

 <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-E-65-P01-S16
	Effective Date:	12-30-2021
	Document Type:	Standard Operating Procedure
	Page Number:	1 of 12
	Department/Section:	Non-Invasive Cardiovascular Imaging Sciences
	Document Title:	3D 4D IMAGING

PURPOSE:

To provide a guidelines on how to perform the procedure to the patient correctly.

SCOPE:

Applies to all Non-Invasive Cardiovascular Imaging Sciences (NICIS) staffs of Dr. Pablo O. Torre Memorial Hospital

RESPONSIBLE PERSON:

OB/Gyne Sonologist or Perinatologist, OB Gyne Ultrasound Technician (Registered Nurse and other allied healthcare professionals who had undergone training or certification.)

GENERAL GUIDELINES:

1. Service is on a first come first serve basis with a request from the Attending Physician. However, emergency patients are always given priority. In this case, the Nurse Technician shall explain the situation to the scheduled patients.
2. Patients should have a request from their physician indicating the request and the purpose of the request. (example sex determination, baseline ultrasound, etc.)
3. Patient should reserve an appointment or schedule on the day of procedure. They may reserve their schedule with their preferred Sonologist on the following dates and time:

Dr. Gatuslao, Alonso Eugenio
Dr. Maestral, Ma. Theresa

Monday (10am-1pm and 2pm-4pm)
Monday – Thursday (10am-12pm)

4. Secure a signed consent.
5. Infection control measures should be adhered to in accordance to policies like handwashing, use of PPE'S and proper disposals of linens and supplies.
6. The Nurse Technician must ensure the comfort, safety, security and general condition of a patient throughout the procedure.

 <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-E-65-P01-S16
	Effective Date:	12-30-2021
	Document Type:	Standard Operating Procedure
	Page Number:	2 of 12
	Department/Section:	Non-Invasive Cardiovascular Imaging Sciences
	Document Title:	3D 4D IMAGING

7. Results will be released to out-patients upon presentation of the Official Receipt (OR) or HMO ID for charged clients.
8. Special appointments aside from the regular schedules may also be conducted. Patients may call the non-invasive cardiovascular department at least 1 day before so that the sonologist may be informed.

 <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-E-65-P01-S16
	Effective Date:	12-30-2021
	Document Type:	Standard Operating Procedure
	Page Number:	3 of 12
	Department/Section:	Non-Invasive Cardiovascular Imaging Sciences
	Document Title:	3D 4D IMAGING

PROCEDURE:

EQUIPMENT:

1. Color Duplex ultrasound scanner machine with 3d/4d software (HD11-XE)
2. 6 to 2 MHz extended operating frequency range transducer with Doppler and/or Color Doppler capabilities (V6-2 volume curved array)
3. Warm acoustic coupling gel
4. Recording device (thermal paper and DVD/CD-R)

PATIENT PREPARATION:

No special preparations needed. But patient may be asked to empty the bladder before the test.

1 OUTPATIENT

1.1 Pre-Examination Procedure:

- 1.1.1 The client presents a written request from his/her Attending or Referring Physician to the Nurse Technician and she checks if the patient has reserved a schedule for the day.
- 1.1.2 The Nurse Technician interviews the patient for the necessary data needed for the test and writes it on the appropriate worksheet:
 - 1.1.2.1 Personal data (name, age, sex, civil status)
 - 1.1.2.2 Attending physician (Private or House case)
 - 1.1.2.3 Purpose of the procedure (baseline, sex determination, etc.)
 - 1.1.2.4 First day of the last menstruation (for computation of the age of gestation).
 - 1.1.2.5 If she has a previous ultrasound
 - 1.1.2.6 OB Score (How many pregnancies, live births, etc.)
- 1.1.3 The Nurse Technician then gives the client her priority number and processes the requested procedure on the Bizbox Hospital computer system after the patient had completely filled up the Admission Data and Consent Form.

 <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-E-65-P01-S16
	Effective Date:	12-30-2021
	Document Type:	Standard Operating Procedure
	Page Number:	4 of 12
	Department/Section:	Non-Invasive Cardiovascular Imaging Sciences
	Document Title:	3D 4D IMAGING

- 1.1.4 The Nurse Technician prepares the ultrasound machine, inputs the patient's data and sets the equipment for proper test documentation.
- 1.1.5 The Nurse Technician introduces self to patient and assists him/her in changing to hospital gown maintaining the patient's privacy and confirms the patient's identity by interview based on the data given.
- 1.1.6 The Nurse Technician assesses the patient prior to the venous duplex evaluation which includes patient's ability to tolerate the procedure, potential contraindications to the procedure and physical assessment.
- 1.1.7 The Nurse Technician explains to the patient the necessity and the time duration of the study.
- 1.1.8 The Nurse Technician positions the patient in supine position exposing only the areas to be examined.

