

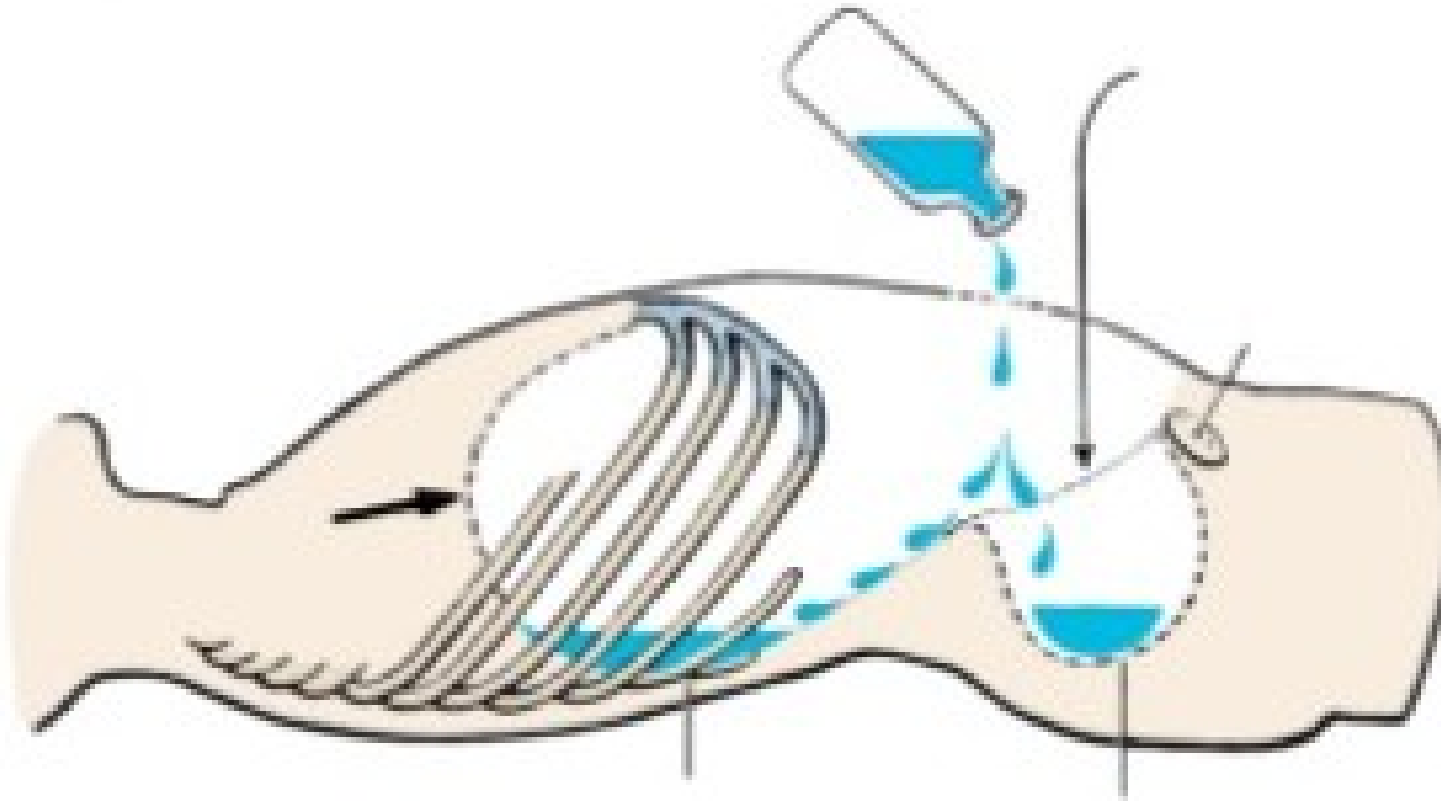
Ecografía Urgencias

Protocolo FAST
Aorta
TVP

Isabel Palomero HGV
Jorge Short FJD

FAST

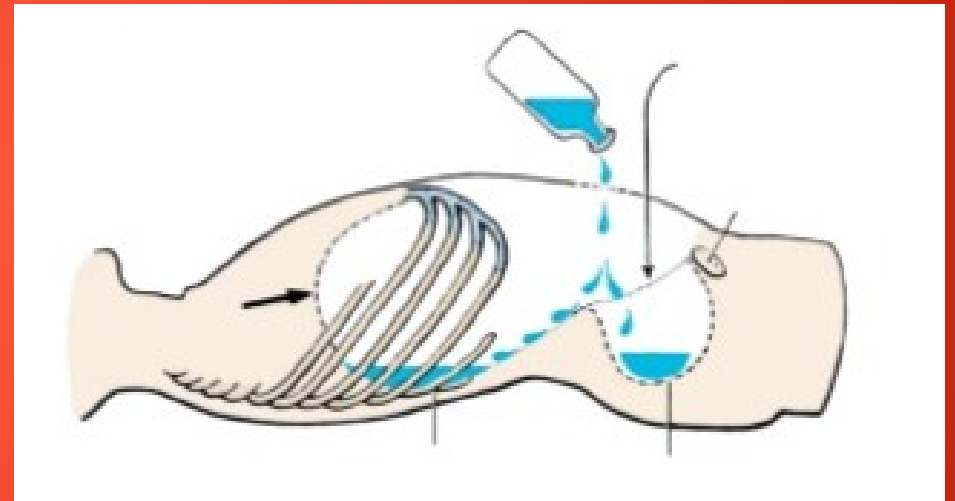
Focused Assessment with Sonography in Trauma



FAST

Focused Assessment with Sonography in Trauma

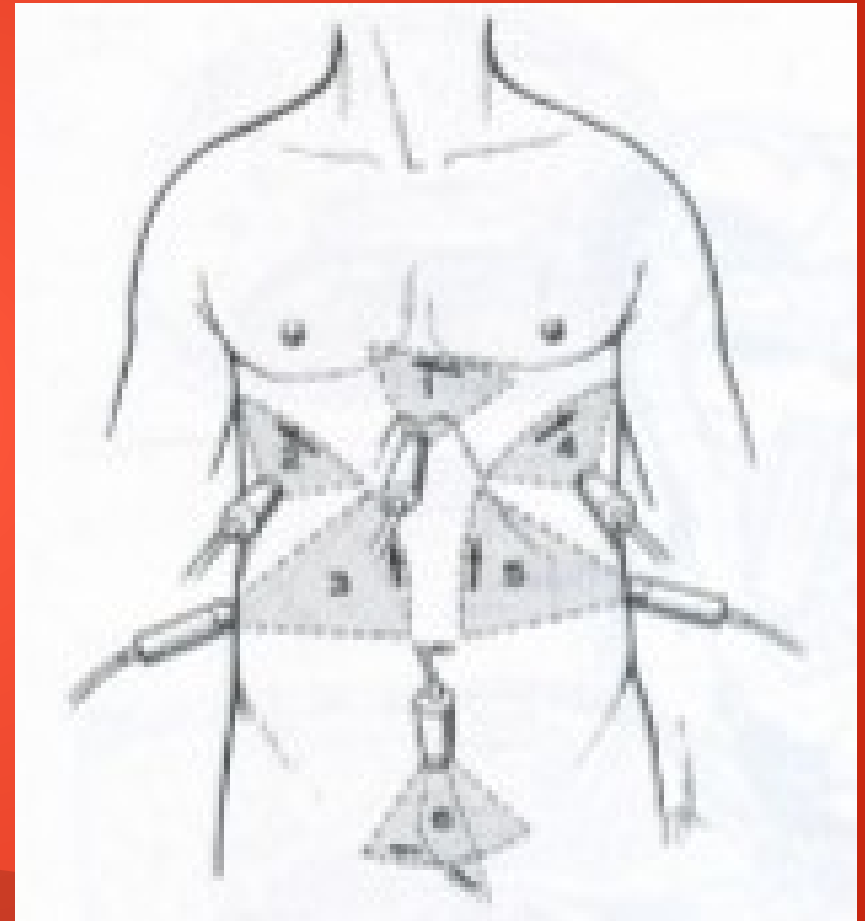
- Cónvex
- Líquido libre
- 30 segundos
- 5 ventanas (+pulmonar)



FAST

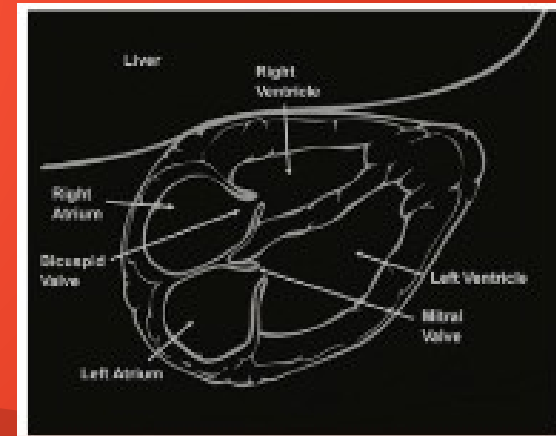
Focused Assessment with Sonography in Trauma

- Líquido libre
- 30 segundos
- 5 ventanas (+pulmonar)

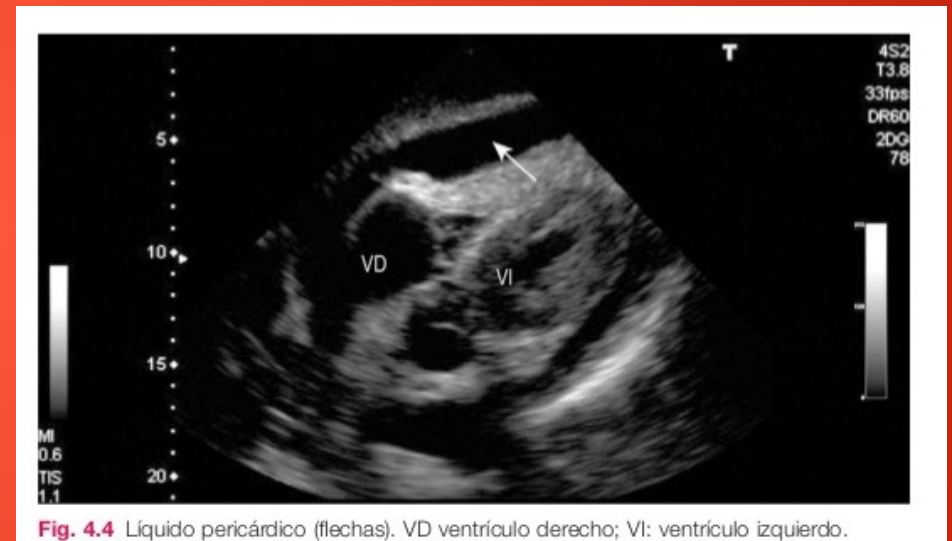
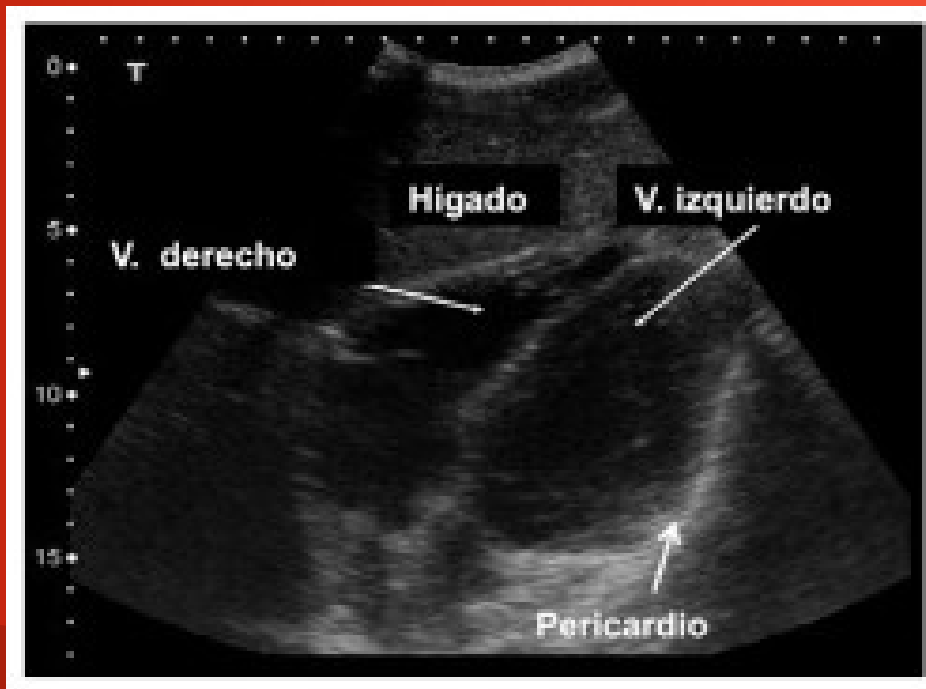


