

Patient Name: \_\_\_\_\_ Serum Creatinine: \_\_\_\_\_ GFR: \_\_\_\_\_ Weight: \_\_\_\_\_

Allergies: \_\_\_\_\_

**PROCEDURE:** (Check box/ fill in to activate)

<p><b>HEAD</b></p> <p><input type="checkbox"/> 1 Head WO</p> <p><input type="checkbox"/> 2 Head Pediatric WO</p> <p><input type="checkbox"/> 3 Head W WO</p> <p><input type="checkbox"/> 4 COW CTA</p> <p><input type="checkbox"/> 5 Pituitary</p> <p><input type="checkbox"/> 6 Temporal Bone General</p> <p><input type="checkbox"/> 7 Temporal Bone Inner Ear</p> <p><input type="checkbox"/> 8 Temporal Bone W WO</p> <p><input type="checkbox"/> 9 Orbits W WO</p> <p><input type="checkbox"/> 10 Facial W WO</p> <p><input type="checkbox"/> 11 Facial Bones</p> <p><input type="checkbox"/> 12 Mandible</p> <p><input type="checkbox"/> 13 TMJ</p> <p><input type="checkbox"/> 14 Sinus</p> <p><input type="checkbox"/> 15 Sinus LandmarX</p> <p><input type="checkbox"/> 16 Brain Perfusion</p> <p><b>NECK</b></p> <p><input type="checkbox"/> 1 Neck IV</p> <p><input type="checkbox"/> 2 Neck IV Delay</p> <p><input type="checkbox"/> 3 Carotid COW CTA</p> <p><b>SPINE</b></p> <p><input type="checkbox"/> 1 Cervical Spine</p> <p><input type="checkbox"/> 2 Thoracic Spine - _____ to _____</p> <p><input type="checkbox"/> 3 Lumbar Spine - _____ to _____</p> <p><input type="checkbox"/> 4 Myelogram</p> <p><input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar</p> <p><input type="checkbox"/> 5 Discogram</p> <p><input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar</p>	<p><b>EXTREMITIES</b></p> <p><input type="checkbox"/> 1 Wrist Hand <input type="checkbox"/> right <input type="checkbox"/> left</p> <p><input type="checkbox"/> 2 Elbow <input type="checkbox"/> right <input type="checkbox"/> left</p> <p><input type="checkbox"/> 3 Shoulder <input type="checkbox"/> right <input type="checkbox"/> left</p> <p><input type="checkbox"/> 4 Sternoclavicular Joints</p> <p><input type="checkbox"/> 5 Hip <input type="checkbox"/> right <input type="checkbox"/> left</p> <p><input type="checkbox"/> 6 Knee <input type="checkbox"/> right <input type="checkbox"/> left</p> <p><input type="checkbox"/> 7 Foot Ankle <input type="checkbox"/> right <input type="checkbox"/> left</p> <p><input type="checkbox"/> 8 Runoff CTA</p> <p><b>THORAX</b></p> <p><input type="checkbox"/> 1 Chest IV</p> <p><input type="checkbox"/> 2 Chest WO</p> <p><input type="checkbox"/> 3 Low Dose Lung WO</p> <p><input type="checkbox"/> 4 Hi Res Chest Supine – also check box 1 or 2</p> <p><input type="checkbox"/> 5 Hi Res Chest Prone – also check box 4</p> <p><input type="checkbox"/> 6 Pulmonary CTA</p> <p><input type="checkbox"/> 7 Pulmonary Venogram</p> <p><input type="checkbox"/> 8 Coronary Calcium</p> <p><input type="checkbox"/> 9 Coronary Artery CTA</p> <p><input type="checkbox"/> 10 Aorta Dissection CTA</p> <p><input type="checkbox"/> 11 Chest Abd IV PO</p> <p><input type="checkbox"/> 12 Chest Abd Pel IV PO</p> <p><input type="checkbox"/> 13 Chest Abd Pel IV</p> <p><input type="checkbox"/> 14 Chest Abd Pel PO</p>	<p><b>ABDOMEN</b></p> <p><input type="checkbox"/> 1 Abd Pel IV PO</p> <p><input type="checkbox"/> 2 Abd Pel IV</p> <p><input type="checkbox"/> 3 Abd Pel PO</p> <p><input type="checkbox"/> 4 Abd Pel WO</p> <p><input type="checkbox"/> 5 Abd Pel IV PO Hernia</p> <p><input type="checkbox"/> 6 Renal Stone KUB</p> <p><input type="checkbox"/> 7 Painless Hematuria IVP</p> <p><input type="checkbox"/> 8 Kidney 3 Phase</p> <p><input type="checkbox"/> 9 Liver 4 Phase</p> <p><input type="checkbox"/> 10 Pancreas 3 Phase</p> <p><input type="checkbox"/> 11 Adrenal WO - physician check <input type="checkbox"/></p> <p><input type="checkbox"/> 12 Adrenal 3 Phase—Pheo, scan pelvis <input type="checkbox"/></p> <p><input type="checkbox"/> 13 Abdomen IV PO</p> <p><input type="checkbox"/> 14 Abdomen IV</p> <p><input type="checkbox"/> 15 Abdomen PO</p> <p><input type="checkbox"/> 16 CT Enterography</p> <p><input type="checkbox"/> 17 CT Colonography</p> <p><input type="checkbox"/> 18 Mesenteric CTA CTV</p> <p><input type="checkbox"/> 19 Renal Artery CTA—Delayed kidneys <input type="checkbox"/></p> <p><input type="checkbox"/> 20 Stent Graft Planning</p> <p><input type="checkbox"/> 21 Stent Graft Follow-up</p> <p><b>PELVIS</b></p> <p><input type="checkbox"/> 1 Pelvis IV PO</p> <p><input type="checkbox"/> 2 Prostate Seed</p> <p><input type="checkbox"/> 3 CT Cystogram</p> <p><input type="checkbox"/> 4 Bony Pelvis</p>
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**MEDICATIONS:** (Check box to activate)

- barium sulfate 2.1% suspension (READICAT-2) 900 mL PO X 1. Administer ¼ bottle (112 mL) every 15 minutes until gone. Begin 2 hours before scan. It is critical to coordinate drinking start time with CT (ext. 5564, option 4)
- barium sulfate 0.1% suspension (VOLUMEN) 1350 mL PO X 1. Administer 1 bottle (450 mL) at 0 - 15 minutes, 1 bottle (450 mL) at 15 - 30 minutes, 2/3 bottle (300 mL) at 30 - 45 minutes, then 1/3 bottle (150 mL) at 45 minutes. Note: patient is scanned at 45 - 55 minutes. It is critical to coordinate drinking start time with CT (ext. 5564, option 4)
- diatrizoate meglumine/ sodium (MD-GASTROVIEW) 30 mL diluted in 1000 mL sterile water PO X 1. Administer ¼ bottle (250 mL) every 30 minutes until gone. May add flavoring. Begin 2 hours before scan. It is critical to coordinate drinking start time with CT (ext. 5564, option 4)

**ADMINISTER IN CT ONLY:**

- ioversol 74% (OPTIRAY 350) IV per protocol, if GFR within normal limits. Maximum dose of 1 mL/ lb. Not to exceed 125 mL total

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time



**CT ORDERS**

P0232C (Rev 1110) White – Chart/ Scan to Pharmacy