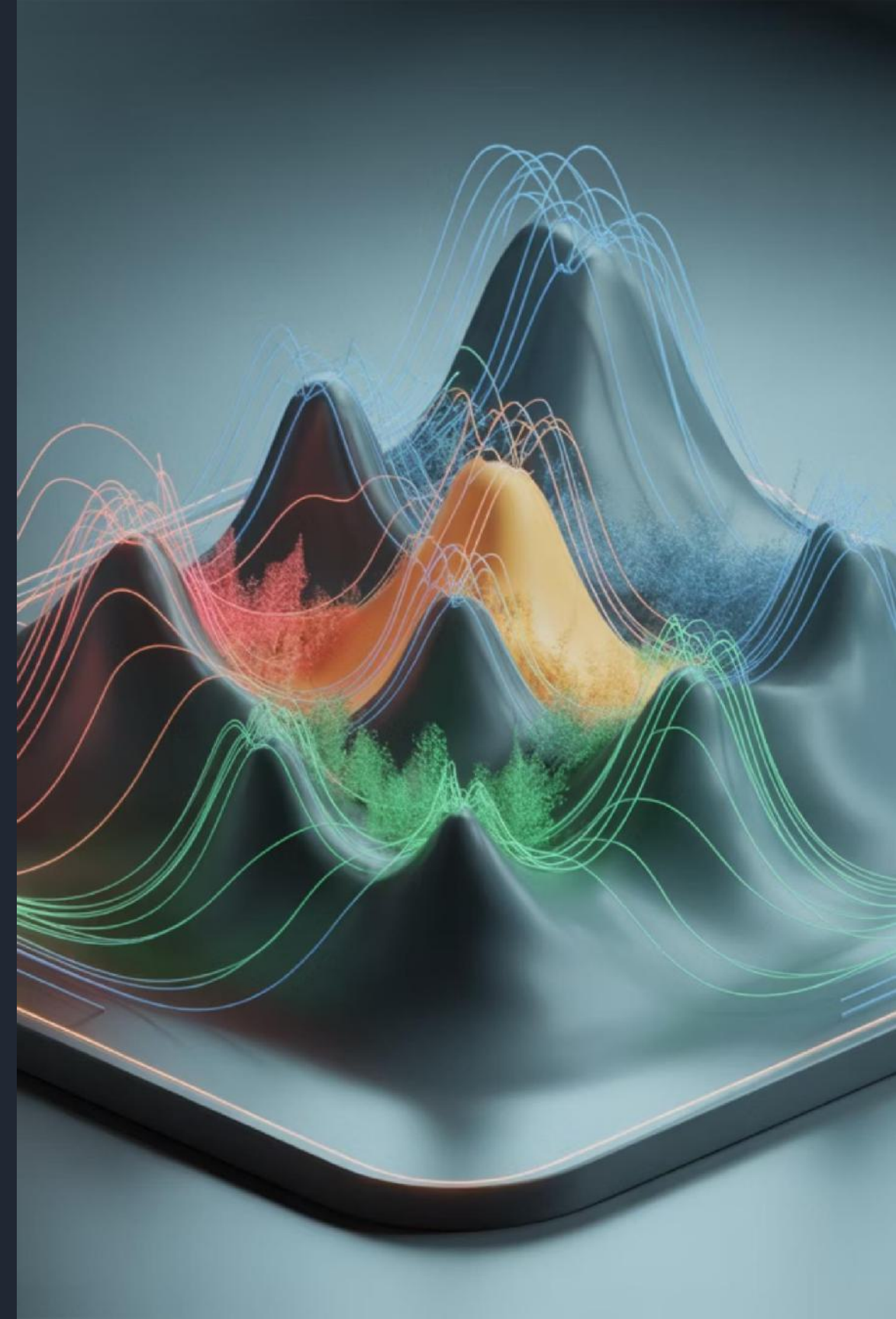
Bottom Line #1

Not doing
POCUS incurs
more risk than
performing
POCUS



Evolving Risk Landscape

As POCUS use increases, the risk landscape will change



Ultrasound Training Program



Bottom Line #2

A robust POCUS
program reduces
POCUS risk

Risk-proof your POCUS program to reduce potential future liability



Where are the risks in
POCUS?

