

Lung Transplant Evaluation [2097]

General

Case Request - Endoscopy

<input type="checkbox"/> Case Request GI - Esophageal manometry	Procedure: MANOMETRY, ESOPHAGEAL, Scheduling/ADT, Scheduling/ADT
<input type="checkbox"/> Case Request GI - pH Probe	Procedure: MANOMETRY, ESOPHAGEAL, Scheduling/ADT, Scheduling/ADT

Nursing

Nursing

<input checked="" type="checkbox"/> Occult blood, stool	Conditional Frequency For 3 Occurrences, Stool If patient age is greater than or equal to 50 years; Test three separate stools.
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IV Fluids

Medications

Labs

Laboratory

<input checked="" type="checkbox"/> CBC with platelet and differential	Once For 1 Occurrences
<input checked="" type="checkbox"/> Comprehensive metabolic panel	Once For 1 Occurrences
<input checked="" type="checkbox"/> ANA	Once For 1 Occurrences
<input checked="" type="checkbox"/> Ionized calcium	Once
<input checked="" type="checkbox"/> Magnesium level	Once For 1 Occurrences
<input checked="" type="checkbox"/> Nicotine and cotinine, serum	Once
<input checked="" type="checkbox"/> Phosphorus level	Once For 1 Occurrences
<input checked="" type="checkbox"/> Hemoglobin A1c	Once For 1 Occurrences
<input checked="" type="checkbox"/> LDH	Once For 1 Occurrences
<input checked="" type="checkbox"/> Lipid panel	Once For 1 Occurrences
<input checked="" type="checkbox"/> Parathyroid hormone	Once
<input checked="" type="checkbox"/> Prealbumin level	Once For 1 Occurrences
<input type="checkbox"/> Prostate specific antigen	Once For 1 Occurrences if male age greater than or equal to 40 years
<input checked="" type="checkbox"/> Sedimentation rate	Once For 1 Occurrences
<input checked="" type="checkbox"/> Syphilis treponema screen with RPR confirmation (reverse algorithm)	Once For 1 Occurrences
<input checked="" type="checkbox"/> Thyroid stimulating hormone	Once For 1 Occurrences
<input checked="" type="checkbox"/> T3	Once For 1 Occurrences
<input checked="" type="checkbox"/> T4	Once For 1 Occurrences
<input checked="" type="checkbox"/> T4, free	Once For 1 Occurrences
<input checked="" type="checkbox"/> TB T-SPOT	Once For 1 Occurrences Specimen only collected Monday - Thursday before 1200. Specimen cannot be collected the day before a holiday or on a holiday. Call referral lab at 713-441-1866 if you have questions.
<input checked="" type="checkbox"/> Toxoplasma gondii antibody, IgG	Once For 1 Occurrences
<input checked="" type="checkbox"/> Toxoplasma IgM Ab	Once For 1 Occurrences
<input checked="" type="checkbox"/> Uric acid level	Once For 1 Occurrences
<input checked="" type="checkbox"/> Creatinine clearance, urine, 24 hour	Once For 1 Occurrences

HLA Testing (Single Response)

<input checked="" type="checkbox"/> HLA transplant evaluation	Once For 1 Occurrences
<input type="checkbox"/> HLA antibody testing - pre transplant	Once For 1 Occurrences

