

Performance of Limited Diagnostic Ultrasound by RNs

The South Dakota Board of Nursing is authorized by the state of South Dakota, pursuant to SDCL 36-9-1.1, to safeguard life, health and the public welfare; and to protect citizens from unauthorized, unqualified and improper application of nursing practices.

The practice of registered nurses, pursuant to SDCL 36-9-3 (14,) allows registered nurses to perform other acts that require education and training consistent with professional standards as prescribed by the board, by rules promulgated pursuant to chapter 1-26, and commensurate with the registered nurse's education, demonstrated competence, and experience.

The South Dakota Board of Nursing issues opinions as to what constitutes safe nursing practice. As such, an opinion is not a regulation of the Board and does not have the force and effect of law. An opinion is issued as a guideline to licensees who wish to engage in safe nursing practice, and to facilitate the delivery of safe, effective nursing care to the public.

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Purpose

The following guidelines are intended to promote safe care. Registered nurses and institutions are encouraged to also refer to other national standards of practice and evidence-based literature to identify additional guidelines or considerations specific to a practice setting or patient population served.

Practice Statement

The South Dakota Board of Nursing affirms that it is within the scope of practice of a registered nurse, pursuant to SDCL [36-9-3](#) and ARSD [20:48:04](#), to perform limited diagnostic ultrasound according to the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) clinical competencies and education guidelines.

Guidelines

An appropriately prepared registered nurse may perform a limited diagnostic ultrasound provided the nurse:

1. Completes education and supervised clinical practice under the direct observation of a qualified practitioner/trainer consistent with national guidelines, such as those established by AWHONN;
2. Demonstrates clinical competence under the direct observation of the qualified practitioner/trainer; education and clinical competence should be documented initially and on an ongoing basis;
3. Practices according to accepted standards of practice, such as those established by AWHONN, has a medical order for the procedure, and follows agency policy and credentialing requirements;
4. Has the ability to assess and intervene based upon medical orders or institutional protocols in the event of complications; and
5. Does not make medical diagnoses based on the ultrasound examination.

References

1. American Institute of Ultrasound Medicine (2012). Focused reproductive endocrinology and infertility scan. AIUM Practice Guidelines. Retrieved May 18, 2016, from <https://www.aium.org/>
2. American Registry for Diagnostic Medical Sonography. Obstetrics and Gynecology: OB Content Outline. Retrieved June 3, 2016 from <http://www.ardms.org/get-certified/RDMS/Pages/Obstetrics-Gynecology.aspx>
3. American Society for Reproductive Medicine (2009). Nurses performing ultrasound examinations in a gynecology/infertility setting (Practice Committee Position Statement). Retrieved May 18, 2016, from <https://www.asrm.org>
4. Arizona Board of Nursing (2014). Advisory Opinion, Ultrasounds: Limited Obstetric, Gynecologic and Reproductive. Retrieved May 18, 2016, from <https://azbn.gov/sites/default/files/AO-Ultrasounds-Limited-Obstetric-Gynecologic-Reproductive.pdf>
5. Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) (2014). Ultrasound Examinations Performed by Nurses in Obstetric, Gynecologic, and Reproductive Medicine Settings: Clinical Competencies and Education Guide: 4th Ed.
6. Carr, S.C. (2011). Ultrasound for nurses in reproductive medicine. *Journal of Obstetric, Gynecologic & Neonatal Nursing*. Vol. 40 (5), 638-653.

Applicable South Dakota Laws and Rules

1. [SDCL 36-9-3. Practice of registered nurse](#)
2. [ARSD 20:48:04. The Practice of Nursing](#)