Misdiagnosis



False positives

False negatives

Incomplete exams

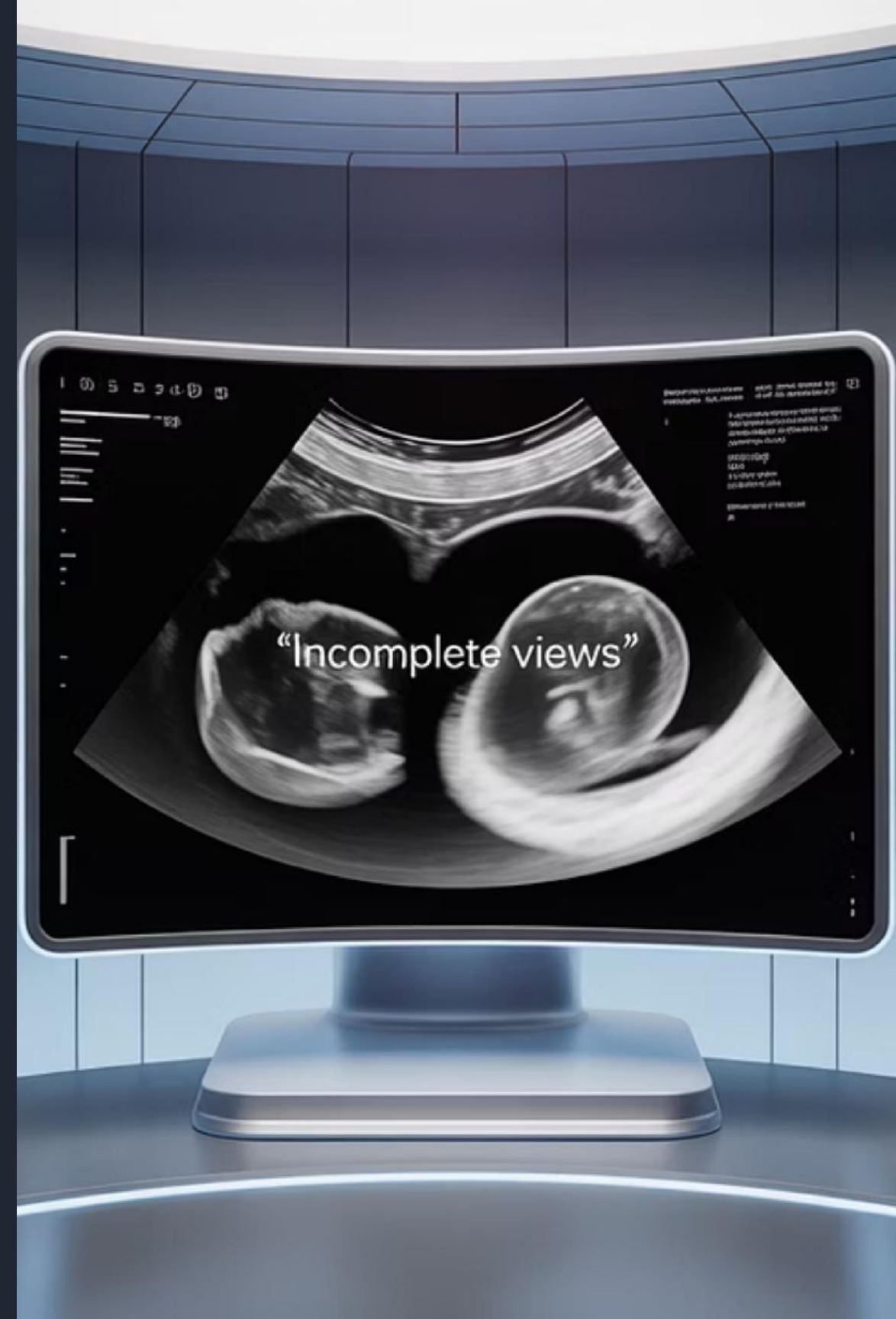
Phantom Scanning

Ultrasound done but not archived or documented



Incomplete Study: Missing Images

Critical views not captured or stored



Incomplete Study: Missing Documentation

Findings not recorded in medical record





Inadequate Training

Insufficient knowledge

Poor technique

Misinterpretation

ED focused Ultrasonography

REQUIREMENTS:

- A. Education - MD or DO; **AND**
- B. Training
 - a. Board Certified or eligible in Emergency Medicine; **OR**
 - b. Training per hospital requirements; **AND**
- C. Residency training in emergency ultrasonography with acceptable verification; **OR**
- D. Practice based Pathway
 - a. 16 hours of a formal education that conforms to the ACEP guidelines ; **OR**
 - b. A series of 1-day single-application format courses; **AND**
 - c. Performance of 25 ultrasound per primary indication in a case-control manner with confirmatory studies; **AND/OR**
 - d. 150 total ultrasound in a case-control manner with confirmatory studies for general emergency medicine ultrasound privileges.
 - e. Documented by ongoing CQI review.



