 <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-E-65-P01-S14
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	Document Title:	PELVIC ULTRASOUND (OBSTETRICS ULTRASOUND)

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 or other healthcare professionals who have undergone training or with 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. De Ocampo, Leah
Dr. Hernia-Lao, Mary Rose
Dr. Jereza, Nathalie Libby

Monday (10am-1pm and 2pm-4pm)
Tuesday (8am – 10am)
Tuesday and Thursday (1pm-3pm)
Monday 1pm-2pm; Wednesday 9am-10am; MAB OP UTZ Wednesday 1pm-2pm; Friday 9am-12pm
Wednesday and Saturday

Dr. Maestral, Ma. Theresa

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PROCEDURE:

EQUIPMENT:

1. Color Duplex ultrasound scanner machine (HD11-XE)
2. Low frequency transducer / select frequency appropriate to body habitus (C95 for transvaginal/ C52 for transabdominal) Phased array with Doppler and/or Color Doppler capabilities)
3. Warm acoustic coupling gel
4. Recording device (thermal paper)


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 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.)


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- 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.
- 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 TRANSABDOMINAL (FOR 13 WEEKS AND ABOVE AGE OF GESTATION):

- 1.2.1.1 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.
- 1.2.1.2 Make sure that the ultrasound screen should be visible to the patient to enable her participation in the procedure and help her relax.

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- 1.2.1.3 Coupling gel is applied on the abdomen sparingly and just enough for the probe to slide over the skin.
- 1.2.1.4 Scanning then begins by maneuvering the probe in the abdomen until the correct images are seen on the screen:
 - 1.2.1.4.1 **Sliding**- done longitudinally and transversely across the woman's abdomen to bring up sagittal and transverse images of the structures being scanned.
 - 1.2.1.4.2 **Tilting or angling**- done by doing a "fanning" motion of the probe from side to side to bring structures into focus.
 - 1.2.1.4.3 **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.
 - 1.2.1.4.4 **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.
- 1.2.1.5 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:
 - 1.2.1.5.1 Fetal presentation and grading
 - 1.2.1.5.2 Placental presentation
 - 1.2.1.5.3 Fetal heart rate
 - 1.2.1.5.4 Biparietal diameter and Occipitofrontal diameter
 - 1.2.1.5.5 Head circumference and cephalic index
 - 1.2.1.5.6 Femoral length and distal femoral epiphysis
 - 1.2.1.5.7 Sonographic estimated fetal weights
 - 1.2.1.5.8 Biophysical profile score (Tone, movement, breathing, amniotic fluid index)
 - 1.2.1.5.9 Adequacy of amniotic fluid

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- 1.2.1.5.10 Doppler studies of the fetal blood vessels (Doppler velocimetry)
- 1.2.1.5.11 Evaluation of other fetal anatomical structures for defects (congenital anomaly scan)
- 1.2.1.5.12 Other maternal structures (myomas, polyps, adnexal masses, etc)




- 1.2.1.5.13 Each image captured are printed out on the thermal paper for review and interpretations
- 1.2.1.5.14 Stimulation (such as placing palms of the hand on the abdomen of the mother and moving the baby) may be applied to stimulate the 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.

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1.2.2 TRANSVAGINAL (FOR 12 WEEKS AND BELOW AGE OF GESTATION)

- 1.2.2.1 Patient is asked to remove lower undergarments and empty the bladder.
- 1.2.2.2 Patient is positioned supine and into the lithotomy (both legs spread apart) position. A pillow or sandbag is placed underneath the buttocks to lift it up and make it possible to maneuver the probe during the scan.
- 1.2.2.3 Coupling gel is placed on the tip of the probe and a protective barrier (condom) is used to cover the tip of the probe for sanitary purposes.
- 1.2.2.4 The patient should be given as much courtesy, respect and privacy when doing the procedure since this entails exposure of her most private parts. She should also be encouraged to look at the screen to distract her from self-consciousness and help her relax.
- 1.2.2.5 A clean sheet is draped to cover the legs of the patient.
- 1.2.2.6 The scanning technician/sonologist should wear gloves for protection.
- 1.2.2.7 Lubricate the tip of the covered probe and advance it in a posterior direction, avoiding contact with the urethra, as this will result in pain and discomfort to the patient.
- 1.2.2.8 The probe is manipulated through the different maneuvers.
 - 1.2.2.8.1 Push and pull- sliding the probe along the length of the vagina.
 - 1.2.2.8.2 Rotating- doing a circular movement along the axis of the probe. Rotating through a 90 degree angle will bring a long axis (sagittal view into short axis (transverse) or coronal view.
 - 1.2.2.8.3 Tilting- this means moving the tip of the probe anteroposteriorly or from side to side, keeping the handle fixed into the orifice.

