



E-FAST

E-FAST is a limited trauma ultrasound that only aims to detect:

1. Intra abdominal free fluid
2. Pericardial effusion
3. Major haemothorax
4. Pneumothorax

A normal E-FAST does not exclude significant intra abdominal injury

Patient details

Mechanism of Trauma

Pulse

BP

RR

Sats

Examination Findings

Probe Position	Views	Notes	Findings			Optional Information	
	1 RUQ	<p>RUQ Fluid collects in Morison's Pouch Look above diaphragm for HTX 5° head down tilt will increase RUQ fluid</p>	Right Upper Quadrant	Normal	Inadequate	Positive	< 2mm maximal depth
	2 LUQ	<p>LUQ Fluid can collect around the entire spleen Look above the diaphragm for HTX</p>		Right Haemothorax	Normal	Inadequate	Positive
	3 Subcostal	<p>Subcostal Tamponade is a clinical diagnosis Look for fluid in the pericardial space Intra-abdominal fluid above the liver can simulate fluid in front of the right ventricle - although it is on the other side of the diaphragm Pericardial fat pads may give the appearance of pericardial fluid Fluid must have a depth of >5mm; traces of pericardial fluid are normal</p>	Left Upper Quadrant	Normal	Inadequate	Positive	< 2mm maximal depth
	4 Female Pelvis LS	<p>Pelvis Look for free fluid behind and above the bladder In the female, fluid collects initially in the Pouch of Douglas A small amount of pelvis free fluid is normal in women</p>	Left Haemothorax	Normal	Inadequate	Positive	2 - 10mm maximal depth
	5 Male Pelvis TS		Subcostal	Normal	Inadequate	Positive	> 10 mm maximal depth
	6 & 7 Lung LS	<p>Lung Sliding sign and comet tail artefact are normal; loss of these indicate PTX Pleuradhesion, large bullae, COPD and non-ventilation (eg endobronchial intubation) can simulate PTX</p>	Subcostal	Normal	Inadequate	Positive	Maximal depth ____mm
				Pelvis	Normal	Inadequate	Positive
			Right Lung Pneumothorax	Normal	Inadequate	Positive	2-10mm maximal depth
			Left Lung Pneumothorax	Normal	Inadequate	Positive	> 10 mm maximal depth
							Detected anteriorly
							Anteriorly and laterally
							Detected anteriorly
							Anteriorly and laterally

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Conclusions (Note: E-FAST findings must be consistent with clinical suspicion; integrate history, examination, investigations and EFAST findings to reach a conclusion)

Clinician Signature Date Time

W M R V Q N Z Y C J T R A S O S A R T C E F A S T

Supervisor: _____

EFAST: _____

Gold Standard Comparison: _____

Indicated? Y N (Circle)

Positive? Y N (Circle)

Comment: _____