

eFAST Ultrasound Made *EASY!*

eFAST Exam

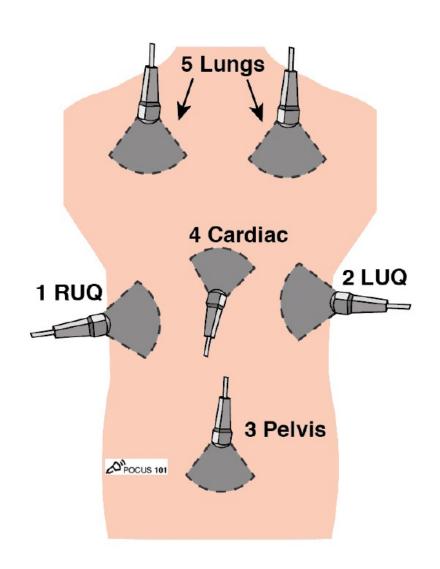
- Focused
- Abdominal
- Sonogram for
- Trauma

Recommended eFAST Exam Sequence

Right Upper Quadrant
 View (RUQ)

Left Upper Quadrant
 View (LUQ)

- 3. Pelvic View
- Cardiac View
 (Parasternal Long Axis or Subxiphoid)
- 5. **Lungs** (Right and Left)



RUQ Probe Placement and Hand Placement

RUQ Probe Position and Hand Placement

- Orientate the probe indicator towards the patient's head.
- Anchor your probe in the midaxillary line at the 10th intercostal space.

