

LUKS Basis

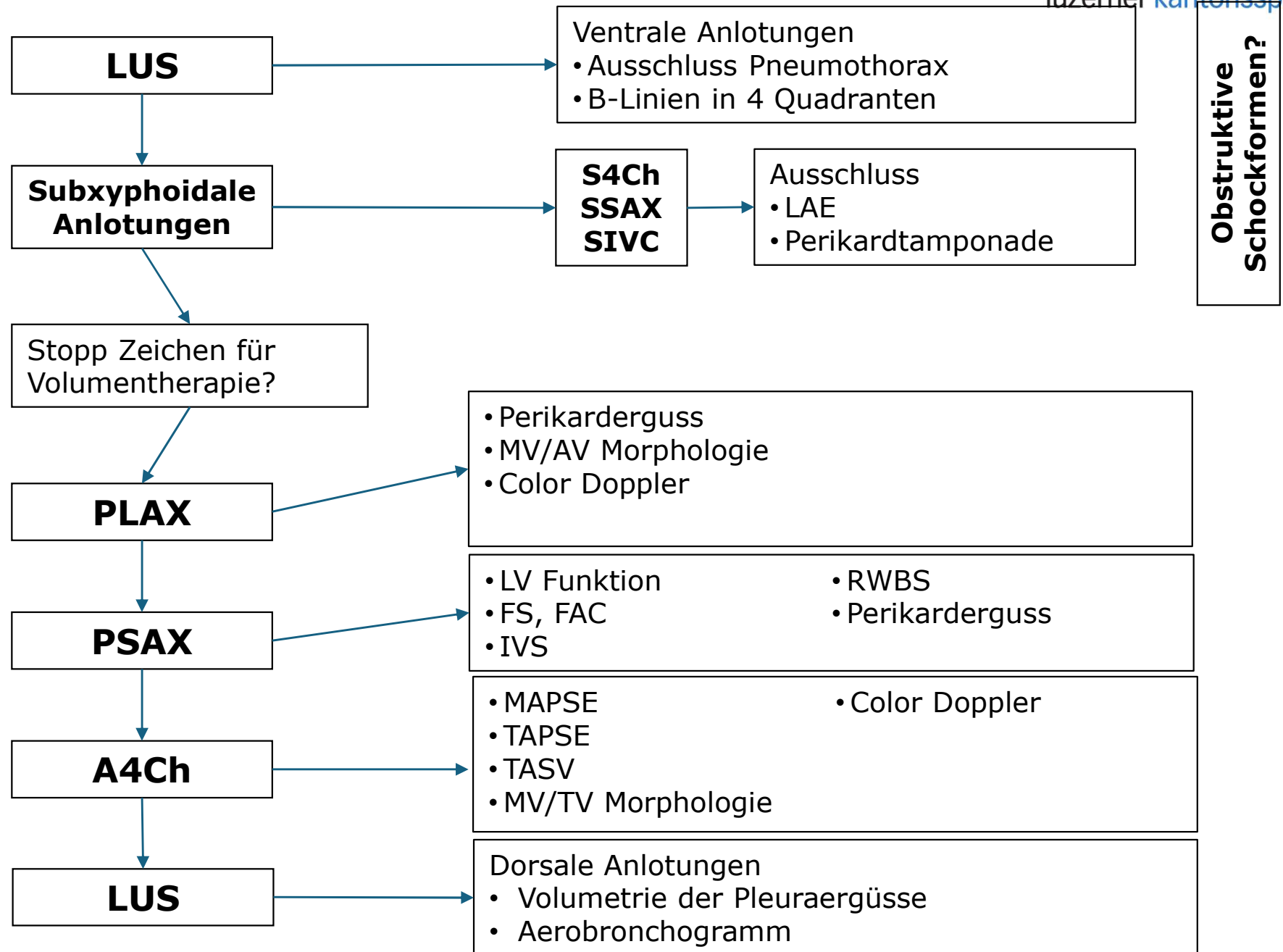
Untersuchungsgang

Ziele der POCUS TTE

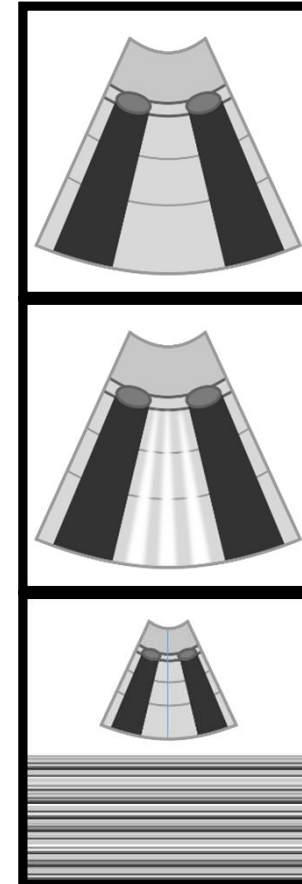