Viral Studies - HMM

<input type="checkbox"/>	Adenovirus by PCR	Once Specimen Source: Plasma
<input type="checkbox"/>	Adenovirus qPCR - Viracor	Once
<input type="checkbox"/>	BK virus by PCR	Once Specimen Source: Plasma
<input type="checkbox"/>	Cytomegalovirus by PCR	Once Specimen Source: Plasma
<input type="checkbox"/>	Cytomegalovirus antigen	Once
<input checked="" type="checkbox"/>	Cytomegalovirus Ab, IgG	Once
<input checked="" type="checkbox"/>	Cytomegalovirus Ab, IgM	Once
<input type="checkbox"/>	CMV Genotyping	Once CMV Genotyping
<input type="checkbox"/>	Epstein Barr Virus (EBV) by PCR	Once Specimen Source: Plasma
<input checked="" type="checkbox"/>	Epstein-Barr virus antibody test	Once
<input type="checkbox"/>	Herpes simplex virus by PCR	Once Specimen Source: Plasma
<input checked="" type="checkbox"/>	HSV 1 & 2 glycoprotein G Ab, IgG	Once
<input checked="" type="checkbox"/>	HSV type 1/2 combined Ab, IgM	Once
<input type="checkbox"/>	Human herpesvirus 6, quantitative PCR	Once Specimen Source:
<input type="checkbox"/>	HHV-7 qPCR - Viracor	Once
<input type="checkbox"/>	HHV-8 qPCR - Viracor	Once
<input checked="" type="checkbox"/>	HIV Ag/Ab combination	Once
<input checked="" type="checkbox"/>	Hepatitis acute panel	Once
<input checked="" type="checkbox"/>	Hepatitis B surface Ab, quantitative	Once
<input checked="" type="checkbox"/>	Hepatitis B core antibody total	Once
<input checked="" type="checkbox"/>	Hepatitis A antibody total	Once
<input checked="" type="checkbox"/>	Hepatitis A antibody IgM	Once
<input type="checkbox"/>	Hepatitis C virus quantitative by PCR	Once
<input type="checkbox"/>	JC virus, quantitative PCR	Once Specimen Source:
<input checked="" type="checkbox"/>	Varicella zoster virus Ab, IgG	Once
<input checked="" type="checkbox"/>	Varicella zoster virus Ab, IgM	Once

Viral Studies - HMSTJ, HMTW, HMSJ, HMWB

<input type="checkbox"/>	Adenovirus by PCR	Once Specimen Source: Plasma
<input type="checkbox"/>	Adenovirus qPCR - Viracor	Once
<input type="checkbox"/>	BK virus by PCR	Once Specimen Source: Plasma
<input type="checkbox"/>	Cytomegalovirus by PCR	Once Specimen Source: Plasma
<input type="checkbox"/>	Cytomegalovirus antigen	Once
<input checked="" type="checkbox"/>	Cytomegalovirus Ab, IgG	Once
<input checked="" type="checkbox"/>	Cytomegalovirus Ab, IgM	Once
<input type="checkbox"/>	CMV Genotyping	Once CMV Genotyping
<input type="checkbox"/>	Epstein Barr Virus (EBV) by PCR	Once Specimen Source: Plasma
<input checked="" type="checkbox"/>	Epstein-Barr virus antibody test	Once
<input type="checkbox"/>	Herpes simplex virus by PCR	Once Specimen Source: Plasma
<input checked="" type="checkbox"/>	HSV 1 & 2 glycoprotein G Ab, IgG	Once
<input checked="" type="checkbox"/>	HSV type 1/2 combined Ab, IgM	Once
<input type="checkbox"/>	Human herpesvirus 6, quantitative PCR	Once Specimen Source:
<input type="checkbox"/>	HHV-7 qPCR - Viracor	Once
<input type="checkbox"/>	HHV-8 qPCR - Viracor	Once
<input checked="" type="checkbox"/>	HIV 1, 2 antibody	Once

<input checked="" type="checkbox"/> Hepatitis acute panel	Once
<input checked="" type="checkbox"/> Hepatitis B surface Ab, quantitative	Once
<input checked="" type="checkbox"/> Hepatitis B core antibody total	Once
<input checked="" type="checkbox"/> Hepatitis A antibody total	Once
<input checked="" type="checkbox"/> Hepatitis A antibody IgM	Once
<input type="checkbox"/> Hepatitis C virus quantitative by PCR	Once
<input type="checkbox"/> JC virus, quantitative PCR	Once
	Specimen Source:
<input checked="" type="checkbox"/> Varicella zoster virus Ab, IgG	Once
<input checked="" type="checkbox"/> Varicella zoster virus Ab, IgM	Once

