

Location: _____

General

Nursing

Nursing

- Notify transplant center (713-441-5451) when patient is being discharged** Frequency: Until discontinued Priority: Routine
 Comments: Notify transplant center (713-441-5451) when patient is being discharged

IV Fluids

Medications

VTE

Labs

 Labs

- CBC with platelet and differential** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

- Comprehensive metabolic panel** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

- Urinalysis screen and microscopy, with reflex to culture** Frequency: Once Priority: Routine Specimen Type: Urine
 Question(s):

Specimen Source: Urine

Specimen Site: Clean catch**Primary Ordering Comments:**

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

- 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.):

- Hepatitis A antibody total** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

- Hepatitis B core antibody total** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

- Hepatitis B surface antibody** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

- Hepatitis B surface antigen** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

- Hepatitis B surface Ab, quantitative** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

- Hepatitis C Virus (HCV) Antibody With Reflex to PCR** Frequency: Once Priority: Routine Maximum Quantity: 3

- Syphilis treponema screen with RPR confirmation (reverse algorithm)** 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.):

- Prothrombin time with INR** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

- Partial thromboplastin time, activated** Frequency: Once 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.

- ABO and Rh** Frequency: Once Frequency Limit: 2 Days Priority: Routine Specimen Type: Blood

- Drug pan 9, ser/pla, scrn w/rflx to conf** Frequency: Once 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.

- Nicotine and cotinine, serum** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

- TB T-SPOT** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

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.

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

Renasight Frequency: Once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Specimen Type:** Blood

Question(s):

Ethnicity of patient:

Is patient being evaluated for a kidney transplant?

Report variants of unknown significance?

By placing this electronic order I confirm the testing ordered herein is medically necessary and this patient has been informed of the details of the genetic test(s) ordered, including the risks, benefits, and alternatives, and has consented to testing.: Yes

Method/Type of collection:

What type of billing?

Is this order being placed for a Donor?

Encounter department:

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

C-peptide (order if patient is Diabetic) Frequency: Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Serum electrophoresis (order if patient age is GREATER than 50) Frequency: Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Prostate specific antigen (order if patient is while male GREATER than 50 or black male GREATER than 40)

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.):

POC occult blood stool (daily for 3 days) Frequency: Daily **Frequency Limit:** 3 Days **Priority:** Routine **Specimen Type:** Stool

Labs - Day Two

Lipid panel (fasting) Frequency: AM draw **Frequency Limit:** 1 Occurrences **Start Date:** S+1 **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Fasting glucose level Frequency: AM draw **Frequency Limit:** 1 Occurrences **Start Date:** S+1 **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Creatinine level Frequency: Once **Start Date:** S+1 **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Phosphorus level Frequency: Once **Start Date:** S+1 **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

LDH Frequency: Once **Start Date:** S+1 **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Hemoglobin A1c Frequency: Once **Start Date:** S+1 **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Cytomegalovirus Ab, IgG Frequency: Once **Start Date:** S+1 **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Cytomegalovirus Ab, IgM Frequency: Once **Start Date:** S+1 **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Epstein-Barr virus antibody panel Frequency: Once **Start Date:** S+1 **Priority:** Routine **Specimen Type:** Serum **Maximum Quantity:** 3

Herpes simplex virus types 1/2 (HSV), qualitative PCR (blood, fluids or swab in universal transport media)

Frequency: Once **Start Date:** S+1 **Priority:** Routine

Question(s):

Specimen Source: Plasma

Herpes simplex virus types 1/2 (HSV) IgG Frequency: Once **Start Date:** S+1 **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.):

HSV type 1/2 combined Ab, IgM Frequency: Once **Start Date:** S+1 **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.):

Parathyroid hormone Frequency: Once **Start Date:** S+1 **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Clotting Studies - Day Two

Factor V leiden by PCR Frequency: Once **Start Date:** S+1 **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: _____

Prothrombin mutation, factor II, by PCR Frequency: Once Start Date: S+1 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.):

Lupus anticoagulant panel Frequency: Once Start Date: S+1 Priority: Routine Specimen Type: Blood Maximum

Quantity: 3

Process Instructions:

Reflex testing: if the PTT LA is positive, an order for Hexagonal Phospholipid will be reflexed. If the dRVVT is positive, an order for dRVVC will be reflexed.

Homocysteine Frequency: Once Start Date: S+1 Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Labs - Lupus Day Two

Smith antibody Frequency: Once Start Date: S+1 Priority: Routine Specimen Type: Blood Maximum Quantity: 3

ANA with reflex to titer and pattern, immunofluorescence Frequency: Once Start Date: S+1 Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Glomerular basement membrane antibody Frequency: Once Start Date: S+1 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.

