



Ultrasound Technician Skills Checklist

(Cardiac, Echo, Vascular, OB & General US)

Name _____ Date _____

Signature: _____

Please rate your experience / frequency (within the last year) using the following scale (check the appropriate boxes below):

Experience Scale:
 0 - No Experience / Theory Only
 1 - Limited Experience / Need Review
 2 - Frequent Experience / May Need Some Review
 3 - Experienced / Perform Well

Frequency Scale:
 0 - Observed Only / Never Done
 1 - Rarely Done (<6 times/year)
 2 - Occasionally Done (1-2 times/month)
 3 - Frequently Done (daily or weekly)

Experience Frequency

Experience Frequency

GENERAL SKILLS:

Universal Precautions	0	1	2	3	0	1	2	3
Working with the Patient in Isolation	0	1	2	3	0	1	2	3
Working w/ Patient Under Conscious Sedation	0	1	2	3	0	1	2	3
Patient/Family Teaching of Ultrasound Procedures	0	1	2	3	0	1	2	3
Pediatric Cardiac/Respiratory Arrest	0	1	2	3	0	1	2	3
Adult Cardiac/Respiratory Arrest	0	1	2	3	0	1	2	3
Crash Carts	0	1	2	3	0	1	2	3

EXPERIENCE WITH FOLLOWING AGES:

Newborn/Neonate (birth to 30 days)	0	1	2	3	0	1	2	3
Infant (1 month to 1 year)	0	1	2	3	0	1	2	3
Toddler (1 year to 3 years)	0	1	2	3	0	1	2	3
Preschooler (3 years to 5 years)	0	1	2	3	0	1	2	3
School Age Child (5 years to 12 years)	0	1	2	3	0	1	2	3
Adolescents (12 years to 18 years)	0	1	2	3	0	1	2	3
Young Adults (18 years to 39 years)	0	1	2	3	0	1	2	3
Middle Adults (39 years to 64 years)	0	1	2	3	0	1	2	3
Older Adults (64 years to 79 years)	0	1	2	3	0	1	2	3
Elderly Adults (over 79+ years)	0	1	2	3	0	1	2	3

ULTRASOUND-GENERAL/ABDOMINAL:

Gallbladder/Common Bile Duct (CBD)	0	1	2	3	0	1	2	3
Appendix	0	1	2	3	0	1	2	3
Kidneys, Spleen, Adrenals	0	1	2	3	0	1	2	3
Pancreas	0	1	2	3	0	1	2	3
UGI/Small Bowel	0	1	2	3	0	1	2	3
Liver	0	1	2	3	0	1	2	3
Venogram	0	1	2	3	0	1	2	3
Abdominal Aorta	0	1	2	3	0	1	2	3
Breast	0	1	2	3	0	1	2	3
Popliteal	0	1	2	3	0	1	2	3
Thyroids	0	1	2	3	0	1	2	3
Superficial Mass	0	1	2	3	0	1	2	3

ULTRASOUND-MALE PELVIS:

Prostate (Transabdomnal)	0	1	2	3	0	1	2	3
Prostate (Transrectal)	0	1	2	3	0	1	2	3
Bladder	0	1	2	3	0	1	2	3
Testicles	0	1	2	3	0	1	2	3

ULTRASOUND-FEMALE PELVIS:

Uterus	0	1	2	3	0	1	2	3
Ovaries	0	1	2	3	0	1	2	3
Vaginal	0	1	2	3	0	1	2	3
Transvaginal Procedures	0	1	2	3	0	1	2	3
Color/Doppler of Above	0	1	2	3	0	1	2	3

ULTRASOUND-HIGH RISK OB:

LEVEL 1 (0-12 WEEKS):

Stomach, Heart, Kidneys	0	1	2	3	0	1	2	3
Diaphragm, Bladder	0	1	2	3	0	1	2	3
Cerebellum, Ventricles	0	1	2	3	0	1	2	3
Atria	0	1	2	3	0	1	2	3
Nuchal Fold	0	1	2	3	0	1	2	3
Biparietal Diameter (BPD)	0	1	2	3	0	1	2	3
Head Circumference (HC)	0	1	2	3	0	1	2	3
Abdominal Circumference (AC)	0	1	2	3	0	1	2	3
Multiple Birth	0	1	2	3	0	1	2	3

LEVEL 2 (12 WEEKS TO TERM):

Bone Lengths	0	1	2	3	0	1	2	3
Nose and Lips	0	1	2	3	0	1	2	3
Fingers and Toes	0	1	2	3	0	1	2	3
Inter & Intraorbital Measurements	0	1	2	3	0	1	2	3
Amniocentesis	0	1	2	3	0	1	2	3
Amniotic Fluid Index (AFI)	0	1	2	3	0	1	2	3
Biophysical Profile (BPP)	0	1	2	3	0	1	2	3
Multiple Birth	0	1	2	3	0	1	2	3

DIAGNOSTIC PROCEDURES:

Biopsy Puncture	0	1	2	3	0	1	2	3
Cyst Aspiration	0	1	2	3	0	1	2	3

ULTRASOUND-ECHOCARDIOGRAPHY:

Adult Echocardiography	0	1	2	3	0	1	2	3
Pediatric Echocardiography	0	1	2	3	0	1	2	3
Fetal Echocardiography	0	1	2	3	0	1	2	3
Trauma Echocardiography	0	1	2	3	0	1	2	3
Stress Echocardiography	0	1	2	3	0	1	2	3
Treadmill Testing	0	1	2	3	0	1	2	3
Dobutamine	0	1	2	3	0	1	2	3
Transesophageal Echocardiography (TEE)	0	1	2	3	0	1	2	3
Intraoperative Echocardiography	0	1	2	3	0	1	2	3
Contrast Echocardiography	0	1	2	3	0	1	2	3
Myocardial Contrast	0	1	2	3	0	1	2	3
Echo-Guided Procedures	0	1	2	3	0	1	2	3
Plethysmography	0	1	2	3	0	1	2	3
Doppler Vascular Procedures	0	1	2	3	0	1	2	3
Pressure Measurements	0	1	2	3	0	1	2	3
Two-Dimensional Mode	0	1	2	3	0	1	2	3
Three-Dimensional Mode	0	1	2	3	0	1	2	3
M-Mode	0	1	2	3	0	1	2	3
Pied Off Probe	0	1	2	3	0	1	2	3
Pulsed Wave Doppler	0	1	2	3	0	1	2	3

