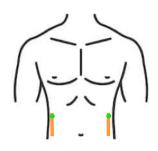


eFAST: RUQ & LUQ





Purpose: To identify free fluid in the

abdomen in trauma

Probe: Curvilinear or Phased array (Abdo preset)

Orientation: Marker to patient's head

Anatomic Landmarks: Posterior axillary line

at xiphoid process

Areas of interest:

LUQ 1) Splenorenal space,

2) Subdiaphragm space, * Most sensitive – MUST see 6-9 o'clock

3) Spleen caudal tip

RUQ 1) Liver caudal tip, *Most sensitive

2) Hepatorenal space

Interpretations: Pos scan = FF in area of interest

Pitfalls: Free fluid is irregular.

If it is contained, then may be vascular or contained structure (ie cyst, gallbladder)

False Positive: Perinephric fat

(bilateral and symmetrical)

Fluid but not blood

Ascites

Physiological fluid (women)

Bladder rupture

Watch Out!: Delayed presentations can lead to

clotted blood that can be a false

negative

Troubleshooting: Decrease gain to enhance black (free fluid). Bowel gas = Pt takes a breath.

Rib shadows = Rotate probe marker towards the stretcher.

If negative put the patient in Trendeleberg and repeat scan in 15 minutes.