

MERCY HOSPITAL OF PITTSBURGH
EMERGENCY DEPARTMENT
RESIDENT ULTRASOUND LOG

PATIENT HISTORY

DATE _____

RESIDENT/PGY _____
ATTENDING _____

PT LAST NAME _____
PT MRN# _____

TYPE OF EXAM

- ABDOMINAL
- RENAL
- PELVIC (Transabdominal)
- PELVIC (Transvaginal)
- F.A.S.T. EXAM
- CARDIAC

INDICATION

- ABDOMINAL PAIN/MASS
- PELVIC/FLANK PAIN
- VAGINAL BLEEDING
- SHOCK/HYPOTENSION
- TRAUMA
- CARDIAC NONE/TEACHING

RULE-IN/RULE-OUT

- INTRAUTERINE PREGNANCY
- FETAL CARDIAC ACTIVITY
- ASYSTOLE/FIBRILLATION
- CHOLELITHIASIS/CHOLECYSTITIS
- ECTOPIC PREGNANCY
- HYDRONEPHROSIS
- LEIOMYOMA (Fibroid Uterus)

- ABDOMINAL AORTIC ANEURYSM
- HEMOPERITONEUM
- PERICARDIAL EFFUSION
- PNEUMOTHORAX
- APPENDICITIS
- PELVIC MASS

YOUR FINDINGS

CONFIDENCE WITH STUDY

High Intermediate Low

TIME TO COMPLETE STUDY (Minutes)

0 ----- 5 ----- 10

CONFIDENCE WITH INTERPRETATION

High Intermediate Low

OFFICIAL STUDY

- None
- U/S by technician
- U/S by radiologist
- CT scan
- Echo
- Other imaging study _____

** Please attach ultrasound images and copy of official report to this face sheet **