Subxifoidea

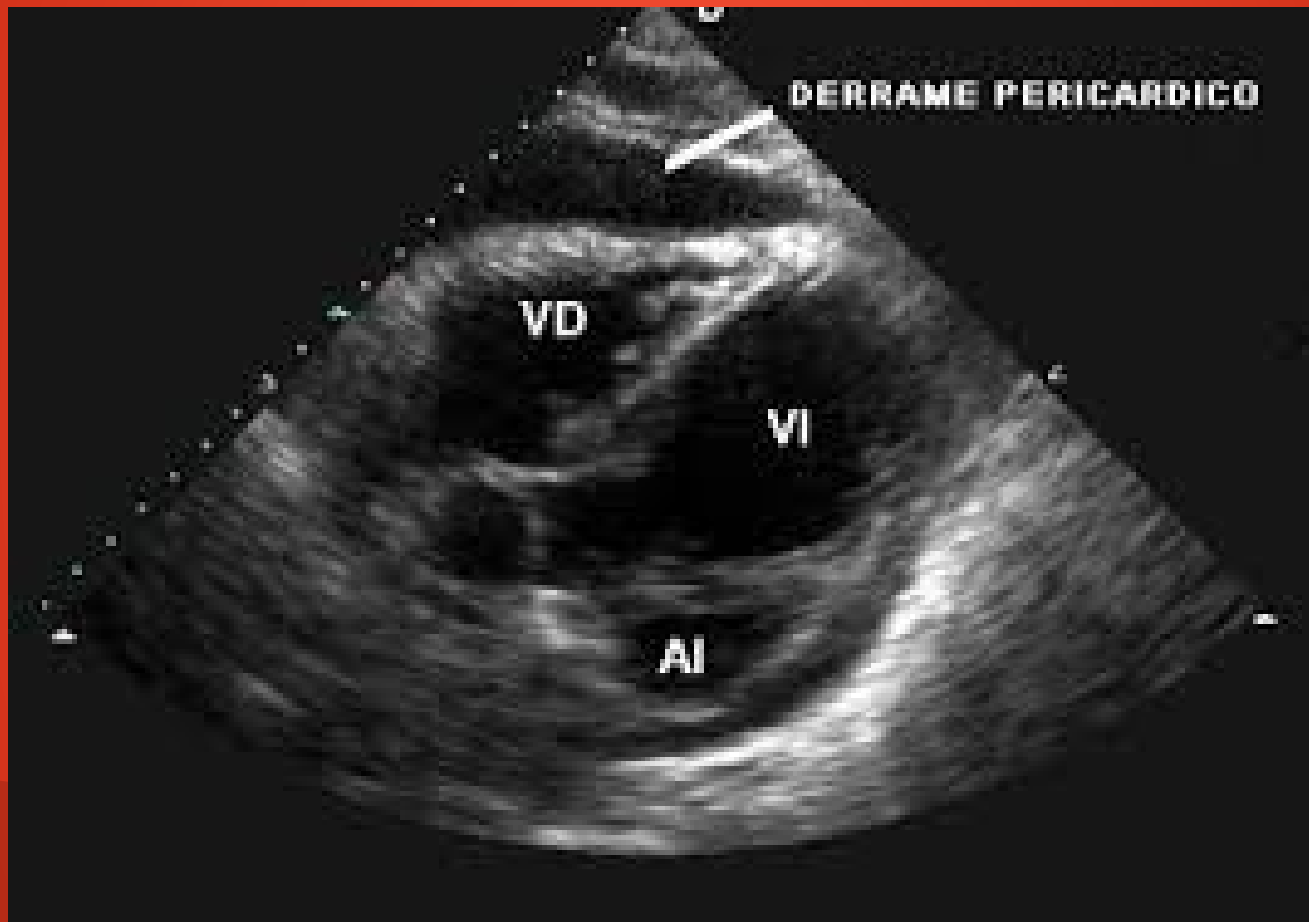
- Sonda Infraesternal
- Marcador a la dcha
- 4 cavidades
- Línea negra
- Ventrículo D
- Líquido pericárdico



