

<http://ccm>

Just like when placing chest tubes, it increases the space between ribs and allows the probe to be placed without the arm in the way, does not really alter location of fluid

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Self Lea

Name:

When performing chest ultrasound, the findings of bilateral A lines is suggestive of copd, asthma, pulmonary embolism, or posterior pneumonia. Once bilateral A lines are found, one must go to the legs and see if a DVT is present, if it is pulmonary embolism is likely cause. If the veins are free, then must check posterior lung area for pneumonia. If no abnormality is found, the suspicion is COPD/asthma.

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Reviewer Comments

Absent lung sliding is not always pneumothorax, it can be seen with blebs, no respiratory movement, mainstem intubation, pneumonia

Same as copd above, must have a stepwise approach to lung ultrasound in respiratory failure, but bilateral A lines is suggestive of asthma in the correct clinical setting

1. How does abduction and external rotation of arm optimize the pleural space examination?

- A. Increased space between ribs
- B. Allows mobilization of pleural fluid
- C. Given that most pleural effusions are lateral, it facilitates access to that area
- D. A and C

2. What is the typical 'lung profile' seen in a patient with respiratory distress who likely is having COPD exacerbation

- A. Bilateral A lines
- B. Bilateral B lines
- C. Bilateral A lines without lung sliding
- D. A/B profile

3. If a 'lung profile' suggests COPD/Asthma in an acutely respiratory failure patient (non-invasive ventilation or endotracheally intubated), what should be your next step?

- A. No steps, the particular lung profile corresponds to COPD/Asthma at all times
- B. Adjust ventilator settings and re-examine lung ultrasound
- C. Check posterior lung fields for consolidation
- D. Examine the lower extremity deep vessels in search of pulmonary embolism

4. What finding in COPD may be mistaken for pneumothorax due to absent lung sliding

- A. Pneumonia
- B. Blebs
- C. Pulmonary embolism
- D. A and B

5. What is the typical 'lung profile' seen in patients having an asthma exacerbation?

- A. Bilateral A lines
- B. Bilateral B lines
- C. A/B profile
- D. No particular profiles