1.2 Direct Examination Procedures:

- 1.2.1 The patient lies down and pulls up her upper garments to expose the abdominal area. Lower undergarments are pulled down to the level of the mons pubis. A rag or paper tissue is placed to minimize acoustic gel staining on the patient's clothes.
- 1.2.2 Make sure that the ultrasound screen should be visible to the patient to enable her participation in the procedure and help her relax.
- 1.2.3 Coupling gel is applied on the abdomen sparingly and just enough for the probe to slide over the skin.
- 1.2.4 Scanning then begins in 2d (regular transabdominal ultrasound) by maneuvering the probe in the abdomen until the correct images are seen on the screen:
 - 1.2.4.1 **Sliding**- done longitudinally and transversely across the woman's abdomen to bring up sagittal and transverse images of the structures being scanned.

 DR. PABLO O. TORRE MEMORIAL HOSPITAL	Document Code:	DPOTMH-E-65-P01-S16
	Effective Date:	12-30-2021
	Document Type:	Standard Operating Procedure
	Page Number:	5 of 12
	Department/Section:	Non-Invasive Cardiovascular Imaging Sciences
	Document Title:	3D 4D IMAGING

1.2.4.2 **Tilting or angling**- done by doing a “fanning” motion of the probe from side to side to bring structures into focus.

1.2.4.3 **Rotating**- fixing one end of the probe and describing a circle with the other end will change a sagittal view to transverse and vice versa.

1.2.4.4 **Dipping**- this entails pushing one end of the probe deeper into the patient’s abdomen. This may be uncomfortable and should be done as gently as possible. It is done to bring objects of interest to lie at right angles to the sound beam.

1.2.5 Once the correct images of the structures are in place on the monitor screen, the images are frozen and measured. The following are structures of the fetus which are evaluated and measured:

- 1.2.5.1 Fetal presentation and grading
- 1.2.5.2 Placental presentation
- 1.2.5.3 Fetal heart rate
- 1.2.5.4 Biparietal diameter and Occipitofrontal diameter
- 1.2.5.5 Head circumference and cephalic index
- 1.2.5.6 Femoral length and distal femoral epiphysis
- 1.2.5.7 Sonographic estimated fetal weights
- 1.2.5.8 Biophysical profile score (Tone, movement, breathing, amniotic fluid index)
- 1.2.5.9 Adequacy of amniotic fluid
- 1.2.5.10 Doppler studies of the fetal blood vessels (Doppler velocimetry)
- 1.2.5.11 Evaluation of other fetal anatomical structures for defects (congenital anomaly scan)

1.2.6 Other maternal structures (myomas, polyps, adnexal masses, etc)

1.2.7 Each image captured is printed out on the thermal paper for review and interpretations.

1.2.8 Stimulation (such as placing palms of the hand on the abdomen of the mother and moving the baby) may be applied to stimulate the

 DR. PABLO O. TORRE MEMORIAL HOSPITAL	Document Code:	DPOTMH-E-65-P01-S16
	Effective Date:	12-30-2021
	Document Type:	Standard Operating Procedure
	Page Number:	6 of 12
	Department/Section:	Non-Invasive Cardiovascular Imaging Sciences
	Document Title:	3D 4D IMAGING

baby to move or change positions during the test. The patient may be instructed to turn side to side during the test to get the best view of the structures.

- 1.2.9 After all measurements have been completed, the 2d mode is changed to 3D or 4D mode as indicated.
- 1.2.10 If during the 2d mode, the patient was evaluated to be a poor candidate for 4d imaging, the patient is advised to return on another appointment date for the completion of the study. Patients who are poor candidates for 3d/4d imaging:
- 1.2.11 During the 3d/4d mode, the same maneuvers as in 2d mode are applied to capture the correct image.
- 1.2.12 The “angle”, “depth”, and “focus” soft keys are adjusted until the best images are captured.
- 1.2.13 Once the best image is displayed on the screen, press “acquire” button to save the images on the side screen for recording on the DVD after the test. Record images on the thermal paper.
- 1.2.14 The face and other facial features are usually the focus of the study, but the sex may also be determined using this mode.
- 1.2.15 For still images, freeze screen and press “acquire”. For video clips (4d mode only), unfreeze screen and press “acquire” while on real time mode.
- 1.2.16 After all images and video clips have been acquired. Transfer the images by importing it to a DVD and changing the format into “PC format”. This DVD will be given to the patient along with the official result.

