

Acute Code Stroke - In Hospital (non-ED)

General

Nursing

Vital Signs

Vital Signs

Priority: [Routine] **[STAT]**

Frequency: **[Once]** [Q1H] [Q2H] [Q4H] [Per Unit Protocol]

Order comments:

Scheduling Instructions:

Activity

Head of bed

Priority: **[Routine]** [STAT]

Frequency: Until Discontinued

Starting: Today, At: N

Order comments: For suspected Large Vessel Occlusion (or NIHSS greater than or equal to 6), head of bed at zero (0) degrees (flat; no reverse Trendelenburg) until thrombectomy completed, unless contraindicated.'

Scheduling Instructions:

Questions:

Head of bed: [flat] **[30 degrees]** [45 degrees] [60 degrees]

Nursing

Place on transport monitor

Priority: **[STAT]** [Routine]

Frequency: **[Once]** **[Until Discontinued]**

Starting: Today, At: N

Order comments:

Scheduling Instructions:

NIH Stroke Scale

Priority: [Routine] **[STAT]**

Frequency: **[Once]** [Q3H] [Q4H] [Q Shift] [Daily]

Order comments:

Scheduling Instructions:

Neurological assessment

Priority: [Routine] **[STAT]**

Frequency: **[Once]** [Q3H] [Q4H] [Q Shift] [Daily]

Order comments:

Scheduling Instructions:

Questions:

Assessment to Perform: [Cranial Nerves] **[Glasgow Coma Scale]** **[Level of Consciousness]** [Level of Sedation] **[Pupils]** [Spinal exams]

Draw labs PRIOR to CT if it will not delay procedure

Priority: **[STAT]** [Routine]

Frequency: **[Once]** [Until Discontinued]

Order comments:

Scheduling Instructions:

Dysphagia screen

Priority: [Routine] **[STAT]**

Frequency: **[Once]** [Q3H] [Q4H] [Q Shift] [Daily]

Order comments: No oral medications or nutrition until dysphagia screen is Passed

Scheduling Instructions:

No oral medications or nutrition until dysphagia screen is Passed

Priority: **[STAT]** [Routine]

Frequency: **[Once]** [Until Discontinued]

Order comments:

Scheduling Instructions:

Notify

Stroke coordinator tracking

Priority: **[Routine]**

Frequency: **[Until Discontinued]**

Starting: Today, At: N

Order comments:

This order serves to populate patient on the Stroke Coordinators' patient list. Discontinuation of this order will remove patient from the list. No action is needed by nursing.

Scheduling Instructions:

IV Fluids

Medications

VTE

Labs

Labs

CBC and differential

Frequency: [Once] **STAT** [AM Draw] [AM Draw Repeats] [Timed] [Add-on]

Order comments:

Partial thromboplastin time

Frequency: [Once] **STAT** [AM Draw] [AM Draw Repeats] [Timed] [Add-on]

Order comments:

Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.

Prothrombin time with INR

Frequency: [Once] **STAT** [AM Draw] [AM Draw Repeats] [Timed] [Add-on]

Order comments:

Hemoglobin A1c

Frequency: [Once] **STAT** [AM Draw] [AM Draw Repeats] [Timed] [Add-on]

Order comments:

Comprehensive metabolic panel

Frequency: [Once] **STAT** [AM Draw] [AM Draw Repeats] [Timed] [Add-on]

Order comments:

Lactic acid level - Now and repeat 2x every 3 hours

Frequency: **Now and repeat 2x every 3 hours**

Order comments:

Hepatic function panel

Frequency: [Once] **STAT** [AM Draw] [AM Draw Repeats] [Timed] [Add-on]

Order comments:

Lipid panel

Frequency: [Once] **STAT** [AM Draw] [AM Draw Repeats] [Timed] [Add-on]

Order comments:

Bedside glucose

Priority: [Routine] **STAT**

Frequency: **Once** [Daily] [Q4H] [Q6H] [AC only] [AC & HS] [User Schedule]

Order comments: Perform prior to Thrombolytic administration.

Scheduling Instructions:

Cardiology

Imaging

CT

CT Stroke Brain Wo Contrast (Selection Required)

CT Stroke Brain Wo Contrast (LKN < 6 Hours)

Priority: [Routine] **STAT**

Frequency: **Once** [Conditional]

Starting: Today, At: 0100

Reason for Exam: [Transient ischemic attack (TIA)] **Neuro deficit, acute, stroke suspected**

Modifiers:

Order comments: If meets stroke protocol criteria, do immediately on arrival

Questions:

What are the patient's sedation requirements?

If Female and 10 years - 60 years old:

Is the patient pregnant? [Yes] [No] [Unknown]

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [Immediate] [Manual release] [Block release]

Physician phone number:

Last Known Normal (LKN): **LKN < 6 Hours** [LKN > 6 Hours Less than or equal to 24 Hours] [LKN Unknown]

What are the patient's sedation requirements?

() CT Stroke Brain Wo Contrast (LKN 6 - 24 Hours)

Priority: [Routine] **[STAT]**

Frequency: **[Once]** [Conditional]

Starting: Today, At: 0100

Reason for Exam: [Transient ischemic attack (TIA)] **[Neuro deficit, acute, stroke suspected]**

Modifiers:

Order comments: If meets stroke protocol criteria, do Immediately on arrival

Questions:

Physician phone number:

Last Known Normal (LKN): [LKN < 6 Hours] **[LKN > 6 Hours Less than or equal to 24 Hours]** [LKN Unknown]

If Female and 10 years - 60 years old:

Is the patient pregnant? [Yes] [No] [Unknown]

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [Immediate] [Manual release] [Block release]

() CT Stroke Brain Wo Contrast (LKN Unknown)

Priority: [Routine] **[STAT]**

Frequency: **[Once]** [Conditional]

Starting: Today, At: 0100

Reason for Exam: [Transient ischemic attack (TIA)] **[Neuro deficit, acute, stroke suspected]**

Modifiers:

Order comments: If meets stroke protocol criteria, do Immediately on arrival

Questions:

Physician phone number:

Last Known Normal (LKN): [LKN < 6 Hours] [LKN > 6 Hours Less than or equal to 24 Hours] **[LKN Unknown]**

What are the patient's sedation requirements?