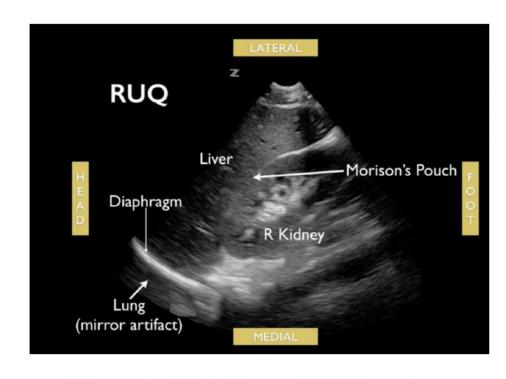


eFAST Exam Probe Placement – RUQ

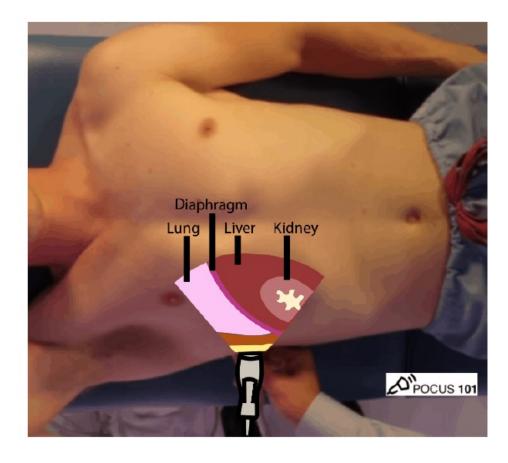


eFAST Exam Probe Placement – RUQ

RUQ Normal View and Structures



Normal RUQ - eFAST exam

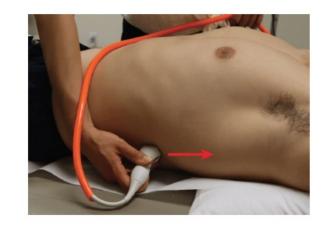


RUQ eFAST exam illustration

LUQ Probe Placement and Hand Placement

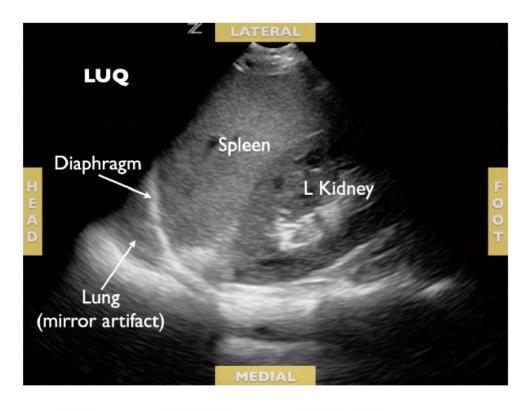


eFAST Exam Probe Placement – RUQ

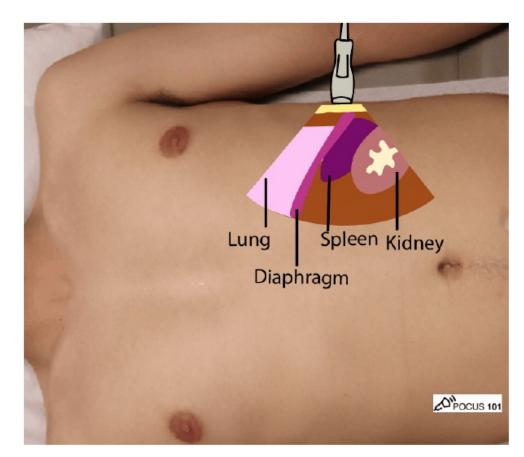


"Knuckles to the Bed" for the LUQ eFAST exam view

LUQ Normal View and Structures



Normal LUQ – eFAST exam



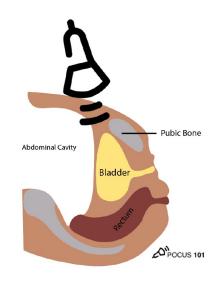
LUQ eFAST exam illustration

Pelvic Ultrasound – Longitudinal View

- Place the transducer with the indicator pointing towards the patient's head in the patient's midline, right above the pubic symphysis.
- Rock the probe so that it points down towards the pelvic cavity.

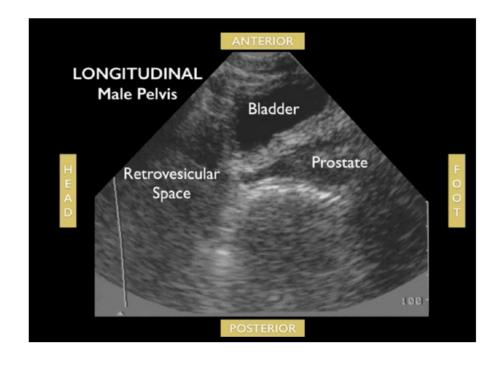


eFAST Pelvic Ultrasound – Longitudinal View

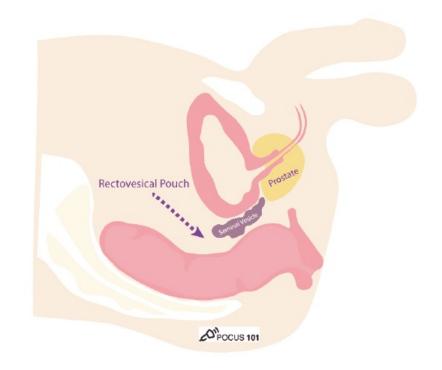


Make sure to point your probe into the pelvis!

Male Pelvis



Male eFAST exam Pelvic View –
Longitudinal



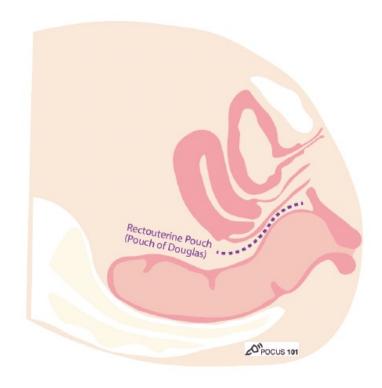
Male eFAST exam Pelvic View – Longitudinal (Illustration)

