



Case study: Jillian

The following case study is a hypothetical patient and for illustrative purposes only.

Jillian is a 5-year-old female. She is presenting to your institution with a cough and fever, but no acute respiratory distress. The symptoms began four days ago and have not subsided. Jillian's mother decides to bring her to the emergency room in the middle of the night, because she is having trouble sleeping.



Are we utilizing our healthcare resources appropriately, and minimizing time in the ER for our kids?

“Ultrasound can distinguish between atelectasis and infiltrate, and therefore challenges CXR as the gold standard for pediatric pneumonia. Ultrasound can help support a fast and unequivocal diagnosis, and therefore support the decision to prescribe antibiotics only when necessary, expedite care significantly and avoid unnecessary radiation to our kids.”

— Russ Horowitz MD, Director of Emergency and Critical Care Ultrasound Lurie Children's Hospital Chicago, IL

Path to treatment/diagnosis with Butterfly iQ+™

-  Patient is seen by the ER physician and a lung ultrasound is performed at the bedside during the initial evaluation using the Pediatric Lung setting on the Butterfly iQ+
-  Focal B-lines with lung hepatization and dynamic air bronchograms are detected and antibiotics are prescribed immediately
-  Patient is discharged from the ER with a follow-up visit to their pediatrician

15 mins

Total time to treatment

- ✓ Avoided exposure to ionizing radiation
- ✓ Expedited time to treatment
- ✓ High Patient Satisfaction

Path to treatment/diagnosis without Butterfly iQ+™

-  Patient is seen by the triage physician, admitted to the ER, and a mobile CXR is ordered
-  Mobile CXR is performed when the on-call technologist is available
-  Physician receives an equivocal radiology report and requests a night read from the radiologist
-  Antibiotics are prescribed 'just-in-case' the patient has pneumonia
-  The radiologist conducts a night read, identifies pneumonia, and reports back to the physician
-  Patient is discharged from the ER with a follow-up visit to their pediatrician

4 hours

Total time to treatment

- ✓ Exposure to ionizing radiation
- ✓ Delayed time to treatment
- ✓ Low Patient Satisfaction

For more information, please contact your local Butterfly representative, or support@butterflynetwork.com.

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