

Physician Web Scheduler (PWS)

Approved Procedures

CTs (44)

CT ABD ROUTINE
CT ABD/PEL HEMATURIA PROTOCOL
CT ABD/PEL KIDNEY/URETERAL STONE
CT ABD/PEL ROUTINE
CT ANKLE (MODIFY RIGHT OR LEFT)
CT CERVICAL SPINE (SPECIFY LEVELS)
CT CHEST HIGH RESOLUTION LUNG
CT CHEST NODULE-EVAL/ENTIRE CHEST
CT CHEST NODULE-LIMITED F/U
CT CHEST ROUTINE
CT CHEST/ABD
CT CHEST/ABD/PEL
CT ELBOW (MODIFY RIGHT OR LEFT)
CT FACIAL BONES
CT FOOT/HEEL (MODIFY RIGHT, LEFT OR BOTH)
CT HEAD/BRAIN
CT HEAD/C SPINE
CT HEAD/CHEST
CT HEAD/CHEST/ABD/PELVIS
CT HEAD/NECK
CT HEAD/NECK/CHEST/ABD
CT HEAD/NECK/CHEST/ABD/PELVIS
CT HEAD/SINUS
CT HIP (MODIFY RIGHT OR LEFT)
CT HYDRATION (MODIFY PROCEDURE)
CT KNEE (MODIFY RIGHT, LEFT OR BOTH)
CT LOWER EXTREMITY W/O (MODIFY RIGHT OR LEFT)
CT LUMBAR SPINE (SPECIFY LEVELS)
CT NECK ROUTINE
CT NECK/ABD/PELVIS
CT NECK/CHEST
CT NECK/CHEST/ABDOMEN
CT NECK/CHEST/ABDOMEN/PELVIS
CT NECK/FACE
CT ORBITS
CT PELVIS ROUTINE
CT PELVIS-BONE EVAL
CT SHOULDER (MODIFY RIGHT, LEFT OR BOTH)

CTs cont. (44)

CT SINUS

CT TEMPORAL BONES

CT THORACIC SPINE (SPECIFY LEVELS)

CT UPPER EXTREMITY W/O (MODIFY RIGHT OR LEFT)

CT WRIST (MODIFY RIGHT, LEFT OR BOTH)

CTA CHEST PULMONARY EMB PROTOCOL/P.E.



OUTPATIENT C.T. ORDER FORM

Please mark facility where test is scheduled

- Munson Medical Center (MMC - Main Lobby)
Kalkaska Memorial Health Center (KMHC)
Paul Oliver Memorial Hospital (POMH)
Mercy Hospital Cadillac (CMH)
West Shore Medical Center (WSMC)
Mercy Hospital Grayling (GMH)

AIM Auth. #: _____

PATIENT LEGAL NAME _____ DOB _____ TEST DATE _____ TEST TIME _____

CLINICAL INDICATIONS:
Complete and specific clinical information is necessary for the Radiologist to supervise the scanning of each patient, as well as a requirement of insurance companies. Exams without pertinent clinical information may be delayed and/or rescheduled.

CALL REPORT TO: _____ COPY REPORT TO: _____ PHONE PAGER FAX
Number: _____

HOLD PATIENT CD TO GO DICTATE PRIOR TO APPOINTMENT ON: AT:

I.V. Contrast will be prescribed based on clinical indications and information.
Do Not give IV contrast _____ Most Recent Weight _____
No Yes (indicate reason)
Prior contrast reaction? If yes, need steroid prep prior to scan (on back of form)
Known renal insufficiency?
Diabetic on (metformin)? (instructions on back of form)
Most recent GFR level _____ date _____ (*See back with indications for GFR within 30 days of IV contrast)

ABDOMEN (diaphragm to iliac crest)
Routine abdomen (oral & IV contrast)
Adrenal glands only (with and without IV contrast, if needed)
Liver - hemangioma (IV contrast)
Kidney only - evaluate known renal mass (IV contrast)
Pancreas only - evaluate known pancreas mass (IV contrast)

SPINE
Cervical Spine (entire, or specify levels _____)
Thoracic Spine: specify levels _____
Lumbar Spine (L2-S1, or specify levels: _____)

ABDOMEN AND PELVIS (diaphragm to lesser trochanters)
Routine abdomen and pelvis (oral & IV contrast) - *see prep on back*
Hematuria protocol (with and without IV contrast)
Kidney/ureteral stone protocol (no oral or IV contrast)

UPPER EXTREMITY R L
Elbow
Shoulder
Wrist 3D Requested

PELVIS (iliac crest to lesser trochanters)
Routine Pelvis (oral and IV contrast) - *see prep on back*
Pelvis - bone evaluation (no oral or IV contrast)

LOWER EXTREMITY R L
Ankle
Foot 3D Requested
Knee
Hip
Scanogram (leg lengths) Rotational Study

CHEST (above lung apices to adrenal glands)
Routine chest (IV contrast)
Chest / abdomen (oral & IV contrast)
Chest / abdomen / pelvis (oral & IV contrast) - *see prep on back*
High resolution lung (interstitial lung disease) - no contrast
Pulmonary embolism protocol (IV contrast) (CTA Chest)
Lung nodule - limited follow-up entire chest
Lung Ca Screening (no contrast) prepayment required - *see prep on back*

CTA - CT Angiography (*No oral contrast*)
Brain (Circle of Willis)
Carotid arteries
Thoracic Aorta
Abdominal Aorta Aneurysm (AAA) (pre-op)
Abdominal Aorta Aneurysm (AAA) (post-op)
Abdominal Aorta / Runoff
Renal arteries
Mesenteric Arteries

HEAD (IV contrast prescribed based on clinical indication and information)
Head / brain
Orbits
TMJ's
Facial Bones
Sinuses - (with coronal reformats)
Temporal bones

CARDIAC (Radiologist approval needed prior to scheduling)
CT Cardiac - approved by: _____

CT SPECIAL PROCEDURES (Radiologist approval needed prior to scheduling)
CT Guided biopsy - approved by: _____
CT Abscess drainage - approved by: _____
CT Aspiration - approved by: _____
CT SI joint injection _____
CT Thoracentesis _____

CT OTHER

NECK
Routine Neck(IV contrast)
Neck / chest (IV contrast)
Neck / chest / abdomen (oral & IV contrast)
Neck / chest / abdomen / pelvis (oral & IV contrast) - *see prep on back*

Physician Signature _____ Date _____ Time _____

PATIENT INSTRUCTIONS

1. No solid food for 2 hours prior to your scan. Drink extra fluids.
2. Take your usual medications unless instructed otherwise.
3. **If you are pregnant or think you may be pregnant, tell your doctor (if you have not already done so), and tell the technologist prior to your scan.**
4. For CT ROUTINE PELVIS, CT CHEST/ABDOMEN/PELVIS, or ABDOMEN/PELVIS - Please pick up liquid oral contrast material at your doctors office or the hospital a day or so before your appointment, or come to the department two hours prior to your appointment to take the contrast material.
5. If you have any questions about your CT exam please call (231) 935-6433 Monday through Friday 7:30 am - 5:30 pm.
6. For Lung Ca Screening, prepayment is required 48 hours before scheduled exam. Call Munson Patient accounting: 231-935-6404

STEROID PREP FOR PRIOR CONTRAST REACTION OR ACUTE ASTHMA

Prednisone 50 mg PO 13 hours, 7 hours, and 1 hour prior to scheduled CT

INDICATIONS FOR GFR PRIOR TO IODINATED CONTRAST ADMINISTRATION

Patients with any of the following risk factors (*Need GFR within 30 days prior to contrast administration.*)

1. Known Renal Insufficiency
2. Diabetes Mellitus
3. Congestive Heart Failure
4. Dehydration
5. Age greater than 75 years
6. Concurrent use of nephrotoxic drugs (NSAIDs, Cisplatin, Methotrexate, aminoglycoside antibiotics)
7. Recent iodinated contrast administration (within 72 hours)
8. High volume of contrast needed for study

General guidelines for patients receiving iodinated contrast:

1. Oral hydration prior to contrast should be encouraged.
2. There is no advantage to be gained by the use of iodixinal (Visipaque) in intravenous contrast administration.
3. Concurrent Metformin therapy requires discontinuation of medication for 48 hours following contrast administration, as per our current practice.
4. The risk of CIN in intravenous administration is considerable less than arterial.
5. Patients already undergoing hemodialysis can receive IV contrast.
6. The minimum volume of contrast needed should be used in each study. Contrast volume reduction is a valid renal protection strategy.

IV CONTRAST/CREATININE POLICY

LEVELS	PATIENT RECEIVES
GFR >60	<ul style="list-style-type: none"> ▪ Routine nonionic contrast
GFR 50-60	<ul style="list-style-type: none"> ▪ Encourage PO fluids for hydration (no alcohol/caffeine)
GFR 30-50	<ul style="list-style-type: none"> ▪ Per RAD's discretion ▪ Study to be done at MMC ▪ Nurses to set up with: <ul style="list-style-type: none"> ○ Mucomyst ○ Sodium Bicarb infusion
GFR <30	<ul style="list-style-type: none"> ▪ AVOID CONTRAST ▪ Administration (Exceptions exist per Radiologist discretion)

RECOMMENDED

All patients over 75 years of age need creatinine within 30 days.

Indications for Creatinine level prior to IV Iodinated contrast:

- Diabetes
- History of renal insufficiency, solitary kidney, or renal transplant
- Multiple myeloma
- Collagen vascular disease
- Patients receiving nephrotoxic antibiotics, such as aminoglycosides
- Patients on chronic nonsteroidal anti-inflammatory drugs

Your physician has scheduled you for a CAT scan on: _____

This test requires you to have a blood test (Serum Creatinine) at least three (3) days before your scheduled exam.

There is no fasting or preparation for the Serum Creatinine blood test. Attached is an Outpatient Laboratory Requisition, which should be brought to your appointment.

If you have any questions, please call Munson CT at **(231) 935-6433**.

Thank you.

Munson Healthcare Radiology

MUNSON HEALTHCARE LAB LOCATIONS

ANTRIM COUNTY

Elk Rapids Primary Care

115 Bridge St., Elk Rapids
Hours: Mon., 8:30 am - noon;
(call for additional hours)
(231) 264-0399

Mancelona Health Center

419 W. State St., Mancelona
Hours: Mon. - Fri., 7:30 am - noon
(231) 587-4752

BENZIE COUNTY

Crystal Lake Clinic

6277 Frankfort Hwy., Benzonia
Hours: Mon. - Fri., 8 am - 4:30 pm
(231) 882-1062

Paul Oliver Memorial Hospital

224 Park Ave., Frankfort
Hours: Mon. - Fri., 7 am - 9 pm; Sat., 9 am - 1 pm
(231) 352-2204

CRAWFORD COUNTY

Mercy Hospital Grayling

1100 E. Michigan Ave., Grayling
Hours: Mon. - Fri., 7 am - 5 pm; Sat., 7 am - 3 pm
(989) 348-0352

GRAND TRAVERSE COUNTY

Crystal Lake Clinic – Interlochen

1975 Stirling Dr., Interlochen
Hours: Mon. - Fri., 8 am - noon, 1 - 4:30 pm
(231) 275-6980

Crystal Lake Clinic – Kingsley

2283 M-113, Kingsley
Hours: Mon. - Fri., 8 am - noon, 1 - 4:30 pm
(231) 263-0433

East Bay Medical

3939 M-72 East, Suite 210, Williamsburg
Hours: Mon. - Fri., 8 am - noon
(231) 938-7960

Munson Community Health Center

550 Munson Ave., Traverse City
Hours: Mon. - Fri., 7 am - 5:30 pm
(231) 935-8470

Munson Lab at Grand Traverse Commerce Centre

3287 S. Airport Rd., Traverse City
(across from Grand Traverse Mall)
Hours: Mon. - Fri., 7 am - 6 pm; Sat., 7 am - 2 pm
(231) 392-0380

Munson Professional Building

1221 Sixth St., Traverse City
(behind Munson Medical Center)
Hours: Mon. - Fri., 7 am - 5:30 pm
(231) 935-6105

KALKASKA COUNTY

Kalkaska Memorial Health Center

419 S. Coral St., Kalkaska
Hours: Seven days, 6:30 am - 11 pm
(231) 258-7508

LEELANAU COUNTY

Paul Oliver Memorial Hospital Off-site Laboratory

9973 Ottawa Ave., Empire
Hours: Mon., Wed., 8 am - 4 pm;
Tues., Thurs., 9 am - 4 pm; Fri., 8 am - noon
(231) 326-2053

Suttons Bay Medical Clinic

93B W. 4th St., Suttons Bay
Hours: Mon. - Fri., 8 am - noon, 1 - 5 pm
(231) 271-5990

Michael J. Ziter, MD

301 Mill St., Northport
Hours: Mon. - Thurs., 8 - 10:30 am
(231) 386-5649

MANISTEE COUNTY

West Shore Medical Center

1465 E. Parkdale Dr., Manistee
Hours: Mon. - Fri., 7 am - 6 pm;
Sat., 8 am - noon
(231) 398-1153

ROSCOMMON COUNTY

Mercy Family Care – Prudenville

2585 W. Houghton Lake Dr., Prudenville
Hours: Mon. - Fri., 8 am - 4 pm
(989) 366-2900

WEXFORD COUNTY

Northern Pines Health Center

11293 S. M-37, Suite A, Buckley
Hours: Mon. - Fri., 8 am - noon, 1 - 5 pm
(231) 269-4185

Mercy Hospital Cadillac

400 Hobart St., Cadillac
Hours: Mon. - Fri., 7 am - 5 pm; Sat., 7 am - 3 pm
(231) 876-7295

Guidelines for Scheduling All CT Biopsies

All biopsies **must be** pre-approved by an Interventional Radiologist.

