**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 < 2 cm in diameter **coupled with** IVC collapse
      > 50% with each breath **or**
   b. IVC **collapsibility** > 12%
   
   \[ IVC \text{ collapsibility} = \frac{\text{max diameter} - \text{min diameter}}{\text{mean diameter}} \times 100 \]

8. In mechanically ventilated patients who are passive on the vent, fluid responsiveness is likely if the IVC **distensibility** > 18%.
   
   \[ IVC \text{ distensibility} = \frac{\text{max diameter} - \text{min diameter}}{\text{min diameter}} \times 100 \]