If Female and 10 years - 60 years old:

Is the patient pregnant? [Yes] [No] [Unknown]

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [Immediate] [Manual release] [Block release]

() CTA Stroke Head and CTA Stroke Neck Wo Contrast (LKN > 24 Hours)

Priority: [Routine] **[STAT]**

Frequency: **[Once]**

Starting: Today, At: 0100

Reason for Exam: [Neck trauma, abnormal mental status or neuro exam (Ped 3-15y)] [Neck trauma, focal neuro deficit or paresthesia (Age 16-64y)] [Head trauma, intracranial arterial injury suspected] [Neck trauma, obtunded patient, CT neg (Age >= 16y)] [Neck trauma, torticollis or neck pain (Ped 3-15y)] [Vertigo, central] [Ataxia, thoracic trauma] [Carotid artery stenosis] [Neck trauma, arterial injury suspected] [Ataxia, lumbar trauma] [Neck trauma, motor vehicle accident (Ped 0-3y)] [Vision loss, binocular] [Vision loss, monocular] [Neck trauma, GCS < 14 (Ped 0-3y)] [Diplopia] [Hemangioma (AVM) (Ped 0-17y)] [Neck trauma, torso injury (Ped 3-15y)] [Ataxia, acute, nontraumatic (Ped 0-17y)] [Stroke/TIA, determine embolic source] [Cervicocranial arterial dissection (Ped 0-17y)] [Neck trauma, uncomplicated (NEXUS/PECARN neg) (Ped 3-15y)] [Stroke, follow up] [Neck trauma, impaired ROM (Age 16-64y)] [Carotid artery aneurysm suspected] [Ataxia, cervical trauma] [Carotid artery stenosis screening, risk factors] [Orbital trauma] [Neck trauma, dangerous injury mechanism (Ped 3-15y)] [Neck trauma, intoxicated or obtunded (Age >= 16y)] [AVM/AVF, high-flow vascular malformation] [Neck trauma, midline tenderness (Age 16-64y)] [Esophageal mass] [Neck trauma, ligament injury suspected (Age >= 16y)] [Subarachnoid hemorrhage (SAH)] [Ophthalmoplegia] [Neck trauma, penetrating] [Neck mass, pulsatile] [Neck trauma, dangerous injury mechanism (Age 16-64y)] [Ataxia, acute, traumatic (Ped 0-17y)] [Transient ischemic attack (TIA)] [Ataxia, head trauma] [Carotid artery aneurysm] [Vertebral artery aneurysm suspected] [Stroke, hemorrhagic] [Neck trauma, uncomplicated (NEXUS/CCR neg) (Age 16-64y)] [Head trauma, moderate-severe] [Vertebral artery dissection suspected] **[Neuro deficit, acute, stroke suspected]** [Carotid artery dissection suspected] [Neck trauma, predisposing condition to spinal injury (Ped 3-15y)]

Modifiers:

Order comments: If meets stroke protocol criteria, do Immediately on arrival

Process Instructions:

Patients with a known Iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

Questions:

If Female and 10 years - 60 years old:

Is the patient pregnant? [Yes] [No] [Unknown]

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [Immediate] [Manual release] [Block release]

[X] CTA Stroke Head and CTA Stroke Neck W Wo Contrast

Priority: [Routine] **[STAT]**

Frequency: **[Once]**

Starting: Today, At: 0100

Reason for Exam: [Neck trauma, abnormal mental status or neuro exam (Ped 3-15y)] [Neck trauma, focal neuro deficit or paresthesia (Age 16-64y)] [Head trauma, intracranial arterial injury suspected] [Neck trauma, obtunded patient, CT neg (Age >= 16y)] [Neck trauma, torticollis or neck pain (Ped 3-15y)] [Vertigo, central] [Ataxia, thoracic trauma] [Carotid artery stenosis] [Neck trauma, arterial injury suspected] [Ataxia, lumbar trauma] [Neck trauma, motor vehicle accident (Ped 0-3y)] [Vision loss, binocular] [Vision loss, monocular] [Neck trauma, GCS < 14 (Ped 0-3y)] [Diplopia] [Hemangioma (AVM) (Ped 0-17y)] [Neck trauma, torso injury (Ped 3-15y)] [Ataxia, acute, nontraumatic (Ped 0-17y)] [Stroke/TIA, determine embolic source] [Cervicocranial arterial dissection (Ped 0-17y)] [Neck trauma, uncomplicated (NEXUS/PECARN neg) (Ped 3-15y)] [Stroke, follow up] [Neck trauma, impaired ROM (Age 16-64y)] [Carotid artery aneurysm suspected] [Ataxia, cervical trauma] [Carotid artery stenosis screening, risk factors] [Orbital trauma] [Neck trauma, dangerous injury mechanism (Ped 3-15y)] [Neck trauma, intoxicated or obtunded (Age >= 16y)] [AVM/AVF, high-flow vascular malformation] [Neck trauma, midline tenderness (Age 16-64y)] [Esophageal mass] [Neck trauma, ligament injury suspected (Age >= 16y)] [Subarachnoid hemorrhage (SAH)] [Ophthalmoplegia] [Neck trauma, penetrating] [Neck mass, pulsatile] [Neck trauma, dangerous injury mechanism (Age 16-64y)] [Ataxia, acute, traumatic (Ped 0-17y)] [Transient ischemic attack (TIA)] [Ataxia, head trauma] [Carotid artery aneurysm] [Vertebral artery aneurysm suspected] [Stroke, hemorrhagic] [Neck trauma, uncomplicated (NEXUS/CCR neg) (Age 16-64y)] [Head trauma, moderate-severe] [Vertebral artery dissection suspected] [**Neuro deficit, acute, stroke suspected**] [Carotid artery dissection suspected] [Neck trauma, predisposing condition to spinal injury (Ped 3-15y)]

Modifiers:

Order comments: Follow ELVO Protocol

Process Instructions:

Patients with a known Iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

Questions:

If Female and 10 years - 60 years old:

Is the patient pregnant? [Yes] [No] [Unknown]

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [Immediate] [Manual release] [Block release]

CT Brain Perfusion w/recon

Priority: [Routine] **[STAT]**

Frequency: **[Once]**

Starting: Today, At: 0100

Reason for Exam: [Acromegaly] [Acromegaly/gigantism] [Adrenal mass, <4cm, follow up] [Aneurysm, head neck] [Arterial stricture / occlusion, aortic branches] [Aseptic necrosis, shoulder] [Bruit, neck] [Cardiac mass] [Carotid stenosis] [Cerebral degenerative disease, known, follow up] [Cerebral hemorrhage suspected, not confirmed] [Cushing's syndrome] [Decreased alertness] [Diabetes insipidus] [Dysphagia, unexplained] [Hand trauma, metacarpal fx or dislocation suspected] [Headache, chronic, no new features] [Headache, acute, severe, thunderclap, worst ha of life] [Headache, new, meningitis or encephalitis suspected] [Headache, new, pregnant] [Subarachnoid hemorrhage (SAH) suspected] [Headache, sinusitis and/or mastoiditis complication suspected] [Headache, sudden, carotid/vertebral dissection suspected] [Headache, temporal arteritis suspected] [Hemiplegia] [Hyperprolactinemia] [Hyperprolactinemia] [Hyperthyroidism] [Abdominal abscess/infection suspected] [Hypopituitarism] [Intracranial hemorrhage] [Neck mass, solitary, febrile] [Neoplasm: extra-abdominal primary] [Knee pain, osteochondral injury suspected] [Parkinsons disease, typical, levodopa responsive] [Pituitary apoplexy] [Postoperative sella] [Pregnant, cervix or uterus assessment] [Bowel obstruction, low-grade] [SAH, proven by LP or imaging] [SAH, proven, angiogram negative, follow-up] [Shoulder pain, acute, persistent, xray and exam nonspecific] [Signs of meningeal irritation (such as stiff neck)] [Speech changes (or aphasia), new or progressive] [Stroke] [Tonsil/adenoid disorder] [Ventricular arrhythmia] [Vertigo, central] [Visual loss, post head trauma]

Modifiers:

Order comments:

Process Instructions:

Patients with a known Iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

Questions:

If Female and 10 years - 60 years old:

Is the patient pregnant? [Yes] [No] [Unknown]

If HM IMA CT NO LABS is satisfied:

Can the Creatinine labs be waived prior to performing the exam? **[No, all labs must be obtained prior to performing this exam.]** [Yes, patient is under 60 years of age and has no known history of renal insufficiency, renal disease or diabetes.]