Female Pelvis



Female eFAST exam Pelvic View

Longitudinal

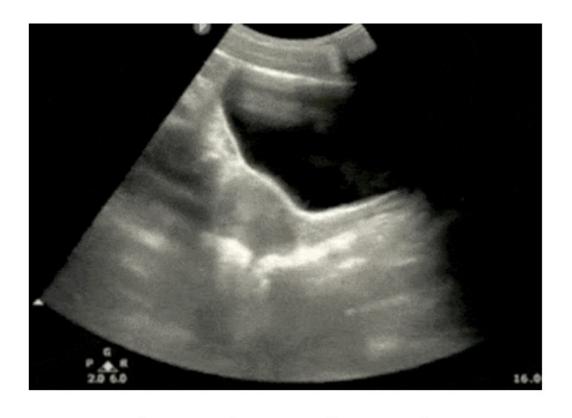


Female eFAST exam Pelvic View

Longitudinal (Illustration)

Tilting and Fanning the Probe

 In all patients (male or female), observe the lateral borders of the bladder to identify free fluid by tilting/fanning the probe left and right.



Tilting the probe in the longitudinal view

Transverse View

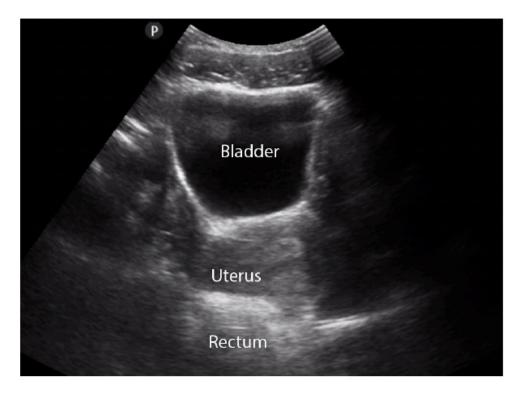
Pelvic Ultrasound - Transverse View

- Next, center the bladder and then rotate the transducer 90 degrees counterclockwise. The indicator should now point to the patient's Right side.
- Make sure to tilt the ultrasound probe so it scans into the pelvic cavity.



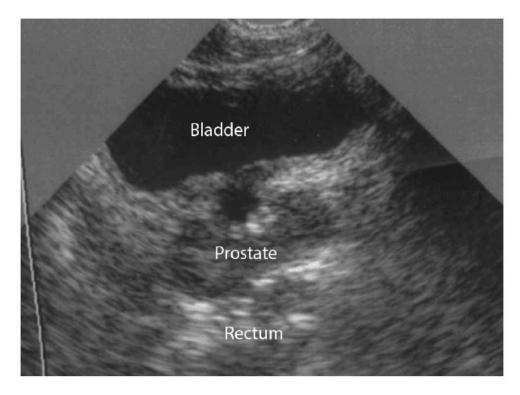
eFAST Pelvic Ultrasound – Transverse View

Transverse View (Male and Female)



Female eFAST exam Pelvic View

Transverse



Male eFAST exam Pelvic View –
Transverse

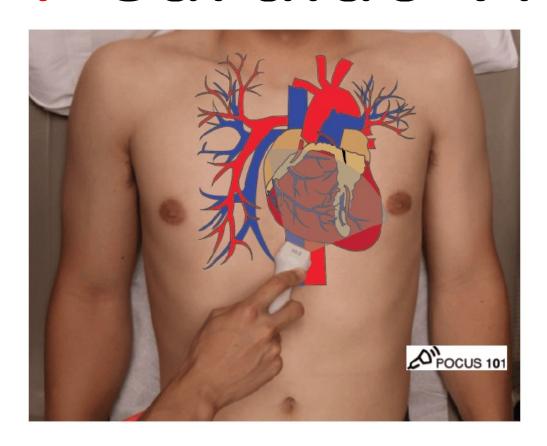
Survey the Area

 Tilt/Fan the probe to examine the entire pelvis from superior to inferior.



