Prevention of pathogen transmission during ultrasound use in the Intensive Care Unit

Thur, 11th Jun 2020 – 11am AEST Attendance is Complimentary

Register Online:
bit.ly/POCUS-ICU

Point-of-care ultrasound (POCUS) has become a cornerstone in the diagnosis and management of almost all patients admitted to intensive care. It forms part of treatment algorithms of cardiac arrest, PE, vascular device insertion and guides hemodynamic assessment is common clinical syndromes such as sepsis and ARDS.

To achieve the full benefits in patient care that ultrasound brings to critical care, clinicians need to minimise the contamination risk from the use of probes and machines that move from patient to patient.

Costs, practicality and ICU workflows are all factors that must be considered along with microbiology for successful infection control policy.

The College of Intensive Care Medicine, Ultrasound Special Interest Group (USIG) has published recommended guidelines to provide guidance in the prevention of pathogen transmission during ultrasound use within an Intensive Care Unit.

LEARNING OBJECTIVES

- An overview of the ASUM/ACIPC 2017 Guidelines for Reprocessing Ultrasound Transducers?
- > What are the current specifics of ultrasound practice within Intensive Care relevant to infection control?
- > What are the medical, administrative, financial and practical controversies surrounding implementation, that need to be considered?
- > What are the recommendations from the USIG?



PRESENTER

Dr Cartan Costello

MB BCH BAO, FCICM, FACRRM, FRACGP, BA Com, Grad Dip Crit Care Echo

Senior Staff Specialist, Intensive Care Wollongong Hospital and Co-Chair of General Ultrasound - Critical Care Ultrasonography Special Interest Group