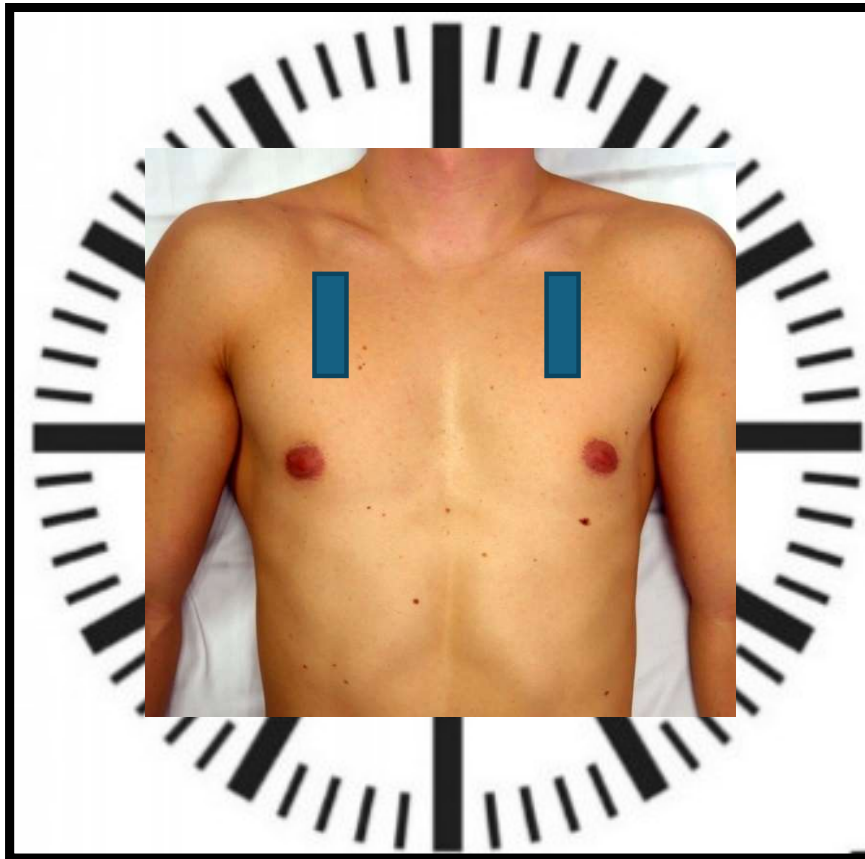
Evaluation des Patienten mit hämodynamischer Instabilität

