

Location: _____

Labs

Laboratory STAT

- Basic metabolic panel** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
 - CBC with differential** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
 - Hepatic function panel** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
 - Albumin level** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
 - Magnesium** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
 - Phosphorus** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
 - Uric acid** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
 - Lactate dehydrogenase, LDH** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
 - Hemoglobin A1c** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
 - Epstein-Barr virus antibody panel** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Serum Maximum Quantity: 3
 - Ferritin level** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
 - Lipid panel** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
 - Prealbumin** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
 - Prothrombin time with INR** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
 - Partial thromboplastin time** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Primary Ordering 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.
- TSH** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
 - T3** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
 - T4** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
 - T4, free** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- TB T-SPOT** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3 **Comments:** Specimen only collected Monday - Thursday before 1200. Specimen cannot be collected the day before a holiday or on a holiday. Call referral lab at 713-441-1866 if you have questions regarding this order.
- Primary Ordering Comments:**
Specimen only collected Monday - Thursday before 1200. Specimen cannot be collected the day before a holiday or on a holiday. Call referral lab at 713-441-1866 if you have questions regarding this order. This order is a send-out and will have a longer turnaround time.
- HIV 1/2 antigen/antibody, fourth generation, with reflexes** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Question(s):**
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Sign: _____ Printed Name: _____ Date/Time: _____

- Acute viral hepatitis panel (HAV, HBV, HCV)** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Hepatitis B surface antibody** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Hepatitis B core antibody total** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Hepatitis A antibody, total** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Phosphatidylethanol, blood** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Strongyloides Ab IgG ELISA** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Primary Ordering Comments:**
This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.
- Glucose-6-phosphate dehydrogenase level** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Primary Ordering Comments:**
This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.
- Cytomegalovirus antibody, IgG** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Syphilis treponema screen with RPR confirmation (reverse algorithm)** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Question(s):**
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
- Measles/Mumps/Rubella/Varicella (MMR/VZV) IgG Antibodies, Quantitative** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Primary Ordering Comments:**
This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.
- Creatinine clearance, urine, 24 hour** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Urine
- Protein, urine, random** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Urine
- Creatinine level, urine, random** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Urine
- Cystatin C with eGFR** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- PSA** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Question(s):**
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
- hCG qualitative, serum screen - if female and under the age of 50** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Question(s):**
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
- Toxoplasma gondii antibody, IgG** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Nicotine and cotinine, serum** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Drug pan 9, ser/pla, scrn w/rflx to conf** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Primary Ordering Comments:**
This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.
- NT-proBNP** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Laboratory Tomorrow in AM

Sign: _____ Printed Name: _____ Date/Time: _____

- Basic metabolic panel** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400 Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Hepatic function panel** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400 Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Magnesium** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400 Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Phosphorus** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400 Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Albumin level** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400 Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Uric acid** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400 Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Epstein-Barr virus antibody panel** Frequency: AM draw Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Ferritin level** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400 Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Draw at 0400.
- Lactate dehydrogenase, LDH** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400 Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Hemoglobin A1c** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400 Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Lipid panel** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400 Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Prealbumin** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400 Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- CBC with differential** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400 Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Prothrombin time with INR** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400 Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Partial thromboplastin time** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400 Priority: Routine Specimen Type: Blood Maximum Quantity: 3
Primary Ordering 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.
- TSH** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400 Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- T3** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400 Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- T4** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400 Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- T4, free** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400 Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- TB T-SPOT** Frequency: AM draw Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Specimen only collected Monday - Thursday before 1200. Specimen cannot be collected the day before a holiday or on a holiday. Call referral lab at 713-441-1866 if you have questions regarding this order.
Primary Ordering Comments:
Specimen only collected Monday - Thursday before 1200. Specimen cannot be collected the day before a holiday or on a holiday. Call referral lab at 713-441-1866 if you have questions regarding this order. This order is a send-out and will have a longer turnaround time.
- HIV 1/2 antigen/antibody, fourth generation, with reflexes** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400 Priority: Routine Specimen Type: Blood Maximum Quantity: 3
Question(s):
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
- Acute viral hepatitis panel (HAV, HBV, HCV)** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400 Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Sign: _____ Printed Name: _____ Date/Time: _____