Viral Studies - HMSL, HMW

<input type="checkbox"/> Adenovirus by PCR	Once
	Specimen Source: Plasma
<input type="checkbox"/> Adenovirus qPCR - Viracor	Once
<input type="checkbox"/> BK virus by PCR	Once
	Specimen Source: Plasma
<input type="checkbox"/> Cytomegalovirus by PCR	Once
	Specimen Source: Plasma
<input type="checkbox"/> Cytomegalovirus antigen	Once
<input checked="" type="checkbox"/> Cytomegalovirus Ab, IgG	Once
<input checked="" type="checkbox"/> Cytomegalovirus Ab, IgM	Once
<input type="checkbox"/> CMV Genotyping	Once
	CMV Genotyping
<input type="checkbox"/> Epstein Barr Virus (EBV) by PCR	Once
	Specimen Source: Plasma
<input checked="" type="checkbox"/> Epstein-Barr virus antibody test	Once
<input type="checkbox"/> Herpes simplex virus by PCR	Once
	Specimen Source: Plasma
<input checked="" type="checkbox"/> HSV 1 & 2 glycoprotein G Ab, IgG	Once
<input checked="" type="checkbox"/> HSV type 1/2 combined Ab, IgM	Once
<input type="checkbox"/> Human herpesvirus 6, quantitative PCR	Once
	Specimen Source:
<input type="checkbox"/> HHV-7 qPCR - Viracor	Once
<input type="checkbox"/> HHV-8 qPCR - Viracor	Once
<input checked="" type="checkbox"/> Rapid HIV 1 & 2	Once
<input checked="" type="checkbox"/> Hepatitis acute panel	Once
<input checked="" type="checkbox"/> Hepatitis B surface Ab, quantitative	Once
<input checked="" type="checkbox"/> Hepatitis B core antibody total	Once
<input checked="" type="checkbox"/> Hepatitis A antibody total	Once
<input checked="" type="checkbox"/> Hepatitis A antibody IgM	Once
<input type="checkbox"/> Hepatitis C virus quantitative by PCR	Once
<input type="checkbox"/> JC virus, quantitative PCR	Once
	Specimen Source:
<input checked="" type="checkbox"/> Varicella zoster virus Ab, IgG	Once
<input checked="" type="checkbox"/> Varicella zoster virus Ab, IgM	Once

Coag Profile

<input type="checkbox"/> Antithrombin III level	Once For 1 Occurrences
<input type="checkbox"/> Cardiolipin antibodies	Once For 1 Occurrences
<input type="checkbox"/> Functional protein C	Once For 1 Occurrences
<input type="checkbox"/> Factor V leiden by PCR	Once For 1 Occurrences
<input type="checkbox"/> Functional protein S	Once For 1 Occurrences
<input type="checkbox"/> Heparin PF4 antibody (IgG)	Once For 1 Occurrences
<input type="checkbox"/> Homocystine, plasma	Once For 1 Occurrences
<input checked="" type="checkbox"/> Lupus anticoagulant panel	Once For 1 Occurrences
<input type="checkbox"/> Prothrombin mutation, factor II, by PCR	Once For 1 Occurrences
<input checked="" type="checkbox"/> Prothrombin time with INR	Once For 1 Occurrences
<input checked="" type="checkbox"/> Partial thromboplastin time	Once For 1 Occurrences

ILD Labs

<input type="checkbox"/>	Centromere antibody	Once
<input type="checkbox"/>	Miscellaneous referral test	Once
		Collagen vascular profile
<input type="checkbox"/>	Double-stranded DNA (dsDNA) antibodies, Crithidia	Once
<input type="checkbox"/>	Smith antibody	Once
<input type="checkbox"/>	C3 complement component	Once
<input type="checkbox"/>	C4 complement component	Once
<input type="checkbox"/>	Complement activity, total	Once
<input type="checkbox"/>	Rheumatoid factor	Once
<input type="checkbox"/>	Ribonucleic antibody (RNP)	Once
<input type="checkbox"/>	SS-B antibody	Once
<input type="checkbox"/>	SS-A antibody	Once
<input type="checkbox"/>	Scl-70 antibody	Once
<input type="checkbox"/>	Anti-neutrophilic cytoplasmic Abs panel	Once
<input type="checkbox"/>	Jo-1 antibody	Once
<input type="checkbox"/>	Angiotensin converting enzyme	Once
<input type="checkbox"/>	Hypersensitivity pneumonitis I	Once
<input type="checkbox"/>	Hypersensitivity pneumonitis II	Once

ILD Labs - HMSJ

<input type="checkbox"/>	Centromere antibody	Once
<input type="checkbox"/>	Miscellaneous referral test	Once
		Collagen vascular profile
<input type="checkbox"/>	Double-stranded DNA (dsDNA) antibodies, Crithidia	Once
<input type="checkbox"/>	Smith antibody	Once
<input type="checkbox"/>	C3 complement component	Once
<input type="checkbox"/>	C4 complement component	Once
<input type="checkbox"/>	Complement activity, total	Once
<input type="checkbox"/>	Rheumatoid factor	Once
<input type="checkbox"/>	Ribonucleic antibody (RNP)	Once
<input type="checkbox"/>	SS-B antibody	Once
<input type="checkbox"/>	SS-A antibody	Once
<input type="checkbox"/>	Scl-70 antibody	Once
<input type="checkbox"/>	Anti-neutrophilic cytoplasmic Abs panel	Once
<input type="checkbox"/>	Jo-1 antibody	Once
<input type="checkbox"/>	Angiotensin converting enzyme	Once
<input type="checkbox"/>	Hypersensitivity pneumonitis I	Once
<input type="checkbox"/>	Hypersensitivity pneumonitis II	Once