1. LV Funktion
2. RV Funktion
3. Volumenreagibilität
4. Perikarderguss
5. Klappenpathologien

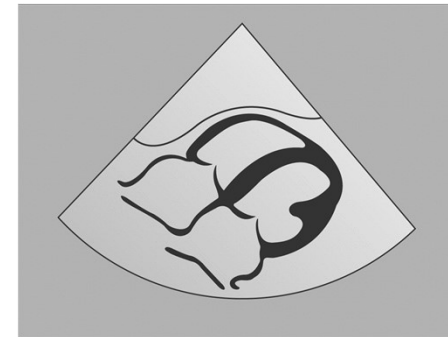
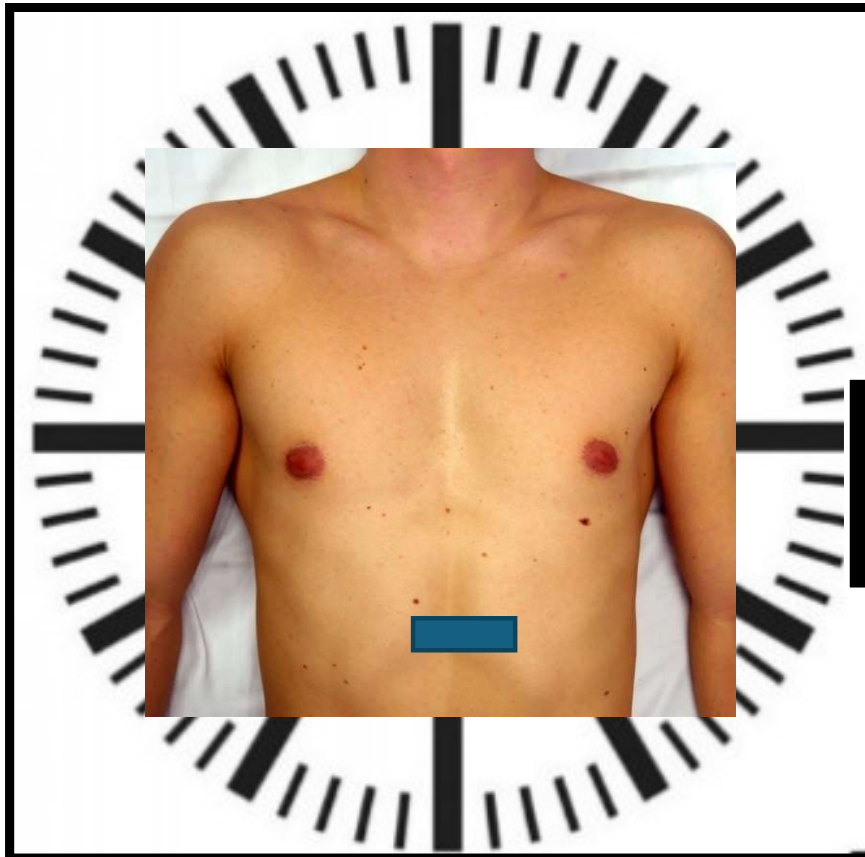
LUKS Basis Untersuchungsgang



