An Ode to the POC Lung Ultrasound

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1051 words

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The limits of the Chest X-ray:

The portable chest film is notoriously poor

It's challenging to read and interpret for sure!

The pathology's too complex, so it's difficult for you

To see it allclearly,indimensions justtwo! (1)

A Clinical Vignette:

A lady barely fifty, in the ED did arrive

Was huffing & puffing, and barely just alive

Too sick, ‘twas noted, to even utter her own name

Her pulse & her breath rate were exactly the same

With an NRB mask, she wasreally not much better

But no, she could not die; our docs just wouldn’t let her!

“Intubate her!”, commanded the ICU Chief,

“That’s the best way we know, to give her relief!”

The task sadly fell, on the youngest of docs

Who’d learnt, justlast week, to don his own socks

When he first saw the chords, hope strengthened anew

And he advanced the ET tube downto old Timbuktu!!

They bagged her; controlled the rate of her breath

Now they’re sure they’d cheated the Goddess of Death

“But look”, said the kid who’d just mastered the tubing

“The ‘sats’ should be better, but they seem to be drooping”

“But the breath sounds are equal”, everyone there was swearing

“Chest x-ray”, cried the Chief; his thin patience was wearing.

The techs doing a barium on a bloated VIP

Said they’d be up in ten minutes, or an hour… or three

But the Ambued lady, surehad problems aplenty

Her pulse, ‘sats’& BP were now barely twenty

All this worried our Chief, a gentleman fine,

But I wish he’d known the work of D. Lichtenstein! (2)

Who’d have waved his ’sound wand on the poor lady’s chest

And have figured out the problem with one simple test:

If the pleura weren’t moving and a lung pulse was present

Would’ve quashed all the voices of doubt & of dissent (3)

Not leaving it to fate, notboggedbyirritation,

He’d pull back the tube &…voila…stabilization!!

Technical issues:

With good technology, there's no limit… there's no roof

Look closely dear friends, it's really idiot proof

Multi-frequency probes; presets; optimal setting (4)

Makes the novice a Master without even sweating

When the scan shows you 'A-lines' and a neat 'sea-shore sign'

It can reassure y'all that the lung's really fine (5)

Now, anterior "B" lines, that's a whole different tale

The lung's water-loaded or the heart's going to fail (6)

An echo-free space screams pleural effusion

Leaving no room for doubt, distrust or derision (2)

Anechoic effusions are never really virulent

But if noisy or septate, I'd know they are purulent(7)

Now show me an X-ray that can ID the same

I'll give you all my salary, even forsake my name!!!

Tissue patterns, shred border & an air bronchogram

Shout “Consolidation”! Why, thank you Ma’am! (8)

These sonographic findings all spell out Pneumonia

Be itinKabul or Irkutsk or Eastern Estonia!

Ah! Pneumothorax! That dangerous blight

It’s tough, on a bed film, even to sight

But look for the lung point & stratosphere sign; (9)

Pop in your chest tube, soon the patient is fine!

There’s a plethora of uses, from mundane to cool

From procedural safety (10) to recruitment tool (11)

You can use algorithms to make a good call

In nine of ten cases, you won’t take a fall! (12)

Oh, it takes seven months to master this skill, (13)

But shorter ICU training is just a license to kill!!

<u>To Conclude:</u>

I guess this is a big debate, so I’ll recaphere in my poem,

While X-rays clearly are limited,ultrasound’llgetyou home!

They’ll say it still is adequate, so cool down Ram, why fluster?

But in a fast-paced, real-time world, it just won’t cut the mustard!

Why settle for botched 2-D films from slow, temperamental techs

When an accurate POC tool, makes you strong (and flex your pecs)

Yeah, the learning curve is a little slow; takes many months to master

But, the million-dollar question is, would y’ trust someone trained faster?

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