

Adult Emergency Department
Emergency Ultrasound
Limited Focused Assessment with Sonography for
Trauma (FAST) Exam
Page 1 of 1

Patient Name _____
MRN _____

PATIENT IDENTIFICATION LABEL

Indication:

A focused ultrasound exam of the peritoneal space (including the following areas: sub-phrenic, Morison's pouch, splenorenal, superior colic gutters, and retro-vesicular), pericardial space, and pleural spaces was performed to evaluate for free fluid. The ultrasound was performed with the following indications, as noted in the H&P:

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

Identified structures:

The heart, diaphragms, liver, spleen, kidneys, and bladder were identified and the spaces noted above were examined.

Findings:

Exam of the above structures revealed the following findings in the peritoneal, pericardial, and pleural spaces:

Evaluation for free fluid in:

- | | | |
|-----------------------------------|---------------------------------|----------------------------------|
| Morison's pouch | <input type="checkbox"/> Absent | <input type="checkbox"/> Present |
| Splenorenal fossa | <input type="checkbox"/> Absent | <input type="checkbox"/> Present |
| Retrovesicular space | <input type="checkbox"/> Absent | <input type="checkbox"/> Present |
| Pericardial space | <input type="checkbox"/> Absent | <input type="checkbox"/> Present |
| Evidence of pericardial tamponade | <input type="checkbox"/> Absent | <input type="checkbox"/> Present |
| Pleural space | <input type="checkbox"/> Absent | <input type="checkbox"/> Present |
| If pleural fluid present: | <input type="checkbox"/> Left | <input type="checkbox"/> Right |

Other: _____

Impression:

- | | |
|---|--|
| <input type="checkbox"/> No pathologic free fluid | <input type="checkbox"/> Cardiac Tamponade |
| <input type="checkbox"/> Hemoperitoneum | <input type="checkbox"/> Hemothorax |
| <input type="checkbox"/> Hemopericardium | <input type="checkbox"/> Other: |

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

CPT: 76705-26 (abdomen) + 93308-26 (cardiac) + 76604-26 (chest)