LUS

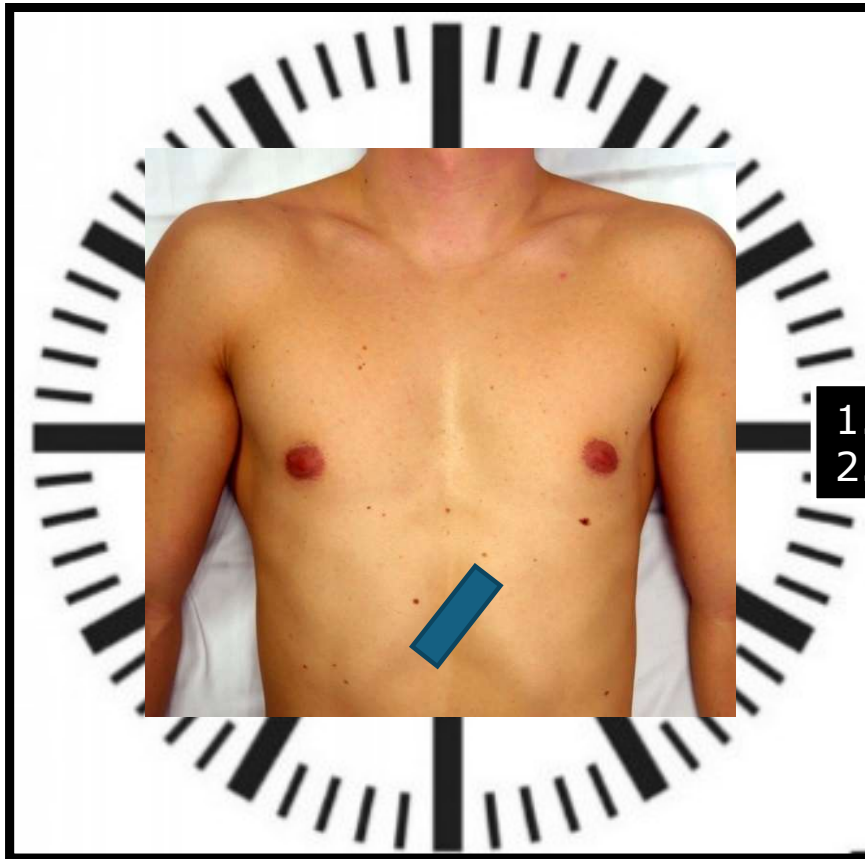


S4Ch



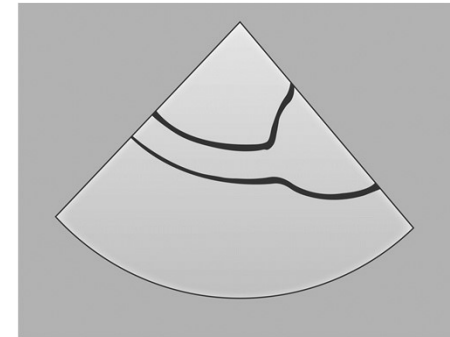
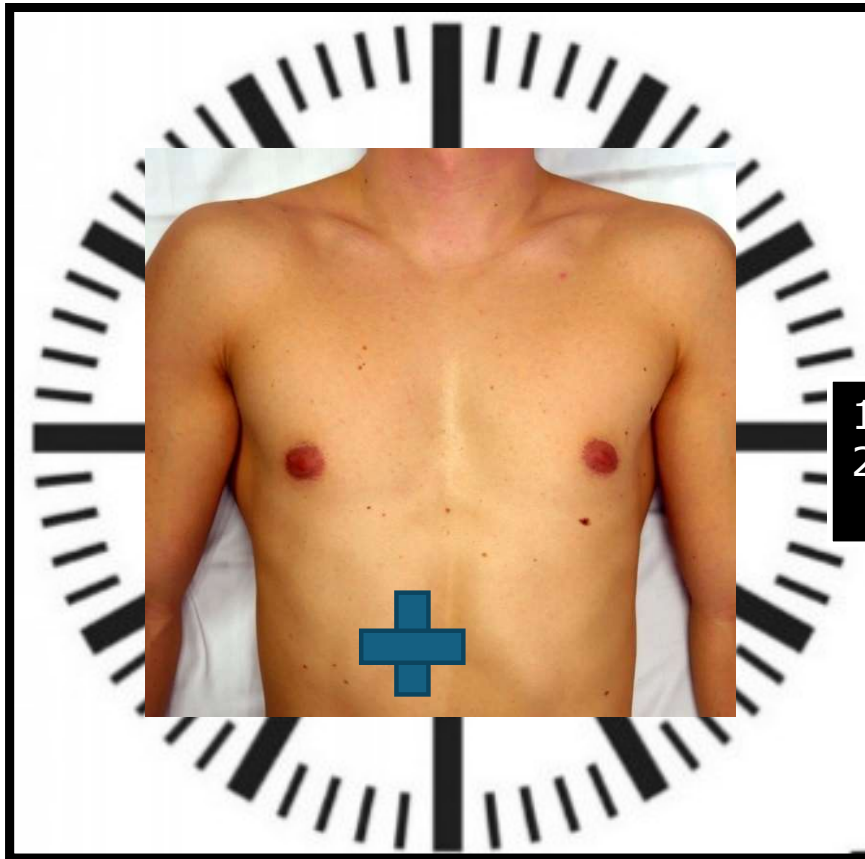
1. Perikarderguss
2. RV/LV Verhältniss
3. LV Funktion
4. RV Funktion

