

Patient Name: _____
Previous exam: _____
Date of birth: _____ Technologist: _____

PARACENTESIS - THORACENTESIS ULTRASOUND WORKSHEET

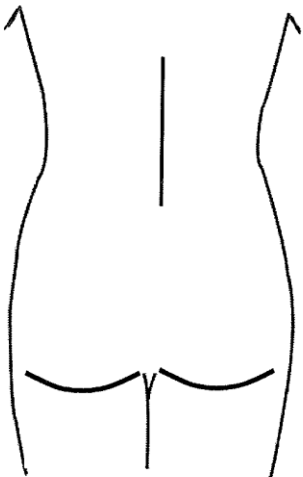
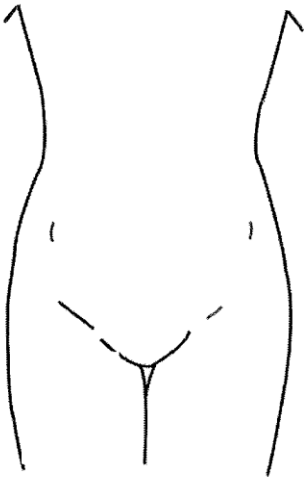
Ordering Physician: _____
Clinical Info: _____

Circle which procedure is performed

Paracentesis

Thoracentesis

Please mark withdrawal site with a small "x"



_____ cm vertical depth of
pre-paracentesis fluid pocket
_____ cc's fluid withdrawn

_____ cm vertical depth of
pre-thoracentesis fluid pocket
_____ cc's fluid withdrawn

Needle used:

_____ (Kit) 8F Catheter/RW needle _____ Yueh: _____ GA _____ Length _____ 15 GA Caldwell

Complications: NO YES _____

Other comments: _____

Routine, no immediate call back necessary

Call report to: _____ Number or Pager: _____