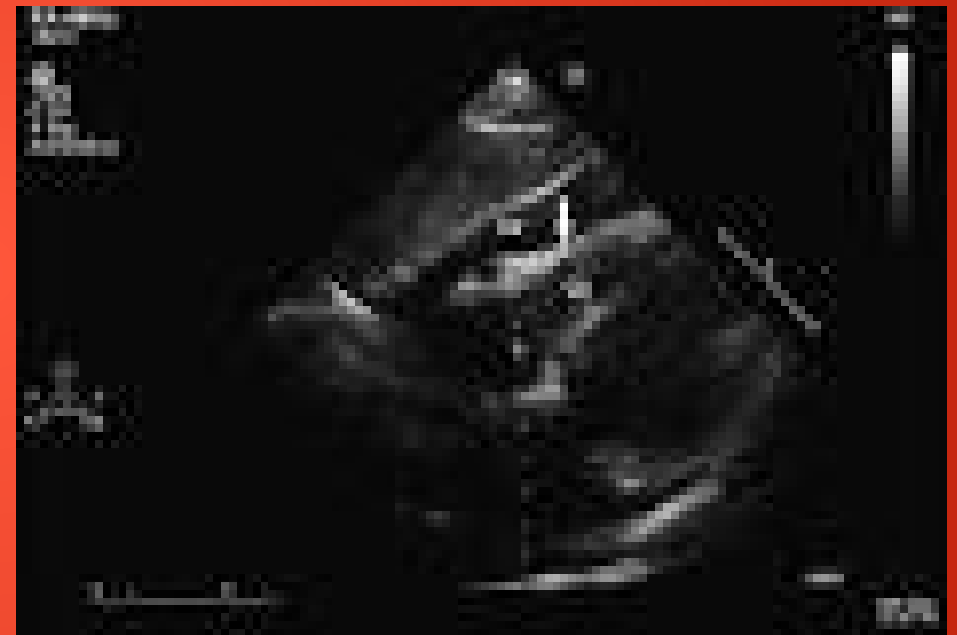
Derrame pericárdico



Ventana pericárdica



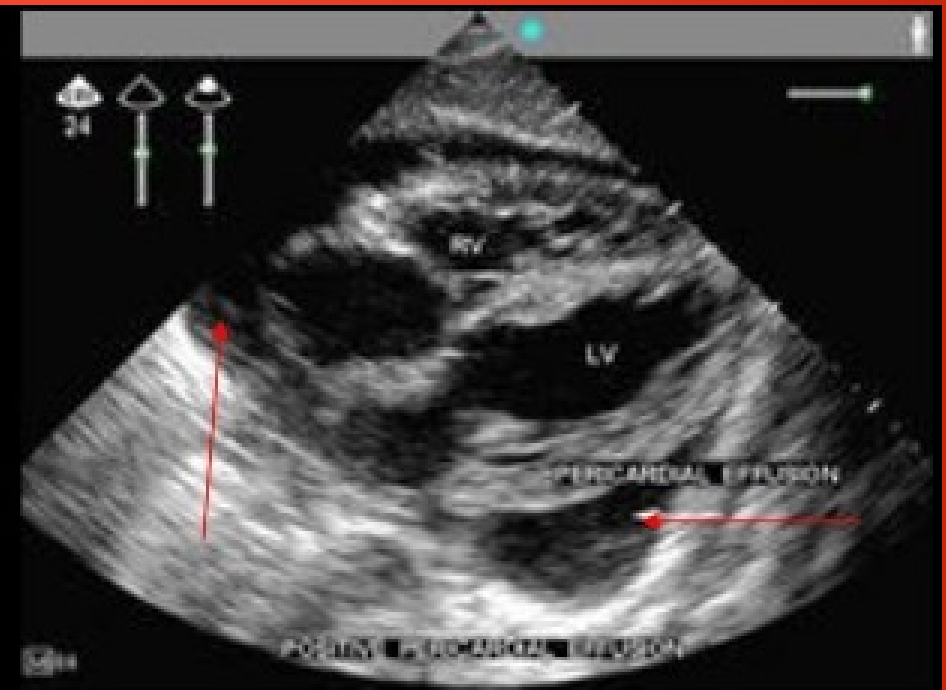
Fast+



Ventana pericárdica

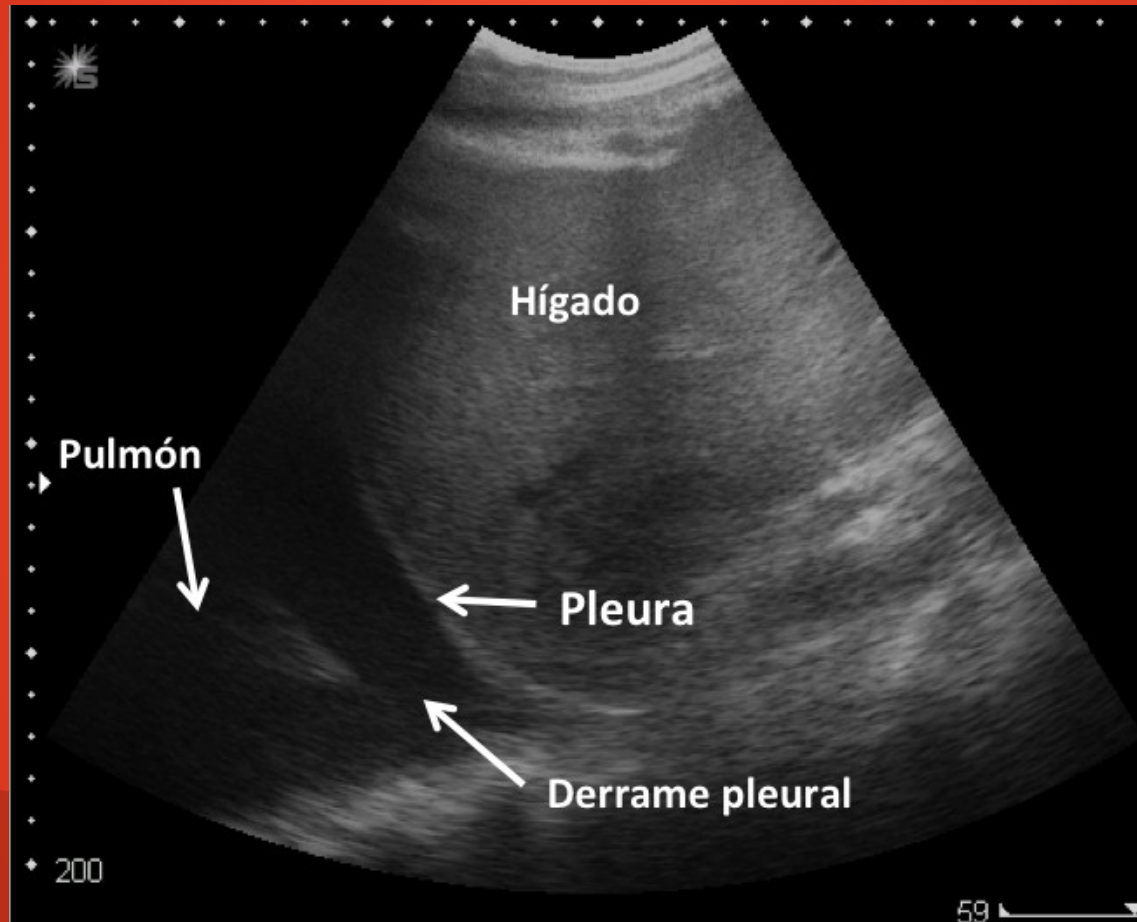


Normal subcostal view of pericardium

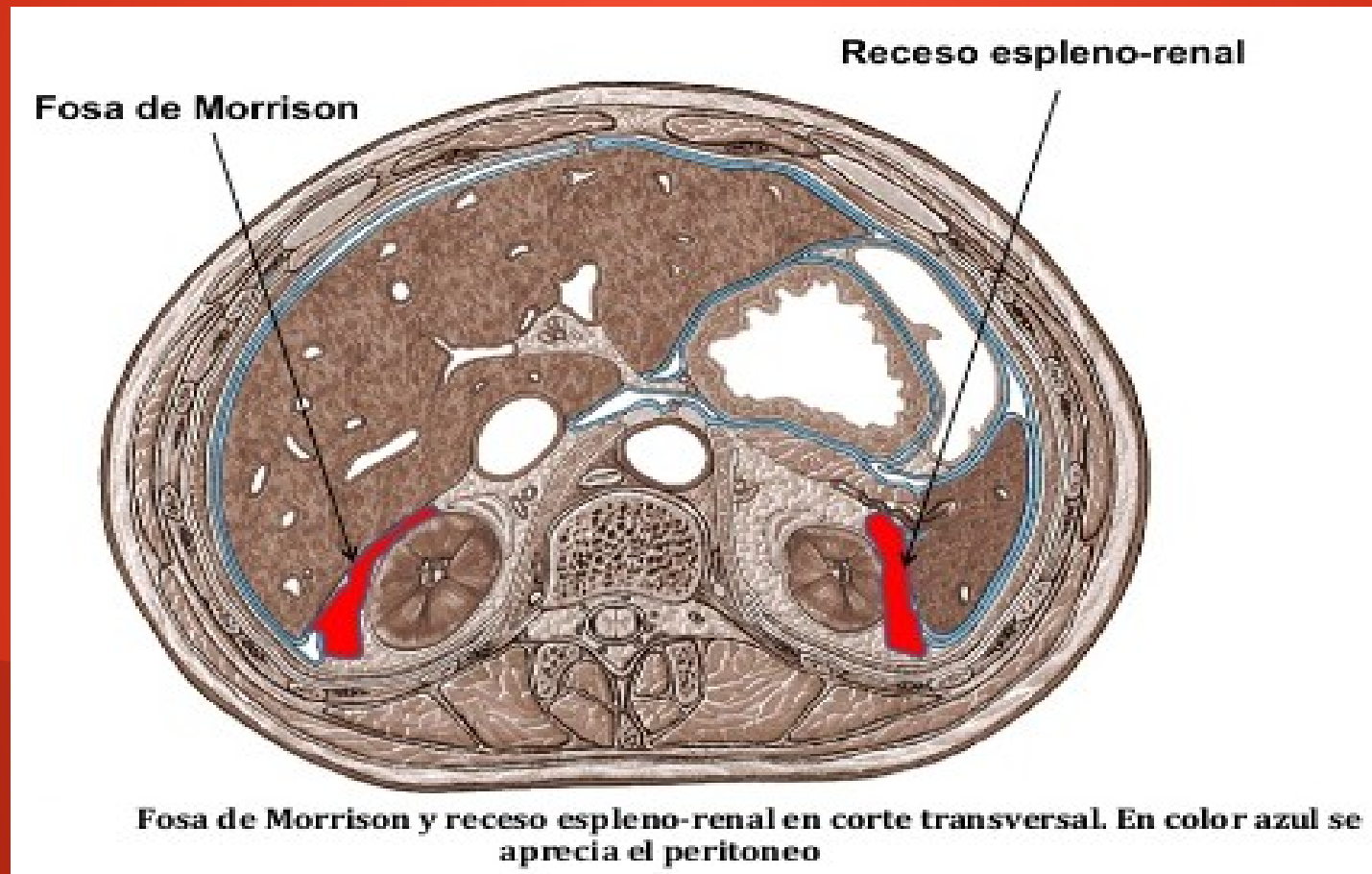


Positive FAST demonstrating pericardial effusion

Derrame pleural

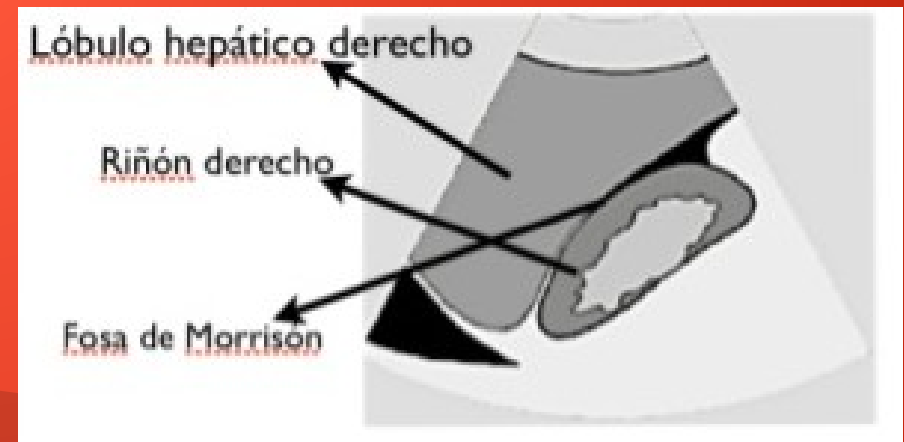


Recesos laterales



Receso hepatorenal

- Marcador cefálico
- Sonda longitudinal
- Línea media axilar
- Barrido

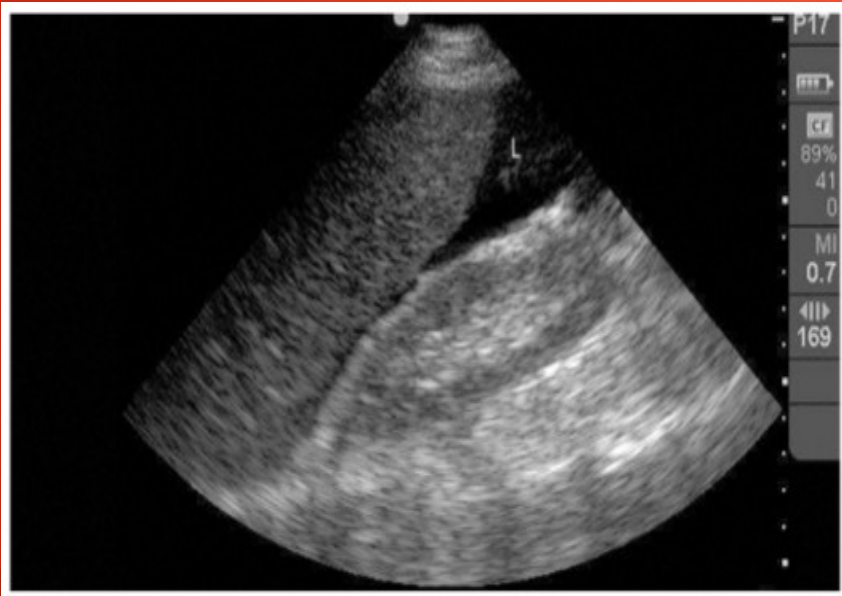


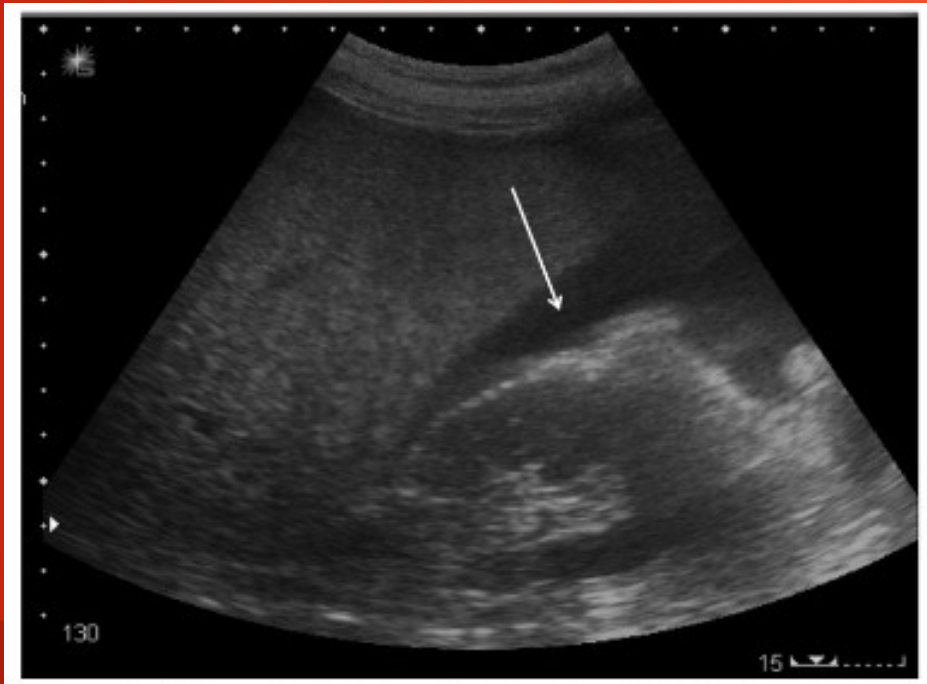
Morrison

- Base pulmonar
 - Diafragma
 - Hígado
 - Riñón
- ◆ Ojo polo inferior riñón
 - ◆ Derrame pulmonar

