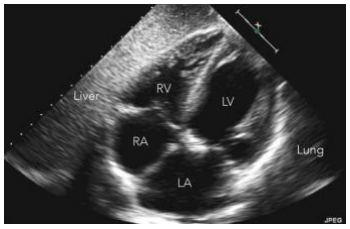
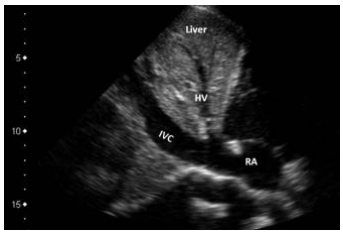
FELS

Global assessment of RV and LV function, assessment of IVC and assessment for pathological findings.

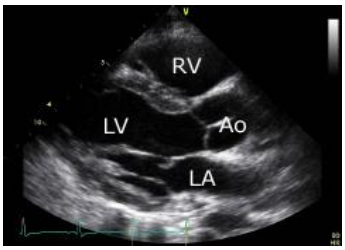
Tip- cardiac setting by convention flips the image like a mirror, so in contrast to eFAST/ AAA scans screen marker is on the right-hand side.



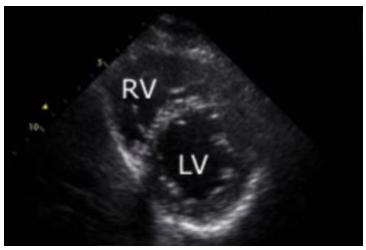
1. **Subxiphoid Long Axis View (4 Chamber view)**
   - Labelled **SUBX**
   - Patient position Supine
   - Start under xiphoid process
   - Probe marker faces Patient's LEFT



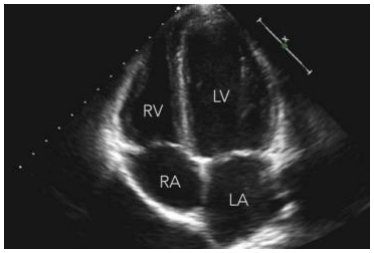
2. **Subxiphoid IVC view**
   - Labelled **SUBX**
   - Holding SUBX 4 chamber view, rotate 90 degrees anticlockwise
   - Probe marker now facing caudally
   - Identify IVC, measure size + sniff test



3. **Parasternal Long Axis view**
   - Labelled **PLAX**
   - Patient position supine / left lateral
   - Start at 3rd ICS left of sternum and move up/down
   - Probe marker towards R Shoulder



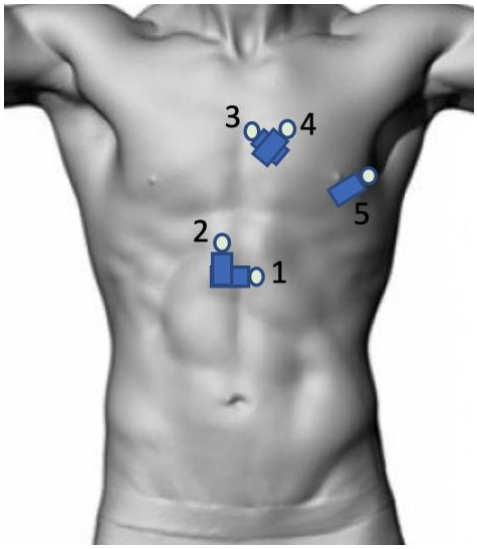
4. **Parasternal Short Axis view**
   - Labelled **PSAX**
   - Patient position supine / left lateral
   - Holding PLAX view, rotate probe 90 degrees clockwise
   - Probe marker now faces towards L Shoulder



5. **Apical 4 Chamber View**
   - Labelled **APICAL**
   - Ideally L lateral position
   - Transducer at cardiac apex pointing towards right shoulder
   - Probe marker pointing towards L axilla

Image Sets

Minimum 5 Video loops + 1 image (IVC)
5-8 Video Loops
Optional extra views including:
Apical 5 Chamber, Apical 2 Chamber
Subx Short Axis 2 Chamber, Suprasternal



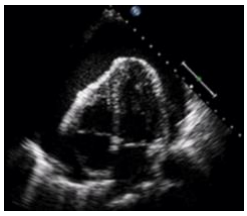
Machine Settings

PHASED ARRAY Probe
Cardiac setting for all images

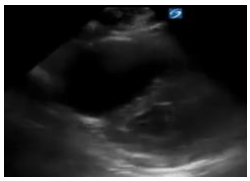
Documentation – Pocus FELS

Views: Adequate/ Inadequate
Findings: NAD / Abnormal
Pericardial Effusion: Yes/ No. And if so, is it tamponading
Global RV + LV function: hypodynamic/ normal/ hyperdynamic
LV and RV size: normal/ abnormal. Is RV > 2/3 LV. Gross abnormalities in chamber sizes
IVC size and collapsibility: >2cm / <2cm. Collapsing: yes/no

Positive Findings (always consider clinical context)



Cardiac Tamponade- Clinical Diagnosis. TTE features- pericardial effusion (usually >1-2cm) + Dilated IVC non-collapsing. R Atrial Collapse in Systole. R Ventricular Diastolic Collapse. Swinging Heart.



Acute Submassive/ Massive PE- dilated RV (>2/3 L). Septal Bowing. Dilated IVC. Dilated RA. RV wall hypokinesis. McConnell's Sign. Intramural Thrombus.

Cardiogenic Shock- hypodynamic heart. Dilated chambers. Often dilated and non-collapsing IVC.

Hypovolaemia- hyperdynamic heart. Small chambers. Small and collapsing IVC. (Consider looking for cause)