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [Immediate] [Manual release] [Block release]

MRI/MRA

MRI Brain Wo Contrast

Priority: [Routine] **[STAT]**

Frequency: **[Once]**

Starting: Today, At: 0100

Reason for Exam: [Headache, infection-related (Ped 0-17y)] [Meningioma] [Headache, chronic, new features or increased frequency] [Traumatic brain injury (TBI), chronic, clinical status change (Ped 0-17y)] [Hydrocephalus (Ped < 3mo)] [Head trauma, intracranial arterial injury suspected] [Head trauma, minor (Age >= 65y)] [Head/neck cancer, staging] [Head trauma, altered mental status (Ped 0-17y)] [Sinonasal mass suspected] [Non-small cell lung cancer (NSCLC), metastatic, assess treatment response] [Seizure, generalized, normal neuro exam (Ped 0-17y)] [Head trauma, skull fracture or hematoma (Age 18-64y)] [Non-small cell lung cancer (NSCLC), staging] [Brain metastases, unknown primary] [Headache, sudden, severe (Ped 0-17y)] [Headache, new or worsening, neuro deficit (Age 18-49y)] [Hydrocephalus (Ped >= 3mo)] [Seizure, new-onset, no history of trauma] [Head trauma, GCS<=14 (Ped 0-17y)] [Seizure, generalized, abnormal neuro exam (Ped 0-17y)] [Meningitis (Ped 0-17y)] [Brain/CNS neoplasm, assess treatment response] [Hematologic malignancy, assess treatment response] [Stroke, follow up] [Head trauma, focal neuro findings (Age 18-64y)] [Headache, secondary (Ped 0-17y)] [Headache, new or worsening (Age >= 50y)] [Stroke suspected (Ped 0-17y)] [Mental status change, unknown cause] [Traumatic brain injury (TBI), new or progressive neuro deficits] [Head trauma, repeat vomiting (Age 18-64y)] [Orbital trauma] [Brain/CNS neoplasm, staging] [Small cell lung cancer (SCLC), assess treatment response] [Small cell lung cancer (SCLC), staging] [Head/neck cancer, assess treatment response] [Head trauma, coagulopathy (Age 18-64y)] [Brain metastases suspected] [Head trauma, intracranial venous injury suspected] [Sinusitis, rapid progression] [Brain metastases, assess treatment response] [Seizure, post traumatic (Ped 0-17y)] [Transient ischemic attack (TIA)] [Ataxia, head trauma] [Head trauma, abnormal mental status (Age 18-64y)] [Head trauma, minor, normal mental status (Age 18-64y)] [Head trauma, CSF leak suspected] [Stroke, hemorrhagic (Ped 0-17y)] [Hematologic malignancy, staging] [Non-accidental trauma suspected, suspicious injury (Ped 0-17y)] [Head trauma, moderate-severe] [Altered mental status, nontraumatic (Ped 0-17y)] [Neuro deficit, acute, stroke suspected] [Metastatic disease evaluation] [Head trauma, GCS=15, loss of consciousness (LOC) (Ped 0-17y)] [Seizure, focal (Ped 0-17y)] [Parkinsonian syndrome] [Head trauma, GCS=15, severe headache (Ped 2-17y)]

Modifiers:

Order comments:

Process Instructions:

Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

Patients younger than 60 yrs history of diabetes, HTN, renal impairment will also need creatine drawn for mri exams with and without or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

MRCP exams patient should be NPO 6-8hrs prior to exam.

Patients needing IV sedation should be NPO 6-8hrs prior to exam.

Patients needed General Anesthesia should be NPO 8hrs prior to exam.

If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.

Questions:

If HMSL Neuro Department Alzheimer Question is satisfied:

Is this scan to monitor for ARIA during an Alzheimer Therapy? [Yes] [No]

If HMSL Neuro Department Alzheimer Question is satisfied:

ARIA Alzheimer therapy: [ARIA therapy baseline] [monitor for ARIA therapy 1 of 3] [monitor for ARIA therapy 2 of 3] [monitor for ARIA therapy 3 of 3] [ARIA therapy follow up care]

What are the patient's sedation requirements?

If Female and 10 years - 60 years old:

Is the patient pregnant? [Yes] [No] [Unknown]

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [Immediate] [Manual release] [Block release]

Conditional Questions:

If (Class is not External):

Special Brain protocol requested? [Per Rad Protocol] [Special Brain Protocol]

[] MRI Brain W/Wo Contrast

Priority: [Routine] [STAT]

Frequency: [Once]

Starting: Today, At: 0100

Reason for Exam: [Headache, infection-related (Ped 0-17y)] [Meningioma] [Headache, chronic, new features or increased frequency] [Traumatic brain injury (TBI), chronic, clinical status change (Ped 0-17y)] [Hydrocephalus (Ped < 3mo)] [Head trauma, intracranial arterial injury suspected] [Head trauma, minor (Age >= 65y)] [Head/neck cancer, staging] [Head trauma, altered mental status (Ped 0-17y)] [Sinonasal mass suspected] [Non-small cell lung cancer (NSCLC), staging] [Headache, sudden, severe (Ped 0-17y)] [Headache, new or worsening, neuro deficit (Age 18-49y)] [Non-small cell lung cancer (NSCLC), metastatic, assess treatment response] [Hydrocephalus (Ped >= 3mo)] [Seizure, new-onset, no history of trauma] [Head trauma, GCS<=14 (Ped 0-17y)] [Seizure, generalized, abnormal neuro exam (Ped 0-17y)] [Brain metastases, unknown primary] [Meningitis (Ped 0-17y)] [Brain/CNS neoplasm, assess treatment response] [Hematologic malignancy, assess treatment response] [Stroke, follow up] [Head trauma, focal neuro findings (Age 18-64y)] [Headache, secondary (Ped 0-17y)] [Headache, new or worsening (Age >= 50y)] [Stroke suspected (Ped 0-17y)] [Mental status change, unknown cause] [Traumatic brain injury (TBI), new or progressive neuro deficits] [Head trauma, repeat vomiting (Age 18-64y)] [Orbital trauma] [Brain/CNS neoplasm, staging] [Small cell lung cancer (SCLC), assess treatment response] [Small cell lung cancer (SCLC), staging] [Head/neck cancer, assess treatment response] [Head trauma, coagulopathy (Age 18-64y)] [Brain metastases suspected] [Head trauma, intracranial venous injury suspected] [Sinusitis, rapid progression] [Brain metastases, assess treatment response] [Seizure, post traumatic (Ped 0-17y)] [Transient ischemic attack (TIA)] [Ataxia, head trauma] [Head trauma, abnormal mental status (Age 18-64y)] [Head trauma, minor, normal mental status (Age 18-64y)] [Head trauma, CSF leak suspected] [Stroke, hemorrhagic (Ped 0-17y)] [Hematologic malignancy, staging] [Non-accidental trauma suspected, suspicious injury (Ped 0-17y)] [Head trauma, moderate-severe] [Altered mental status, nontraumatic (Ped 0-17y)] [Neuro deficit, acute, stroke suspected] [Metastatic disease evaluation] [Head trauma, GCS=15, loss of consciousness (LOC) (Ped 0-17y)] [Seizure, focal (Ped 0-17y)] [Parkinsonian syndrome] [Head trauma, GCS=15, severe headache (Ped 2-17y)]