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

1.2.2.8.5 Uterus and uterine walls

1.2.2.8.6 Cervix

1.2.2.8.7 Left and right ovaries

1.2.2.8.8 Presence of fluid in the cul-de-sac or pelvic area

1.2.2.8.9 Crown-rump length and embryo size

1.2.2.8.10 Gestational sac and mean sac diameter

1.2.2.8.11 Yolk sac

1.2.2.8.12 Fetal heart rate


1.2.2.8.13 Placental presentation and grading

1.2.2.8.14 Adequacy of amniotic fluid

1.2.2.8.15 Other maternal structures (myomas, polyps, adnexal masses, etc




1.2.2.8.16 Each image captured are printed out on the thermal paper for review and interpretations.

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1.2.2.8.17 After study has been completed, the probe is pulled out of the vagina gently and the condoms are disposed properly.

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 dress and 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 Patients who are under the house case/ rooming in department may borrow the result draft if they have a scheduled check-up after the procedure. Results with findings are also prioritized and encoded immediately after the test for referral to the attending physician.
- 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.

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2 INPATIENT

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:
 - 2.1.5.1 Personal data (name, age, sex, civil status)
 - 2.1.5.2 Attending physician (Private or House case)
 - 2.1.5.3 Purpose of the procedure (baseline, sex determination, etc.)
 - 2.1.5.4 First day of the last menstruation (for computation of the age of gestation.
 - 2.1.5.5 If she has a previous ultrasound
 - 2.1.5.6 OB Score (How many pregnancies, live births, etc.)
- 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.
- 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

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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.

2.2 Direct Examination Procedures: Refer to 1.2.1 to 1.2.4


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 dress and 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 Patients who are under the house case/ rooming in department may borrow the result draft if they have a scheduled check-up after the procedure. 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.
- 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.

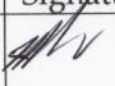
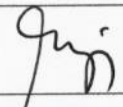

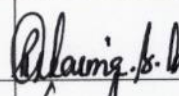
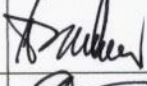
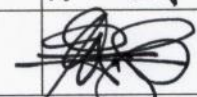
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TURN AROUND TIME (TAT)

PRE-EXAMINATION PROCEDURES:	TIME
1. Completion of pre-exam paperwork	1 minute
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.	20-30 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 45 minutes


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	HENRY F. ALAVAREN, MD, FPSMID, FPSQua Total Quality Division Officer		2/3/2022
Approved:	GENESIS GOLDI D. GOLINGAN President & CEO		3/3/22

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OUT-PATIENT PRE-EXAMINATION PROCEDURE	
KEY TASK	PERSON RESPONSIBLE
1. Presents a written request from the Attending or Referring Physician.	Patient
2. Interviews the patient for the necessary data.	Nurse Technician
3. Gives the client her priority number and processes the requested procedure on the Bizbox Hospital computer.	
4. Prepares the ultrasound machine and inputs the patient's data.	
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. Explains to the patient the necessity and the time duration of the study.	
8. Positions the patient in supine position exposing only the areas to be examined.	Nurse Technician
9. Performs direct examination according to different approaches.	


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OUT-PATIENT POST-EXAMINATION PROCEDURE	
KEY TASK	PERSON RESPONSIBLE
1. Removes the excess gel by wiping it off gently and gives instructions that the results are released 1-2 days after.	Nurse Technician
2. Records all procedures and patient's data on the procedure logbook.	
3. Encodes final result in the Bizbox hospital computer system.	
4. Does after care of the machine by wiping the excess gel on the probe place.	
5. Switches off the machine when not in use to conserve energy.	