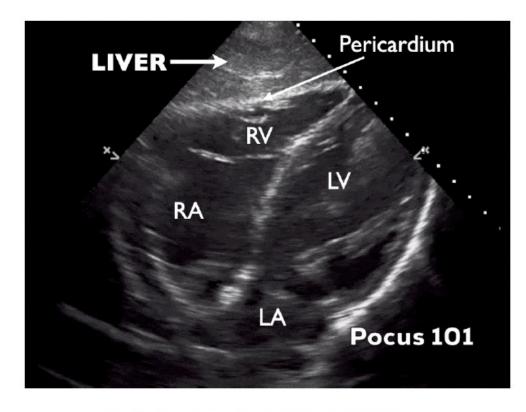
Transverse view of the eFAST Pelvic View

eFAST Cardiac View

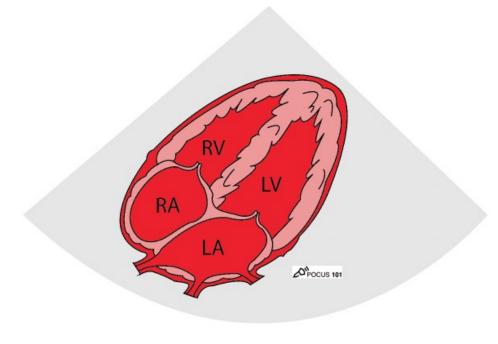


eFAST Subxiphoid View Probe
Position

Identify: Liver, Pericardium, Rt & Lt Atrium/Ventricle



eFAST Subxiphoid View Structures

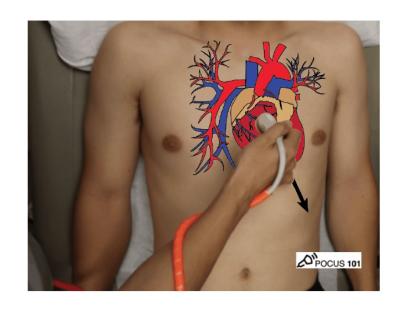


eFAST Subxiphoid View Structures (Illustration)

Cardiac Parasternal Long

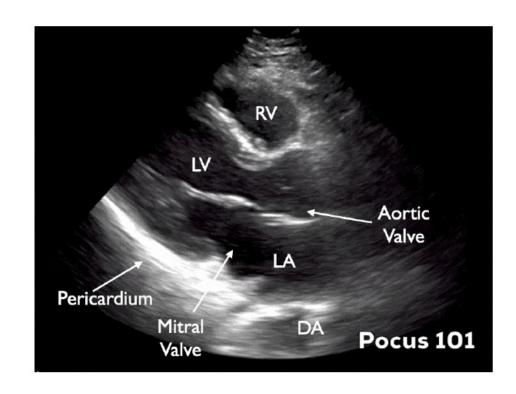
Axis.

- Grasp the linear probe between your thumb and first finger, like holding a pencil.
- Anchor your third and/or fourth finger(s) in the 2nd or 3rd left intercostal space, just lateral to the sternum.
- Probe indicator towards the patient's left hip with the machine depth set approximately 10-15 cm