Please call CT Scheduling at **(231) 935-6433**, M-F 7:30 am to 5:30 pm (after hours, please leave a message and your call will be returned on the morning of the next business day).

The following information is required for pre-approval:

- Physician name
- Patient name
- Medical Record number
- Area to biopsy

If any previous studies **are not** available on Munson's PACs system, please send images to CT schedulers.

Images can be mailed to:

Munson Medical Center
Attention: Radiology CT Schedulers
1105 Sixth Street
Traverse City, MI 49684

Reports should be faxed to (231) 935-2801.

An Interventional Radiologist will review this information prior to scheduling. If the Radiologist has any questions, he/she will call or page the ordering physician.

Once the procedure is approved, CT will call your office and to schedule an appointment time.

REMINDER FOR PATIENTS WITH DIABETES

Per Radiology protocol, **diabetes medicines containing METFORMIN should not be taken for 48 hours following x-ray tests involving iodine-based IV contrast.**

Medications containing METFORMIN include:

ACTOPLUS MET
AVANDAMET
FORTAMET
GLUCOPHAGE
GLUCOPHAGE XR
GLUCOVANCE
GLUMETRA
JANUMET
METAGLIP
METFORMIN
RIOMET

Be sure to drink plenty of fluids.

Refrain from drinking alcohol.

You may resume taking these diabetes medications after 48 hours.

Thank you.

RADIOLOGY TABLE WEIGHT LIMITS

CT

- In-House GE LightSpeed 450 lb max w/ 1mm accuracy
- Biederman GE FX/i 450 lb max
- Toshiba CT's 450 lb max

MRI

- Siemens Symphony's 440 lb
- MCHC Philips 450 lb With table elevation
500 lb Without table elevation

Nuclear Medicine

- ADAC Forte 400 lb
- Siemens MultiSpec II 350 lb
- Symbia T 425 lb

Special Procedures

- Siemens Angio 500 lb No CPR
440 lb With CPR
- Siemens PolyStar 407 lb Max with no CPR
297 lb With CPR

General Diagnostics

- GE Rad and R&F 300 lb
- IDC Digital Room 400 lb

ER

- Philips Rooms 450 lb

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CTA CHEST PULMONARY EMB PROTOCOL/P.E.

Notes

****IMPORTANT****

THIS CT CAN BE DONE SAME-DAY ON AN EMERGENT BASIS.
IF SAME-DAY & PATIENT HAS CONTRAST ALLERGY, DO NOT SCHEDULE.
CHECK WITH RADIOLOGIST.

INCLUDES ABOVE LUNG APICES TO LUNG BASES WITH SPECIAL ATTENTION TO PULMONARY VESSELS. INCLUDES LUNG WINDOWS.

REQUIRED: IV CONTRAST (NO ORAL CONTRAST)
THIS CT CANNOT BE DONE WITHOUT CONTRAST.

COMMON DIAGNOSIS: PULMONARY EMBOLISM (PE), SHORTNESS OF BREATH, CHEST PAIN, LUNG BLOOD CLOT.

PWS USER: GFR UNDER 50, CONTACT PREFERRED FACILITY TO SCHEDULE.
GFR: 30-50 RETURN TO SCHEDULING AND SELECT CT HYDRATION AND MODIFY.
GFR: UNDER 30 *DO NOT SCHEDULE* CONSULT RADIOLOGIST.

IS THE PATIENT 12 YEARS OR YOUNGER?
PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS DIAGNOSIS LUNG NODULE OR LUNG MASS?
IF YES AND THIS IS THE INITIAL EVALUATION,
SELECT CT CHEST NODULE-EVAL/ENTIRE CHEST.
IF YES AND THIS IS A FOLLOWUP, SELECT CT CHEST NODULE-LIMITED F/U.

IS DIAGNOSIS PULMONARY FIBROSIS, INTERSTITIAL LUNG DISEASE OR BRONCHIECTASIS?
IF YES, SCHEDULE CT CHEST HIGH RESOLUTION LUNG.

Default Preparations

Patient will complete a medication form upon arrival for this appointment. They should bring a complete list of home medications including prescription, over the counter and herbals. The list should be specific regarding dose, route (oral, injected...etc.) and frequency. We can make a copy of their list or the patient can hand write the list on the form.

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.
STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.

No solid foods 2 hours prior to the exam. Drink extra fluids.

Take your usual medications unless instructed otherwise.

IV Contrast administered at exam time.

If you are pregnant or think you may be pregnant, tell your doctor (if you have not already done so), and tell the technologist prior to your scan.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Arrive 15 minutes before appointment time.

Preparations for: MERCY HOSPITAL GRAYLING

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.
STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CTA CHEST PULMONARY EMB PROTOCOL/P.E.

Column Heading: CHEST/PE

Type: Independent

Class: Ancillary

Time Required: 25 Minutes

Color: Use? N

CPT Code:

Preparations for: MERCY HOSPITAL GRAYLING

Also, one hour prior to your appointment time, take Benadryl 50 mg capsule.

No solid foods 4 hours prior to the exam.

IV Contrast administered at exam time.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Arrive 15 minutes before appointment time.

Linked Resources

Level: Primary Resources-ROOM

Type: Room

Qty.: 1

Marked: N

Usage: First

Linked Resources	Facility	Hrs.	Min.
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER	0	25
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING	0	25
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING	0	25
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER	0	25
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER	0	25
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL	0	25

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT ABD ROUTINE

Notes

INCLUDES UPPER ABDOMEN ONLY (DIAPHRAM TO ILIAC CREST).
THE ENTIRE BOWEL IS NOT INCLUDED.

REQUIRED: ORAL & IV CONTRAST (See patient prep).

COMMON DIAGNOSIS: RUQ PAIN, LUQ PAIN, EPIGASTRIC PAIN, STOMACH PAIN,
SUSPECTED ABNORMALITIES OF THE PANCREAS.

PWS USER: GFR UNDER 50, CONTACT PREFERRED FACILITY TO SCHEDULE.
GFR: 30-50 RETURN TO SCHEDULING AND SELECT CT HYDRATION AND MODIFY.
GFR: UNDER 30 *DO NOT SCHEDULE* CONSULT RADIOLOGIST.

Cadillac:
If allergic to contrast schedule between 8-4.

IS THE PATIENT 12 YEARS OR YOUNGER?
PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS THE DIAGNOSIS ABD PAIN OR APPENDICITIS OR PERTAINING TO BOWEL?
IF YES, RADIOLOGISTS PREFER CT ABD/PEL ROUTINE.

IS THE DIAGNOSIS KIDNEY STONE?
IF YES, SCHEDULE CT ABD/PEL KIDNEY/URETERAL STONE.

IS THE DIAGNOSIS HEMATURIA?
RETURN SCHEDULE CT ABD/PEL HEMATURIA PROTOCOL.

IS THE DIAGNOSIS AAA/ANEURYSM?
IF YES, CTA SHOULD BE SCHEDULED.
PWS USERS CONTACT PREFERRED FACILITY TO SCHEDULE.

IS THE DIAGNOSIS HEMANGIOMA?
IF YES, CT ABD LIVER SHOULD BE SCHEDULED. RADIOLOGISTS PREFER MRI.
PWS USERS CONTACT PREFERRED FACILITY TO SCHEDULE.

Default Preparations

Patient will complete a medication form upon arrival for this appointment. They should bring a complete list of home medications including prescription, over the counter and herbals. The list should be specific regarding dose, route (oral, injected...etc.) and frequency. We can make a copy of their list or the patient can hand write the list on the form.

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.
STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.

No solid foods 2 hours prior to the exam. Drink extra fluids.

Take your usual medications unless instructed otherwise.

Oral contrast given before scan at facility. IV Contrast administered at exam time.

If you are pregnant or think you may be pregnant, tell your doctor (if you have not already done so), and tell the technologist prior to your scan.

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT ABD ROUTINE

Default Preparations

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Arrive 15 minutes before appointment time.

Preparations for: MERCY HOSPITAL GRAYLING

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.

STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.

Also, one hour prior to your appointment time, take Benadryl 50 mg capsule.

Two (2) hours before your appointment time:

1. Mix the whole container of oral contrast with 32 ounces of any liquid beverage EXCEPT orange juice or milk. Drink 22 ounces of the solution, and bring the other 10 ounces with you for your appointment.

2. You are allowed to eat up to four (4) hours before your scheduled exams. You may also take any medication you are currently taking before your exam.

IV Contrast administered at exam time.

Need previous films if not done at a Munson/Mercy Healthcare Facility.

Arrive 15 minutes before appointment time.

Linked Resources

Level: Primary Resource-Rooms

Linked Resources	Room	Qty.: 1	Marked: N	Usage: First	Hrs.	Min.
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER				0	25
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC				0	25
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING				0	25
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING				0	25
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL				0	25

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT ABD/PEL HEMATURIA PROTOCOL

Notes

INCLUDES TOP OF KIDNEYS THROUGH THE BLADDER.
NON-CONTRAST AND CONTRAST VIEWS. CT KIDNEY STONE
PROTOCOL AND CT SCOUT-POST CONTRAST, ALSO INCLUDED.

REQUIRED: IV CONTRAST (NO ORAL CONTRAST)

COMMON DIAGNOSIS: HEMATURIA.

PWS USER: GFR UNDER 50, CONTACT PREFERRED FACILITY TO SCHEDULE.
GFR: 30-50 RETURN TO SCHEDULING AND SELECT CT HYDRATION AND MODIFY.
GFR: UNDER 30 *DO NOT SCHEDULE* CONSULT RADIOLOGIST.

IS THE PATIENT 12 YEARS OR YOUNGER?
PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS THE DIAGNOSIS HEMATURIA & THEY ARE RULING OUT A KIDNEY STONE?
IF YES, SCHEDULE CT ABD/PEL KIDNEY/URETERAL STONE.

IS THE DIAGNOSIS KIDNEY STONE?
IF YES, SCHEDULE CT ABD/PEL KIDNEY/URETERAL STONE.

IS THE DIAGNOSIS ABD PAIN?
IF YES, RADIOLOGISTS PREFER CT ABD/PEL ROUTINE.

Default Preparations

Patient will complete a medication form upon arrival for this appointment. They should bring a complete list of home medications including prescription, over the counter and herbals. The list should be specific regarding dose, route (oral, injected...etc.) and frequency. We can make a copy of their list or the patient can hand write the list on the form.

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.
STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.

No solid foods 2 hours prior to the exam. Drink extra fluids.

Take your usual medications unless instructed otherwise.

IV Contrast administered at exam time.

If you are pregnant or think you may be pregnant, tell your doctor (if you have not already done so), and tell the technologist prior to your scan.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Arrive 15 minutes before appointment time.

Preparations for: MERCY HOSPITAL GRAYLING

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.
STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.
Also, one hour prior to your appointment time, take Benadryl 50 mg capsule.

No solid foods 4 hours prior to the exam.

IV Contrast administered at exam time.

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT ABD/PEL HEMATURIA PROTOCOL

Preparations for: MERCY HOSPITAL GRAYLING

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Arrive 15 minutes before appointment time.

Linked Resources

Level: Primary Resources-ROOM

Linked Resources	Room	Qty.: 1	Marked: N	Usage: First	Hrs.	Min.
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER				0	25
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC				0	25
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING				0	25
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING				0	25
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL				0	25

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT ABD/PEL KIDNEY/URETERAL STONE

Notes

INCLUDES TOP OF KIDNEYS THROUGH THE BLADDER.

REQUIRED: NO CONTRAST (ORAL OR IV)

COMMON DIAGNOSIS: KIDNEY STONE, HEMATURIA, FLANK PAIN, BLOOD IN URINE.

