

Yes No
Oral consent obtained
prior to study?

Exam Videotaped? Yes No

Limited Emergency Ultrasound
Data Sheet

Stamp Patient Addressograph Here

Patient MR#: _____

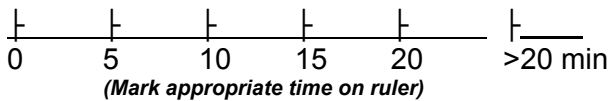
ULTRASOUND TYPE

- Pelvic / Transvaginal
- Abdominal
- Cardiac
- Trauma
- Renal

INDICATIONS (Check as many as apply)

- Suspected AAA
- Suspected Free Fluid
- Suspected IUP
- None: Educational Only
- Suspected Pericardial Effusion
- Suspected Cardiac Activity / PEA
- Urine HCG: Pos Neg
- Serum: _____ # IU

TOTAL TIME FOR SCAN (TIMER)



FINDINGS

- Conclusive
- Inconclusive

ACTUAL FINDINGS:

	(YES)	(NO)
IUP	_____	_____
Free Intra-Abdominal Fluid	_____	_____
A A A	_____	_____
Cardiac Activity	_____	_____
Pericardial Effusion	_____	_____

WAS A FORMAL ULTRASOUND ORDERED? FINDINGS: _____

YES → NOW? (ED) or Outpatient _____
 NO _____

Consultant present in ED? Radiology Other e.g. OB/GYN, Trauma, Cardiology

WHAT FORMAL STUDIES/SURGERIES WERE USED TO CONFIRM THE Dx? _____

Now Outpatient FINDINGS: _____

Confidence with the Study: High Intermediate Low

Confidence with the Interpretation: High Intermediate Low

Performed By: _____ Observed By: _____