- Hepatitis B surface antibody** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400
Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Hepatitis B core antibody total** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400
Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Hepatitis A antibody, total** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400
Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Cytomegalovirus antibody, IgG** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400
Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Syphilis treponema screen with RPR confirmation (reverse algorithm)** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400
Priority: Routine Specimen Type: Blood Maximum Quantity: 3
Question(s):
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
- Creatinine clearance, urine, 24 hour** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400
Priority: Routine Specimen Type: Urine
- Protein, urine, random** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400
Priority: Routine Specimen Type: Urine
- Creatinine level, urine, random** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400
Priority: Routine Specimen Type: Urine
- Phosphatidylethanol, blood** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400
Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Strongyloides Ab IgG ELISA** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400
Priority: Routine Specimen Type: Blood Maximum Quantity: 3
Primary Ordering Comments:
This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.
- Cystatin C with eGFR** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400
Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Measles/Mumps/Rubella/Varicella (MMR/VZV) IgG Antibodies, Quantitative** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400
Priority: Routine Specimen Type: Blood Maximum Quantity: 3
Primary Ordering Comments:
This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.
- Glucose-6-phosphate dehydrogenase level** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400
Priority: Routine Specimen Type: Blood Maximum Quantity: 3
Primary Ordering Comments:
This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.
- Toxoplasma gondii antibody, IgG** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400
Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Toxoplasma gondii antibody, IgM** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400
Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Nicotine and cotinine, serum** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400
Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Drug pan 9, ser/pla, scrn w/rflx to conf** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400
Priority: Routine Specimen Type: Blood Maximum Quantity: 3
Primary Ordering Comments:
This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.
- NT-proBNP** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0400
Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Sign: _____ Printed Name: _____ Date/Time: _____

CYP3A and CYP4A PCR Frequency: AM draw **Frequency Limit:** 1 Occurrences **Start Date:** S+1 **Start Time:** 0400

Priority: Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Question(s):

Medication being evaluated:

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

Primary Ordering Comments:

This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.

PSA Frequency: AM draw **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Question(s):

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

hCG qualitative, serum screen - for females under the age of 50 Frequency: AM draw **Frequency Limit:** 1 Occurrences

Priority: Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Question(s):

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

HLA Laboratory

HLA antibody testing - pre transplant Frequency: STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Primary Ordering Comments:

Collect 1 Red Top tube (6 mL)

{HM IP HLAA LAB OPTIONS:28669}

HLA transplant evaluation Frequency: STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Primary Ordering Comments:

{HM IP HLATE Options:28670}

HLA Laboratory - Tomorrow in AM

HLA transplant evaluation Frequency: AM draw **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Primary Ordering Comments:

{HM IP HLATE Options:28670}

HLA antibody testing - pre transplant Frequency: AM draw **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Primary Ordering Comments:

Collect 1 Red Top tube (6 mL)

{HM IP HLAA LAB OPTIONS:28669}

Blood Typing

Type and screen Frequency: Once **Priority:** STAT **Specimen Type:** Blood **Comments:** This is the first sample for ABO blood typing.

ABO - DO NOT CANCEL Frequency: Once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Specimen Type:** Blood **Comments:** This is the second sample for ABO confirmation. Order to be entered and drawn 15 minutes after first type and screen. Must be different time and blood draw than the first sample. DO NOT CANCEL TEST, required for heart transplant evaluation.

Microbiology

Urinalysis screen and microscopy, with reflex to culture - STAT Frequency: Once **Priority:** STAT **Specimen Type:** Urine

Question(s):

Specimen Source: Urine

Specimen Site:

Primary Ordering Comments:

Specimen must be received in the laboratory within 2 hours of collection.

Urinalysis screen and microscopy, with reflex to culture - tomorrow in AM Frequency: AM draw **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Urine

Question(s):

Specimen Source: Urine

Specimen Site:

Primary Ordering Comments:

Specimen must be received in the laboratory within 2 hours of collection.