IS THE PATIENT 12 YEARS OR YOUNGER?

PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS THE DIAGNOSIS **HEMATURIA** & THEY ARE **NOT RULING OUT A KIDNEY STONE?**

IF YES, SCHEDULE CT ABD/PEL HEMATURIA PROTOCOL.

IS THE DIAGNOSIS **ABD PAIN** & THEY ARE **NOT RULING OUT A KIDNEY STONE?**

IF YES, RADIOLOGISTS PREFER CT ABD/PEL ROUTINE.

Default Preparations

No solid foods 2 hours prior to the exam.

No Contrast required (Oral or IV).

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Arrive 15 minutes before appointment time.

Linked Resources

Level: Primary Resources-ROOM

Linked Resources	Room	Qty.: 1	Marked: N	Usage: First	Hrs.	Min.
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER				0	25
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC				0	25
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING				0	25
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING				0	25
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL				0	25

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT ABD/PEL ROUTINE

Notes

INCLUDES ENTIRE ABDOMEN/PELVIS FROM DIAPHRAM TO LESSER TROCHANTERS.
INCLUDES ALL OF BOWEL.
COVERS ALL BODY QUADRANTS (RLQ, LLQ, RUQ, LUQ).

REQUIRED: ORAL & IV CONTRAST (See patient prep).

COMMON DIAGNOSIS: PAIN, APPENDICITIS, DIVERTICULOSIS, BOWEL OBSTRUCTION, ABSCESS, TRAUMA.

PWS USER: GFR UNDER 50, CONTACT PREFERRED FACILITY TO SCHEDULE.
GFR: 30-50 RETURN TO SCHEDULING AND SELECT CT HYDRATION AND MODIFY.
GFR: UNDER 30 *DO NOT SCHEDULE* CONSULT RADIOLOGIST.

Cadillac:
If allergic to contrast schedule between 8-4.

IS THE PATIENT 12 YEARS OR YOUNGER?
PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS THE DIAGNOSIS KIDNEY STONE?
IF YES, SCHEDULE CT ABD/PEL KIDNEY/URETERAL STONE.

IS THE DIAGNOSIS HEMATURIA?
IF YES, SCHEDULE CT ABD/PEL HEMATURIA PROTOCOL.

IS THE DIAGNOSIS AAA/ANEURYSM?
IF YES, SCHEDULE AS CTA.
PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

Default Preparations

Patient will complete a medication form upon arrival for this appointment. They should bring a complete list of home medications including prescription, over the counter and herbals. The list should be specific regarding dose, route (oral, injected...etc.) and frequency. We can make a copy of their list or the patient can hand write the list on the form.

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.
STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.

Patient must drink Oral Contrast 2 hours before exam time either at facility or home (pick-up at facility or physician's office).

No solid foods 2 hours prior to the exam. Drink extra fluids.

Take your usual medications unless instructed otherwise.

IV Contrast administered at exam time.

If you are pregnant or think you may be pregnant, tell your doctor (if you have not already done so), and tell the technologist prior to your scan.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Arrive 15 minutes before appointment time.

Preparations for: MERCY HOSPITAL GRAYLING

Patient will complete a medication form upon arrival for this appointment. They should bring a complete list of home

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT ABD/PEL ROUTINE

Preparations for: MERCY HOSPITAL GRAYLING

medications including prescription, over the counter and herbals. The list should be specific regarding dose, route (oral, injected...etc.) and frequency. We can make a copy of their list or the patient can hand write the list on the form.

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.

STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.

Also, one hour prior to your appointment time, take Benadryl 50 mg capsule.

Two (2) hours before your appointment time:

1. Mix the whole container of oral contrast with 32 ounces of any liquid beverage EXCEPT orange juice or milk. Drink 22 ounces of the solution, and bring the other 10 ounces with you for your appointment.

2. You are allowed to eat up to four (4) hours before your scheduled exams. You may also take any medication you are currently taking before your exam.

IV Contrast administered at exam time.

Need previous films if not done at a Munson/Mercy Healthcare Facility.

Arrive 15 minutes before appointment time.

Linked Resources

Level: Primary Resources-room	Room	Qty.: 1	Marked: N	Usage: First		
Linked Resources	Facility			Hrs.	Min.	
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER			0	25	
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC			0	25	
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING			0	25	
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING			0	25	
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER			0	25	
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER			0	25	
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL			0	25	

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT ANKLE (MODIFY RIGHT OR LEFT)

Notes

DOES NOT SCAN ENTIRE LEG OR FOOT. ANKLE ONLY.
DISTAL TIBIA/FIBULA AND TALUS ARE INCLUDED.
ONLY SPECIFIED ANKLE SCANNED; NOT A BI-LATERAL SCAN.

IF ANKLE & FOOT ARE ORDERED, ONLY ONE TIME SLOT IS REQUIRED.
MODIFY WITH ADDITIONAL AREA.

REQUIRED: NO ORAL OR IV CONTRAST.

COMMON DIAGNOSIS: ARTHRITIS, PAIN, SWELLING, TRAUMA, POST-OP,
MASS, LOOSE BODY, FRACTURES. *****

IS THE PATIENT 6 YEARS OR YOUNGER?

PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS DIAGNOSIS **PROXIMAL TIBIA/FIBULA?**

IF YES, SCHEDULE CT LOWER EXTREMITY W/O AND MODIFY WITH AREA TO BE SCANNED.

DOES DIAGNOSIS PERTAIN TO **METATARSAL/HEEL/CALCANEUS?**

IF YES, SCHEDULE CT LOWER EXTREMITY W/O AND MODIFY WITH AREA TO BE SCANNED.

DOES DIAGNOSIS PERTAIN TO **TIBIAL PLATEAU?**

IF YES, SCHEDULE CT KNEE.

Default Preparations

Arrive 15 minutes before appointment time.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Linked Resources

Level: Primary Resources-RM	Room	Qty.: 1	Marked: N	Usage: First		
Linked Resources	Facility				Hrs.	Min.
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER				0	25
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC				0	25
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING				0	25
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING				0	25
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL				0	25

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT CERVICAL SPINE (SPECIFY LEVELS)

Notes

CERVICAL SPINE IS THE TOP PORTION OF THE SPINE.
IT HAS 7 CERVICAL VERTEBRAES (C1-C7).

IMPORTANT: SPECIFY SPINE LEVELS IN MODIFIER-IF INDICATED.

REQUIRED: NO ORAL OR IV CONTRAST.

COMMON DIAGNOSIS: FRACTURES, ARTHRITIS, TRAUMA, FACET DETAIL.

IS THE PATIENT 6 YEARS OR YOUNGER?

PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS THE DIAGNOSIS **CERVICAL DISC ABNORMALITIES** OR **RADICULOPATHY**?

IF YES, RADIOLOGIST PREFER MRI CERVICAL SPINE.

IF THE PATIENT CANNOT HAVE AN MRI, NOTE REASON IN MODIFIER.

Default Preparations

Arrive 15 minutes before appointment time.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Linked Resources

Level: CAT SCAN ROOM	Room	Qty.: 1	Marked: N	Usage: First		
Linked Resources	Facility				Hrs.	Min.
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER				0	25
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC				0	25
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING				0	25
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING				0	25
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL				0	25

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT CHEST HIGH RESOLUTION LUNG

Notes

SPECIAL CT FOR VISUALIZING LUNG TISSUE.
MOST OFTEN ORDERED FROM A PULMONARY SPECIALIST.
HIGH RESOLUTION DOES NOT MEAN "BETTER."

REQUIRED: NO CONTRAST (ORAL OR IV)
SOME VIEWS ARE SCANNED PRONE (PATIENT ON STOMACH)

COMMON DIAGNOSIS: PULMONARY FIBROSIS, INTERSTITIAL LUNG DISEASE,
BRONCHIECTASIS.

IS THE PATIENT 12 YEARS OR YOUNGER?

PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS DIAGNOSIS **LUNG NODULE** OR **LUNG MASS**?

IF YES AND THIS IS THE **INITIAL EVALUATION**,
SELECT **CT CHEST NODULE-EVAL/ENTIRE CHEST**.

IF YES AND THIS IS A **FOLLOWUP**, SELECT **CT CHEST NODULE-LIMITED F/U**.

IS THE DIAGNOSIS **PULMONARY EMBOLISM (PE)**?

IF YES, SCHEDULE CTA CHEST PULMONARY EMB PROTOCOL/P.E.

IS THE DIAGNOSIS FOR **ANEURYSM**?

IF YES, SCHEDULE APPROPRIATE CTA.

PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

Default Preparations

No solid foods 2 hours prior to the exam.

Arrive 15 minutes before appointment time.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Linked Resources

Level: Primary Resources-ROOM

Room	Qty.: 1	Marked: N	Usage: First		
Linked Resources	Facility		Hrs.	Min.	
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER		0	25	
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC		0	25	
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING		0	25	
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING		0	25	
M/CT GE 4 SLICE (MMC)	MUNSON MEDICAL CENTER		0	25	
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER		0	25	
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER		0	25	
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL		0	25	

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT CHEST NODULE- EVAL/ENTIRE CHEST

Notes

INCLUDES ENTIRE CHEST AND ABNORMAL AREA.
INCLUDES ABOVE LUNG APICES TO ADRENAL GLANDS.
INCLUDES LUNG WINDOWS.

REQUIRED: IV CONTRAST (NO ORAL CONTRAST)

COMMON DIAGNOSIS: LUNG NODULE OR MASS (IE. RLL, LLL, RUL, LUL, etc).

PWS USER: GFR UNDER 50, CONTACT PREFERRED FACILITY TO SCHEDULE.
GFR: 30-50 RETURN TO SCHEDULING AND SELECT CT HYDRATION AND MODIFY.
GFR: UNDER 30 *DO NOT SCHEDULE* CONSULT RADIOLOGIST.

IS THE PATIENT 12 YEARS OR YOUNGER?
PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS DIAGNOSIS **LUNG NODULE** OR **LUNG MASS**?
IF YES AND THIS IS A **FOLLOWUP**, SELECT **CT CHEST NODULE-LIMITED F/U**.

IS DIAGNOSIS **PULMONARY FIBROSIS, INTERSTITIAL LUNG DISEASE**
OR BRONCHIECTASIS?
IF YES, SCHEDULE **CT CHEST HIGH RESOLUTION LUNG**.

Default Preparations

Patient will complete a medication form upon arrival for this appointment. They should bring a complete list of home medications including prescription, over the counter and herbals. The list should be specific regarding dose, route (oral, injected...etc.) and frequency. We can make a copy of their list or the patient can hand write the list on the form.

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.
STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.

No solid foods 2 hours prior to the exam. Drink extra fluids.

Take your usual medications unless instructed otherwise.

IV Contrast administered at exam time.

If you are pregnant or think you may be pregnant, tell your doctor (if you have not already done so), and tell the technologist prior to your scan.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Arrive 15 minutes before appointment time.

Preparations for: MERCY HOSPITAL GRAYLING

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.
STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.
Also, one hour prior to your appointment time, take Benadryl 50 mg capsule.

No solid foods 4 hours prior to the exam.

IV Contrast administered at exam time.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Arrive 15 minutes before appointment time.

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT CHEST NODULE- EVAL/ENTIRE CHEST

Linked Resources

Level: Primary Resources-ROOM	Room	Qty.: 1	Marked: N	Usage: First		
Linked Resources	Facility			Hrs.	Min.	
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER			0	25	
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING			0	25	
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING			0	25	
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER			0	25	
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER			0	25	
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL			0	25	

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT CHEST NODULE-LIMITED F/U

Notes

LIMITED FOLLOW-UP ONLY TO KNOWN NODULE.
DOES NOT INCLUDE ENTIRE CHEST.

REQUIRED: NO CONTRAST (ORAL OR IV)
RADIOLOGIST WILL PROTOCOL APPROPRIATELY BASED ON DIAGNOSIS.

COMMON DIAGNOSIS: LUNG NODULE OR MASS (IE. RLL, LLL, RUL, LUL, etc).

IS THE PATIENT 12 YEARS OR YOUNGER?
PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS DIAGNOSIS **LUNG NODULE** OR **LUNG MASS**?
IF YES AND THIS IS THE **INITIAL EVALUATION**,
SELECT **CT CHEST NODULE-EVAL/ENTIRE CHEST**.

IS DIAGNOSIS **PULMONARY FIBROSIS, INTERSTITIAL LUNG DISEASE**
OR BRONCHIECTASIS?
IF YES, SCHEDULE **CT CHEST HIGH RESOLUTION LUNG**.

Default Preparations

No solid foods 2 hours prior to the exam.