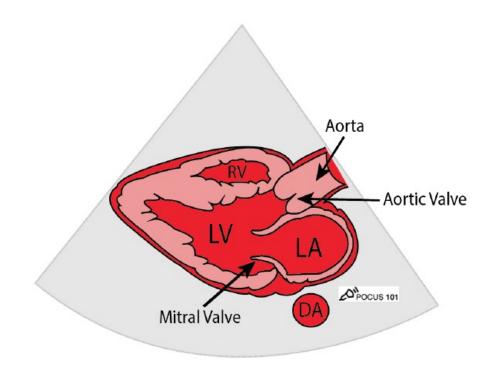


eFAST Parasternal Long Axis
View Probe Position

Cardiac Parasternal Long Axis



eFAST Parasternal Long Axis
View Structures

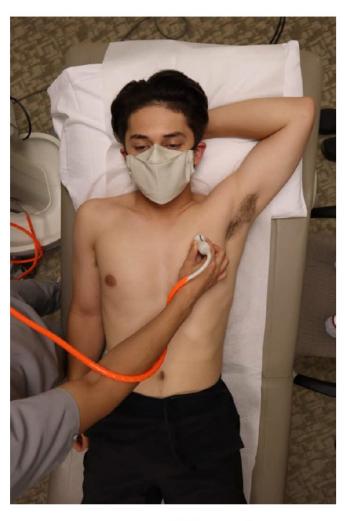


eFAST Parasternal Long Axis View Structures (Illustration)

Lung Probe Position and Hand Placement

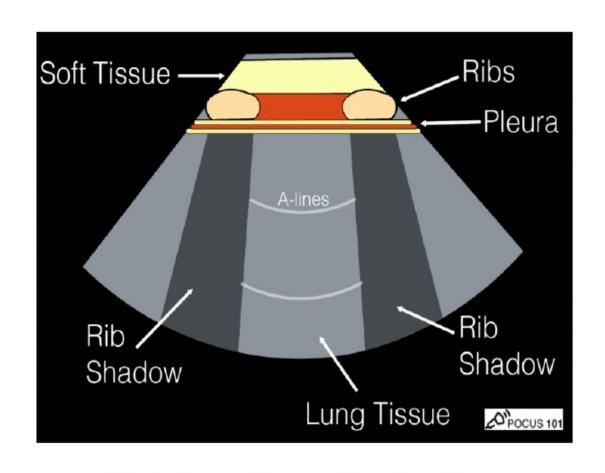


eFAST Scan of the Right Lung



eFAST Scan of the Left Lung

Two Rib Shadows "Batwing Sign'





Batwing Sign Illustration

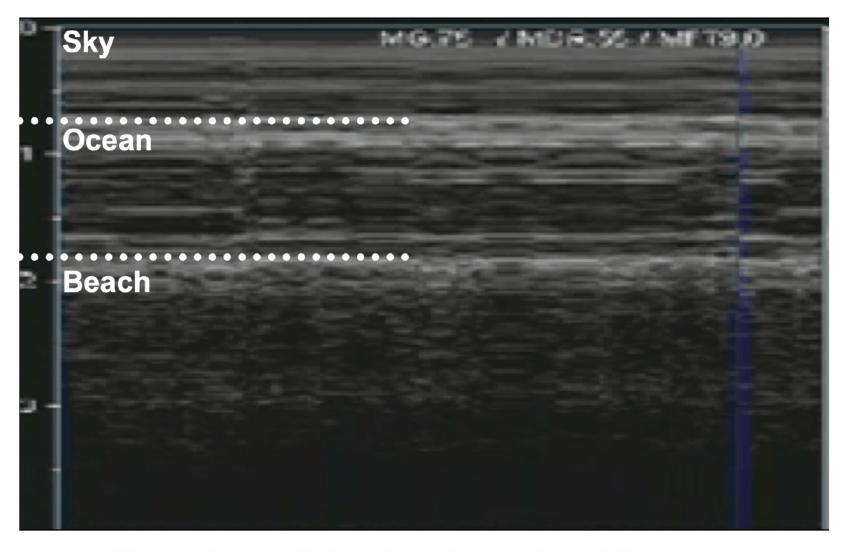
Batwing Sign on Ultrasound

Lung Sliding "Ants Marching Sign"



Lung Sliding

Barcode Sign "Seashore Sign"



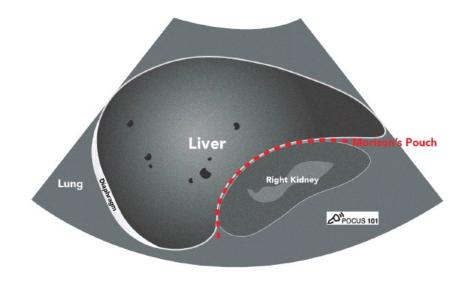
Normal Lung with Seashore Sign on Lung Ultrasound.

