



**St Georges FITscan
Focused Intensive care TOE**

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A focused TOE scan designed to allow users with experience in echocardiography to exclude common life-threatening pathology seen in the intensive care population. It is an initial step to gaining full competence in comprehensive TOE examination. Initial training can be gained during the *TOE for intensivists course* with further hands on experience gained by supervised practice on intensive care. FITscan reporting is done using the structured reporting card.

Aims

Identify obvious pathology and initiate management or further imaging
Assess left and right ventricular size and function

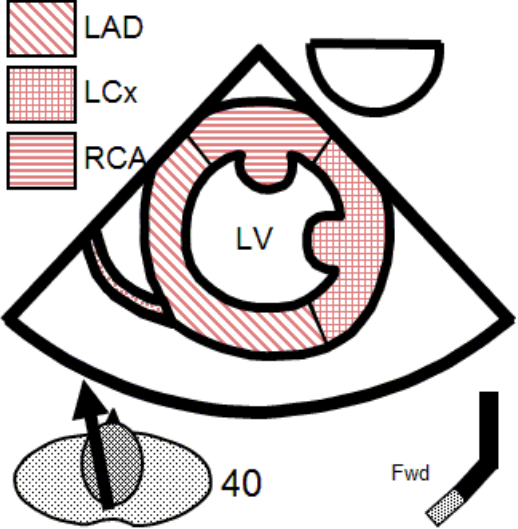
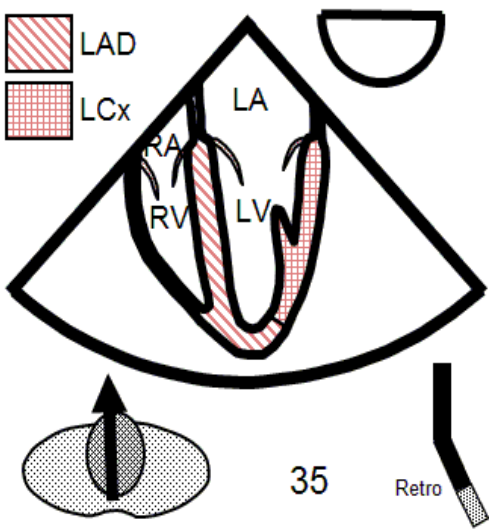
Life-threatening pathology

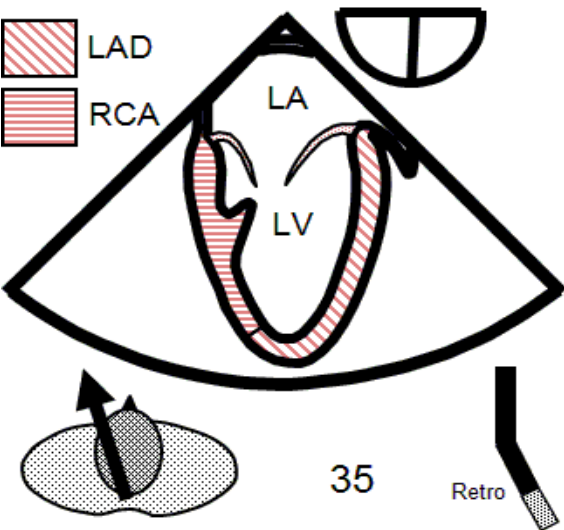
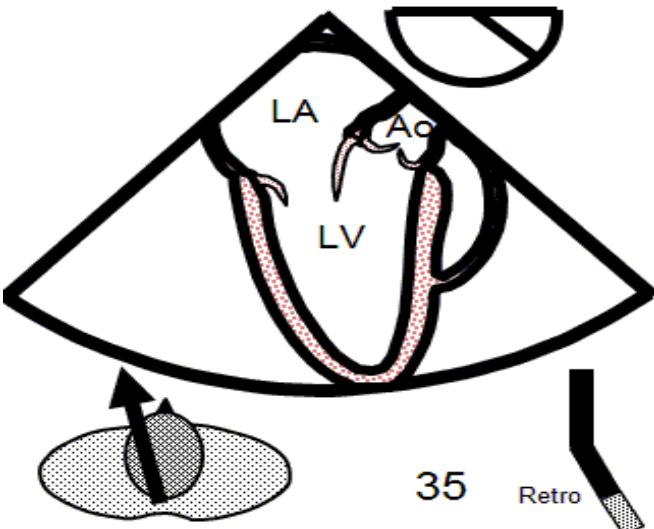
1. Left Ventricular hypovolaemia
2. Left Ventricular systolic failure
3. Right Ventricular failure
4. Massive PE
5. Pericardial tamponade
6. Severe Aortic valve stenosis
7. Aortic dissection

