

Patient Name _____
MRN _____
PATIENT IDENTIFICATION LABEL

Indication:

A focused ultrasound exam of the pleural spaces was performed to evaluate for pneumothorax or pulmonary edema. The ultrasound was performed with the following indications, as noted in the H&P:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Dyspnea | <input type="checkbox"/> Hypotension |
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Blunt thoracic trauma |
| <input type="checkbox"/> Pleurisy | <input type="checkbox"/> Penetrating thoracic trauma |
| <input type="checkbox"/> Hypoxia | <input type="checkbox"/> Other indications as noted in the H&P |

Identified structures:

The thoracic cavities and diaphragm were examined.

Findings:

Exam of the above structures revealed the following findings in the pleural spaces:

- | | | |
|------------------------------|---------------------------------|----------------------------------|
| Evaluation for pneumothorax: | <input type="checkbox"/> Absent | <input type="checkbox"/> Present |
| If present: | <input type="checkbox"/> Left | <input type="checkbox"/> Right |
| Comet tails: | <input type="checkbox"/> Absent | <input type="checkbox"/> Present |
| If present: | <input type="checkbox"/> Left | <input type="checkbox"/> Right |
| Pleural effusion: | <input type="checkbox"/> Absent | <input type="checkbox"/> Present |
| If present: | <input type="checkbox"/> Left | <input type="checkbox"/> Right |

Other: _____

Impression:

- Normal thoracic evaluation, no pneumothorax or edema
- Pneumothorax
- Pleural effusion
- Other: _____

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