



Physician Orders ADULT

Order Set: ED Radiology Common Orders

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
Diagnostic Tests - Diagnostic Radiology		
<input type="checkbox"/>	Abd Sing AP VW	T;N, STAT, Reason for Exam: _____ Stretcher
<input type="checkbox"/>	Abd Comp W Decubitus/Erect VW	T;N, STAT, Reason for Exam: _____ Stretcher, Comment: flat and upright
<input type="checkbox"/>	Abd Acute Series W Decub/Erect & Chest 1 (Abd Acute Series W Decub/Erect & Chest 1V)	T;N, STAT, Reason for Exam: _____ Stretcher, Comment: flat and upright and AP or PA chest 1 view
<input type="checkbox"/>	Ankle Comp 3+VW LT	T;N, STAT, Reason for Exam: _____, Wheelchair
<input type="checkbox"/>	Ankle Comp 3+VW RT	T;N, STAT, Reason for Exam: _____, Wheelchair
<input type="checkbox"/>	Chest 1VW Frontal	T;N, STAT, Reason for Exam: _____, Portable
<input type="checkbox"/>	Chest 2VW Frontal & Lat	T;N, STAT, Reason for Exam: _____, Stretcher
<input type="checkbox"/>	Elbow 2+VW LT	T;N, STAT, Reason for Exam: _____, Wheelchair
<input type="checkbox"/>	Elbow 2+VW RT	T;N, STAT, Reason for Exam: _____, Wheelchair
<input type="checkbox"/>	Facial Bones < 3VW Bil	T;N, STAT, Reason for Exam: _____, Wheelchair
<input type="checkbox"/>	Femur 2VW LT	T;N, STAT, Reason for Exam: _____, Stretcher
<input type="checkbox"/>	Femur 2VW RT	T;N, STAT, Reason for Exam: _____, Stretcher
<input type="checkbox"/>	Foot Comp 3+VW LT	T;N, STAT, Reason for Exam: _____, Wheelchair
<input type="checkbox"/>	Foot Comp 3+VW RT	T;N, STAT, Reason for Exam: _____, Wheelchair
<input type="checkbox"/>	Foot Comp 3+VW Bil	T;N, STAT, Reason for Exam: _____, Wheelchair
<input type="checkbox"/>	Forearm 2VW LT	T;N, STAT, Reason for Exam: _____, Wheelchair
<input type="checkbox"/>	Forearm 2VW RT	T;N, STAT, Reason for Exam: _____, Wheelchair
<input type="checkbox"/>	Hand 3+VW LT	T;N, STAT, Reason for Exam: _____, Wheelchair
<input type="checkbox"/>	Hand 3+VW RT	T;N, STAT, Reason for Exam: _____, Wheelchair
<input type="checkbox"/>	Hip Comp 2+VW LT	T;N, STAT, Reason for Exam: _____, Stretcher, Comment: includes AP Pelvis and Lat hip
<input type="checkbox"/>	Hip Comp 2+VW RT	T;N, STAT, Reason for Exam: _____, Stretcher, Comment: includes AP Pelvis and Lat hip
<input type="checkbox"/>	Humerus 2+ VW LT	T;N, STAT, Reason for Exam: _____, Stretcher
<input type="checkbox"/>	Humerus 2+ VW RT	T;N, STAT, Reason for Exam: _____, Stretcher
<input type="checkbox"/>	Knee 1/2 VW LT	T;N, STAT, Reason for Exam: _____, Stretcher
<input type="checkbox"/>	Knee 1/2 VW RT	T;N, STAT, Reason for Exam: _____, Stretcher
<input type="checkbox"/>	Mandible Comp 4+VW	T;N, STAT, Reason for Exam: _____, Wheelchair
<input type="checkbox"/>	Nasal Bones Comp 3+VW	T;N, STAT, Reason for Exam: _____, Wheelchair
<input type="checkbox"/>	Neck Soft Tissue	T;N, STAT, Reason for Exam: _____, Stretcher
<input type="checkbox"/>	Paranasal Sinuses <3 VW	T;N, STAT, Reason for Exam: _____, Stretcher
<input type="checkbox"/>	Pelvis 1/2 VW	T;N, STAT, Reason for Exam: _____, Stretcher, Comment: includes AP Pelvis does NOT include LAT hip
<input type="checkbox"/>	Ribs 2 VW LT	T;N, STAT, Reason for Exam: _____, Stretcher
<input type="checkbox"/>	Ribs 2 VW RT	T;N, STAT, Reason for Exam: _____, Stretcher