Modifiers:

Order comments: Perfusion Brain MRI

Process Instructions:

Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

Patients younger than 60 yrs history of diabetes, HTN, renal impairment will also need creatine drawn for mri exams with and without or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

MRCP exams patient should be NPO 6-8hrs prior to exam.

Patients needing IV sedation should be NPO 6-8hrs prior to exam.

Patients needed General Anesthesia should be NPO 8hrs prior to exam.

If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.

Questions:

What are the patient's sedation requirements?

If Female and 10 years - 60 years old:

Is the patient pregnant? [Yes] [No] [Unknown]

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [Immediate] [Manual release] [Block release]

Conditional Questions:

If (Class is not External):

Special Brain protocol requested? [Per Rad Protocol] [Special Brain Protocol]

[] MRA Head Wo Contrast

Priority: [Routine] [**STAT**]

Frequency: [**Once**]

Starting: Today, At: 0100

Reason for Exam: [Cranial nerve palsies, multiple (CN 9-12)] [Traumatic brain injury (TBI), subacute, clinical status change (Ped 0-17y)] [Headache, infection-related (Ped 0-17y)] [Traumatic brain injury (TBI), chronic, clinical status change (Ped 0-17y)] [Sinusitis, orbital or intracranial complications (Ped 0-17y)] [Cerebral aneurysm screening, high-risk] [Head trauma, altered mental status (Ped 0-17y)] [Cerebral aneurysm, previously treated] [Subarachnoid hemorrhage (SAH) (Ped 0-17y)] [Facial paralysis/weakness (CN 7)] [Sensory abnormality, trigeminal origin (CN 5)] [Headache, sudden, severe (Ped 0-17y)] [Head trauma, signs of skull fracture (Ped 0-17y)] [Head trauma, GCS<=14 (Ped 0-17y)] [CNS vasculitis, known or suspected (Ped 0-17y)] [Cerebral aneurysm, untreated] [Meningitis (Ped 0-17y)] [Head trauma, GCS=15, scalp hematoma (Ped 0-1y)] [Stroke, follow up] [Headache, secondary (Ped 0-17y)] [Stroke suspected (Ped 0-17y)] [Vascular anomaly, low-flow (Ped 0-17y)] [Head trauma, GCS=15, vomiting (Ped 2-17y)] [AVM/AVF, high-flow vascular malformation] [Head trauma, GCS=15, no focal neuro findings (low risk) (Ped 0-17y)] [Cerebral aneurysm (Ped 0-17y)] [Subarachnoid hemorrhage (SAH)] [Tinnitus, pulsatile] [Vascular anomaly, high-flow (Ped 0-17y)] [Stroke, hemorrhagic (Ped 0-17y)] [Stroke, hemorrhagic] [Vasculitis suspected, CNS] [Altered mental status, nontraumatic (Ped 0-17y)] [Head trauma, GCS=15, loss of consciousness (LOC) (Ped 0-17y)] [Head trauma, GCS=15, severe headache (Ped 2-17y)]

Modifiers:

Order comments:

Process Instructions:

Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

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MRCP exams patient should be NPO 6-8hrs prior to exam.

Patients needing IV sedation should be NPO 6-8hrs prior to exam.

Patients needed General Anesthesia should be NPO 8hrs prior to exam.

If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.

Questions:

What are the patient's sedation requirements?

If Female and 10 years - 60 years old:

Is the patient pregnant? [Yes] [No] [Unknown]

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [Immediate] [Manual release] [Block release]

[] MRA Neck Wo Contrast

Priority: [Routine] [**STAT**]

Frequency: [**Once**]

Starting: Today, At: 0100

Reason for Exam: [Neck trauma, abnormal mental status or neuro exam (Ped 3-15y)] [Neck trauma, torticollis or neck pain (Ped 3-15y)] [Ataxia, thoracic trauma] [Carotid artery stenosis] [Neck trauma, arterial injury suspected] [Ataxia, lumbar trauma] [Vertebral artery aneurysm] [Vasculitis, CNS] [Neck trauma, motor vehicle accident (Ped 0-3y)] [Neck trauma, GCS < 14 (Ped 0-3y)] [Neck trauma, torso injury (Ped 3-15y)] [Ataxia, acute, nontraumatic (Ped 0-17y)] [Neck trauma, uncomplicated (NEXUS/PECARN neg) (Ped 3-15y)] [Stroke, follow up] [Carotid artery dissection] [Ataxia, cervical trauma] [Carotid artery aneurysm suspected] [Carotid artery stenosis screening, risk factors] [Neck trauma, dangerous injury mechanism (Ped 3-15y)] [Vasculitis suspected, large vessel] [Neck trauma, penetrating] [Neck mass, pulsatile] [Ataxia, acute, traumatic (Ped 0-17y)] [Carotid artery aneurysm] [Vertebral artery aneurysm suspected] [Vertebral artery dissection suspected] [Carotid artery dissection suspected] [Neck trauma, predisposing condition to spinal injury (Ped 3-15y)]

Modifiers:

Order comments:

Process Instructions:

Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

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If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.

Questions:

What are the patient's sedation requirements?

If Female and 10 years - 60 years old:

Is the patient pregnant? [Yes] [No] [Unknown]

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [Immediate] [Manual release] [Block release]

MRI Brain Venogram (Inactive)

X-Ray

Chest 1 Vw Portable

Priority: [Routine] **[STAT]**

Frequency: **[Once]**

Starting: Today, At: 0100

Reason for Exam: [ICU pt, recent tube or catheter insert] [ICU pt, recent chest tube removal] [ICU pt, stable with no clinical status changes] [ICU pt, unstable or clinical worsening] [PICC Line Verification] [Umbilical Line Verification] [Chest tube Verification] [Endotracheal Tube Verification]

Modifiers:

Order comments:

Questions:

If Female and 10 years - 60 years old:

Is the patient pregnant? [Yes] [No] [Unknown]

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [Immediate] [Manual release] [Block release]