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IN-PATIENT PRE-EXAMINATION PROCEDURE

KEY TASK	PERSON RESPONSIBLE
1. Encodes request on the bizbox computer system.	Nurse-on-duty
2. Renders request for Pelvic Ultrasound.	Nurse Technician
3. Calls the Station to bring down the patient at the NICIS Section.	
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 the equipment for proper test documentation	
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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IN-PATIENT POST-EXAMINATION PROCEDURE

KEY TASK	PERSON RESPONSIBLE
1. Removes the excess gel by wiping it off gently and gives instructions that the results are released 1-2 days after.	Nurse Technician
2. Brings the patient back to the room/ward.	
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 wires	
6. Switches off the machine when not in use to conserve energy.	

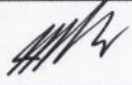
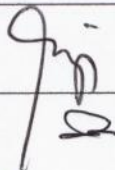

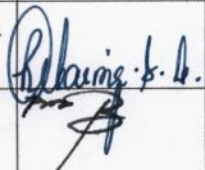



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APPROVAL:

	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		6/6/2022
Recommending Approval:	ROSARIO D. ABARING, RN, MN, PhD, FPCHA Ancillary Services Division Officer		07.01.2022
	HENRY F. ALAVAREN, MD, FPSMID, FPSQua Total Quality Division Officer		7/7/22
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		



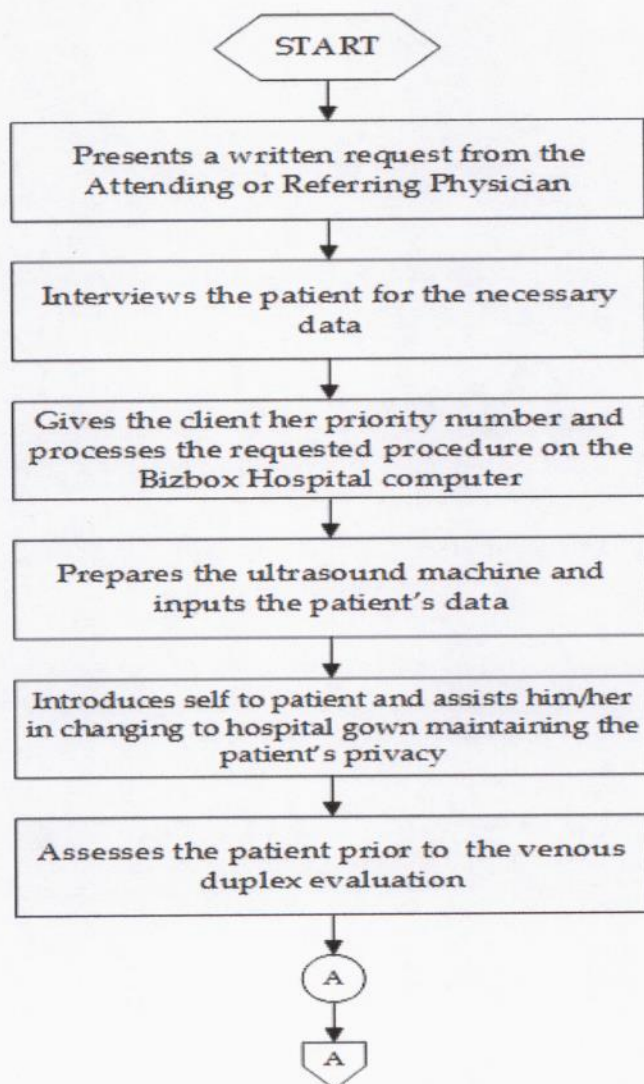
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FLOWCHART

