

General

Nursing

IV Fluids

Medications

VTE

Labs

General

<input type="checkbox"/>	CBC with platelet and differential	Once
<input type="checkbox"/>	Hematocrit	Once
<input type="checkbox"/>	Hemoglobin	Once
<input type="checkbox"/>	Platelet count	Once
<input type="checkbox"/>	Partial thromboplastin time	Once
<input type="checkbox"/>	Prothrombin time with INR	Once
<input type="checkbox"/>	Comprehensive metabolic panel	Once
<input type="checkbox"/>	Basic metabolic panel	Once
<input type="checkbox"/>	Hepatic function panel	Once
<input type="checkbox"/>	BUN level	Once
<input type="checkbox"/>	Creatinine level	Once
<input type="checkbox"/>	Calcium level	Once
<input type="checkbox"/>	Ionized calcium	Once
<input type="checkbox"/>	Magnesium level	Once
<input type="checkbox"/>	Amylase level	Once
<input type="checkbox"/>	Lipase level	Once
<input type="checkbox"/>	Bilirubin direct	Once
<input type="checkbox"/>	Total bilirubin	Once
<input type="checkbox"/>	GGT	Once
<input type="checkbox"/>	C-reactive protein	Once
<input type="checkbox"/>	FK506 Tacrolimus level, random	Once
<input type="checkbox"/>	CLO test	Once, Biopsy
<input type="checkbox"/>	Cyclosporine level, random	Once
<input type="checkbox"/>	Serum electrophoresis	Once
<input type="checkbox"/>	CK isoenzymes	Once
<input type="checkbox"/>	Urinalysis screen and microscopy, with reflex to culture	Once
		Specimen Source: Urine
		Specimen Site:

Metabolic

<input type="checkbox"/>	Hemoglobin A1c	Once
<input type="checkbox"/>	Lipid panel	Once
<input type="checkbox"/>	Thyroid stimulating hormone	Once
<input type="checkbox"/>	T3	Once
<input type="checkbox"/>	T4	Once
<input type="checkbox"/>	Ferritin level	Once
<input type="checkbox"/>	Iron level	Once
<input type="checkbox"/>	Total iron binding capacity	Once
<input type="checkbox"/>	Ceruloplasmin level	Once
<input type="checkbox"/>	Cryo, globulin and fibrinogen	Once
<input type="checkbox"/>	Alpha-1 antitrypsin level	Once
<input type="checkbox"/>	Alpha-1 antitrypsin phenotype	Once
<input type="checkbox"/>	Uric acid level	Once

Viral Workup - HMM

<input type="checkbox"/>	HIV Ag/Ab combination	Once
<input type="checkbox"/>	Hepatitis A antibody total	Once
<input type="checkbox"/>	Hepatitis A antibody IgM	Once
<input type="checkbox"/>	Hepatitis B surface antibody	Once
<input type="checkbox"/>	Hepatitis B surface Ab, quantitative	Once
<input type="checkbox"/>	Hepatitis B surface antigen	Once
<input type="checkbox"/>	Hepatitis B core antibody total	Once
<input type="checkbox"/>	Hepatitis B core antibody IgM	Once
<input type="checkbox"/>	Hepatitis Be Ab	Once
<input type="checkbox"/>	Hepatitis Be Ag	Once
<input type="checkbox"/>	HBV quantitative by PCR	Once
<input type="checkbox"/>	Hepatitis C antibody	Once
<input type="checkbox"/>	Hepatitis C genotype	Once
<input type="checkbox"/>	Hepatitis C virus quantitative by PCR	Once
<input type="checkbox"/>	Hepatitis delta antibody	Once
<input type="checkbox"/>	Hepatitis delta virus (HDV) Ab, IgM	Once

Autoimmune Workup

<input type="checkbox"/>	Anti-smooth muscle antibody	Once
<input type="checkbox"/>	Gliadin peptide Abs, IgA and IgG	Once
<input type="checkbox"/>	Tissue transglutaminase Ab, IgA	Once
<input type="checkbox"/>	Tissue transglutaminase Ab, IgG	Once
<input type="checkbox"/>	Liver-kidney microsome Ab, IgG	Once
<input type="checkbox"/>	ANA	Once
<input type="checkbox"/>	Anti mitochondria titer	Once
<input type="checkbox"/>	Immunoglobulin G	Once
<input type="checkbox"/>	Immunoglobulin A	Once
<input type="checkbox"/>	Immunoglobulin M	Once

Cancer Workup

<input type="checkbox"/>	Alpha fetoprotein	Once
<input type="checkbox"/>	Carcinoembryonic antigen	Once
<input type="checkbox"/>	Cancer antigen 19-9	Once
<input type="checkbox"/>	Cancer antigen 125	Once
<input type="checkbox"/>	Chromogranin A	Once
<input type="checkbox"/>	Gastrin level	Once