Arrive 15 minutes before appointment time.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Linked Resources

Level: Primary Resources-ROOM	Room	Qty.: 1	Marked: N	Usage: First		
Linked Resources	Facility			Hrs.	Min.	
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER			0	25	
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC			0	25	
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING			0	25	
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING			0	25	
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER			0	25	
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER			0	25	
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL			0	25	

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT CHEST ROUTINE

Notes

INCLUDES ABOVE LUNG APICES TO ADRENAL GLANDS.
INCLUDES LUNG WINDOWS.

REQUIRED: IV CONTRAST (NO ORAL CONTRAST)
RADIOLOGIST WILL PROTOCOL APPROPRIATELY BASED ON DIAGNOSIS.

COMMON DIAGNOSIS: LUNG CA, HILAR MASS, LUNG MASS, TUMOR,
PNEUMONIA, INFILTRATE.

PWS USER: GFR UNDER 50, CONTACT PREFERRED FACILITY TO SCHEDULE.
GFR: 30-50 RETURN TO SCHEDULING AND SELECT CT HYDRATION AND MODIFY.
GFR: UNDER 30 *DO NOT SCHEDULE* CONSULT RADIOLOGIST.

Cadillac:
If allergic to contrast schedule between 8-4.

IS THE PATIENT 12 YEARS OR YOUNGER?
PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS DIAGNOSIS CHEST PAIN OR SHORTNESS OF BREATH AND RULING OUT PULMONARY EMBOLISM (PE)?
IF YES, SCHEDULE CTA CHEST PULMONARY EMB PROTCOL/P.E.

IS DIAGNOSIS LUNG NODULE OR LUNG MASS?
IF YES AND THIS IS THE INITIAL EVALUATION,
SELECT CT CHEST NODULE-EVAL/ENTIRE CHEST.
IF YES AND THIS IS A FOLLOWUP, SELECT CT CHEST NODULE-LIMITED F/U.

IS THE DIAGNOSIS FOR ANEURYSM, DISSCECTION OR ASCENDING AORTA ?
IF YES, SCHEDULE APPROPRIATE CTA THORACIC AORTA .
PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS DIAGNOSIS PULMONARY FIBROSIS, INTERSTITIAL LUNG DISEASE OR BRONCHIECTASIS?
IF YES, SCHEDULE CT CHEST HIGH RESOLUTION LUNG.

Default Preparations

Patient will complete a medication form upon arrival for this appointment. They should bring a complete list of home medications including prescription, over the counter and herbals. The list should be specific regarding dose, route (oral, injected...etc.) and frequency. We can make a copy of their list or the patient can hand write the list on the form.

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.
STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.

No solid foods 2 hours prior to the exam. Drink extra fluids.

Take your usual medications unless instructed otherwise.

IV Contrast administered at exam time.

If you are pregnant or think you may be pregnant, tell your doctor (if you have not already done so), and

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT CHEST ROUTINE

Default Preparations

tell the technologist prior to your scan.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Arrive 15 minutes before appointment time.

Preparations for: MERCY HOSPITAL GRAYLING

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.

STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.

Also, one hour prior to your appointment time, take Benadryl 50 mg capsule.

No solid foods 4 hours prior to the exam.

IV Contrast administered at exam time.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Arrive 15 minutes before appointment time.

Linked Resources

Level: CAT SCAN ROOM

Linked Resources	Room	Qty.: 1	Marked: N	Usage: First	Hrs.	Min.
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER				0	25
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC				0	25
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING				0	25
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING				0	25
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL				0	25

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT CHEST/ABD

Notes

INCLUDES ENTIRE CHEST AND UPPER ABDOMEN.
INCLUDES LUNG WINDOWS
DOES NOT INCLUDE ENTIRE BOWEL.

REQUIRED: ORAL & IV CONTRAST

COMMON DIAGNOSIS: DIAGNOSIS SHOULD COVER ALL AREAS TO BE SCANNED.

PWS USER: GFR UNDER 50, CONTACT PREFERRED FACILITY TO SCHEDULE.
GFR: 30-50 RETURN TO SCHEDULING AND SELECT CT HYDRATION AND MODIFY.
GFR: UNDER 30 *DO NOT SCHEDULE* CONSULT RADIOLOGIST.

Cadillac:
If allergic to contrast schedule between 8-4.

IS THE PATIENT 12 YEARS OR YOUNGER?
PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS DIAGNOSIS **AAA**? THEN ASK, **ASCENDING AORTA OR ABDOMINAL AORTA**?
IF YES, SCHEDULE APPROPRIATE **CTA**.
PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

Default Preparations

Patient will complete a medication form upon arrival for this appointment. They should bring a complete list of home medications including prescription, over the counter and herbals. The list should be specific regarding dose, route (oral, injected...etc.) and frequency. We can make a copy of their list or the patient can hand write the list on the form.

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.
STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.

No solid foods 2 hours prior to the exam. Drink extra fluids.

Take your usual medications unless instructed otherwise.

Oral contrast given before scan at facility. IV Contrast administered at exam time.

If you are pregnant or think you may be pregnant, tell your doctor (if you have not already done so), and tell the technologist prior to your scan.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Arrive 15 minutes before appointment time.

Preparations for: MERCY HOSPITAL GRAYLING

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.
STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.
Also, one hour prior to your appointment time, take Benadryl 50 mg capsule.

Two (2) hours before your appointment time:

1. Mix the whole container of oral contrast with 32 ounces of any liquid beverage EXCEPT orange juice or milk. Drink 22 ounces of the solution, and bring the other 10 ounces with you for your appointment.

2. You are allowed to eat up to four (4) hours before your scheduled exams. You may also take any medication you are currently taking before your exam.

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT CHEST/ABD

Preparations for: MERCY HOSPITAL GRAYLING

IV Contrast administered at exam time.

Need previous films if not done at a Munson/Mercy Healthcare Facility.

Arrive 15 minutes before appointment time.

Linked Resources

Level: Primary Resources-room	Room	Qty.: 1	Marked: N	Usage: First		
Linked Resources	Facility				Hrs.	Min.
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER				0	25
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC				0	25
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING				0	25
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING				0	25
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL				0	25

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT CHEST/ABD/PEL

Notes

INCLUDES ENTIRE BODY. TOP OF THE LUNGS THROUGH PELVIS.
INCLUDES LUNG WINDOW & ENTIRE BOWEL.

REQUIRED: ORAL & IV CONTRAST

COMMON DIAGNOSIS: DIAGNOSIS SHOULD COVER ALL AREAS TO BE SCANNED.

PWS USER: GFR UNDER 50, CONTACT PREFERRED FACILITY TO SCHEDULE.
GFR: 30-50 RETURN TO SCHEDULING AND SELECT CT HYDRATION AND MODIFY.
GFR: UNDER 30 *DO NOT SCHEDULE* CONSULT RADIOLOGIST.

Cadillac:

If allergic to contrast schedule between 8-4.

IS THE PATIENT 12 YEARS OR YOUNGER?

PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS DIAGNOSIS ABD PAIN?

IF YES, **DOES NOT COVER CT CHEST. ALSO NEED CHEST DX.**

IS DIAGNOSIS HEMATURIA?

IF YES, **SCHEDULE CT ABD/PEL HEMATURIA.**

IS DIAGNOSIS FOR ANEURYSM?

IF YES, **SCHEDULE APPROPRIATE CTA.**

PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

Default Preparations

Patient will complete a medication form upon arrival for this appointment. They should bring a complete list of home medications including prescription, over the counter and herbals. The list should be specific regarding dose, route (oral, injected...etc.) and frequency. We can make a copy of their list or the patient can hand write the list on the form.

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.
STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.

Patient must drink Oral Contrast 2 hours before exam time either at facility or home (pick-up at facility or physician's office).

No solid foods 2 hours prior to the exam. Drink extra fluids.

Take your usual medications unless instructed otherwise.

IV Contrast administered at exam time.

If you are pregnant or think you may be pregnant, tell your doctor (if you have not already done so), and tell the technologist prior to your scan.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Arrive 15 minutes before appointment time.

Preparations for: MERCY HOSPITAL GRAYLING

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.

STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.

Also, one hour prior to your appointment time, take Benadryl 50 mg capsule.

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT CHEST/ABD/PEL

Preparations for: MERCY HOSPITAL GRAYLING

Two (2) hours before your appointment time:

1. Mix the whole container of oral contrast with 32 ounces of any liquid beverage EXCEPT orange juice or milk. Drink 22 ounces of the solution, and bring the other 10 ounces with you for your appointment.

2. You are allowed to eat up to four (4) hours before your scheduled exams. You may also take any medication you are currently taking before your exam.

IV Contrast administered at exam time.

Need previous films if not done at a Munson/Mercy Healthcare Facility.

Arrive 15 minutes before appointment time.

Linked Resources

Level: Primary Resources-Room

Linked Resources	Room	Qty.: 1	Marked: N	Usage: First	Hrs.	Min.
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER				0	25
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC				0	25
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING				0	25
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING				0	25
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL				0	25

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT ELBOW (MODIFY RIGHT OR LEFT)

Notes

DOES NOT SCAN ENTIRE ARM. ELBOW ONLY.
PROXIMAL RADIUS/ULNA AND OLECRONEN PROCESS ARE INCLUDED.
ONLY SPECIFIED ELBOW SCANNED; NOT A BI-LATERAL SCAN.

REQUIRED: NO ORAL OR IV CONTRAST.

COMMON DIAGNOSIS: PAIN, SWELLING, TRAUMA, POST-OP, MASS,
LOOSE BODY, FRACTURES.

IS THE PATIENT 6 YEARS OR YOUNGER?
PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS DIAGNOSIS IS **DISTAL RADIUS ULNA**?
IF YES, SCHEDULE CT UPPER EXTREMITY W/O AND MODIFY WITH AREA TO BE SCANNED.

DOES DIAGNOSIS PERTAIN TO **NAVICULAR**?
IF YES, SCHEDULE CT WRIST.

Default Preparations

Arrive 15 minutes before appointment time.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Linked Resources

Level: Primary Resources-room	Room	Qty.: 1	Marked: N	Usage: First
Linked Resources	Facility			Hrs. Min.
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER			0 25
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC			0 25
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING			0 25
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING			0 25
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER			0 25
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER			0 25
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL			0 25

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT FACIAL BONES

Notes

INCLUDES THE BONES, FOREHEAD THROUGH CHIN (INCLUDING EYES). DOES NOT INCLUDE HEAD (BRAIN). FACE ONLY.

REQUIRED: MOST DONE WITHOUT IV CONTRAST (NO ORAL CONTRAST) RADIOLOGIST WILL PROTOCOL APPROPRIATELY BASED ON DIAGNOSIS.

COMMON DIAGNOSIS: FRACTURE, TRAUMA, MASS, LACERATION, MAY SPECIFY FACIAL BONE (IE. ZYGOMA, MANDIBLE, CHEEK, ETC)

IS THE PATIENT 6 YEARS OR YOUNGER?
PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS THE PROCEDURE TO DETERMINE PRE-SURGICAL FACIAL IMPLANTS (ORDERED BY DENTIST)?
IF YES, SCHEDULE CT FACIAL BONES IMPLANTS DENTAL ONLY.
PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS THE DIAGNOSIS RELATED TO ORBITS (EYES)?
IF YES AND ONLY EYES NEED SCANNING, SCHEDULE CT ORBITS.

Default Preparations

Arrive 15 minutes before appointment time.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Linked Resources

Level: Primary Resources-ROOM	Room	Qty.: 1	Marked: N	Usage: First
Linked Resources	Facility			Hrs. Min.
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER			0 25
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC			0 25
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING			0 25
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING			0 25
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER			0 25
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER			0 25
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL			0 25

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT FOOT/HEEL (MODIFY RIGHT, LEFT OR BOTH)

Notes

INCLUDES FOOT AND HEEL. DOES NOT INCLUDE ANKLE.
DISTAL TIBIA/FIBULA AND TALUS NOT INCLUDED.
ONLY SPECIFIED FOOT SCANNED; CAN BE A BI-LATERAL SCAN IF SPECIFIED.

IF BOTH FEET ARE ORDERED, ONLY ONE TIME SLOT IS REQUIRED.
MODIFY WITH ADDITIONAL AREA.

REQUIRED: NO ORAL OR IV CONTRAST.

COMMON DIAGNOSIS: METATARSAL, HEEL/CALCANEUS PAIN, ARTHRITIS,
PAIN, SWELLING, TRAUMA, POST-OP, MASS, LOOSE BODY, FRACTURES.