OUT-PATIENT PRE-EXAMINATION PROCEDURE

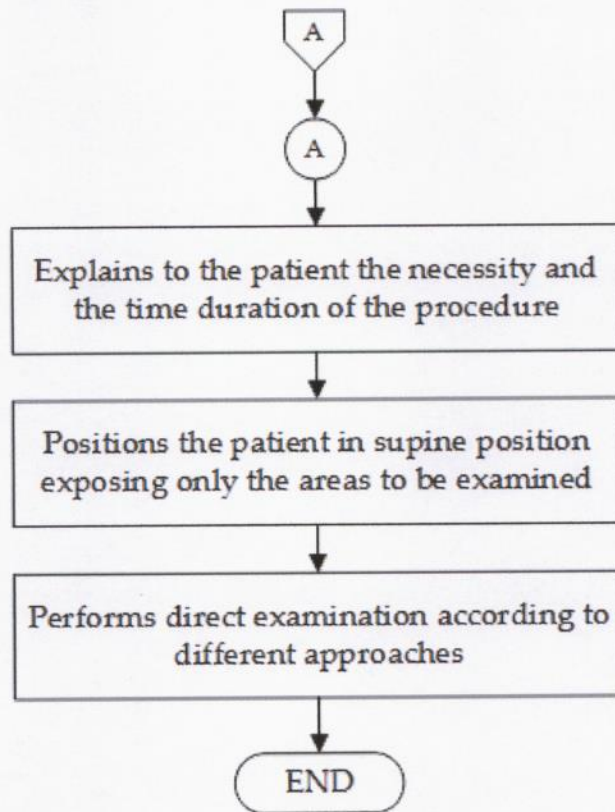




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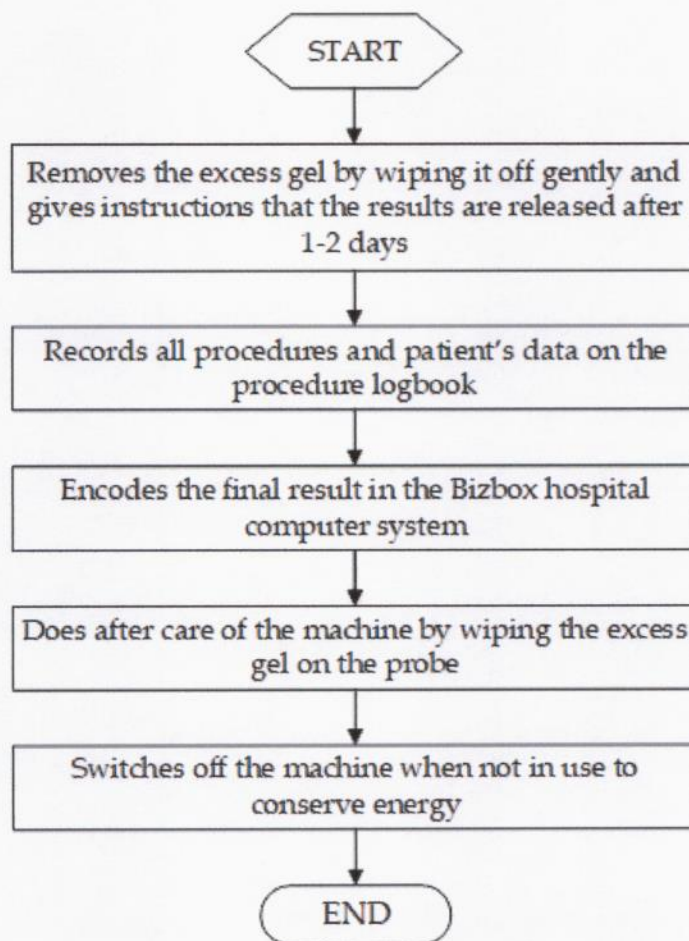