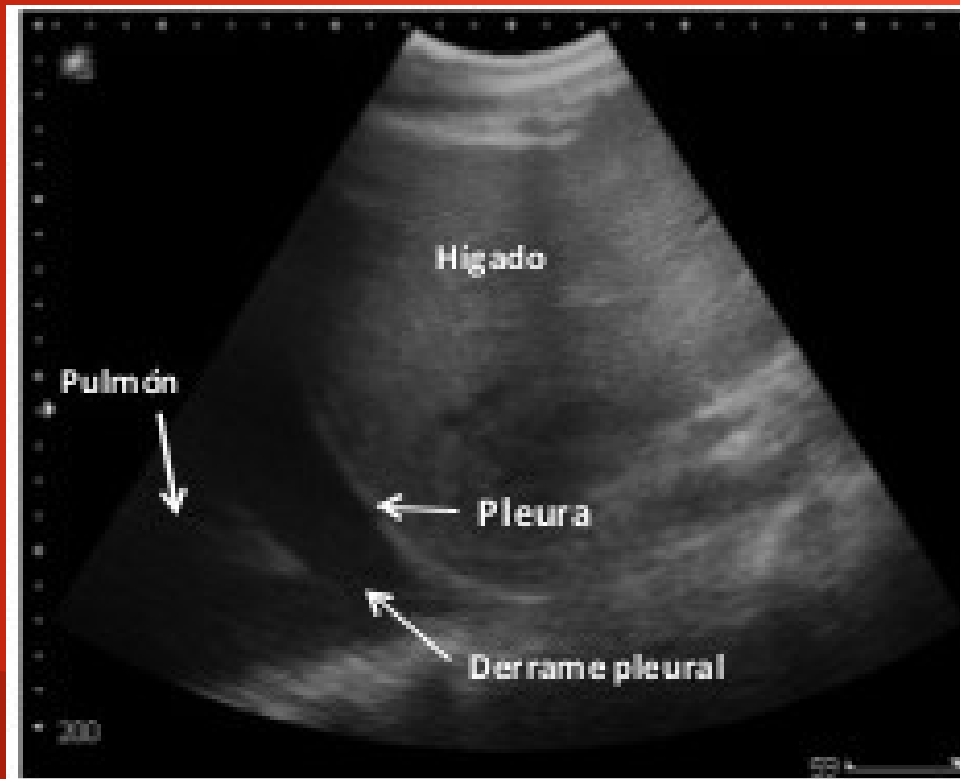


Morrison FAST +





FAST +



Receso esplenorrenal

- Marcador cefálico
- Sonda longitudinal
- Línea axilar posterior
- Barrido

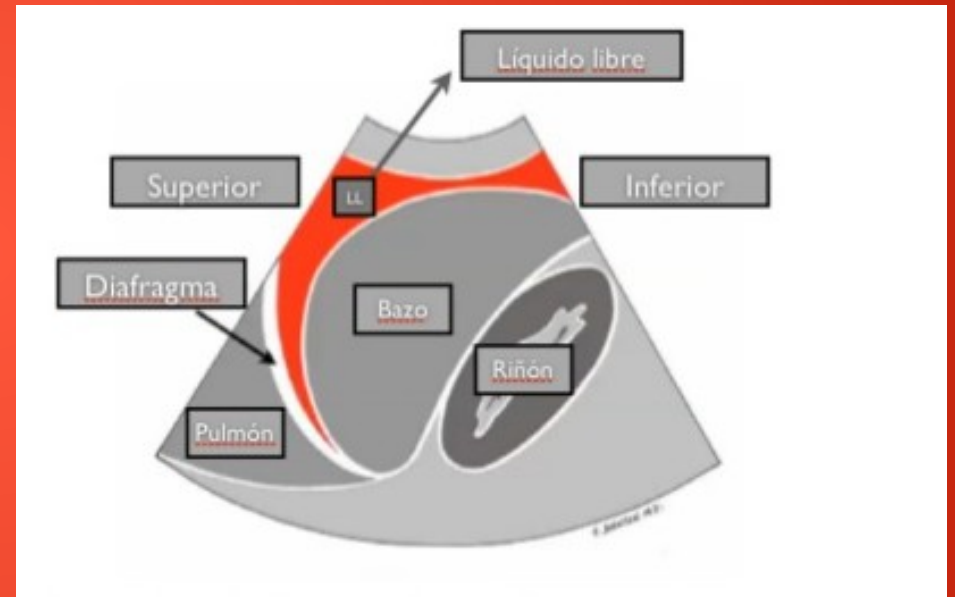
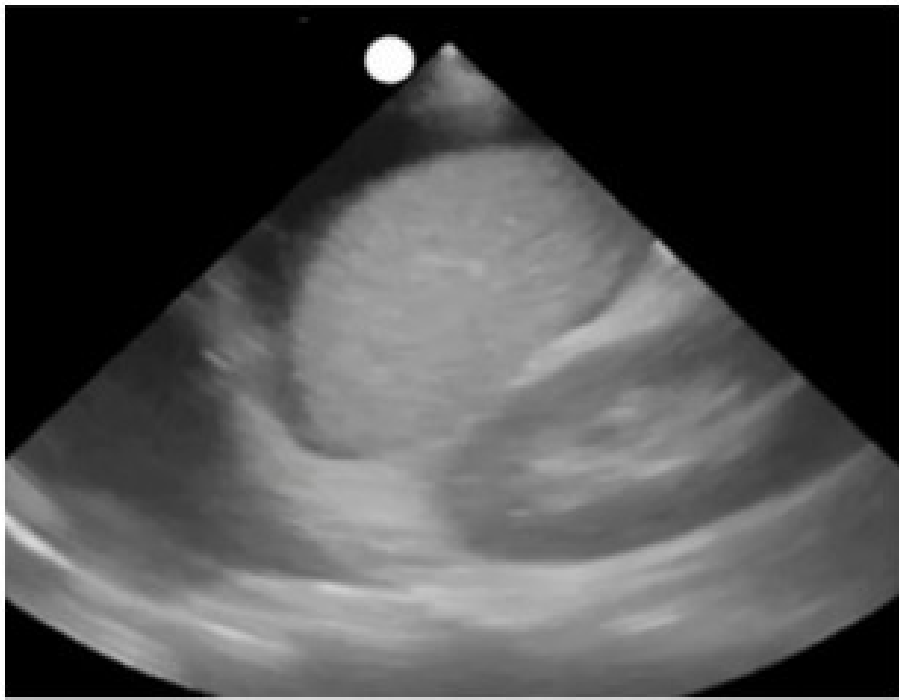


Esplenorrenal

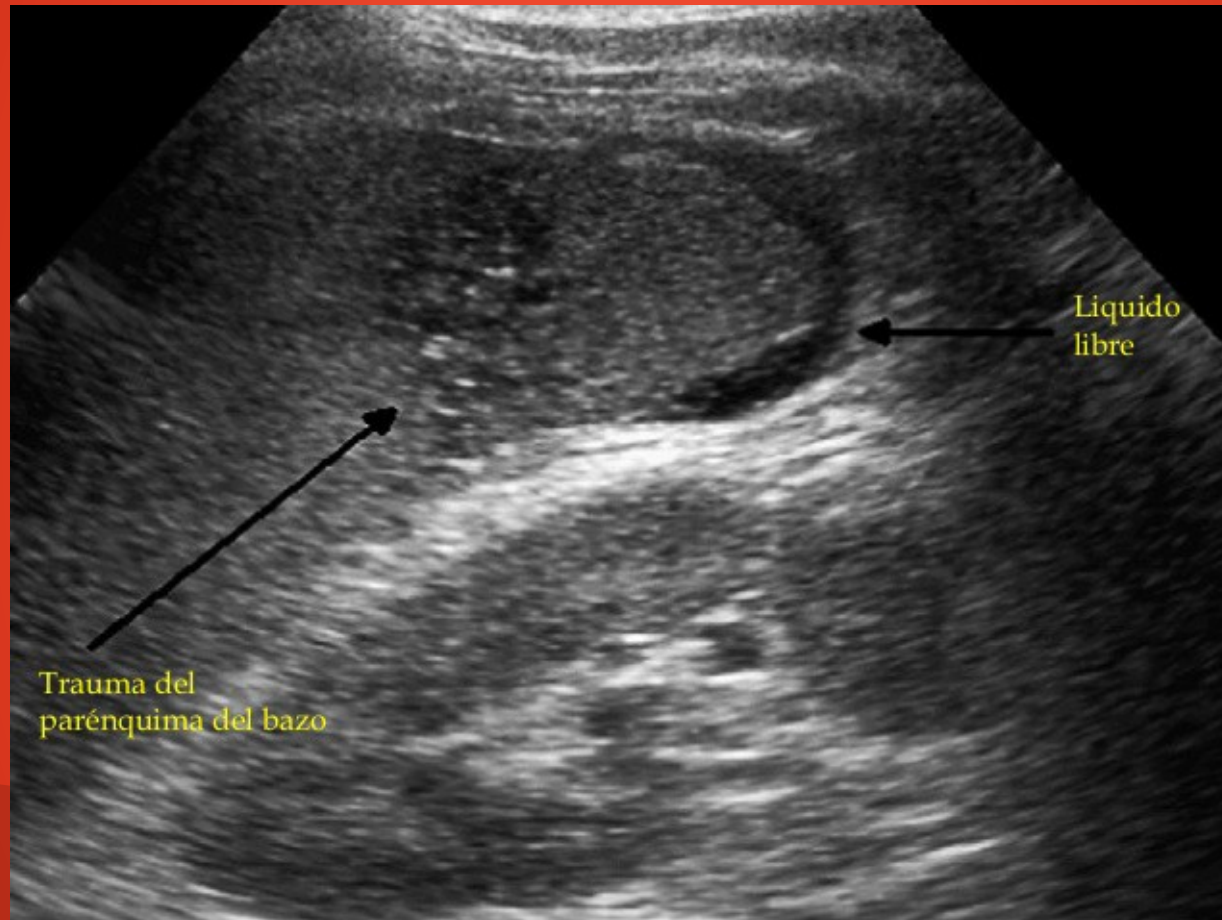
- Base pulmonar
- Diafragma
- Bazo
 - ◆ Ojo zona anterior
- Riñón izquierdo