IS THE PATIENT 6 YEARS OR YOUNGER?
PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

DIAGNOSIS PERTAINS TO **TALUS?**
IF YES, SCHEDULE CT ANKLE.

Default Preparations

Arrive 15 minutes before appointment time.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Linked Resources

Level: Primary Resources-ROOM	Room	Qty.: 1	Marked: N	Usage: First
Linked Resources	Facility			Hrs. Min.
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER			0 25
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC			0 25
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING			0 25
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING			0 25
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER			0 25
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER			0 25
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL			0 25

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT HEAD/BRAIN

Notes

THIS CT IS NORMALLY DONE SAME-DAY ON AN EMERGENT BASIS FOR TRAUMA, BLEED OR CVA..

INCLUDES ENTIRE BRAIN/SKULL.
RADIOLOGIST WILL PROTOCOL APPROPRIATELY BASED ON DIAGNOSIS.

REQUIRED: MOST DONE WITHOUT IV CONTRAST (**NO ORAL CONTRAST**)

COMMON DIAGNOSIS: STROKE, CVA, TIA, TRAUMA, PAIN, TUMOR, BLEED, CEPHALGIA.

CADILLAC:

Medicare- Check diagnosis.

Child w/out sedation: M-F after 9am.

Child w/sedation return to scheduling select CT Pediatrics.

Allergies to contrast schedule between 8am-4pm.

IS THE PATIENT 6 YEARS OR YOUNGER?

PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS THE DIAGNOSIS **CRANIOSYNOSTOSIS**?

IF YES, SCHEDULE CT PEDIATRICS.

PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS THE DIAGNOSIS **PITUITARY ANYTHING** OR **ACOUSTIC NEUROMA**?

IF YES, RADIOLOGIST PREFER MRI.

IF THE PATIENT CANNOT HAVE AN MRI, NOTE REASON IN MODIFIER.

DO YOU NEED TO SCHEDULE A **CT FOR CIRCLE OF WILLIS**.

IF YES, SCHEDULE CTA CIRCLE OF WILLIS (HEAD).

PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS THE DIAGNOSIS **BRAIN TUMOR FOR SURGICAL PLANNING**?

IF YES, SELECT APPROPRIATE CT STEREOTACTIC OR CT STEALTH (ORDERED BY NEUROSURGEON).

PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

Default Preparations

Arrive 15 minutes before appointment time.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT HEAD/BRAIN

Linked Resources

Level: CAT SCAN ROOM	Room	Qty.: 1	Marked: N	Usage: First		
Linked Resources	Facility				Hrs.	Min.
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER				0	25
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC				0	25
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING				0	25
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING				0	25
M/CT GE 4 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL				0	25

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT HEAD/C SPINE

Notes

THIS CT CAN BE DONE SAME-DAY ON AN EMERGENT BASIS FOR TRAUMA, BLEED OR FRACTURE.
INCLUDES ENTIRE BRAIN/SKULL, SOFT TISSUE & BONE DETAIL.
INCLUDES THE ENTIRE CERVICAL SPINE C1-C7 SOFT TISSUE AND BONE DETAIL.

REQUIRED: MOST DONE WITHOUT IV CONTRAST (NO ORAL CONTRAST)

COMMON DIAGNOSIS: FRACTURES, TRAUMA
DIAGNOSIS SHOULD COVER ALL AREAS TO BE SCANNED.

PWS USER: GFR UNDER 50, CONTACT PREFERRED FACILITY TO SCHEDULE.
GFR: 30-50 RETURN TO SCHEDULING AND SELECT CT HYDRATION AND MODIFY.
GFR: UNDER 30 *DO NOT SCHEDULE* CONSULT RADIOLOGIST.

IS THE PATIENT 6 YEARS OR YOUNGER?
PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS THE DIAGNOSIS **CERVICAL DISC ABNORMALITIES** OR **RADICULOPATHY**?
IF YES, RADIOLOGIST PREFER MRI CERVICAL SPINE.
IF THE PATIENT CANNOT HAVE AN MRI, NOTE REASON IN MODIFIER.

Default Preparations

Arrive 15 minutes before appointment time.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Linked Resources

Level: Primary Resources-ROOM	Room	Qty.: 1	Marked: N	Usage: First		
Linked Resources	Facility			Hrs.	Min.	
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER			0	25	
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC			0	25	
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING			0	25	
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING			0	25	
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER			0	25	
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER			0	25	
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL			0	25	

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT HEAD/CHEST

Notes

CHEST INCLUDES ABOVE LUNG APICES TO ADRENAL GLANDS WITH LUNG WINDOWS. HEAD INCLUDES ENTIRE BRAIN/SKULL.

RADIOLOGIST WILL PROTOCOL APPROPRIATELY BASED ON DIAGNOSIS.

REQUIRED: IV CONTRAST (NO ORAL CONTRAST)

COMMON DIAGNOSIS: DIAGNOSIS SHOULD COVER ALL AREAS TO BE SCANNED.

PWS USER: GFR UNDER 50, CONTACT PREFERRED FACILITY TO SCHEDULE.
GFR: 30-50 RETURN TO SCHEDULING AND SELECT CT HYDRATION AND MODIFY.
GFR: UNDER 30 *DO NOT SCHEDULE* CONSULT RADIOLOGIST.

CADILLAC:

If allergic to contrast schedule between 8-4.

IS THE PATIENT 12 YEARS OR YOUNGER?

PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS DIAGNOSIS **CHEST PAIN** OR **SHORTNESS OF BREATH AND RULING OUT PULMONARY EMBOLISM (PE)**?

IF YES, SCHEDULE **CTA CHEST PULMONARY EMB PROTCOL/P.E.**

IS DIAGNOSIS **LUNG NODULE** OR **LUNG MASS**?

IF YES AND THIS IS THE **INITIAL EVALUATION**,

SELECT **CT CHEST NODULE-EVAL/ENTIRE CHEST.**

IF YES AND THIS IS A **FOLLOWUP**, SELECT **CT CHEST NODULE-LIMITED F/U.**

IS DIAGNOSIS **PULMONARY FIBROSIS, INTERSTITIAL LUNG DISEASE OR BRONCHIECTASIS**?

IF YES, SCHEDULE **CT CHEST HIGH RESOLUTION LUNG.**

Default Preparations

Patient will complete a medication form upon arrival for this appointment. They should bring a complete list of home medications including prescription, over the counter and herbals. The list should be specific regarding dose, route (oral, injected...etc.) and frequency. We can make a copy of their list or the patient can hand write the list on the form.

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.
STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.

No solid foods 2 hours prior to the exam. Drink extra fluids.

Take your usual medications unless instructed otherwise.

IV Contrast administered at exam time.

If you are pregnant or think you may be pregnant, tell your doctor (if you have not already done so), and tell the technologist prior to your scan.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Arrive 15 minutes before appointment time.

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT HEAD/CHEST

Preparations for: MERCY HOSPITAL GRAYLING

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.

STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.

Also, one hour prior to your appointment time, take Benadryl 50 mg capsule.

No solid foods 4 hours prior to the exam.

IV Contrast administered at exam time.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Arrive 15 minutes before appointment time.

Linked Resources

Level: Primary Resources-Rm	Room	Qty.: 1	Marked: N	Usage: First		
Linked Resources	Facility				Hrs.	Min.
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER				0	25
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC				0	25
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING				0	25
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING				0	25
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL				0	25

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT HEAD/CHEST/ABD/PELVIS

Notes

INCLUDES TOP OF THE LUNGS THROUGH PELVIS.
INCLUDES LUNG WINDOWS AND ENTIRE BOWEL.
INCLUDES ENTIRE BRAIN/SKULL.

REQUIRED: ORAL & IV CONTRAST

COMMON DIAGNOSIS: DIAGNOSIS SHOULD COVER ALL AREAS TO BE SCANNED.

PWS USER: GFR UNDER 50, CONTACT PREFERRED FACILITY TO SCHEDULE.
GFR: 30-50 RETURN TO SCHEDULING AND SELECT CT HYDRATION AND MODIFY.
GFR: UNDER 30 *DO NOT SCHEDULE* CONSULT RADIOLOGIST.

IS THE PATIENT 12 YEARS OR YOUNGER?
PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS DIAGNOSIS **ABD PAIN**?
IF YES, DOES NOT COVER CT CHEST. ALSO NEED CHEST DIAGNOSIS.

IS DIAGNOSIS **LUNG NODULE OR LUNG MASS**?
IF YES, SCHEDULE CT CHEST.

Default Preparations

Patient will complete a medication form upon arrival for this appointment. They should bring a complete list of home medications including prescription, over the counter and herbals. The list should be specific regarding dose, route (oral, injected...etc.) and frequency. We can make a copy of their list or the patient can hand write the list on the form.

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.
STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.

Patient must drink Oral Contrast 2 hours before exam time either at facility or home (pick-up at facility or physician's office).

No solid foods 2 hours prior to the exam. Drink extra fluids.

Take your usual medications unless instructed otherwise.

IV Contrast administered at exam time.

If you are pregnant or think you may be pregnant, tell your doctor (if you have not already done so), and tell the technologist prior to your scan.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Arrive 15 minutes before appointment time.

Preparations for: MERCY HOSPITAL GRAYLING

Patient will complete a medication form upon arrival for this appointment. They should bring a complete list of home medications including prescription, over the counter and herbals. The list should be specific regarding dose, route (oral, injected...etc.) and frequency. We can make a copy of their list or the patient can hand write the list on the form.

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.
STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.
Also, one hour prior to your appointment time, take Benadryl 50 mg capsule.

Two (2) hours before your appointment time:

1. Mix the whole container of oral contrast with 32 ounces of any liquid beverage EXCEPT

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT HEAD/CHEST/ABD/PELVIS

Preparations for: MERCY HOSPITAL GRAYLING

orange juice or milk. Drink 22 ounces of the solution, and bring the other 10 ounces with you for your appointment.

2. You are allowed to eat up to four (4) hours before your scheduled exams. You may also take any medication you are currently taking before your exam.

IV Contrast administered at exam time.

Need previous films if not done at a Munson/Mercy Healthcare Facility.

Arrive 15 minutes before appointment time.

Linked Resources

Level: Primary Resources-ROOM	Room	Qty.: 1	Marked: N	Usage: First		
Linked Resources	Facility				Hrs.	Min.
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER				0	25
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC				0	25
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING				0	25
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING				0	25
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL				0	25

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT HEAD/NECK

Notes

INCLUDES SOFT TISSUE OF NECK FROM ABOVE EARS DOWN THROUGH UPPER CHEST.
NO BONE DETAIL OF CERVICAL SPINE.
INCLUDES ENTIRE BRAIN/SKULL.

REQUIRED: IV CONTRAST MOST OFTEN (NO ORAL).

COMMON DIAGNOSIS: DIAGNOSIS SHOULD COVER ALL AREAS TO BE SCANNED.

PWS USER: GFR UNDER 50, CONTACT PREFERRED FACILITY TO SCHEDULE.
GFR: 30-50 RETURN TO SCHEDULING AND SELECT CT HYDRATION AND MODIFY.
GFR: UNDER 30 *DO NOT SCHEDULE* CONSULT RADIOLOGIST.

IS THE PATIENT 12 YEARS OR YOUNGER?
PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS THE DIAGNOSIS PERTAINING TO **CAROTIDS?**
IF YES, NEED TO SCHEDULE A CTA CAROTID ARTERIES (NECK).
PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS THE DIAGNOSIS **FRACTURE, TRAUMA, NECK PAIN, RADICULOPATHY**
OR ANYTHING TO DO WITH DISC SPACES?
IF YES, RETURN TO SCHEDULING & SELECT CT CERVICAL SPINE.

Default Preparations

Patient will complete a medication form upon arrival for this appointment. They should bring a complete list of home medications including prescription, over the counter and herbals. The list should be specific regarding dose, route (oral, injected...etc.) and frequency. We can make a copy of their list or the patient can hand write the list on the form.

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.
STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.

Take your usual medications unless instructed otherwise.

IV Contrast administered at exam time.

If you are pregnant or think you may be pregnant, tell your doctor (if you have not already done so), and tell the technologist prior to your scan.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Arrive 15 minutes before appointment time.

Preparations for: MERCY HOSPITAL GRAYLING

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.
STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.
Also, one hour prior to your appointment time, take Benadryl 50 mg capsule.

IV Contrast administered at exam time.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Arrive 15 minutes before appointment time.

