

## **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.**