RUQ - Hemoperitoneum

Right Upper Quadrant (RUQ) - Hemoperitoneum

The three common locations for free fluid to accumulate in the RUQ of the eFAST scan are the:

- Hepatorenal Space or "Morison's Pouch"
- Caudal Tip of the Liver
- Suprahepatic Space

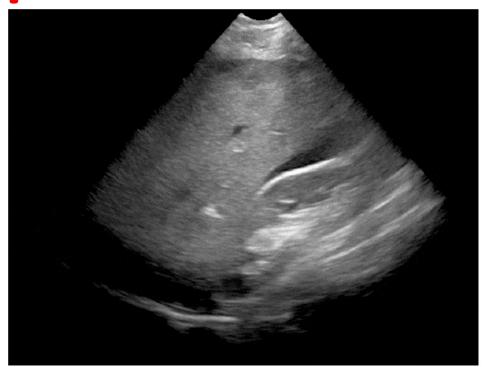


eFAST RUQ Morison's Pouch

RUQ - Hemoperitoneum



Free Fluid at the Caudal Tip of the Liver



Free Fluid in Morrison's Pouch and Suprahepatic Space

LUQ - Hemoperitoneum

POCUS 101 TIP: It is important to note that in the LUQ the most common area to find fluid is in the perisplenic space, NOT between the spleen and the left kidney. This is because there is a splenorenal ligament that attaches the spleen and the left kidney preventing a significant amount of fluid to accumulate there unless the ligament is ruptured.

Left Upper Quadrant (LUQ) - Hemoperitoneum

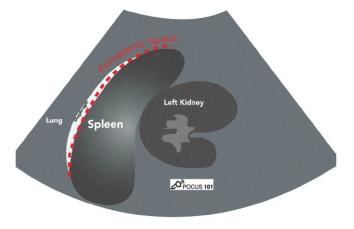
We will evaluate the LUQ in the eFAST for free fluid in the following places:

- Perisplenic Space
- Spleen Tip
- Splenorenal Recess



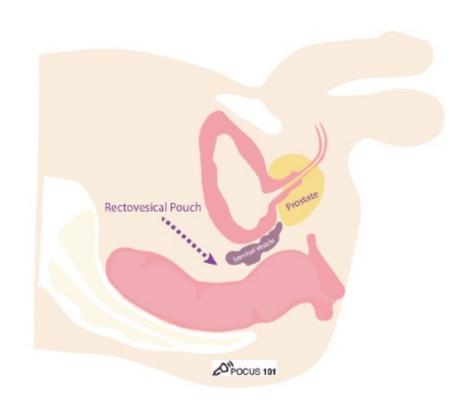
Free fluid in Perisplenic Space

Male Pelvis – Hemoperitoneum In the male pelvis, you can find free fluid in the rectovesical pouch/space.

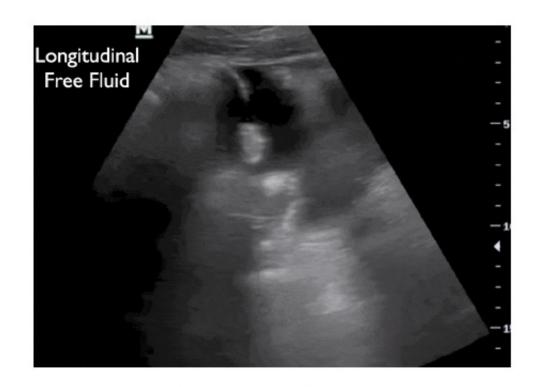


eFAST LUQ Perisplenic Space

Male Pelvis - Hemoperitoneum

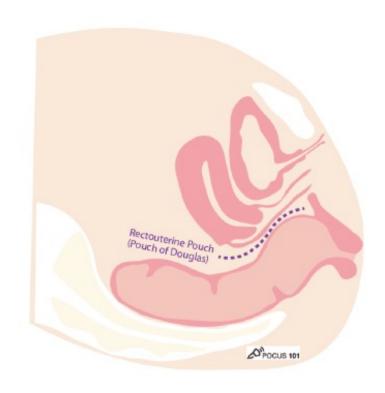


Male Pelvis Rectovesical Pouch



Male – Abdominal Free Fluid in Pelvis (Rectovesical Pouch)

