

# Policy Statement

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## Advanced Practice Provider Point-of-Care Ultrasound Guidelines

Originally approved June 2019

0196-0644/\$-see front matter

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### Advanced Practice Provider Point-of-Care Ultrasound Guidelines



[Ann Emerg Med. 2019;74:e89-e90.]

Given both the substantial contribution of advanced practice providers (APPs) in the provision of emergency care and the “2016 Model of the Clinical Practice of Emergency Medicine” recognition of emergency ultrasound (EUS)\* as a skill integral to emergency medicine, it is important to consider the value of APP-performed EUS and how EUS can be safely, efficiently, and effectively used by all clinicians providing care in the emergency setting.<sup>1-4</sup>

APPs seeking to integrate EUS into their practice should follow the same education and competency standards outlined in the American College of Emergency Physicians’ (ACEP’s) “Ultrasound Guidelines: Emergency, Point-of-Care, and Clinical Ultrasound Guidelines in Medicine.”<sup>5</sup> APPs who have demonstrated adherence to these guidelines may be considered eligible for credentialing in EUS according to institutional and regional practices. EUS program leadership is encouraged to incorporate APPs into EUS training programs when feasible and support the credentialing of APPs in EUS when competency standards have been met. Departmental leadership may consider both static and dynamic factors such as resource allocation, local culture, provider training, and levels of experience with EUS to make decisions about the final APP EUS program architecture.<sup>6,7</sup>

In accordance with ACEP’s “Guidelines Regarding the Role of Physician Assistants and Advanced Practice Registered Nurses in the Emergency Department,” EUS

directors are encouraged to develop local training and practice standards for APP ultrasound, defining the institutional scope of practice for APP EUS.<sup>6</sup> In addition, physician oversight includes supervisory agreements and roles as defined by the above guidelines.

For APPs practicing in rural and austere environments, EUS training still needs to adhere to the recommendations in ACEP’s guidelines. However, online modalities, tele-ultrasound, and cloud-based applications, which offer the opportunity for remote image review and quality assurance, can be used for physician oversight in this setting. There is an expectation of physician supervision of EUS, and emergency physicians providing oversight in this setting should be trained and credentialed in EUS. Given the significant benefits of EUS for patient care, APPs trained in EUS should not be discouraged from integrating those skills into their practice.

Appropriately trained APPs who demonstrate proficiency in administrative tasks associated with EUS program operations should be considered capable to assume administrative positions within EUS programs as deemed appropriate by EUS physician directors. Examples include, but are not limited to, experiences as sonographers before becoming APPs, APP completion of EUS fellowships, and completion of EUS management courses.

Within these parameters, ACEP supports the training, practice, and integration of APP EUS into current EUS programs.

Approved June 2019

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#### REFERENCES

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\*EUS is synonymous with emergency medicine point-of-care ultrasound in this document.

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4. American College of Emergency Physicians. 2016 Model of the Clinical Practice of Emergency Medicine. Approved September 2016.
5. American College of Emergency Physicians. Ultrasound guidelines: emergency, point-of-care, and clinical ultrasound guidelines in medicine. *Approved June*. 2016; Accessed April 30, 2019.
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<https://doi.org/10.1016/j.annemergmed.2019.07.035>