**IVC Assessment for Fluid Responsiveness**

1. Position the patient supine.
2. Obtain a subxyphoid view of the heart.  
   *The ultrasound indicator should be directed toward the patient’s left flank.*
3. Once you have identified the right atrium, turn the ultrasound probe 90 degrees counterclockwise.  
   *The indicator should now be directed toward the patient’s head.*
4. Identify the IVC as it enters the right atrium.
5. Put the ultrasound into M-mode.
6. Place the M-mode cursor cross the IVC approximately 2 cm inferior to the junction with the RA.

7. In spontaneously breathing patients, the following measurements suggest a patient is **likely to be fluid responsive:**
   a. IVC measuring < 1 cm in diameter **coupled with** IVC collapse 
      > 50% with each breath **or**
   b. IVC **collapsibility** > 42%

   \[ \text{IVC collapsibility} = \frac{(\text{max diameter} - \text{min diameter})}{(\text{mean diameter})} \times 100 \]

8. In mechanically ventilated patients who are passive on the vent, fluid responsiveness is likely if the IVC **distensibility** > 18%.

   \[ \text{IVC distensibility} = \frac{(\text{max diameter} - \text{min diameter})}{(\text{min diameter})} \times 100 \]