



SutherSound

The Sutherland ED PoCUS Newsletter

Website:

<http://www.sutherlanded.com/pocus/>

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IMPORTANT: Image Deletion from the Xporte

You may have noticed that the Xporte has been on the slow side lately. In order to keep our machine running as efficiently as possible we need to start removing saved images and videos from the hard drive. We will be deleting scans methodically starting with January – June 2017. As mentioned in previous emails, these will be removed in the first week of November.

NEW: Additions to the Website →PoCUS Atlas

We have added some new resources to the website, including a list of the recommended PoCUS training companies. There is also a link to an exciting venture called the PoCUS Atlas which is an international collaboration of PoCUS images. If you have an interesting image with educational value, you too can upload it to the website using an online submission form. Our very own Aussie PoCUS enthusiast and author of Broome Docs, a great blog from rural WA, Dr Casey Parker is one of the key consultants for the site <http://www.thepocusatlas.com/>

ATTENTION SRMOs and Registrars:

US machine Cleaning Roster starting in November

We are starting a new project related to machine hygiene and upkeep. This has been initiated in response to numerous episodes where the machine has been found in an unusable state – bodily fluids, hair and dried gel left attached to probes and cables as well as lack of cleaning wipes on the machines. Eilidh will be giving a presentation about the project on November 15th at teaching and we will start the project by the end of the month.

Copies of the cleaning business rule along with the audit paperwork will be available on our PoCUS website as well as in the US Machine Cleaning Audit Folder in the Fast-Track office. You will also find pictures of the expected set up of the storage compartment at the back of the machine.

Dates for the Diary.....

November:

Wed 8th

CHEMP Lung
Ultrasound Workshop

Tuesday 21st and

Thursday 23rd

ACEM Scientific
Meeting Ultrasound
Sessions

CCPU Logbook review dates:

Book in your times with Kirsty Short for logbook reviews, summative / formative assessments and ACEM BELS image series reviews.

Admin days in November:
8th and 22nd

Next Month:

Xmas tips from our SEED, Janine Lister and US case from Dr Finckh.

Case of the Month: Early decision making & PoCUS

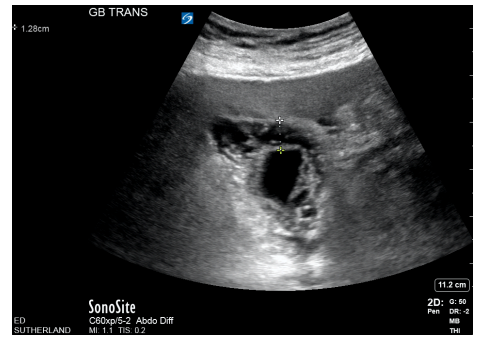
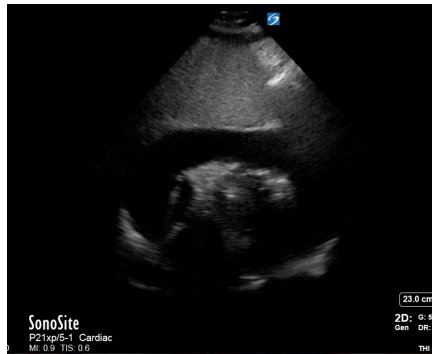
A 55 yo M presented to ED with a 24hr history of abdominal pain, vomiting, diarrhoea and subjective fevers. BG history – metallic AVR (placed 3 weeks prior), warfarinised, uncomplicated post op course. He was hypotensive and pale at triage. In resus HR 110 SR, BP 80 systolic, T 35.5, sats 98%. OE: chest clear, audible click from metallic heart valve, no murmurs, mild but stable pedal oedema, RUQ tenderness ++ with positive murphy’s sign. VBG: pH 7.2, bicarb 19, bE -5, lactate 7. INR 4. Slam dunk, surely this is septic shock from his GI tract? But what about his heart....did I really need to go looking any further for a cause?

Echo (10 min): Tamponade

- Massive pericardial effusion
- R side of heart barely visible

And his gallbladder:

- GB wall thickened & oedematous
- Sonographic Murphy’s +ve



Direct call to cardiologist and patient taken to Heart Clinic where 500ml of haemoserous fluid was drained. Biliary changes explained by acute R sided heart failure and venous congestion (second case of RHF and significantly thickened GB wall I’ve seen this month).

The loops of this echo are saved on the Xporte and show all of the features described in this slide. Email me (Kirsty Short) for further details on viewing these. Alternatively ask me to show you them when I’m on a shift with you.

TAMPONADE	US features suggesting tamponade:
<ul style="list-style-type: none"> • Clinical diagnosis • Occurs when P in pericardium > P in cardiac chambers • Lower P chambers affected first • Rate of accumulation important 	<ul style="list-style-type: none"> > R atrial systolic collapse (particularly if lasts > 1/3 of systole) > RV diastolic collapse (more specific but less sensitive than RA collapse) > Swinging heart > Compression of LA and LV > Plethoric IVC