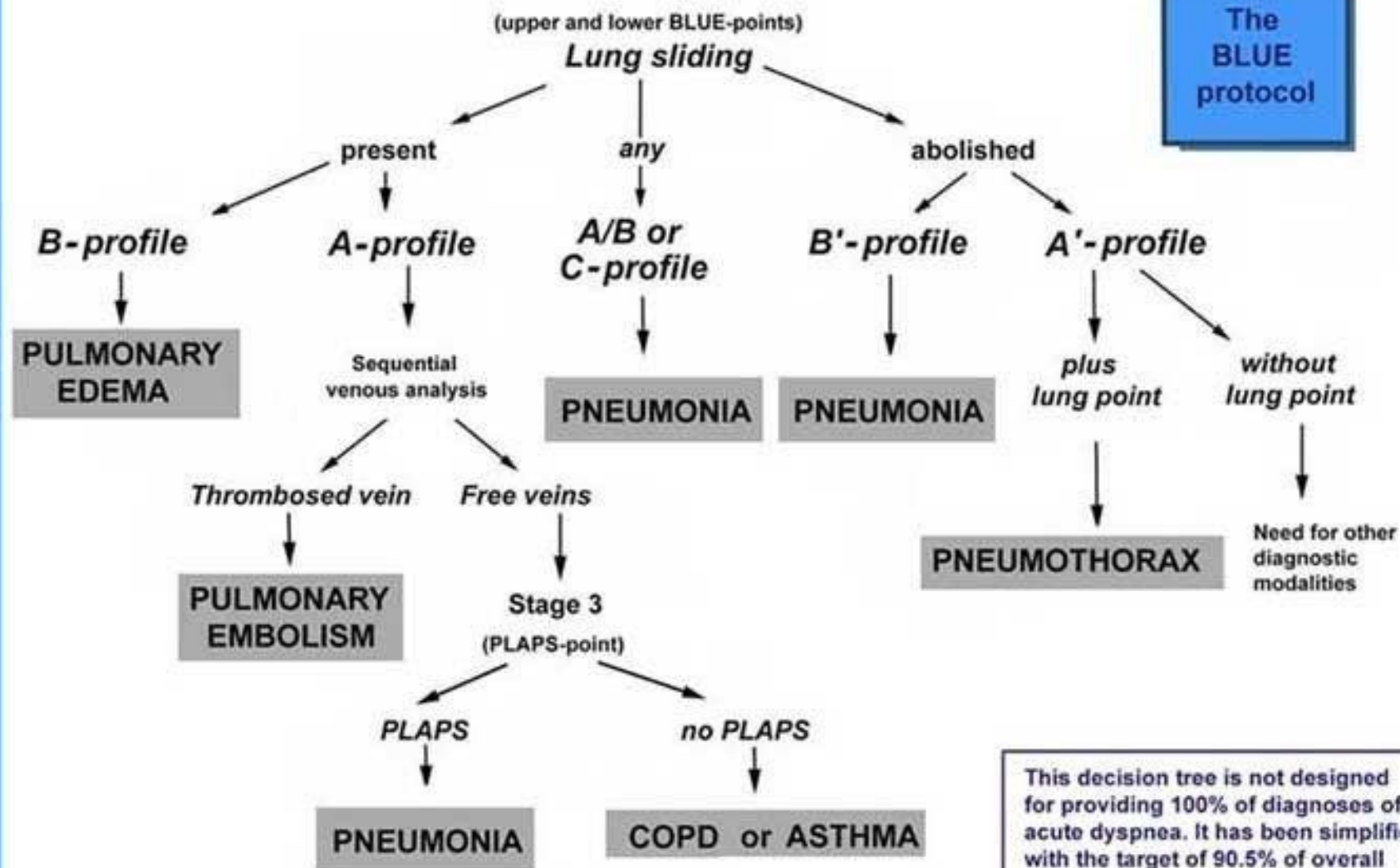


**The
BLUE
protocol**



This decision tree is not designed for providing 100% of diagnoses of acute dyspnea. It has been simplified with the target of 90.5% of overall accuracy

POCUS – LUNG

CCPU REQUIREMENTS

- 25 scans with 5 positive

VIEWS FOR LUNGS (cineloop)

- Bilateral anterior, lateral, posterior incl costophrenic recesses (PLAPS)
- Sites of symptoms & signs

POSITIONING

- Erect or supine

PROBE & PRESET

- Curvilinear probe & lung preset
- Linear probe for lung sliding if not sure

ASSESSMENT

- Anteriorly: 5cm depth, focus on pleura
 - o Lung sliding, M mode
 - o If no sliding, look for lung point
- All points: 10-12cm depth, focus on pleura
 - o A line: normal
 - o B line: abnormal if >2 in one intercostal space
 - o Shred sign: consolidation
- PLAPS: 15cm depth on abdo preset
 - o Demonstrate spine, look for effusion