Chest 2 Vw

Priority: [Routine] **[STAT]**

Frequency: **[Once]**

Starting: Today, At: 0100

Reason for Exam: [Cough, persistent] [Testicular cancer, pure seminoma, stage IIA/non-bulky IIB, monitor, post RT or chemotherapy, no residual mass or mass < 3 cm and normal tumor markers] [Testicular cancer, pure seminoma, stage bulky IIB/bulky IIC/III, monitor, post chemotherapy, no residual mass or mass <= 3 cm and normal tumor markers] [Ovarian cancer, malignant sex cord-stromal tumor, diagnosis by previous surg or tissue bx, eval] [Difficulty eating or feeling full quickly, ovarian/fallopian/peritoneal cancer suspected] [Chest pain or SOB, pleurisy or effusion suspected] [Neoplasm: parotid/salivary, staging] [Non-small cell lung cancer, stage (T1a/b, T2a, N0 - peripheral), pre-treatment eval] [Neoplasm: prostate, suspected] [Neoplasm: renal/ureteral, rx monitor or follow up] [Mediastinal mass] [Neoplasm: liver/biliary, recurrence, suspected/known] [Neoplasm: colorectal, recurrence, suspected/known] [Neoplasm: extremity, cutaneous, rx monitor or follow up] [Mesothelioma, surgical eval] [Non-small cell lung cancer, lung nodule, incidental, mult subsolid, dominant nodule w/ part-solid or solid component, follow up] [CNS multiple (>3) metastatic lesions on CT/MRI, no known hx of cancer, initial workup] [Melanoma, monitor] [Neoplasm: thyroid, recurrence, suspected/known] [Thymic carcinoma, monitor, R0 resection, no capsular invasion] [Neoplasm: abdomen, heme/lymphatic, suspected] [Testicular cancer, seminoma, monitor] [Neoplasm: testicular, recurrence, suspected/known] [Neoplasm: abdomen, other primary, staging] [Systemic light chain amyloidosis, initial workup] [Ovarian cancer, borderline epithelial tumor (low malignant potential), monitor, w/wo complete surgical staging, post adjuvant treatment] [Cervix cancer, <4 cm FIGO 1b1] [Neoplasm: testicular, staging] [Bladder cancer, invasive, staging/additional workup] [Hürthle cell thyroid carcinoma, monitor, no evidence of disease, I131 ablation with a neg US, stimulated Tg < 2ng/ml (neg antithyroglobulin antibodies), and neg RAI imaging (if performed)] [Chordoma, post tx, follow up] [Mesothelioma, assess treatment response] [Non-small cell lung cancer, lung nodule, incidental, solid, 6-8 mm, low risk, stable on last CT, follow up] [Pleural effusion, malignancy suspected] [Neoplasm: ovarian, rx monitor or follow up] [Pneumothorax] [Neoplasm: breast, staging] [Non-small cell lung cancer, stage IIA/B/IIIA (T1a-T3/N0-1), pre-treatment eval] [Vulvar cancer (squamous cell), locally advanced, larger T2 or T3, eval] [Neoplasm: head/neck, staging] [Neoplasm: endometrial, recurrence, suspected/known] [Lung nodule, < 6mm, low cancer risk] [Lung cancer screen, asymptomatic, smoker hx w/in last 15 yrs (min. 30 pack-yrs)] [Non-small cell lung cancer, lung nodule, incidental, solitary pure ground-glass, < 5 mm, follow up] [Neoplasm: abdomen, metastatic, recurrence, suspected/known] [Neoplasm: abdomen, metastatic, suspected] [Neoplasm: pelvic, other primary, suspected] [Neoplasm: pelvic, heme/lymphatic, recurrence, suspected/known] [Neoplasm: head/neck, rx monitor or follow up] [Ovarian cancer, malignant germ cell tumor, diagnosis by previous surg or tissue bx, eval] [Papillary thyroid carcinoma, monitor, no evidence of disease, I131 ablation with a neg US, stimulated Tg < 2ng/ml (neg antithyroglobulin antibodies), and neg RAI imaging (if performed)] [Non-small cell lung cancer (NSCLC), non-metastatic, assess treatment response] [Neoplasm: cervix, rx monitor or follow up] [Neoplasm: MSK primary, osteosarcoma] [Cough, persistent (Ped 0-17y)] [Ovarian cancer, borderline epithelial tumors (low malignant potential), diagnosis by previous surg or tissue bx, eval] [Neoplasm: colorectal, staging] [Chest trauma, blunt (Ped 0-17y)] [Testicular cancer, nonseminoma, stage IB, monitor, active surveillance] [Head/neck cancer, lung met screen] [Abdominal trauma, blunt (Ped 0-17y)] [Ovarian cancer, grade 1 serous/endometrioid epithelial carcinoma, diagnosis by previous surg or tissue bx, eval] [Abdominal trauma, gross hematuria] [Bladder cancer, invasive, treated, follow up] [Chest trauma, penetrating] [Bladder cancer, non-invasive, treated, no risk factors, follow up] [Lung cancer screen, asymptomatic, current smoker (min. 30 pack-yrs)] [Epithelial ovarian/fallopian tube/primary peritoneal cancer, stage I-IV, monitor, post primary tx with complete response] [Lung nodule, 6-8mm] [Neoplasm: abdomen, metastatic, rx monitor or follow up] [Testicular cancer, nonseminoma, monitor] [Osteosarcoma, initial workup] [Neoplasm: extremity, metastatic, rx monitor or follow up] [Neoplasm: abdomen, heme/lymphatic, staging] [Neoplasm: renal/ureteral, recurrence, suspected/known] [Neoplasm: pelvis, metastatic, suspected/known] [Testicular cancer, post orchiectomy, staging] [Vulvar cancer (squamous cell), initial workup] [Hodgkin lymphoma, classic, initial workup] [Abnormal xray - pleural effusion] [Neoplasm: renal/ureteral, staging] [Neoplasm: head/neck, suspected] [Thymoma or thymic carcinoma] [Osteosarcoma suspected, symptomatic bone lesion, abn xray, eval] [Neoplasm: extremity, metastatic, staging] [Follicular thyroid carcinoma, monitor, no evidence of disease, I131 ablation with a neg US, stimulated Tg < 2ng/ml (neg antithyroglobulin antibodies), and neg RAI imaging (if performed)] [Routine CXR outpatient, unstable chronic cardiopulmonary disease suspected] [MSK neoplasm, low grade, r/o lung mets, baseline

