

POCUS in Primary Care: Diagnostic Power at the Bedside

ADVANCING CLINICAL EXPERIENCE, PATIENT
COMPLIANCE & OSTEOPATHIC DIAGNOSTIC
THINKING.

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Audience: Physician Leadership Group





IMMEDIATE CLINICIAN – PERFORMED
ULTRASOUND DURING CONSULTATION



SAME CLINICIAN ACQUIRES, INTERPRETS,
AND APPLIES DIAGNOSTIC INSIGHT IN REAL
TIME.



ADJUNCT TO – NOT A REPLACEMENT FOR –
COMPRESSIVE IMAGING

What is POCUS?

Why POCUS in Primary Care?

Reduces need for external imaging

Limits radiation exposure

Supports a patient centered approach

Increases diagnostic bedside reasoning

Improves diagnostic confidence

Cardiac Applications

- POCUS improves the detection of LVH and early heart failure which can support confidence in cardiac referrals
 - Evaluation of pericardial effusion
 - May reduce unnecessary echocardiograms

Pulmonary Application

- Expedite treatment by providing care in office



Assessment of pleural effusions and interstitial lung disease



Rapid differentiation and monitor of dyspnea etiologies

Soft Tissue & Musculoskeletal Uses

- POCUS in soft tissue evaluations can improve decision making

Abscess vs cellulitis differential

Evaluation of joint effusions

Guidance for injections and procedures

Superficial mass assessment and treatment

Abdominal & GI Indications

Assessment of
gallbladder
pathology

Evaluation and
monitoring of
abdominal aortic
aneurysms

Assessment of
urinary retention

Focused
assessment of
abdominal pain

POCUS and Osteopathic Care

POCUS enhances hands on diagnostic insight which echo's the osteopathic mindset on somatic examination and immediate feedback

Enhances hands on diagnostic evaluation

Visualizes structure – function relations

Reinforces the assessment of the whole person

Evidence of Clinical Impact



Faster diagnosis therefore faster treatment



Reduces unnecessary imaging



Provides a better patient experience



Increases provider confidence in treatment



Improved diagnostic accuracy

Barriers to Implementation



Limited formal training opportunities



Lack of institutional support



Time constraints in clinical workflow



Need for quality assurance process



Equipment cost

Training and Skill Development

Early integration of POCUS into training increases clinician confidence and skill

Integration into medical school and residency training

Develop standardized protocols

Maintain ongoing peer review and trainings



Conclusion: The Future of Primary Care Diagnostics

Call to action: POCUS empowers more nuances clinical assessments

Bridges the gap between imaging and physical diagnosis

Supports osteopathic principles

Enhances diagnostic reasoning

Represents a practical evolution of primary care