 <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-E-65-P01-S16
	Effective Date:	12-30-2021
	Document Type:	Standard Operating Procedure
	Page Number:	7 of 12
	Department/Section:	Non-Invasive Cardiovascular Imaging Sciences
	Document Title:	3D 4D IMAGING



Sample 3D/4D Images

1.3 Post Examination Procedures:

- 1.3.1 The Nurse Technician removes the excess gel by wiping it off gently and asks the patient to wait while the ultrasound images are being reviewed by the Sonologist.
- 1.3.2 The Nurse Technician gives instructions that the results are released 1-2 days after the Sonologist had affixed his/her signature and are considered official.
- 1.3.3 Results with findings are also prioritized and encoded immediately after the test for referral to the Attending Physician.

 DR. PABLO O. TORRE MEMORIAL HOSPITAL	Document Code:	DPOTMH-E-65-P01-S16
	Effective Date:	12-30-2021
	Document Type:	Standard Operating Procedure
	Page Number:	8 of 12
	Department/Section:	Non-Invasive Cardiovascular Imaging Sciences
	Document Title:	3D 4D IMAGING

- 1.3.4 The Nurse Technician records all procedures and patient's data on the official procedure logbook.
- 1.3.5 The Nurse Technician encodes final result in the Bizbox hospital computer system, prints them out for signing of the OB Sonologist. The official results are then ready for sorting and releasing.
- 1.3.6 The Nurse Technician does after care of the machine by wiping the excess gel on the probe and softly coils the wires and after which the probe is secured on its proper place to be ready for the next patient.
- 1.3.7 The Nurse Technician switches off the machine when not in use to conserve energy and should be covered to free it from dust.

2 IN-PATIENT

2.1 Pre-Examination Procedure:

- 2.1.1 The Staff Nurse-on-duty encodes request on the bizbox computer system and schedules patient upon receiving doctor's order for pregnancy ultrasound.
- 2.1.2 Nurse Technician renders request for pelvic ultrasound. All rendered request are automatically charged to the patient's account.
- 2.1.3 The Nurse Technician calls the station to bring down the patient at the NICIS Department before the scheduled time.
- 2.1.4 The Nurse Technician informs the examining sonologist once the patient arrives in the unit.
- 2.1.5 The Nurse Technician interviews the patient for the necessary data needed for the test and writes it on the appropriate worksheet.
- 2.1.6 The Nurse Technician prepares the ultrasound machine, inputs the patient's data and sets the equipment for proper test documentation.
- 2.1.7 The Nurse Technician introduces self to patient and assists him/her in changing to hospital gown maintaining the patient's privacy and confirms the patient's identity using the two patient identifier.

 DR. PABLO O. TORRE MEMORIAL HOSPITAL	Document Code:	DPOTMH-E-65-P01-S16
	Effective Date:	12-30-2021
	Document Type:	Standard Operating Procedure
	Page Number:	9 of 12
	Department/Section:	Non-Invasive Cardiovascular Imaging Sciences
	Document Title:	3D 4D IMAGING

- 2.1.8 The Nurse Technician assesses the patient prior to the procedure which includes patient's ability to tolerate the procedure, potential contraindications to the procedure and physical assessment
- 2.1.9 The Nurse Technician explains to the patient the necessity and the time duration of the study.
- 2.1.10 The Nurse Technician positions the patient in supine position exposing only the areas to be examined.
 - 2.1.10.1 Personal data (name, age, sex, civil status)
 - 2.1.10.2 Attending physician (Private or House case)
 - 2.1.10.3 Purpose of the procedure (baseline, sex determination, etc.)
 - 2.1.10.4 First day of the last menstruation (for computation of the age of gestation.
 - 2.1.10.5 If she has a previous ultrasound
 - 2.1.10.6 OB Score (How many pregnancies, live births, etc.)

