

Ultrasound

Name _____ Telephone _____ Who is your recruiter? _____ Date _____

Instructions: This checklist is meant to serve as a general guideline for our client facilities as to the level of your skills within your nursing specialty. Please use the scale below to describe your experience/expertise in each area listed below.

1 = No Experience 2 = Some Experience 3 = Intermittent Experience 4 = Experienced 5 = Very Experienced

| AGE OF PATIENTS CARED FOR | | | | | |
|--|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Newborn/Neonate (birth to 30 days) | | | | | |
| Infant (1 month to 1 year) | | | | | |
| Toddler (1 year to 3 years) | | | | | |
| Preschooler (3 years to 5 years) | | | | | |
| School Age Child (5 years to 12 years) | | | | | |
| Adolescents (12 years to 18 years) | | | | | |
| Young Adults (18 years to 39 years) | | | | | |
| Middle Adults (39 years to 64 years) | | | | | |
| Older Adults (64+ years) | | | | | |

| GENERAL SKILLS | | | | | |
|--|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Preparation of Examination Room | | | | | |
| Identification of Patient | | | | | |
| Patient Assessment & Education Regarding Procedure | | | | | |
| Patient Positioning | | | | | |
| Protocol Selection | | | | | |
| Image Optimization (Ex: Transducer Selection, Focal Zone, FOV) | | | | | |
| Image Archiving | | | | | |
| Documentation of Procedure and Patient Data | | | | | |
| CDC Standard Precautions | | | | | |
| Correlation of Adjunct Imaging Studies to Breast Sonogram | | | | | |
| Doppler Mode Selection | | | | | |

| ABDOMEN/PELVIS | | | | | |
|-------------------------------|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Liver | | | | | |
| Biliary Tract/Gallbladder/CBD | | | | | |
| Pancreas | | | | | |

| | | | | | |
|-----------------------|--|--|--|--|--|
| Spleen | | | | | |
| GI Tract | | | | | |
| Kidneys | | | | | |
| Adrenals | | | | | |
| Bladder | | | | | |
| Lymph Nodes | | | | | |
| Prostate | | | | | |
| Aorta / Great Vessels | | | | | |
| Inferior Vena Cava | | | | | |
| Vasculature | | | | | |

| SUPERFICIAL STRUCTURES STUDIES | | | | | |
|---------------------------------------|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Abdominal wall | | | | | |
| Scrotum & Testis | | | | | |
| Musculoskeletal | | | | | |
| Superficial masses | | | | | |
| Thyroid | | | | | |

| GYNECOLOGICAL STUDIES | | | | | |
|------------------------------|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Uterus | | | | | |
| Adnexa | | | | | |
| Transvaginal Probe | | | | | |

| OBSTETRICS | | | | | |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| 1 st Trimester | | | | | |
| 2 nd / 3 rd Trimester | | | | | |
| Fetal Biophysical Profile | | | | | |
| Amniocentesis | | | | | |

| INTERVENTIONAL PROCEDURES | | | | | |
|----------------------------------|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Biopsy | | | | | |
| Aspiration | | | | | |
| Drainage Procedures | | | | | |
| Thoracentesis | | | | | |
| Paracentesis | | | | | |
| Sterile Techniques | | | | | |
| Pediatric Studies | | | | | |

| | 1 | 2 | 3 | 4 | 5 |
|---------------------------------------|---|---|---|---|---|
| Arterial - Aorta | | | | | |
| Arterial/Venous – Superior Mesenteric | | | | | |
| Arterial/Venous – Inferior Mesenteric | | | | | |
| Arterial – Celiac | | | | | |
| Arterial/Venous – Hepatic | | | | | |
| Arterial/Venous – Common Iliac | | | | | |
| Arterial/Venous – Internal Iliac | | | | | |
| Arterial/Venous – External Iliac | | | | | |
| Arterial/Venous – Renal | | | | | |
| Arterial/Venous – Splenic | | | | | |
| Venous – Inferior Vena Cava | | | | | |
| Venous – Portal | | | | | |
| Transplants – Liver | | | | | |
| Transplants – Renal | | | | | |

| UPPER EXTREMITY | | | | | |
|------------------------|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Subclavian | | | | | |
| Axillary | | | | | |
| Brachial | | | | | |
| Radial | | | | | |
| Ulnar | | | | | |
| Digital | | | | | |

