Community Health Network of San Francisco

STANDARDIZED PROCEDURE for
Performing Limited Ultrasound Examinations
Before Abortion Procedures
The Women's Options Center (6G)
REGISTERED NURSE

I. Policy Statement

A. It is the policy of the Community Health Network and Zuckerberg San Francisco General Hospital and Trauma Center that all standardized procedures are developed collaboratively and approved by the Committee on Interdisciplinary Practice (CIDP) whose membership consists of Nurse Practitioners, Registered Nurses, Certified Nurse Midwives, Physicians, Pharmacists, Administrators and other Affiliated Staff.

B. A copy of the signed procedures will be kept in an operational manual in the Women's Options Center (Ward 6G), and on file in the Medical Staff Office.

II. Functions to be performed

~~The Registered Nurse based upon the nursing process determines the need for a standardized procedure.~~ The RN provides health care, which may involve~~s~~ areas of overlapping practice between nursing and medicine. These overlapping activities require standardized procedures. These standardized procedures include guidelines stating specific conditions requiring the RN to seek physician consultation.

III. Circumstances Under Which RN May Perform Function

A. Setting
The Registered Nurse may perform the following standardized procedure functions in the Women's Options Center (WOC/6G) consistent with her/his experience and training**.**

B. Scope of Supervision Required

1. The RN is responsible and accountable to the Women's Options Center Nurse Manager and Medical Director or physician designee.
2. Overlapping functions are to be performed in areas that allow for a consultant~~ing physician~~ to be available to the RN at all times by phone or in person, including but not limited to the clinical area.
3. All ultrasound examinations performed by an RN will be reviewed by ~~a by physician~~a provider (MD, CNM, NP, PA) ~~or nurse practitioner~~ before any clinical actions being undertaken (e.g., before osmotic dilator insertion or referral for prenatal care).
4. All ultrasound examinations performed in 6G will be reviewed by a~~n attending physician~~provider (MD, CNM, NP, PA) before the abortion procedure.

IV. Requirements for the Registered Nurse

A. Experience and Education
   a. Active California Registered Nurse license
   b. Graduate of an approved RN Program

B. Summary of Prerequisites, Proctoring and ~~Reappointment Competency~~Ongoing Evaluation

Commented [DR1]: Should be removed for consistency

Prerequisites: a. Completion of a limited obstetric ultrasound training course, which includes both didactic and hands-on experience, either on-site or outside of the institution; OR b. Recent (within 5 years) experience in limited obstetric ultrasound (including ≥ 40 ultrasound exams), and/or privileges to perform limited obstetric ultrasound granted at another institution. Experience and/or privileges must be verified by a letter from prior institution or from a supervising ~~SFGH~~ ZSFG physician who has been designated as an evaluator by the Director of Obstetrics.
Proctoring: RNs must perform a minimum of 5 ultrasounds at <14 weeks gestational age and 5 ultrasounds at >14 weeks gestational age to demonstrate competency before independently performing limited obstetric ultrasonography. These exams must be of gestational sacs, embryos, or fetuses and must include assessment of the location and dating of pregnancy, cardiac motion, fetal number and placental location, if indicated. Proctoring will be performed by an attending Obstetrician/Gynecologist or an RN/NP/CNM/PA who has been designated as an evaluator by the Director of Obstetrics (i.e., who has demonstrated competence in performance of the clinical skill). This evaluator will review and sign the clinical report before the patient is discharged. If the evaluator is an

RN/NP/CNM/PA, all reports will additionally be reviewed by the Director of Obstetrics or his/her physician designee(s). ~~within 24 hours.~~
~~Competency~~Ongoing evaluation: RNs will be evaluated for continued competency through ~~peer or cconsultant (as per Preamble section III2b) c~~hart review on an annu ~~bienni~~al basis (as per Preamble section III2b). See proctoring section for definition of approved evaluators. Limited obstetric ultrasound images and documentation will be reviewed for accuracy and thoroughness and will include three ultrasound exams at less than 14 weeks' gestation and three at ≥14 weeks' gestation.
Any additional comments: If proficiency is not achieved in the 10 proctored exams articulated above, individualized plans for achievement of competency may be established as needed. All ultrasound reports will be reviewed and signed off by the Director of Obstetrics or his/her physician designee(s) within 24 hours of the exam.

Commented [DR2]: Just wondering where 24 hrs came from, is this a billing issue? Is 24 hrs feasible?

Commented [Office3]: We should probably change this language since RNs aren't reappointed by med staff.

Commented [Office4]: Section 1112b names NP/CNM or MD, not RN as possible proctors/evaluators. Are RNs performing follow-up chart reviews? If so, the two sections should be reconciled (or not cross-referenced). If not, we should exclude "peer" here.

Commented [Office5]: This is applicable to affiliated staff, not RNs. Ongoing evaluation should be annual, in accordance with annual

V. Development and Approval of Standardized Procedure

A. Method of Development

Standardized procedures are developed collaboratively by the registered nurses, nurse managers, physicians, and administrators and must conform to the eleven steps of the standardized procedure guidelines as specified in Title 16, CCR Section 1474.

B. Approval

All standardized procedures must be approved by the CIDP, Credentials Committee, Medical Executive Committee and Joint Conference Committee before use.

C. Review Schedule

The standardized procedure will be reviewed every three years by the registered nurses, nurse manager, and medical director and as practice changes.

D. Revisions

All changes or additions to the standardized procedures are to be approved by the CIDP accompanied by the dated and signed approval sheet.

E. Documentation

When training has been completed and competence demonstrated, this will be documented in the Registered Nurse's Personnel File.

