

Chapter 1: Before, During, and After the Ultrasound Examination

Curry/Prince: Sonography, 5th Edition

TRUE/FALSE

1. The sonographer should always review available patient information.

ANS: T

A sonographer is responsible for acquiring patient information pertinent to the ultrasound study before the examination procedure.

OBJ: Describe the importance of reviewing the patient's chart/EMR (electronic medical record) prior to the examination. TOP: Before the Ultrasound Examination

2. The sonographer should write technical observations of the ultrasound examination in the patient's chart.

ANS: F

The sonographer's technical observations serve as a reference for the interpreting physician. Written documentation of any type almost always becomes part of the patient's medical record. Final interpretation of the ultrasound images and technical observations is always the responsibility of the interpreting physician.

OBJ: Describe the importance of reviewing the patient's chart/EMR (electronic medical record) prior to the examination. TOP: Before the Ultrasound Examination

3. The sonographer should always review the ultrasound request form.

ANS: T

The process of reviewing available patient information begins with the sonographer reviewing the ultrasound request form.

OBJ: Describe the importance of reviewing the patient's chart/EMR (electronic medical record) prior to the examination. TOP: Before the Ultrasound Examination

4. The sonographer should always provide the interpretive report.

ANS: F

An interpretive report is a formal, legal report of the ultrasound findings by a sonologist, radiologist, or other interpreting physician. A sonographer should never provide diagnoses, because this would be unjustified and potentially legally compromising.

OBJ: Contrast technical observation and interpretive report.
TOP: How to Describe Ultrasound Findings

5. Procedural consent forms are found in the patient's chart.

ANS: T

Consent forms for routine examinations, treatment, surgical procedures, medical procedures, and anesthesia are found in the patient's chart.

OBJ: Describe the importance of reviewing the patient's chart/EMR (electronic medical record) prior to the examination. TOP: Before the Ultrasound Examination

6. Laboratory values are part of the patient's clinical history.

ANS: T

Laboratory values are part of the patient's clinical history and usually are found in the patient's chart.

OBJ: Describe the importance of reviewing the patient's chart/EMR (electronic medical record) prior to the examination. TOP: Clinical History

7. A living will can be found in the patient's chart.

ANS: T

If the patient has a living will, it is kept in the patient's chart.

OBJ: Describe the importance of reviewing the patient's chart/EMR (electronic medical record) prior to the examination. TOP: Before the Ultrasound Examination

8. Test results are found in the patient's chart.

ANS: T

Reports from correlating modality studies are found in the patient's chart.

OBJ: Describe the importance of reviewing the patient's chart/EMR (electronic medical record) prior to the examination. TOP: Before the Ultrasound Examination

9. The ultrasound request form contains the patient's identification number.

ANS: T

The ultrasound request form should include the patient's identification data, the clinical symptoms, the type of examination requested, and the reason for the examination.

OBJ: Describe the importance of reviewing the patient's chart/EMR (electronic medical record) prior to the examination. TOP: Before the Ultrasound Examination

10. The ultrasound request form contains the patient's Social Security number.

ANS: F

The patient's Social Security number is not included on the ultrasound request form.

OBJ: Describe the importance of reviewing the patient's chart/EMR (electronic medical record) prior to the examination. TOP: Before the Ultrasound Examination

11. The ultrasound request form indicates whether the examination is a regularly scheduled exam or a "stat" exam.

ANS: T

Generally, the ordering physician checks a box on the ultrasound request for stat or portable sonograms.

OBJ: Describe the importance of reviewing the patient's chart/EMR (electronic medical record) prior to the examination. TOP: Before the Ultrasound Examination

12. The ultrasound request form contains the patient history.

ANS: T

The ultrasound request form should include the patient's identification data, the clinical symptoms, the type of examination requested, and the reason for the examination.

OBJ: Describe the importance of reviewing the patient's chart/EMR (electronic medical record) prior to the examination. TOP: Before the Ultrasound Examination

13. The ultrasound request form contains the type of examination.

ANS: T

An ultrasound request form should include the patient's identification data, the clinical symptoms, the type of examination requested, and the reason for the examination.

OBJ: Describe the importance of reviewing the patient's chart/EMR (electronic medical record) prior to the examination. TOP: Before the Ultrasound Examination

14. Sources of infection for HBV and HIV include saliva.

ANS: T

HBV and HIV can be transmitted in body fluids, such as blood, saliva, semen, vaginal secretions, amniotic fluid, cerebrospinal fluid, synovial fluid, and pericardial fluid.

OBJ: Describe the importance of reviewing the patient's chart/EMR (electronic medical record) prior to the examination. TOP: Understanding Standard Precautions

15. Sources of infection for HBV and HIV include amniotic fluid.

ANS: T

HBV and HIV can be transmitted in body fluids such as blood, saliva, semen, vaginal secretions, amniotic fluid, cerebrospinal fluid, synovial fluid, and pericardial fluid.

