

both FEEL and FATE look at cardiac activity, FEEL is mainly during cardiac arrest and FATE is during episode of hypotension. There are other 'protocols' out there like RUSH, but all of these use a systemic approach to working up hypotension with ultrasound, very similar to the FAST exam for acute trauma injury. Tamponade, cardiac activity, suspected PE, and many other cardiac etiologies of cardiac diseases are evaluated.

Q#	Correct Answer
1	
2	
3	
4	
5	

The plan is to keep the probe in the subxiphoid region, so that during the pulse evaluation of CPR one can quickly evaluate. CPR should NOT be held

In the FATE study 38% of important findings were added, and management was changed 20% of the time. There have been a few more studies in the past few years having similar numbers for the use of ultrasound in the ICU

1. What problem is evaluated in the FEEL/FATE protocols?
 - A. Fever
 - B. Tachycardia
 - C. Hypotension/Cardiac arrest
 - D. Altered mental status
2. What diagnoses are looked for during FEEL evaluation?
 - A. Pericardial tamponade
 - B. Cardiac activity
 - C. Suspected pulmonary embolism
 - D. Pneumothorax
 - E. A, B, and C
3. Where is the probe placed to perform FEEL
 - A. Parasternal long
 - B. Parasternal short
 - C. Subxiphoid/subcostal
 - D. Apical
4. T or F: Cardiac compressions must be stopped when doing the examination of the heart and only started after adequate images are obtained
 - A. True
 - B. False
5. In the original article describing the FATE exam for transthoracic echo in the ICU, what % of new important findings were added due to FATE?
 - A. 10%
 - B. 38%
 - C. 58%
 - D. 0%