

## 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 - HMH

[ ] HIV Ag/Ab combination	Once
[ ] Hepatitis A antibody total	Once
[ ] Hepatitis A antibody IgM	Once
[ ] Hepatitis B surface antibody	Once
[ ] Hepatitis B surface Ab, quantitative	Once
[ ] Hepatitis B surface antigen	Once
[ ] Hepatitis B core antibody total	Once
[ ] Hepatitis B core antibody IgM	Once
[ ] Hepatitis Be Ab	Once
[ ] Hepatitis Be Ag	Once
[ ] HBV quantitative by PCR	Once
[ ] Hepatitis C antibody	Once
[ ] Hepatitis C genotype	Once
[ ] Hepatitis C virus quantitative by PCR	Once
[ ] Hepatitis delta antibody	Once
[ ] Hepatitis delta virus (HDV) Ab, IgM	Once

#### Autoimmune Workup

[ ] Anti-smooth muscle antibody	Once
[ ] Gliadin peptide Abs, IgA and IgG	Once
[ ] Tissue transglutaminase Ab, IgA	Once
[ ] Tissue transglutaminase Ab, IgG	Once
[ ] Liver-kidney microsome Ab, IgG	Once
[ ] ANA	Once
[ ] Anti mitochondria titer	Once
[ ] Immunoglobulin G	Once
[ ] Immunoglobulin A	Once
[ ] Immunoglobulin M	Once

#### Cancer Workup

[ ] Alpha fetoprotein	Once
[ ] Carcioembryonic antigen	Once
[ ] Cancer antigen 19-9	Once
[ ] Cancer antigen 125	Once
[ ] Chromogranin A	Once
[ ] Gastrin level	Once

#### Stool Studies

[ ] Occult blood, stool	Once, Stool
[ ] Stool culture	Once, Stool
[ ] Ova & parasites, concentrated examination	Once, Stool
[ ] Fecal leukocytes smear	Once, Stool
[ ] Fecal fat, quantitative	Once, Stool
[ ] Giardia antigen	Once, Stool

#### Microbiology

[ ] Blood culture x 2	<b>"And" Linked Panel</b>
[ ] 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.
[ ] 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
<input type="checkbox"/> Hepatitis B virus DNA, qualitative	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)	<b>"And" Linked Panel</b>
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For those with iodine allergies, please order the panel with Readi-Cat (barium sulfate).

<input type="checkbox"/> CT Abdomen Pelvis W Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/> iohexol (OMNIPACQUE) 300 mg iodine/mL oral solution	30 mL, oral, once

<input type="checkbox"/> CT Abdomen Pelvis WO Contrast (Omnipaque)	<b>"And" Linked Panel</b>
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For those with iodine allergies, please order the panel with Readi-Cat (barium sulfate).

<input type="checkbox"/> CT Abdomen Pelvis Wo Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/> iohexol (OMNIPACQUE) 300 mg iodine/mL oral solution	30 mL, oral, once

<input type="checkbox"/> CT Abdomen Pelvis WO Contrast (Readi-Cat)	<b>"And" Linked Panel</b>
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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)	<b>"And" Linked Panel</b>
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For those with iodine allergies, please order the panel with Readi-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 (OMNIPACQUE) 300 mg iodine/mL oral solution	30 mL, oral, once

<input type="checkbox"/> CT Chest W Wo Contrast	Routine, 1 time imaging For 1
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<input type="checkbox"/> CT Head Wo Contrast	Routine, 1 time imaging For 1
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#### X-Ray

<input type="checkbox"/> XR Chest 2 Vw	Routine, 1 time imaging For 1
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<input type="checkbox"/> XR Abdomen 1 Vw	Routine, 1 time imaging For 1
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<input type="checkbox"/> Modified Barium Swallow Panel with Speech Consult	<b>"And" Linked Panel</b>
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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
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<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