

## Fellowship Ultrasound Checklist Neonatal Head

Fellow:

Sonographer Evaluator:

Date Completed:

Fellow speaks with patient/family, exhibits professionalism Y N

Fellow washes hands and/or dons gloves before touching patient Y N

Fellow chooses correct transducer for patient size Y N

Images:

Coronal frontal lobes \_\_\_\_\_

Coronal foramen of Monro \_\_\_\_\_

Coronal white matter \_\_\_\_\_

Sagittal midline \_\_\_\_\_

Sagittal right lateral ventricle \_\_\_\_\_

Sagittal left lateral ventricle \_\_\_\_\_

Coronal posterior fontanelle \_\_\_\_\_

Axial trans-temporal \_\_\_\_\_

Fellow positions patient appropriately for each image Y N

Fellow pays attention to patient condition and comfort Y N

Images acceptable to faculty evaluator Y N

Faculty evaluator: \_\_\_\_\_

Date: \_\_\_\_\_

I feel confident that I could perform this examination unsupervised.

Fellow signature: \_\_\_\_\_