Corewell Health™

Patient Name
DOB
MRN
Physician
CSN

Physician's Orders/Downtime IMAGING

Note: To change a prechecked response, use a single line through the preselected answer, place your initials next to it, and then select the alternate answer.

☐ BCS ☐ CT ☐ DR ☐ FL ☐ IR ☐ MR ☐ NM ☐ PET ☐ US

Order Requested:

Reason for Exam:		**Rule Out/Verify/Other Pertinent History:**	
Priority	**Frequency**	**Is the patient pregnant?**	**What are the patient's sedation requirements?**
☐ Routine ☐ Now ☐ STAT	☐ Once Date: _____ Time: _____	☐ Yes ☐ No	☐ No Sedation ☐ Adult Anesthesia ☐ Adult IV Sedation ☐ Peds Sedation/Anesthesia
Is the Patient Claustrophobic?	**May Initiate Imaging Pre Procedure Protocol?**	**May Initiate Intravenous Catheter Patency Protocol?**	**Does the Patient have a history of Contrast Reaction?**
☐ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes; Type:_____ ☐ No

Record Decision Support Information? ☐ Yes ☐ No

If YES:	If NO:
Decision Support Session ID: _____ Decision Support Score: _____ Decision Support Vendor: _____ Decision Support Adherence (select one): ☐ No (MF) ☐ No Criteria Available (MG) ☐ Yes (ME)	Decision Support Exception (select one): ☐ Emergency Medical Condition (MA) ☐ Extreme/Uncontrollable Circumstances (aka Disaster) (MD) ☐ Internet Access Issues (MB) ☐ Missing Information; No Compliant Exception Recorded (MH) ☐ Technical Issue; HER or qCDSM (MC)

Modality Specific Order Questions:

DIRECTIONS: Fill out the row of questions for the modality of the procedure you've ordered above

BCS Specific	May initiate the Breast Care Services Imaging Protocol? ☒ Yes ☐ No	May initiate the Breast Care Services Medication Administration Protocol? ☒ Yes ☐ No	Specify area of concern (clock position/quadrant AND centimeters from nipple):

OVER →

DO NOT MARK BELOW THIS LINE — BARCODE ZONE — DO NOT MARK BELOW THIS LINE

X294493

Modality Specific Order Questions (continued):				
CT Specific	Perform 3D imaging if indicated? ☐ Yes ☐ No	Is this for a trauma patient? ☐ Yes ☐ No	May Initiate CT IV Contrast Protocol? ☒ Yes ☐ No	Do you want PO contrast administered prior to CT imaging per CT Contrast – Oral protocol? ☐ Yes ☐ No

DR Specific	Where performed? ☐ Department ☐ Portable	Is this for a trauma patient? ☐ Yes ☐ No	Is this a pre or post-procedure/surgery chest x-ray (CXR)? ☐ Yes; pre-procedure/surgery ☐ Yes; post-procedure/surgery ☐ No	If yes, what type of procedure/surgery is planned/was performed?:

IR Specific	Does the patient have a contrast allergy? ☐ Yes ☐ No	Is the patient on anticoagulant or antiplatelet therapy, including any aspirin-type products? ☐ Yes; _____ ☐ No	If yes, can medications be held according to recommended guidelines? ☐ Yes ☐ No

MR Specific	Perform 3D imaging if indicated? ☐ Yes ☐ No	May Initiate MR Imaging and Contrast Protocol? ☒ Yes ☐ No	Specific area to be imaged (if applicable):

NM Specific	May initiate Radiopharmaceutical and Adjunct Medications Protocol? ☒ Yes ☐ No

PET Specific	May initiate Radiopharmaceutical and Adjunct Medications Protocol? ☒ Yes ☐ No	Do you want PO contrast administered prior to PET CT imaging per CT Contrast – Oral protocol? ☐ Yes ☐ No	Is this exam imaging for Cancer, Brain Imaging, or Infection? ☐ Cancer ☐ Brain Imaging ☐ Infection

US Specific	Where performed? ☐ Department ☐ Portable	May initiate Ultrasound Protocol? ☒ Yes ☐ No

IV Hydration Questions for BCS, CT, PET		
Does the patient need IV Hydration? ☐ Yes ☐ No Please refer to the Corewell Health Contrast Induced Kidney Injury Prophylaxis policy.	If YES: How many hours of hydration are required prior to the procedure? ☐ 1 hour prior ☐ 2 hours prior	How many hours are required after the procedure? ☐ 2 hours after ☐ 3 hours after

Telephone order/Verbal order documented and read-back completed. Practitioner's initials _____

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

TRANSCRIBED:		**VALIDATED:**		**ORDERED:**			
TIME	**DATE**	**TIME**	**DATE**	**TIME**	**DATE**	Pager #	
	Sign		**R.N. Sign**		**Physician Print**		**Physician Sign**

Imaging Technologist Only – Change Order via Per Protocol, No Cosign Required

NEW ORDER BASED ON PROTOCOL:		
DATE **TIME**	Imaging Technologist Print	Imaging Technologist Sign