| LOWER EXTREMITY | | | | | |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Common Femoral | | | | | |
| Superficial Femoral | | | | | |
| Deep Femoral | | | | | |
| Popliteal | | | | | |
| Tibioperoneal Trunk | | | | | |
| Posterior Tibial or Anterior Tibial or Peroneal | | | | | |

| STRESS / PRESSURE TESTING | | | | | |
|---------------------------------------|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Segmental Pressure-Upper Extremities | | | | | |
| ABI or Segmental Pressure – Lower Ext | | | | | |
| PVR (Pulse Volume Recording) | | | | | |

| | | | | | |
|-----------------------|--|--|--|--|--|
| Post-Exercise Testing | | | | | |
|-----------------------|--|--|--|--|--|

| UPPER EXTREMITY VENOUS | | | | | |
|------------------------|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Internal Jugular | | | | | |
| Subclavian | | | | | |
| Axillary | | | | | |
| Brachial | | | | | |
| Cephalic | | | | | |
| Basilic | | | | | |
| Radial | | | | | |
| Ulnar | | | | | |
| Vein Mapping | | | | | |

| LOWER EXTREMITY VENOUS | | | | | |
|------------------------|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Common Femoral | | | | | |
| Femoral | | | | | |
| Deep Femoral | | | | | |
| Popliteal | | | | | |
| Great Saphenous | | | | | |
| Small Saphenous | | | | | |
| Calf Veins | | | | | |
| Vein Mapping | | | | | |
| Reflux Assessment | | | | | |

| NECK | | | | | |
|-------------------|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Carotid Artery | | | | | |
| Vertebral Artery | | | | | |
| Subclavian Artery | | | | | |

| POST INTERVENTION PROCEDURES | | | | | |
|------------------------------------|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Bypass Grafts | | | | | |
| Post Catheterization Complications | | | | | |
| Endografts | | | | | |
| Dialysis Access Grafts/Fistulae | | | | | |
| Stents | | | | | |

| | | | | | |
|------|--|--|--|--|--|
| TIPS | | | | | |
|------|--|--|--|--|--|

| BREAST SONOGRAPHY | | | | | |
|--------------------------|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Fluid Aspiration | | | | | |
| Fine Needle Aspiration | | | | | |
| Core Biopsy | | | | | |
| Vacuum – Assisted Biopsy | | | | | |
| Clip Placement | | | | | |
| Needle Localization | | | | | |

| EMR | | | | | |
|----------------|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| eClinicalworks | | | | | |
| EPIC | | | | | |
| McKesson | | | | | |
| Care 360 | | | | | |
| All Scripts | | | | | |
| Cerner | | | | | |
| GE | | | | | |
| Optum Insight | | | | | |
| NextGen | | | | | |
| Greenway | | | | | |

| PACS | | | | | |
|----------------|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Ambra Health | | | | | |
| Sectra | | | | | |
| Infinitt | | | | | |
| IBM Merge | | | | | |
| McKesson | | | | | |
| Philips | | | | | |
| FujiFilm | | | | | |
| Impax | | | | | |
| Centricity | | | | | |
| Carestream Vue | | | | | |
| Clarity | | | | | |
| eRad PACS | | | | | |
| Syngo | | | | | |

| | 1 | 2 | 3 | 4 | 5 |
|------------------|---|---|---|---|---|
| Acuson | | | | | |
| Aspen | | | | | |
| Cypress | | | | | |
| Sequoia | | | | | |
| 128XP 10 | | | | | |
| Philips/ ATL | | | | | |
| HDI 1000 | | | | | |
| HDI 3000 | | | | | |
| HDI 4000 | | | | | |
| HDI 5000 | | | | | |
| UM9 HDI | | | | | |
| Philips P | | | | | |
| Sonos 1000 | | | | | |
| Sonos 2000/2500 | | | | | |
| Sonos 5500 | | | | | |
| Imagepoint | | | | | |
| Imagepoint HX | | | | | |
| GE | | | | | |
| Logiq 500 PRO | | | | | |
| Logiq 7 | | | | | |
| Logiq 700 | | | | | |
| Logiq 50MD | | | | | |
| Logiq 9 | | | | | |
| Vivid 5 | | | | | |
| Vivid 7 | | | | | |
| Volusion 730 | | | | | |
| Siemens | | | | | |
| Elegra | | | | | |
| Prima | | | | | |
| Toshiba | | | | | |
| SSH-140 | | | | | |
| Powervision 8000 | | | | | |

I hereby certify that ALL information I have provided to Clover Health Services, on this skills checklist and all other documentation, is true and accurate.
I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.