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT HEAD/NECK

Linked Resources

Level: Primary Resources-ROOM	Room	Qty.: 1	Marked: N	Usage: First		
Linked Resources	Facility			Hrs.	Min.	
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER			0	25	
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC			0	25	
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING			0	25	
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING			0	25	
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER			0	25	
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER			0	25	
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL			0	25	

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT HEAD/NECK/CHEST/ABD

Notes

INCLUDES ENTIRE CHEST AND UPPER ABDOMEN.
INCLUDES LUNG WINDOWS.
DOES NOT INCLUDE ENTIRE BOWEL.
INCLUDES SOFT TISSUE OF NECK FROM ABOVE EARS THROUGH UPPER CHEST.
NO BONE DETAIL OF CERVICAL SPINE.
HEAD INCLUDES ENTIRE BRAIN/SKULL.

REQUIRED: ORAL & IV CONTRAST

COMMON DIAGNOSIS: DIAGNOSIS SHOULD COVER ALL AREAS TO BE SCANNED.

PWS USER: GFR UNDER 50, CONTACT PREFERRED FACILITY TO SCHEDULE.
GFR: 30-50 RETURN TO SCHEDULING AND SELECT CT HYDRATION AND MODIFY.
GFR: UNDER 30 *DO NOT SCHEDULE* CONSULT RADIOLOGIST.

IS THE PATIENT 12 YEARS OR YOUNGER?
PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

**IS THE DIAGNOSIS FRACTURE, TRAUMA, NECK PAIN, RADICULOPATHY
OR ANYTHING TO DO WITH DISC SPACES?**
IF YES, RETURN TO SCHEDULING & SELECT CT CERVICAL SPINE.

IS DIAGNOSIS ANEURYSM OR DISECTION?
IF YES, SCHEDULE APPROPRIATE CTA.
PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

Default Preparations

Patient will complete a medication form upon arrival for this appointment. They should bring a complete list of home medications including prescription, over the counter and herbals. The list should be specific regarding dose, route (oral, injected...etc.) and frequency. We can make a copy of their list or the patient can hand write the list on the form.

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.
STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.

No solid foods 2 hours prior to the exam. Drink extra fluids.

Take your usual medications unless instructed otherwise.

Oral contrast given before scan at facility. IV Contrast administered at exam time.

If you are pregnant or think you may be pregnant, tell your doctor (if you have not already done so), and tell the technologist prior to your scan.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Arrive 15 minutes before appointment time.

Preparations for: MERCY HOSPITAL GRAYLING

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.
STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.
Also, one hour prior to your appointment time, take Benadryl 50 mg capsule.

Two (2) hours before your appointment time:

1. Mix the whole container of oral contrast with 32 ounces of any liquid beverage EXCEPT

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT HEAD/NECK/CHEST/ABD

Preparations for: MERCY HOSPITAL GRAYLING

orange juice or milk. Drink 22 ounces of the solution, and bring the other 10 ounces with you for your appointment.

2. You are allowed to eat up to four (4) hours before your scheduled exams. You may also take any medication you are currently taking before your exam.

IV Contrast administered at exam time.

Need previous films if not done at a Munson/Mercy Healthcare Facility.

Arrive 15 minutes before appointment time.

Linked Resources

Level: Primary Resources-ROOM

Linked Resources	Room	Qty.: 1	Marked: N	Usage: First	Hrs.	Min.
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER				0	25
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC				0	25
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING				0	25
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING				0	25
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL				0	25

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT HEAD/NECK/CHEST/ABD/PELVIS

Notes

INCLUDES ENTIRE BODY. TOP OF THE LUNGS THROUGH PELVIS.
INCLUDES LUNG WINDOWS AND ENTIRE BOWEL.
INCLUDES SOFT TISSUE OF NECK FROM ABOVE EARS DOWN THROUGH UPPER CHEST.
NO BONE DETAIL OF CERVICAL SPINE.
HEAD INCLUDES ENTIRE BRAIN/SKULL.

REQUIRED: ORAL & IV CONTRAST

COMMON DIAGNOSIS: DIAGNOSIS SHOULD COVER ALL AREAS TO BE SCANNED.

PWS USER: GFR UNDER 50, CONTACT PREFERRED FACILITY TO SCHEDULE.
GFR: 30-50 RETURN TO SCHEDULING AND SELECT CT HYDRATION AND MODIFY.
GFR: UNDER 30 *DO NOT SCHEDULE* CONSULT RADIOLOGIST.

IS THE PATIENT 12 YEARS OR YOUNGER?
PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS THE DIAGNOSIS FRACTURE, TRAUMA, NECK PAIN, RADICULOPATHY OR ANYTHING TO DO WITH DISC SPACES?
IF YES, RETURN TO SCHEDULING & SELECT CT CERVICAL SPINE.

IS DIAGNOSIS ANEURYSM OR DISECTION?
IF YES, SCHEDULE APPROPRIATE CTA.
PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

Default Preparations

Patient will complete a medication form upon arrival for this appointment. They should bring a complete list of home medications including prescription, over the counter and herbals. The list should be specific regarding dose, route (oral, injected...etc.) and frequency. We can make a copy of their list or the patient can hand write the list on the form.

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.
STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.

Patient must drink Oral Contrast 2 hours before exam time either at facility or home (pick-up at facility or physician's office).

No solid foods 2 hours prior to the exam. Drink extra fluids.

Take your usual medications unless instructed otherwise.

IV Contrast administered at exam time.

If you are pregnant or think you may be pregnant, tell your doctor (if you have not already done so), and tell the technologist prior to your scan.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Arrive 15 minutes before appointment time.

Preparations for: MERCY HOSPITAL GRAYLING

Patient will complete a medication form upon arrival for this appointment. They should bring a complete list of home medications including prescription, over the counter and herbals. The list should be specific regarding dose, route (oral, injected...etc.) and frequency. We can make a copy of their list or the patient can hand write the list on the form.

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT HEAD/NECK/CHEST/ABD/PELVIS

Preparations for: MERCY HOSPITAL GRAYLING

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.
STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.
Also, one hour prior to your appointment time, take Benadryl 50 mg capsule.

Two (2) hours before your appointment time:

1. Mix the whole container of oral contrast with 32 ounces of any liquid beverage EXCEPT orange juice or milk. Drink 22 ounces of the solution, and bring the other 10 ounces with you for your appointment.

2. You are allowed to eat up to four (4) hours before your scheduled exams. You may also take any medication you are currently taking before your exam.

IV Contrast administered at exam time.

Need previous films if not done at a Munson/Mercy Healthcare Facility.

Arrive 15 minutes before appointment time.

Linked Resources

Level: Primary Resources-ROOM	Room	Qty.: 1	Marked: N	Usage: First	
Linked Resources	Facility			Hrs.	Min.
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER			0	25
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC			0	25
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING			0	25
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING			0	25
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER			0	25
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER			0	25
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL			0	25

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT HEAD/SINUS

Notes

INCLUDES ENTIRE BRAIN/SKULL AND SINUS.

RADIOLOGIST WILL PROTOCOL APPROPRIATELY BASED ON DIAGNOSIS.

REQUIRED: MOST DONE WITHOUT IV CONTRAST (NO ORAL CONTRAST)

COMMON DIAGNOSIS: DIAGNOSIS SHOULD COVER ALL AREAS TO BE SCANNED.

CADILLAC:

If allergic to contrast schedule between 8-4.

IS THE PATIENT 6 YEARS OR YOUNGER?

PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

Default Preparations

Arrive 15 minutes before appointment time.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Linked Resources

Level: Primary Resources-ROOM	Room	Qty.: 1	Marked: N	Usage: First
Linked Resources	Facility			Hrs. Min.
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER			0 25
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC			0 25
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING			0 25
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING			0 25
M/CT GE 4 SLICE (MMC)	MUNSON MEDICAL CENTER			0 25
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER			0 25
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER			0 25
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL			0 25

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT HIP (MODIFY RIGHT OR LEFT)

Notes

DOES NOT SCAN ENTIRE PELVIS. HIP ONLY.
PROXIMAL FEMUR AND ACETABULUM ARE INCLUDED.
ONLY SPECIFIED HIP SCANNED.

RADIOLOGIST WILL PROTOCOL APPROPRIATELY BASED ON DIAGNOSIS;
MAY INCLUDE ENTIRE PELVIS.

REQUIRED: NO CONTRAST (ORAL OR IV)

COMMON DIAGNOSIS: BONE DETAIL, TRAUMA, LOOSE BODY, PAIN, FRACTURES.

IS THE PATIENT 6 YEARS OR YOUNGER?

PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS DIAGNOSIS PERTAINING TO **LESSER TROCHANTER?**
IF YES, OK TO SCHEDULE.

IS DIAGNOSIS **DISTAL FEMUR?**
**IF YES, SCHEDULE CT LOWER EXTREMITY W/O
AND MODIFY WITH AREA TO BE SCANNED.**

IS DIAGNOSIS FOR **BOTH HIPS (BILATERAL)?**
IF YES, SCHEDULE CT PELVIS-BONE EVAL.

Default Preparations

Arrive 15 minutes before appointment time.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Linked Resources

Level: Primary Resources-ROOM	Room	Qty.: 1	Marked: N	Usage: First	
Linked Resources	Facility			Hrs.	Min.
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER			0	25
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC			0	25
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING			0	25
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING			0	25
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER			0	25
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER			0	25
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL			0	25

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT HYDRATION (MODIFY PROCEDURE)

Notes

ONLY SCHEDULE IF **CURRENT GFR** (with in 30 days) IS BETWEEN **30-50**.

IF THE **GFR** FALLS **below 30**, **DO NOT SCHEDULE**, PLEASE CALL RADIOLOGY (231-935-6433).

DOES PATIENT HAVE A HISTORY OF **CHF** or **History of CHF**?

IF YES, **PROCEDURE MUST BE APPROVED BY A RADIOLOGIST AND THE PATIENT'S CARDIOLOGIST.**

Default Preparations

Patient will complete a medication form upon arrival for this appointment. They should bring a complete list of home medications including prescription, over the counter and herbals. The list should be specific regarding dose, route (oral, injected...etc.) and frequency. We can make a copy of their list or the patient can hand write the list on the form.

Arrive 7:30AM FOR **ALL** HYDRATION PATIENTS AT MUNSON MEDICAL CENTER.

ALL PATIENTS will need hydration 6 hours after procedure, estimated duration is 8-9 hours at facility.

Preparations for: KALKASKA MEMORIAL HEALTH CENTER

Patient will complete a medication form upon arrival for this appointment. They should bring a complete list of home medications including prescription, over the counter and herbals. The list should be specific regarding dose, route (oral, injected...etc.) and frequency. We can make a copy of their list or the patient can hand write the list on the form.

Arrive 1 hr 30 min prior to appointment time for hydration.

If patient scheduled for a CT Pelvis, need to arrive 2 hr 30 min prior to appointment time for hydration; oral contrast will be given at facility.

ALL PATIENTS will need hydration 6 hours after procedure, estimated duration is 8-9 hours at facility.

Linked Resources

Level: Primary Resources-room	Type: Room	Qty.: 1	Marked: N	Usage: First		
Linked Resources	Facility				Hrs.	Min.
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER				0	10
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER				0	10

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT KNEE (MODIFY RIGHT, LEFT OR BOTH)

Notes

PROXIMAL TIBIA/FIBULA ,TIBIAL PLATEAU AND DISTAL FEMUR INCLUDED.
ONLY SPECIFIED KNEE SCANNED.

IF BOTH KNEES ARE ORDERED, ONLY ONE TIME SLOT IS REQUIRED.
MODIFY WITH ADDITIONAL AREA.

REQUIRED: NO ORAL OR IV CONTRAST.

COMMON DIAGNOSIS: BONE DETAIL, TRAUMA, LOOSE BODY, FRACTURES.

IS THE PATIENT 6 YEARS OR YOUNGER?
PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS THE DIAGNOSIS **PAIN, SWELLING, SOFT TISSUE, CARTILAGE, MENISCUS?**
IF YES, RADIOLOGIST PREFER MRI KNEE.
IF THE PATIENT CANNOT HAVE AN MRI, NOTE REASON IN MODIFIER.

IS DIAGNOSIS **DISTAL TIBIA/FIBULA?**
IF YES, SCHEDULE CT ANKLE.

Default Preparations

Arrive 15 minutes before appointment time.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Linked Resources

Level: Primary Resources-ROOM	Room	Qty.: 1	Marked: N	Usage: First
Linked Resources	Facility			Hrs. Min.
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER			0 25
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC			0 25
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING			0 25
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING			0 25
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER			0 25
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER			0 25
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL			0 25

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT LOWER EXTREMITY W/O (MODIFY RIGHT OR LEFT)

Notes

Use **CT LOWER EXTREMITY W/O** for ANY Extremities **BELOW** the waist.

IMPORTANT: NOTE **AREA TO BE SCANNED IN MODIFIER** (ie. Hip, Heel, Ankle, etc).