Protocol # 1: Procedure: LIMITED OBSTETRIC ULTRASOUND <14 Weeks Gestational Age

A. DEFINITION

A limited obstetric ultrasound exam is not intended to replace a basic obstetric ultrasound, which is a well-defined and complex examination that is performed by a physician with specialty training. A limited obstetric ultrasound is a review of certain discrete elements that can be safely performed by an RN with specific training and experience who has been trained and privileged to perform the exam.

1. Location to be performed: Women's Options Center (6G)
2. Performance of procedure:
   a. Indications for limited obstetric ultrasound include a need to identify:
      - Intrauterine pregnancy
      - Fetal number
      - Fetal cardiac activity
      - Gestational age
   b. Precautions: None
   c. Contraindications: None

B. DATA BASE

1. Subjective Data
   a. Review history of last menstrual period

2. Objective Data
   a. Review pertinent objective data (prior ultrasounds and/or physical exam)

C. DIAGNOSIS

Diagnosis must be supported by diagnostic images obtained

D. PLAN

1. Review patient identification, procedure to be conducted, adequacy of privacy for exam, readiness and cleanliness of equipment
2. Perform limited obstetric transabdominal or transvaginal ultrasound
3. Patient conditions requiring Attending or Senior Resident consultation**:**
   - Multiple gestation
   - No evidence of cardiac activity
   - Gestational age assessment not correlated to other subjective and objective data
   - Vaginal bleeding

- Abdominal pain
- Inability to confirm intrauterine location of pregnancy
- Inability to obtain adequate image for diagnostic interpretation
- Unclear or abnormal findings

4. Education
   Explain the purpose, process and expected outcome of ultrasound to patient. Explain clearly to the patient that the ultrasound is solely for the purpose of assessing the gestational age of the pregnancy. Discuss findings with patient, establish need for follow-up consultation, examination or referral and give discharge information and instructions, if relevant.
5. Follow up
   As indicated by ultrasound findings and clinical condition.

E. RECORD KEEPING
Ultrasound report will be completed using departmentally accepted format within 24 hours of exam.

Protocol #2: Procedure: LIMITED OBSTETRIC ULTRASOUND: ≥14 Week Gestational Age Assessment

A. DEFINITION
A limited obstetric ultrasound exam is not intended to replace a basic obstetric ultrasound, which is a well-defined and complex examination that is performed by a physician with specialty training. A limited obstetric ultrasound is a review of certain discrete elements that can be safely performed by an RN with specific training and experience who has been trained and privileged to perform the exam.
The primary measurement used to assess gestational duration in the WOC is biparietal diameter (BPD) in the second trimester. Second-trimester abortions are performed by dilation and evacuation at the WOC up to 24 weeks 0 days. If there is a question as to the BPD and it is close to 58 mm, consultation from a physician will be obtained. The BPD is the primary and usually the only measure of gestational age used in the WOC before second-trimester abortion, because the diameter of the fetal calvarium determines how much the cervix needs to be dilated before abortion and is an accurate means of assessing gestational duration. Femur lengths may also be measured for approximation of dating if BPD is close to 58 mm. Any woman presenting for a second-trimester abortion beyond 24 weeks 0 days will be referred to one of the counseling staff to discuss her options.

1. Location to be performed: Women's Options Center (6G)

2. Performance of procedure:
   a. Indications for limited obstetric ultrasound include a need to identify:
      - Gestational age (≥14 weeks gestation)

- Placental location

b. Precautions: None
c. Contraindications: None

C. DATA BASE

1. Subjective Data
   a. Review of history of last menstrual period

2. Objective Data
   a. Review pertinent objective data (prior ultrasounds and/or physical exam)

C. DIAGNOSIS

1. Diagnosis must be supported by diagnostic images obtained

D. PLAN

1. Review patient identification, procedure to be conducted, and adequacy of privacy for exam, readiness and cleanliness of equipment
2. Perform limited obstetric transabdominal or transvaginal ultrasound
3. Patient conditions requiring Attending or Senior Resident consultation**:**
   - BPD close to 58 mm or when inconsistent measurements between the BPD and FL might allow or disallow a pregnancy termination
   - Gestational duration beyond the WOC cutoff when a provider (MD/NP/CNM/PA) ~~provider~~ determines that the health of the woman is compromised by the pregnancy
   - Gestational duration beyond the WOC cutoff with known fetal genetic or anatomic abnormalities (documented by a formal ultrasound or karyotype)
   - Multiple gestation
   - No evidence of cardiac activity
   - Gestational age assessment not correlated to other subjective and objective data
   - Inability to confirm intrauterine location of pregnancy
   - Vaginal bleeding
   - Abdominal pain
   - Increased risk for accreta (previa and previous cesarean delivery at ≥16 weeks gestation)
   - Inability to obtain adequate image for diagnostic interpretation
   - Unclear or abnormal findings~~,~~
4. Education
   Explain the purpose, process and expected outcome of the ultrasound to patient. Explain clearly to the patient that the ultrasound is solely for the purpose of assessing the gestational duration of the pregnancy and when indicated, to locate the placenta. Discuss findings with patient, establish need for follow-up consultation, examination or referral and give discharge information and instructions, if relevant.

Commented [Office6]: Is the RN determining that the health of the woman is compromised by the pregnancy? Could this be made more explicit re RN vs. MD role in making this assessment?

5. Follow up
   As indicated by ultrasound findings and clinical condition. Any patient whose ultrasound is determined to be beyond the clinic's gestational limit after the process described above will be assessed by a counselor for safety and for follow-up planning before discharge.

E. RECORD KEEPING
Ultrasound report will be completed using a departmentally accepted format within 24 hours of exam.

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