OBJ: Describe the importance of reviewing the patient's chart/EMR (electronic medical record) prior to the examination. TOP: Understanding Standard Precautions

16. Sources of infection for HBV and HIV include blood.

ANS: T

HBV and HIV can be transmitted in body fluids, such as blood, saliva, semen, vaginal secretions, amniotic fluid, cerebrospinal fluid, synovial fluid, and pericardial fluid.

OBJ: Describe the importance of reviewing the patient's chart/EMR (electronic medical record) prior to the examination. TOP: Understanding Standard Precautions

17. Sources of infection for HBV/HIV include pericardial fluid.

ANS: T

HBV and HIV can be transmitted in body fluids, such as blood, saliva, semen, vaginal secretions, amniotic fluid, cerebrospinal fluid, synovial fluid, and pericardial fluid.

OBJ: Describe the importance of reviewing the patient's chart/EMR (electronic medical record) prior to the examination. TOP: Understanding Standard Precautions

18. Using self-sheathing needles is a strategy for reducing exposure to blood-borne pathogens.

ANS: T

Strategies for reducing exposure to blood-borne pathogens include using sterilization techniques, self-sheathing needles, and proper disposal methods; wearing protective gear (e.g., gloves, face shields, and gowns); and frequent hand washing.

OBJ: Explain the roles of the sonographer and sonologist/radiologist.
TOP: Understanding Standard Precautions

19. Performing frequent hand washing is a strategy for reducing exposure to blood-borne pathogens.

ANS: T

Strategies for reducing exposure to blood-borne pathogens include using sterilization techniques, self-sheathing needles, and proper disposal methods; wearing protective gear (e.g., gloves, face shields, and gowns); and frequent hand washing.

OBJ: Explain the roles of the sonographer and sonologist/radiologist.
TOP: Understanding Standard Precautions

20. Wearing gloves when handling body fluids is a strategy for reducing exposure to blood-borne pathogens.

ANS: T

Strategies for reducing exposure to blood-borne pathogens include using sterilization techniques, self-sheathing needles, and proper disposal methods; wearing protective gear (e.g., gloves, face shields, and gowns); and frequent hand washing.

OBJ: Describe the importance of reviewing the patient's chart/EMR (electronic medical record) prior to the examination. TOP: Understanding Standard Precautions

21. Sagittal and coronal scanning plane images show only longitudinal sections of structures.

ANS: F

A structure's appearance in any image, sagittal or otherwise, depends on how it lies (or is situated or oriented) in the body. For example, a sagittal scanning plane image at the mid epigastrium shows longitudinal sections of some structures (aorta, superior mesenteric artery, for example) and axial sections of other structures (pancreas body, splenic vein, for example).

OBJ: Explain the roles of the sonographer and sonologist/radiologist.
TOP: Ultrasound Scanning Planes

22. Transverse scanning plane images show only axial or short axis sections of structures.

ANS: F

A structure's appearance in any image, transverse or otherwise, depends on how it lies (or is situated or oriented) in the body. For example, a transverse scanning plane image at the mid epigastrium shows longitudinal sections of some structures (pancreas, splenic vein, left renal vein, for example) and axial sections of other structures (aorta, inferior vena cava, superior mesenteric artery, for example).

OBJ: Explain the roles of the sonographer and sonologist/radiologist.

TOP: Ultrasound Scanning Planes

23. Long axis measurements are taken in either the sagittal or coronal scanning plane.

ANS: F

Long axis measurements of a structure are taken in the scanning plane that depicts the length of the structure; this is determined by how the structure lies (or is situated or oriented) in the body.

OBJ: Explain the roles of the sonographer and sonologist/radiologist.

TOP: Ultrasound Scanning Planes

24. Sterilization is required for all endocavitary probes.

ANS: F

High level disinfection procedures are required for all endocavitary probes and probes contaminated with blood or infectious body fluids. Dirty probes should be initially cleaned with an enzymatic cleanser and then carried in covered containers to a high-level disinfectant processor for timed disinfection.

OBJ: Explain the roles of the sonographer and sonologist/radiologist.

TOP: Understanding Standard Precautions

25. The sonographer should have the patient verbally say their name and date of birth prior to beginning the exam.

ANS: T

It is important to take time out to verify patient identifiers such as a verbal recitation to verify the patient name and/or date of birth.

OBJ: Explain the roles of the sonographer and sonologist/radiologist.

TOP: Before the Ultrasound Examination

26. With regard to echo texture characteristics, a disease can be described as diffuse and localized.

ANS: T

With regard to the echo texture of affected tissue, a disease can be characterized as diffuse (infiltrative) or localized (a mass or multiple masses circumscribed to a specific area).

OBJ: Contrast technical observation against the interpretive report.

TOP: How to Describe Ultrasound Findings