Female Pelvis - Hemoperitoneum

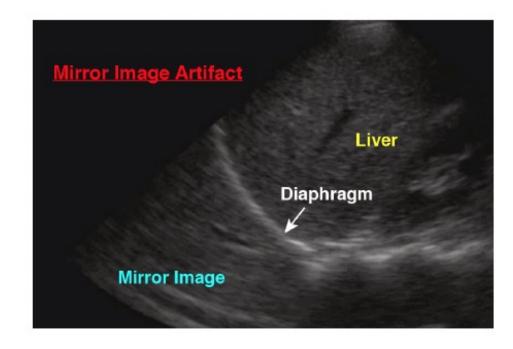


Female Pelvis Rectovesical Pouch

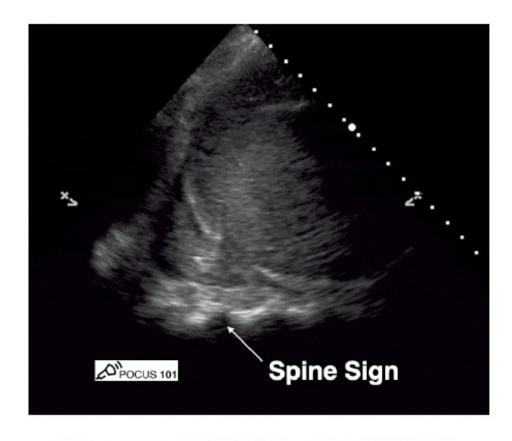


Female – Abdominal Free Fluid in Pelvis (Pouch of Douglas)

Hemothorax



Absence of Spine. **Normal Finding.**



Presence of Spine. Pathologic Finding.

Pericardial Effusion and with Tamponade



eFAST Subxiphoid View with Pericardial Effusion

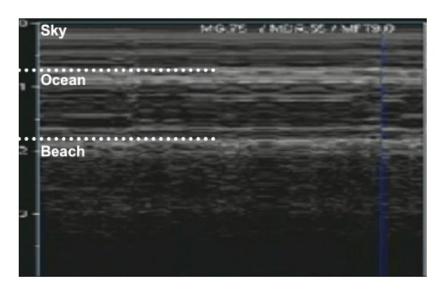


eFAST Parasternal Long Axis view with Pericardial Effusion and Tamponade (RV Diastolic Collapse)

Pneumothorax

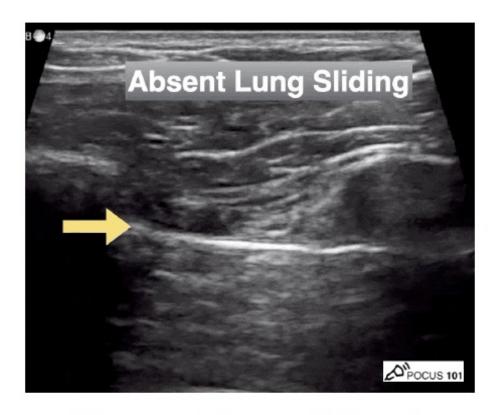


Normal Lung Sliding (B-mode)

