



VASCULAR ULTRASOUND

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?	
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	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. latex allergy) 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. DVT).			
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			
o focal zone set correctly			
o proper use of calipers			
o measurements documented			

	C	NC	NA
○ correct angle chosen for doppler measurements (60 degrees)			
○ scan correctly annotated			
○ scan through the entire organ appropriately			
○ 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 <i>Personal Health Information Protection Act</i> (Ontario). Was patient privacy maintained at all times?			
Extracranial Cerebrovascular System (Carotid US): Is real-time imaging of the common carotid, internal carotid and proximal external carotid arteries performed so as to accurately assess the morphology and degree of stenosis?			
Peripheral Veins (Venous Doppler) - is the common femoral, femoral, proximal greater saphenous, proximal profunda femoris and popliteal veins assessed to determine the presence and location of thrombi? If there is a Thrombus present, is there a mechanism in place to expedite results?			
Peripheral Arteries (Arterial Doppler) – is the common femoral, femoral and proximal profunda femoris and popliteal arteries assessed to determine the morphology, location and degree of stenosis?			
Is the ankle/brachial ratio (ABI) recordings obtained? If so, is it documented?			
Upon exam completion follow Provincial Infectious Diseases Advisory Committee (PIDAC) or manufacturers guidelines for transducer cleaning.			
External Gel use meets PIDAC guidelines.			
IMAGE REVIEW:			
Are there enough images to allow 3 rd party interpretation?			
Ensure the examination includes interrogation of all relevant anatomy using appropriate transducers and gain settings.			

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*