THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

NUCHAL TRANSLUCENCY

DIAGNOSTIC MEDICAL SONOGRAPHER OBSERVATION FORM

Please complete one form for each examination observed

DMS OBSERVED:	
CMRTO #:	

PATIENT IDENTIFIER:	
PATIENT WRITTEN CONSENT OBTAINED:	

TYPE OF EXAMINATION OBSERVED?	

	C	NC	NA
1.8.1 DUTIES AND RESPONSIBILITIES OF DMSs			
Follow facility policy regarding situations where the use of chaperones may be appropriate.	○	○	○
Post appropriate signage to restrict access to the patient exam room. (If not, is there a policy to restrict access?)	○	○	○
Ensure the room is prepared for the procedure specified in the order.	○	○	○
Select and set up the equipment and materials needed for the procedure specified in the order.	○	○	○
Ensure correct patient identification (e.g. confirmation of patient name, date of birth, examination to be performed, and physician/authorized health professional authorization is present).	○	○	○
Confirm that the order is appropriate based on the patient history.	○	○	○
Inquire about and record any contraindications (e.g. anaphylaxis) before starting the exam.	○	○	○
Ensure that the worklist contains the correct patient information (if applicable).	○	○	○

	C	NC	NA
Obtain informed consent (oral or written as per facility policy) before each examination (after explaining the procedure and answering any questions).	○	○	○
Ensure pertinent clinical history is available, supplement as necessary and record on the technical impression worksheet.	○	○	○
Instruct the patient to remove only the clothing and items that will interfere with the procedure, providing the patient with a gown or sheet to cover areas where clothing was removed and explaining to the patient when and where the DMS may touch them and why.	○	○	○
Follow the facility examination protocols.	○	○	○
Write a technical impression as per site protocol.	○	○	○
Follow facility protocols when unexpected findings are found that would require immediate attention (e.g. abnormal NT, ectopic pregnancy).	○	○	○
Allergies to latex must be identified and non-latex transducer covers must be utilized-this information must be recorded on the sonographer's technical impression worksheet.	○	○	○
THROUGHOUT THE EXAMINATION:			
Assess the patient's condition before, during and after the procedure or course of treatment and make modifications to procedures based on the patient's physical, medical and/or emotional status and needs.	○	○	○
Maintain patient comfort, privacy and dignity at all times.	○	○	○
Stop procedure if at any time the patient withdraws consent and record withdrawal of consent and reason as per site protocol.	○	○	○
Use personal protective equipment (masks/gloves/gown etc.) and devices as required for the procedure and as indicated by personal risk assessment.	○	○	○
Ensure that patient examination images and data contains patient name, ID number, date of examination and type of examination and number of images.	○	○	○
Ensure images were scanned as per site protocol and include:			
o correct annotation	○	○	○
o fine & total gain controls set correctly	○	○	○
o appropriate magnification	○	○	○
o focal zone set correctly	○	○	○
o proper use of calipers and appropriately positioned for NT measurement	○	○	○
o measurements documented	○	○	○

	C	NC	NA
o scan correctly annotated	○	○	○
o scan through the entire organ appropriately	○	○	○
o the technical worksheet is suitable for regions examined	○	○	○
Ensure the processed image provides diagnostic image quality while minimizing patient exposure to soundwaves (ALARA – As Low As Reasonably Achievable). Take corrective action if necessary and record explanation of sub-optimal imaging.	○	○	○
Ensure that each patient record (including the technical impression worksheet) has the DMS identifier to verify who performed the examination	○	○	○
Comply with privacy and confidentiality legislation such as the *Personal Health Information Protection Act* (Ontario). Was patient privacy maintained at all times?	○	○	○
TRANSVAGINAL/ENDOCAVITY ULTRASOUNDS: include the criteria above plus:			
Transvaginal/endocavity transducer ID number (individual to each transducer) must be identified on the on the reprocessing sheet.	○	○	○
Upon exam completion follow Provincial Infectious Diseases Advisory Committee (PIDAC) or manufacturers guidelines for transducer cleaning.	○	○	○
Ensure Internal & External Gel use meets PIDAC guidelines.	○	○	○
IMAGE REVIEW:			
Are there enough images to allow 3rd party interpretation?	○	○	○
Ensure the images are diagnostic (magnification, caliper positioning etc.).	○	○	○

General Comments: *(Please use this section to provide overall comments regarding the technologist's performance, attitude, competency, infection control procedures including gel and probe cleaning etc.). Document products used.*

Recommendations: These recommendations must be documented in the Final Assessment Report

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