

<b>eFAST</b>	6 clips: RUQ, LUQ, SP, SX, lungs x2 (or M-mode).	<b>Transabdominal (TA) Pelvis</b>	2 views: uterus transverse and sagittal; bilateral ovaries attempted. If there's live IUP, need FHT by M-mode or by clip. Assess for ovarian size/cysts
<b>Echo</b>	3 out of 4 clips: SX, PSL, PSS, AP4. contractility, pericardial effusion, RV strain	<b>Endovaginal (EV) Pelvis</b>	
<b>Chest</b>	Bilateral clips: B-Lines must have multiple views each side of the chest. PTX, effusion, A/B-lines	<b>Testicular</b>	Clips: transverse and longitudinal of each testis, with color doppler
<b>IVC</b>	SX clip visualizing IVC diameter with respiratory variation.	<b>MSK</b>	Multiple clips- joint, effusion, bone, muscle, tendon
<b>Gallbladder (GB)</b>	2 clips: transverse and long, measurements: CBD, anterior wall.	<b>Soft Tissue (SOFTTISS)</b>	Multiple clips- cellulitis, abscess, hematoma, cyst, lymph nodes
<b>Renal</b>	5 clips: transverse and long of each kidney and bladder.	<b>DVT</b>	Multiple clips: compressibility of femoral and popliteal veins (5-10cm distance)
<b>Bladder</b>	2 clips: transverse and sagittal views with 3 measurements and calculation of volume.	<b>Pediatric Hip</b>	Bilateral measurements at femoral neck
<b>Aorta</b>	Multiple clips: transverse and long; Multiple sections of the aorta until bifurcation. still image: measurement of aorta.	<b>Orbital</b>	Clips of both eyes; fan through, kinetic study. Nml gain to assess retinal pathology High gain to assess vitreous pathology
<b>Abdominal</b>	Clips: bowel, pancreas, liver, intussusception, pyloric stenosis, all other	<b>Proc PIV/Central Line</b>	Clips or still images showing needle or catheter in the vein.
<b>Appendix (RLQ)</b>	Multiple clips, scan until the tip of the appendix, use compression	<b>Proc Para(centesis)</b>	Clip of ascites, presence/absence of overlying vessels, and location of needle inserted

<b>eFAST</b>	First place to see free fluid: caudal tip of the liver, between diaphragm & spleen, above heart in SX view	<b>Transabdominal (TA) Pelvis</b>	IUP: need to see yolk sac, not just gestational sac FHR: nml 120-160
<b>Echo</b>	Contractility: EPSS $\leq$ 7mm, fractional shortening $>$ 30% RVS: D sign in PSS, RV:LV ratio $\geq$ 1:1 3 musketeers in PSL: LA, LVOT, RV the same size	<b>Endovaginal (EV) Pelvis</b>	If pos preg test + no IUP $\rightarrow$ ectopic until proven otherwise If above + positive FAST $\rightarrow$ ruptured ectopic until proven otherwise If ovary diameter $>$ 5cm $\rightarrow$ increased risk for torsion
<b>Chest</b>	Pulmonary edema: 2-2-2; more than 2 B-lines in $\geq$ 2 zones on each side bilaterally	<b>Testicular</b>	Torsion: decreased/absent flow on Doppler Compare to the other (unaffected) side
<b>IVC</b>	$<$ 1.5 cm with $>$ 50% resp variation $\rightarrow$ lower CVP $<$ 2.5 cm with $<$ 50% resp variation $\rightarrow$ higher CVP *Pediatric: transverse IVC/Aorta $<$ 0.8 = dehydration	<b>MSK</b>	Bone: hyperechoic with posterior shadowing Fracture: disruption of the hyperechoic cortex Effusion: anechoic
<b>Gallbladder (GB)</b>	Stone in neck: turn patient to check mobility Nml: GBW $<$ 4mm, CBD $<$ 6mm Acute chole: sono Murphy's, GBW thickening, PCCF	<b>Soft Tissue (SOFTTISS)</b>	Cellulitis: cobblestoning Abscess: compress to see if there's pus-talsis Lymph node: looks like little kidney
<b>Renal</b>	Hydronephrosis: dilation of the renal pelvis Cyst: located in the periphery, round	<b>DVT</b>	Negative: complete compression Check near bifurcation of femoral vein and trifurcation of popliteal vein
<b>Bladder</b>	Post-void residual nl: $<$ 100mL *Pediatric Bladder Vol = (Age in years + 2) x 30cc	<b>Pediatric Hip</b>	$>$ 5mm effusion measured at femoral neck, or $>$ 2mm difference from asymptomatic side
<b>Aorta</b>	AAA: $>$ 3cm outer to outer wall in transverse view Iliac artery aneurysm: $>$ 1.5cm	<b>Orbital</b>	ONSD: measure 3mm behind the globe, nl $<$ 5mm
<b>Abdominal</b>	SBO: bowel diameter $>$ 3cm, bowel contents move to-and-fro, whirling, or no peristalsis Intussusception: target or donut sign Pyloric Stenosis: $>$ 12mm canal length, $>$ 3mm wall width	<b>Proc PIV/ Central Line</b>	Short axis: identify nearby structures including the artery, don't mistake the needle shaft for the tip Long axis: visualize the needle/catheter path, know where the tip is
<b>Appendix (RLQ)</b>	Appendicitis: blind ended tubular structure, diameter $>$ 6mm, non-compressible, no peristalsis	<b>Proc Para(centesis)</b>	Beware of the inferior epigastric artery