Our study demonstrated a weak correlation between IVC-CI and CVP in hypotensive and intubated patients with central lines. The goal of this study is to assess correlation between IVC-CI and CVP in hypotensive and intubated patients to find range of CVP with maximal correlation to preclude need for ultrasound. Literature on using ultrasound evaluation of IVC in this patient population is sparse. Study performed by intensivist and resident, not experienced echocardio graphic, making results generalizable to MDs willing to learn ultrasound. Weaknesses of Study: Sample size small, Does not control for other variables such as mean airway pressure, PEEP, and cause of hypotension. Conclusion: As IVC-CI is a validated measurement of fluid status, our data shows that in hypotensive and intubated patients, clinician can trust their CVP more when the value is less than 8, but that in general CVP is an inaccurate tool for fluid assessment in this patient population.

**Future of the Study**
- Collect data on 74 patients
- Multivariable analysis accounting for effect of mean airway pressure, PEEP, and type of mechanical ventilation
- Calculate success rate of novice echocardiographers in obtaining adequate view to assess volume status.
- Does IVC-CI accurately predict volume responsiveness in septic patients throughout their hospital course?