SSAX



1. LV Cavum
2. Septum

SIVC

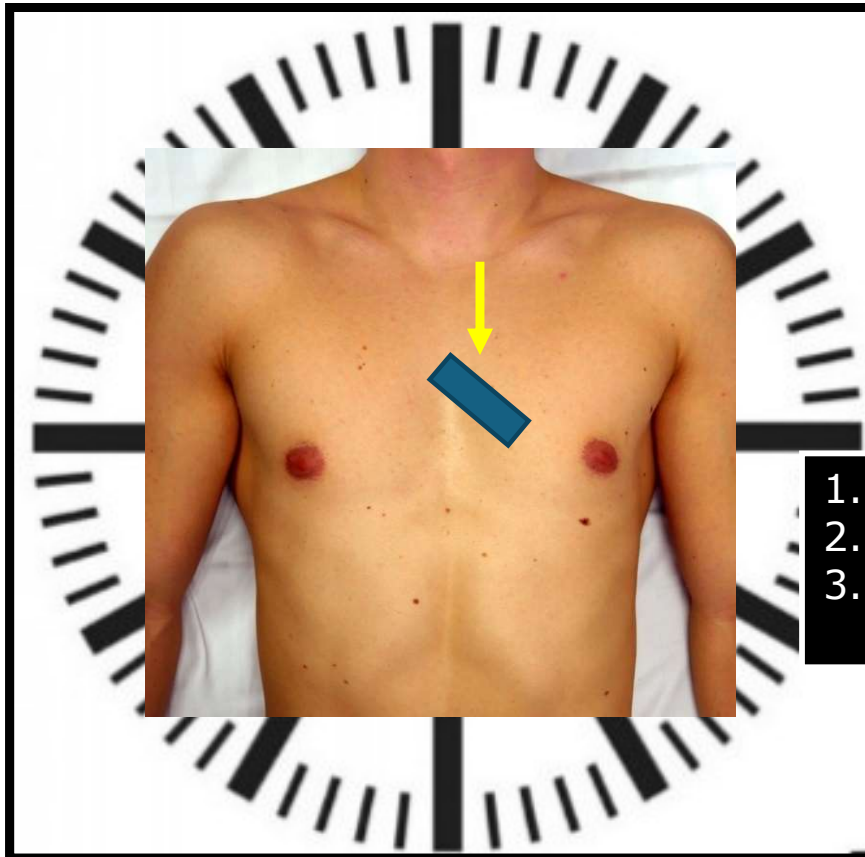


1. Diameter der IVC
2. Respiratorische Variabilität

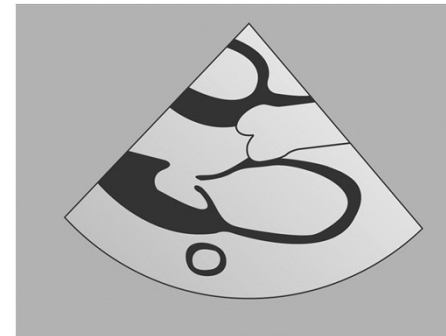
Stopp-Zeichen für Volumentherapie

- B-Linien in 4 ventralen Quadranten
- LV hochgradig Reduziert mit B-Linien
- RV hochgradig Reduziert mit distendierte VCI

