Limited Obstetric Ultrasound and Limited Ultrasound in a Reproductive Medicine Setting Examinations Performed by Registered Nurse Guidelines

I. Introduction/Purpose:
This guideline addresses educational needs for Registered Nurses who perform Limited Obstetric Ultrasound. Registered Nurses may perform additional nursing functions in accordance with knowledge and skills acquired beyond basic nursing preparation [59 O.S. §567.3a.3.m]. Point-of-care ultrasound is ultrasound imaging performed during a patient encounter or procedure to enhance patient care. Ultrasound equipment has become more portable, affordable, and efficient; therefore, it is easier to utilize at the bedside. Point-of-care sonography is brought to the patient and performed by healthcare providers in real-time. With appropriate use, point-of-care ultrasound can make assessment more efficient in some situations [AWHONN, 2016].

II. Definitions

A. Limited Ultrasounds

1. Limited Obstetric Ultrasound – Limited obstetric ultrasound is the use of ultrasound equipment by an ultrasonographer or a Registered Nurse with specialty training for the purpose of assessing amniotic volume, evaluation of fetal biophysical profile parameters, assisting with ultrasound guidance for amniocentesis, assisting with external cephalic version procedures, determination of fetal cardiac activity, placenta location, and fetal presentation. Interpretation of assessment data collected during the limited obstetric ultrasound and diagnosis is made by a qualified health care provider [AWHONN, 2016].

2. Limited Ultrasound in Reproductive Medicine Setting – Limited Ultrasound in a reproductive medicine setting provides targeted rather than complete diagnostic information. It may include determination of the number of developing follicles, measurement of follicular growth, confirmation of early pregnancy, or evaluation of endometrial thickness and pattern. It may also be used as an adjunct to ultrasound-guided procedure, such as egg retrieval, cyst or follicular aspiration. Ideally, before a limited ultrasound examination is performed in a reproductive medicine setting, the woman should have had a comprehensive pelvic ultrasound examination within the preceding 6 months to exclude gynecologic pathology [AWHONN, 2016].
B. Additional Levels of Ultrasound

1. **Standard Ultrasound** – Standard ultrasound includes the components of the limited obstetric ultrasound plus a survey of the fetal anatomy and evaluation for maternal pelvic masses. The standard ultrasound is generally performed by a sonographer. Interpretation of assessment data collected during the standard ultrasound and diagnosis is made by a qualified health care provider [AWHONN, 2016].

2. Specialized Ultrasound – Specialized ultrasound includes the components of the limited obstetric and standard ultrasounds and is indicated in the event a fetal anomaly is suspected. The specialized ultrasound is performed by a sonographer. Interpretation of assessment data collected during the specialized ultrasound and diagnosis is made by a qualified health care provider [AWHONN, 2016].

*These guidelines apply to the components of the limited obstetric ultrasound and ultrasound in a reproductive medicine setting only.*

III. Qualifications

A. The Registered Nurse is authorized by institutional policy to perform limited obstetric ultrasound and/or limited ultrasound in a reproductive medicine setting upon authorization by any person authorized by state law to so prescribe.

B. The Registered Nurse performing limited obstetric ultrasound and/or limited ultrasound in a reproductive medicine setting shall evidence competency in performing limited obstetric ultrasound and and/or limited ultrasound in a reproductive medicine setting.

C. The Registered Nurse performing limited obstetric ultrasound has documented education and competency including but not limited to:

1. Has training beyond basic nursing preparation in the performing of limited obstetric ultrasound. This training shall meet the requirements of didactic instruction and clinical practicum in the nursing practice competencies for limited obstetric ultrasound defined by The Association of Women's Health, Obstetric and Neonatal Nurses 2016 Ultrasound Examinations Performed by Nurses in Obstetric, Gynecologic, and Reproductive Medicine Settings: Clinical Competencies and Education Guide;

2. Demonstrates the acquired knowledge of basic obstetric ultrasound physics and instrumentation, technical components of a uterine survey, assessment of fetal well-being parameters, patient education, and nursing accountability;

3. Has the ability to assess the components of the limited obstetric ultrasound examination and intervene based upon orders or institutional protocols in the event of complications.