exam] [Bladder cancer, invasive, untreated, staging] [Neoplasm: esophagus, rx monitor or follow up] [Neoplasm: endometrial, staging] [Cervix cancer, >4 cm, FIGO 1b2] [Neoplasm: colorectal, rx monitor or follow up] [Small cell lung cancer (SCLC), staging] [Neoplasm: abdomen, other primary, rx monitor or follow up] [Non-small cell lung cancer, lung nodule, incidental, solitary part-solid, persistent/solid component < 5 mm, follow up] [Routine CXR admission, acute cardiopulmonary disease suspected] [Endometrial carcinoma, extrauterine disease suspected] [Prostate cancer, clinical stage T1-2 NX or N0, life exp > 10 yrs, PSA < 10 ng/mL, neg for distant mets, RT recurrence, biochemical failure or positive DRE, post tx, assess tx response] [Ovarian cancer, carcinosarcoma (malignant mixed müllerian tumor), stage IA/IB/IC/II/III/IV, monitor, post chemotherapy/adjuvant tx] [Neoplasm: bladder, recurrence, suspected/known] [Ped, abd trauma, blunt, unstable] [Neoplasm: esophagus, staging] [Neoplasm: mesothelioma] [Neoplasm: pelvic, heme/lymphatic, staging] [Acute lymphoblastic leukemia, mediastinal disease, assess tx response] [Neoplasm: breast, rx monitor or follow up] [Testicular cancer, nonseminoma, stage II/III, monitor, post complete response to chemotherapy] [Neoplasm: breast, recurrence, suspected/known] [Neoplasm: thyroid, rx monitor or follow up] [Non-small cell lung cancer, stage IIIA (T4 extension), post preop concurrent chemoradiation, re-eval for surg] [Bladder cancer, monitor, invasive or metastatic disease treated with curative intent, post cystectomy] [Acute lymphoblastic leukemia, initial workup] [Pancreatic adenocarcinoma, no mass in prior imaging, no known mets] [Hodgkin lymphoma, NLPHL, monitor (+5 yrs), post tx] [Non-small cell lung cancer, lung nodule, incidental, solid, 6-8 mm, high risk, stable on last CT, follow up] [Prostate cancer, advanced disease, progressive castration-naïve disease, post systemic therapy, assess tx response] [Neoplasm: extremity, MSK, recurrence, suspected/known] [Chest pain, normal ekg] [Neoplasm: testicular, suspected] [Papillary thyroid carcinoma, monitor, recurrent disease, stimulated Tg 1-10 ng/mL, non-resectable tumors, non-radioiodine responsive, post levothyroxine] [Endometrial cancer, tx planning] [Non-small cell lung cancer, stage (T2b-T3, N0-1), pre-treatment eval] [Phyllodes tumor removed, recurrent breast mass, eval] [Giant cell tumor of the bone, local recurrence, resectable, eval] [Neoplasm: esophagus, suspected] [Endometrial carcinoma, initial workup] [Neoplasm: pelvis, primary, suspected] [Penile cancer, intermediate/high risk, non-palpable inguinal lymph nodes, staging] [Neoplasm: uterine, staging] [Thymic carcinoma, monitor, R1 or R2 resection, post tx] [Neoplasm: abdomen, heme/lymphatic, rx monitor or follow up] [Abd distension, ovarian/fallopian/peritoneal cancer suspected] [Bladder cancer, monitor, non-invasive, high risk, post secondary surgical tx and/or adjuvant intravesical tx] [Hodgkin lymphoma, NLPHL, initial workup] [Non-small cell lung cancer, stage IIB/IIIA/IV, separate pulmonary nodules, pre-treatment eval] [Neoplasm: pelvic, heme/lymphatic, rx monitor or follow up] [Bladder cancer, invasive, post primary eval/surgical tx, staging/additional workup] [Non-small cell lung cancer, lung nodule, incidental, mult subsolid, pure ground glass, > 5 mm, w/o dominant lesion, follow up] [Neoplasm: bladder, staging] [Neoplasm: pancreas, staging] [Thymic carcinoma, monitor, R0 resection, capsular invasion, post consideration of RT] [Urethral cancer suspected, initial workup] [Pancreatic adenocarcinoma, mass in prior imaging, no known mets] [Non-small cell lung cancer, lung nodule, incidental, solid, 4-6 mm, high risk, follow up] [Thymoma, monitor, R1 or R2 resection, post tx] [Neoplasm: extremity, cutaneous, suspected] [Routine CXR pre-op, acute cardiopulmonary disease suspected] [Urothelial carcinoma of prostate, monitor, post biopsy, ductal + acini or prostatic urethra, post TURP and BCG] [Renal cell cancer, treated, asymptomatic, no known mets, follow up] [Hürthle cell thyroid carcinoma, monitor, recurrent disease, stimulated Tg 1-10 ng/mL, non-resectable tumors, non-radioiodine responsive, post levothyroxine] [Routine CXR pre-op, high-risk surgery] [Acute resp illness, > 40 years old] [Neoplasm: abdomen, heme/lymphatic, recurrence, suspected/known] [Testicular cancer, pure seminoma, AFP neg, may have elev beta-hCG, staging] [Neoplasm: liver/biliary, staging] [Breast cancer, stage I, asymptomatic, r/o thoracic mets] [Cervical cancer, stage IA1/IA2/IB1, fertility sparing, initial eval] [Abd trauma, blunt, unstable] [Shortness of breath] [Thymoma, monitor, R0 resection, capsular invasion, post consideration of RT] [Neoplasm: abdomen, other primary, suspected] [Penile cancer, metastatic, post tx, assess tx response] [Osteosarcoma, post tx, follow up] [Hodgkin lymphoma, classical, positive re-biopsy, staging] [Soft tissue sarcoma, extremity or superficial trunk or head/neck, stage IIA/IB/III, resectable with acceptable outcomes, post primary tx and surg, follow up] [Cervix cancer, FIGO >1b] [Neoplasm: extremity, other primary, staging] [Thymoma, monitor, R0 resection, no capsular invasion] [MSK neoplasm, high grade, treated, r/o lung mets, 3-6mo follow up] [Neoplasm: pelvic, other primary, staging] [Neoplasm: cervix, recurrence, suspected/known] [Kidney cancer, stage I, active surveillance, follow up] [Ascites, ovarian/fallopian/peritoneal cancer suspected] [Neoplasm: lymphoma] [Chest pain, ACS suspected] [Neoplasm: pelvis, primary, rx monitor or follow up] [Vulvar cancer (squamous cell), recurrence/mets suspected, follow up] [Pneumothorax suspected] [Vulvar cancer (squamous cell), documented recurrence, eval] [MSK neoplasm, high grade, r/o lung mets, baseline exam] [Non-small cell lung cancer, lung nodule, incidental, solid, 6-8 mm, low risk, follow up] [Testicular cancer, nonseminoma, stage IA, monitor, active surveillance] [Kidney cancer, stage I, post ablative tx, follow up] [Ovarian cancer, malignant germ cell tumor, incompletely surgically staged, monitor, post surg, dysgerminoma/immature teratoma (grade 1), neg imaging and positive tumor markers] [Bladder cancer, noninvasive, monitor] [Non-small cell lung cancer, stage IIIA (T1-3, N2), pre-treatment eval] [Neoplasm: pelvis, primary, staging] [Chordoma suspected, symptomatic bone lesion, abn xray, eval] [Non-small cell lung cancer, stage (T1-3, N0-1), known thoracic disease, therapy feasible, pre-treatment eval] [Chondrosarcoma, high grade (II and III) or clear cell or extracompartmental, post tx, follow up] [Bone/soft-tissue sarcoma, lung met screen] [Neoplasm: bladder, rx monitor or follow up] [Renal cell cancer, staging] [Routine CXR outpatient, acute cardiopulmonary disease suspected] [Soft tissue sarcoma, retroperitoneal/intra-abdominal, resectable disease, R0-R2, post-operative tx, follow up] [Neoplasm: liver/biliary, suspected] [Neoplasm: extremity, metastatic, recurrence, suspected/known] [Soft tissue sarcoma, extremity or superficial trunk or head/neck, stage IA/IB, post surg, follow up] [Neoplasm: extremity, MSK, staging] [Neoplasm: uterine, rx monitor or follow up] [Cervical cancer, stage IIA1/IIA2/IB/III/IVA, initial eval] [Routine CXR admission, unstable chronic cardiopulmonary disease suspected] [Giant cell tumor of the bone, post primary tx, follow up] [Lung nodule, > 8mm] [Neoplasm: parotid/salivary, recurrence, suspected/known] [Prostate cancer, clinical stage T1-2 NX or N0, life exp > 10 yrs, PSA < 10 ng/mL, neg for distant mets, RT recurrence, biochemical failure or positive DRE, post tx, staging] [Lung nodule, < 6mm, high cancer risk] [Fatigue and malaise] [Acute lymphoblastic leukemia, monitor] [Urothelial carcinoma of prostate, post biopsy, ductal + acini, staging] [Kidney cancer, staging] [Neoplasm: pancreas, suspected] [Soft tissue sarcoma, extremity or superficial trunk or head/neck, stage IV, post primary tx, follow up] [Ovarian cancer, grade 1 serous/endometrioid epithelial carcinoma, stage IA/IB/IC/II/III/IV, monitor, post chemotherapy or adjuvant tx] [Non-small cell lung cancer, local recurrence, assess treatment response] [Giant cell tumor of the bone suspected, symptomatic bone lesion, abn xray, eval] [Penile cancer, enlarged nodes, positive bx, potentially resectable, post neoadjuvant chemotherapy, assess tx response] [Ovarian cancer, clear cell carcinoma, diagnosis by previous surg or tissue bx, eval] [Routine CXR pre-op, no clinical concern from hx and physical] [Endometrial cancer, recurrence suspected] [Neoplasm: abdomen, metastatic, staging] [Pelvic or low abd pain, ovarian/fallopian/peritoneal cancer suspected] [Urethral cancer (non-prostatic), T2-4, monitor, post tx] [Thymic carcinoma, metastatic (local/solitary/ipsilateral pleural), post chemo, follow up] [Ovarian cancer, mucinous carcinoma, monitor, post chemotherapy/adjuvant tx] [Ovarian cancer, carcinosarcoma (malignant mixed müllerian tumor), diagnosis by previous surg or tissue bx, eval] [Shortness of breath (Ped 0-17)] [Testicular cancer, nonseminoma, stage IIA/IIB, monitor, post primary RPLND] [Prostate cancer, post radical prostatectomy and biochemical failure, PSA persistence/recurrence, assess tx response] [Neoplasm: thyroid, suspected] [Neoplasm: abdomen, other primary, recurrence, suspected/known] [Testicular cancer, pure seminoma, stage I, monitor, post adjuvant tx] [Neoplasm: pelvis, primary, recurrence, suspected/known] [Cervical cancer, stage IB2, primary surg tx, para-aortic lymph node positive, eval] [Ureteral cancer, staging] [Lung nodules, multiple] [Non-small cell lung cancer, lung nodule, incidental, solid, 4-6 mm, high risk, stable on last CT, follow up] [Neoplasm: extremity, cutaneous, staging] [Small cell lung cancer (SCLC), assess treatment response] [Palpable pelvic mass, ovarian/fallopian/peritoneal cancer suspected] [Neoplasm: extremity, other primary, recurrence, suspected/known] [Neoplasm: extremity, other primary, rx monitor or follow up] [Non-small cell lung cancer (NSCLC), monitor] [Cervical cancer, stage IB2, non-fertility sparing, initial eval] [Ewing sarcoma suspected, symptomatic bone lesion, abn xray, eval] [Non-small cell lung cancer, hx of lung cancer, multiple lung cancers suspected] [Abdominal trauma] [Vulvar cancer (squamous cell), locally advanced/positive node, follow up] [Kidney cancer, stage II, post radical nephrectomy, follow up] [Neoplasm: testicular, rx monitor or follow up] [Lung cancer screen, asymptomatic, smoker hx or current (less than 30 pack-yrs)] [Chondrosarcoma suspected, symptomatic bone lesion, abn xray, eval] [Neoplasm: head/neck, recurrence, suspected/known] [Bladder cancer, non-invasive, treated, positive risk factors, follow up] [Giant cell tumor of the bone, initial workup] [Routine CXR pre-op, unreliable hx and physical] [Urothelial carcinoma of prostate, post biopsy, stromal invasion, staging] [Routine CXR admission, no clinical concern from hx and