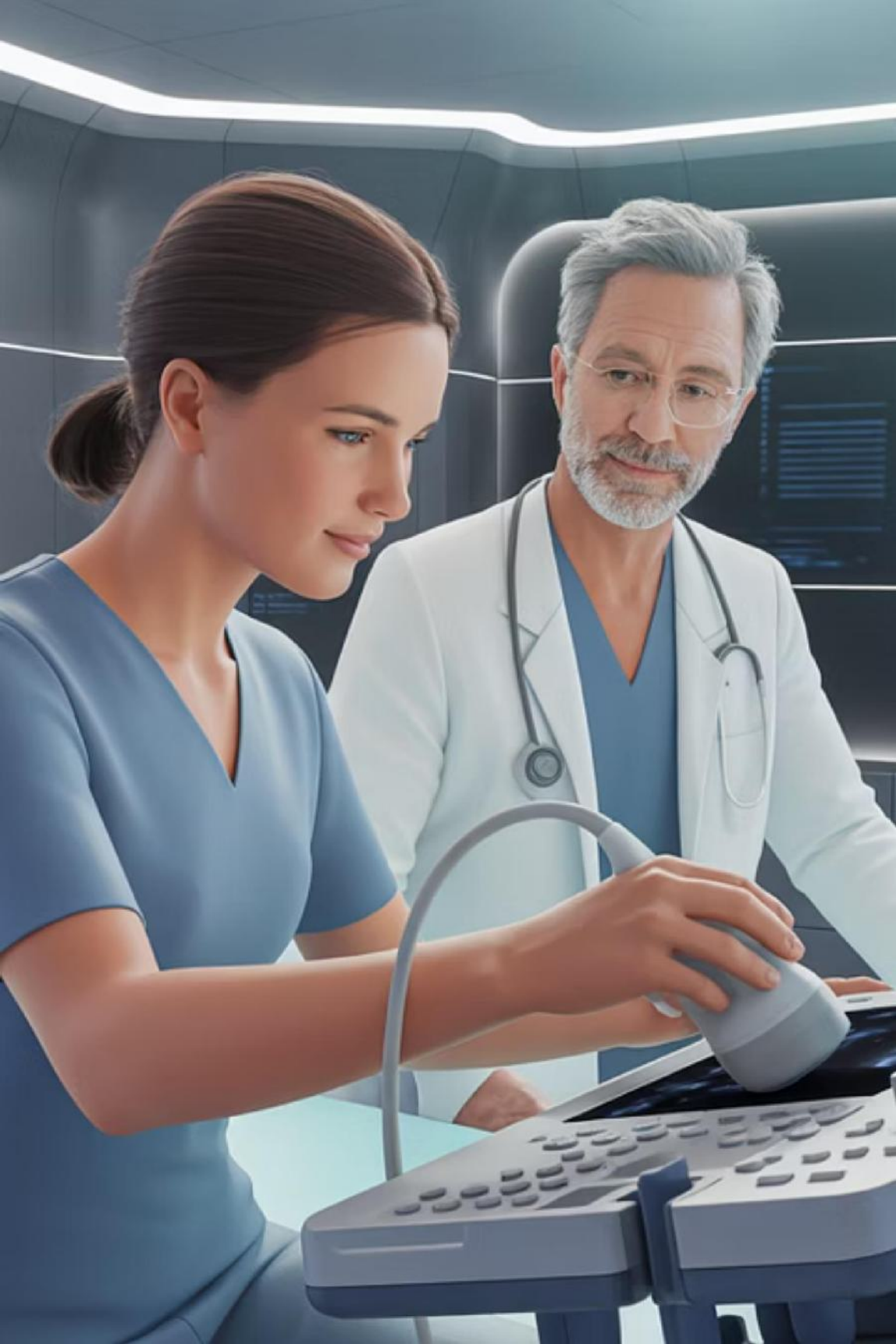
Scanning Beyond Scope

Using POCUS for exams outside training/privileges

Infection Risk

Improper probe cleaning and handling





POCUS Performed by Trainees

Supervision and documentation challenges



Patient Misunderstanding

Expectations vs. limitations of POCUS exams



Improve patient outcomes

Bottom Line #1

Not doing POCUS incurs
