


5E's EXPLANATION & TERMINOLOGY

EFFUSION	Nil Small (<1cm) Moderate (1-2cm) Large (>2cm)	RV collapse in diastole? RA collapse in systole? Measure in end diastole
EJECTION	Hyperdynamic (EF>65%) Normal Mod. Depressed (EF30-50%) Severely depressed (EF<30%) No activity	
EQUALITY	Normal (RV:LV<1) Enlarged (RV:LV>1)	
EXIT (Ao)	Normal (<4cm) Dilated (4-4.5cm) Thoracic Aortic Aneurysm (>4.5cm)	? dissection flap
ENTRANCE	Flat IVC and collapsible (Fluid responsive) Normal collapse Full IVC and collapsible (Fluid unresponsive)	

BEST WINDOWS FOR PATHOLOGY

PLAX: Aorta (sinuses of valsalva & asc Aorta), LV contractility
PSAX: LV contractility, effects of raised RV pressure
A4C: LV and RV size (in diastole), effects of raised RV pressure
SC4C: effusion, RV wall thickness



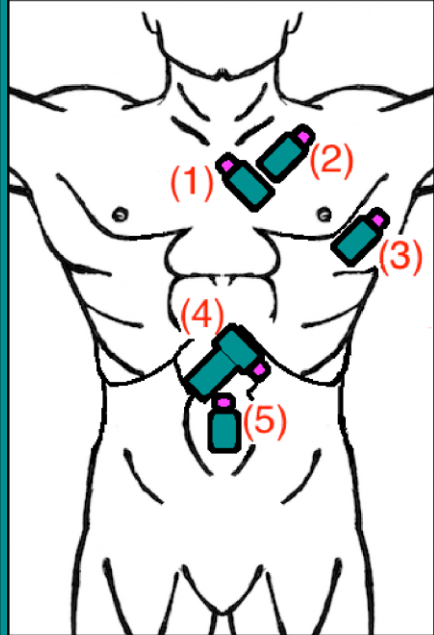
SYDNEY
ADVENTIST
HOSPITAL

BELS

Cheat Sheet

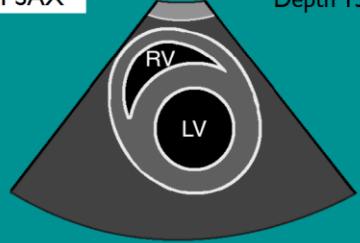
SECTOR
PROBE

CARDIAC
PRESET

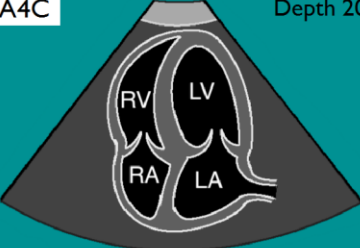


(1), (2) 2nd IC space, left sternal edge
 (3) Over apex beat
 (4), (5) Subxiphoid

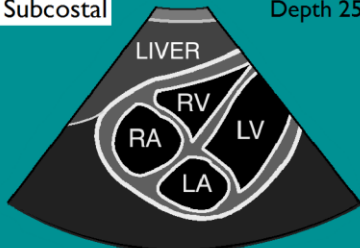
(3) PSAX Depth 15cm.



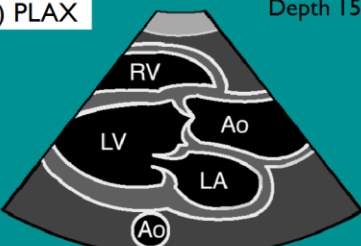
(3) A4C Depth 20cm.



(4) Subcostal Depth 25cm.



(1) PLAX Depth 15cm.



(5) IVC Depth 20cm.

