

UMHS Emergency Department Ultrasound QI Reporting Form

Application: <input type="checkbox"/> F.A.S.T./Ruleout Ascites <input type="checkbox"/> Cardiac/Pulmonary/Vascular <input type="checkbox"/> Abdominal Aorta <input type="checkbox"/> Biliary <input type="checkbox"/> Renal Collecting System <input type="checkbox"/> IUP Verification <input type="checkbox"/> Procedure _____ <input type="checkbox"/> Other _____	Indication: <input type="checkbox"/> Truncal trauma <input type="checkbox"/> PEA/Hypotension <input type="checkbox"/> Chest pain <input type="checkbox"/> Dyspnea <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Flank pain <input type="checkbox"/> Vaginal Bleeding <input type="checkbox"/> Other _____	Patient Name: Patient ID: Date: <div style="text-align: center;">(sticker/stamp)</div>
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FAST: <input type="checkbox"/> Pericard space neg* <input type="checkbox"/> Perihepatic neg* <input type="checkbox"/> Perisplenic neg* <input type="checkbox"/> Pelvis neg* <input type="checkbox"/> Pleural bases neg <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Hemopericardium <input type="checkbox"/> Hemothorax(L/R) <input type="checkbox"/> Hemoperitoneum <input type="checkbox"/> Pneumothorax(L/R) <input type="checkbox"/> Ascites <input type="checkbox"/> _____ <input type="checkbox"/> _____	Renal Collecting System: <input type="checkbox"/> Full Long/Trans sweeps (bil if abnl)* <input type="checkbox"/> No Hydro* <input type="checkbox"/> Ureteral jets- R/L <input type="checkbox"/> No Calculi* <input type="checkbox"/> Bladder Vol _____ cc
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Cardio/Pulm/Vasc: <input type="checkbox"/> Pericard. space nl* <input type="checkbox"/> Organized Activity* <input type="checkbox"/> Global function nl <input type="checkbox"/> CVP _____ mmHg Method _____ ↓Preload Y/N BLUE protocol: <input type="checkbox"/> Lung prof (R/L) _____ <input type="checkbox"/> LE prox Duplex _____	<input type="checkbox"/> Pericardial Fluid Amount _____ Tamponade: Y/N <input type="checkbox"/> LV strain (↑Vol/↓EF/MR) <input type="checkbox"/> RV strain (↑Vol/↓EF/TR/Sept Δ) <input type="checkbox"/> Pneumothorax R/L <input type="checkbox"/> PLAPS R/L	Biliary Assessment: <input type="checkbox"/> Anechoic GB lumen* <input type="checkbox"/> Wall thickness nl _____ mm (<3mm)* <input type="checkbox"/> No Pericholic fluid* <input type="checkbox"/> Murphy sign absent* <input type="checkbox"/> GB diameter nl <4cm <input type="checkbox"/> CBD nl _____ mm <7mm <input type="checkbox"/> No Intrahep. bil. dil. <input type="checkbox"/> _____
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Abdominal Aorta: <input type="checkbox"/> Entire abd. aorta seen* <input type="checkbox"/> nl caliber (<3cm)* <input type="checkbox"/> Long/ Trans views* <input type="checkbox"/> Normal taper <input type="checkbox"/> Doppler arterial flow confirmation* <input type="checkbox"/> Iliac arteries seen* <input type="checkbox"/> IVC visualized*	<input type="checkbox"/> Aneurysm/ectasia <input type="checkbox"/> Max caliber _____ mm <input type="checkbox"/> Supra/Infra-renal <input type="checkbox"/> Intralum. thrombus <input type="checkbox"/> Dissection <input type="checkbox"/> Intraoperative fluid?(FAST) Y/N <input type="checkbox"/> _____	Verification of IUP: Endovag./Transabd.-circle <input type="checkbox"/> Endometrial stripe <input type="checkbox"/> Intrauterine GS* <input type="checkbox"/> DSS <input type="checkbox"/> Yolk Sac* or <input type="checkbox"/> Fetal Pole* CRL _____ <input type="checkbox"/> EGA _____ W _____ D <input type="checkbox"/> FHB _____ bpm <input type="checkbox"/> _____
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Other Findings: _____

Conclusive? Y / N Limitations: _____
 (Items marked * are necessary for a conclusive normal study)

ED Interpretation: (Circle) Normal Abnormal If abnl specify: _____

EM Physician Signature: _____ Date _____ Print Name _____ # _____	Training Study? Y N Confirmation (if training): US CT Level II Attdg: _____ # _____ Confirming Reading: _____
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Document the following views (attach images): FAST (4 views) Cardiac, Perihepatic, Perisplenic and Pelvis Cardiac (1 view) Single view with pericardial space Aorta (3 views) Trans- max. caliber, Long, Doppler confirmation QI Reviewer Use: Indication (0) (1) Data Complete (0) (1) Tech. Quality (0) (1) Views (0) (1) Interpretation (0) (2) Confirmation (0) (2) Comments: QI Score: _____ of 8 Reviewer: _____	Procedural (1 view) demonstrate target entry Biliary (2-3 views) GB, GBWT, +/- CBD IUP (2 views) Uterus Long/Trans Renal (2 views) Ipsilat Renal Long and UVJ
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