

Lung Ultrasound Logbook Reporting Form

Training report only - not to influence clinical decision making without expert review

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Patient details					Operator						
Indication											
Image quality		Good			Accept		Poor				
				Finc	lings						
Probe position	Lung	sliding B		es (>2)	Consolidation		Plei	Pleural effusion		Other (enter text)	
Right upper anterior	yes	no	yes	no	yes	no	ye	s	no		
Right lower anterior	yes	no	yes	no	yes	no	ye	s	no		
Right Posterolateral	yes	no	yes	no	yes	no	ye	s	no		
Left upper anterior	yes	no	yes	no	yes	no	ye	s	no		
Left lower anterior	yes	no	yes	no	yes	no	ye	s	no		
Left posterolateral	yes	no	yes	no	yes	no	ye	s	no		
Other comments (eg size of effusion)											
Conclusion, clinical significance, suggested actions, referral required?		_	_	_	_				_		
Signed (trainee)	Signed (Signed (mentor) Mentor comments									

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