POLICY ON 
THE USE OF BEDSIDE ULTRASOUND 
BY EMERGENCY PHYSICIANS

1. PURPOSE AND SCOPE

1.1 This document is a policy of the Australasian College for Emergency Medicine and relates to the use of bedside ultrasound in the emergency department.

1.2 The policy is applicable to emergency departments in general.

2 POLICY

2.1 Ultrasound imaging has been shown to enhance the clinician’s ability to assess and manage patients with a variety of acute illnesses and injuries.

2.2 As ultrasound examinations can be performed at the bedside, this diagnostic modality is of great use for unstable patients who may not be candidates for other imaging procedures.

2.3 Focused bedside ultrasound examinations performed by trained Emergency Physicians in order to answer specific clinical questions, have been shown to improve patient outcomes.

2.4 Ultrasound can be used to identify patient anatomy and therefore increase patient care and safety prior to invasive procedures.

3. PROCEDURE AND ACTIONS

3.1 The Australasian College for Emergency Medicine supports the following principles:

- Ultrasound examination, interpretation and clinical correlation should be available in a timely manner 24 hours a day for emergency department patients.

- Emergency physicians providing emergency ultrasound services should possess appropriate training and hands-on experience to perform and interpret limited bedside ultrasound imaging.

- ACEM specifically supports the use of ultrasound imaging by emergency physicians for at least the following clinical indications: traumatic hemoperitoneum; abdominal aortic aneurysm; pericardial fluid; ectopic pregnancy, vascular access, therapeutic diagnostic tests and evaluation of renal and biliary tract disease.

- ACEM encourages continued research in the area of ultrasound imaging and any other known or evolving bedside imaging techniques and modalities.

- ACEM encourages Emergency Medicine training programs to provide instruction and experience in bedside ultrasound imaging for their trainees.