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*"Ultrasound imaging integration with bedside monitoring and hospital networking"*

"Moving" data and informations and not moving patients is, up today, almost mandatory, especially in critical and emergency departments, where patients conditions and settings are particularly critical by definition. Integrating ultrasound examinations (images and data) with others patient data in only one data base (at least from the functional point of view: of course the hardware solution could be different) and having the chance to compare ultrasounds exams, executed at the moment, with historical exams and consulting all the clinical data relative to that patient are very important added values from the clinical point of view. To make this, standard concept is essential: DICOM, HL 7 are the actual standards used nowadays. IHE compliance gives (almost.....) the assurance that all the systems work in the correct way. EPR concept is another argument that is important from the data integration point of view. Another aspect to be considered is the connection of ultrasound machine to the integrated system: different solutions could be possible, but the future is the wireless connection. Another very important argument is safety and security (read privacy) of data input in hospital networking: it is necessary studying access permissions, password routine, authentication systems, second opinion routines. Last but not least, the ultrasound machines must be designed for the bedside examinations: they must have internal batteries, very fast start-up time, screens as large as necessary (not a few inches), probes as requested from clinical people and so on.