1. PLAX

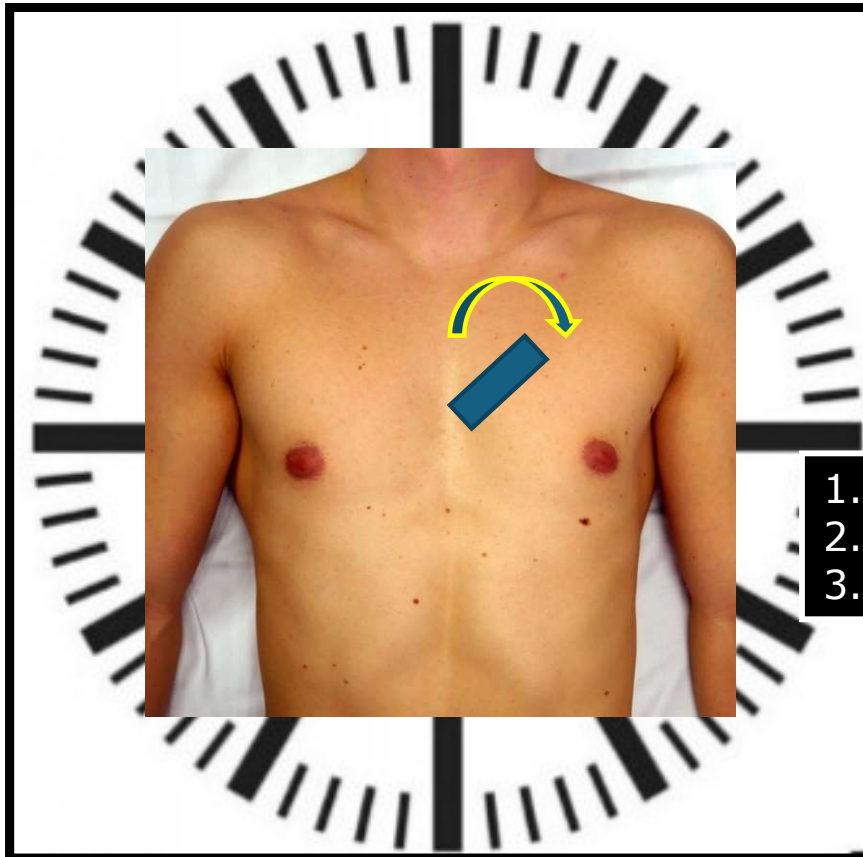


10 – 11 Uhr

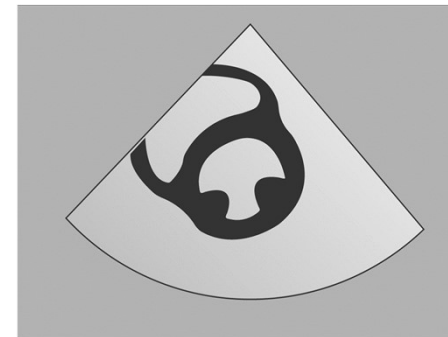


1. Perikarderguss
2. Pleuraerguss
3. Klappen Morphologie und Color Doppler

2. PSAX

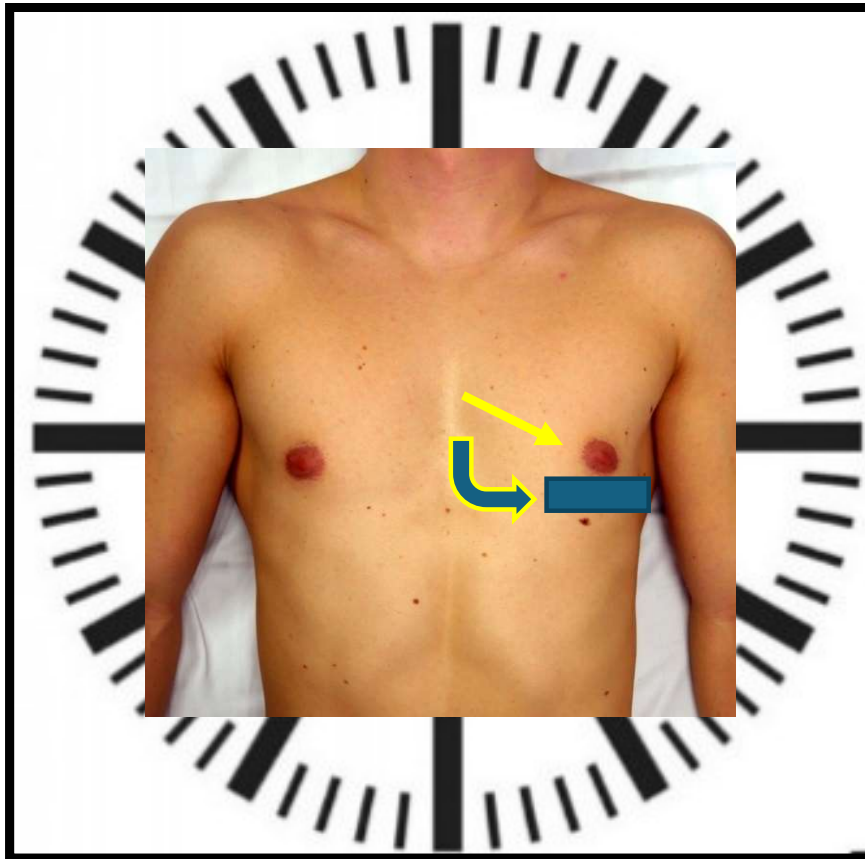


2 Uhr

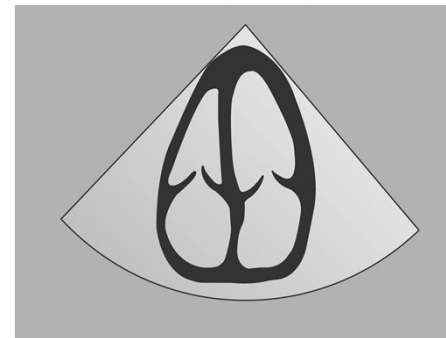


1. Visuelle Beurteilung der LVF
2. IVS
3. RWBS