more risk than performing
POCUS



Bottom Line #2

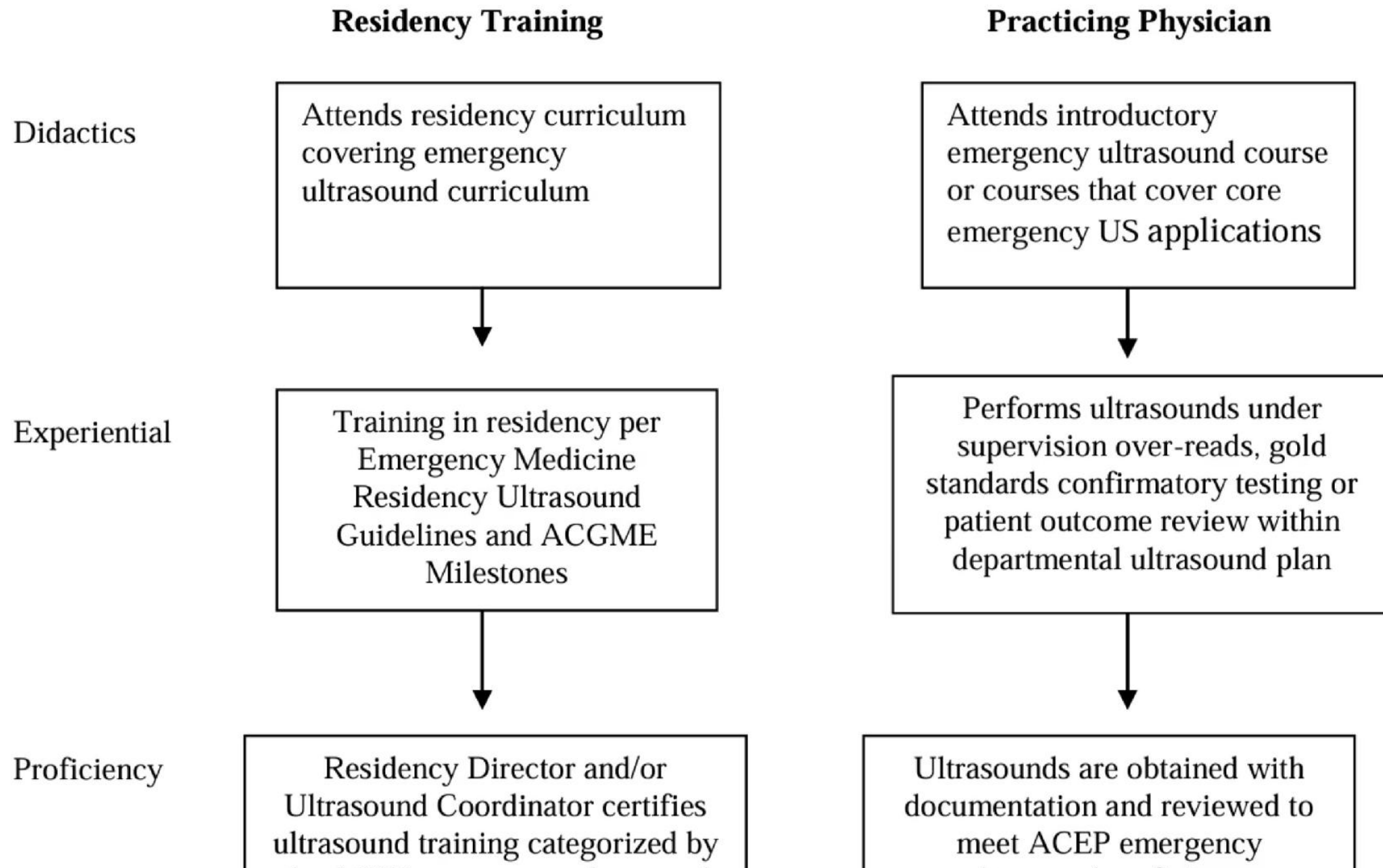
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POCUS risk

Risk-proof your POCUS program to reduce potential future liability

Building a Safe POCUS Program



Figure 2. Pathways for emergency ultrasound training, credentialing, and incorporation of new applications



