



Title CSOP Ultrasound

Version No: 1.1

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Appendix 1: Specific clinical questions from the Standard Modalities

- **Chest assessment**
 - Ultrasound has a high sensitivity for pneumothorax assessment in both medical and trauma patients, this can be used to guide pre-hospital treatment:
 - Awake chest drain vs. PHEA in isolated unilateral chest injuries to differentiate between pneumothorax or pulmonary contusion
 - Unilateral vs. bilateral thoracostomy insertion in the ventilated hypoxic patient to reduce iatrogenic morbidity
 - Ultrasound can identify large pleural effusions (either serous (medical) or blood (trauma)), facilitating patient assessment, pre-alert and handover

- **Echo in Life Support**
 - Diagnosis of pericardial effusion & tamponade (medical or trauma)
 - Diagnosis of pneumothorax
 - Differentiation of electromechanical dissociation and pseudo-PEA, in facilitating decision making regarding futility and prognostication

The decision to undertake a resuscitative thoracotomy within the scope of our current SOP is a clinical decision. Ultrasound may add diagnostic value in the context of a undifferentiated shock state, helping to guide further intervention following clinical deterioration.

- **US guided IV access**

- **Assessment of Abdominal Aortic Aneurysm**
 - Unlikely to be used in TAAS practice, but is part of the RCEM system

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