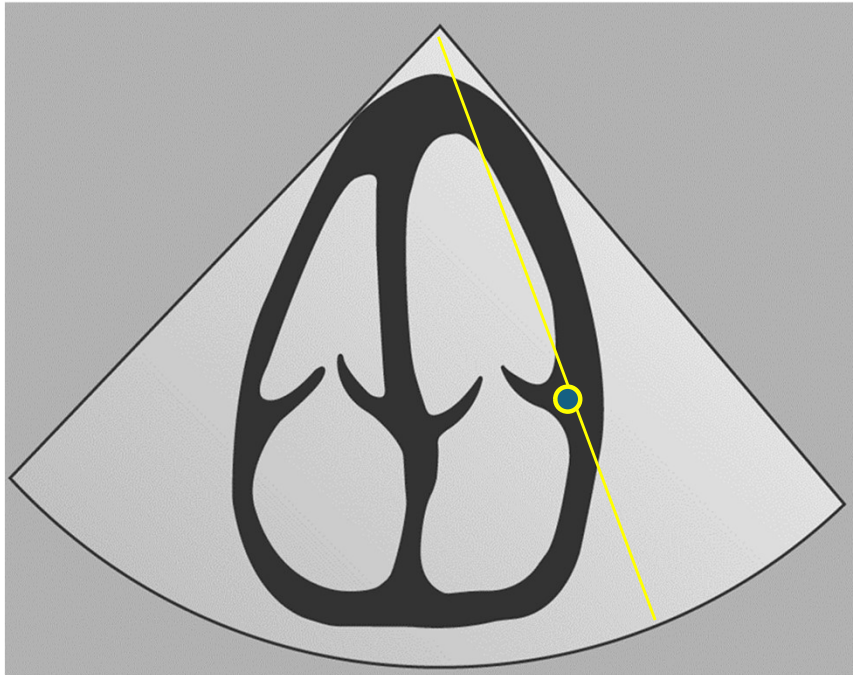
3. A4Ch



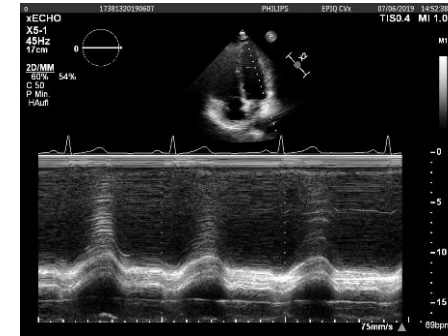
3 Uhr
45° zu frontalen
Ebene



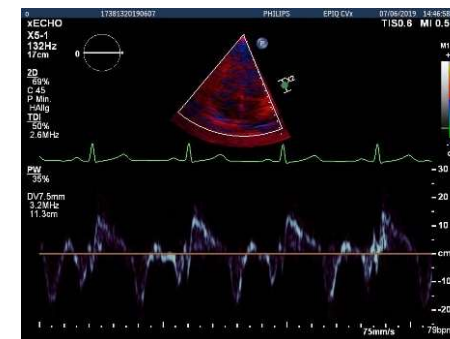
Lateraler Annulus der MV



MAPSE < 7 mm
Lat Annulus < 10 cm/s

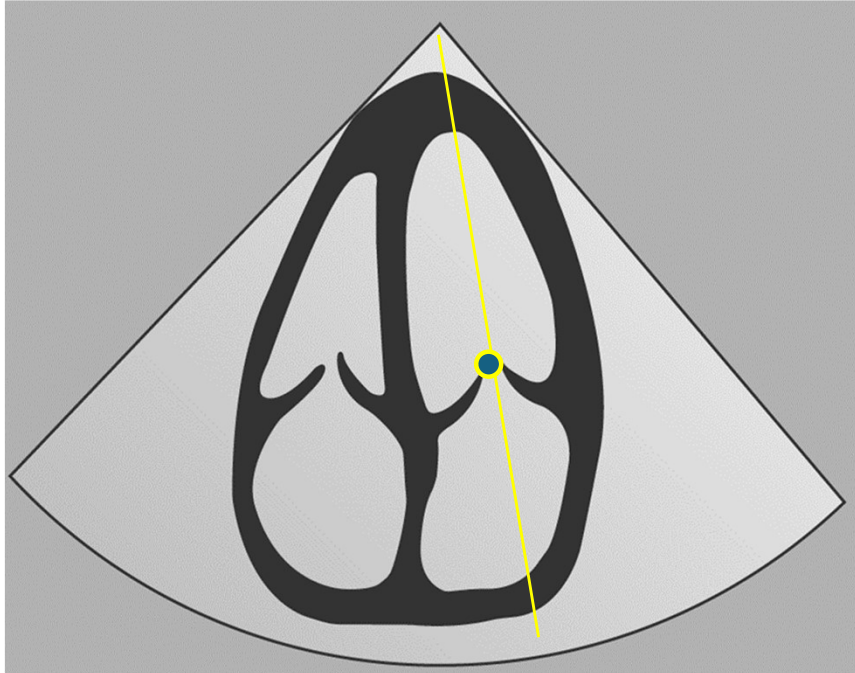


MAPSE

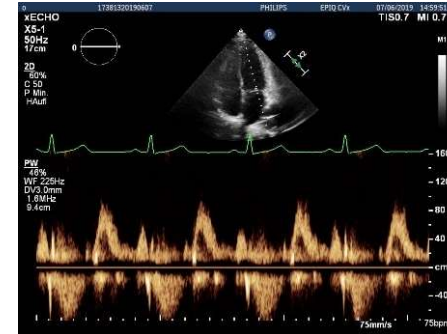


Lat Annulus TDI

