

Sometimes this may have to be adjusted. In copd/asthma patients the hearts are oriented more verticle and the probe marker may point more cephalad. In obesity or folks with open/ large distended abdomens, the heart is oriented more horizontal and the probe marker may point more towards the 9 o'clock position

This is important because if fluid goes anterior to the descending aorta it is a pericardial effusion, if posterior to it is a left pleural effusion.

This is one of the first findings of tamponade physiology. Another finding includes dilation of the IVC. If a pericardial effusion is seen, these signs must be sought out. You can make sure it is diastolic by observing the opening and closing of mitral and aortic valves. Electrocardiographic tracing can also be used, but usually is not when doing emergent ICU ultrasound

Only the outflow tract is reliably visualized in the parasternal long axis, and this is why it is not the best view when looking for RV size and function

Question	Correct
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1. In the parasternal long view, the probe marker is oriented towards what body part?

- A. Left shoulder
- B. Right shoulder
- C. Left hip
- D. Right hip

2. What structure posterior to the heart pericardium is important to identify on the parasternal long axis view?

- A. Right pleural effusion
- B. Left pleural line
- C. Left lung line
- D. Descending aorta

3. In parasternal long axis, which of the following would suggest tamponade physiology?

- A. Early diastolic collapse of the right ventricle
- B. Early diastolic collapse of the left ventricle
- C. Early systolic collapse of the right atrium
- D. Early diastolic collapse of the left atrium

4. In parasternal long axis view, when assessing for RV diastolic collapse, how can you identify phase of cardiac cycle?

- A. Opened or close position of mitral and aortic valve
- B. Electrocardiographic tracing
- C. Position of interventricular septum in relationship to the RV free wall
- D. A and B

5. What portion of the RV is visualized in the parasternal long axis view?

- A. The entire RV
- B. The inflow tract
- C. The lateral wall
- D. The outflow tract