Cardiology

Sign: _____ Printed Name: _____ Date/Time: _____

Other Diagnostic Studies

Transthoracic Echocardiogram Complete, (w contrast, Strain and 3D if needed) Frequency: 1 time imaging Priority:

Routine **Comments:** Heart transplant evaluation; Include bubble study for PFO.

Question(s):

Reason for exam? Other, Please Specify in Comments

Does this exam need a bubble study? Yes

Does this study require a chemo toxicity strain protocol?

Does this exam need a strain protocol?

Call back number for Critical Findings:

Where should test be performed?

Preferred interpreting Cardiologist or group:

Process Instructions:

If this patient has had an echocardiogram ordered/performed within the past 120 hours as indicated by repeat Echo orders report on the left. Please contact the Echo department at 713-441-2222 to discuss the reason for a repeat exam with a cardiologist.

For STAT order, select appropriate STAT Indication. Please enter the cell phone number for the ordering physician so the echo attending can communicate the results of the stat test promptly. If the phone number is not entered, we will not be able to perform the test as stat. Please note that nursing unit phone number or NP phone number do not meet this request'

Other Indications should be ordered for TODAY or Routine.

For Discharge or Observation patient, please choose TODAY as Priority.

ECG 12 lead Frequency: Once Priority: Routine **Maximum Quantity:** 6

Question(s):

Clinical Indications: Other:

Other: Heart transplant evaluation

Interpreting Physician:

Pacemaker interrogation (Required)

Select CV pacemaker defib or ilr interrogation if to be performed Mon-Fri 6am – 5pm (performed by HM Pacemaker Clinic staff). For holidays or times outside of that range, select Pacemaker interrogation (performed by external vendor).

CV pacemaker defib or ilr interrogation Frequency: Once Priority: Routine

Pacemaker Interrogation Frequency: Once Priority: Routine

Process Instructions:

Please obtain patient name and DOB, then call one of the following vendors for pacemaker device interrogation.

Abbott (formerly St. Jude) 800-722-3774

Biotronic 800-547-0394

Boston Scientific 800-227-3422

Medtronic 800-328-2518

Imaging**Diagnostics - X-Ray**

XR Chest 2 Vw Frequency: 1 time imaging Priority: Routine

Question(s):

Is the patient pregnant?

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

Panorex Frequency: 1 time imaging Priority: Routine

Question(s):

Is the patient pregnant?

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

Mammogram

Mammogram

Mammo Breast Diagnostic Tomosynthesis Bilateral MC (3D) Frequency: 1 time imaging Priority: Routine

Question(s):

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

Is the patient going to be discharged in the immediate future?

Is the patient pregnant?

Sign: _____ Printed Name: _____ Date/Time: _____

Mammo Breast Diagnostic Tomosynthesis Left MC (3D) Frequency: 1 time imaging **Priority:** Routine

Question(s):

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

Is the patient going to be discharged in the immediate future?

Is the patient pregnant?

Mammo Breast Diagnostic Tomosynthesis Left MC (3D) Frequency: 1 time imaging **Priority:** Routine

Question(s):

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

Is the patient going to be discharged in the immediate future?

Is the patient pregnant?

Mammo Breast Screen Tomosynthesis Bilateral Mc (3D) Frequency: 1 time imaging **Priority:** Routine

Question(s):

Is the patient going to be discharged in the immediate future?

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

Is the patient pregnant?

Mammo Breast Screen Tomosynthesis Left (3D) Frequency: 1 time imaging **Priority:** Routine

Question(s):

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

Is the patient pregnant?

Mammo Breast Screen Tomosynthesis Right (3D) Frequency: 1 time imaging **Priority:** Routine

Question(s):

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

Is the patient pregnant?

Mammo Digital Bilateral Diagnostic W Cad Frequency: 1 time imaging **Priority:** Routine

Question(s):

Is the patient pregnant?

