'HOCUS' PoCUS

RCP Update-in-Medicine, Cardiff

5th December 2024

Eugene Tabiowo

HOSUS' POCUS

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Eugene Tabiowo

Declaration for Eugene Tabiowo

- Acute Medicine Consultant (2014)
 - Royal Glamorgan Hospital
 - Ultrasound Accreditation
 - BSE Level 2 (Adult Transthoracic Echocardiography); PgCert in Medical Ultrasound
 - Supervisor for
 - Focused Acute Medicine UltraSound (FAMUS)
 - Focused Ultrasound in Intensive Care (FUSIC)
 - Secretary to FAMUS Group (Sub-committee of Society for Acute Medicine, SAM)
 - Lead for Point of Care Ultrasound (PoCUS) for School of Medicine, HEIW
 - Lead for PoCUS at National Imaging Academy Wales (NIAW)

I have no financial interests or relationships to disclose with regard to the subject matter of this presentation.

'HOSIS' POCUS - Why?

- CCT (February 2014)
- June 2014
 - Elderly lady with Palpitations
 - ECGs: AF
 - Rate control + Anticoagulate
 - Discharge with f/u
 - But then I saw...



Take Home:

Learn to incorporate PoCUS, but how do I patient select?

- CCT (February 2014)
- **■** June 2014
 - Elderly lady with Palpitations
 - ECGs: AF
 - Rate control + Anticoagulate
 - Discharge with f/u
- October 2014
 - Colleague review days earlier -Young man with chest pain (Sharp/ raised d-dimer/ anticoagulated) Results
 - Review with me on reattendance: CTPA – No PE, No Aortic dilation; but then...



Take Home:

- Learn to incorporate PoCUS, but how do I patient select?
- History + suspicion generates the PoCUS question.

- CCT (February 2014)
- March 2015
 - Man with incidental atrial fibrillation (asymptomatic)
 - GP referral
 - Incidental AF ?onset
 - ► PMH Chronic back pain
 - Haemodynamically stable
 - Plan
 - Rate control + anticoagulate+ discharge with f/u



Take Home:

- Learn to incorporate PoCUS, but how do I patient select?
- History + suspicion generates the PoCUS question.
- PoCUS is essential for my practice!

HOSUS' POCUS - How?

- Need for PoCUS is driven by specific acute questions
 - Questions are influenced by history and suspicion
- Essence is in the Focused Cardiac Ultrasound (FoCUS) statement

FoCUS is a cardiac ultrasound examination, dictated by a patient's symptoms (problem oriented) and cantered on the search of an answer or solution (goal directed) to a clinically relevant question or problem. It is not exhaustive, being focused on elucidating the underlying pathophysiology of a cardiovascular or respiratory critical state (simplified, qualitative), without necessarily aiming at establishing a final diagnosis. It fulfils the needs of critically ill patients (rapid, bedside, available anytime, and repeatable) or in the context in which it is applied (e.g. as a screening tool in more stable patients). It is performed at the point of care and generally by the same physician who manages the patient.

"...is a diagnostic tool tightly integrated into the decision making process"

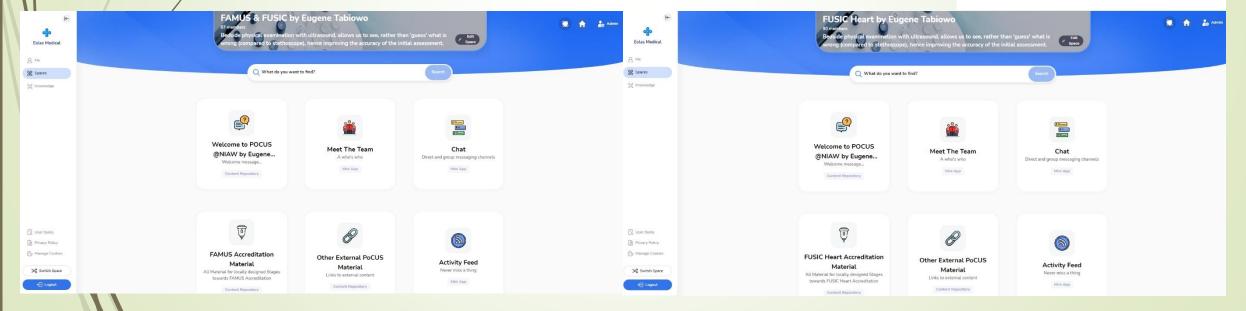
- Need for PoCUS is driven by specific acute questions
 - Questions are influenced by history and suspicion
- ► Hows
 - Upskill (me & others) Competent Training
 - Incorporate Feasibility within scope of practice
 - ▶ Influenced by the question, portability of equipment, & requires a flexible approach



