

**NUCHAL TRANSLUCENCY – TECH REVIEW SHEET**

For each criteria item place a: Check Mark to indicate YES/ "X" to indicate No/ N/A to indicate Not Applicable

Facility Name/IHF No. \_\_\_\_\_

GENERAL INFORMATION	Meets	Meets with Rec's	Does not Meet	N/A	Comments
<b>Does the sonographer:</b>					
<ul style="list-style-type: none"> <li>Ensure patient examinations media contains patient name, ID#, type and date of examination?</li> </ul>					
<ul style="list-style-type: none"> <li>Supplement clinical history if not provided by the referring physician?</li> </ul>					
<ul style="list-style-type: none"> <li>Maintain records of incidents or unusual occurrences?</li> </ul>					
<ul style="list-style-type: none"> <li>Ensure the examination includes interrogation of all relevant anatomy using appropriate transducers and gain settings?</li> </ul>					
<ul style="list-style-type: none"> <li>Follow infection control policies?</li> </ul>					
<ul style="list-style-type: none"> <li>Maintain patient privacy at all times?</li> </ul>					
<ul style="list-style-type: none"> <li>Perform quality control procedures as per facilities policies?</li> </ul>					
<ul style="list-style-type: none"> <li>Implement the facility's policies and procedures?</li> </ul>					
<b>During the observation of the ultrasound procedures has the technologist applied the following during the examination</b>					
<ul style="list-style-type: none"> <li>Total gain control set correctly?</li> </ul>					
<ul style="list-style-type: none"> <li>Appropriate magnification?</li> </ul>					
<ul style="list-style-type: none"> <li>Overall gain properly adjusted?</li> </ul>					
<ul style="list-style-type: none"> <li>Focal zone set correctly?</li> </ul>					
<ul style="list-style-type: none"> <li>Proper use of calipers?</li> </ul>					
<ul style="list-style-type: none"> <li>Measurements documented?</li> </ul>					
<ul style="list-style-type: none"> <li>Scan correctly annotated?</li> </ul>					
<ul style="list-style-type: none"> <li>Are the technologist worksheets appropriate?</li> </ul>					
Are you associated with one of the 5 designated prenatal screening laboratories?					

**Notes:**

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