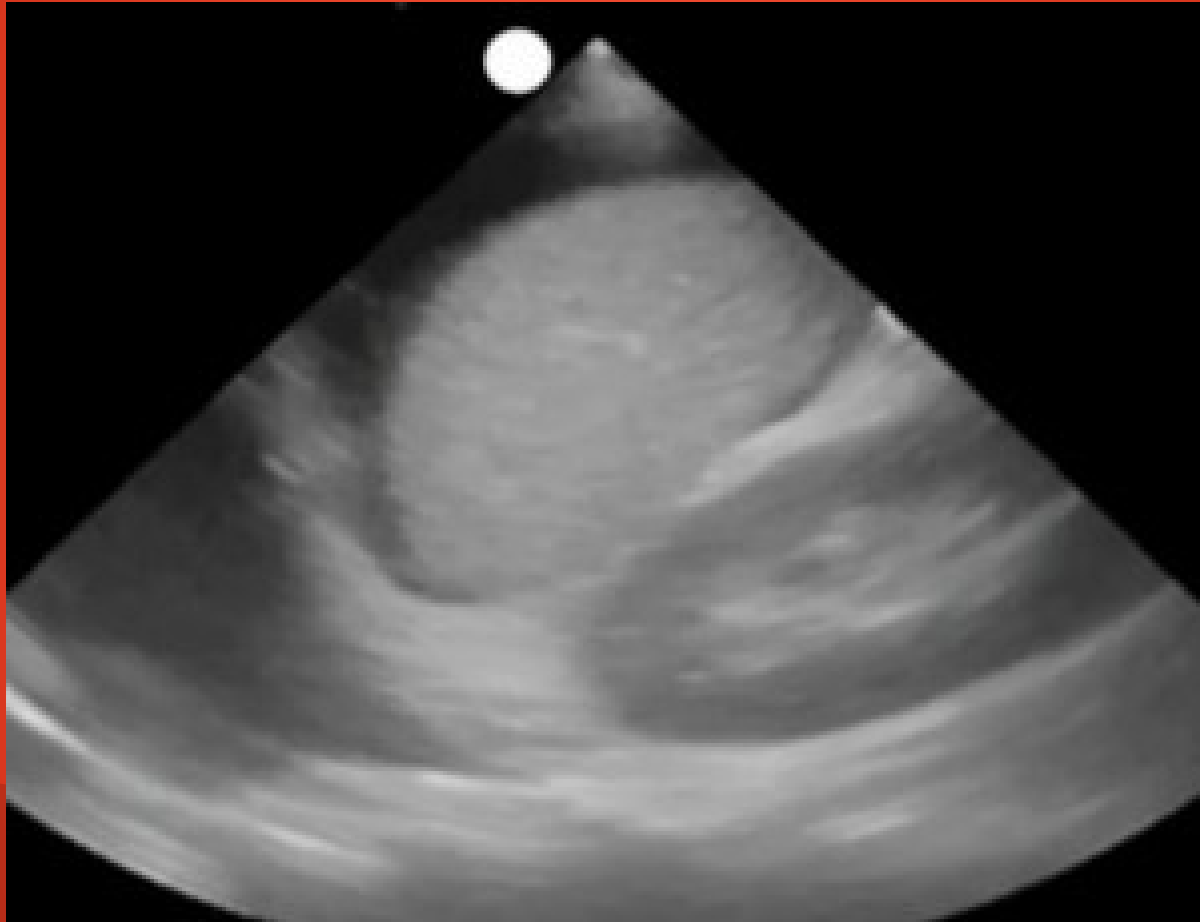
FAST+



Esplenorrenal



Esssplenorrenal

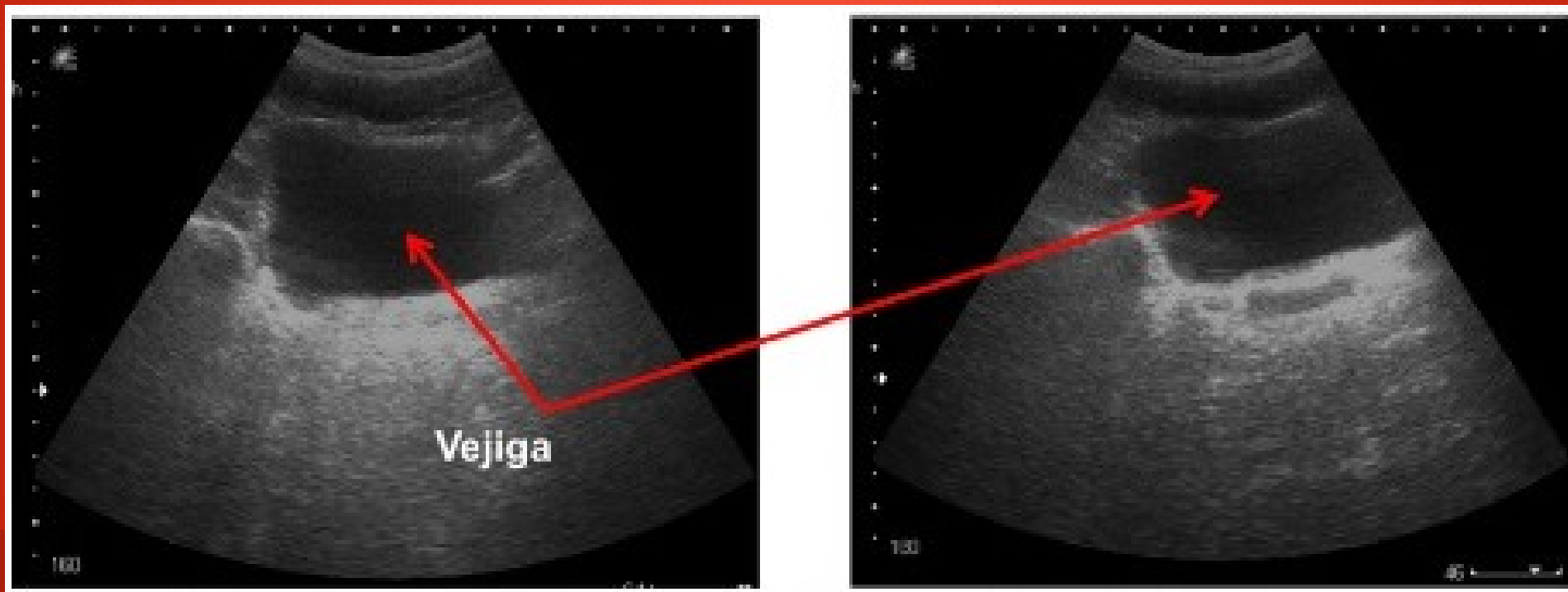


Pélvis

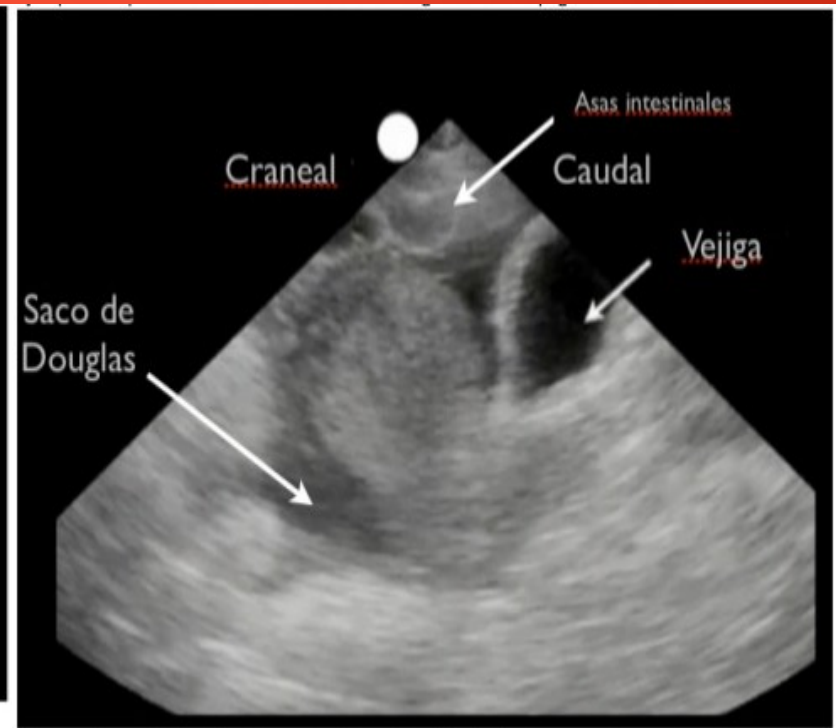
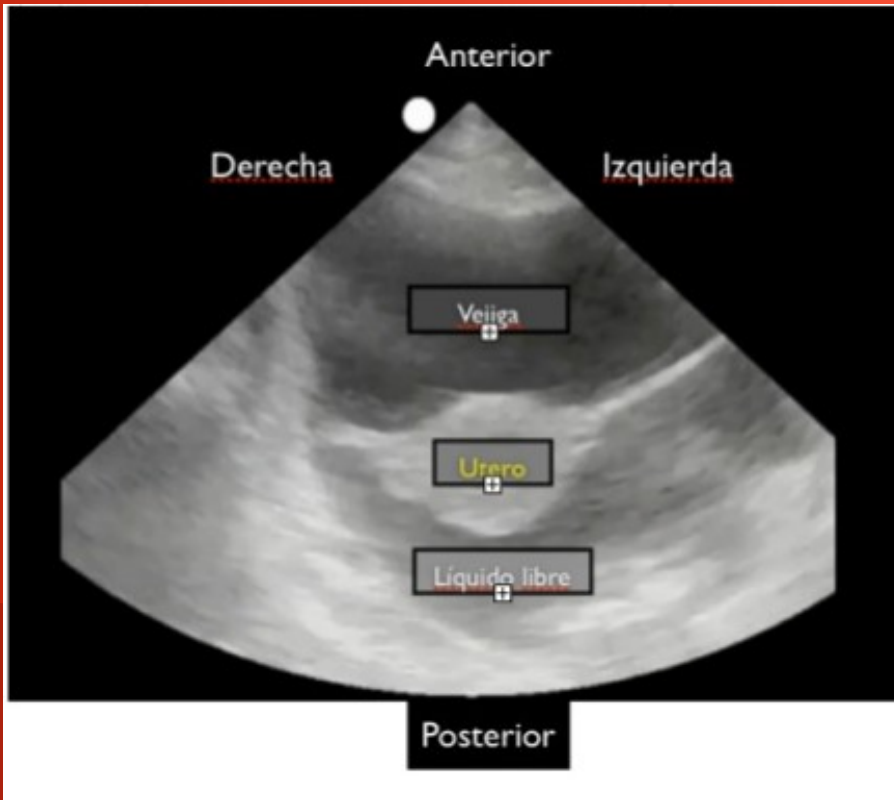
- Sonda transversal y longitudinal
- Marcador cefálico/dcha
- Líquido libre a los lados y posterior a vejiga



