TIPSHEET: **USTTE** (CPT 93308)

Indication: suspicion of pericardial effusion or to evaluate cardiac activity

**Questions you should ask yourself:**

Pericardial fluid: YES or NO
Right ventricle size: ENLARGED or unable to determine
LV Contractility: POOR or NORMAL or HYPERDYNAMIC
RV Contractility: POOR or NORMAL or HYPERDYNAMIC
IVC size: SIZE in CM or NOT visualized

Mechanically ventilated breaths: YES or NO
Diuretics given in past 12 hours (example furosemide): YES or NO
Vasodilators given in past 12 hours: YES or NO
IF any of above YES do not perform IVC respiratory variation test
IVC respiratory variation %: NO variation or 30-50% or Greater than 50% or UNABLE to perform

Intravascular volume status: Volume depletion OR normal OR volume overload

**Images to obtain:**

**Probe:** Low Frequency Phased Array

TTE1 – Parasternal Long View
TTE2 – Parasternal Short View (M-mode through center of LV) and record clip
TTE3 – Apical View (Optional) to compare RV to LV size
TTE4 – IVC (M-mode image) to show respiratory variation % and record clip
TTE5 – BLUE point (upper right)
TTE5.1 – BLUE point (upper left)

**Scanning Tips:**

**Parasternal long view:**
*Ribs in way?* Try turning probe slightly clockwise or counterclockwise
*Cant’t see recognizable image?* Try sliding probe along third or fourth intercostal space toward and away from sternum, heart sometimes in middle of thorax

**Parasternal short view:**
*Cant’t see recognizable image?* As above on parasternal long view; sometimes placing person in left lateral decubitus position will help

**Apical view:**
Same as above, hardest view to find sometimes. Attempt to place person in left lateral decubitus position

**IVC unable to be located?** Air in stomach or abdomen can obscure view, try obtaining view through hepatic window

**Lung views for pneumothorax and hemothorax:**
*Cant’t see pleural line?* If unable to locate anything might have subcutaneous air, try different lung positions.
*Cant’t see above diaphragm?* Try positioning more posterior and slide probe up towards head