



RIVERSIDE MEDICAL CENTER, INC.



METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DEPARTMENT: Ancillary Division		POLICY NUMBER: DPOTMH-MPP-DIS-P008-(01)	
TITLE/DESCRIPTION: ULTRASOUND IMAGING			
EFFECTIVE DATE: February 28, 2025	REVISION DUE: February 27, 2028	REPLACES NUMBER: DPOTMH-E-63-P08	NO. OF PAGES: 1 of 8
APPLIES TO: Department of Imaging Sciences, Nursing Service Division		POLICY TYPE: Multi Disciplinary	

PURPOSE:

To ensure that all Ultrasound examinations and Ultrasound guided procedures performed within the hospital area carried out to the highest possible standard by appropriately trained individuals, using well maintained Ultrasound equipment.

DEFINITIONS:

Ultrasound imaging - also called ultrasound scanning or sonography, involves exposing part of the body to high-frequency sound waves to produce pictures of the inside of the body.

Sonographers - are the healthcare professionals (Radiologic Technologist) with recognized qualifications who have extensive direct patient contact that may include performing some invasive procedures.

Sonologist - a registered medical practitioner (Radiologist) with a specialist qualification in diagnostic ultrasound.

RESPONSIBILITY:

Radiologist, Radiologic Technologist, Staff Nurse

POLICY:

- DPOTMH recognizes the use of ultrasound imaging as an examination that shall always be able to obtain information relevant to the diagnosis or treatment of a patient, or both.
- Patient identification
 - Many patients have similar-sounding names. Staff shall verify the name of each patient, wristband or chart before performing an ultrasound examination.
- Precautions for invasive procedures shall be observed
 - Before beginning an ultrasound-guided invasive procedure, the Sonographer/Sonologist shall take steps to verify patient identification, the type of procedure planned, and the appropriate procedure site(s). Specimens are correctly labeled.
- Final report
 - A final report is a written report that has been signed and dated by the interpreting physician. Finding shall be recorded and results communicated in a timely fashion to the physician responsible for care.





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5. Verified (signed) final results/reports shall be available within 24 hours of completion of the examination.
6. Preliminary Reports
 - 6.1 A preliminary report is a written or verbal report released to the Attending Physician by the Sonologist.
7. Reporting any accidents or complications that occur in the department. Any ultrasound incident shall be recorded by completing the Incident Report Form. Such incidents might include:
 - 7.1 Inappropriate use of ultrasound
 - 7.2 Unnecessary insonation of an individual or fetus
 - 7.3 Ultrasound equipment being used by an incompetent/unauthorized individual
 - 7.4 Non-recording of results of an ultrasound examination within the patient's medical record.
8. All personnel shall observe professional ethics and behavior to ensure patient confidentiality.
 - 8.1 Introduce yourself to the client, scheduling staff, clinical staff and doctors.
 - 8.2 Remember to leave the site clean and fully stocked before you leave for the day (i.e. restock all linens and supplies, refill all gel bottles, clean and wipe down ultrasound equipment and transducers, etc.).
 - 8.3 Minimize personal phone calls when on duty.
 - 8.4 Keep yourself busy in the event that you can perform while waiting for patients.
 - 8.5 Supervisors expect you to be part of the team while you are working. If you read a book, write letters or make a personal phone call in between patients, please do so discreetly; out of the view of patients and only if there is absolutely no other duty or task to perform.
9. Quality Assurance
 - 9.1 Ongoing monitoring of the clinical practice's personnel performance, including all physicians and sonographers.
 - 9.2 All permanent members of staff who scan should participate in continuing medical education and professional development.
 - 9.3 Ultrasound studies shall be supervised and interpreted by a physician with training and experience in the specific area of sonography.
 - 9.4 Shall obtain regular correlation of ultrasound diagnosis of normal and abnormal studies with clinical, radiographic, laboratory, surgical, and pathologic findings; a record of this shall be maintained and kept current. Information obtained shall be disseminated to both



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shall be maintained and kept current. Information obtained shall be disseminated to both physician and sonographer personnel of the ultrasound practice in a timely fashion.

10. Storage and Record Keeping

- 10.1 Appropriate documentation of every study shall include permanent ultrasound images stored on suitable recording media, as well as a report that includes the findings obtained by examination.
- 10.2 Ultrasound images and a report from the interpreting physician shall be maintained in a readily accessible fashion for comparison and consultation.
- 10.3 All examinations and procedures are to be archived/reported in the Radiology Information System and Picture Archiving and Communication System.

11. Routine Quality Assurance for Diagnostic Ultrasound Equipment

- 11.1 Instrumentation used for diagnostic testing shall be maintained in good operating condition and undergo routine calibration at least once a year.
- 11.2 All ultrasound equipment shall be serviced at least annually, according to the manufacturer's specifications or, more frequent if problem arise.
- 11.3 There shall be a routine inspection and testing for electrical safety of all existing equipment.





