COVID-19 (POCUS)

“EARLY LITERATURE SUGGESTS THAT PATIENTS WITH CONFIRMED COVID-19 PNEUMONIA DEMONSTRATE TYPICAL LUNG IMAGING FEATURES WITH PULMONARY GROUND-GLASS OR GROUND-GLASS/CONSOLIDATION LESIONS THAT ARE PERIPHERALLY-LOCATED, BILATERAL, AND FAVOR THE LOWER LUNGS.

THESE PATIENTS DEMONSTRATED:
• FOCAL B-LINES AND FUSED B-LINES
• DISCONTINUOUS, ROUGH APPEARANCE TO THE PLEURAL LINE, WITH SUBPLEURAL CONSOLIDATION
• FOCI OF DISEASE LOCATED PREDOMINANTLY IN THE POSTERIOR LUNG FIELDS, PARTICULARLY IN THE LOWER LUNG FIELDS”

HTTPS://WWW.BUTTERFLYNETWORK.COM/COVID-19#LUNGFINDINGS

04 STEPS

High Risk ✓
for Coronavirus Covid-19

SIGNS & SYMPTOMS

- Fever (87.9%)
- Dry cough (67.7%)
- Fatigue (38.1%)
- Sputum production (33.4%)
- Dyspnea (18.6%)
- Myalgia or arthralgia (14.8%)
- Sore throat (13.9%)
- Headache (13.6%)
- Chills (11.4%)
- Nausea (5.0%)

SYMPTOMS (MORBID)

- Pharyngeal pain
- Dyspnea
- Dizziness
- Abdominal pain
- Anorexia

MORTALITY FACTORS

- Age ≥ 80 (21.9%)
- Male sex (4.7%)
- No comorbid conditions (1.4%)
- Cardiovascular disease (13.2%)
- Diabetes (9.2%)
- Hypertension (8.4%)
- Chronic respiratory disease (8.0%)
- Cancer (7.6%)

If any suspicion of Covid-19 isolate and call 911

ACTION=911

NORMAL LUNG
• A lines going horizontally
• Pleural lining is inherent and thin
• Left and right “sliding” at pleural lining

COVID LUNG
• Focal and fused B lines going vertically (“Spotlight” effect)
• Pleural lining is thickened and irregular

Foci of disease located predominantly in the posterior lung fields, particularly in the lower lung fields

Use of POCUS for Covid-19

“During a COVID-19 outbreak, it is important to minimise the health care–patient interactions to only the necessary procedures. There are several studies showing the accuracy of lung ultrasound in detecting lung pathologies, from bacterial and viral pneumonia to acute respiratory distress syndrome and its non-inferiority to chest x-ray and clinical examination. Therefore, we believe that such a procedure could reduce healthcare workers’ risk of exposure and also patient movement from the consultation room to the radiology room. Considering the contagiousness of the virus and the need to reduce nosocomial outbreaks, we strongly suggest promotion of lung ultrasound in this setting.”