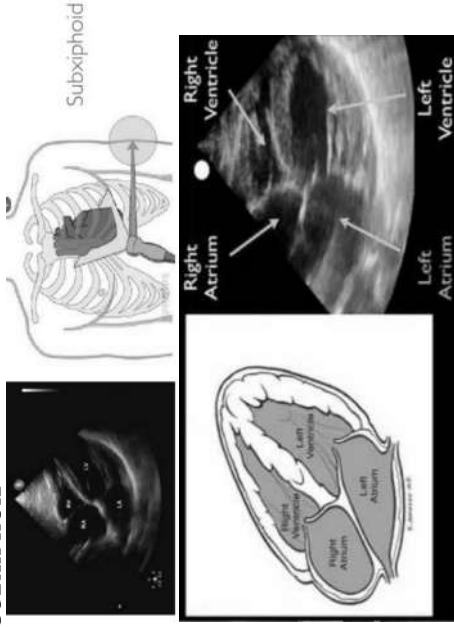
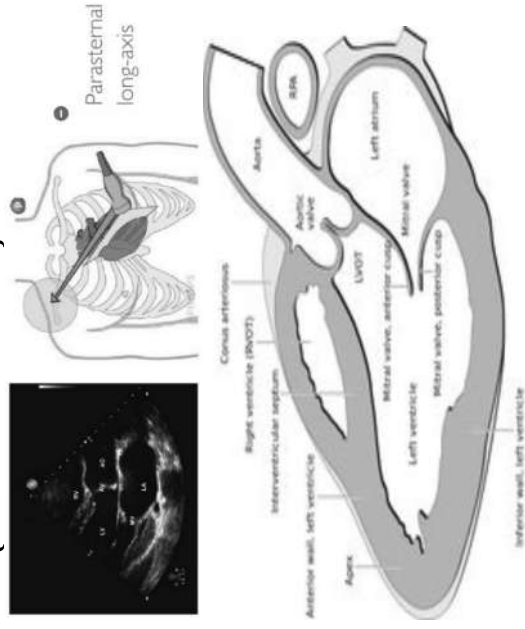


FOCUSED EMERGENCY ECHOCARDIOGRAPHY

SUBXIPHOID

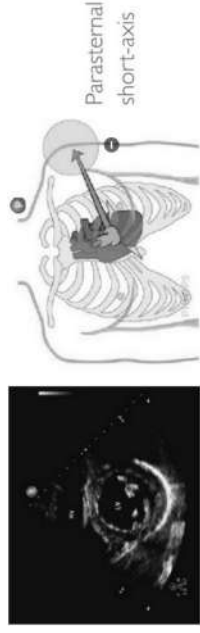


PLAX (PARASTERNAL LONG AXIS)

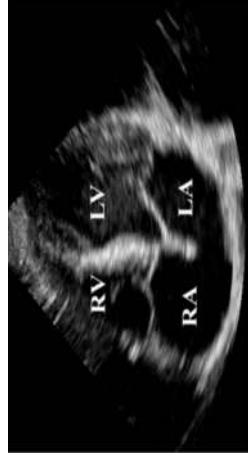
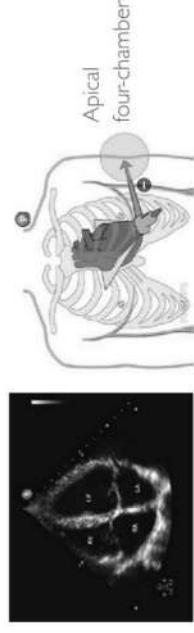


FOCUSED EMERGENCY ECHOCARDIOGRAPHY

PSAX (PARASTERNAL SHORT AXIS)



APICAL 4 CHAMBER VIEW



TIPS

- Set exam type to Cardiac
- Start with PLAX
- Attempt all 4 views when possible, but sometimes only 1 view is possible
- Always take clips
- Roll patient on left side to obtain better pictures
- Subxiphoid may be only view on COPD patients

E-FAST EXAM

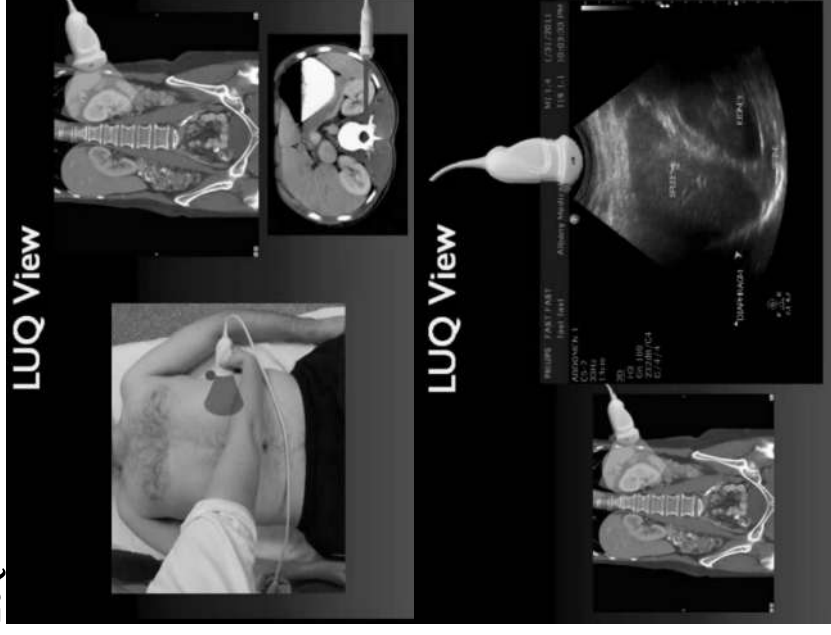
- 5 VIEWS (RUQ, LUQ, Pelvic, Cardiac, Thorax)
- POSITIVE FINDINGS INCLUDE:
 - Hemoperitoneum
 - Hemopericardium
 - Hemothorax
 - Pneumothorax