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

Mammo Digital W Cad Left Frequency: 1 time imaging **Priority:** Routine

Question(s):

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

Is the patient going to be discharged in the immediate future?

Is the patient pregnant?

Mammo Digital W Cad Right Frequency: 1 time imaging **Priority:** Routine

Question(s):

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

Is the patient going to be discharged in the immediate future?

Is the patient pregnant?

Mammo Digital Bilateral Screen W Cad Frequency: 1 time imaging **Priority:** Routine

Question(s):

Is the patient pregnant?

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

Mammo Digital Screen W Cad Left Frequency: 1 time imaging **Priority:** Routine

Question(s):

Is the patient pregnant?

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

Mammo Digital Screen W Cad Right Frequency: 1 time imaging **Priority:** Routine

Question(s):

Is the patient pregnant?

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

Ultrasound

US Renal Frequency: 1 time imaging **Priority:** Routine

Question(s):

Is the Ultrasound on a native kidney?

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

Pv transcranial Doppler intracranial arteries - for patients age 60 and older Frequency: 1 time imaging **Priority:** Routine

Question(s):

Special protocol:

Sign: _____ Printed Name: _____ Date/Time: _____

Pv carotid duplex Frequency: 1 time imaging Priority: Routine

Question(s):

Laterality: Bilateral

Special protocol:

Pv physiologic arterial lower extremity complete w abi Frequency: 1 time imaging Priority: Routine

Question(s):

Laterality: Bilateral

Diagnostics - CT

CT Maxillofacial Wo Contrast Frequency: 1 time imaging Priority: Routine

Question(s):

Is the patient pregnant?

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

CT Head Wo Contrast Frequency: 1 time imaging Priority: Routine

Question(s):

Is the patient pregnant?

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

CT Abdomen and Pelvis without IV Contrast (oral only - Omnipaque)

For those with iodine allergies, please order the panel with Readi-Cat (barium sulfate).

CT Abdomen Pelvis Wo Contrast Frequency: 1 time imaging Priority: Routine

Question(s):

Is the patient pregnant?

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

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.

iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution Dose: 300 Frequency: once

Admin Instructions:

FOR CT SCAN ONLY: Mix Iohexol 30 mL in 32 ounces of water, may add one packet of Crystal Light flavored to taste.

CT Chest WO Abdomen WO Pelvis WO Contrast (Omnipaque)

For those with iodine allergies, please order the panel with Readi-Cat (barium sulfate).

CT Chest Wo Contrast Abdomen Wo Contrast Pelvis Wo Contrast Frequency: 1 time imaging Priority: Routine

Question(s):

Is the patient pregnant?

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

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.

Sign: _____ Printed Name: _____ Date/Time: _____

iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution Dose: 300 Frequency: once

Admin Instructions:

FOR CT SCAN ONLY: Mix Iohexol 30 mL in 32 ounces of water, may add one packet of Crystal Light flavored to taste.

CT Chest W Contrast Frequency: 1 time imaging Priority: Routine Comments: If creatinine less than or equal to 1.5
Question(s):

Is the patient pregnant?

Can the Creatinine labs be waived prior to performing the exam? No, all labs must be obtained prior to performing this exam.

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

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.

CT Chest Wo Contrast Frequency: 1 time imaging Priority: Routine Comments: If creatinine greater than 1.5
Question(s):

Protocol:

Is the patient pregnant?

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

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.

CT Head W Wo Contrast Frequency: 1 time imaging Priority: Routine
Question(s):

Is the patient pregnant?

Can the Creatinine labs be waived prior to performing the exam? No, all labs must be obtained prior to performing this exam.

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

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.

CTA Head W Wo Contrast Frequency: 1 time imaging **Priority:** Routine

Question(s):

Is the patient pregnant?

Can the Creatinine labs be waived prior to performing the exam? No, all labs must be obtained prior to performing this exam.

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

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.

CT Abdomen and Pelvis with IV and PO Contrast (Omnipaque)

For those with iodine allergies, please order the panel with Readi-Cat (barium sulfate).

