

Name \_\_\_\_\_ MRN \_\_\_\_\_ Telephone # \_\_\_\_\_ Date \_\_\_\_\_

**Chief Complaint** (circle all that apply) Vaginal Bleeding Abdominal/Pelvic Pain  
None Other \_\_\_\_\_

**UCG Result** Positive Negative

**LABS** Beta HCG \_\_\_\_\_ Repeat Beta HCG \_\_\_\_\_  
Lactate \_\_\_\_\_ Hgb/Hct \_\_\_\_\_ Fetal Heart Rate \_\_\_\_\_

**ED Ultrasound Transabdominal:**

No IUP Ectopic Indeterminate Gestational Sac \_\_\_\_\_/No IUP

**Pelvic Free Fluid:** Mild Moderate Large **RUQ Free Fluid** Y/N

**If IUP:** Yolk Sac Fetal Pole

**ED Ultrasound Transvaginal:**

No IUP Ectopic Indeterminate Gestational Sac \_\_\_\_\_/No IUP

**Pelvic Free Fluid:** Mild Moderate Large **RUQ Free Fluid** Y/N

**If IUP:** Yolk Sac Fetal Pole

Other \_\_\_\_\_

**Official Radiology Ultrasound**

No IUP Ectopic Indeterminate Gestational Sac \_\_\_\_\_/No IUP

**Pelvic Free Fluid:** Mild Moderate Large **RUQ Free Fluid** Y/N

**If IUP:** Yolk Sac Fetal Pole HR \_\_\_\_\_

Other \_\_\_\_\_

**GYN Ultrasound**

No IUP Ectopic Indeterminate Gestational Sac \_\_\_\_\_/No IUP

**Pelvic Free Fluid:** Mild Moderate Large **RUQ Free Fluid** Y/N

**If IUP:** Yolk Sac Fetal Pole HR \_\_\_\_\_

Other \_\_\_\_\_

**GYN Diagnosis**

Threatened Abortion Ectopic IUP Intrauterine Fetal Demise Ovarian  
Cyst Fibroids Early Pregnancy Other \_\_\_\_\_