

emergency department physicians concerning the clinical impact of emergency US should be performed in the future.

Conclusion

The use of emergency US at a tertiary care hospital seemed to have a high impact. The accuracy of US in the emergency setting was good. Impact on clinical management was most likely when US was performed for suspected vascular, KUB and musculoskeletal problems. Further refinement in the use of emergency US to improve efficiency is still possible, especially for patients with abdominal conditions.

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