

Adult Emergency Department  
Emergency Ultrasound  
Limited Ocular Exam  
Page 1 of 1

Patient Name \_\_\_\_\_  
MRN \_\_\_\_\_

PATIENT IDENTIFICATION LABEL

**Indication:**

Indication: A focused ultrasound of the orbit was performed to evaluate for retinal detachment, lens dislocation, vitreous hemorrhage, and other ocular pathology. The ultrasound was performed with the following indications, as noted in the H&P:

- |   |  |
|---|--|
| <input type="checkbox"/> Eye pain           | <input type="checkbox"/> Visual loss                           |
| <input type="checkbox"/> Eye/orbital trauma | <input type="checkbox"/> Other indications as noted in the H&P |
| <input type="checkbox"/> Vision change      |  |

**Identified structures:**

The orbit was evaluated on the ☐ Right ☐ Left side

**Findings:** Exam of the above structures revealed the following findings:

☐ Right eye:

- |                     |                                   |   |
|---------------------|-----------------------------------|---|
| Retinal contour:    | <input type="checkbox"/> Normal   | <input type="checkbox"/> Abnormal/detached          |
| Lens:               | <input type="checkbox"/> Normal   | <input type="checkbox"/> Dislodged                  |
| Vitreous body:      | <input type="checkbox"/> Anechoic | <input type="checkbox"/> Hyperechoic density        |
| Optic nerve sheath: | <input type="checkbox"/> Normal   | <input type="checkbox"/> Enlarged: ONSD (mm): _____ |

☐ Left eye:

- |                     |                                   |   |
|---------------------|-----------------------------------|---|
| Retinal contour:    | <input type="checkbox"/> Normal   | <input type="checkbox"/> Abnormal/detached          |
| Lens:               | <input type="checkbox"/> Normal   | <input type="checkbox"/> Dislodged                  |
| Vitreous body:      | <input type="checkbox"/> Anechoic | <input type="checkbox"/> Hyperechoic density        |
| Optic nerve sheath: | <input type="checkbox"/> Normal   | <input type="checkbox"/> Enlarged: ONSD (mm): _____ |

**Impression:**

- |   |                               |                                |
|---|-------------------------------|--------------------------------|
| <input type="checkbox"/> Normal ocular ultrasound               | <input type="checkbox"/> Left | <input type="checkbox"/> Right |
| <input type="checkbox"/> Retinal detachment                     | <input type="checkbox"/> Left | <input type="checkbox"/> Right |
| <input type="checkbox"/> Lens dislocation                       | <input type="checkbox"/> Left | <input type="checkbox"/> Right |
| <input type="checkbox"/> Vitreous hemorrhage                    | <input type="checkbox"/> Left | <input type="checkbox"/> Right |
| <input type="checkbox"/> Increased optic nerve sheath diameter: | <input type="checkbox"/> Left | <input type="checkbox"/> Right |
| <input type="checkbox"/> Other: _____                           |                               |                                |

Physician signature: \_\_\_\_\_ Pager ID \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ AM/PM

CPT: 76512-26