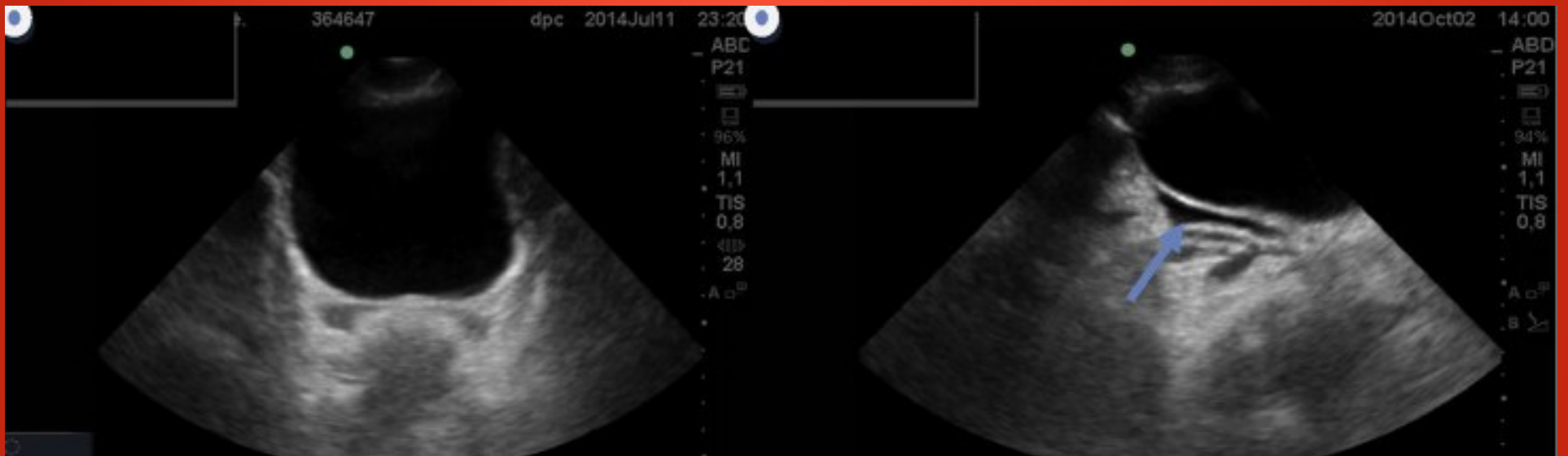
Pélvis



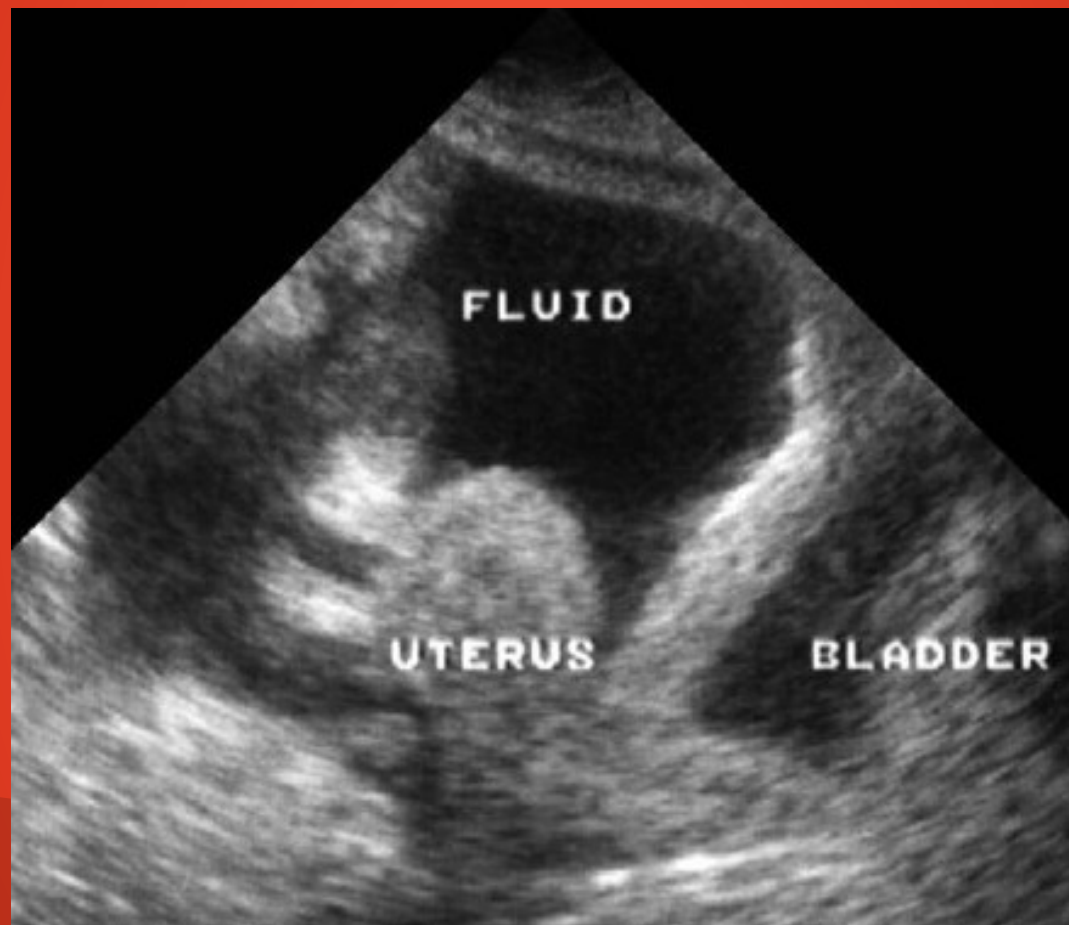
FAST +



Pélvis



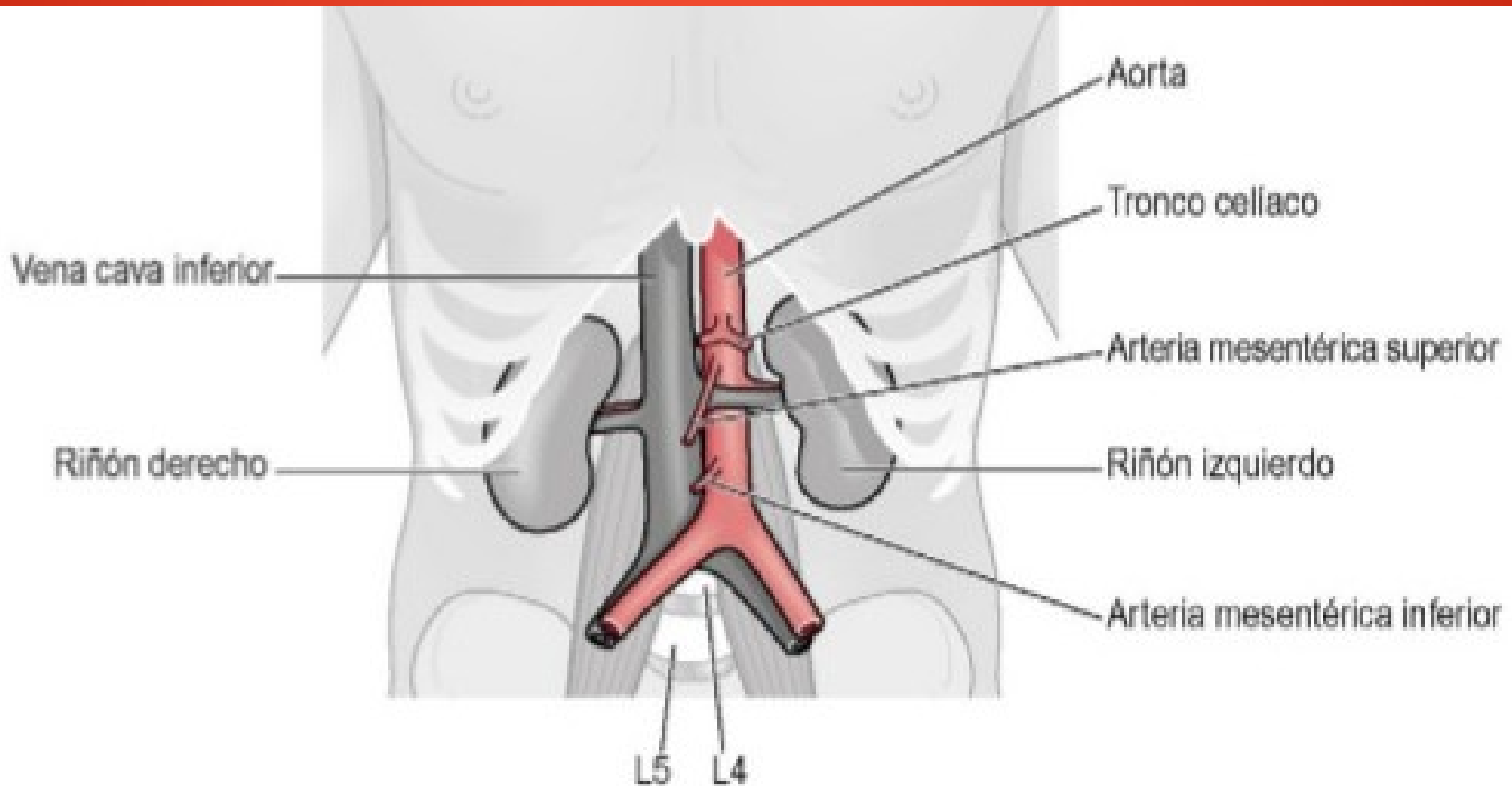
Pélvis



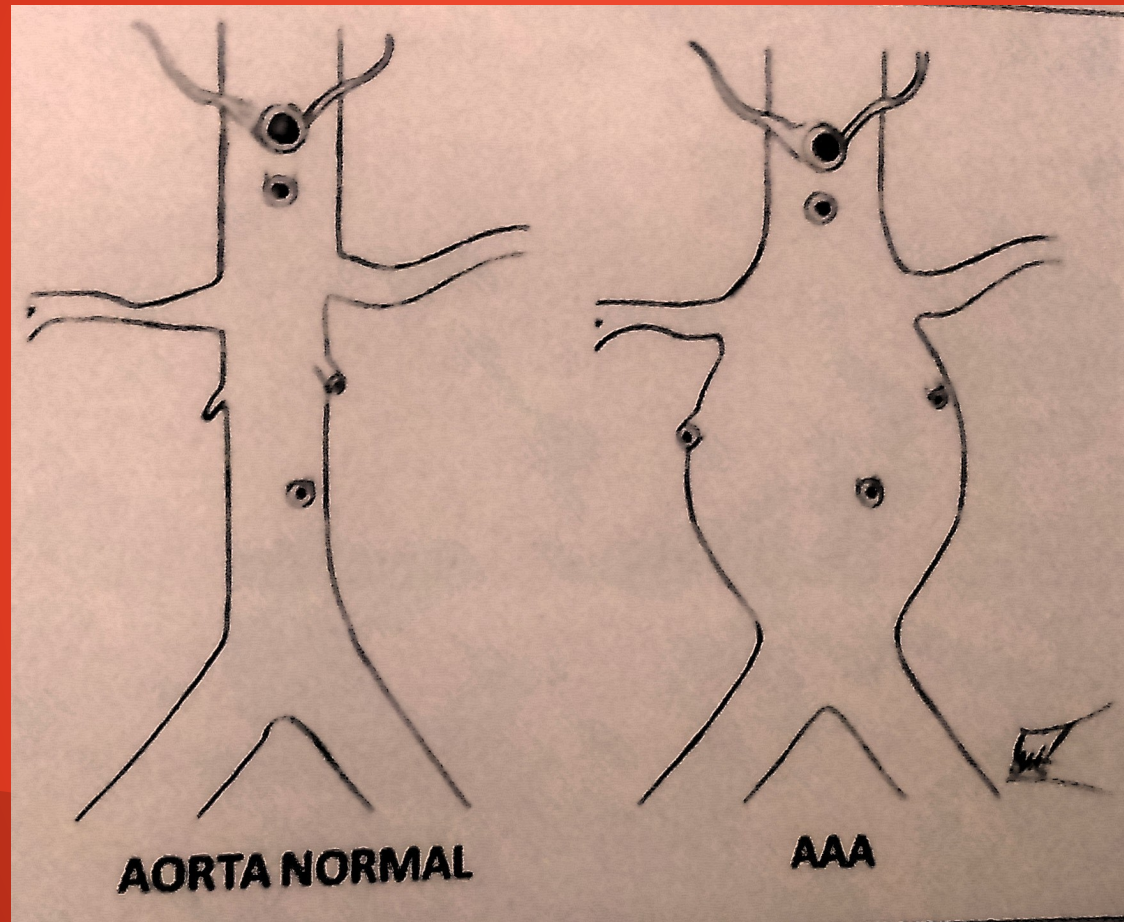
Pélvis



AORTA abdominal



AAA



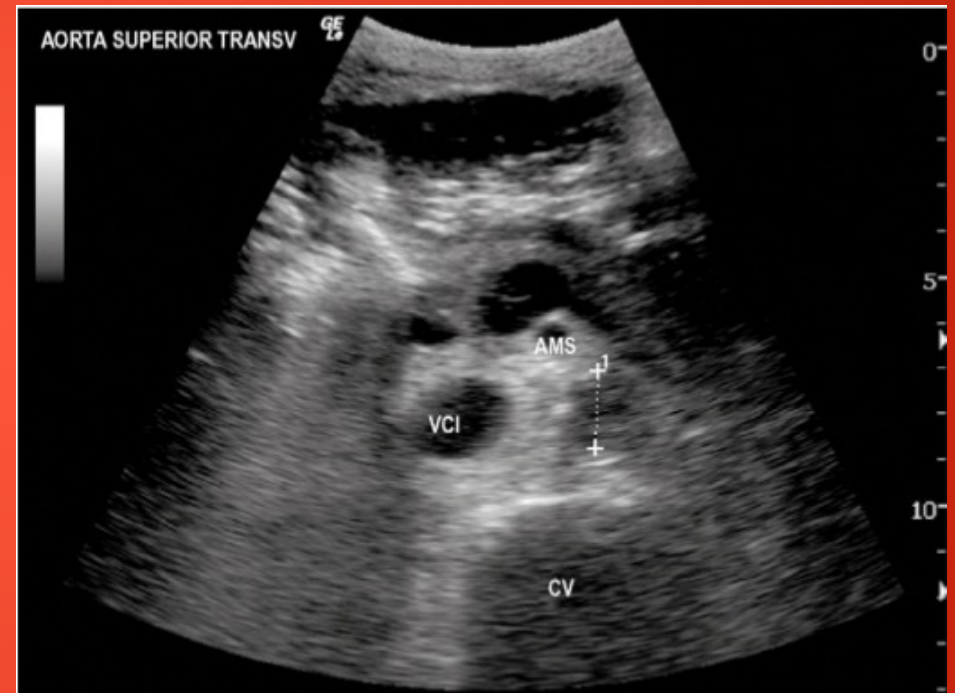
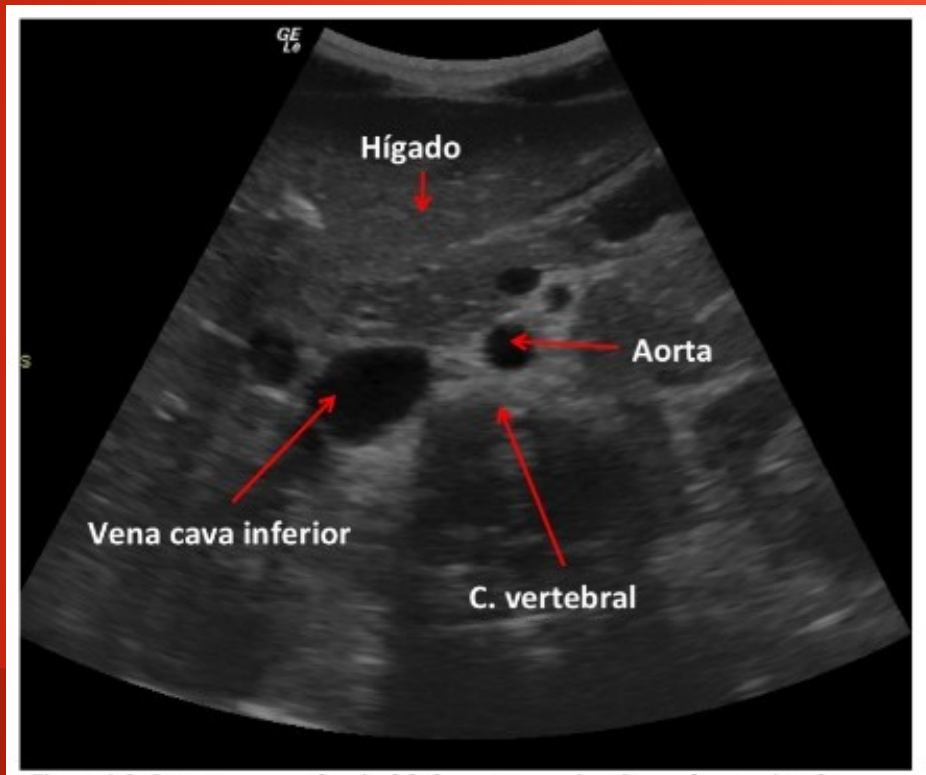
AAA

- Cuadro clínico • 3 medidas
- Ver en su totalidad
 - ◆ Transversal superior
 - ◆ Transversal inferior
 - ◆ Longitudinal
- $>3\text{cm}/1,5$
- 3 imágenes