physical] [Soft tissue sarcoma suspected, extremity or superficial trunk or head/neck, lesion likely malignant, initial workup] [Mesothelioma, staging] [MSK neoplasm, low grade, treated, r/o lung mets, 3-6mo follow up] [Cough, new onset] [Non-small cell lung cancer, pathologic dx, staging] [Neoplasm: extremity, cutaneous, recurrence, suspected/known] [Non-small cell lung cancer, stage IIIB/IIIA (T3 invasion or T4 extension), pre-treatment eval] [Ovarian cancer, mucinous carcinoma, diagnosis by previous surg or tissue bx, eval] [Pancreatic adenocarcinoma, borderline resectable, no mets, bx positive, post neoadjuvant tx, assess tx response] [Non-small cell lung cancer, stage (T2a/b, N0 - central), pre-treatment eval] [Routine CXR pre-op, > 70 yrs] [Chest pain, ECG positive for STEMI] [Non-small cell lung cancer, NED, stage III, follow up] [Chest pain, nonspecific] [Neoplasm: extremity, metastatic, suspected] [Neoplasm: gastric, staging] [Neoplasm: pelvic, heme/lymphatic, suspected] [Neoplasm: extra-abdominal primary] [Routine CXR pre-op, unstable chronic cardiopulmonary disease suspected] [Neoplasm: gastric, recurrence, suspected/known] [Ovarian cancer, malignant germ cell tumor, stage I-IV, monitor] [Non-small cell lung cancer, NED, stage I/II, primary tx (surg +/- chemo), follow up] [Neoplasm: pancreas, rx monitor or follow up] [Hodgkin lymphoma, NLPHL, monitor (1-5 yrs), post tx] [Urteral cancer, monitor] [Neoplasm: thyroid, staging] [Testicular cancer, lung met screen] [Ovarian cancer, clear cell carcinoma, stage I-IV, monitor, post chemotherapy/adjuvant tx] [Cervical cancer, stage IIA1/IIA2, primary surg tx, para-aortic lymph node positive, eval] [Bladder cancer, monitor, recurrent or persistent, post cystectomy] [Endometrial carcinoma, stage IB/II/III/IV, post surgically staged, eval] [Epithelial ovarian/fallopian tube/primary peritoneal cancer, diagnosis by previous surg or tissue bx, eval] [Chest trauma, aortic injury suspected] [Kidney cancer, stage I, post partial nephrectomy, follow up] [Kidney cancer, stage III, post radical nephrectomy, follow up] [Chondrosarcoma, low grade and intracompartmental, post tx, follow up] [Non-small cell lung cancer (NSCLC), staging] [Urinary symptoms, ovarian/fallopian/peritoneal cancer suspected] [Testicular cancer, pure seminoma, stage bulky IIB/bulky IIC/III, monitor, post chemotherapy, PET-neg residual mass measuring > 3 cm] [Non-small cell lung cancer, stage IIIB/IV/M1b (T1-4, N2-3), pre-treatment eval] [Soft tissue sarcoma, (GIST), initial workup] [Penile cancer, N2/N3 disease, monitor, lymph node involvement] [Non-small cell lung cancer, lung nodule, incidental, solid, 4-6 mm, low risk, follow up] [Neoplasm: extremity, other primary, suspected] [Kidney cancer, stage I, post radical nephrectomy, follow up] [Chest wall pain] [Prostate cancer, advanced disease, neg for distant mets, post systemic therapy for M0 CRPC, PSA is rising, staging] [Prostate cancer, advanced disease, CRPC, metastatic, post systemic therapy, assess tx response] [Chest trauma, mod-severe] [Non-small cell lung cancer, lung nodule, incidental, solitary pure ground-glass, >= 5 mm, follow up] [Neoplasm: uterine, recurrence, suspected/known] [Neoplasm: cervix, staging] [Bladder cancer, invasive, monitor] [Neoplasm: gastric, rx monitor or follow up] [Neoplasm: prostate, staging] [Renal cell cancer, lung met screen] [Neoplasm: pancreas, recurrence, suspected/known] [Prostate cancer, post radical prostatectomy and biochemical failure, PSA persistence/recurrence, staging] [Neoplasm: neck, metastatic, suspected/known] [Non-small cell lung cancer, NED, stage IV (oligometastatic w/ all sites tx with definitive intent), follow up] [Cervical cancer, stage IA1/IA2/IB1, non-fertility sparing, initial eval] [Rib fracture suspected, traumatic] [Testicular cancer, nonseminoma, stage IIa/IIb, post primary chemotherapy, assess tx response] [Vulvar cancer (squamous cell), >=T2 tumor or mets suspected, initial workup] [Neoplasm: parotid/salivary, rx monitor or follow up] [Non-small cell lung cancer, bx proven synchronous lesions, multiple lung cancers suspected] [Lung nodule, > 8mm] [CNS limited (1-3) metastatic lesions on MRI, no known hx of cancer, initial workup] [Penile cancer, palpable inguinal lymph nodes, staging] [Testicular cancer, nonseminoma, stage IIa/IIb, monitor, post primary RPLND and adjuvant chemotherapy] [Neoplasm: esophagus, recurrence, suspected/known]