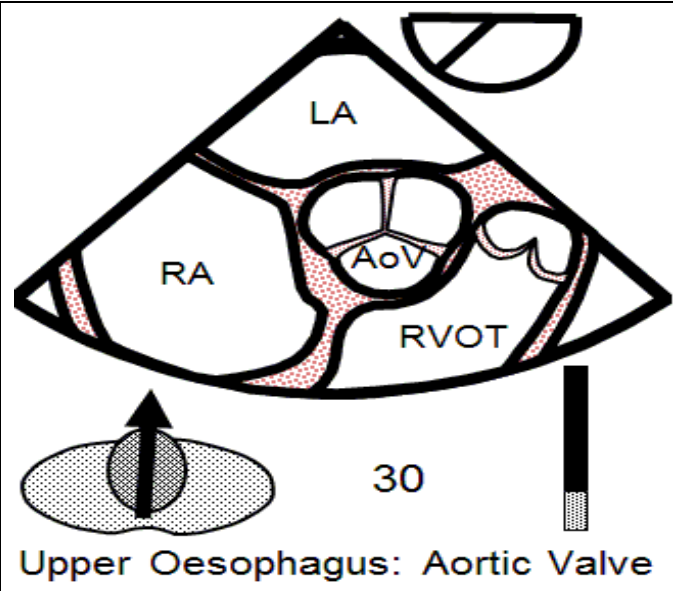
Secondary pathology

1. Examine for regional wall motion pathology
2. Ventricular wall and cavity dimensions
3. Tricuspid regurgitation and estimate PA pressure
4. Aortic valve disease
5. Severe Mitral valve disease
6. Assess position of CVC, PAFC, IABP
6. Presence of pleural effusion

FITscan examination structure

 <p style="text-align: center;">Trans-gastric: short axis LV</p>	<p>LV size Normal / Dilated LVEDd mm LV wall thickness PwD mm</p> <p>LV systolic function Good / Moderate / Poor</p> <p>RWMA in coronary territories LAD / RCA / Circ</p> <p>Pericardial effusion / Tamponade</p>
 <p style="text-align: center;">Mid Oesophagus: 4 Chamber</p>	<p>LV systolic function Good / Moderate / Poor</p> <p>RV size Normal / Dilated</p> <p>RV systolic function Free wall Good / Moderate / Poor Long axis Good (TAPSE > 20mm) / Reduced</p> <p>Mitral Valve MR Mild / Mod / Severe</p> <p>Tricuspid valve TR Mild / Mod / Severe</p>

 <p>Mid Oesophagus: 2 Chamber</p>	<p>LV systolic function Good / Moderate / Poor</p> <p>LA size Normal / Dilated</p> <p>LAA thrombus present Yes / No</p> <p>Mitral Valve Leaflet appearance Normal Yes / No</p> <p>Coaptation Good Yes / No</p> <p>MR Mild / Mod / Severe</p>
 <p>Mid Oesophagus: LV Outflow</p>	<p>Mitral Valve MR Mild --- Mod ---- Severe LVOT obstruction</p> <p>Aortic Valve AR Mild ---- Mod ----- Severe</p> <p>Ascending Aorta Diameter.....cm Dissection/Dilation</p>



