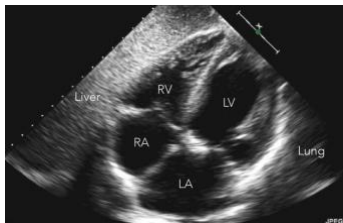


FELS

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



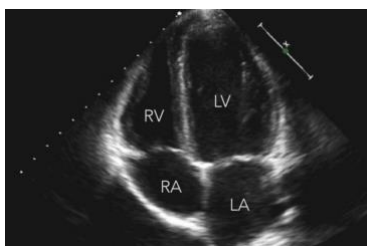
3. Parasternal Long Axis view

- 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



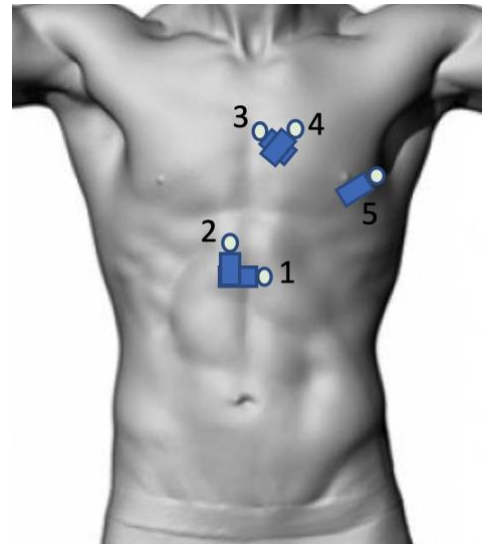
5. Apical 4 Chamber View

- 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

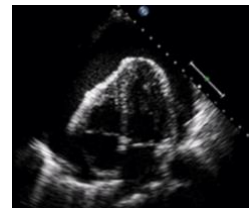
- PHASED ARRAY Probe
- Cardiac setting for all images

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)