

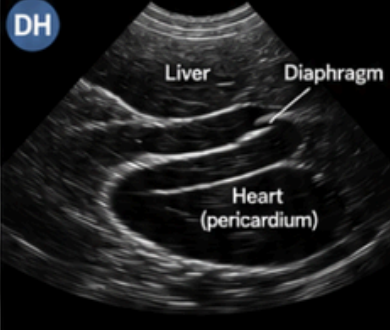
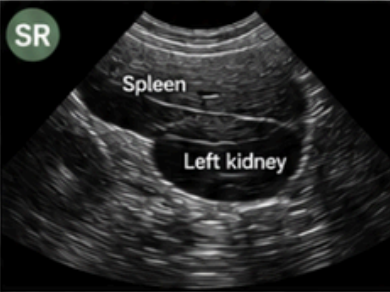
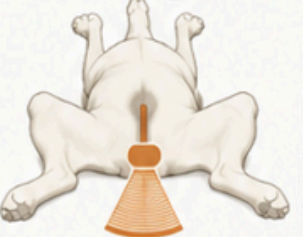


AFAST / TFAST CAGE-SIDE QUICK REFERENCE

*Four standardized windows.
One scoring system.
Faster answers at the point of care.*

AFAST / TFAST CAGE-SIDE QUICK REFERENCE

AFAST — Four Standardized Windows

DH Diaphragmatico-hepatic (subxiphoid, angled cranial)			DH Diaphragmatico-hepatic — shared with TFAST; validated for pericardial effusion. Structures: • Liver • Diaphragm • Heart (pericardial sac) • Right cranial abdomen Purpose: Detect free fluid in abdomen and pericardial effusion.
SR Splenorenal (left flank)			SR Splenorenal — spleen, left kidney, retroperitoneal window. Structures: • Spleen • Left kidney • Retroperitoneal space Purpose: Detect free fluid in the left flank abdomen/retroperitoneum.
CC Cystocolic (midline, over bladder)			CC Cystocolic — bladder and descending colon, midline. Structures: • Urinary bladder • Descending colon • Caudal abdomen Purpose: Detect free fluid in the caudal abdomen and pelvis.
HR Hepatorenal (right flank / umbilical region)			HR Hepatorenal — liver, right kidney; often best abdominocentesis site. Structures: • Liver • Right kidney • Right retroperitoneal space Purpose: Detect free fluid in the right flank/umbilical abdomen; ideal site for abdominocentesis.

Probe & Preset	
	Transducer — Microconvex curvilinear
	Frequency — 5–10 MHz
	Depth range — ~3–15 cm
	Preset — Standard abdominal (species/weight-specific presets reduce operator variability)
	Cardiac / linear probe — not required for standard screening

Abdominal Fluid Score (AFS)	
0	No positive sites
1	Positive at any single site
2	Positive at any two sites
3	Positive at any three sites
4	Positive at all four sites (maximum)
AFS 3–4 correlates with more pronounced PCV/TP drops, higher ALT, and greater transfusion need. Reassess at 4 hrs (sooner if unstable) — rising score = ongoing hemorrhage; falling score = resolving (most resolve ~48 hrs).	

AFAST / TFAST CAGE-SIDE QUICK REFERENCE

TFAST — Five Points

 CTS-R Right Chest Tube Site Right thoracic parietal–visceral pleural interface. Purpose: Detect pleural effusion and evaluate for pneumothorax.	 CTS-L Left Chest Tube Site Left thoracic parietal–visceral pleural interface. Purpose: Detect pleural effusion and evaluate for pneumothorax.	 PCS-R Right Pericardial Site Right parasternal window. Purpose: Detect pericardial effusion.	 PCS-L Left Pericardial Site Left parasternal window. Purpose: Detect pericardial effusion.	 DH Diaphragmatico-hepatic (Shared AFAST View) Shared with AFAST (DH view). Purpose: Detect pleural effusion.
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Glide Sign — Pneumothorax Assessment (CTS Views)



	PRESENT Rhythmic sliding of visceral vs. parietal pleura (shimmering pleural line).	→ Rules out pneumothorax at that site.
	ABSENT No pleural sliding.	→ Search for the lung point (dorsal → ventral).
	LUNG POINT FOUND Transition point between sliding and no sliding.	→ Partial pneumothorax.
	NO LUNG POINT AT ANY POSITION No transition point identified.	→ Massive pneumothorax.

T3 Framework — Not Just Trauma

TRAUMA

The original use case; free fluid, effusion, pneumothorax screening.

TRIAGE

Any acute, non-traumatic presentation: collapse, syncope, suspected GDV, anaphylaxis.

TRACKING

Serial monitoring of hospitalized or post-surgical patients alongside vitals.

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AFAST / TFAST Cage-Side Quick Reference



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