DIAGNOSTIC CRITERIA (see reverse for blue protocol)

- Pneumothorax: absent lung sliding, stratosphere sign on M mode, lung point found
- Pulmonary oedema: B line bilaterally and diffuse
- Pneumonia:
 - o A profile & positive PLAPS
 - o C profile (shred sign with A or B lines)
 - o Unilateral B lines (A/B profile)
 - o Bilateral B lines, absent sliding (B' profile)
- (COPD/asthma: A profile bilateral & sliding)
- (PE: A profile bilateral & DVT)

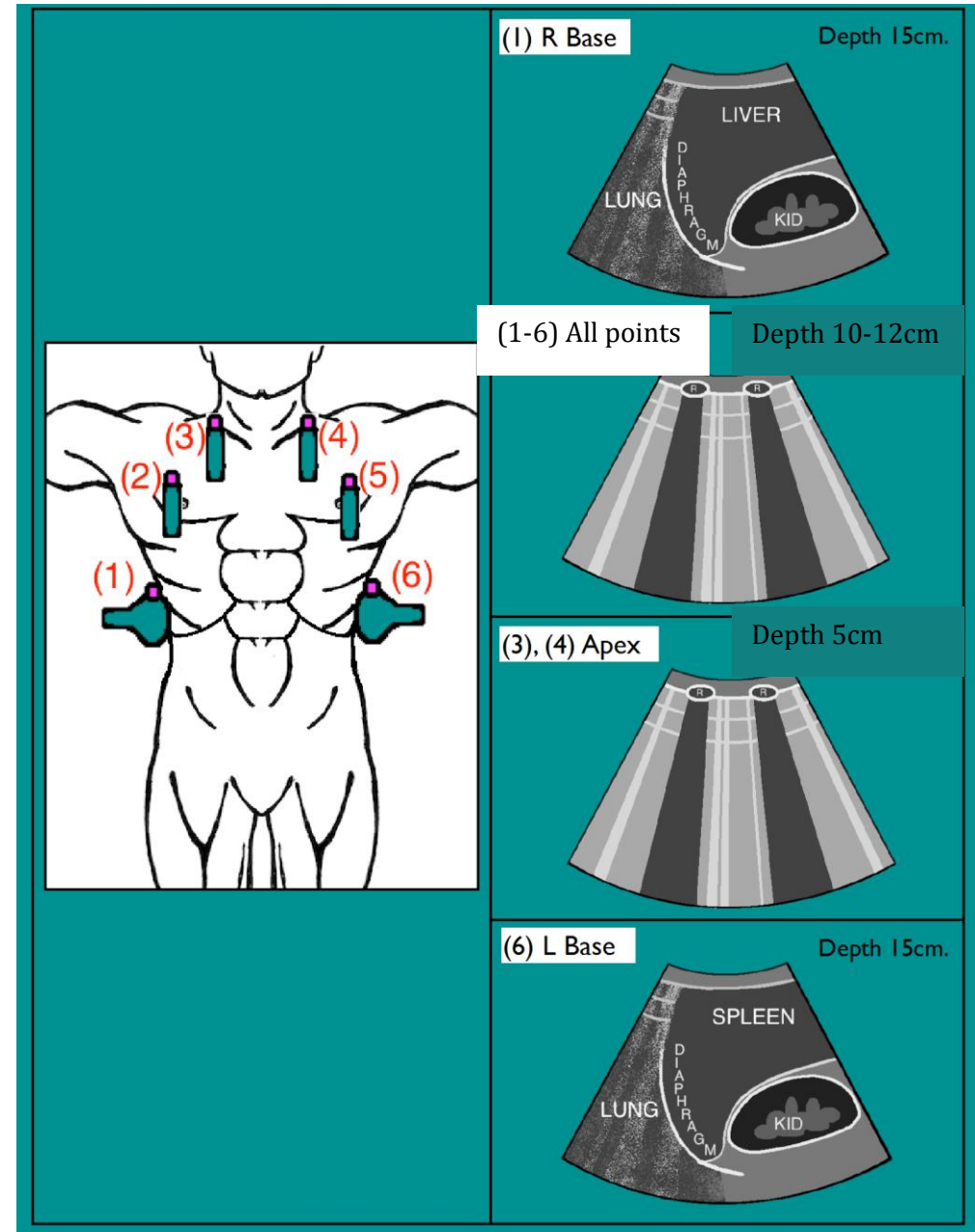


Figure 1: Courtesy of Sydney Adventist Hospital. Image modified