*Pulmonary hypertension* (recommended for expert level of training)

* *A.* We recommend bedside cardiac ultrasonography should be used to measure pulmonary arterial pressures in all patients with suspected primary or secondary pulmonary hypertension. **Grade 1B**
* *Rationale:* BCU allows the critical care physician not only to estimate pulmonary artery (PA) pressure but also to evaluate valvular, primary myocardial and congenital causes of elevated right sided pressures.35, 43-47 It also helps the physician prognostically as elevated PA pressures carry a significant short term as well as long term mortality risk.47
* *B.* We could not reach agreement regarding the measurement of tricuspid annular systolic plain excursion (TAPSE) to assess severity of pulmonary hypertension, right ventricular function and provide prognostic information.
* *Rationale:* Right ventricular (RV) function is an important determinant of prognosis in pulmonary hypertension. TAPSE may be a useful measure of RV function and may provide prognostic significance in pulmonary hypertension.48,49 However, the group could not reach consensus on whetheror not this should be a component of a basic evaluation of the right ventricle.

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