CT Abdomen Pelvis W Contrast Frequency: 1 time imaging **Priority:** Routine

Question(s):

Is the patient pregnant?

Can the Creatinine labs be waived prior to performing the exam? No, all labs must be obtained prior to performing this exam.

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

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.

iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution Dose: 300 **Frequency:** once

Admin Instructions:

FOR CT SCAN ONLY: Mix Iohexol 30 mL in 32 ounces of water, may add one packet of Crystal Light flavored to taste.

CT Abdomen and Pelvis without IV Contrast (oral only - Readi-Cat)

Ordered as secondary option for those with iodine allergies.

CT Abdomen Pelvis Wo Contrast Frequency: 1 time imaging **Priority:** Routine

Question(s):

Is the patient pregnant?

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

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.

Sign: _____ **Printed Name:** _____ **Date/Time:** _____

barium (READI-CAT 2) 2.1 % (w/v), 2.0 % (w/w) suspension Dose: 2 Frequency: once in imaging

Respiratory

Respiratory

Six minute walk w/ pulse oximetry Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine

Question(s):

Purpose: Distance O2 Titration

RT to follow protocol for changes to requested PFT orders?

Spirometry, diffusion, lung volumes Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine

Question(s):

RT to follow protocol for changes to requested PFT orders?

Lung volumes Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine

Question(s):

RT to follow protocol for changes to requested PFT orders?

Vital capacity test Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine

Question(s):

RT to follow protocol for changes to requested PFT orders?

Maximal voluntary ventilation Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine

Question(s):

RT to follow protocol for changes to requested PFT orders?

Respiratory muscle force Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine

Question(s):

RT to follow protocol for changes to requested PFT orders?

Spirometry pre & post w/ bronchodilator, diffusion, lung volumes Frequency: Once Priority: Routine

Question(s):

RT to follow protocol for changes to requested PFT orders?

Spirometry Frequency: Once Priority: Routine

Question(s):

RT to follow protocol for changes to requested PFT orders?

Bedside spirometry Frequency: Once Priority: Routine

Primary Ordering Comments:

Patient should not be given a bronchodilator 4 hours before scheduled test.

IP Diffusion Capacity Combination Panel

Spirometry, diffusion Frequency: Once Priority: Routine

Question(s):

RT to follow protocol for changes to requested PFT orders?

Spirometry, diffusion, lung volumes Frequency: Once Priority: Routine

Question(s):

RT to follow protocol for changes to requested PFT orders?

Spirometry, diffusion, MIPS/MEPS Frequency: Once Priority: Routine

Question(s):

RT to follow protocol for changes to requested PFT orders?

Spirometry, diffusion, lung volumes, MIPS/MEPS Frequency: Once Priority: Routine

Question(s):

RT to follow protocol for changes to requested PFT orders?

Spirometry pre & post w/ bronchodilator, diffusion Frequency: Once Priority: Routine

Question(s):

RT to follow protocol for changes to requested PFT orders?

Spirometry pre & post w/ bronchodilator, diffusion, lung volumes Frequency: Once Priority: Routine

Question(s):

RT to follow protocol for changes to requested PFT orders?

Spirometry pre & post w/ bronchodilator, diffusion, MIPS/MEPS Frequency: Once Priority: Routine

Question(s):

RT to follow protocol for changes to requested PFT orders?

Spirometry pre & post w/ bronchodilator, diffusion, lung volumes, MIPS/MEPS Frequency: Once Priority: Routine

Question(s):

RT to follow protocol for changes to requested PFT orders?

Sign: _____ Printed Name: _____ Date/Time: _____

Cardiopulmonary stress exercise Frequency: Once Priority: Routine

Question(s):

Protocol:

RT to follow protocol for changes to requested PFT orders?

Consults

Physician Consults

Consult Cardiothoracic Surgery Frequency: Once Priority: Routine

Question(s):

Reason for Consult? Heart transplant/LVAD evaluation

Patient/clinical information communicated? Face to face

To Provider: P1010030

Provider Group:

Patient/Clinical information communicated?