 - De pared a pared
 - RAO

Ao vs VCI

- Izda
- No compresible
- Paredes gruesas
- Más redonda, Mas pequeña
- Doppler
- VCI va al corazón

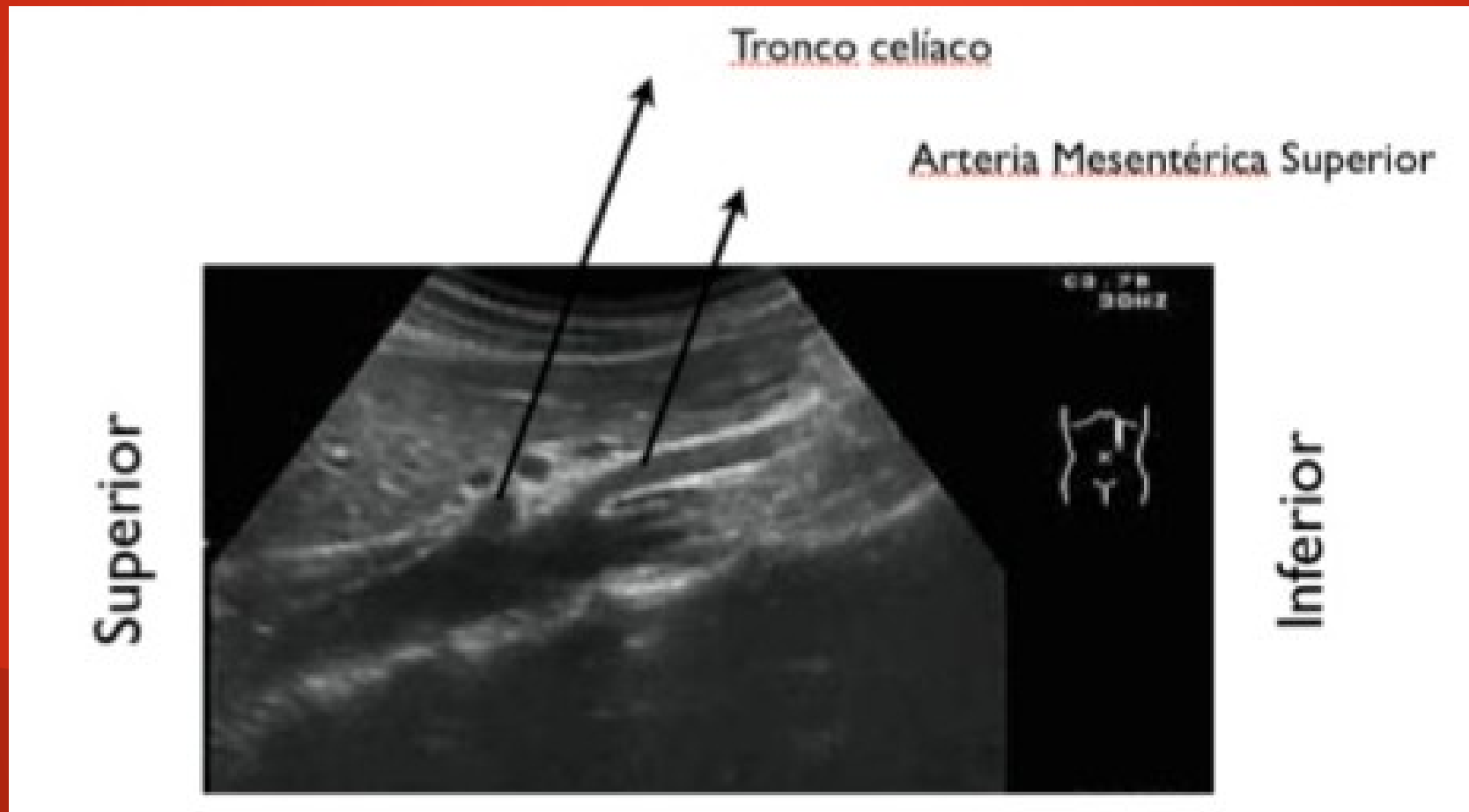
Aorta abdominal



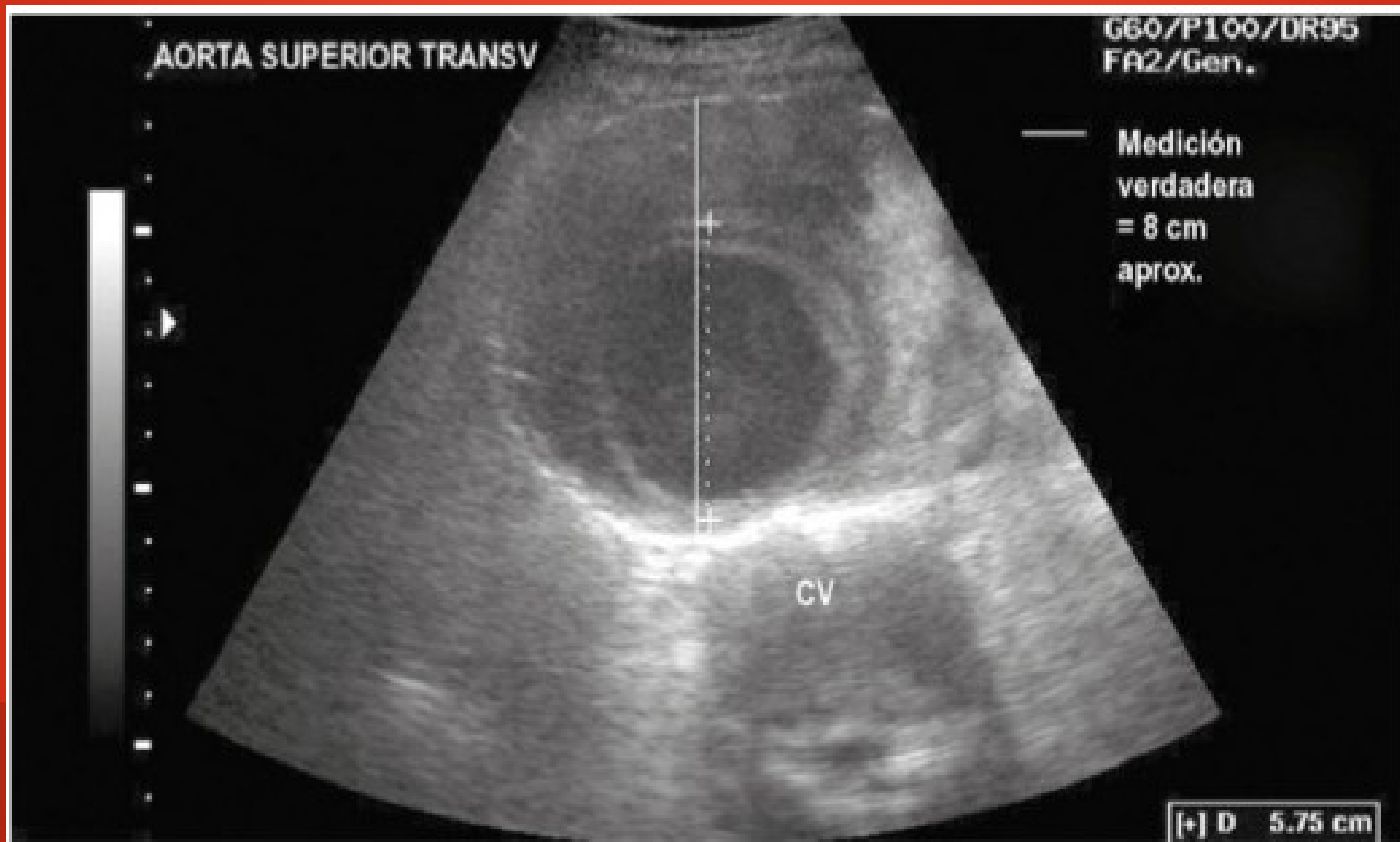
Aaorta abdominal



Aorta longitudinal



AAA



AAA







TVP

- 70% proximales
- Riesgo de propagación de TVP por debajo de la rodilla y no visible por compresión 1,1%
- Si no hay signos de tvp pero el riesgo es alto (escala wells) repetir en una semana