2.2 Direct Examination Procedures: Refer to 1.2.1 to 1.2.15

2.3 Post Examination Procedures:

- 2.3.1 The Nurse Technician removes the excess gel by wiping it off gently and asks the patient to wait while the ultrasound images are being reviewed by the sonologist.
- 2.3.2 The Nurse Technician gives instructions that the results are released 1- 2 days after the sonologist had affixed his/her signature and are considered official.
- 2.3.3 Results with findings are also prioritized and encoded immediately after the test for referral to the attending physician.
- 2.3.4 The patient is brought back to the room/ward.
- 2.3.5 The Nurse Technician records all procedures and patient's data on the official procedure logbook.
- 2.3.6 The Nurse Technician encodes final result in the Bizbox hospital computer system, prints them out for signing of the Sonologist. The official results are then ready for sorting and releasing.

 DR. PABLO O. TORRE MEMORIAL HOSPITAL	Document Code:	DPOTMH-E-65-P01-S16
	Effective Date:	12-30-2021
	Document Type:	Standard Operating Procedure
	Page Number:	10 of 12
	Department/Section:	Non-Invasive Cardiovascular Imaging Sciences
	Document Title:	3D 4D IMAGING

- 2.3.7 The Nurse Technician does after care of the machine by wiping the excess gel on the probe and softly coils the wires and after which the probe is secured on its proper place to be ready for the next patient.
- 2.3.8 The Nurse Technician switches off the machine when not in use to conserve energy and should be covered to free it from dust.

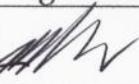
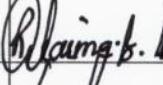
 DR. PABLO O. TORRE MEMORIAL HOSPITAL	Document Code:	DPOTMH-E-65-P01-S16
	Effective Date:	12-30-2021
	Document Type:	Standard Operating Procedure
	Page Number:	11 of 12
	Department/Section:	Non-Invasive Cardiovascular Imaging Sciences
	Document Title:	3D 4D IMAGING

TURN AROUND TIME (TAT)

PRE-EXAMINATION PROCEDURES:	TIME
1. Completion of pre-exam paperwork	3 minutes
2. Exam charging and billing activities	3 minutes
3. Exam room and equipment preparation	3 minutes
4. Patient preparation and positioning	3 minutes
DIRECT EXAMINATION PROCEDURES:	
1. Equipment optimization and the actual hands-on time.	30-45 minutes
POST-EXAMINATION PROCEDURES:	
1. Cleanup	5 minutes
2. Review exam data for preliminary and/or formal interpretation by Vascular Consultant.	15 minutes
Total:	Approximately 1 hour

 DR. PABLO O. TORRE MEMORIAL HOSPITAL	Document Code:	DPOTMH-E-65-P01-S16
	Effective Date:	12-30-2021
	Document Type:	Standard Operating Procedure
	Page Number:	12 of 12
	Department/Section:	Non-Invasive Cardiovascular Imaging Sciences
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APPROVAL:

	Name/Title	Signature	Date
Prepared by:	MA. LLANA LINDA D. CARDONES, RN NICIS Supervisor		01-25-22
Verified:	BONIFACIO C. SEPICO, RMT Department of Imaging Sciences Manager		1/26/22
Reviewed by:	DENNIS C. ESCALONA, MN, FPCHA, FPSQua Quality Assurance Supervisor		1/27/22
Recommending Approval:	ROSARIO D. ABARING, RN, MN, PhD, FPCHA Ancillary Division Officer HENRY F. ALAVAREN, MD, FPSMID, FPSQua Total Quality Division Officer	 	Recommending Approval: 1/02/2022 1/3/2022
Approved:	GENESIS GOLDI D. GOLINGAN President & CEO		3/8/22

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	Effective Date:	04-01-2022
	Document Type:	Work Instruction
	Page Number:	1 of 5
	Department/Section:	Non-Invasive Cardiovascular Imaging Sciences
	Document Title:	3D 4D IMAGING

OUT-PATIENT PRE-EXAMINATION PROCEDURE	
KEY TASK	PERSON RESPONSIBLE
1. Presents a written request from the Attending or Referring Physician to the Nurse Technician.	Patient
2. Interviews the patient for the necessary data needed for the test and writes it on the appropriate worksheet.	
3. Gives the client a priority number and processes the requested procedure on the Bizbox Hospital computer system	
4. Prepares the ultrasound machine, inputs the patient's data and sets the equipment for proper test documentation.	Nurse Technician
5. Introduces self to patient and assists him/her in changing to hospital gown maintaining the patient's privacy.	
6. Assesses the patient prior to the venous duplex evaluation.	
7. Perform direct examination according different approaches.	