Core vs. Case-Specific Applications

Core Applications

Trauma

Intrauterine Pregnancy

AAA

Cardiac/HD Assessment

Biliary

Urinary Tract

DVT

Soft-tissue/Musculoskeletal

Thoracic/Airway

Ocular

Bowel

Procedural Guidance



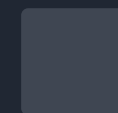
Image Archival



PACS integration



Secure storage



Easy retrieval



Documentation

Standardized reporting in EMR

Quality Assurance

Image review

Feedback

Improvement

Education



Workflow



Order entry

Encounter vs. order based



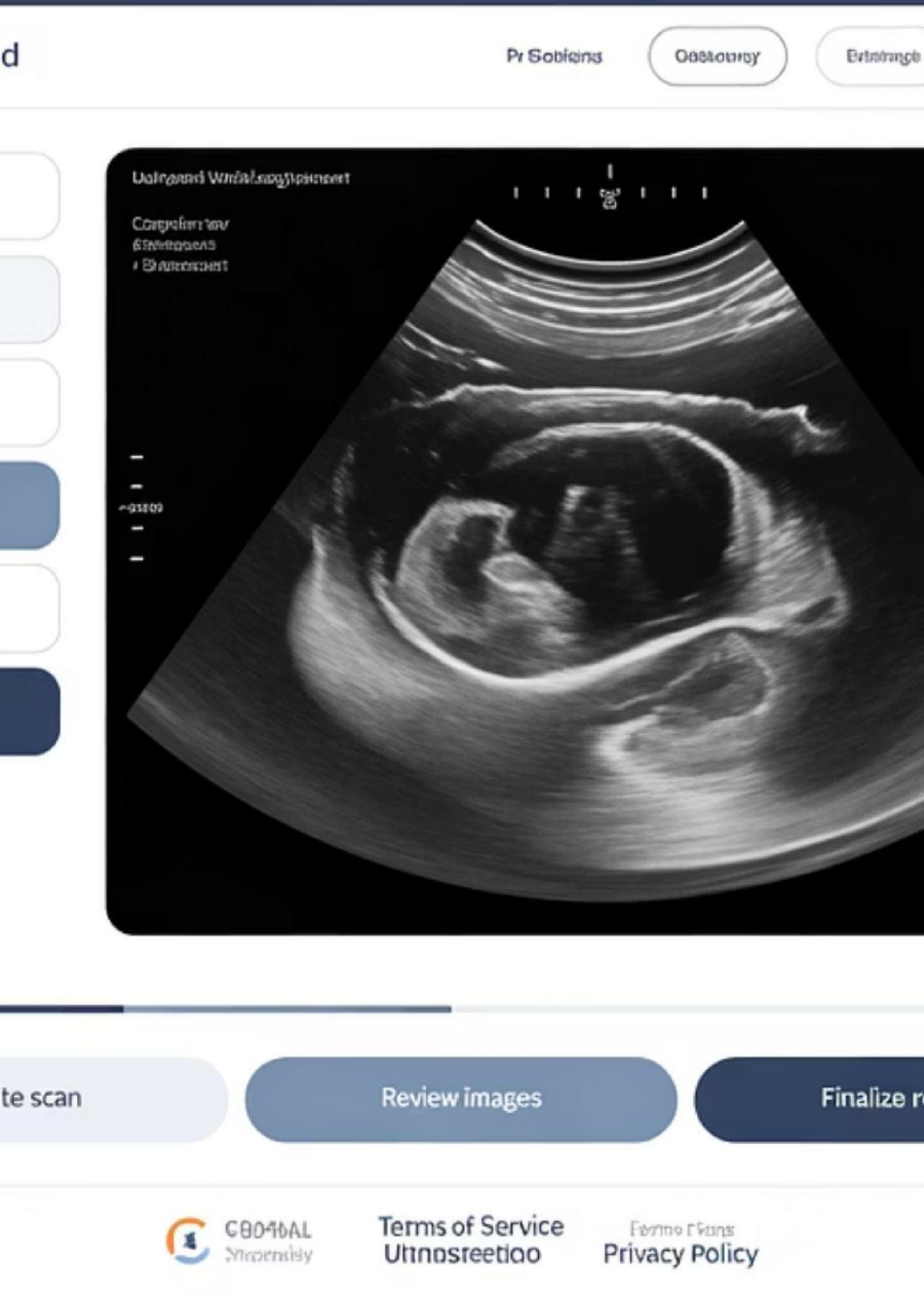
Image archival

PACS vs. middleware



Report generation

EMR integration



POCUS Manager/Middleware

Engine of a POCUS program integrating ordering, archiving, reporting, billing and QA