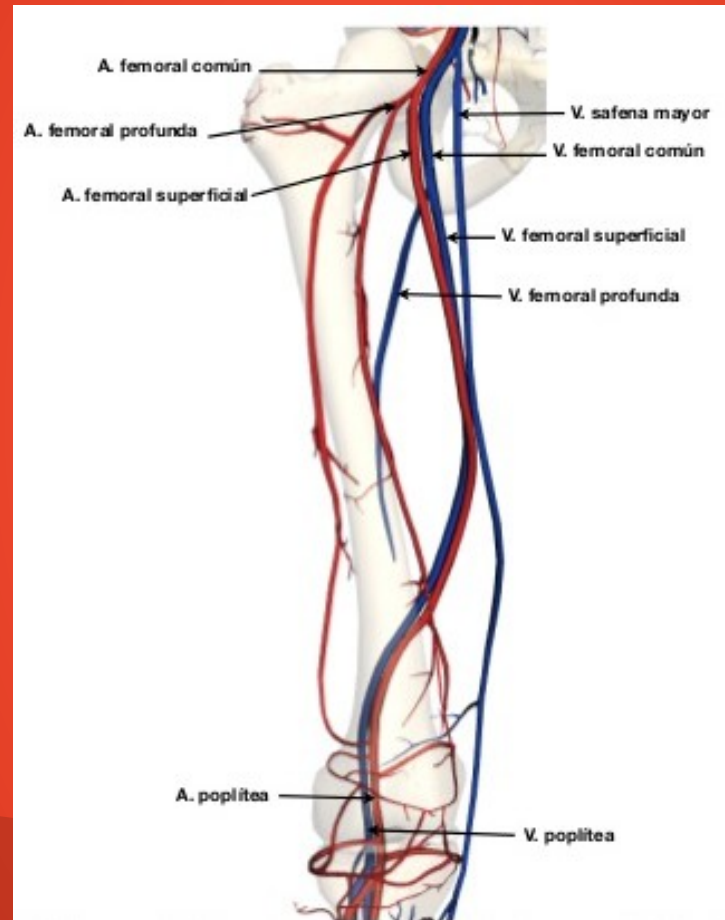
Escala Wells

Manifestación clínica	Puntuación
Cáncer activo	1
Parálisis, paresia o inmovilización previa de la extremidad	1
Encamamiento superior a 3 días o cirugía mayor en el mes previo	1
Dolorimiento a lo largo de la zona de distribución de la posible TVP	1
Hinchazón de todo el miembro inferior	1
Edema con fóvea en la pierna afecta	1
Pantorrilla aumentada más de 3 cm con respecto a la asintomática (medida en la tuberosidad tibial)	1
Venas superficiales colaterales (no varicosas)	1
Existencia de diagnóstico alternativo más probable	-2
Calculo de la probabilidad	
Probabilidad alta	≥ 3
Probabilidad media	1 ó 2
Probabilidad baja	0
Modificación 2003	
A esta escala pronóstica se ha añadido una variable más: antecedente de TVP previa 1 punto. La TVP se clasifica como probable o improbable:	
TVP probable	≥ 2
TVP improbable	0-1 punto

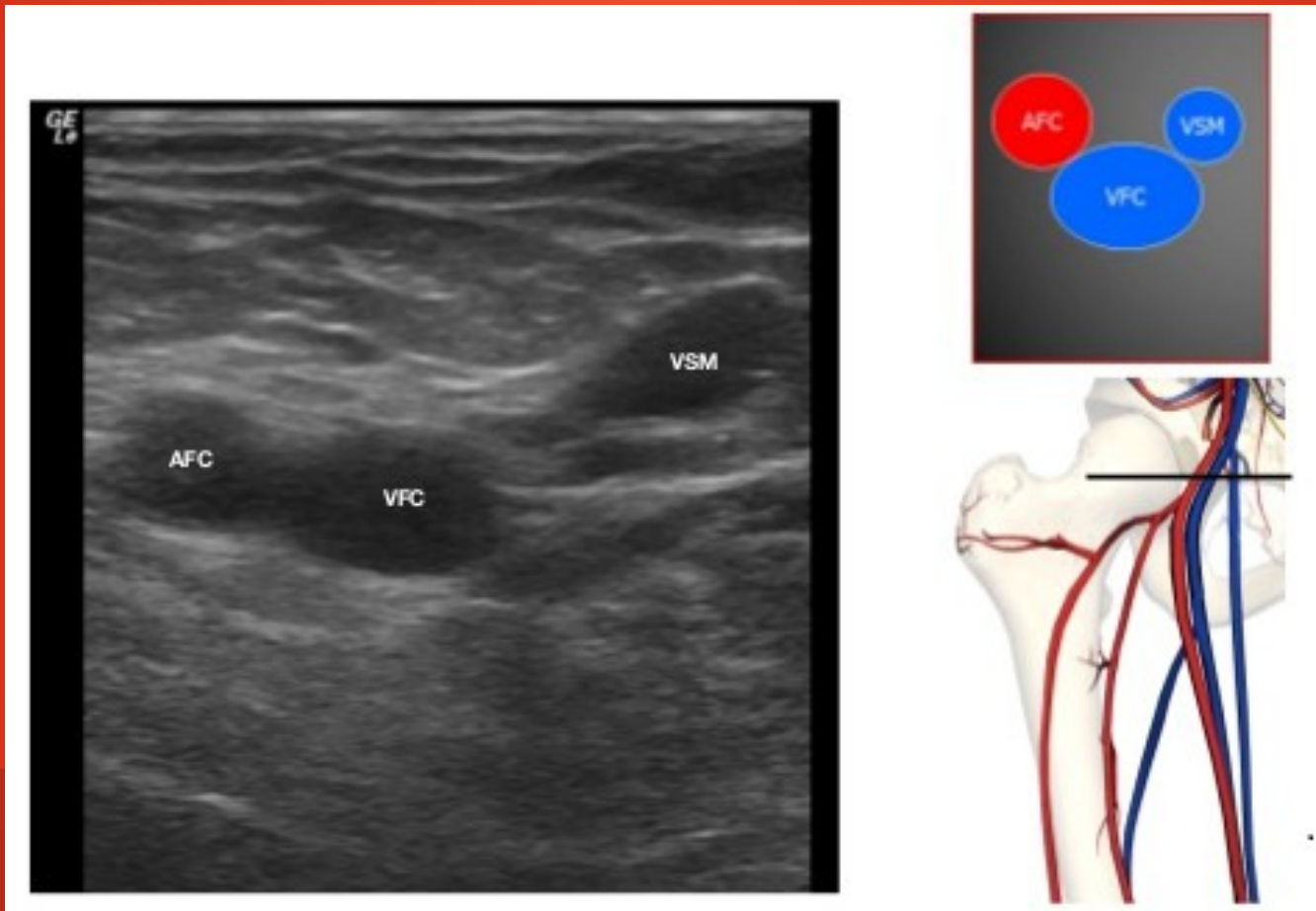
Técnica

- Sonda lineal
- Tres puntos
 - ◆ Ingle
 - ◆ Muslo medio
 - ◆ Hueco poplíteo
- Valsalva , doppler.

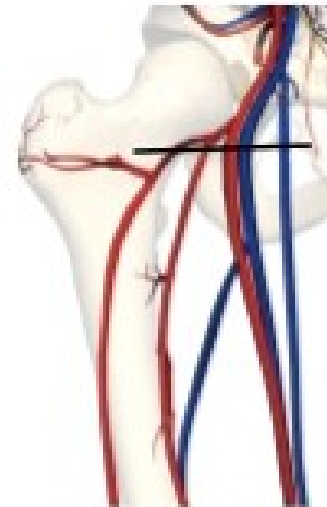
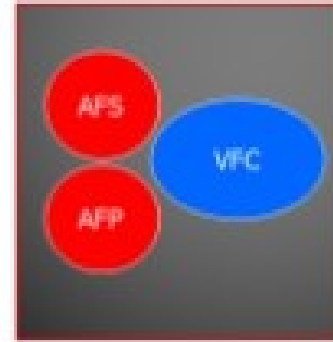
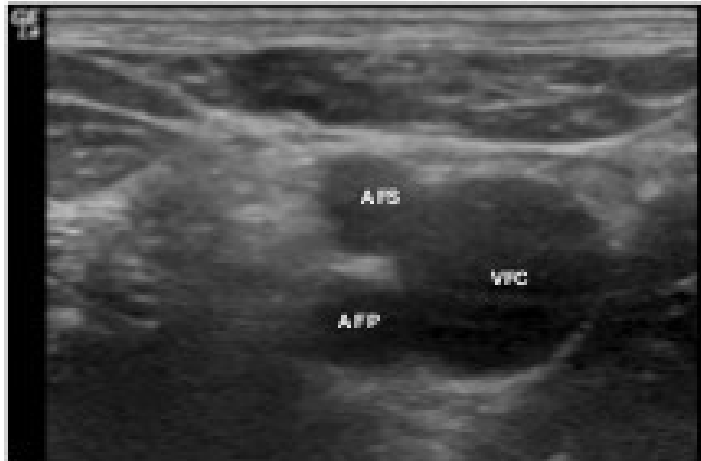
Anatomía

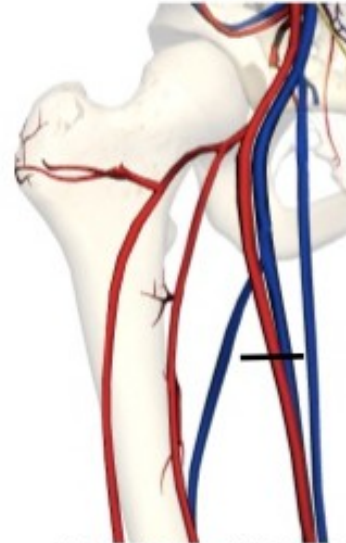
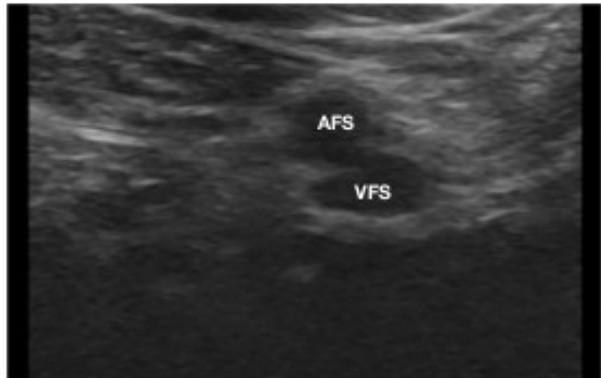


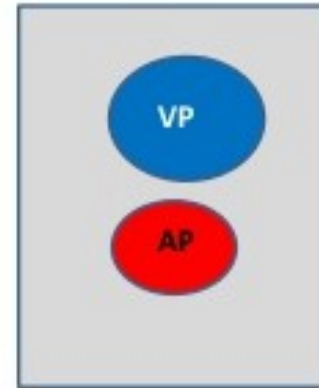
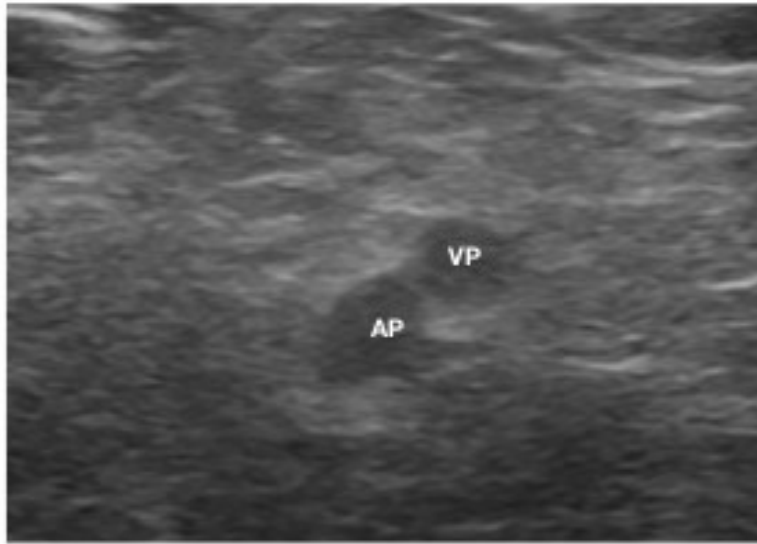
Exploración vasos



Exploración vasos







Técnica de compresión