 <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-E-65-P01-WI16
	Effective Date:	04-01-2022
	Document Type:	Work Instruction
	Page Number:	2 of 5
	Department/Section:	Non-Invasive Cardiovascular Imaging Sciences
	Document Title:	3D 4D IMAGING

OUT-PATIENT POST-EXAMINATION PROCEDURE	
KEY TASK	PERSON RESPONSIBLE
<ol style="list-style-type: none"> 1. Removes the excess gel by wiping it off gently and gives instructions that the results are released 1-2 days. 2. Prioritizes results with findings and encodes immediately. 3. Records all procedures and patient's data on the official procedure logbook. 4. Encodes final result in the Bizbox hospital computer system. 5. Does after care of the machine by wiping the excess gel on the probe and softly coils the wire. 6. Switches off the machine when not in use to conserve energy. 	Nurse Technician

 DR. PABLO O. TORRE MEMORIAL HOSPITAL	Document Code:	DPOTMH-E-65-P01-WI16
	Effective Date:	04-01-2022
	Document Type:	Work Instruction
	Page Number:	3 of 5
	Department/Section:	Non-Invasive Cardiovascular Imaging Sciences
	Document Title:	3D 4D IMAGING

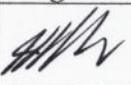
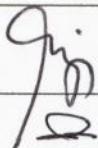
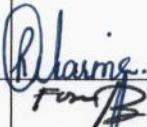
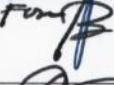
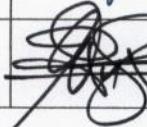
IN-PATIENT PRE-EXAMINATION PROCEDURE	
KEY TASK	PERSON RESPONSIBLE
1. Encodes request on the bizbox computer system and schedules patient upon receiving doctor's order for pregnancy ultrasound.	Nurse-on-duty
2. Encodes request for Pelvic Ultrasound.	
3. Calls the Station to bring down the patient at the NICIS Section before the scheduled time.	
4. Informs the examining Sonologist once the patient arrives in the unit.	
5. Interviews the patient for the necessary data needed for the test and writes it on the appropriate worksheet.	
6. Prepares the ultrasound machine, inputs the patient's data and sets proper test documentation	Nurse Technician
7. Introduces self to patient and assists him/her in changing to hospital gown maintaining the patient's privacy.	
8. Assesses the patient prior to the procedure.	
9. Explains to the patient the necessity and the time duration of the study.	
10. Positions the patient in supine position .	

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	Effective Date:	04-01-2022
	Document Type:	Work Instruction
	Page Number:	4 of 5
	Department/Section:	Non-Invasive Cardiovascular Imaging Sciences
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IN-PATIENT POST-EXAMINATION PROCEDURE	
KEY TASK	PERSON RESPONSIBLE
<ol style="list-style-type: none"> 1. Removes the excess gel by wiping it off gently and gives instructions that the results are released 1-2 days. 2. Prioritizes results with findings and encodes immediately for referral to the Attending Physician. 3. Brings the patient back to the room/ward. 4. Records all procedures and patient's data on the official procedure logbook. 5. Encodes final result in the Bizbox hospital computer system. 6. Does after care of the machine by wiping the excess gel on the probe and softly coils the wires. 7. Switches off the machine when not in use to conserve energy and should be covered to free it from dust. 	Nurse Technician

 DR. PABLO O. TORRE MEMORIAL HOSPITAL	Document Code:	DPOTMH-E-65-P01-WI16
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APPROVAL:

	Name/Title	Signature	Date
Prepared by:	MA. LLANA LINDA D. CARDONES, RN NICIS Supervisor		5-12-22
Verified:	BONIFACIO C. SEPICO, RMT Department of Imaging Sciences Manager		5/26/22
Reviewed:	DENNIS C. ESCALONA, MN, FPSQua Quality Assurance Supervisor		06/20/2022
Recommending Approval:	ROSARIO D. ABARING, RN, MN, PhD, FPCHA Ancillary Services Division Officer		07-01-2022
	HENRY F. ALAVAREN, MD, FPMRCA, FPSQua Total Quality Division Officer		7/7/22
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		7/28/22



