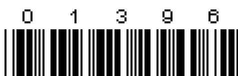

CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS, INC.
601 Children's Lane, Norfolk, VA 23507-1910

Radiology Department

GENERAL RADIOLOGY STUDY ORDERS AND DOWNTIME FORM

Patient Label or MRN, Acct#, Patient Name, DOB, Date of Service

Wt :________ kg   Ht :________ cm   **Allergies:** ☐ NKA or ______________________________
Pregnancy Status per lab request: ☐ Positive ☐ Negative ☐ N/A (Male, Premenarche, Distal film (elbow or knee)
Precautions/Isolation: ☐ Contact ☐ Droplet ☐ Airborne ☐ N/A

Call Critical Results or Questions to: **Please provide a phone number or pager number that can be reached at the time of the examination and/or reading*

Information you wish to gain from this study:

Pertinent Clinical/Surgical History and Physical Exam Findings:

Exam Requested 1: Date needed: _______________ ☐ Routine ☐ Urgent ☐ Stat ☐ Portable film (PICU, NICU, pt is unstable)

If needed indicate contrast type below:
☐ With IV contrast ☐ With and Without IV contrast
☐ With PO contrast

Exam Requested 2: Date needed: _______________ ☐ Routine ☐ Urgent ☐ Stat ☐ Portable film (PICU, NICU, pt is unstable)
(must be for same indication as above or use a separate order form)

If needed indicate contrast type below:
☐ With IV contrast ☐ With and Without IV contrast
☐ With PO contrast

If IV contrast is ordered indicate type of Line access: ☐ Needs IV ☐ PIV ☐ CVL ☐ Port
Floor/Unit TO ACCESS: ☐ Yes ☐ No **OR** Sedation RN TO ACCESS: ☐ Yes *(Must fax Flush orders)* ☐ No

If needed: ☐ Sedation (*Available M-F 7a-3:30p call 668-7680 to schedule*) or ☐ Anesthesia (*Contact 668-7320 for availability*)

________________	____________________________	______________________________	________________
Date and Time	***Physician Signature***	***Print Physician Name***	***PIC(Simon)/Pager #:***

GUIDELINES TO ORDERING THE APPROPRIATE RADIOLOGIC STUDY

STUDY	Indication(s)	STUDY	Indication(s)
CT head WITHOUT contrast	Trauma (skull fracture, intracranial hemorrhage), Hydrocephalus (VP shunt malfunction)	**Chest L\R lateral decubitus**	Lower airway foreign body, pleural effusions
CT abd/pelvis W/OUT contrast	Renal stones	**Abdomen 1 view**	Constipation/gallstone/fecalith/renal stone
CT abd/pelvis WITH contrast	Appendicitis, intra-abdominal abscess, intra-abdominal pelvic tumor	**Bone survey**	Suspected non-accidental trauma in children less than 2 years old
CT orbits WITHOUT contrast	Trauma – Orbital fracture, globe injury	**Scapula Y view**	Shoulder dislocation
CT orbits WITH contrast	Infection such as (peri)orbital cellulitis, tumor	**Knee, Sunrise view**	Patellar Fracture/dislocation
CT facial bones	Fracture of facial bones (includes orbits, midface, and mandible)	**Shunt series**	Usually ordered in conjunction with CT Head WITHOUT contrast
CT mandible	Fracture mandible	**Pelvic US (trans-abdominal)**	**Requires Foley catheter in place.**
CT temporal bones w/o contrast	Basilar skull fracture	**Panorex**	Dental disease. **Requires transport to SNGH. Order in consultation w/ dentist or OMFS.**
CT temporal bones w/ contrast	Mastoiditis		

Amer Coll of Radiology Diagnosis Guidelines: http://www.acr.org/secondarymainmenucategories/quality_safety/app_criteria.aspx