

NEW PROTOCOL UPDATE: APRIL 2010

1. Please ensure you read all sections of the new protocols and sign the acknowledgement form.
2. Cervix measurement has been amended. You must call the referring physician if the cervix measures 2.5 cm or less and/or funneling is seen.
3. Open hand view is absolutely necessary when choroid plexus cysts are found. Otherwise, please attempt an open hand view and if unable, a hand view confirming 4 fingers and a thumb is OK.
4. Binocular distance is not a mandatory measurement but is appreciated at the level of the lens when you can get it.
5. Measure the aorta in the transverse view for width and AP. Measure at the greatest dimension at mid *and* distal abdominal level.
6. Measure length of lymph nodes in sag but please remember that width and AP dimensions in transverse view are the most important.
7. Long axis view of CBD is required not CHD
8. Please use liver segmental or lobar anatomy to describe location of lesions ie: segment IV, or lateral segment LT. lobe
9. There are new specific guidelines for rebooking OB patients if you are not able to view all necessary anatomy clearly.
10. Three (3) Umbilical Artery Dopplers should be performed at the level of a free loop. Ensure you are at a proper angle to flow and please record the highest S/D ratio on your worksheet.
11. Nuchal Fold measurement should be made from outer skull margin to outer skin margin. Normal NF measurement is 5.6mm
12. Umbilical cord and Middle Cerebral Artery Doppler is required for all patients with decreased AFI / IUGR or if requested. See worksheets.

Obstetrical Patient Rebooking

If you are unable to complete an exam due to poor fetal position:

First, explain to the patient and ask her to wait in the waiting room and try to complete the exam the same day.

Know your referring physician's preference for rebooking his/her patients.

If patient is unable to wait or if fetus is still not in a good position, escort the patient to the booking desk and try rebooking within 2 days for a limited OB scan. Write the date and time patient is to return on your tech worksheet and send the case through for reporting as per usual.

Look *only* at the cervix and the anatomy you were not able to image.

It is *your* responsibility to ensure the patient is squeezed in when *you* are available to finish the exam. Do *not* rebook into an open 30 min. space.

Use your judgment and book patient between two pelvic or small part exams

When patient returns, please write the Accession number of previous case on your tech sheet.

Please Note: It is TNI policy that all OB exams rebooked outside a 2 week period require a complete scan including measurements.