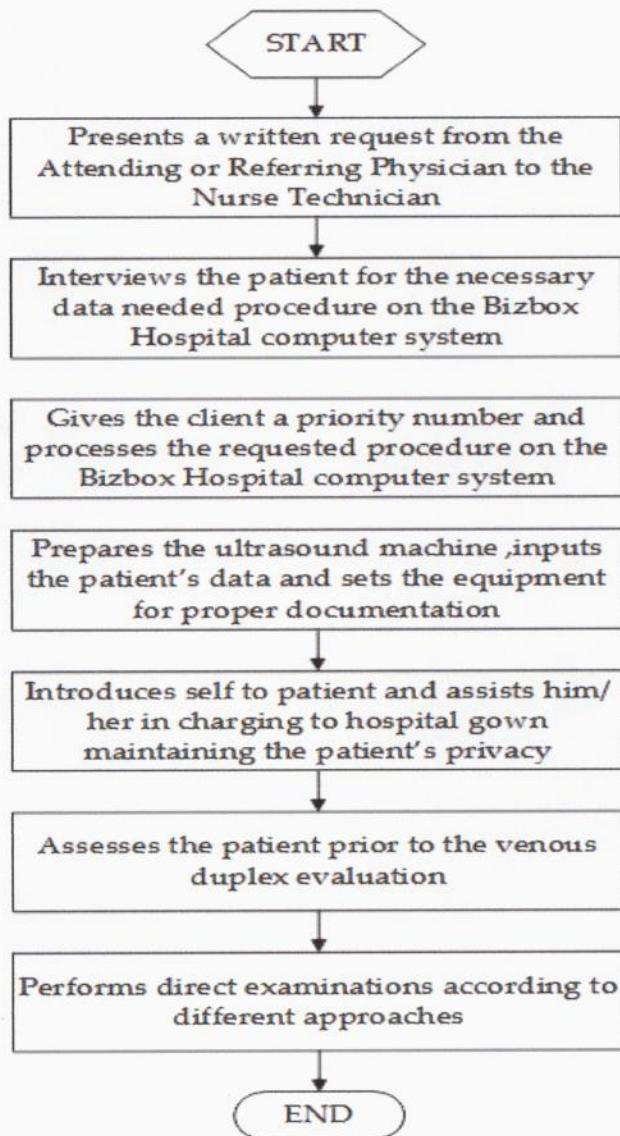
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Document Code:	DPOTMH-E-65-P01-FC16
Effective Date:	04-01-2022
Document Type:	Flowchart
Page Number:	1 of 6
Department/Section:	Non-Invasive Cardiovascular Imaging Sciences
Document Title:	3D 4D IMAGING

FLOWCHART

OUT-PATIENT PRE-EXAMINATION PROCEDURE



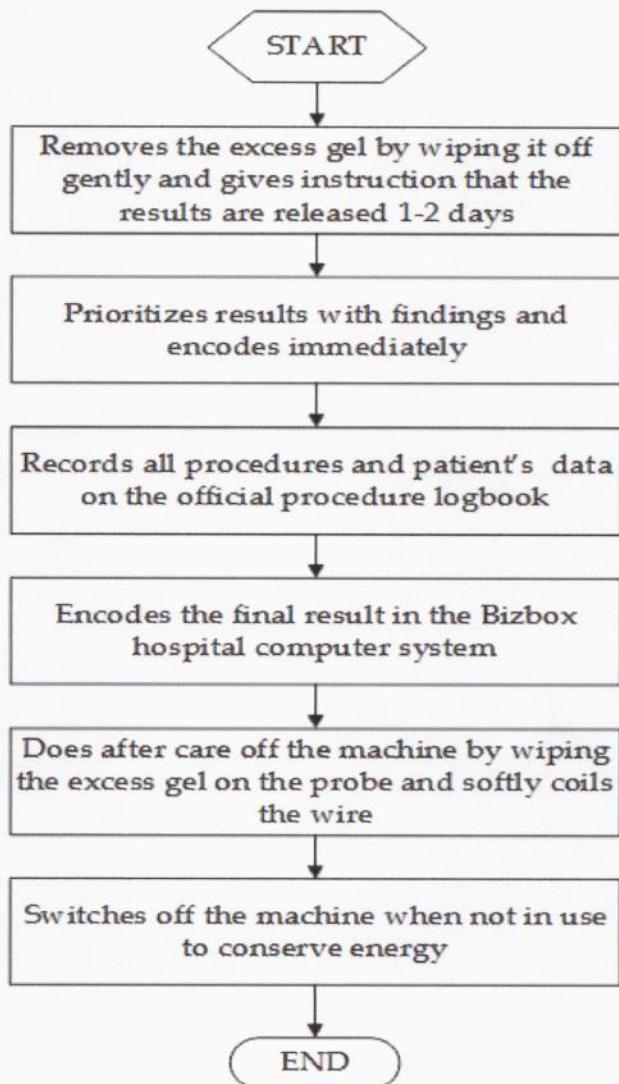


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Document Code:	DPOTMH-E-65-P01-FC16
Effective Date:	04-01-2022
Document Type:	Flowchart
Page Number:	2 of 6
Department/Section:	Non-Invasive Cardiovascular Imaging Sciences
Document Title:	3D 4D IMAGING

