

Chest Ultrasound Findings in Suspected Congestive Heart Failure – Data Collection Sheet

Study Number: _____

Date: _____

Resident: _____

Attending: _____

Age: _____ yo Height: _____ ft _____ in Weight: _____ lbs

Patient Label

Vital Signs:

Highest Temp: _____ degrees C or F

Lowest SBP/DBP or MAP: _____

Highest HR: _____ beats/minute

Highest RR: _____ breaths/minute

Lowest SaO₂: _____ *on: _____ liters O₂

INITIAL ULTRASOUND

Sonologist: Moore Manson Carmody Bonz

B-line Assessment – Linear Probe, ED ECHO preset, orientation marker towards head

Right mid-axillary Present Absent

Right mid-clavicular Present Absent

Right mid-clavicular Present Absent

Right mid-axillary Present Absent

Quality Assurance:

Date ultrasound reviewed: _____ Reviewed By: _____

Adequate Study? YES NO

Agree with Interpretation? YES NO

Following All Data Acquired

Labs:

BNP: _____ pg/mL