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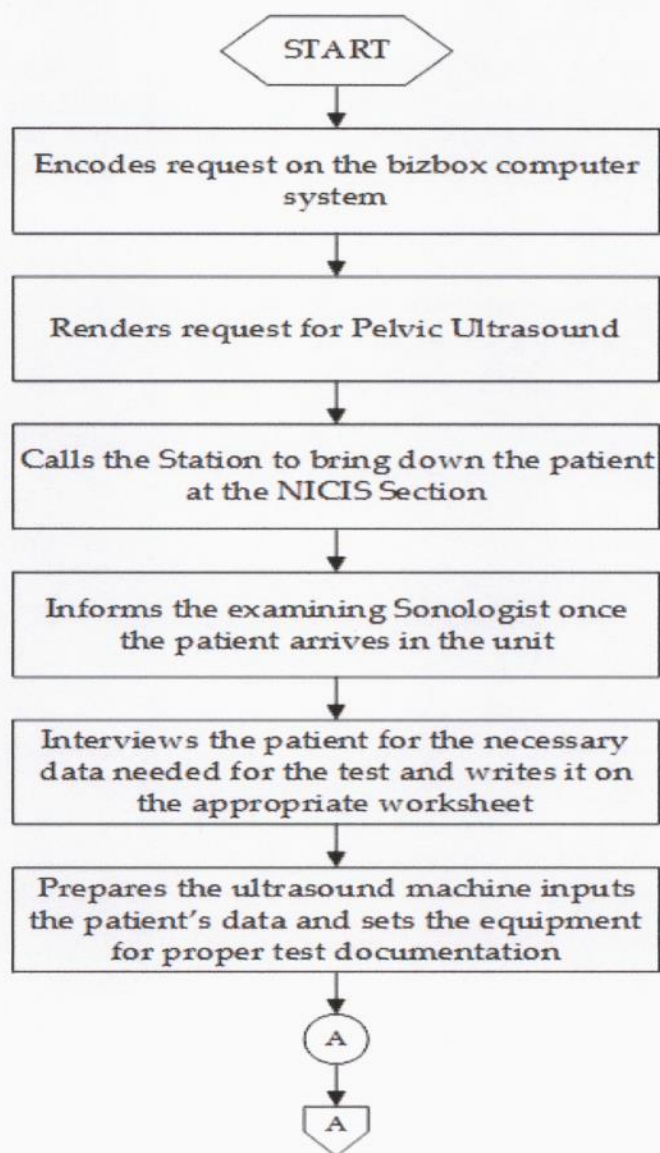
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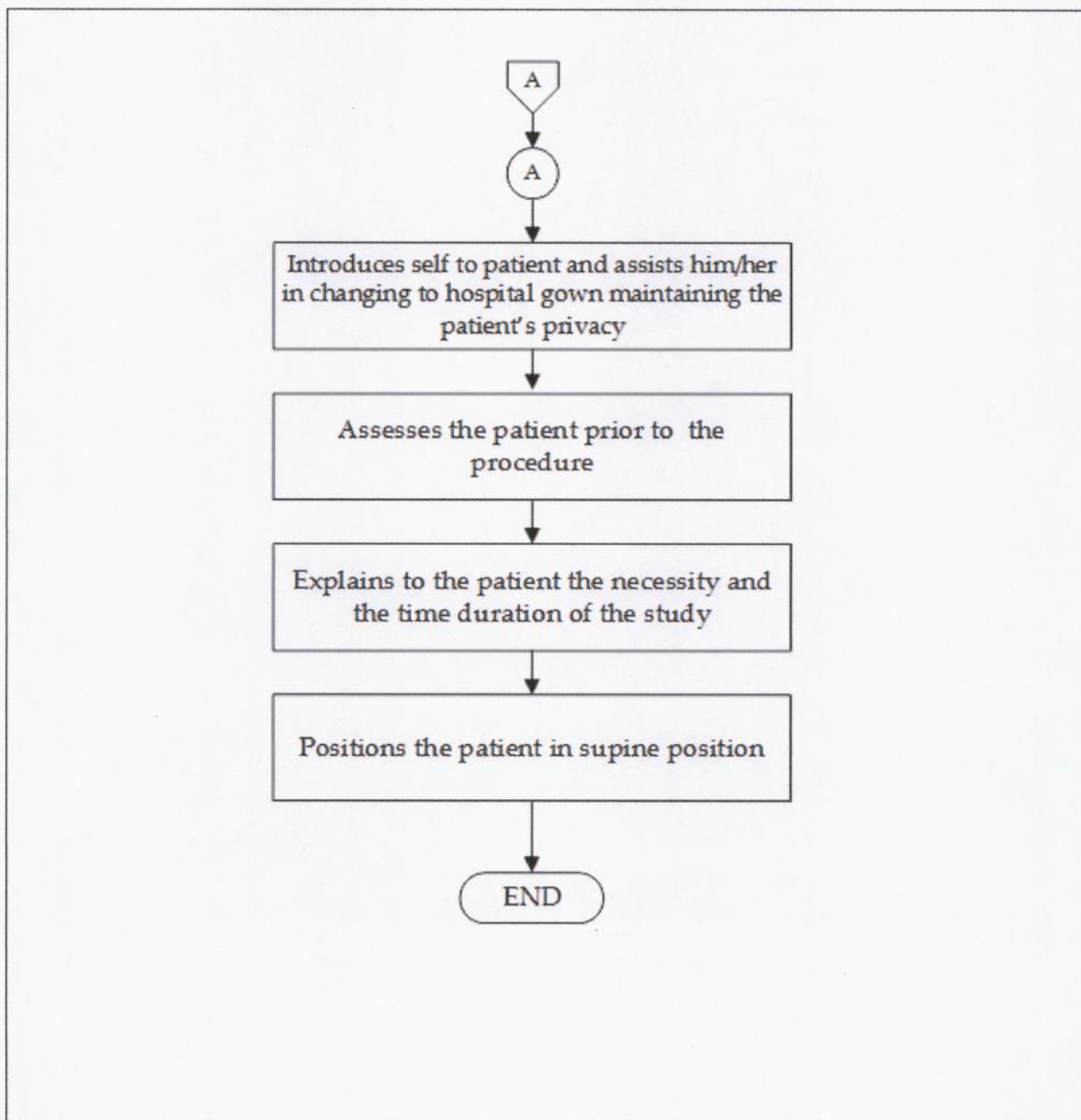