Modifiers:

Order comments:

Questions:

If Female and 10 years - 60 years old:

Is the patient pregnant? [Yes] [No] [Unknown]

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [Immediate] [Manual release] [Block release]

Cervical Spine Complete

Priority: [Routine] **[STAT]**

Frequency: **[Once]**

Starting: Today, At: 0100

Reason for Exam: [Spinal fusion, cervical, follow up] [Spinal stenosis, C-spine] [Neck trauma, uncomplicated (NEXUS/CCR neg) (Age 16-64)] [C-spine trauma, high clinical risk, initial eval negative, collar for pain, follow up] [Neck pain, chronic] [C-spine trauma, high clinical risk (NEXUS/CCR)] [Polytrauma, critical, head/C-spine injury suspected] [C-spine trauma, arterial injury suspected] [C-spine trauma, myelopathy] [Bone neoplasm, C-spine, recurrence suspected] [C-spine trauma, ligamentous injury suspected] [C-spine trauma, mechanically unstable] [C-spine fx, known] [Spine fracture, cervical, traumatic] [Osteoarthritis, cervical]

Modifiers:

Order comments:

Questions:

If Female and 10 years - 60 years old:

Is the patient pregnant? [Yes] [No] [Unknown]

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [Immediate] [Manual release] [Block release]

Other Studies

Respiratory

Respiratory

Oxygen therapy

Priority: [Routine] **[STAT]**

Frequency: **[Continuous]** [PRN]

Order comments:

Questions:

If 366 days and older:

Initial Device: **[Nasal Cannula]** [High Flow Nasal Cannula (HFNC)] [Heated High Flow] [Non-rebreather mask] [Trach Collar] [

Venturi Mask]

If 366 days and older:

Initial Rate in liters per minute: [1 Lpm] [2 Lpm] [3 Lpm] [4 Lpm] [5 Lpm]

If 366 days and older:
Titration Option: [Titrate Low Flow] [Do not titrate]

If 0 days - 365 days old:
Device: [Nasal Cannula] [Heated High Flow Nasal Cannula (Heated HFNC)] [RAM Cannula] [Other (Specify)]

If 366 days and older:
SpO2 Goal: [88% - 92%] [94% - 98%] [**Other (Specify)**]
Specify: Above 94 to 95% and above

If 0 days - 365 days old:
Titrate FiO2 to keep O2 saturations: [90-95%] [93-97%] [95% and above] [Other]

If 366 days and older:
Notify Physician if:

If 365 days and older:
Indications for O2 therapy: [Hypoxemia] [Increased work of breathing] [**Respiratory distress**] [Immediate post-op period] [Acute MI] [Cluster headaches]

If 0 days - 365 days old:
Indications for O2 therapy: [Hypoxemia] [Increased work of breathing] [Respiratory distress] [Other]

Rehab

Consults

For Physician Consult orders use sidebar

Consults

Consult Neurology

Referral Info:
To Location/POS:
Number of Visits: 1
Expiration Date: S+365
Priority: [**Routine**] [STAT]
Order comments:
Referred to Provider Specialty: Neurology

Questions:

If HM ORD NON MOBILE CONSULT is satisfied:

Provider Group:

If HM ORD AVAILABLE NOT HMSL is satisfied:

Reason for Consult? [Carotid stenosis] [Ischemic stroke] [Seizure] [Venous sinus thrombosis] [Dissections/intracranial stenosis] [Intracranial Hemorrhage (intracerebral) - Routine] [Thrombectomy (>24 hours after procedure)] [Syncope] [Dizziness/Vertigo] [Intractable Headaches] [Encephalopathy] [Demyelinating Disease] [Inflammatory neuropathy] [Other Reasons]

If HM ORD AVAILABLE HMSL is satisfied:

Reason for Consult:

If HM ORD AVAILABLE HMSL is satisfied:

Patient/Clinical information communicated?

If HM ORD MOBILE CONSULT is satisfied:

To Provider:

If HM ORD MOBILE CONSULT is satisfied:

Provider Group:

Conditional Questions:

If Class is Normal Or Class is Hospital Performed Or Class is HMWB Hospital Performed Or Class is HMW Hospital Performed Or Class is HMSTC Hospital Performed:

Patient/clinical information communicated? [Face to face] [Secure text] [Telephone] [Answering service notified] [Consultant not contacted]

If (Class is not HMSL Hospital Performed) And (Class is not HMWB Hospital Performed) And (Class is not HMW Hospital Performed) And (Class is not HMSTC Hospital Performed):

Patient/Clinical information communicated? [Face to face] [Secure text] [Telephone] [Answering service]

Additional Orders