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Diagnostic Tests - Diagnostic Radiology continued

[]	Shoulder Comp 2+VW LT	T;N, STAT, Reason for Exam: _____, Stretcher
[]	Shoulder Comp 2+VW RT	T;N, STAT, Reason for Exam: _____, Stretcher
[]	Shuntogram Previously Placed Shunt Nonva	T;N, STAT, Reason for Exam: _____, Stretcher, Comment: shunt series
[]	Skull Comp 4+ view	T;N, STAT, Reason for Exam: _____, Stretcher
[]	Spine 1VW	T;N, STAT, Reason for Exam: _____, Portable, Comment: can be used C, L, T
[]	Spine Cerv 2/3 Views	T;N, STAT, Reason for Exam: _____, Stretcher
[]	Spine Lumbar 2/3VW	T;N, STAT, Reason for Exam: _____, Stretcher
[]	Spine Thoracic 2VW	T;N, STAT, Reason for Exam: _____, Stretcher
[]	Tibia & Fibula 2VW LT	T;N, STAT, Reason for Exam: _____, Stretcher
[]	Tibia & Fibula 2VW RT	T;N, STAT, Reason for Exam: _____, Stretcher
[]	Toes 2+VW LT	T;N, STAT, Reason for Exam: _____, Wheelchair
[]	Toes 2+VW RT	T;N, STAT, Reason for Exam: _____, Wheelchair
[]	Wrist 3+VW LT	T;N, STAT, Reason for Exam: _____, Wheelchair
[]	Wrist 3+VW RT	T;N, STAT, Reason for Exam: _____, Wheelchair
[]	Ext Upper Infant 2+VW LT	T;N, STAT, Reason for Exam: _____, Infant Transport
[]	Ext Upper Infant 2+VW RT	T;N, STAT, Reason for Exam: _____, Infant Transport
[]	Ext Lower Infant 2+VW LT	T;N, STAT, Reason for Exam: _____, Infant Transport
[]	Ext Lower Infant 2+VW RT	T;N, STAT, Reason for Exam: _____, Infant Transport
[]	Hips Bil 2 VWs	T;N, Routine, Reason for Exam: _____, Transport Mode: _____

Diagnostic Tests - CT

[]	CT Abdomen and Pelvis W Cont	T;N, Reason for Exam: _____, STAT, Stretcher
[]	CT Abdomen and Pelvis WO Cont	T;N, Reason for Exam: _____, STAT, Stretcher
[]	CT Brain/Head WO Cont	T;N, Reason for Exam: _____, STAT, Stretcher
[]	CT Thorax W Cont	T;N, Reason for Exam: _____, STAT, Stretcher
[]	CT Spine Cervical WO Cont	T;N, Reason for Exam: _____, STAT, Stretcher
[]	CT Spine Thoracic WO Cont	T;N, Reason for Exam: _____, STAT, Stretcher
[]	CT Spine Lumbar WO Cont	T;N, Reason for Exam: _____, STAT, Stretcher
[]	CT Soft Tissue Neck W Cont	T;N, Reason for Exam: _____, STAT, Stretcher
[]	CT Maxillofacial Area WO Cont	T;N, Reason for Exam: _____, STAT, Stretcher

Diagnostic Tests - MRI

[]	MRI Brain & Stem WO Cont	T;N, Reason for Exam: _____, STAT, Transport mode: stretcher
[]	MRI Spine Cerv WO Cont	T;N, Reason for Exam: _____, STAT, Transport mode: stretcher
[]	MRI Thoracic Spine	T;N, Reason for Exam: _____, STAT, Transport mode: stretcher
[]	MRI Spine Lumbar WO Cont	T;N, Reason for Exam: _____, STAT, Transport mode: stretcher