IS THE PATIENT 6 YEARS OR YOUNGER?

PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

Default Preparations

Arrive 15 minutes before appointment time.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Linked Resources

Level: Primary Resources	Room	Qty.: 1	Marked: N	Usage: First		
Linked Resources	Facility				Hrs.	Min.
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER				0	25
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC				0	25
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING				0	25
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING				0	25
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL				0	25

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT LUMBAR SPINE (SPECIFY LEVELS)

Notes

LUMBAR SPINE IS THE LOWEST PORTION OF THE SPINE.
IT HAS 5 LUMBAR VERTEBRAES (L1-L5).
THE ROUTINE LUMBAR SPINE SCAN INCLUDES L2 THROUGH S1.

IMPORTANT: SPECIFY SPINE LEVELS IN MODIFIER-IF INDICATED.

REQUIRED: NO ORAL OR IV CONTRAST.

COMMON DIAGNOSIS: FRACTURES, ARTHRITIS, TRAUMA,
DISC DISEASE, BACK PAIN, SCIATICA, RADICULOPATHY.

IS THE PATIENT 12 YEARS OR YOUNGER?
PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

Default Preparations

Arrive 15 minutes before appointment time.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Linked Resources

Level: Primary Resources-ROOM	Room	Qty.: 1	Marked: N	Usage: First		
Linked Resources	Facility			Hrs.	Min.	
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER			0	25	
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC			0	25	
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING			0	25	
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING			0	25	
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER			0	25	
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER			0	25	
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL			0	25	

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT NECK ROUTINE

Notes

INCLUDES SOFT TISSUE OF NECK FROM ABOVE EARS THROUGH UPPER CHEST.
NO BONE DETAIL OF CERVICAL SPINE.

REQUIRED: IV CONTRAST MOST OFTEN (NO ORAL).

COMMON DIAGNOSIS: NECK MASS, PAROTID GLAND, ABNORMAL THYROID, TONGUE, TONSILS.

PWS USER: GFR UNDER 50, CONTACT PREFERRED FACILITY TO SCHEDULE.

GFR: 30-50 RETURN TO SCHEDULING AND SELECT CT HYDRATION AND MODIFY.

GFR: UNDER 30 *DO NOT SCHEDULE* CONSULT RADIOLOGIST.

CADILLAC:

If allergic to contrast schedule between 8-4.

IS THE PATIENT 12 YEARS OR YOUNGER?

PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS THE DIAGNOSIS PERTAINING TO **CAROTIDS?**

IF YES, SCHEDULE CTA CAROTID ARTERIES (NECK).

PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS THE DIAGNOSIS **FRACTURE, TRAUMA, NECK PAIN, NEUROPATHY, SPONDYLOSIS, STENOSIS OR ANYTHING TO DO WITH DISC SPACES?**

IF YES, SCHEDULE CT CERVICAL SPINE.

IS THE DIAGNOSIS **CERVICAL DISC ABNORMALITIES** OR **RADICULOPATHY?**

IF YES, RADIOLOGIST PREFER MRI CERVICAL SPINE.

IF THE PATIENT CANNOT HAVE AN MRI, NOTE REASON IN MODIFIER.

Default Preparations

Patient will complete a medication form upon arrival for this appointment. They should bring a complete list of home medications including prescription, over the counter and herbals. The list should be specific regarding dose, route (oral, injected...etc.) and frequency. We can make a copy of their list or the patient can hand write the list on the form.

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.

STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.

Drink extra fluids.

Take your usual medications unless instructed otherwise.

IV Contrast administered at exam time.

If you are pregnant or think you may be pregnant, tell your doctor (if you have not already done so), and tell the technologist prior to your scan.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Arrive 15 minutes before appointment time.

Preparations for: MERCY HOSPITAL GRAYLING

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.

STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.

Also, one hour prior to your appointment time, take Benadryl 50 mg capsule.

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT NECK ROUTINE

Preparations for: MERCY HOSPITAL GRAYLING

No solid foods 4 hours prior to the exam.

IV Contrast administered at exam time.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Arrive 15 minutes before appointment time.

Linked Resources

Level: Primary Resources-ROOM

Linked Resources	Room	Qty.: 1	Marked: N	Usage: First	Hrs.	Min.
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER				0	25
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC				0	25
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING				0	25
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING				0	25
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL				0	25

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT NECK/ABD/PELVIS

Notes

INCLUDES ENTIRE ABDOMEN/PELVIS FROM DIAPHRAM TO LESSER TROCHANTERS.
INCLUDES ALL OF BOWEL.
COVERS ALL BODY QUADRANTS (RLQ, LLQ, RUQ, LUQ).
ENTIRE NECK (SOFT TISSUE) SCANNED
(NO BONE DETAIL OF CERVICAL SPINE).

REQUIRED: ORAL & IV CONTRAST

COMMON DIAGNOSIS: DIAGNOSIS SHOULD COVER ALL AREAS TO BE SCANNED.

PWS USER: GFR UNDER 50, CONTACT PREFERRED FACILITY TO SCHEDULE.
GFR: 30-50 RETURN TO SCHEDULING AND SELECT CT HYDRATION AND MODIFY.
GFR: UNDER 30 *DO NOT SCHEDULE* CONSULT RADIOLOGIST.

IS THE PATIENT 12 YEARS OR YOUNGER?

PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS THE DIAGNOSIS AAA/ANEURYSM/CAROTIDS?

IF YES, SCHEDULE AS CTA.

PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS THE DIAGNOSIS FRACTURE, TRAUMA, NECK PAIN, NEUROPATHY, SPONDYLOSIS, STENOSIS OR ANYTHING TO DO WITH DISC SPACES?

IF YES, SCHEDULE CT CERVICAL SPINE.

IS THE DIAGNOSIS CERVICAL DISC ABNORMALITIES OR RADICULOPATHY?

IF YES, RADIOLOGIST PREFER MRI CERVICAL SPINE.

IF THE PATIENT CANNOT HAVE AN MRI, NOTE REASON IN MODIFIER.

Default Preparations

Patient will complete a medication form upon arrival for this appointment. They should bring a complete list of home medications including prescription, over the counter and herbals. The list should be specific regarding dose, route (oral, injected...etc.) and frequency. We can make a copy of their list or the patient can hand write the list on the form.

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.
STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.

No solid foods 2 hours prior to the exam. Drink extra fluids.

Take your usual medications unless instructed otherwise.

IV Contrast administered at exam time.

If you are pregnant or think you may be pregnant, tell your doctor (if you have not already done so), and tell the technologist prior to your scan.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Oral Contrast Instructions:

Arrive 2 hours & 15 minutes before appointment time if drinking contrast at facility.

Arrive 15 minutes before appointment time if drinking contrast at home.

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT NECK/ABD/PELVIS

Preparations for: MERCY HOSPITAL GRAYLING

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.

STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.

Also, one hour prior to your appointment time, take Benadryl 50 mg capsule.

Two (2) hours before your appointment time:

1. Mix the whole container of oral contrast with 32 ounces of any liquid beverage EXCEPT orange juice or milk. Drink 22 ounces of the solution, and bring the other 10 ounces with you for your appointment.

2. You are allowed to eat up to four (4) hours before your scheduled exams. You may also take any medication you are currently taking before your exam.

IV Contrast administered at exam time.

Need previous films if not done at a Munson/Mercy Healthcare Facility.

Arrive 15 minutes before appointment time.

Linked Resources

Level: Primary Resources-room	Type: Room	Qty.: 1	Marked: Y	Usage: First		
Linked Resources	Facility				Hrs.	Min.
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER				0	25
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC				0	25
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING				0	25
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING				0	25
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL				0	25

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT NECK/CHEST

Notes

INCLUDES ABOVE EARS DOWN THROUGH ADRENAL GLANDS.
ENTIRE NECK (SOFT TISSUE) SCANNED
(NO BONE DETAIL OF CERVICAL SPINE).
INCLUDES ABOVE LUNG APICES TO ADRENAL GLANDS.
INCLUDES LUNG WINDOWS.

REQUIRED: IV CONTRAST MOST OFTEN (NO ORAL).

COMMON DIAGNOSIS: DIAGNOSIS SHOULD COVER ALL AREAS
TO BE SCANNED..

PWS USER: GFR UNDER 50, CONTACT PREFERRED FACILITY TO SCHEDULE.
GFR: 30-50 RETURN TO SCHEDULING AND SELECT CT HYDRATION AND MODIFY.
GFR: UNDER 30 *DO NOT SCHEDULE* CONSULT RADIOLOGIST.

IS THE PATIENT 12 YEARS OR YOUNGER?
PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS THE DIAGNOSIS AAA/ANEURYSM/CAROTIDS?
IF YES, SCHEDULE AS CTA.
PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

**IS THE DIAGNOSIS FRACTURE, TRAUMA, NECK PAIN, NEUROPATHY, SPONDYLOSIS, STENOSIS
OR ANYTHING TO DO WITH DISC SPACES?**
IF YES, SCHEDULE CT CERVICAL SPINE.

IS THE DIAGNOSIS CERVICAL DISC ABNORMALITIES OR RADICULOPATHY?
IF YES, RADIOLOGIST PREFER MRI CERVICAL SPINE.
IF THE PATIENT CANNOT HAVE AN MRI, NOTE REASON IN MODIFIER.

IS DIAGNOSIS LUNG NODULE OR LUNG MASS?
IF YES AND THIS IS THE INITIAL EVALUATION,
SELECT CT CHEST NODULE-EVAL/ENTIRE CHEST.
IF YES AND THIS IS A FOLLOWUP, SELECT CT CHEST NODULE-LIMITED F/U.

Default Preparations

Patient will complete a medication form upon arrival for this appointment. They should bring a complete list of home medications including prescription, over the counter and herbals. The list should be specific regarding dose, route (oral, injected...etc.) and frequency. We can make a copy of their list or the patient can hand write the list on the form.

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.
STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.

No solid foods 2 hours prior to the exam. Drink extra fluids.

Take your usual medications unless instructed otherwise.

IV Contrast administered at exam time.

If you are pregnant or think you may be pregnant, tell your doctor (if you have not already done so), and tell the technologist prior to your scan.

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT NECK/CHEST

Default Preparations

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Arrive 15 minutes before appointment time.

Preparations for: MERCY HOSPITAL GRAYLING

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.

STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.

Also, one hour prior to your appointment time, take Benadryl 50 mg capsule.

No solid foods 4 hours prior to the exam.

IV Contrast administered at exam time.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Arrive 15 minutes before appointment time.

Linked Resources

Level: Primary Resources-room	Type: Room	Qty.: 1	Marked: Y	Usage: First		
Linked Resources	Facility				Hrs.	Min.
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER				0	25
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC				0	25
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING				0	25
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING				0	25
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL				0	25

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT NECK/CHEST/ABDOMEN

Notes

INCLUDES ABOVE EARS DOWN THROUGH UPPER ABDOMEN.
THE ENTIRE BOWEL IS NOT INCLUDED.
ENTIRE NECK (SOFT TISSUE) SCANNED
(NO BONE DETAIL OF CERVICAL SPINE).
INCLUDES LUNG WINDOWS.

REQUIRED: ORAL & IV CONTRAST (See patient prep).

COMMON DIAGNOSIS: DIAGNOSIS SHOULD COVER ALL AREAS
TO BE SCANNED..

PWS USER: GFR UNDER 50, CONTACT PREFERRED FACILITY TO SCHEDULE.
GFR: 30-50 RETURN TO SCHEDULING AND SELECT CT HYDRATION AND MODIFY.
GFR: UNDER 30 *DO NOT SCHEDULE* CONSULT RADIOLOGIST.

IS THE PATIENT 12 YEARS OR YOUNGER?

PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS THE DIAGNOSIS AAA/ANEURYSM?

IF YES, SCHEDULE AS CTA.

PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

**IS THE DIAGNOSIS FRACTURE, TRAUMA, NECK PAIN, NEUROPATHY, SPONDYLOSIS, STENOSIS
OR ANYTHING TO DO WITH DISC SPACES?**

IF YES, SCHEDULE CT CERVICAL SPINE.

IS THE DIAGNOSIS CERVICAL DISC ABNORMALITIES OR RADICULOPATHY?

IF YES, RADIOLOGIST PREFER MRI CERVICAL SPINE.

IF THE PATIENT CANNOT HAVE AN MRI, NOTE REASON IN MODIFIER.

IS DIAGNOSIS LUNG NODULE OR LUNG MASS?

IF YES AND THIS IS THE INITIAL EVALUATION,

SELECT CT CHEST NODULE-EVAL/ENTIRE CHEST.