OUT-PATIENT POST-EXAMINATION PROCEDURE



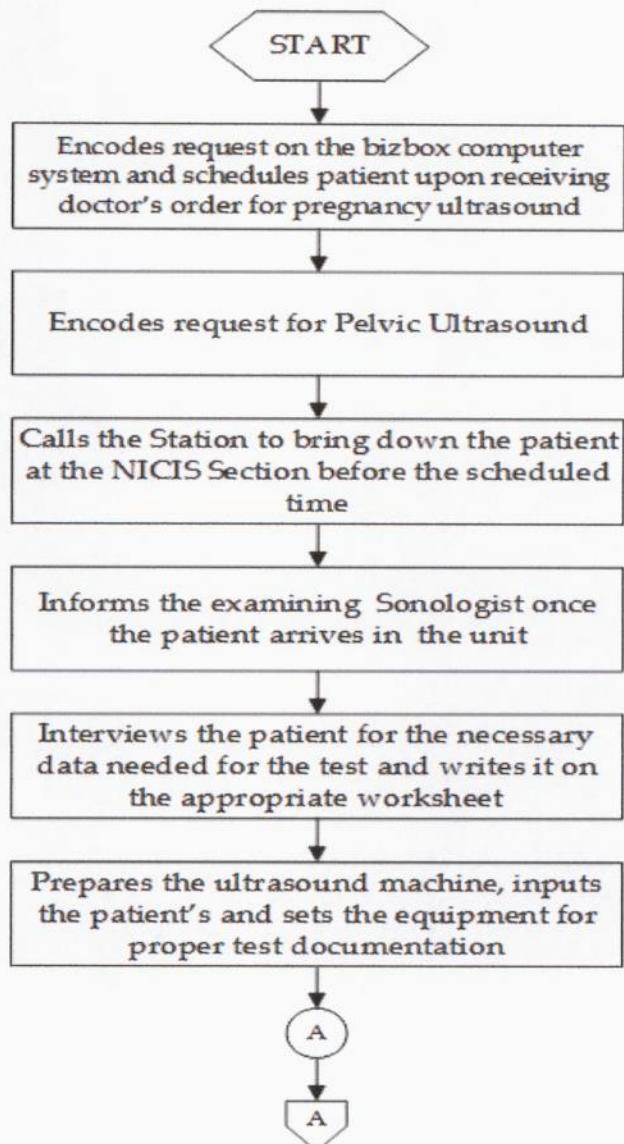


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Page Number:	3 of 6
Department/Section:	Non-Invasive Cardiovascular Imaging Sciences
Document Title:	3D 4D IMAGING

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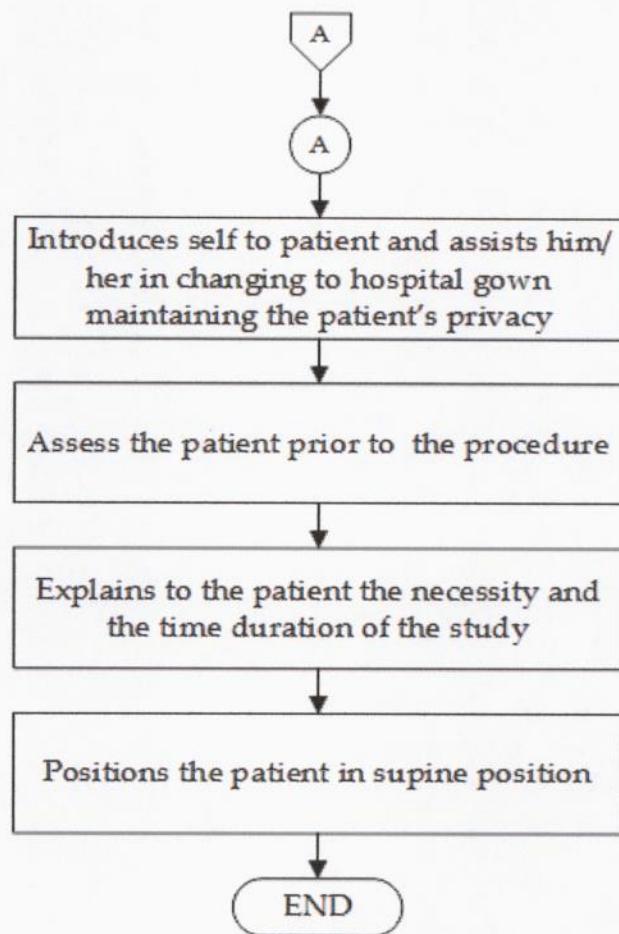




