

## Championship: The Final Countdown!

Credits: Robert Stenberg, UNC/VCU/CCAG EM Residencies, FOAMed

- Judge/Proctor + All Comers
- Equipment
  - Top 2 Teams
  - 2 tables/gurneys
  - 2 ultrasounds (ideally SAME machine for fairness)
  - Gel Towels
  - Content Sheet
  - Score sheet + writing utensil
- Goal:
  - Be the first team to get a window
- Game:
  - Each team gets their own machine and table. They get to select who does what.
  - Start
    - The moment the proctor starts talking the team may start manipulating the machines and starting to get the view.
    - Judge decides who gets the view first
- Winner
  - Team with most points after 5 rounds
- Rounds: Feel Free to change up case as you see fit

1. RV Inflow

- “Patient with history of IVDU shows up altered with sepsis. To help identify the likely tricuspid endocarditis, show us an **RV Inflow view**”
- PLAX fan inferiorly/aim towards R hip



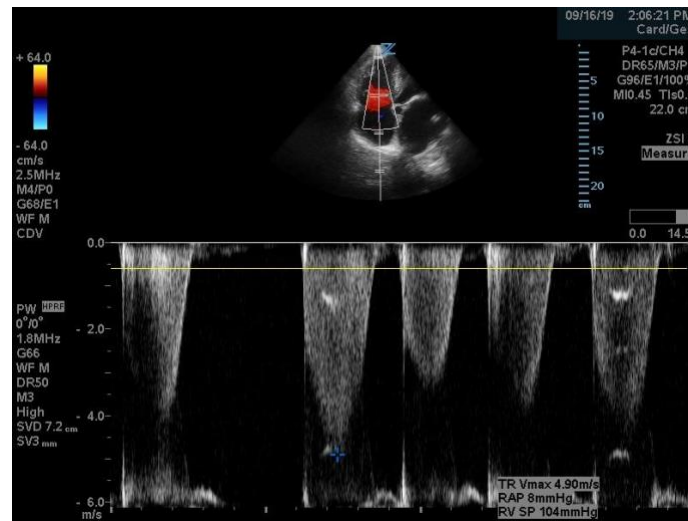
2. Pancreas

- “Your patient has abdominal pain radiating to back with nausea vomiting. Your CT scanner is down. Notes recent alcohol. Please find **pancreas** to expedite care.”
- Can be seen on transverse or sagittal anterior to SMA



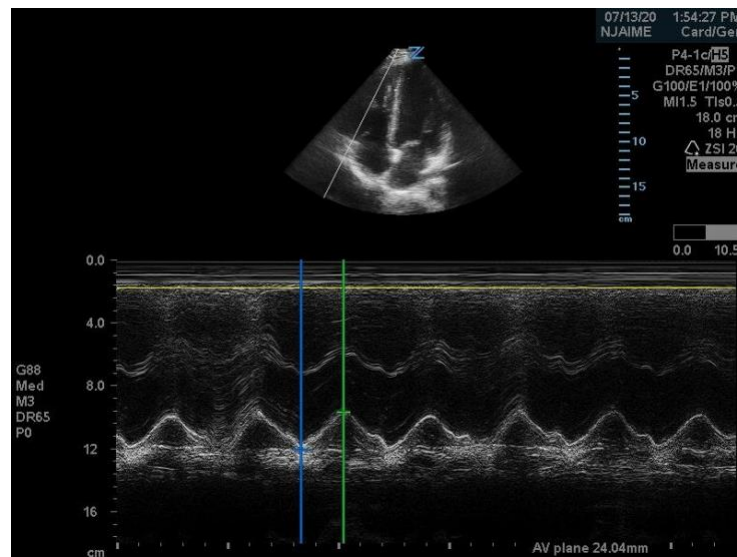
### 3. RVSP

- Patient with a history of CREST syndrome arrives hypotension hypoxic tachycardic blue and in respiratory distress. No DVT seen. Perform an **RVSP** to check for pulmonary hypertension.”
- CWD through tricuspid valve (can also make them get the IVC to get the correct RAP and complete the equation)
- Multiple locations: RV inflow view, A4Ch, or PSAX at base



### 4. TAPSE

- “Your patient has a PE with an elevated troponin. You want to predict need for ICU, lytics, etc. Please demonstrate a **TAPSE**.”
- A4Ch, M-Mode through RV Free wall tricuspid annulus.



5. LVOT VTI

- “Your Patient has CKD CHF and septic shock. You need to determine whether they can tolerate more fluid. Please show us an **LVOT VTI** doppler”
- A5Ch, Should be PWD not CWD with gate at LVOT

