Clinical Protocol

OB 1st Trimester

1. Transabdominal imaging required before endovaginal exam performed.

2. Uterus: Long and trans images.
   - Measure in three planes (long, AP, trans).
   - Document presence and number of fibroids. Measure largest or clinically significant fibroid.
   - Document any uterine anomalies.
   - If no IUP, measure endometrial stripe.

3. Cervix: Long and trans images.

4. Cul-de-Sac: Long and trans images.

5. Adnexae: Long and trans B-mode images (R/L). Doppler should be used sparingly only if significant abnormality.

6. Ovaries: (R/L) imaged in long and trans.
   - Measure in three dimensions when seen well.
   - Image corpus luteum cyst if present.
   - If there is suspicious mass in ovary/adnexal region or if torsion is suspected, Doppler evaluation should be used sparingly.

7. Document gestational sac and measure in maximum dimension.

8. Document yolk sac when present.

9. Document fetal pole when present and measure crown rump length.

10. Obtain heart rate in fetus using M-mode only. If no cardiac activity visualized, cine clip may be used to document fetal heart activity.

Any baby measuring greater than 13 weeks and 6 days should be changed to limited exam to include measurements, heart rate, adnexal areas.

Female employee must be present with male sonographer during patient endovaginal exam. Depending upon situation, female sonographer may request presence of female employee during patient endovaginal exam.

Endovaginal scanning done after transabdominal exam completed. Endovaginal OB exam not stand alone exam – transabdominal exam must be included. Required images are combination of two exams. Images obtained transabdominally should be duplicated with endovaginal scanning when images are superior quality.

OB 1st Trimester Worksheet

SONOGRAPHER NOTES

INDICATIONS		DATE/TIME	
		SONOGRAPHER	
LMP		bHCG Quant	

		Additional Findings/Limitations
Gestational Sac	❑ Yes ❑ No	
Sac Location (Circle One)	Intrauterine Ectopic	
Gest Sac Diameter	_____ cm = _____ wks	
Yolk Sac	❑ Yes ❑ No	
Fetal Pole	❑ Yes ❑ No	
Crown Rump Length	_____ cm = _____ wks	
Cardiac Activity	❑ Yes _____ BPM ❑ No	

Comments (Hemmorhage, clinical info, etc)

		Comments
Uterus (cm)	_____ x _____ x _____ Long AP Trans	
Endometrium	_____ cm (if no IUP seen)	
Cul-de-sac	Fluid: ❑ Yes ❑ No	
Right Ovary (cm)	_____ x _____ x _____ Long AP Trans	
Left Ovary (cm)	_____ x _____ x _____ Long AP Trans	

SONOGRAPHER CONFIRMATION: My signature confirms that instructions have been provided to the conscious patient regarding this exam, that US utilizes sound waves rather than ionizing radiation, and that coupling gel is used to improve the quality of the exam.

_____
Sonographer's Signature

FMC KMC CMC TMC NHSC

KIC MIC PI TI

MFP SFP Other

US OB 1st Trimester Worksheet

Name / MR # / Label