C1q complement component Frequency: Once Start Date: S+1 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.

C3 complement component Frequency: Once Start Date: S+1 Priority: Routine Specimen Type: Blood Maximum Quantity: 3

C4 complement component Frequency: Once Start Date: S+1 Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Cardiolipin antibodies Frequency: Once Start Date: S+1 Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Double-Stranded DNA (dsDNA) antibodies, Crithidia Frequency: Once Start Date: S+1 Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Cardiology

Cardiology

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

Question(s):

Clinical Indications: Pre-Op Clearance

Interpreting Physician:

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

Routine

Question(s):

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?

Does this exam need a bubble study?

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.

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

CV Cardiac PET Myocardial Perfusion Imaging Frequency: 1 time imaging Priority: Routine

Question(s):

Is the patient pregnant?

Imaging**Imaging**

XR 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.):

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.):

Pv carotid duplex Frequency: 1 time imaging Priority: Routine

Question(s):

Laterality:

Special protocol:

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.):

US Renal Transplant Doppler Frequency: 1 time imaging Priority: Routine

Question(s):

Does the patient have more than 1 transplant kidney to be imaged?

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

Process Instructions:

NPO 8 hours before exam.

CT Chest Wo Contrast (if h/o Pulmonary nodules or smoking history) Frequency: 1 time imaging Priority: Routine

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.

Imaging - Day Two

CTA Abdomen (id on Dialysis)

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

CTA Abdomen Pelvis W And Or Wo Contrast Frequency: 1 time imaging **Start Date:** S+1 **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 Abdominal Aorta And Bilateral Iliofemoral Runoff W Wo Contrast Frequency: 1 time imaging **Start Date:** S+1 **Priority:** Routine

Question(s):

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

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

For those with iodine allergies, please order the panel with Read-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.

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

CT Abdomen and Pelvis without IV Contrast (oral only - Read-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.

 barium (READI-CAT 2) 2.1 % (w/v), 2.0 % (w/w) suspension Dose: 2 **Frequency:** once in imaging **MRA Head Wo Contrast Frequency:** 1 time imaging **Start Date:** S+1 **Priority:** Routine**Question(s):**

What are the patient's sedation requirements?

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 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.

Other Studies**Respiratory****PFTs - Day Two** **Pulmonary function protocol**

(Includes Spirometry, Flow Volume Loop, and Bronchodilators, Lung Volumes and DLCO if indicated)

 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, diffusion, lung volumes Frequency: Once **Priority:** Routine**Question(s):**

RT to follow protocol for changes to requested PFT orders?

Rehab**Consults**

For Physician Consult orders use sidebar

Consults

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

Consult Cardiology Frequency: Once Priority: Routine

Question(s):

Reason for Consult? ○ Renal transplant evaluation

Provider Group:

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

Consult Urology Frequency: Once Priority: Routine

Question(s):

Provider Group:

Reason for Consult?

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

Consult Hematology Frequency: Once Priority: Routine

Question(s):

Provider Group:

Reason for Consult?

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

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).

Consult Pulmonary Transplant Frequency: Once **Priority:** Routine

Question(s):

Reason:

Provider Group:

Reason for Consult?

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

Process Instructions:

New evaluation: This patient has not yet been evaluated for lung transplant at HMH. Please call 713-441-2215 to reach on call attending. During daytime hours, please indicate that you are requesting the physician on service for pre-lung transplant services. Outside of business hours, please request on call physician.

Pre-Transplant: This patient has been evaluated for lung transplant at HMH and follows with our pre-lung transplant team. Please call 713-441-2215 to reach on call attending. During daytime hours, please indicate that you are requesting the physician on service for pre-lung transplant services. Outside of business hours, please request on call physician. Patients are to be admitted to Dr. Vinh Nguyen's group.

Post Transplant: This patient has received a lung transplant. Please call 713-441-2215 to reach on call attending. During daytime hours, please indicate that you are requesting the physician on service for post-lung transplant services. Outside of business hours, please request on call physician. Patients transplanted less than one year ago are to be admitted under the on-service transplant pulmonologist. Patients transplanted more than one year ago are to be admitted to Dr. Vinh Nguyen's group.

Other: Please indicate the reason for consultation. Please call 713-441-2215 to reach on call attending.

Consult Hepatology Frequency: Once **Priority:** Routine

Question(s):

Provider Group:

Reason for Consult?

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

Consult Infectious Diseases Frequency: Once **Priority:** Routine

Question(s):

Provider Group:

Reason for Consult?

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

Consult Rheumatology Frequency: Once **Priority:** Routine

Question(s):

Provider Group:

Reason for Consult?

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

Additional Orders

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