RUQ



E-FAST EXAM

LUQ



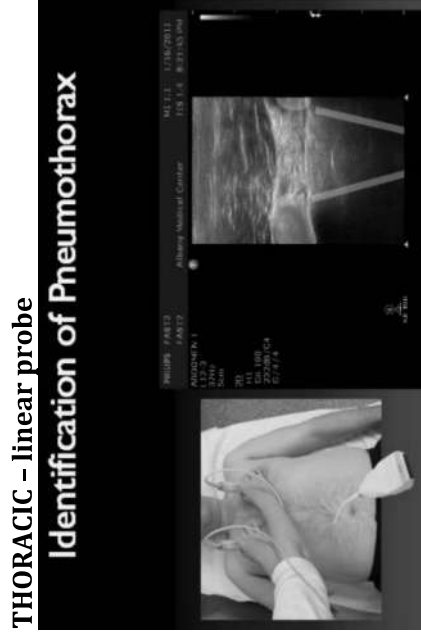
E-FAST EXAM

PELVIC



E-FAST EXAM

CARDIAC (see CARDIAC section for more)



*** Use M mode to better identify pneumothorax on thoracic exam**

AORTA

Tips

- Measure outer to outer wall
- Obtain 3 views (proximal, mid, and distal)
- >3 cm is abnormal
- Obtain long axis



- Indicator to patient's right
- Start at epigastrium
- Use liver as window
- Scan distally to bifurcation



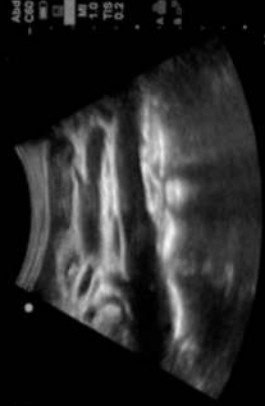
- Identify vertebral body
 - Hyperechoic
 - Posterior shadow
 - "Horseshoe Sign"
- Identify aorta and IVC (anterior to vertebral body)

AORTA

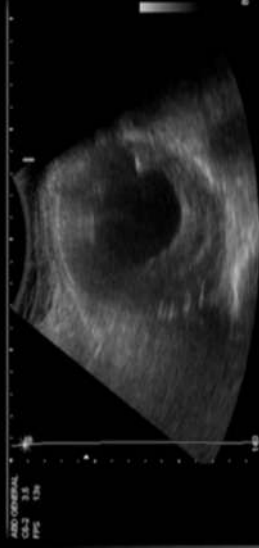
Longitudinal



- Start transverse at epigastrium
 - Center aorta
 - Rotate probe 90° clockwise
- Marker towards head
- Longitudinal view from celiac to bifurcation



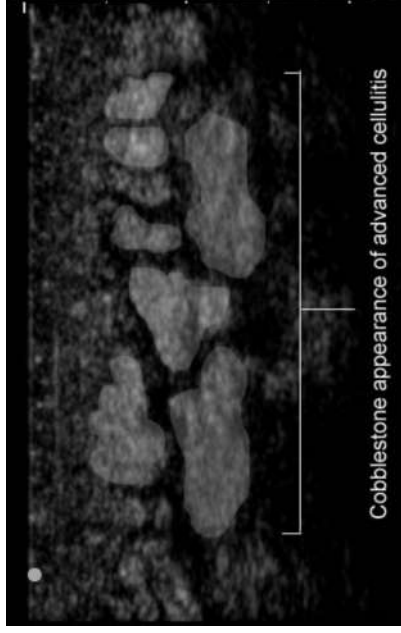
Abdominal Aortic Aneurysm



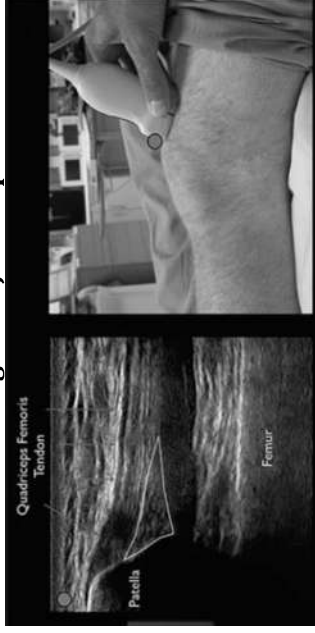
MSK/SOFT TISSUE

TIPS

- Identify cellulitis vs abscess
- Locate retained foreign body
- Obtain 2 views
- Use color mode to identify vasculature
- Always compare sides in MSK exams



Knee - effusion or guided joint aspiration



OCULAR

Indications

- Retinal/vitreous detachment, vitreous hemorrhage, foreign body, lens dislocation, retrobulbar hematoma, ONSD

Tips

- Use copious Gel over closed eyelid
- Measure ONSD 3 mm behind globe
- Abnormal ONSD is > 5 mm

