

TRAUMA SERVICES
DEPARTMENTAL GUIDELINES AND
PROCEDURES

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TITLE: FAST – Focused Abdominal Sonography for Trauma Protocol

PURPOSE: To provide a guideline and indications for use of the FAST exam for the trauma patient.

GUIDELINE/PROCEDURES STATEMENT:

ELABORATIONS:

The FAST is a rapid bedside ultrasound examination performed as a screening test to determine the presence of blood or fluid within the chest and abdomen.

DEFINITIONS:

Cardiac Box – the part of the anterior chest and abdomen bounded by the clavicles/sternal notch superiorly, the mid-clavicular/nipple lines laterally, and the costal margins inferiorly.

FAST – Focused Abdominal Sonography for Trauma

I. PROCEDURE:

1. The Focused Abdominal Sonography for Trauma will consist of the standard four views.
 - a. Cardiac view (subxiphoid or parasternal long view)
 - b. RUQ view (hepato-renal fossa and inferior pole of right kidney)
 - c. LUQ view (spleno-diaphragmatic recess and inferior pole of the left kidney)
 - d. Pelvis view (longitudinal and transverse view of bladder)
2. The FAST should be performed on **all Code 1 and Code 2 blunt** trauma patients **as an adjunct to the primary survey**. Findings should be clearly communicated during the exam to the resuscitation team (positive for free fluid, negative for free fluid or indeterminate for free fluid).
 - a. Hemodynamically unstable and + FAST → OR.
 - b. Hemodynamically unstable and – FAST → Adjunctive studies (see algorithm)
 - c. Hemodynamically stable and + FAST → CT
 - d. Hemodynamically stable and – FAST → Repeat FAST in 6 hours vs CT
 - e. If the patient's hemodynamic status declines during the secondary survey or thereafter, the FAST should be repeated.

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3. The cardiac view of the FAST should be obtained on all ***penetrating*** trauma patients with a cardiac box/ thoracoabdominal wound as an adjunct to the primary survey.
 - a. + Pericardial FAST → OR
 - b. – Pericardial FAST → further workup
4. When the standard views of the FAST do not identify the cause of hemodynamic instability or abnormal vital signs, the extended views of the FAST may be considered as an adjunct to the primary survey to help identify hemothorax and pneumothorax. The extended views of the FAST may be performed before standard views of the FAST as warranted by the clinical situation.

The extended views of the FAST will consist of the following standard views:

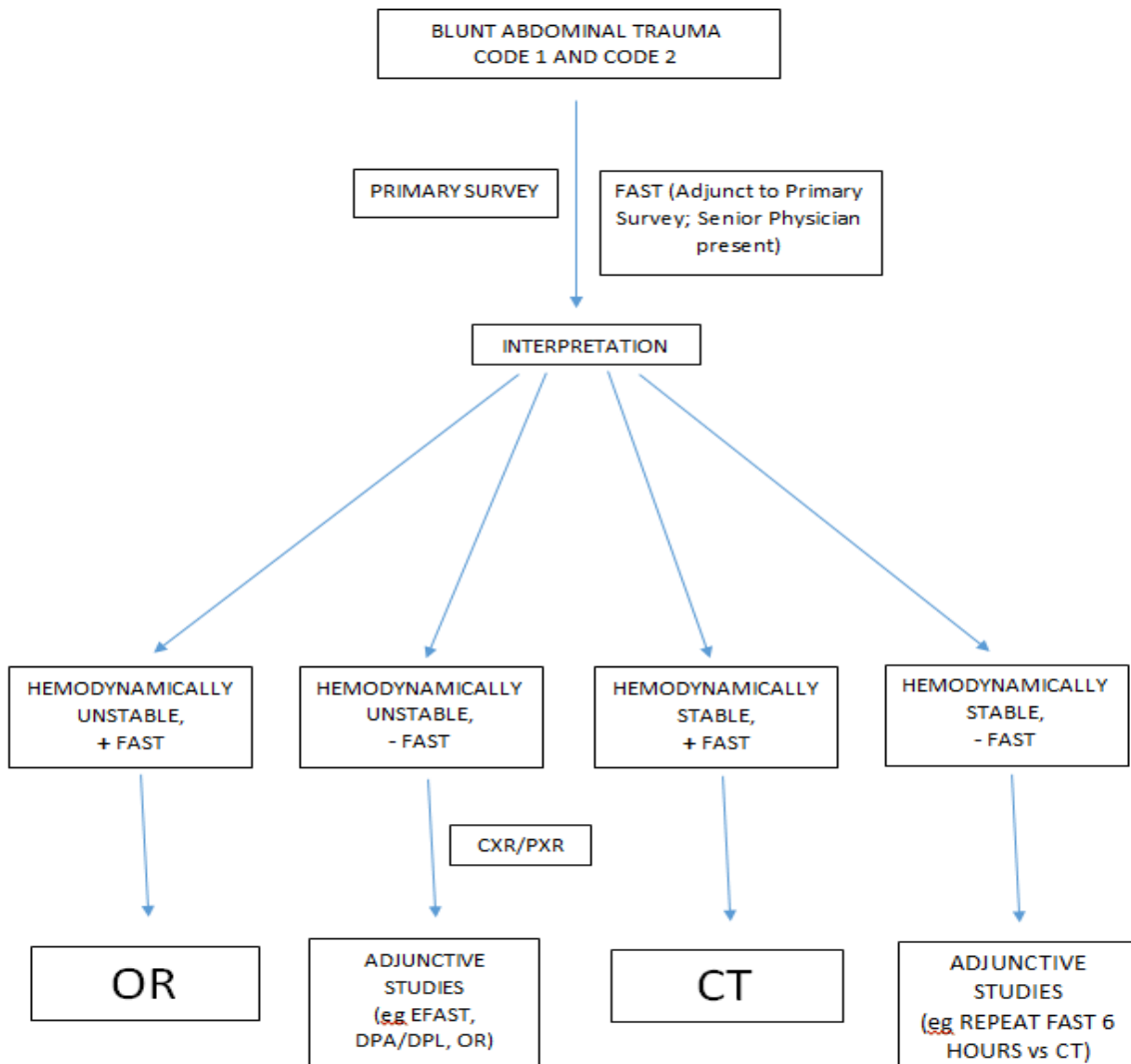
 - a. Right diaphragm – evaluation superior to diaphragm for fluid
 - b. Left diaphragm - evaluation superior to diaphragm for fluid
 - c. Right anterior lung fields (3 intercostal spaces) – evaluation for pleural sliding and/or lung point
 - d. Left anterior lung fields (3 intercostal spaces) – evaluation for pleural sliding and/or lung point