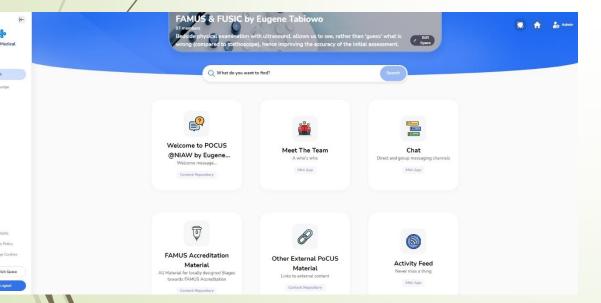




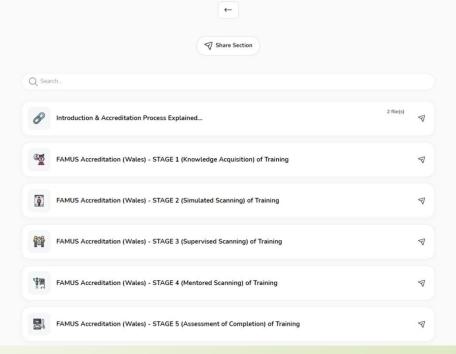
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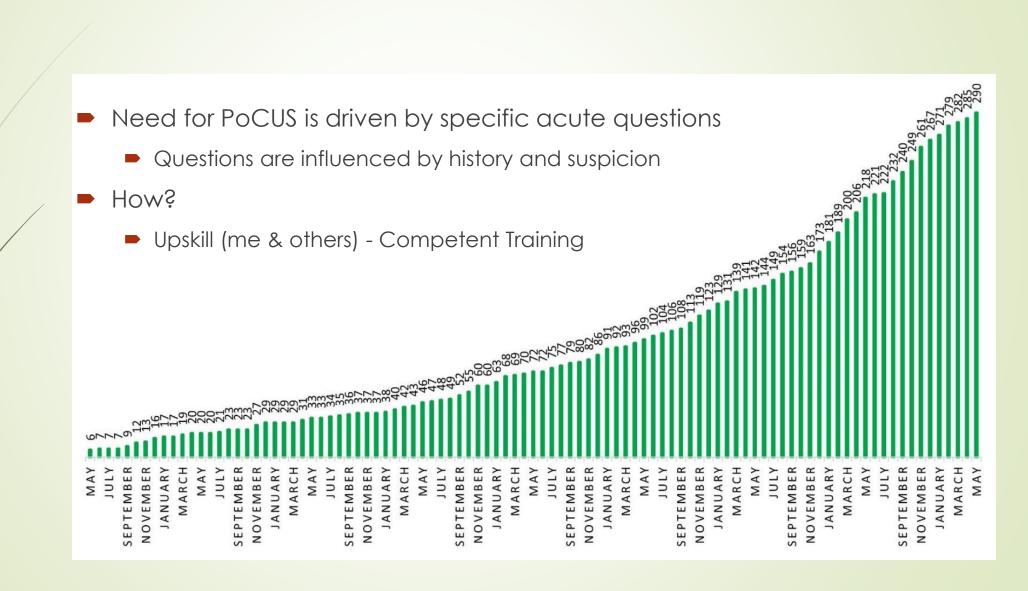


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FAMUS Accreditation Material





