



Rancho Los Amigos National Rehabilitation Center

OUTPATIENT SERVICES: MOBILE CLINIC

POLICY AND PROCEDURE

SUBJECT:

Point of Care: Ultrasound Protocol

Policy No.: 401

Supersedes: New

Revision Date: February 9, 2022

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1. **PURPOSE:**

- 1.1 To provide guidance and describe the workflow process in performing point of care Ultrasound Procedure in the mobile clinic according to DHS – LA County Standard of Care.

2. **POLICY:**

- 2.1 Medical Provider will perform the point of care ultrasound with a chaperone as a stand-by.
2.2 Provide instructions and answers all patients' questions before the procedure is perform.
2.3 Provide patient privacy while point of care ultrasound is perform.
2.4 Document the procedure and findings in patient's medical records.
2.5 For critical findings and if clinical status warrants emergency intervention, 911 will be contacted.

4. **EQUIPMENT**

- 4.1 Ultrasound device with probe (transducer) * inspect device prior to use and follow manufacturer's recommendation for use and care of device.
4.2 Coupling or transmission acoustic gel.
4.3 Soft cloth or towel
4.4 Disinfectant spray or wipes in accordance with infection control protocol.

5. **IMPLEMENTATION/TECHNIQUE**

- 5.1 Gather and prepare the necessary equipment and supplies.
5.2 Perform hand hygiene.
5.3 Confirm the patient's identity using at least two patient identifiers, provide privacy, and explain procedure.
5.4 Raise the bed to waist level before providing care to prevent caregiver back strain.
5.5 Perform hand hygiene.
5.6 Expose the area intended for assessment.
5.7 Apply a small amount of coupling or transmission gel (not water-soluble lubricant) to the top of the probe or to the patient's skin
5.8 Position the probe on the skin directly over area of assessment.
5.9 Turn on the ultrasound device following the manufacturer's instructions for use.

EFFECTIVE DATE:

3/1/22

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

Ben Davis

- 5.10 If the device has a speaker, adjust the audio level as needed. If your model doesn't have a speaker plugs in the earphones.
- 5.11 Perform ultrasound for area of assessment.
- 5.12 Reapply gel if it begins to dry out or spread too thinly, creating an air gap between the probe and the skin. Avoid applying too much gel because doing so makes the probe difficult to clean and doesn't improve probe performance.
- 5.13 Turn off the device following the manufacturer's instructions.
- 5.14 Wipe the gel from the patient and return the bed to the lowest position to prevent falls and maintain the patient's safety.
- 5.15 Disinfect the probe and main unit of the ultrasound device with a disinfectant spray or wipe following the manufacturer's instructions. Remove and discard your gloves and other personal protective equipment, if worn.
- 5.16 Perform hand hygiene. Store device.
- 5.17 Document the procedure.

**Note: Without credentialing, the liability of failing to diagnose may increase with potentially catastrophic outcomes. Reasonable guidelines for credentialing non-radiologist require a minimum of 25 scans per primary indication and 150 recorded scans for general emergency ultrasonography privileges. For procedural ultrasonography, the clinician should demonstrate competence in the use of basic ultrasonography by being credentialed for at least one primary indication. Literature supports range needed to document proficiency is between 25-50 scans (at least 50% should be abnormal) per primary indication, and scans should be followed-up with formal scans, over-reading, or by tracking clinical outcomes to document and demonstrate accuracy. It should be noted that the American Academy of Family Physicians does not endorse using a particular number of procedures performed (or documented) to credential for this or most other procedures*

REFERENCE:

- 1. Fowler, G. C. (2020). *Pfenninger & Fowler's Procedures for Primary Care* (Third edition.). Philadelphia, PA: Elsevier.