Safety



Safety Policies

Infection Control

Device Management

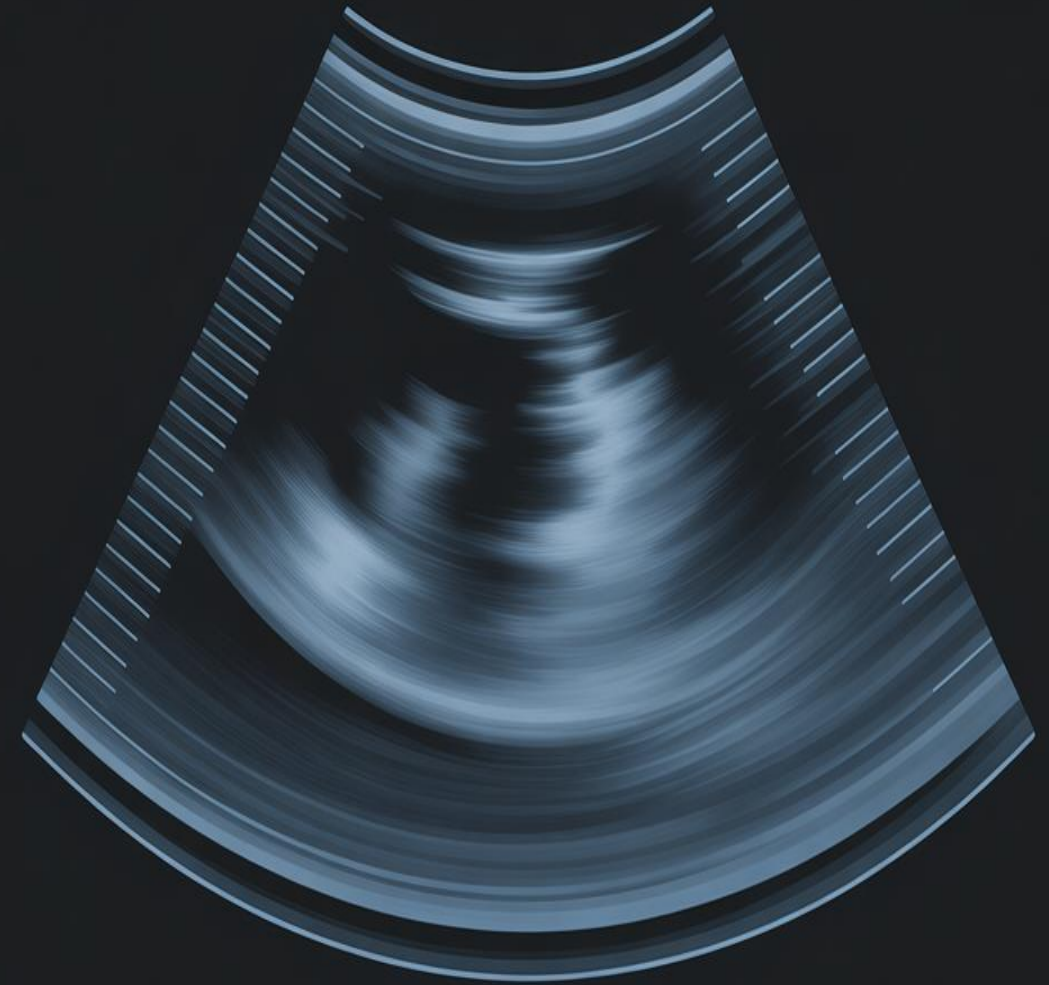


Cases: POCUS Risks Elucidated

False Positive FAST

Delay of care

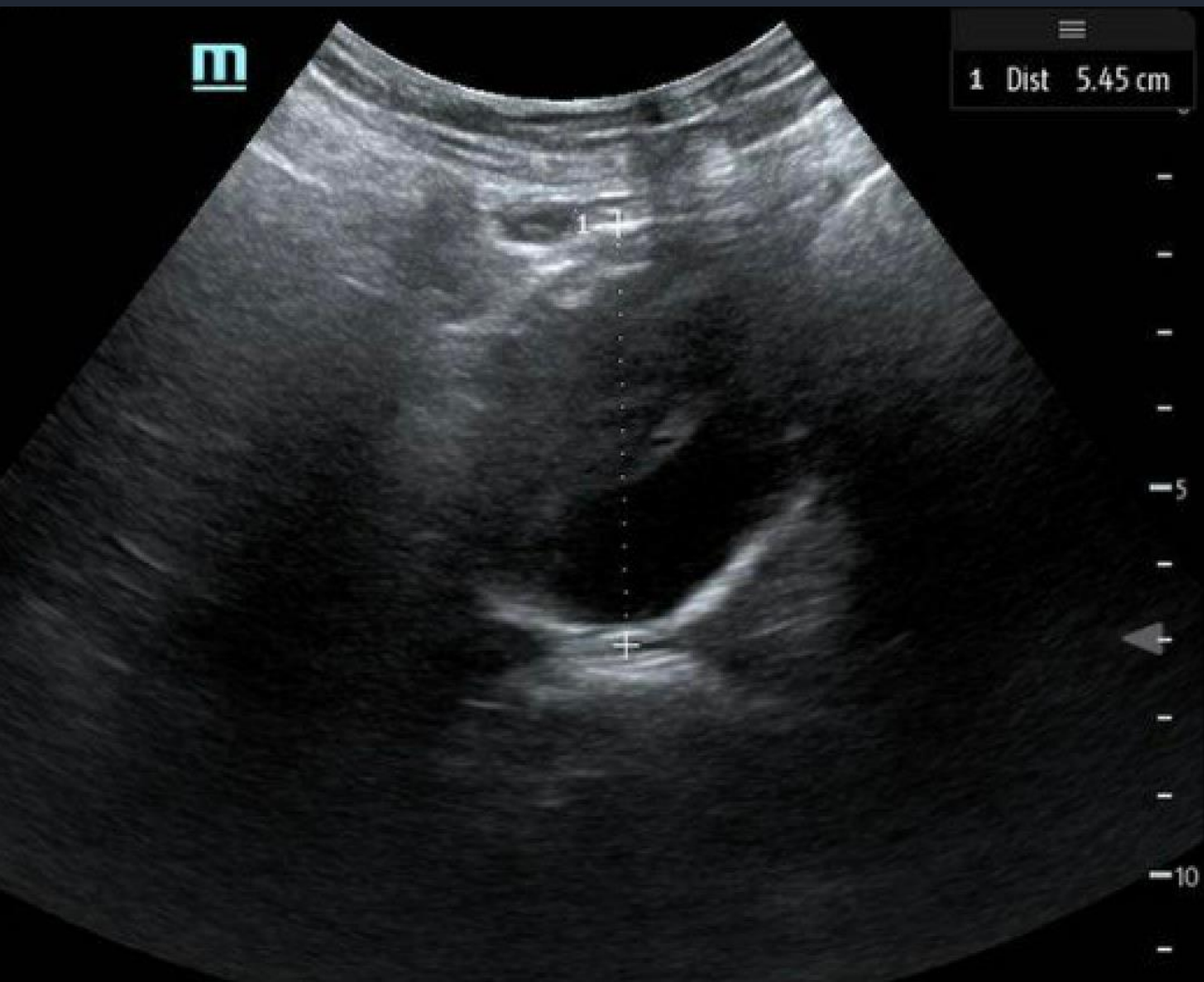
Unnecessary procedures





False Negative DVT POCUS

Missing a deep vein thrombosis



False Negative Aortic Aneurysm

Incomplete visualization of aorta



