

Emergency Department Ultrasound Exams

- The focused nature of the exam was explained to the patient, was not explained due to _____

F.A.S.T. for Trauma or Medically Unstable – Limited Abdomen CPT 76705-26, Limited Cardiac CPT 93308-26, Limited Thorax CPT 76604-26

- Indication was suspected thoracoabdominal trauma, hypotension of unknown etiology, concern of cardiac arrest and suspected asystole, concern of hypoxia and suspected PTX/pleural effusion, other _____
- Limitations: none, body habitus, inadequate time for completion, subcutaneous air, other _____
- Trauma FAST: complete, indeterminate b/c (bladder decompressed, left diaphragm not seen, etc.): _____
- Results:
 - hemoperitoneum (Yes No N/A)
 - pericardial effusion/hemopericardium (Yes No N/A), hyperdynamic cardiac function (Yes No N/A), decreased global wall function of the heart (Yes No N/A), asystole (Yes No N/A),
 - pleural effusion/hemothorax (Yes No N/A), pneumothorax (No Yes-right Yes-left N/A)
 - other: _____
- Other recommendations: none, CT, other: _____

The emergency department F.A.S.T is intended only to answer focused clinical questions such as the presence of hemoperitoneum, hemopericardium, pneumothorax, hemothorax, and specific to the medically unstable patient, the presence of cardiac asystole, pleural effusion, pericardial effusion, and global heart function.

Focused Gallbladder Ultrasound – CPT 76705-26

Indication for the examination was suspected symptomatic biliary disease.

- Limitations: none, body habitus, partial visualization due to bowel gas, inability to properly position patient, other: _____
- Measurements: Transverse **Width** _____ cm (<4cm wnl). **Length** _____ cm (<10cm wnl). Wall **Thickness** _____ mm (<4 mm wnl). Common bile duct (not measured/ measured at _____ mm.).
- Results (negative, positive): Sonographic Murphy's (Yes/ No), Neck (well, not well) visualized, pericholecystic fluid (yes/ no) Gallstones (not seen/ single stone visualized/ multiple stones visualized), Other: _____
- Other recommendations: none, comprehensive US, CT scan, other: _____

The emergency department focused ultrasound is intended only to answer the focused clinical question as to the presence of symptomatic biliary disease. Comprehensive ultrasound should be considered prior to surgical intervention or if indicated by history, physical exam or laboratory findings.

Focused Pelvic Ultrasound – Pregnant Transabdominal CPT 76815-26

Non-Pregnant Transabdominal CPT 76857-26

Pregnant Transvaginal CPT 76817-52, 26

Non-Pregnant Transvaginal CPT 76830-52, 26

- The indication was: suspected complicated 1st trimester pregnancy with desire to confirm intrauterine pregnancy, other: _____
- Exam Type: Transvaginal, Transabdominal
- Pregnancy Status (Positive/ Negative), established by: positive icon, quant, prior US, other: _____
- Limitations: none, patient preparation, body habitus, bowel gas, other: _____
- The positive findings: gestational sac seen – mean sac diameter _____ mm, yolk sac, fetal pole, embryo seen CRL ___ wks, FHR at _____ bpm, subchorionic hematoma, fluid in cul-de-sac w/o echoes, fluid in cul-de-sac w/echoes, other: _____
- Other recommendations: none, repeat US, comprehensive US, OB f/u, repeat qHCG in 2 days, other: _____

The emergency department focused ultrasound is intended to answer focused clinical questions such as to the presence of intrauterine pregnancy.

Focused Ultrasound for Proximal Lower Extremity DVT – CPT 93971-26

Indication for examination was suspected proximal DVT of the lower extremity.

- Location: Lower extremity (right, left, bilateral)
- Limitations: none, body habitus, lower extremity edema, other: _____
- Findings:
 - The common femoral vein was visualized in 1 cm increments from the inguinal ligament until it descended into the adductor canal, and it was noted to: completely collapse over its entire length (Yes/ No), and have a phasic doppler signal that augmented with distal compression (Yes/ No), other: _____.
 - The popliteal vein was visualized in 1cm increments throughout the popliteal fossa, and it was noted to: completely collapse (Yes/ No), and have a phasic doppler signal that augmented with distal compression (Yes/ No), other: _____
- Other recommendations: none, comprehensive duplex in the next 3-5d, other: _____

The emergency department focused ultrasound is intended to answer the focused clinical question as the presence of a proximal lower extremity DVT. It is undertaken with the understanding that it is not a complete vascular study were every vessel is interrogated along its entire course. It is not a good choice to evaluate for isolated calf DVT.

