

Adult Emergency Department
Emergency Ultrasound
Ultrasound Guidance: Peripheral Venous Line
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Patient Name _____
MRN _____
PATIENT IDENTIFICATION LABEL

PERIPHERAL LINE:

Ultrasound dynamic-guidance used

Indication(s):

Failed or difficult IV access

Location:

Right Left: Antecubital Basilic Brachial Other: _____

Catheter gauge: 16 18 20 Other: _____

Complications: NONE Other: _____

Resident/PA/NP signature: _____ Pager ID _____ Date _____ Time _____ AM/PM

Physician signature: _____ Pager ID _____ Date _____ Time _____ AM/PM

I (Attending physician) was present and personally supervised the entire procedure.

CPT: **76937-26**