

## 9.12 ULTRASOUND FINDINGS AND PLAN

Follow ultrasound algorithm for normal and unusual findings as follows. Signed order in Nurse Manager's office.

### **STANDING ORDER: Protocols for Ultrasound Results**

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ULTRASOUND FINDINGS	PLAN and Education/Warning Signs
<ol style="list-style-type: none"><li>1. Pregnancy is intrauterine, has a measurable CRL, and FHM is documented in the normal range. No unexpected findings.</li><li>2. No measureable Gestational Sac (GS), but has positive pregnancy test and is 6.3 weeks by LMP.</li><li>3. Gestational Sac measures less than 6.3 weeks LMP, yolk sac present, and no fetal pole with heart motion detected.</li><li>4. Gestational Sac measures less than 18mm, no yolk sac, and no fetal pole with heart motion detected</li><li>5. No visible fetal pole or yolk sac, but gestational sac is visible measuring 6.3 weeks or more.</li><li>6. Visible fetal pole without fetal heart motion and fetal pole measure 7mm or more.</li><li>7. View two fetal poles either in one GS or two with measurable CRL, FHM in normal range for GA.</li><li>8. <b>Discharge Summary, Miscarriage (MP) and/or Ectopic (EP) Warning Signs given to each patient per plan result.</b></li></ol>	<ol style="list-style-type: none"><li>1. Give discharge summary, #8 MP, ultrasound picture if requested and refer for OB care. Follow-up per policy.</li><li>2. Refer to OB/GYN or ER to rule out ectopic pregnancy. #8 both MP and EP.</li><li>3. May repeat ultrasound to establish viability 11 days later if patient remains asymptomatic. #8 MP. OB/GYN or ER if symptomatic.</li><li>4. OB/GYN or ER to R/O ectopic pregnancy. #8 MP and EP.</li><li>5. Refer immediately to OB/GYN or ER to rule out <u>early embryonic demise</u>. #8 MP</li><li>6. Refer to OBGYN or ER to R/O Miscarriage. #8 MP.</li><li>7. Not expecting what would be seen at this stage, there is possibility of twins. Give picture(s) and refer for care in 7-14 days. Follow up per protocol. #8 MP</li><li>8. Chart warning signs given per protocol plan.</li></ol>