

<p>Name of Policy: Protocols for Ultrasound</p> <p>Scope: South Georgia Radiology Associates, LLC</p> <p>Responsible Agent: Heidi Nichols RRA</p> <p>Approving Officer: Protocol Committee Chair</p>	 <p>Effective Date: <u>1-11-2024</u></p> <p>Initial Effective Date: _____</p>
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<input type="checkbox"/> New Policy Proposal	<input type="checkbox"/> Minor/technical revision of existing policy
<input type="checkbox"/> Major revision of existing policy	<input checked="" type="checkbox"/> Reaffirmation of existing policy

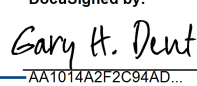
A. **Policy Statement:** Policy for the usage and application of protocols approved by South Georgia Radiology Associates (SGRA).

B. **Purpose:** To establish a process for appropriateness and necessity of ordered US procedures.

C. **Scope:** This policy applies to all radiology personnel at each facility serviced by the medical staff of South Georgia Radiology Associates, LLC.

D. **Procedure:**

- * Read over and confirm doctor's order.
- * Review any x-ray/related exam reports
- * Push prior relevant studies. Any exams that are 2 years old or older may have to be reloaded into SGRA and pushed with your current study.
- * Do not assume printed requisition is correct.
- * Please call SGRA for guidance from radiologists regarding any question you may have about any exam or protocol that may not be listed in this document.
- * If your facility doesn't have the capability to perform a given exam, let SGRA staff know and a radiologist will advise on alternate sequences/protocol.

<p>Approved by:</p> <p>DocuSigned by:  Gary H. Dent <small>AA1014A2F2C94AD...</small> </p> <p style="text-align: right;">Date: <u>1/12/2025</u></p> <p>Gary Dent MD President</p> <p>Review/ Revisions completed by: Heidi Nichols RRA, RTR, CT.</p>	<p>Review/ Revision Date:</p> <p>04/16/2020 02/14/2022 01/04/2023 01/12/2024 01/11/2025</p>
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