Making POCUS Programs Safe

Program Audit

1

Leadership

POCUS champion identified?

2

Training

Users adequately trained?

3

Credentialing

Follows guidelines?

4

Storage

Images properly archived?

5

Documentation

Results properly recorded?

6

Safety

Policies in place?

POCUS Champion

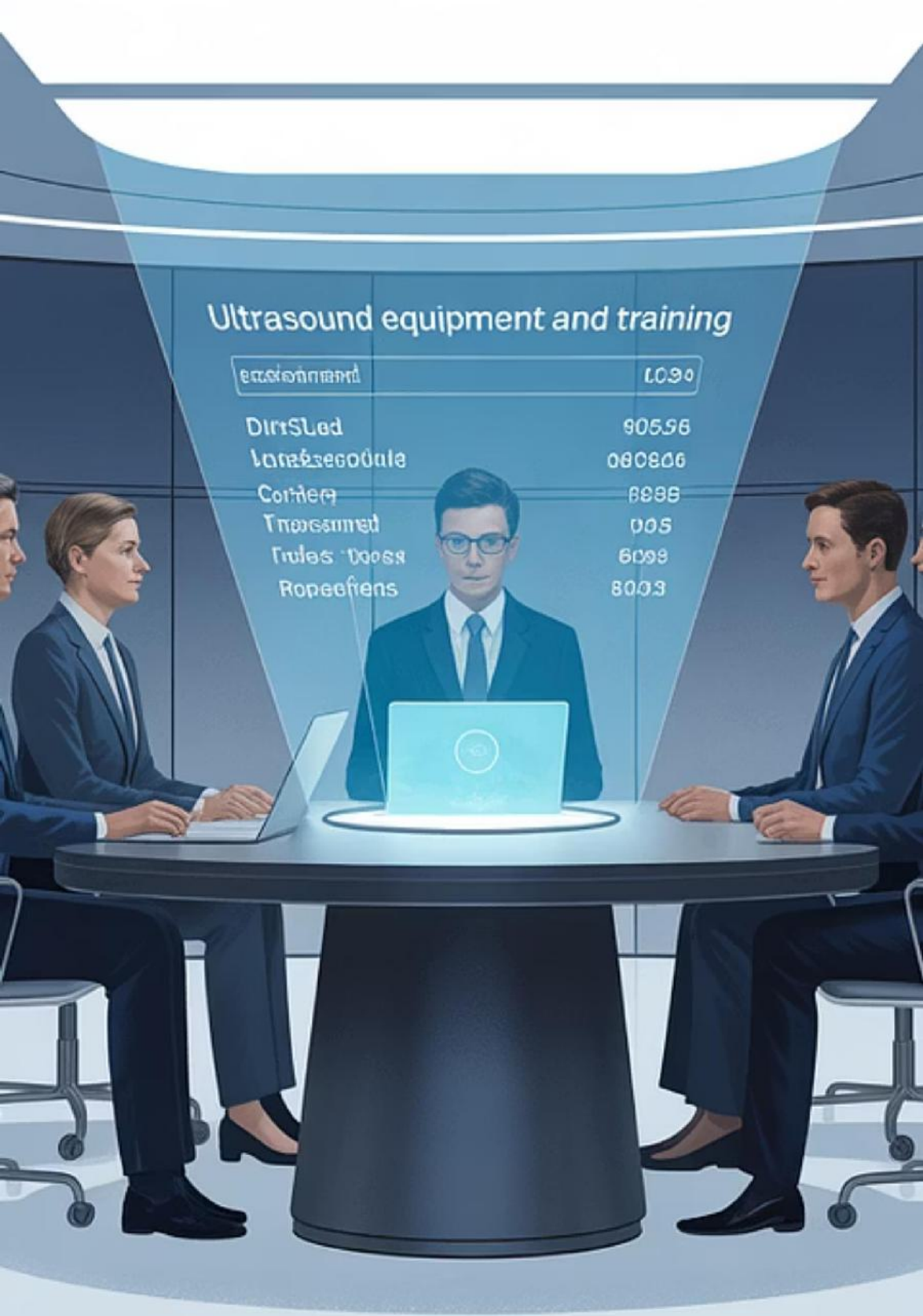
Designated leader driving program excellence





