



POCUS and COVID-19

As the COVID-19 pandemic evolves, we are recognizing the critical need for point-of-care ultrasound in detecting and monitoring pleural and cardiac findings associated with the disease process.

Accordingly, we have updated our website with pertinent POCUS information regarding the ongoing pandemic. Here you will find resources on POCUS lung exams, scanning for pneumonia, and COVID-19 patient management with ultrasound. We have also included a social media tab to keep the community connected with the newest information.

[Learn More](#)

Let Your Voice Be Heard

Setting global POCUS standards ensures that the clinical community can be ready to take on this health event and the next.

The following survey is an opportunity for the global POCUS community to have input on the top 25 point-of-care ultrasound procedures or protocols that are essential to practice.

Know other colleagues using POCUS? Forward our POCUS Post Newsletter and ask them to complete the survey!

[Start Survey](#)

Lastly, the POCUS Certification Academy would like to extend a heartfelt thank you to all the healthcare professionals on the frontlines of this global emergency. We hope this information finds you well and empowers you to adapt during this difficult time.



POCUS BYTES™

[POCUS and COVID-19](#), available now with Ernesto Brauer, MD, FACP, FCCP, ABSM.

[The BLUE Protocol: Beside Lung Ultrasound in an Emergency](#), available now with Robert Kollpainter, PA-C, FAPACVS, RDMS, CVTS-CAQ.

[Obtaining Cardiac Views with POCUS](#) on May 27th, 2020 at 12:00PM Eastern Time with James Day, RDC

CERTIFICATES & CERTIFICATIONS

The POCUS Lung Certification includes seven (7) content areas consisting of online cases to assess your knowledge in identifying anatomical features and sonographic findings including:

- Pneumothorax
- Pleural effusion, simple
- Pleural effusion, complex
- Diffuse interstitial and/or partial alveolar syndrome without pleural abnormalities or spared areas
- Focal interstitial or partial alveolar syndrome
- Consolidation with dynamic air bronchogram
- Consolidation without dynamic air bronchogram

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FOCUS ON POCUS™ PODCASTS

[POCUS: Learning from the Past and Moving to the Future](#), with Daniel Lichtenstein, MD.

[The Process of Using Ultrasound as a Diagnostic Tool](#), with Gordon Johnson, MD, FHM.

[The Importance of External Validation](#), with Dale Cyr, CEO for Inteleos.



POCUS Quicks TIPS - [Lung Ultrasound](#)

- A-lines can be a normal finding in the healthy patient but they may also be prominent in patients with atelectasis, asthma, COPD (positive lung sliding at pleural line), and pneumothorax (negative lung sliding at pleural line).
- Less than 2 B-lines in any given region can be a normal finding; 3 or more B-lines in any given region is pathologic
- **Focal B lines may suggest pneumonia**, whereas diffuse B lines in 3 or more zones on both sides of the chest suggests a diffuse alveolar interstitial syndrome such as pulmonary edema or ARDS

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4.0 AMA PRA Cat-1
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INDUSTRY NEWS

Zhang, W. (2020). Imaging changes of severe COVID-19 pneumonia in advanced stage. *Intensive Care Med.* <https://doi.org/10.1007/s00134-020-05990-y>

Volpicelli, G., Elbarbary, M., Blaivas, M. *et al.* (2012). International evidence-based recommendations for point-of-care lung ultrasound. *Intensive Care Med* **38**, 577–591. <https://doi.org/10.1007/s00134-012-2513-4>

Peng, Q., Wang, X. & Zhang, L. (2020). Findings of lung ultrasonography of novel corona virus pneumonia during



the 2019–2020 epidemic. *Intensive Care Med.*
<https://doi.org/10.1007/s00134-020-05996-6>

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