(Insert Institutional Logo)

**TRANSCRANIAL DOPPLER ULTRASOUND WORKSHEET**

|  |  |
| --- | --- |
| **Name:** | **Study date:** |
| **ID/MRN:** | **Location: PICU or CICU or Other** |
| **DOB/Age:** | **Referring staff:** |
| **Sex:** | **Sonographer initials:** |

|  |  |
| --- | --- |
| **Patient History (acute and chronic):** | **First or repeat TCD examination:**  |
|  | **Study type: Complete or Limited** |
| **Known focal pathology (ICH, TBI, Stroke):** | **If limited, vessels included:** |
| **Indication/Clinical question:** |  |
|  | **Bilateral or Unilateral R or L** |
| **TCD Machine:** | **Head of bed position:** |
| **Sample volume size, gain, power:**  | **Technically adequate: Yes or No** |

|  |  |
| --- | --- |
| **Temperature:** | **Invasive mechanical ventilation: Yes or No** |
| **Heart rate:**  | **BiPAP/CPAP/SiPAP: Yes or No**  |
| **Mean arterial pressure:** | **Extracorporeal support: Yes or No** |
| **Hemoglobin or Hematocrit:** | **Anxiolytics:** |
| **PaCO2:**  | **Sedatives:** |
| **ICP and CPP:** | **Anticonvulsants:**  |
| **EVD: Yes or No** | **Electrographic seizures: Yes or No** |

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**FINDINGS:**

**Right**

**MCA: (Evaluated \_\_\_ to \_\_\_\_mm)**

 Vs cm/sec, #SD

 Vd cm/sec, #SD

 Vm cm/sec, #SD

 PI

**ACA: (Evaluated \_\_\_ to \_\_\_\_mm)**

 Vs cm/sec, #SD

 Vd cm/sec, #SD

 Vm cm/sec, #SD

 PI

**PCA: (Evaluated \_\_\_ to \_\_\_\_mm)**

 Vs cm/sec, #SD

 Vd cm/sec, #SD

 Vm cm/sec, #SD

 PI

**ICA: (Evaluated \_\_\_ to \_\_\_\_mm)**

 Vs cm/sec, #SD

 Vd cm/sec, #SD

 Vm cm/sec, #SD

**Ex-ICA: (Evaluated \_\_ to \_\_\_ mm)**

Vm cm/sec, #SD

LR

**Left**

**MCA: (Evaluated \_\_\_ to \_\_\_\_mm)**

 Vs cm/sec, #SD

 Vd cm/sec, #SD

 Vm cm/sec, #SD

 PI

**ACA: (Evaluated \_\_\_ to \_\_\_\_mm)**

 Vs cm/sec, #SD

 Vd cm/sec, #SD

 Vm cm/sec, #SD

 PI

**PCA: (Evaluated \_\_\_ to \_\_\_\_mm)**

 Vs cm/sec, #SD

 Vd cm/sec, #SD

 Vm cm/sec, #SD

 PI

**ICA: (Evaluated \_\_\_ to \_\_\_\_mm)**

 Vs cm/sec, #SD

 Vd cm/sec, #SD

 Vm cm/sec, #SD

**Ex-ICA: (Evaluated \_\_\_ to \_\_\_mm)**

Vm cm/sec, #SD

LR

 **Left VA: (\_\_\_\_ to \_\_\_\_\_ mm)**

 Vs cm/sec, #SD

 Vd cm/sec, #SD

 Vm cm/sec, #SD

 **Right VA: (\_\_\_\_ to \_\_\_\_\_ mm)**

 Vs cm/sec, #SD

 Vd cm/sec, #SD

 Vm cm/sec, #SD

 **BA: (\_\_\_\_to\_\_\_\_\_mm)**

 Vs cm/sec, #SD

 Vd cm/sec, #SD

 Vm cm/sec, #SD

 PI SR

**Other vessels (if evaluated):**

**Left OA: Right OA: Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Vs cm/sec Vs cm/sec Vs cm/sec

 Vd cm/sec Vd cm/sec Vd cm/sec

 Vm cm/sec Vm cm/sec Vm cm/sec

**Representative spectral waveforms of insonated vessels:**

**IMPRESSION:**

Transcranial Doppler velocities noted above are ­\_\_\_\_\_\_\_\_\_\_\_. Waveform characteristics are normal OR notable for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( ex. delayed upstroke, reversal of flow, have evidence of embolic signals). There are no prior examinations for comparison OR compared to the prior exam, a \_\_\_\_\_\_\_% change in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ vessel flow velocity is noted.  Taken together, these findings are most consistent with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Name, Credentials