Anemia Labs

<input checked="" type="checkbox"/>	Ferritin	Once
<input type="checkbox"/>	Folate	Once
<input type="checkbox"/>	Haptoglobin	Once
<input checked="" type="checkbox"/>	Iron	Once
<input type="checkbox"/>	Peripheral smear	Once
<input checked="" type="checkbox"/>	Total iron binding capacity and % saturation	Once
<input checked="" type="checkbox"/>	Glucose-6-phosphate dehydrogenase level	Once
<input type="checkbox"/>	Vitamin B12	Once

Microbiology

<input checked="" type="checkbox"/>	Urinalysis screen and microscopy, with reflex to culture	Once For 1 Occurrences Specimen Source: Urine Specimen Site:
<input checked="" type="checkbox"/>	Sputum culture	Once For 1 Occurrences, Sputum if CF patient, order CF cultures
<input checked="" type="checkbox"/>	AFB culture	Once For 1 Occurrences, Sputum
<input checked="" type="checkbox"/>	Fungus culture	Once For 1 Occurrences, Sputum

<input checked="" type="checkbox"/> Nocardia culture	Once For 1 Occurrences, Sputum
<input type="checkbox"/> Respiratory pathogen panel with COVID-19	Once Nasal swab

Blood Bank

<input checked="" type="checkbox"/> Type and screen	Once For 1 Occurrences This is the first sample for ABO blood typing.
<input checked="" type="checkbox"/> ABO	Once For 1 Occurrences This is the second sample for ABO confirmation. Order to be entered and drawn 15 minutes after first type and screen and Must be different time and blood draw than the first sample.

Cardiology

Diagnostics Cardiology

<input checked="" type="checkbox"/> Echocardiogram complete w contrast and 3D if needed	Routine, 1 time imaging For 1 Occurrences with saline contrast to evaluate pulmonary arterial pressures and bubble study to rule out Patent Foramen Ovale (PFO)
<input checked="" type="checkbox"/> ECG 12 lead	Routine, Once For 1 Occurrences Clinical Indications: Other: Other: Lung Transplant Evaluation Interpreting Physician:
<input type="checkbox"/> Pv physiologic arterial lower extremity complete w abi	Routine, 1 time imaging

Imaging

Diagnostics CT

<input type="checkbox"/> CT Sinus Wo Contrast	Routine, 1 time imaging For 1 Occurrences Lung Transplant Evaluation
<input checked="" type="checkbox"/> CT Chest Wo Contrast	Routine, 1 time imaging For 1 ILD protocol
<input checked="" type="checkbox"/> CT Abdomen and Pelvis without IV Contrast (oral only - Omnipaque) For those with iodine allergies, please order the panel with Read-Cat (barium sulfate).	"And" Linked Panel
<input checked="" type="checkbox"/> CT Abdomen Pelvis Wo Contrast	Routine, 1 time imaging For 1
<input checked="" type="checkbox"/> iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once
<input type="checkbox"/> CT Abdomen and Pelvis without IV Contrast (oral only - Read-Cat) Ordered as secondary option for those with iodine allergies.	"And" Linked Panel
<input type="checkbox"/> CT Abdomen Pelvis Wo Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/> barium (READI-CAT 2) 2.1 % (w/v), 2.0 % (w/w) suspension	450 mL, oral, once in imaging, contrast
<input type="checkbox"/> CT Chest WO Abdomen WO Pelvis WO Contrast (Omnipaque) For those with iodine allergies, please order the panel with Read-Cat (barium sulfate).	"And" Linked Panel
<input type="checkbox"/> CT Chest Wo Contrast Abdomen Wo Contrast Pelvis Wo Contrast	Routine, 1 time imaging For 1 Occurrences High Resolution Chest – prone and supine inspiration expiration
<input type="checkbox"/> iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once
<input type="checkbox"/> CT Chest WO Abdomen WO Pelvis WO Contrast (Read-Cat) Ordered as secondary option for those with iodine allergies.	"And" Linked Panel
<input type="checkbox"/> CT Chest Wo Contrast Abdomen Wo Contrast Pelvis Wo Contrast	Routine, 1 time imaging For 1 Occurrences High Resolution Chest – prone and supine inspiration expiration
<input type="checkbox"/> barium (READI-CAT 2) 2.1 % (w/v), 2.0 % (w/w) suspension	450 mL, oral, once in imaging, contrast

