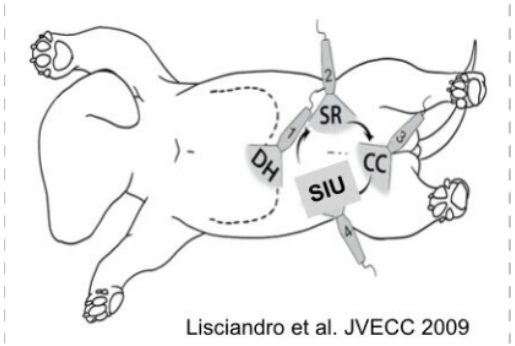
Abdominal Fluid Scoring System

AFAST® scoring, clinical interpretation and treatment implications

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Lisciandro et al. JVECC 2009

1. Examine and record the 4 scoring views

DH: diaphragmatico-hepatic → SR: spleno-renal → CC: cysto-colic → SIU: spleno-intestino umbilical

0 | Negative

No free fluid detected.

½ | Weak positive

Small fluid pocket.

1 | Strong positive

Large fluid pocket.

2. Add DH + SR + CC + SIU = Total AFS 0–4

Modified system: score each view 0, ½ or 1. Record location, patient position and the total at every examination.

AFS = 0 | No fluid detected

Clinical meaning
No sonographically detected free abdominal fluid.

Treatment implications
If concern persists, repeat imaging and evaluate other causes of instability. A negative score does not exclude early bleeding or clotted blood.

0 < AFS < 3 | Small volume

Clinical meaning
Small-volume effusion / bleeder pattern.

Treatment implications
If stable, monitor serially and treat the underlying cause. Titrate fluid support to perfusion and response. If anemia is present, investigate additional explanations below.

AFS ≥ 3 | Large volume

Clinical meaning
Large-volume effusion / bleeder pattern.

Treatment implications
Assess perfusion and anemia promptly. With hemorrhage, consider blood products and correct coagulopathy. Assess need for source control / surgery based on cause and ongoing instability.

3. Repeat AFAST® and reassess treatment

Increasing AFS: reassess for ongoing accumulation and escalate evaluation / treatment as clinically indicated.
Static AFS: continue monitoring; an unchanged score does not prove bleeding has stopped.
Decreasing AFS: supports resolving fluid burden; confirm improvement with perfusion and laboratory trends.

Recheck: approximately 4 hours after admission in stable patients; sooner and as often as needed if unstable.

Anemia with AFS < 3: consider preexisting anemia, bleeding elsewhere (perform Global FAST®), hemodilution or laboratory error.

Clinical integration: sample fluid when safely accessible; ultrasound appearance cannot reliably identify fluid type. Use perfusion, serial PCV / total solids, coagulation testing and fluid analysis alongside AFS. AFS alone is not a transfusion or surgery trigger.

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