- Need for PoCUS is driven by specific acute questions
 - Questions are influenced by history and suspicion
- ► Hows
 - Upskill (me & others) Competent Training
 - Incorporate Feasibility within scope of practice
 - Influenced by the question, portability of equipment, & requires a flexible approach
 - Handheld devices
 - Butterfly, GE and others
 - PoCUS Cart machines
 - GE, Mindray, Samsung, Sonosite and others

- Need for PoCUS is driven by specific acute questions
 - Questions are influenced by history and suspicion
- ► Hows
 - Upskill (me & others) Competent Training
 - Feasibility within scope of practice
 - Influenced by the question, portability of equipment, & requires a flexible approach
 - Ward rounds and reviews
 - Used in addition to examination (handheld devices)
 - In SDEC area (room based cart)

'HOSUS' PoCUS - What?

PoCUS in AKI

Average scan length of 10 minutes

Table 2. Test statistics for all users (supervisors and trainees)				
	Hydronephrosis seen in departmental scan	Hydronephrosis not seen in departmental scan		
Hydronephrosis in POCUS	9	0	PPV: 100 %	
Hydronephrosis not seen in POCUS	1	86	NPV: 99%	
	Sensitivity: 90% (9/10)	Specificity: 100% (86/86)		





Nepal et al Clin Med (2020) 20 (6): 541–4

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Nepal et al Clin Med (2020) 20 (6): 541–4

PoCUS in DVT

Similar diagnostic accuracy to departmental imaging





Healey et al Acute Med (2021) 20 (4): 276–9



- Improved detection LV dysfunction, cause of undifferentiated shock, cardiac arrest management
- 28 Undifferentiated Shock
 - 1A: Strong Recommendation,
 - with Yery Good Agreement;
 - Level A Evidence
- 29/- PEA Arrest
 - 1A: Strong Recommendation,
 - with Very Good Agreement;
 - Level A Evidence
- 31 LV systolic dysfunction
 - 1B: Strong Recommendation,
 - with Very Good Agreement;
 - Level B Evidence





Gabriele Via et al J Am Soc Echocardiogr. (2014 Jul 27 (7): 683.e1-683.e33

PoCUS in Procedures

- Peripheral cannula:
 - Little evidence for low to moderate difficulty patients, some for high difficulty

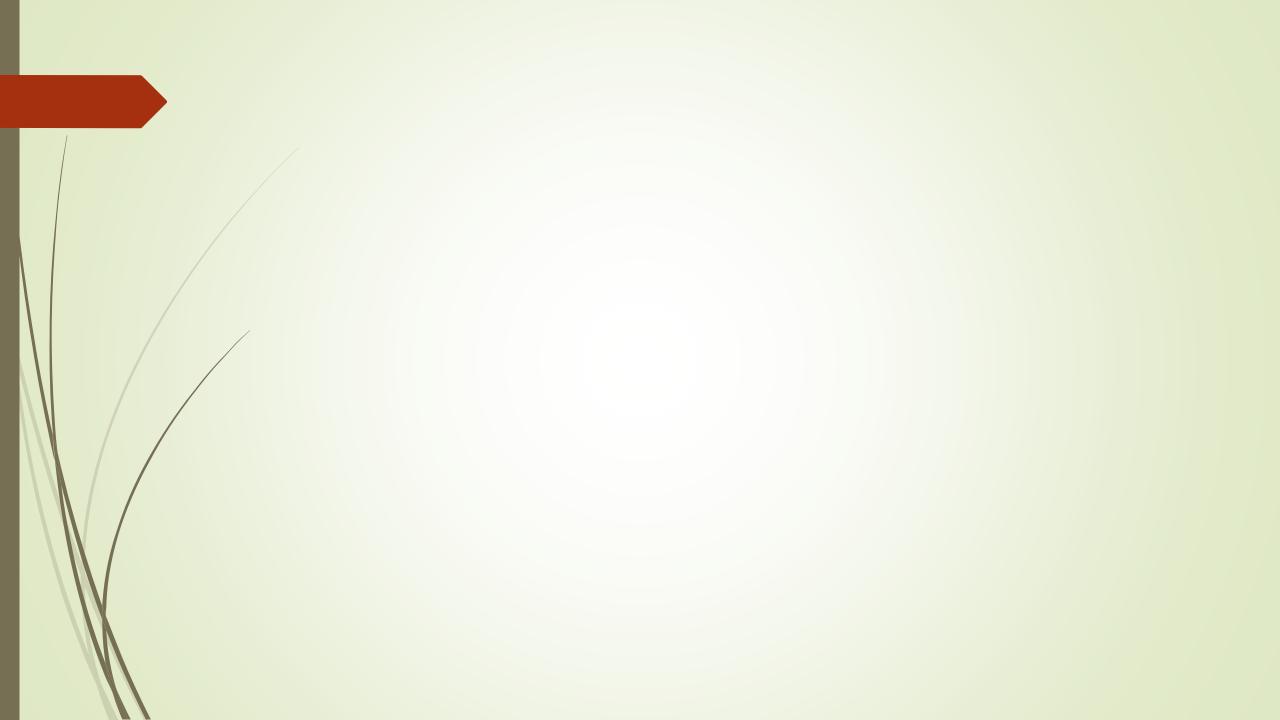
- Ascitic (and pleural) procedures
 - Reduced complications and cost

