Standardized Procedure

Abscess Identification with the use of Bedside Ultrasound in Adults

I. Definition

This procedure will take place when there is clinical suspicion of abscess presence. The purpose of this standardized procedure is to allow the Advanced Health Practitioner (AHP) to identify a fluid collection (abscess) in the setting of suspected infection using bedside ultrasound (US).

II. Background Information

A. Setting: The setting (inpatient and outpatient) and population (adults only) for the AHP is determined by the approval of the privileges permitted on the AHP standardized procedures eLog.

B. Supervision: The necessity of the procedure will be determined by the AHP and may involve verbal collaboration with the attending physician or his/her designee. Direct supervision will not be necessary once competency is attained per the requirements of the AHP standardized procedures eLog. After which time, direct supervision as required may be requested. Designee is defined as another attending physician who works with the collaborating physician and is authorized to supervise the AHP.

C. Indications: Bedside Ultrasound will be used to identify an abscess when there is clinical concern for infection but may not be obvious on physical exam. If an abscess is identified then an incision and drainage will be performed per existing AHP standardized procedure eLog. A surgical consult may be requested as necessary.

D. Precautions: Discomfort from the pressure of ultrasound probe can occur.

III. Materials

1) Bedside Ultrasound
2) Ultrasound gel
3) Incision and drainage supplies as outlined in the existing I & D standardized procedure

IV. Procedure

A. Pre treatment evaluation
   Assess clinical necessity for US. Working collaboratively, the necessity of the procedure will be determined along with the expected outcomes of the procedure, and the treatment plan.

B. Site Selection
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Area of skin in which there is induration, fluctuance, erythema or other clinical concern for abscess formation.


D. Patient Preparation

1) Identify patient with two patient identifiers prior to start of the procedure and obtain written informed consent
2) Inform the patient of the treatment plan, which includes using US to evaluate for the presence of fluid collection (abscess) that may necessitate I & D
3) Position the patient in the comfortable position that gives adequate access to the suspected site

E. Perform the Procedure

1) Wash hands and don gloves
2) Place US gel to skin
3) Use linear probe and gentle pressure over skin to identify abscess
4) If an obvious echogenic foreign body is noted in the abscess, consultation with the collaborating physician should occur before any procedure performed
5) Record images on US
6) Perform I&D as per existing I&D standardized procedure.

F. Post procedure

1) Record the I&D procedure note in Apex
2) Clean US probe and other areas of US machine as needed
3) If I & D not performed, clean patients skin of US gel

G. Follow up treatment

Provide post instructions to the patient whether I&D performed or not.

V. Documentation

A. Document in the electronic medical record, Apex

B. All unexpected abnormal findings are reviewed with collaborating physician

VI. Competency Assessment

A. Initial competence

1) The AHP will be instructed on the efficacy and the indications of this therapy and demonstrate understanding and clinical use of the ultrasound equipment.
2) The AHP will demonstrate knowledge of the following:
   a. Medical indication and contraindications of US
   b. Risks and benefits of the procedure
   c. Related anatomy and physiology
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d. Consent process
e. Steps in performing the procedure
f. Documentation of the procedure
g. Ability to interpret results and implications for management

3) AHP will observe the collaborating physician perform procedure once and then perform the procedure at least ten times under direct supervision. All images will be reviewed by the Emergency Department US Director on a weekly basis.

4) After AHP has completed and documented in the eLog under collaborating physician supervision the required proctoring then competency will be met and may perform procedure without direct supervision.

5) The Advanced Health Practitioner will ensure the completion of competency sign off documents and provide a copy for filing in their personnel file and a copy to the medical staff office (MSO) for their credentialing file.

B. Continued Proficiency

1) The AHP will demonstrate competence by successful completion of the initial competency.

2) AHP must perform this procedure at least three times per year. In cases where this minimum is not met, the collaborating physician must sign off the competency for continued practice of the procedure.

3) Demonstration of continued proficiency shall be monitored through the eLog and MSO credentialing.

4) A standardized procedure eLog is to be submitted with each renewal of credentials. It will include the number of procedures performed and any adverse outcomes. If any adverse outcome occurred then appropriate completion of an incident report should occur.

VII. Responsibility
Questions about this procedure should be directed to the Chief Nursing and Patient Care Services Officer at 353-4380.