HSH Ultrasound Data Sheet pre-US

Clinician should fulfill only the grey-shadowed boxes and write in capital letters

1 Patient

Surname		Date of birth	__/__/____
Name		Date of enrollment	__/__/____
Sex	☐ M ☐ F	Serial number	
Vitals	BP: _____/_____ mmHg	HR: _____ bpm	SpO_2: _____ %

2 Clinician requesting US scan

Name	Dr.
Main complaint of the patient (sign one)	☐ Abdominal pain ☐ Abdominal distension and discomfort ☐ Cough ☐ Palpitation ☐ Swelling of feet ☐ Chest pain and burns ☐ Dyspnea ☐ Menstrual problems ☐ Obstetrics problems ☐ Difficulty in passing urine ☐ Other (specify _____)
What is you **pre US differential diagnosis** list? (sign 1 or more)	☐ 1. PUD ☐ 2. Pneumonia ☐ 3. Pelvic muscle syndrome ☐ 4. Pleural Effusion ☐ 5. Cardiomiophaty ☐ 6. Liver cirrosis/Schistosomiasis ☐ 7. Cholecystolithiasis ☐ 8. Gastritis/GERD ☐ 9. Acute/Chronic nephritis ☐ 10. Nephrolithiasis/Idronephrosis ☐ 11. Uterus Myomatosis ☐ 12. Adnexitis / GUT Infection ☐ 13.Other (specify _____ _____)
How **certain** is the ordering physician about the patient's diagnosis **prior** to the ultrasound scan?	
☐ 1.Very uncertain ☐ 2. Uncertain ☐ 3.Exactly midway ☐ 4.Somewhat certain ☐ 5.Very certain	

3 Therapy

Proposed **without** US	☐ Medical therapy	☐ Surgical therapy	☐ Referral to other Hospital
Therapy would consist in: (short description)			

4 US scan

Type of study requested (sign 1 or more)	☐ Cardiac superficial ☐ Chest ☐ Abdomen	☐ Ob/Gyn ☐ Soft tissue ☐ Other (specify _____)

HSH Ultrasound Data Sheet post-US

Clinician should fulfill only the grey-shadowed boxes and write in capital letters

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Patient name	

6

Clinician after US scan

Name	Dr.	
What is you **post US differential diagnosis** list? (sign 1 or more)	☐ 1. PUD ☐ 2. Pneumonia ☐ 3. Pelvic muscle syndrome ☐ 4. Pleural Effusion ☐ 5. Cardiomiophaty ☐ 6. Liver cirrosis/Schistosomiasis ☐ 7. Cholecystolithiasis	☐ 8. Gastritis/GERD ☐ 9. Acute/Chronic nephritis ☐ 10. Nephrolithiasis/Idronephrosis ☐ 11. Uterus Myomatosis ☐ 12. Adnexitis / GUT Infection ☐ 13.Other (specify _____ _____)
Did US scan add **unexpected** diagnosis to this patient?	☐ Yes (specifiy _____) ☐ No	
How **certain** is the ordering physician about the patient's diagnosis **after** to the ultrasound scan?		
☐ 1.Very uncertain ☐ 2. Uncertain ☐ 3.Exactly midway ☐ 4.Somewhat certain ☐ 5.Very certain		

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Therapy

Proposed **with** US	☐ Medical therapy ☐ Surgical therapy ☐ Referral to other Hospital
Therapy would consist in: (short description)	

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Comments

Hypothetically, how did this study affect your management of this patient? (free description	