

OB-Ultrasound: YSC and SRC Emergency Department October 2019

Situation

Second and third trimester diagnostic ultrasounds (US) are generally best performed by Obstetrics. Historically, afterhours, these cases have defaulted to the Emergency Department Radiologists and sonographers. In order to ensure high quality patient care, a new policy—designed by consensus across Diagnostic Radiology, Emergency Department and Ob/Gyn physician leadership—is needed to ensure the quality of 2nd and 3rd trimester ultrasound is consistent.

Background

At YNHH 2nd and 3rd trimester US scans outside of the ED are now almost exclusively performed by Obstetrics. Most radiologists, radiology residents, and radiology sonographers do not encounter non-urgent obstetric US beyond the 1st trimester. Given this shift in clinical experience and workflow, assessment of 2nd and 3rd trimester gestational age, fetal anomalies, placenta, and cervix is no longer a core skill set of the radiology services at YNHH.

Assessment

Radiology will be responsible for complete 1st trimester US (76801) or limited obstetric US (76815) at 14-16 weeks GA. Patients already known to be at or beyond 16 weeks GA presenting with pelvic/obstetric symptoms will typically be evaluated by Obstetrics on Labor and Birth. If a patient from the ED presents to Radiology at or beyond 16 weeks, fetal heart rate will be documented and the findings will be discussed with the appropriate responsible provider. US guidelines are as follows:

A) Patient presents with pelvic/obstetric symptoms and established gestational age (estimated due date confirmed by prior ultrasound):

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| 1. <14 wk GA: | ED radiologist will perform US as ordered and assess for fetal heart rate, amniotic fluid, CRL, 1 st trimester anomalies, and placenta/cervix abnormalities. |
| 2. \geq 14 wk and < 16 wk GA: | ED physician will order a limited OB scan (76815) to be performed by ED radiology. This US will assess fetal heart rate, amniotic fluid, placenta location, and placental collections. |
| 3. \geq 16 wk GA: | Obstetrics will be responsible for the US when necessary. The ultrasound will either be completed in the ED or in L&B as per previous ED Policy (Evaluation and Triage of Pregnant and Postpartum Patients in the Emergency Department) and what is appropriate for the patient's presentation. |

B) Patient presents with pelvic/obstetric symptoms and unknown or estimated gestational age (estimated due date based on LMP without confirmatory ultrasound):

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| 1. If < 14 wk GA: | ED radiologist will perform US as ordered and assess for fetal heart rate, amniotic fluid, CRL, 1 st trimester anomalies, and placenta/cervix abnormalities. |
| 2. If \geq 14 and <16 wk GA: | ED radiologist will perform a limited OB scan (76815) to assess heart rate, amniotic fluid, placenta location, and placental collections. |

3. \geq 16wk GA:

ED radiologist will document fetal heart rate and limited fetal measurements to document estimated GA. Further ultrasound arrangements can be discussed with Obstetrics.

C) Not all pregnant patients will require an obstetric US if presenting with non-obstetric complaints.

D) Radiology will perform pelvic US requested in any pregnant patient regardless of gestational age to assess non-pregnancy, gynecologic complaints. These cases should be ordered as our standard non-OB examination, not as an OB-US.

E) OB-GYN consultation may be requested at the discretion of the ED physician.

Recommendation

These guidelines should be followed and distributed to all ED, OB-GYN and Radiology faculty and staff.