Diagnostic X-Ray

<input checked="" type="checkbox"/> XR Chest 2 Vw	Routine, 1 time imaging For 1
<input checked="" type="checkbox"/> XR Panorex	Routine, 1 time imaging For 1 Occurrences Lung Transplant Evaluation
<input checked="" type="checkbox"/> Fluoroscopy Of Diaphragm No Films	Routine, 1 time imaging For 1 Occurrences Lung Transplant Evaluation
<input checked="" type="checkbox"/> Esophagram Complete	Routine, 1 time imaging For 1
<input type="checkbox"/> Modified Barium Swallow Panel with Speech Consult	"And" Linked Panel
Please do not REMOVE SLP eval and treat order from this panel. Speech therapy is REQUIRED for imaging for Barium Swallow.	
<input type="checkbox"/> Modified Barium Swallow	Routine, 1 time imaging For 1 Occurrences
<input type="checkbox"/> SLP eval and treat	Reason for SLP? Modified Barium Swallow MUST be ORDERED in tandem with Imaging order.
<input type="checkbox"/> NM Bone Scan 3 Phase	Routine, 1 time imaging For 1

Diagnosics US

<input checked="" type="checkbox"/> Us carotid duplex - bilateral	Routine, 1 time imaging Bilateral; If age is greater than or equal to 50 years
<input type="checkbox"/> Us duplex venous lower extremity	Routine, 1 time imaging
<input type="checkbox"/> Us duplex venous upper extremity	Routine, 1 time imaging
<input type="checkbox"/> Us duplex arterial lower extremity	Routine, 1 time imaging
<input type="checkbox"/> Us duplex arterial upper extremity	Routine, 1 time imaging
<input type="checkbox"/> US Renal	Routine, 1 time imaging For 1
<input type="checkbox"/> US Abdomen Complete	Routine, 1 time imaging For 1

Diagnostics Nuclear

<input checked="" type="checkbox"/> NM Lung Perfusion Quantitative with Imaging	Routine, 1 time imaging For 1
<input type="checkbox"/> NM Gastric Emptying	Routine, 1 time imaging For 1
<input type="checkbox"/> NM Renal Scan Wflow Funct Sgl Int W/Mag 3	Routine, 1 time imaging For 1
<input type="checkbox"/> NM Renal Function Study Non Image (aka GLOFIL)	Routine, 1 time imaging For 1

Other Studies

Respiratory

Respiratory Therapy

<input checked="" type="checkbox"/> Six minute walk w/ pulse oximetry	Routine, Once with oxygen titration as needed if oxygen saturations less than 90%
<input checked="" type="checkbox"/> Spirometry pre & post w/ bronchodilator, diffusion, lung volumes, MIPS/MEPS	Routine, Once
<input checked="" type="checkbox"/> Arterial blood gas	Once For 1 Occurrences

Rehab

Consults

For Physician Consult orders use sidebar

Physician Consults

<input checked="" type="checkbox"/> Consult Psychiatry	Reason for Consult? Transplant patient Patient/Clinical information communicated? Patient/clinical information communicated?
<input checked="" type="checkbox"/> Consult Cardiology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?

<input checked="" type="checkbox"/> Consult Cardiothoracic Surgery	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
<input type="checkbox"/> Consult Physical Medicine Rehab	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
<input type="checkbox"/> Consult Hepatology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
<input type="checkbox"/> Consult Nephrology/Hyperten	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?

Consults

<input checked="" type="checkbox"/> Consult to Transplant Social Work	Reason for Consult? Transplant Psychosocial Evaluation Organ Transplant: Lung Contact Lung Transplant Social Worker for Transplant Psychosocial Evaluation at 713-441-5451
<input checked="" type="checkbox"/> Consult to Transplant Financial Services	Reason for Consult? Transplant Financial Counseling Organ Transplant: Lung Contact Lung Transplant Financial Services for transplant financial clearance
<input checked="" type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Purpose/Topic:
<input type="checkbox"/> Consult to Speech Language Pathology	Routine, Once For 1 Occurrences Reason for consult: Ordered with Modified Barium Swallow.

Additional Orders