

## Radiology Orders

Please be cognizant of the **START date/time** of your radiology orders. Duplicate radiology orders within 24 hrs will be questioned by the department and appropriate Utilization Management.

**Radiology Orders** are alphabetized by body part. Speed your search by insuring the filter is set to Starts with. Then type the first few letters of the body part into the **Find:** search cell.



An alternate way of quickly finding the order is to type in “XR ch” chest xrays or MR Abd, abdominal MRI.

Xr brings up all xrays alphabetized by body part

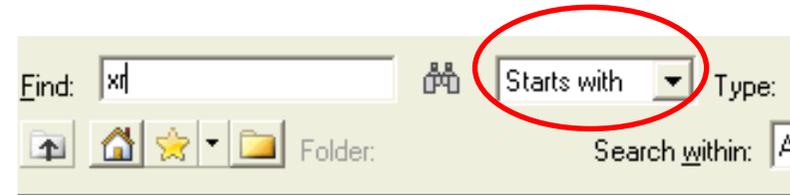
CT brings up all CTs alphabetized by body part

NM brings up all NM tests alphabetized by body part

MR bring up all MRI tests alphabetized by body part

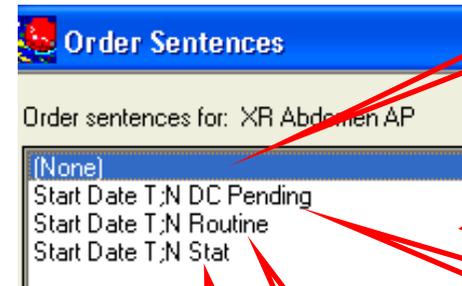
IR brings up all interventional radiology procedures

## Radiology Orders



XR Abdomen 2 Views  
 XR Abdomen AP  
 XR Abdomen AP Obliques Cone Views  
 XR Abdomen Series w/ Chest 1 View  
 XR Access Catheter w/ Injection  
 XR Acromioclavicular Joints Bilat  
 XR Acute Abdominal Series  
 XR Ankle 2 Views Bilat  
 XR Ankle 2 Views Left  
 XR Ankle 2 Views Right

None-need to complete Details later in ordering process.



Select STAT  
Click "OK"

T;N DC Pending means To-day;Now, Discharge Pend-

T;N Stat means To-day;Now, immediate.

T;N Routine means To-day;Now, routine.

## Radiology Orders

HPAR ULL, 340, 03 PIN:3312603413 ADMIC 08/01/2011 10:15 EDT

**Radiology**

XR Abdomen AP Order 08/16/2011 17:34 EDT Start Date 08/16/2011 Mode: See at Bedside.

**Details for XR Abdomen AP**

Details  Order Comments  Diagnosis

Order details + ☎ ||.. Detail values

Order details	Detail values
<b>Reason for exam</b>	
Reason for Procedure	
Consulting physician	
<b>Pregnant [No]</b>	
<b>Transport mode [See at Bedside]</b>	
Patient has IV [Yes]	
Patient on O2 [Yes]	
<b>Isolation Code [Airborne Precautions]</b>	

The following are required fields that must be answered prior to placing a radiology test:

**Reason for exam:**

**Pregnancy Status:**

**Transport Mode:**

**Isolation Code:**

For CT SCANS:

**Contrast Allergy:**

In MOST cases, only "Reason for exam:" is required because other questions have been already answered by supporting staff. Please put in the reason here.