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Document Code:	DPOTMH-E-65-P01-FC16
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Document Type:	Flowchart
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Department/Section:	Non-Invasive Cardiovascular Imaging Sciences
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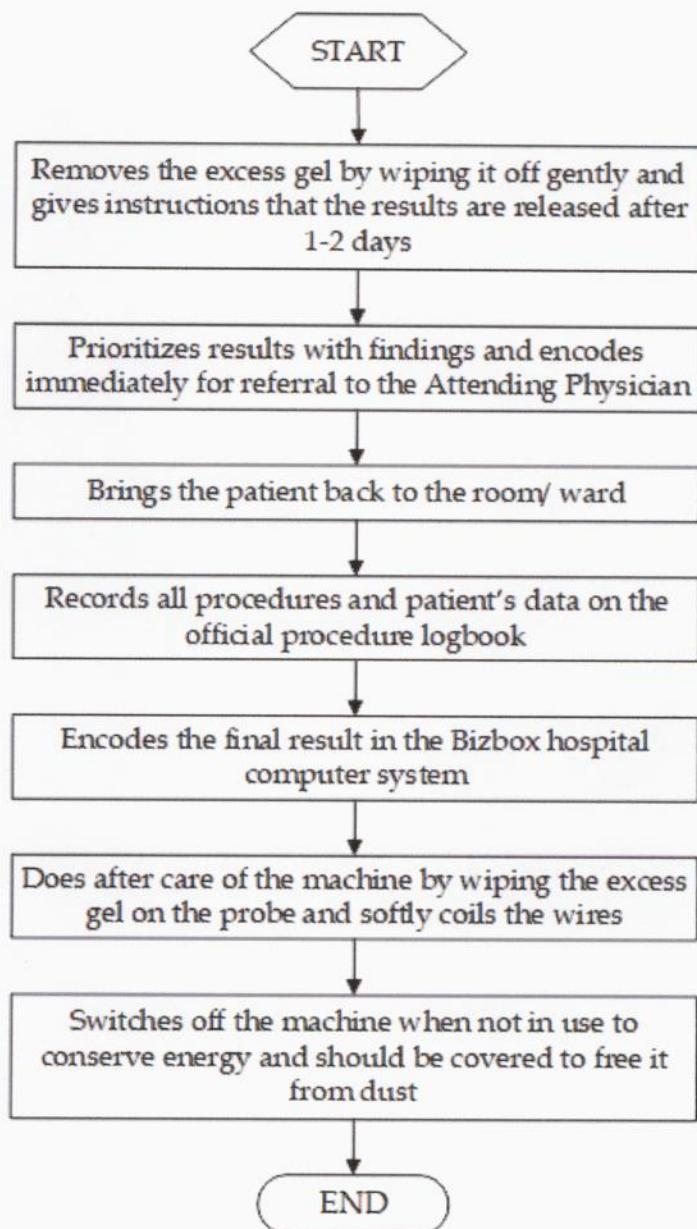


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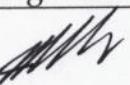
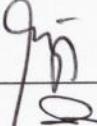
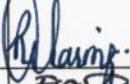
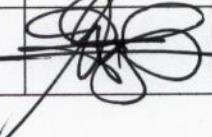
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Document Type:	Flowchart
Page Number:	5 of 6
Department/Section:	Non-Invasive Cardiovascular Imaging Sciences
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IN-PATIENT POST-EXAM PROCEDURE



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APPROVAL:

	Name/Title	Signature	Date
Prepared by:	MA. LLANA LINDA A. CARDONES, RN NICIS Supervisor		5-12-22
Verified:	BONIFACIO C. SEPICO, RMT Department of Imaging Sciences Manager		5/26/22
Reviewed by:	DENNIS C. ESCALONA, MN, FPCHA, FPSQua Quality Assurance Supervisor		06/30/2022
Recommending Approval:	ROSARIO D. ABARING, MN, MBA-HA, PhD, FPCHA Ancillary Services Division Officer HENRY F. ALAVAREN, MD, FPSMID, FPSQua Total Quality Division Officer	 	07.01.2022 7/7/22
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		8/31/22