Emergency Department Ultrasound Exams (cont.)

The focused nature of the exam was explained to the patient, was not explained due to _____

Focused Renal-Bladder or Post-void residual – Renal/Bladder Ultrasound CPT 76775-26, Post-void Residual CPT 51798-26

- The indication was suspected obstructive uropathy, urinary retention, other: _____
- Limitations: none, inability to properly position patient, body habitus, other: _____
- Results: right kidney hydronephrosis - none mild, moderate, moderately severe, severe
left kidney hydronephrosis - none mild, moderate, moderately severe, severe
Bladder post void residual volume of ____ cc.
Other: _____
- Other recommendations: none, comprehensive US, CT scan, other: _____

The emergency department focused ultrasound is intended to answer focused clinical questions as to the presence of obstructive uropathy or urinary retention.

Focused Aorta Ultrasound – CPT 76775-26

Indication for the examination was suspected AAA.

- Limitations: none, partially visualized aorta other: _____
- Results: normal aortic size (< 3 cm proximal, mid, and distal aorta), AAA at ____ cm AP and it (can/can not) be determined to be greater than 2cm distal to the take off of the SMA.
- Other recommendations: none, CT scan, other: _____

The emergency department focused ultrasound is intended only to answer the focused clinical question as to the presence of abdominal aortic aneurysm.

Emergency Department Ultrasound Procedures

- Verbal consent was obtained, not obtained due to _____

Ultrasound Guidance for Vascular Access (image of NEEDLE in the vessel required) – CPT 76937-26

The indication for the procedure was a lack of adequate peripheral venous access

- With sterile technique a (1 inch angiocatheter, 2 inch angiocatheter, TLC, cordis, trauma line) was placed under direct visualization in the (right/left) (deep brachial vein, cephalic vein, IJ, EJ, femoral vein) with good return and flush.
- No complications were noted and the patient tolerated the procedure well (Yes/No).

Abscess Evaluation (code by anatomic location) – Neck CPT 76536-26, Upper extremity CPT 76880-26, Axilla CPT 76880-26
Chest Wall CPT 76604-26, Breast CPT 76645-26, Upper Back CPT 76604-26
Lower Back CPT 76705-26, Abdominal Wall CPT 76705-26, Pelvic Wall 76857-26
Lower Extremity 76880-26, Other Soft Tissue CPT 76999-26

- image of site localized with US**
(does not require image of actual needle in site)
- The indication for the examination was suspicion for abscess, suspicion for foreign body, other: _____
 - Examination limitations: none, macerated wound with air, other: _____
 - The results of the examination: no abscess seen, abscess present at ____ cm by ____ cm with compressibility confirmed, cellulitis, foreign body seen, no foreign body seen).
 - Other recommendations: none, comprehensive US, CT scan, X-ray, MRI, surgical f/u for removal fb, other: _____

The emergency department focused ultrasound is intended to answer focused clinical questions as to the presence of abscess or foreign body.

US Guidance for Procedures – CPT 76942-26 for paracentesis, thoracentesis, joint aspiration, foreign body removal, lumbar puncture, supra-pubic bladder tap, drain peritonsillar abscess; CPT 76930-26 for pericardiocentesis

- The indication for the procedure was: _____
- Procedure note: Ultrasound guided paracentesis, thoracentesis, suprapubic aspiration, abscess drainage, lumbar puncture, foreign body removal, pericardiocentesis, peritonsillar abscess drainage, other: _____
- With sterile technique a ____ gauge ____ inch needle was placed under direct ultrasound guidance in the (peritoneum, thoracic cavity, pericardium, bladder, abscess, lumbar spinal interspace) with _____
- Patient's condition (improved/worsened/did not change) after the procedure.
- No complications were noted and the patient tolerated the procedure well (Yes/No).

I was present for the examination and agree with the above documentation.

Credentialed Attending Signature

Credentialed Attending Printed Name

Date Physician ID #