

# PAEDIATRIC PATIENT ULTRASOUND PROCEDURE

## Paediatric Patient Ultrasound Procedure

### Purpose

The purpose of this document is to highlight appropriate procedures for patient management within the Paediatric Ultrasound Department

### Associated documents

The table below indicates other documents associated with this process.

Type	Document Title(s)
Board Policy Manual	<ul style="list-style-type: none"> <li>• Code of Rights and Responsibilities</li> <li>• Informed Consent</li> <li>• Identification of Patients</li> <li>• Interpreters</li> </ul>

### Process

The table describes the management of patients who are undergoing ultrasonography.

Stage	Description
1	Review any old images (radiographs and sonograms) and reports prior to starting examination.
2	Use similar techniques/views if previous scans are available.
3	Determine the clinical question to be answered.
4	Prepare the room prior to bringing the child/parent into the examination room inclusive of having transducers available that are appropriate for the examination and size of child,
5	Clear introduction to the child/parent stating name and role of the person/people carrying out the procedure.
6	Patient correctly identified by NHI, and/or name and date of birth, obtained in an appropriate and private manner.
7	Ensure that correct patient preparation, if needed, has been carried out.
8	Acquisition of relevant clinical information necessary for carrying out the procedure should be obtained from the parent/child.
9	Thorough explanation of the procedure and acquisition of informed consent prior to starting the examination.
10	Examination is to be performed in a professional manner. Instructions are given clearly and questions answered appropriately.
11	Wash your hands and use clean transducer and warm gel.
12	Scan the normal side first and document comparison views if disease is unilateral (e.g. MSK ultrasonography)
13	Fill the screen with the image and ensure depth, focus and gain settings are correct.

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14	Communication with patient/caregiver should be maintained throughout procedure, and carried out in a courteous and respectful manner.
15	Mindful consideration of requests from family members to be present during examination.
16	Try to keep the patient still using means appropriate for age. For example: dummy for infant, feeding if allowed, promise of reward, book reading, DVD or being held in parents arms.
17	In distressed children, first obtain images that answer the main clinical question. This especially pertains to vascular Doppler studies where co-operation is necessary.
18	Post-imaging instructions given to the patient, advising patient of result dissemination and follow up.