

Ultrasound Scans undertaken in the Maternity Ward Setting

Guideline information

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Scope:

Appropriately trained Obstetric clinicians, Ultrasonographers, Midwife Sonographers, Early Pregnancy Nurse Sonographers.

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Glossary of terms

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Scope

Obstetric clinicians, Ultrasonographers, Midwife Sonographers, Early Pregnancy Nurse Sonographers

Aim

The aim of this document is to:

- Provide clear standards and process of undertaking and subsequently reporting an obstetric ultrasound scan in a safe manner outside the designated ultrasound room environment. To ensure that clinical findings are documented contemporaneously and images stored for review when operator does not have access to RADIS and PACs.

Objectives

The aim of this document will be achieved by the following objectives:

- Understanding clinical Governance whilst undertaking clinical ultrasound scan and recording appropriately.
- Safety
- Care and maintenance of equipment
- Understanding process of undertaking scan
- Information governance

Safety in Practicing Ultrasound

Safety in practicing ultrasound must be a priority at all times.

Clinicians always have a duty of care to their patients ensuring that only clinicians who have received appropriate training in performing ultrasound scan should perform ultrasound scan.

The ability to perform ultrasound scan safely can assist with patient management, including out of hours management. Scans includes presentation, assessing placental site and confirmation of viability

However, there are limitations of undertaking scans:

- A decision should **never** be taken that a pregnancy is non-viable, irrespective of gestation, without obtaining a second scan opinion from either an appropriately qualified sonographer (within working Hours) or from the on-call consultant (outside working hours)
- **If there is any doubt about any of the scan findings**, they **should not** be used to influence clinical management and appropriate referral must be made for a formal ultrasound scan.
- Recognising and understanding personal limitations and level of competencies and working within “limits of your competencies” (GMC) underpins safe care and good practice.

Technical knowledge.

Ultrasound is operator-dependant technique and the diagnostic quality of the images is every dependent on the operator knowledge and experience.

Equipment

Care must be taken when moving ultrasound machines within the clinical departments/ wards. Ensure that the machine and probes are not knocked against any hard structures.

Probes must be stored appropriately in holders and the wires stored safely to ensure they do not get run over by the machines or pulled.

All equipment is tested on a regular basis checking for signs of damage. Care must be taken when cleaning either of the screens and keyboard. Cleaning Wipes must NOT be too moist, and the area must be dried immediately to ensure that fluid ingress does not damage the machine.

Users of the equipment are responsible for ensuring that ultrasound units are regularly cleaned and disinfected.

See Appendix for care of probes

Prior to commencing the scan review previous scan reports if available.

Process of undertaking a Scan

- Enter patient name, hospital number and EDD into USS machine
- Orientate probe
- Determine number of fetus/viability /presence of fetal heart activity.

NOTE

- ❖ When fetal heart is absent use the M mode and Colour Doppler to confirm/ determine whether fetal heart activity is present.
- ❖ During week (Mon- Friday, 9-5) Contact ultrasound department to request a qualified Sonographer to attend to confirm diagnosis of fetal demise.
- Determine presentation
- Placental localisation
- Obtain appropriate measurements of fetus/ gestational sac relevant to stage of pregnancy

Information and Clinical Governance

- Document finding/ management plan/ care pathway
- If clinician does have access RADIS and PACS storage system they must complete report onto Radis and upload and store all images as per Health Board policy as the permanent electronic record .

If the clinician does not have access to Radis all scan findings must be documented immediately on the Hywel Dda Obstetric Ultrasound Scan form and stored in the patients notes.

- If ultrasound machine cannot send to RADIS/CRIS ensure that scan images are printed throughout scan and labelled with patient ID Number and then stored in robust CTG envelope in notes. Document on front of the envelope the date, patient ID and that that it contains ultrasound images and "Do not dispose".
- Complete the Hywel Dda_Obstetric Ultrasound Scan form legibly and securely attach to the patient's notes.
- Ensuring that clinical ultrasounds are recorded/ documented appropriately supports need for future review.

References

Recommendations for specialists practicing ultrasound independently of radiology departments Joint collaboration by the British Medical Society and The Royal College of Radiologists.

https://www.bmus.org/media/resources/files/BMUS_RCR_PoCUS_guidance_vi1AN2U.pdf - open in new tab

Appendix 1 – Infection Control

- Good hand hygiene is the most effective method of infection control.
- Hands should be washed or cleansed with alcohol gel between every patient. Sleeves must be short or rolled up to elbow.
- Units should be cleaned at the end of the working day as appropriate and be left in a suitable condition for future use.
- Ultrasound probes – including cables - should be cleaned between patients following local procedure for decontamination of ultrasound probes,
- Couches should be covered by disposable paper which is change for each patient.
- Couches should be routinely cleaned with disposable clinical wipes or soap and water at the end of each scan as appropriate or more frequently as required.

Transvaginal scans

- Appropriate PPE should be worn by Sonographers for Transvaginal scans,
- The TVS probe should be covered with a clean sheath and sterile gel used for TVS.
- All contaminated clinical waste following TVS should be disposed of in
- Orange disposal bags.
- All general waste should be disposed of in black bags.
- Ultrasound probes – including cables - should be cleaned between patients following local procedure for decontamination of ultrasound probes