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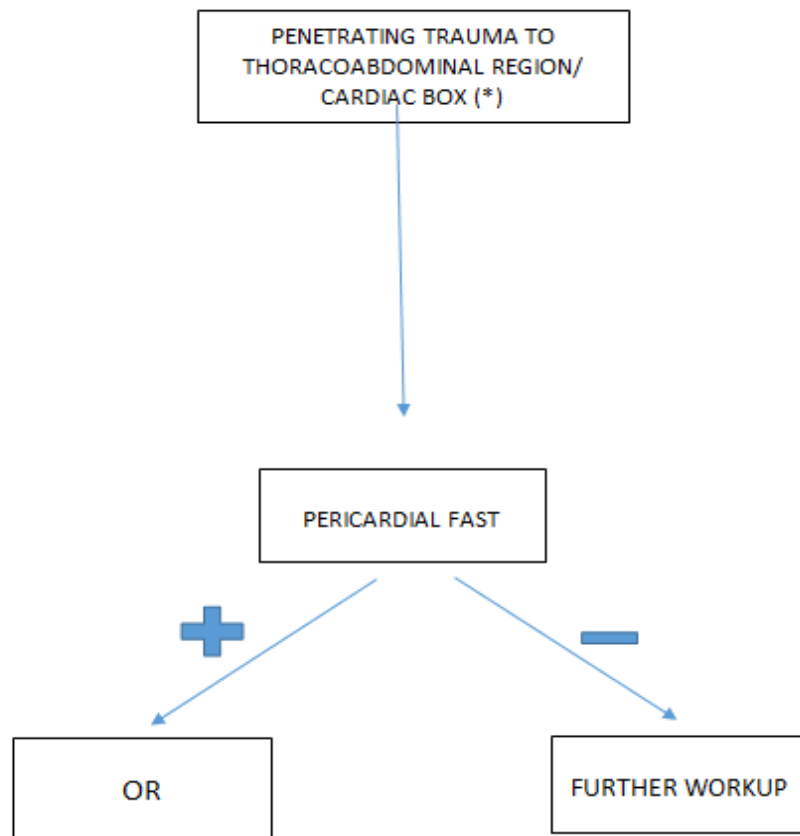
BTGH FAST PROTOCOL FLOWCHART (3/30/16)

Based on current literature and best practice guidelines. Clinical judgement should be incorporated into medical decision-making.



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*Cardiac box is defined as that part of the anterior chest and abdomen bounded by the clavicles/sternal notch superiorly, the mid-clavicular/nipple lines laterally, and the costal margins inferiorly.

DEPARTMENT OF PRIMARY RESPONSIBILITY:

Trauma Services

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References:

Rozycki GS, Ballard RB, Feliciano DV, et al. Surgeon-performed ultrasound for the assessment of truncal injuries: lessons learned from 1,540 patients. *Ann Surg.* 1998;228:557-567.

Rozycki GS, Feliciano DV, Ochsner MG, et al. The role of ultrasound in patients with possible penetrating cardiac wounds: a prospective multicenter study. *J Trauma.* 1999;46:553-564

REVISION HISTORY:

Effective Date	Version # (If Applicable)	Review or Revision Date (Indicate Reviewed or Revised)	Reviewed or Approved by: (Directors, Committees, Managers, and Stakeholders etc.)
04/16	1.0		Trauma Research and Guideline Committee