34) The trauma nurse understands which of the following to be correct about the Focused Abdominal Sonography for Trauma (FAST) in pediatrics:

A) FAST is rarely useful in trauma decision making

B) FAST indicates the need for immediate operative intervention

C) FAST has important limitations as a screening tool in pediatric trauma

D) FAST has higher sensitivity in pediatric trauma than adult trauma

C –FAST exams can be user dependent, lack sensitivity in children, and can miss smaller amounts of blood. Given these limitations, should trauma services remove this practice from routine use? Should a negative FAST give the trauma team an absolute sense of security? Recent research says probably not. Are FAST exams perfect? Of course not. They are only as good as the person performing and interpreting them. Should they only be used for unstable patients? Of course not.

Not so FAST... Where FAST really appears to have a role in pediatric trauma care is two-fold. First, it can help in the decision making process when you have a multi-trauma patient where a determination of priorities must be made rapidly. With a grossly negative FAST exam, which takes only a few minutes at the bedside, the "badness" is probably not in the belly. If there is a grossly positive FAST exam and the patient is hemodynamically stable, then off to CT they go. This is important as most blunt abdominal injuries in children are managed without surgery. However, if the FAST is grossly positive and the patient is trying to die, going immediately to the OR (and not to CT for multiple imaging exams which may result in death by diagnostics) is a very good possibility and plan.

The second more recent use of the FAST exam involves its evolution from FAST to eFAST. This stands for Extended Focused Abdominal Sonography for Trauma. This is a FAST exam with a fast look at the lungs as well. In expert hands, bedside ultrasound has been found to spot a pediatric pneumothorax faster, and in some cases, better than standard chest X-rays, without the radiation exposure.

One becomes an expert at doing FAST exams (or taking care of pediatric patients) by doing it a whole lot. Recent research currently tells us that FAST is not harmful, but that we definitely need more practice!