D. The Registered Nurse performing limited ultrasound in a reproductive medicine setting has documented education and competency including but not limited to:
1. Has training beyond basic nursing preparation in the performing of limited ultrasound in a reproductive medicine setting. This training shall meet the requirements of didactic instruction and clinical practicum in the nursing competencies for limited ultrasound in a reproductive medicine setting defined by The Association of Women’s Health, Obstetric and Neonatal Nurses 2016 Ultrasound Examinations Performed by Nurses in Obstetric, Gynecologic, and Reproductive Medicine Settings: Clinical Competencies and Educational Guide;

2. Demonstrates the acquired knowledge of limited ultrasound in a reproductive medicine setting including physics and instrumentation, technical components of a uterine survey to evaluate the response of a woman to gonadotropin therapy.

3. Has skills to obtain a clear image and interpret all components of the examination performed. If the study is technically difficult, abnormalities are noted, or the information gained is not conclusive, consultation with the primary care provider is recommended.

IV. Management/Monitoring

The following information must be available to the Registered Nurse performing limited obstetric ultrasound and/or limited ultrasound in a reproductive medicine setting in the facility where the ultrasound is performed:

A. Education and competency guidelines;

B. Method of documenting and communicating findings of the ultrasound examination;

C. A procedure for appropriate patient education regarding indications for the procedure and informed consent;

D. Availability of radiology staff within a specified time frame if adequate information is not obtained or a complication is identified. Urgent or unexpected, clinically significant findings should be promptly communicated to the supervising clinician and documented appropriately [AWHONN, 2016].

V. Regulatory Authority

Title 59 O.S. §567.3a.2 & 3

VI. References:


Dear Executive Director Glazier:

This office has received your request for a written Attorney General Opinion regarding agency action to be taken by the Oklahoma Board of Nursing in the form of revisions to the Board’s Limited Obstetric Ultrasound and Limited Ultrasound in a Reproductive Medicine Setting Examinations Performed by Registered Nurse Guidelines (the “Guidelines”). The current Guidelines define the covered examinations and provide that a Registered Nurse (“RN”) having evidenced competency may perform such examinations upon prescription by an authorized person. The Guidelines also set forth the necessary qualifications that demonstrate an RN’s competency to perform the examinations.

The Board proposes to revise the Guidelines by (1) inserting new introductory language that describes the Guidelines and their purpose; (2) updating the definitions to correspond to the new 4th Edition of The American Women’s Health, Obstetric and Neonatal Clinical Competencies, 2016 (“AWHONN 2016”); (3) requiring documentation of the RN’s education and competency to perform the examinations; (4) replacing the requirement that the RN complete eight hours of didactic instruction and clinical practicum with the stipulation that the RN meet the relevant training requirements set forth in AWHONN 2016; and (5) adding a new requirement for the RN to promptly communicate urgent or unexpected clinical findings to the supervising clinician.

The Oklahoma Nursing Practice Act, 59 O.S.2011 & Supp.2016, §§ 567.1–567.20 (the “Act”), declares that the practice of nursing “affects the public health, safety and welfare” and it is therefore in the public interest that the practice of nursing, as well as the “education, certification and licensure” of registered nurses, shall be subject to regulation and control by the Board. 59 O.S.2011, § 567.2(A)(1). In addition to traditional activities associated with the practice of nursing, the Act defines “Registered Nursing” to include, among other things, “performing additional nursing functions in accordance with knowledge and skills acquired beyond basic nursing preparation.” Id. § 567.3a(3)(m). According to the Board, the ultrasound examinations covered by the Guidelines require additional education, skill and documented competency beyond basic nursing preparation. The Board reasonably concluded that updating the Guidelines to reflect the education and competency standards, as well as certain patient safety protocols, set forth in AWHONN 2016 will advance the State’s interest in protecting public health, safety and welfare.
It is, therefore, the official opinion of the Attorney General that the Oklahoma Board of Nursing has adequate support for the conclusion that the proposed revisions to the Limited Obstetric Ultrasound and Limited Ultrasound in a Reproductive Medicine Setting Examinations Performed by Registered Nurse Guidelines advances the State of Oklahoma’s policy of promoting public health, safety and welfare.

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