THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

MOBILE GENERAL ULTRASOUND

DIAGNOSTIC MEDICAL SONOGRAPHER OBSERVATION FORM

Please complete one form for each examination observed

DMS OBSERVED:	
CMRTO #:	

FACILITY LOCATION	

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 while the examination is taking place.	○	○	○
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.	○	○	○

	C	NC	NA
Inquire about and record any contraindications (e.g. latex allergy) before starting the exam.	○	○	○
Ensure that the worklist or manually inputted data contains the correct patient information (if applicable).	○	○	○
Obtain informed consent (oral or written as per facility policy) before each examination (after explaining the procedure and answering any questions). Ensure consent is obtained by power of attorney if applicable.	○	○	○
Ensure pertinent clinical history is available, supplement as necessary and record on the technical impression worksheet.	○	○	○
Instruct the patient and/or nurse and/or guard 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. (Is this done on site or off site?)	○	○	○
Follow facility protocols when unexpected findings are found that would require immediate attention (e.g. appendicitis, 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 PPE (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	○	○	○

	C	NC	NA
o focal zone set correctly	○	○	○
o proper use of calipers	○	○	○
o measurements documented	○	○	○
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.	○	○	○
Did the DMS sign off on the exam at the facility where imaging was done? e.g. was patient's nurse/guard notified that the examination was completed, was the exam completion documented in the patient's chart at the facility?	○	○	○
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:			
Ensure there are enough TVS/Endocavity probes available for use if multiple TVS/Endocavity examinations are performed at a mobile facility.	○	○	○
Where does the reprocessing of TVS/Endocavity probes take place?	○	○	○
Transvaginal/endocavity transducer ID number (individual to each transducer) must be identified on the reprocessing sheet.	○	○	○
Upon exam completion follow Provincial Infectious Diseases Advisory Committee (PIDAC) or manufacturers guidelines for transducer cleaning. Explain process in the narrative section.	○	○	○
Ensure Internal & External Gel use meets PIDAC guidelines.	○	○	○
EQUIPMENT:			
Is the van equipped with a restraining device to lock the mobile ultrasound unit in place?	○	○	○
Does the van have a maintenance program in place that includes winter tires?	○	○	○
Is the van equipped with cleaning/disinfection supplies appropriate for the day to day operation?	○	○	○
Does reprocessing of the Ultrasound probes meet IPAC guidelines?	○	○	○

	C	NC	NA
Is there a fire extinguisher and first aid kit in the vehicle?	○	○	○
Is there additional PPE available in the vehicle?	○	○	○
Is the policy and procedure manual available to the DMS?	○	○	○

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? Explain the booking procedure. How was the order confirmed once on site? How was consent obtained, especially when the patient cannot give it? Where/how were the images processed?*

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

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