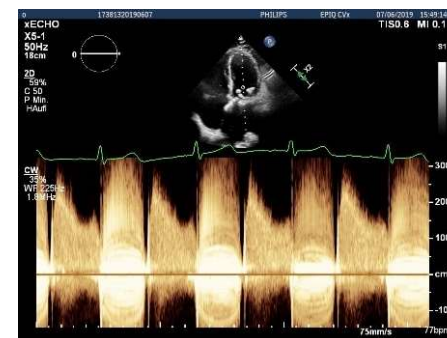
MV Inflow



$E/A > 2$
 $E/e' > 14$

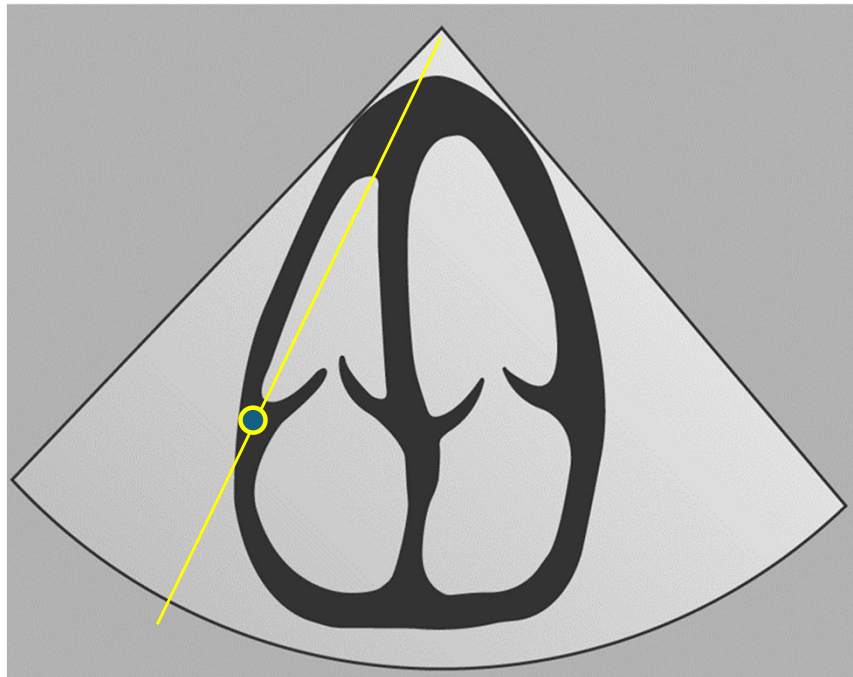


MVI – E/A

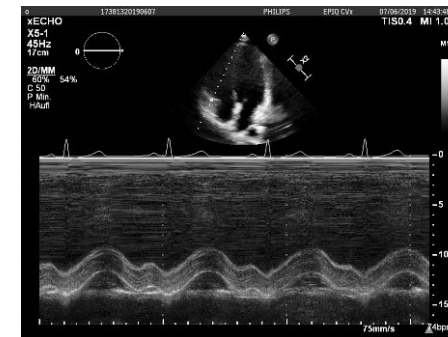


CW – MS

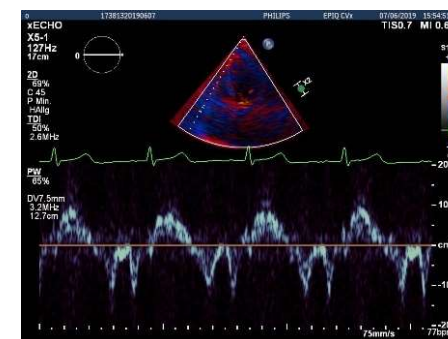
Lateraler Annulus der TV



TAPSE < 17 mm
TASV < 10 cm/s



TAPSE



TASV

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