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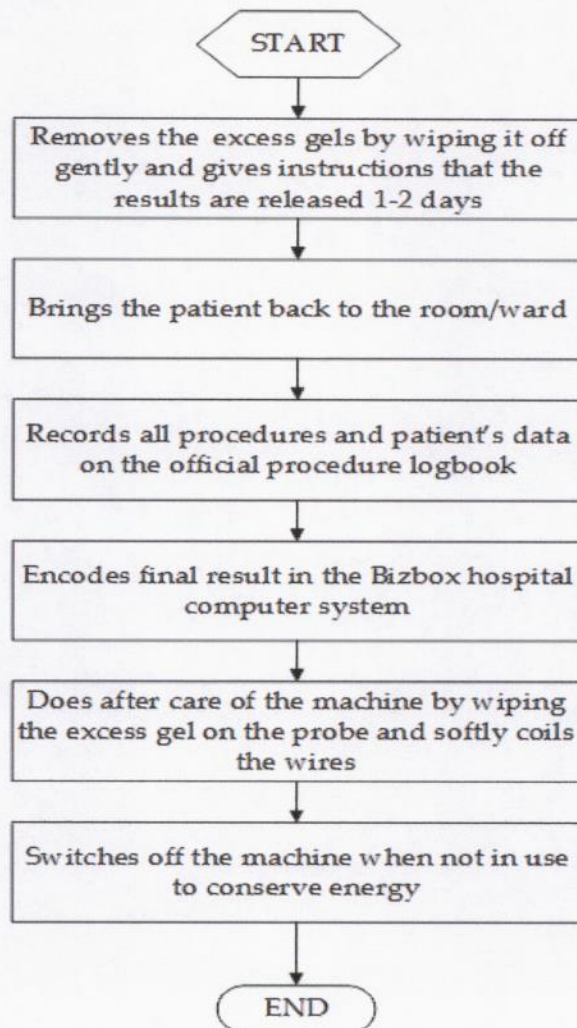



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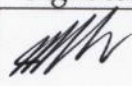
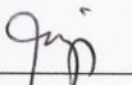
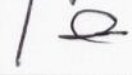
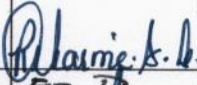

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