Education

Ongoing training is essential



Invest In It

Equipment, training, and infrastructure



Cross-Collaboration

Engage radiology, cardiology, and other departments

Make The Case

Risk management

Patient safety

ROI

Patient satisfaction

Engage leadership with compelling data

Engage a Consultant

External expertise can transform your program



Let's Wrap It Up





Key Insight

"If your department is using POCUS, you already have a POCUS program—whether you realize it or not. The only question is whether it's safe, effective, and defensible."

The Future of POCUS

POCUS is here to stay—how you structure it determines risk or reward





POCUS
PROGRAM

The Well-Run Program

Reduces diagnostic errors, improves patient safety, and withstands legal scrutiny

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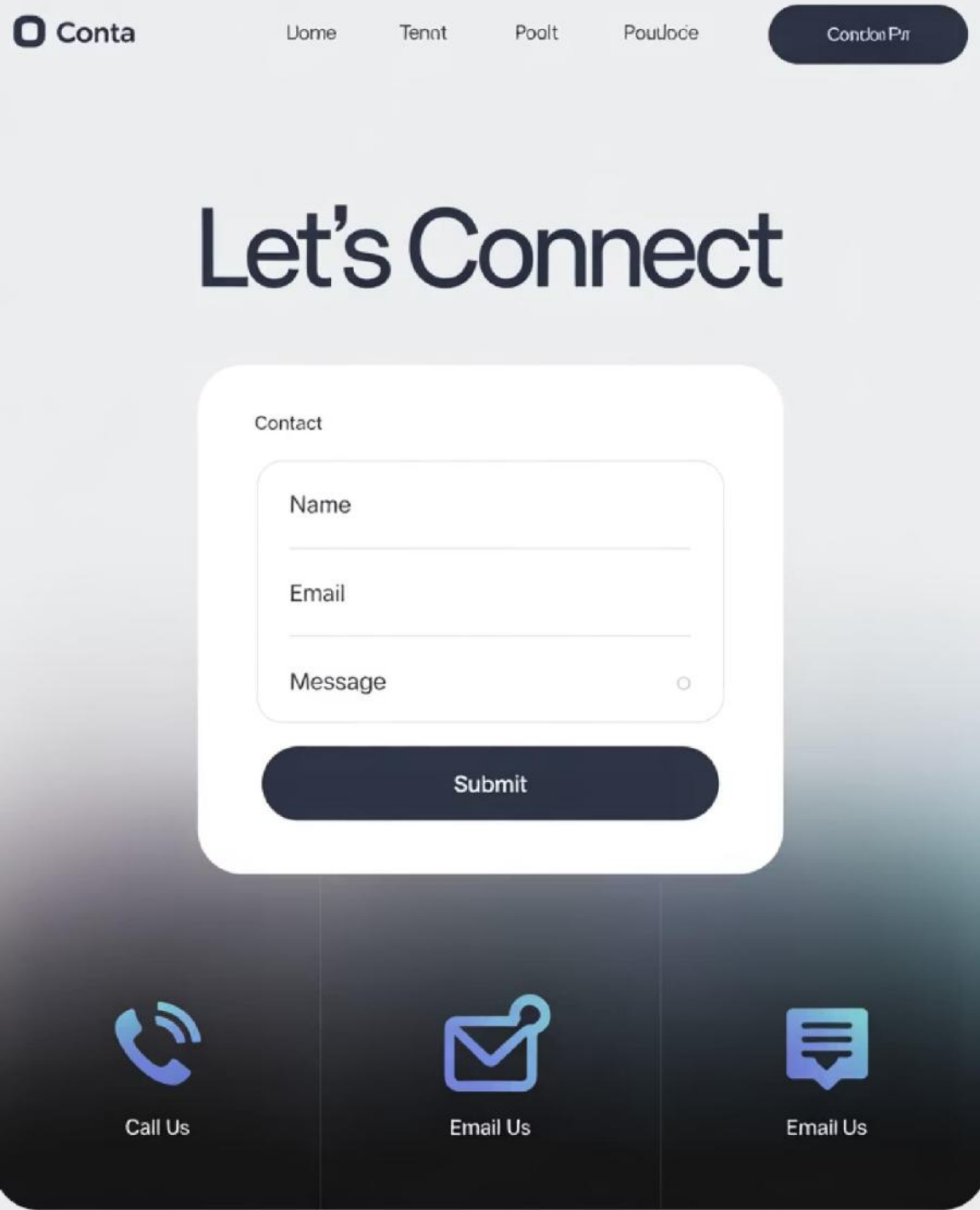


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Questions?

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