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PROCEDURE (SOP):

1. Patient receives written request of examination from a licensed practitioner.
2. Procedure may be done either outpatient or inpatient.
3. Imaging staff writes appointment/schedule of patients for ultrasound in the schedule logbook.
4. Diabetic patients is prioritized as well as those patients who still have fasting procedures after ultrasound, for STAT ultrasound, and also for emergency cases.
5. Read the request of Attending Physician, previous ultrasound and copy the laboratory results needed.
6. For inpatient, read the patient's chart, look for the request of attending physician, and copy the needed laboratory results, chief complaint and assessment.
7. For patient with water limitation, inform the Sonologist and follow the instruction that will be given.
8. Review the hard copy or thermal paper print-out.
9. The Sonographer is not allowed to relay the result during or after the procedure.
10. Special procedures are performed directly by Sonologist.
11. The Nurse in charge assists the Attending Physician for the patient. The Sonographer assists the Sonologist for the machine.






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WORK INSTRUCTION:	
KEY TASK	PERSON RESPONSIBLE
1. Writes appointment/schedule of patients for ultrasound in the schedule logbook.	DIS Staff
2. Prioritizes diabetic patients as well as those patients who still have fasting procedures after ultrasound, for STAT ultrasound, and also for emergency cases.	
3. Reads the request of attending physician, previous ultrasound and copy the laboratory results needed.	Radiologic Technologist
4. Reads the patient's chart if inpatient, looks for the request of attending physician, and copy of the needed laboratory results, chief complaint and assessment.	
5. Informs the Sonologist if with water limitation and follows the instruction given.	
6. Reviews the hard copy or thermal paper print-out.	
7. Assists the Attending Physician for the patient.	Nurse-in-charge
8. Assists the Sonologist for the machine.	Sonographer
	



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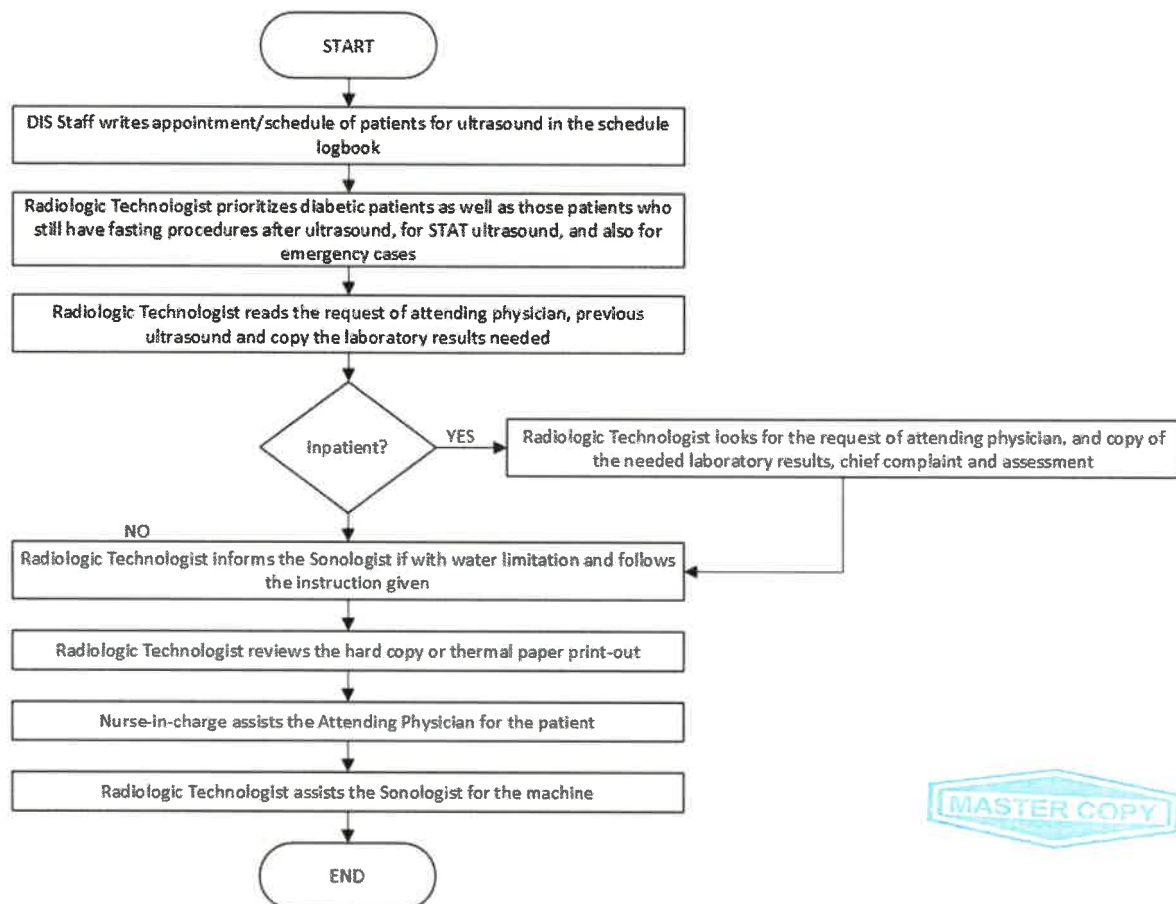
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FORMS: N/A
EQUIPMENT: N/A
REFERENCES: N/A





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