Aortic valve

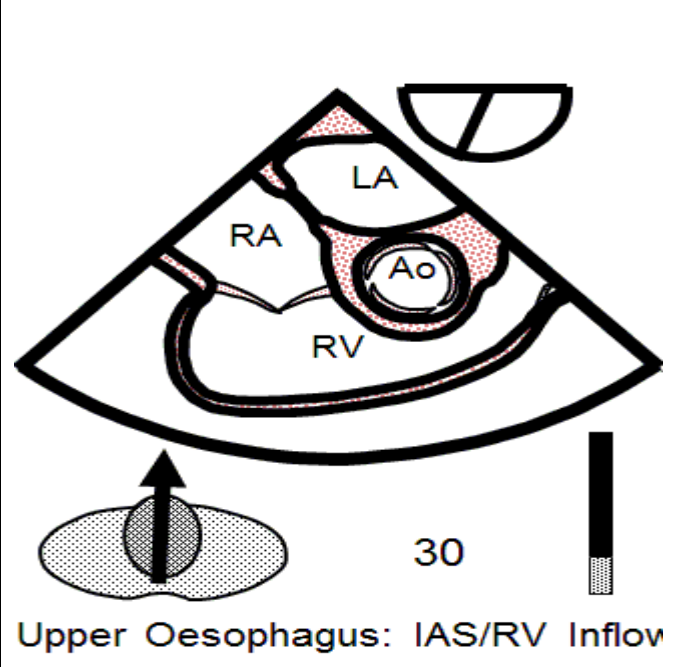
Structure Tricuspid / Bicuspid

Appearance normal Yes / No

Calcification Yes / No

Function normal / abnormal

AR mild ----- mod ----- severe



Tricuspid Valve

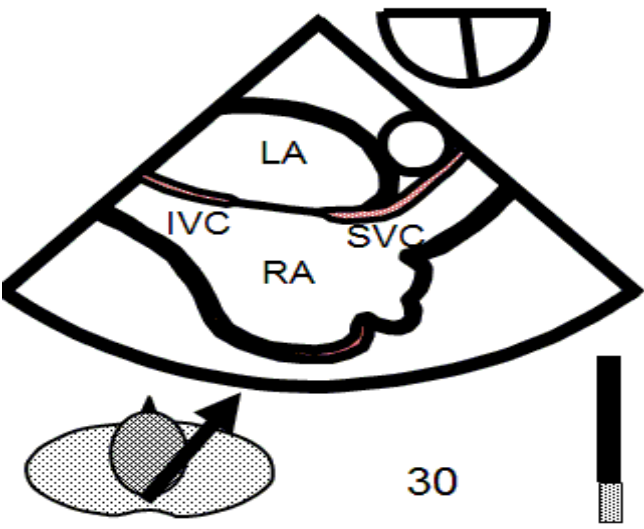
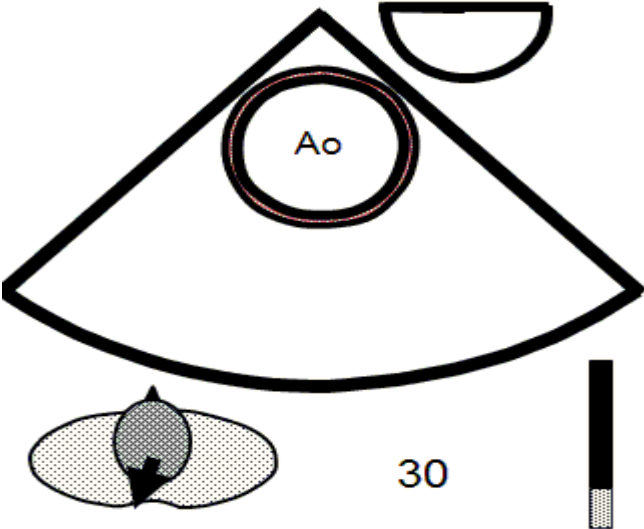
TR mild ----- mod ----- severe

RV function

Contractility

Good / Moderate / Poor

Presence of Pulmonary embolus

 <p>Upper Oesophagus: RA/IAS/LA</p>	<p>Inter-atrial septum</p> <p>LA pressure high</p> <p>RA pressure high</p> <p>ASD present Yes / No</p> <p>Presence of catheters or pacing wires.</p> <p>Yes / No</p>
 <p>Upper Oesophagus: Desc. Aorta</p>	<p>Descending Aorta</p> <p>Normal / Dilated size mm</p> <p>Dissection</p> <p>Atheroma</p> <p>Balloon pump</p> <p>Pleura</p> <p>Pleural effusion left / right</p> <p>Small / moderate / Large</p>

NB: Transoesophageal views showing approximate direction of transducer from patients head; distance in centimetres from bite; and probe flexion