- Lumbar puncture
 - Improved success, reduced trauma and number of needle insertions

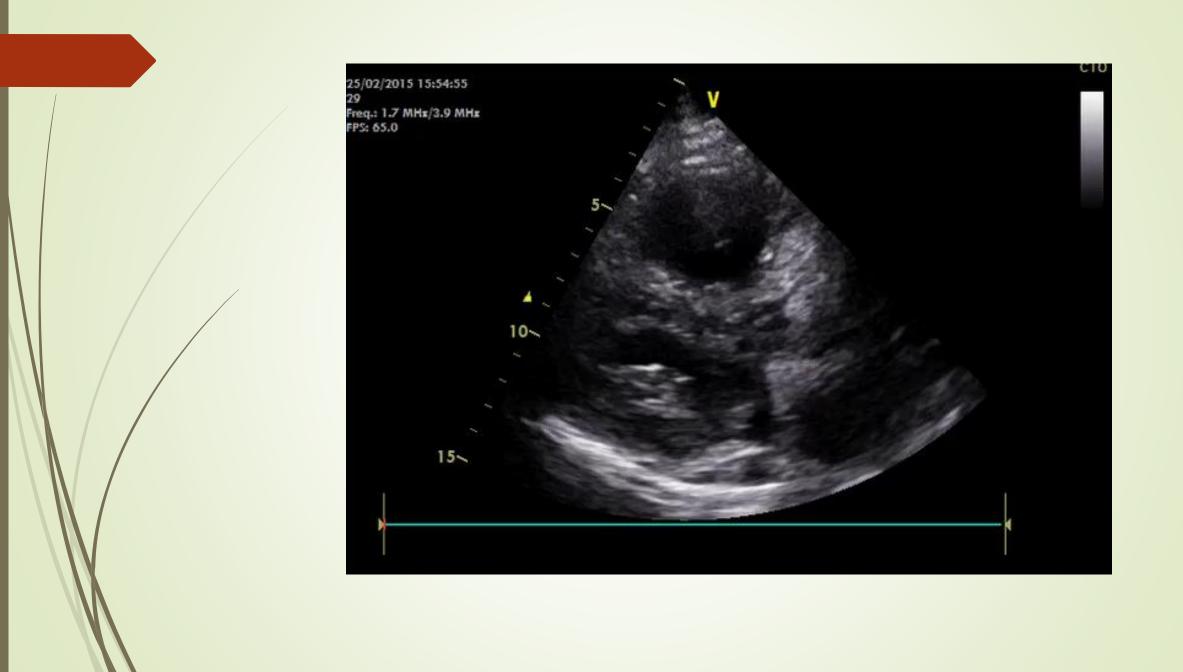








HOSUS' POCUS - Impact





HOSUS' POCUS - Take Home

PoCUS adds to your clinical exam to aid diagnostic accuracy

Training pathways exist and numbers of Supervisors are increasing

 Multiple common presentations have a clear and unambiguous evidence base

