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Remember, mainstem intubation, patient not breathing, pneumonia, blebs can all cause absence of lung sliding. Must use ultrasound in context of clinical scenario

Name:

This is important because there are many hyperechoic structures that can be mistaken as pleural line, and then subsequently as a pneumothorax

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Essentially M mode allows you to visualize lung sliding and the interface difference between the pleural line and the chest wall soft tissue. This and the next question illustrate that M mode must only be used as a confirmatory viewpoint to just looking at the pleural line in real-time. Motion artifact from operator's hand moving, patient moving, or chest percussion or HFOV can also alter and make things difficult

1. T or F: Absence of lung sliding always means pneumothorax

A. True
B. False

2. What structures must you identify first before calling a structure the pleural line?

A. Ribs and rib shadows
B. Chest wall
C. Lung parenchyma

3. On M-mode imaging, what sign do you see when lung sliding is present?

A. Water sign
B. Pneumothorax sign
C. Seashore sign
D. Sand Stone sign

4. Which of the following can make errors in diagnosis when using M-mode to evaluate for lung sliding?

A. Motion artifact from operator's hand moving
B. Motion artifact from patient moving
C. Motion artifact from high frequency oscillatory ventilation
D. All of the above

5. T or F: Absence of lung sliding means a chest tube must be placed for suspected pneumothorax

A. True
B. False

As in question 1, other things can cause lung sliding to be absent and this must be used in the appropriate clinical scenario