POCUS POCKET CARD

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INDEX	REFERENCE RANGE	BEST VIEW(S)
LV SYSTOLIC FUNCTION		
Fractional area change	Qualitative	PSS, PSL, A4C and SC4
Muscle thickening during systole	Qualitative*	Any, but also pay attention to regional wall motion in PSS view
End point septal separation	**< 7 mm**	PSL (M-mode)
LV STROKE VOLUME		
LVOT VTI	**18-22 cm**	A5C (pulsed wave doppler)
LV PRELOAD / IVC		
IVC diameter and collapsibility	< **2.1 cm** (end expiration) and >**50%** collapsible : low preload > 2.1 cm and <50% collapsible : increased preload	
RV FUNCTION		
Size	Must be **2/3**rd the size of LV	PSS, A4C
Septum	**"D" sign**†	PSS
McConnell sign	Qualitative	A4C
TAPSE	>22 mm - normal **< 17 mm - abnormal**	A4C (M-mode)
CARDIAC TAMPONADE		
Diastolic collapse of RV or systolic collapse of RA	Qualitative test	A4C, SC4
Respirophasic variation in transmitral flow	>25%	A4C (continuous wave doppler)

* LV muscle thickening during systole is mainly a qualitative assessment, but normal LV wall is expected to thicken about 40% during systole

† D sign: flattening of interventricular septum, indicates RV strain

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USEFUL TIPS

Assessment of shock:
- Decreased LV systolic function + elevated preload : Cardiogenic shock
- Hyperdynamic LV + decreased preload : Hypovolemic shock
- Hyperdynamic LV + normal or elevated preload + (warm extremities) : Distributive shock
- RV dysfunction (+ McConnell sign) : PE vs pulmonary hypertension
- Pericardial effusion + diastolic RV/systolic RA collapse + (respirophasic variation of MV flow) : Cardiac tamponade

Assessment of lung function:
- A lines + lung sliding : Normal lung
- A lines without lung sliding + lung point : Pneumothorax
- A lines without lung sliding and no lung point : consider CXR or CT chest for further assessment
- Bilateral B lines: Pulmonary edema (cardiogenic vs non cardiogenic like ARDS)
- Localized B lines + dynamic air bronchograms : Pneumonia
- Localized B lines without dynamic air bronchograms : Pneumonia vs atelectasis
- Other : Patients can be in respiratory failure with normal lung POCUS
- e.g., COPD/asthma exacerbation or PE. For the latter possibility, consider lower extremity POCUS for DVT exam