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Diagnostic Tests - Nuclear Medicine

<input type="checkbox"/>	NM Hepatobiliary Sys Imag Incl GB W EF-PH	T;N, Routine, Reason for Exam: _____, Transport Mode: _____
<input type="checkbox"/>	NM Pulm Ventilation and Perfusion Img	T;N, Reason for Exam: _____ STAT, Stretcher, Comment: lung scan
<input type="checkbox"/>	NM GI Acute Blood Loss Imag	T;N, Reason for Exam: Locate GI Bleed Site, STAT, Stretcher
Stress Test Orders:		
<input type="checkbox"/>	NM Myocardial Perf SPECT Mult Study (Cardiac Stress Test - Non-Specified)	T;N, Reason for Exam: Chest Pain, Drug Type: Non-Specified, Stretcher
<input type="checkbox"/>	NM Myocardial Perf SPECT Mult Study (Cardiac Stress Test - Adenosine)	T;N, Reason for Exam: Chest Pain, Drug Type: Adenosine, Stretcher
<input type="checkbox"/>	NM Myocardial Perf SPECT Mult Study (Cardiac Stress Test - Dobutamine)	T;N, Reason for Exam: Chest Pain, Drug Type: Dobutamine, Stretcher
<input type="checkbox"/>	NM Myocardial Perf SPECT Mult Study (Cardiac Stress Test - Persantine)	T;N, Reason for Exam: Chest Pain, Drug Type: Persantine, Stretcher
<input type="checkbox"/>	NM Myocardial Perf SPECT Mult Study (Cardiac Stress Test - No Drug)	T;N, Reason for Exam: Chest Pain, Drug Type: None, Stretcher
NOTE: You MUST Select one order from the first 5 listed. All of the rest of the following orders must be selected to complete this careset.		
<input type="checkbox"/>	NM Myocardial Perf w Ejection Fraction	T;N, Reason for Exam: Chest Pain, Stretcher
<input type="checkbox"/>	NM Myocardial Perf w Wall Motion	T;N, Reason for Exam: Chest Pain, Stretcher
<input type="checkbox"/>	Treadmill Exercise for Stress Test	Start at: T;N, Reason: Chest Pain/Angina/MI, Priority: Routine
<input type="checkbox"/>	Delay Diet	Start at: T;2359, Delay diet for NM Myocardial Perf SPECT Mult Study

Diagnostic Tests - US

<input type="checkbox"/>	US Abd Comp	T;N, Reason for Exam: _____, STAT, Stretcher
NOTE: for RUQ use the US Abd Ltd Sing Organ F/U below:		
<input type="checkbox"/>	US Abd Ltd Sing Organ/FU	T;N, Reason for Exam: _____, STAT, Stretcher, Comment: use for RUQ, gallbladder
<input type="checkbox"/>	US Pelvic Non OB Comp	T;N, Reason for Exam: _____, STAT, Stretcher
<input type="checkbox"/>	US OB Ltd 1+ Fetuses	T;N, Reason for Exam: _____, STAT, Stretcher, Pregnant? Yes
<input type="checkbox"/>	US OB Transvaginal	T;N, Reason for Exam: _____, STAT, Stretcher
<input type="checkbox"/>	US Non OB Transvaginal	T;N, Reason for Exam: _____, STAT, Stretcher
<input type="checkbox"/>	US Ext Lower Ven Doppler W Compress LT	T;N, Reason for Exam: _____, STAT, Stretcher
<input type="checkbox"/>	US Ext Lower Ven Doppler W Compress RT	T;N, Reason for Exam: _____, STAT, Stretcher
<input type="checkbox"/>	US Ext Lower Ven Doppler W Compress Bil	T;N, Reason for Exam: _____, STAT, Stretcher
<input type="checkbox"/>	US Scrotum	T;N, Reason for Exam: _____, STAT, Stretcher
<input type="checkbox"/>	US Abd/Retroper Dup Art In/Vein Out Comp	T;N, Reason for Exam: _____, STAT, Stretcher

Date _____ Time _____ Physician's Signature _____ MD Number _____