Stool Studies

<input type="checkbox"/>	Occult blood, stool	Once, Stool
<input type="checkbox"/>	Stool culture	Once, Stool
<input type="checkbox"/>	Ova & parasites, concentrated examination	Once, Stool
<input type="checkbox"/>	Fecal leukocytes smear	Once, Stool
<input type="checkbox"/>	Fecal fat, quantitative	Once, Stool
<input type="checkbox"/>	Giardia antigen	Once, Stool

Microbiology

<input type="checkbox"/>	Blood culture x 2	"And" Linked Panel
<input type="checkbox"/>	Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
<input type="checkbox"/>	Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

Miscellaneous Referral Test

<input type="checkbox"/>	Hemochromatosis (HFE) 3 mutations	Once
<input type="checkbox"/>	Hepatitis B virus DNA, qualitative	Once Hepatitis B virus DNA, qualitative
<input type="checkbox"/>	Fecal fat, qualitative	Once, Stool
<input type="checkbox"/>	DCP (PIVKA II)	Once DCP (PIVKA II)
<input type="checkbox"/>	AFP-L3%	Once AFP-L3%

Cardiology

Imaging

MRI/MRA

<input type="checkbox"/>	MRI Abdomen W Contrast	Routine, 1 time imaging For 1 Gadolinium contrast
<input type="checkbox"/>	MRI Abdomen W Contrast	Routine, 1 time imaging For 1 EOVIST contrast
<input type="checkbox"/>	MRI Cholangiogram	Routine, 1 time imaging For 1

CT

<input type="checkbox"/>	CT Abdomen Pelvis W Contrast (Omnipaque)	"And" Linked Panel
	For those with iodine allergies, please order the panel with Read-Cat (barium sulfate).	
<input type="checkbox"/>	CT Abdomen Pelvis W Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/>	iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once
<input type="checkbox"/>	CT Abdomen Pelvis WO Contrast (Omnipaque)	"And" Linked Panel
	For those with iodine allergies, please order the panel with Read-Cat (barium sulfate).	
<input type="checkbox"/>	CT Abdomen Pelvis Wo Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/>	iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once
<input type="checkbox"/>	CT Abdomen Pelvis WO Contrast (Readi-Cat)	"And" Linked Panel
	Ordered as secondary option for those with iodine allergies.	
<input type="checkbox"/>	CT Abdomen Pelvis Wo Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/>	barium (READI-CAT 2) 2.1 % (w/v), 2.0 % (w/w) suspension	450 mL, oral, once in imaging, contrast, For 1 Doses
<input type="checkbox"/>	CT Abdomen W/WO Pelvis W/WO Contrast (Omnipaque)	"And" Linked Panel
	For those with iodine allergies, please order the panel with Read-Cat (barium sulfate).	
<input type="checkbox"/>	CT Abdomen W Wo Contrast Pelvis W Wo Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/>	iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once
<input type="checkbox"/>	CT Chest W Wo Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/>	CT Head Wo Contrast	Routine, 1 time imaging For 1

X-Ray

<input type="checkbox"/>	XR Chest 2 Vw	Routine, 1 time imaging For 1
<input type="checkbox"/>	XR Abdomen 1 Vw	Routine, 1 time imaging For 1
<input type="checkbox"/>	Modified Barium Swallow Panel with Speech Consult	"And" Linked Panel
	Please do not REMOVE SLP eval and treat order from this panel. Speech therapy is REQUIRED for imaging for Barium Swallow.	
<input type="checkbox"/>	Modified Barium Swallow	Routine, 1 time imaging For 1 Occurrences
<input type="checkbox"/>	SLP eval and treat	Reason for SLP? Modified Barium Swallow

Ultrasound

<input type="checkbox"/>	US Abdomen Complete	Routine, 1 time imaging For 1
--------------------------	---------------------	-------------------------------

<input type="checkbox"/>	US Abdominal Limited	Routine, 1 time imaging For 1
<input type="checkbox"/>	US Pelvic Transabdominal	Routine, 1 time imaging For 1
<input type="checkbox"/>	US Abdominal Doppler	Routine, 1 time imaging For 1

Other Studies

Other Diagnostic Studies

<input type="checkbox"/>	US Liver Biopsy	Routine, 1 time imaging For 1
<input type="checkbox"/>	CT Needle Biopsy	Routine, 1 time imaging For 1

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Ancillary Consults

<input type="checkbox"/>	Consult to Case Management	Consult Reason:
<input type="checkbox"/>	Consult to Social Work	Reason for Consult:
<input type="checkbox"/>	Consult PT eval and treat	Special Instructions: Weight Bearing Status:
<input type="checkbox"/>	Consult PT wound care	Special Instructions: Location of Wound?
<input type="checkbox"/>	Consult OT eval and treat	Special Instructions: Weight Bearing Status:
<input type="checkbox"/>	Consult to Nutrition Services	Reason For Consult? Purpose/Topic:
<input type="checkbox"/>	Consult to Spiritual Care	Reason for consult?
<input type="checkbox"/>	Consult to Speech Language Pathology	Routine, Once Reason for consult:
<input type="checkbox"/>	Consult to Wound Ostomy Care nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult:
<input type="checkbox"/>	Consult to Respiratory Therapy	Reason for Consult?

Additional Orders