Provider Group:

Consult Physical Medicine Rehab Frequency: Once Priority: Routine

Question(s):

Reason for Consult? Heart transplant/LVAD evaluation

Provider Group:

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

Consult Psychiatry

Urine drugs of abuse screen - Consider if not done in last 48 hours Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Urine

Consult Psychiatry Frequency: Once Priority: Routine

Question(s):

Patient Type:

Call back requested:

Was patient informed that a psychiatry consult is being requested:

Provider Group:

Reason for Consult?

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

Process Instructions:

Place a Psychiatry Consult order leaving the Provider dropdown blank and selecting HMH Psychiatry Consults under Provider Group.

ROUTINE Consults are seen the next business day.

Same Day Consults (Urgent Requests):

During normal business hours, send an EPIC Chat to HMH Psychiatry Consults noting that the consult is urgent.

After hours or on weekends, contact the physician on call through the EPIC On-Call Finder (HMH Psychiatry ED/On Call).

Consults

Consult to Palliative Care Service Frequency: Once Priority: Routine

Question(s):

Reason for Consult? Other

Specify: Psychosocial support for LVAD, ECMO and/or Heart Transplant

Order? Make recommendations and write orders

Enter call back number: 713-441-5451

Priority:

Name of referring provider:

Reason for Consult?

Process Instructions:

Note: Please call Palliative care office 832-522-8391. Due to current resource constraints, consultation orders received after 2:00 pm M-F will be seen the following business day. Consults placed over weekend will be seen on Monday.

Consult to PT eval and treat **Frequency:** Once **Priority:** Routine **Comments:** Please assess frailty by performing: 6 minute walk test, gait speed assessment, and hand grip strength.

Question(s):

Reasons for referral to Physical Therapy (mark all applicable): Other

Specify: Heart transplant/LVAD evaluation

Are there any restrictions for positioning or mobility?

Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal):

Weight Bearing Status:

Reason for PT?

Process Instructions:

If the patient is not medically/surgically stable for therapy, please obtain the necessary clearance prior to consulting physical therapy

If the patient currently has an order for bed rest, please consider revising the activity order to accommodate therapy

Consult Transplant Social Work **Frequency:** Once **Priority:** Routine **Comments:** Contact Heart Transplant Social Worker for transplant psychosocial evaluation.

Question(s):

Reason for Consult? Transplant Psychosocial Evaluation

Organ Transplant: Heart

Reason for Consult?

Consult to Transplant Financial Services **Frequency:** Once **Priority:** Routine **Comments:** Contact Heart Transplant Financial Services for transplant financial clearance.

Question(s):

Reason for Consult? Transplant Financial Counseling

Organ Transplant: Heart

Reason for Consult?

Consult to Nutrition Services **Frequency:** Once **Priority:** Routine **Comments:** Registered dietitian-please assess and document any recent appetite loss, unintentional weight loss, usual body weight, and patient's ability to do ADL's.

Question(s):

Reason For Consult? Other (Specify)

Specify: Frailty nutrition assessment and pre-op optimization

Purpose/Topic:

Reason for Consult?

Consult to Biomedical Ethics **Frequency:** Once **Priority:** Routine **Comments:** If the on-call ethics consultant does not call back within 15 minutes, please page at 713-404-7904. Order ONLY to be completed by Ethics consultant.

Question(s):

Priority: Routine

Reason for Consult?

Requestor name:

Enter call back number:

Reason for Consult?

Process Instructions:

Patient to be seen within 1 business day. Please call the HMW Administrator Coordinator (AC) at 832 522-0307 for emergencies.

Consult for BHTOC Chemical Dependency/Substance Use Disorder Counselor **Frequency:** Once **Priority:** Routine

Question(s):

Reason for Consult?

Process Instructions:

DSRIP is now BHTOC (Behavioral Health Transition of Care).

Sign: _____ Printed Name: _____ Date/Time: _____