Ultrasound Procedure Worksheet

[Paracentesis / Thoracentesis]

Patient Name: _____ **MR#:** _____ **Date:** _____/_____/_____

Referring Physician: _____ **Tech:** _____

Reason for Study: _____

Patient History: _____

_____

Previous Exams: ☐ US ☐ CXR ☐ CT ☐ MRI Exam Date: _____/_____/_____

Previous Findings:

Pleural Effusion: ☐ Yes ☐ No

If so, the pleural effusion is: ☐ Right Hemithorax ☐ Left Hemithorax ☐ Anechoic ☐ Loculated

Ascites: ☐ Yes ☐ No

If so, the ascites is: ☐ RUQ ☐ RLQ ☐ LUQ ☐ LLQ ☐ Anechoic ☐ Complex fluid

Previous Procedures: ☐ Yes ☐ No

If so, which procedure was performed: ☐ Thoracentesis ☐ Paracentesis

Ultrasound Exam Findings:

Pleural Effusion: ☐ Yes ☐ No

If so, the pleural effusion is: ☐ Right Hemithorax ☐ Left Hemithorax ☐ Anechoic ☐ Loculated

Ascites: ☐ Yes ☐ No

If so, the ascites is: ☐ RUQ ☐ RLQ ☐ LUQ ☐ LLQ ☐ Anechoic ☐ Complex fluid

Addition Comments:

_____

_____

*** If a Thoracentesis or Paracentesis was performed after imaging please fill out the following information below ****

Procedure Performed: ☐ Thoracentesis ☐ Paracentesis ☐ Therapeutic ☐ Diagnostic

Procedure Site Chosen: ☐ Right Hemithorax ☐ Left Hemithorax ☐ RUQ ☐ RLQ ☐ LUQ ☐ LLQ

Performing Physician: _____ Assigned Nurse: _____

Collected Fluid Color: _____ Volume of Fluid Removed: _____ mL

Comments: _____

_____