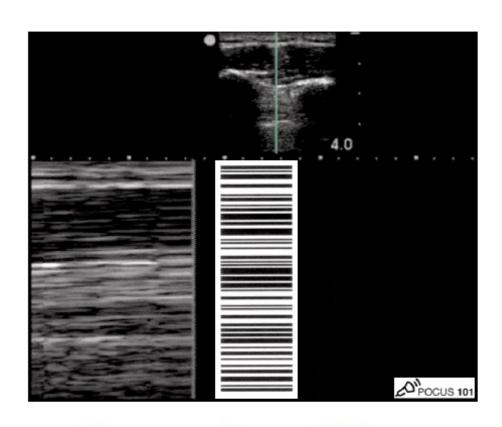


Normal Lung Sliding with Seashore sign (M-mode)

No Lung Sliding = Pneumothorax



Absence of Lung Sliding (Bmode)

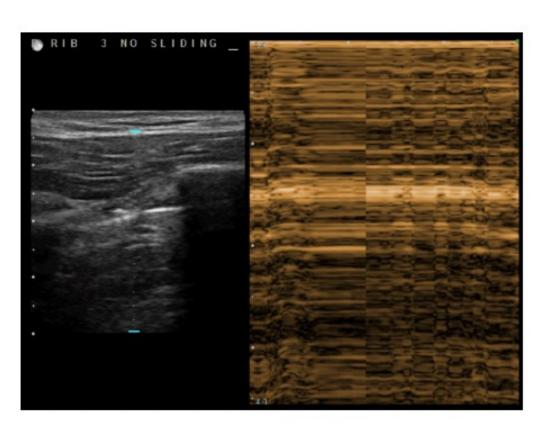


Absence of Lung Sliding – **Barcode Sign** (M-Mode)

Lung Point Sign = Confirmed Pneumothorax

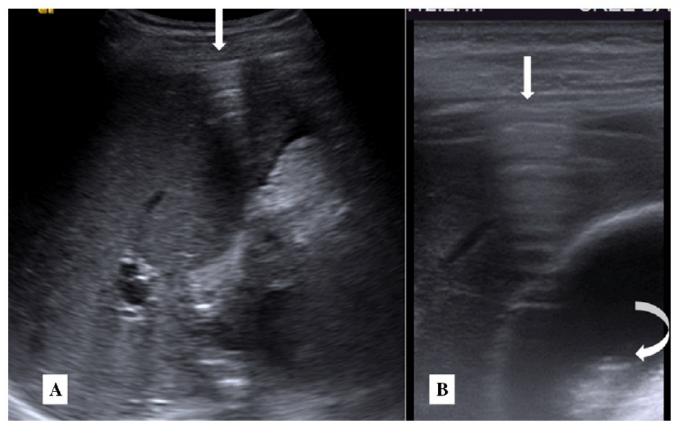


Lung Point Sign (B-mode)



Lung Point (M-mode)

EPSS = Enhanced Peritoneal Stripe Sign Positive for Pneumoperitoneu



Enhanced peritoneal stripe sign (EPSS) seen anterior to the liver in both images (straight arrows), indicating the abnormal presence of air between the liver and the anterior abdominal wall (Indiran).

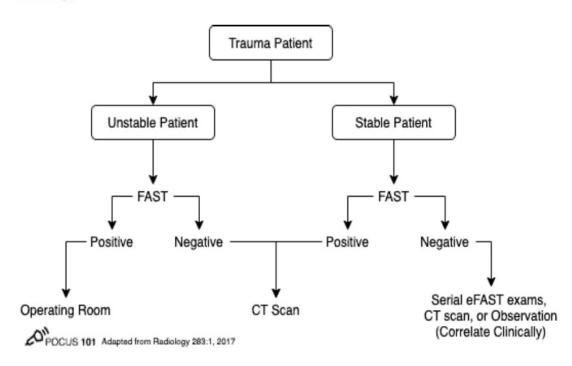
POCUS eFAST exam is most beneficial in hemodynamically unstable patients unable to go to the CT scanner.

Positive identifies and helps surgeon general region of bleeding

Negative: patients can have a delayed presentation

eFAST Exam Algorithm

Here is an algorithm for how to use the eFAST exam in the clinical setting:



eFAST Scan Algorithm