IF YES AND THIS IS A FOLLOWUP, SELECT CT CHEST NODULE-LIMITED F/U.

**IS DIAGNOSIS PULMONARY FIBROSIS, INTERSTITIAL LUNG DISEASE
OR BRONCHIECTASIS?**

IF YES, SCHEDULE CT CHEST HIGH RESOLUTION LUNG.

Default Preparations

Patient will complete a medication form upon arrival for this appointment. They should bring a complete list of home medications including prescription, over the counter and herbals. The list should be specific regarding dose, route (oral, injected...etc.) and frequency. We can make a copy of their list or the patient can hand write the list on the form.

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.
STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.

No solid foods 2 hours prior to the exam. Drink extra fluids.

Take your usual medications unless instructed otherwise.

IV Contrast administered at exam time.

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT NECK/CHEST/ABDOMEN

Default Preparations

If you are pregnant or think you may be pregnant, tell your doctor (if you have not already done so), and tell the technologist prior to your scan.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Arrive 15 minutes before appointment time.

Preparations for: MERCY HOSPITAL GRAYLING

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.

STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.

Also, one hour prior to your appointment time, take Benadryl 50 mg capsule.

Two (2) hours before your appointment time:

1. Mix the whole container of oral contrast with 32 ounces of any liquid beverage EXCEPT orange juice or milk. Drink 22 ounces of the solution, and bring the other 10 ounces with you for your appointment.

2. You are allowed to eat up to four (4) hours before your scheduled exams. You may also take any medication you are currently taking before your exam.

IV Contrast administered at exam time.

Need previous films if not done at a Munson/Mercy Healthcare Facility.

Arrive 15 minutes before appointment time.

Linked Resources

Level: Primary Resources-Room	Type: Room	Qty.: 1	Marked: Y	Usage: First		
Linked Resources	Facility				Hrs.	Min.
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER				0	25
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC				0	25
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING				0	25
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING				0	25
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL				0	25

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT NECK/CHEST/ABDOMEN/PELVIS

Notes

INCLUDES ABOVE EARS DOWN THROUGH PELVIS.
THE ENTIRE BOWEL IS SCANNED.
ENTIRE NECK (SOFT TISSUE) SCANNED
(NO BONE DETAIL OF CERVICAL SPINE).
INCLUDES LUNG WINDOWS.

REQUIRED: ORAL & IV CONTRAST (See patient prep).

COMMON DIAGNOSIS: DIAGNOSIS SHOULD COVER ALL AREAS
TO BE SCANNED..

PWS USER: GFR UNDER 50, CONTACT PREFERRED FACILITY TO SCHEDULE.
GFR: 30-50 RETURN TO SCHEDULING AND SELECT CT HYDRATION AND MODIFY.
GFR: UNDER 30 *DO NOT SCHEDULE* CONSULT RADIOLOGIST.

IS THE PATIENT 12 YEARS OR YOUNGER?

PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS THE DIAGNOSIS AAA/ANEURYSM?

IF YES, SCHEDULE AS CTA.

PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

**IS THE DIAGNOSIS FRACTURE, TRAUMA, NECK PAIN, NEUROPATHY, SPONDYLOSIS, STENOSIS
OR ANYTHING TO DO WITH DISC SPACES?**

IF YES, SCHEDULE CT CERVICAL SPINE.

IS THE DIAGNOSIS CERVICAL DISC ABNORMALITIES OR RADICULOPATHY?

IF YES, RADIOLOGIST PREFER MRI CERVICAL SPINE.

IF THE PATIENT CANNOT HAVE AN MRI, NOTE REASON IN MODIFIER.

IS DIAGNOSIS LUNG NODULE OR LUNG MASS?

IF YES AND THIS IS THE INITIAL EVALUATION,

SELECT CT CHEST NODULE-EVAL/ENTIRE CHEST.

IF YES AND THIS IS A FOLLOWUP, SELECT CT CHEST NODULE-LIMITED F/U.

**IS DIAGNOSIS PULMONARY FIBROSIS, INTERSTITIAL LUNG DISEASE
OR BRONCHIECTASIS?**

IF YES, SCHEDULE CT CHEST HIGH RESOLUTION LUNG.

Default Preparations

Patient will complete a medication form upon arrival for this appointment. They should bring a complete list of home medications including prescription, over the counter and herbals. The list should be specific regarding dose, route (oral, injected...etc.) and frequency. We can make a copy of their list or the patient can hand write the list on the form.

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.
STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.

No solid foods 2 hours prior to the exam. Drink extra fluids.

Take your usual medications unless instructed otherwise.

IV Contrast administered at exam time.

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT NECK/CHEST/ABDOMEN/PELVIS

Default Preparations

If you are pregnant or think you may be pregnant, tell your doctor (if you have not already done so), and tell the technologist prior to your scan.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Oral Contrast Instructions:

Arrive 2 hours & 15 minutes before appointment time if drinking contrast at facility.

Arrive 15 minutes before appointment time if drinking contrast at home.

Preparations for: MERCY HOSPITAL GRAYLING

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.

STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.

Also, one hour prior to your appointment time, take Benadryl 50 mg capsule.

Two (2) hours before your appointment time:

1. Mix the whole container of oral contrast with 32 ounces of any liquid beverage EXCEPT orange juice or milk. Drink 22 ounces of the solution, and bring the other 10 ounces with you for your appointment.

2. You are allowed to eat up to four (4) hours before your scheduled exams. You may also take any medication you are currently taking before your exam.

IV Contrast administered at exam time.

Need previous films if not done at a Munson/Mercy Healthcare Facility.

Arrive 15 minutes before appointment time.

Linked Resources

Level: Primary Resources-ROOM

Type: Room

Qty.: 1

Marked: Y

Usage: First

Linked Resources	Facility	Hrs.	Min.
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER	0	25
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC	0	25
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING	0	25
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING	0	25
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER	0	25
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER	0	25
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL	0	25

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT NECK/FACE

Notes

INCLUDES THE BONES, FOREHEAD THROUGH CHIN INCLUDING EYES.
DOES NOT INCLUDE HEAD (BRAIN).
ENTIRE NECK (SOFT TISSUE) SCANNED
(NO BONE DETAIL OF CERVICAL SPINE).

RADIOLOGIST WILL PROTOCOL APPROPRIATELY BASED ON DIAGNOSIS.

REQUIRED: IV CONTRAST MOST OFTEN (NO ORAL).

COMMON DIAGNOSIS: DIAGNOSIS SHOULD COVER ALL AREAS TO BE SCANNED.

PWS USER: GFR UNDER 50, CONTACT PREFERRED FACILITY TO SCHEDULE.
GFR: 30-50 RETURN TO SCHEDULING AND SELECT CT HYDRATION AND MODIFY.
GFR: UNDER 30 *DO NOT SCHEDULE* CONSULT RADIOLOGIST.

IS THE PATIENT 12 YEARS OR YOUNGER?

PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS THE DIAGNOSIS RELATED TO ORBITS (EYES)?

IF YES AND ONLY EYES NEED SCANNING, SCHEDULE CT ORBITS.

IS THE DIAGNOSIS PERTAINING TO CAROTIDS?

IF YES, SCHEDULE CTA CAROTID ARTERIES (NECK).

PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS THE DIAGNOSIS FRACTURE, TRAUMA, NECK PAIN, NEUROPATHY, SPONDYLOSIS, STENOSIS
OR ANYTHING TO DO WITH DISC SPACES?

IF YES, SCHEDULE CT CERVICAL SPINE & CT FACIAL BONES.

IS THE DIAGNOSIS CERVICAL DISC ABNORMALITIES OR RADICULOPATHY?

IF YES, RADIOLOGIST PREFER MRI CERVICAL SPINE.

IF THE PATIENT CANNOT HAVE AN MRI, NOTE REASON IN MODIFIER.

Default Preparations

Patient will complete a medication form upon arrival for this appointment. They should bring a complete list of home medications including prescription, over the counter and herbals. The list should be specific regarding dose, route (oral, injected...etc.) and frequency. We can make a copy of their list or the patient can hand write the list on the form.

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.
STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.

Drink extra fluids.

Take your usual medications unless instructed otherwise.

IV Contrast administered at exam time.

If you are pregnant or think you may be pregnant, tell your doctor (if you have not already done so), and tell the technologist prior to your scan.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT NECK/FACE

Default Preparations

Arrive 15 minutes before appointment time.

Preparations for: MERCY HOSPITAL GRAYLING

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.

STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.

Also, one hour prior to your appointment time, take Benadryl 50 mg capsule.

No solid foods 4 hours prior to the exam.

IV Contrast administered at exam time.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Arrive 15 minutes before appointment time.

Linked Resources

Level: Primary Resources-Room	Type: Room	Qty.: 1	Marked: Y	Usage: First		
Linked Resources	Facility				Hrs.	Min.
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER				0	25
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC				0	25
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING				0	25
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING				0	25
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL				0	25

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT ORBITS

Notes

INCLUDES ORBITS (EYES ONLY).
DOES NOT INCLUDE ENTIRE FACE OR HEAD.
RADIOLOGIST WILL PROTOCOL APPROPRIATELY BASED ON DIAGNOSIS.

REQUIRED: MAY REQUIRE IV CONTRAST BASED ON DIAGNOSIS
(NO ORAL CONTRAST).

COMMON DIAGNOSIS: FRACTURE, TRAUMA, MASS, FOREIGN BODY,
DIPLOPIA.

IS THE PATIENT 6 YEARS OR YOUNGER?
PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS DIAGNOSIS FOR **FACIAL FRACTURE?**
IF YES, SCHEDULE CT FACIAL BONES.

Default Preparations

Patient will complete a medication form upon arrival for this appointment. They should bring a complete list of home medications including prescription, over the counter and herbals. The list should be specific regarding dose, route (oral, injected...etc.) and frequency. We can make a copy of their list or the patient can hand write the list on the form.

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.
STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.

Drink extra fluids.

Take your usual medications unless instructed otherwise.

IV Contrast administered at exam time.

If you are pregnant or think you may be pregnant, tell your doctor (if you have not already done so), and tell the technologist prior to your scan.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Arrive 15 minutes before appointment time.

Linked Resources

Level: Primary Resources-ROOM	Room	Qty.: 1	Marked: N	Usage: First		
Linked Resources	Facility			Hrs.	Min.	
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER			0	25	
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC			0	25	
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING			0	25	
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING			0	25	
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER			0	25	
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER			0	25	
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL			0	25	

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT PELVIS ROUTINE

Notes

INCLUDES LOWER HALF OF ABDOMEN, SOFT TISSUE ONLY.
ILLIAC CREST TO LESSER TROCHANTERS.
DOES NOT INCLUDE ENTIRE BOWEL.
THIS TEST IS NOT FOR BONE EVALUATION/FRACTURE.

REQUIRED: ORAL & IV CONTRAST (See patient prep).

COMMON DIAGNOSIS: PELVIC PAIN, OVARIAN CYST, BLADDER ABNORMALITY.

PWS USER: GFR UNDER 50, CONTACT PREFERRED FACILITY TO SCHEDULE.
GFR: 30-50 RETURN TO SCHEDULING AND SELECT CT HYDRATION AND MODIFY.
GFR: UNDER 30 *DO NOT SCHEDULE* CONSULT RADIOLOGIST.

CADILLAC:

If Dr. Heimberger Ordering, schedule CT POST SEED IMPLANT.
If allergic to contrast schedule between 8-4.

IS THE PATIENT 12 YEARS OR YOUNGER?

PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS THE DIAGNOSIS **APPENDICITIS, DIVERTICULOSIS, BOWEL OBSTRUCTION, ABSCESS, TRAUMA OR ABD PAIN?**

IF YES, SCHEDULE CT ABD/PEL ROUTINE.

IS THE DIAGNOSIS **FRACTURE OR BONE EVAL?**

IF YES, SCHEDULE CT PELVIS-BONE EVAL.

Default Preparations

Patient will complete a medication form upon arrival for this appointment. They should bring a complete list of home medications including prescription, over the counter and herbals. The list should be specific regarding dose, route (oral, injected...etc.) and frequency. We can make a copy of their list or the patient can hand write the list on the form.

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.
STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.

Patient must drink Oral Contrast 2 hours before exam time either at facility or home (pick-up at facility or physician's office).

No solid foods 2 hours prior to the exam. Drink extra fluids.

Take your usual medications unless instructed otherwise.

IV Contrast administered at exam time.

If you are pregnant or think you may be pregnant, tell your doctor (if you have not already done so), and tell the technologist prior to your scan.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Arrive 15 minutes before appointment time.

Preparations for: MERCY HOSPITAL GRAYLING

Patient will complete a medication form upon arrival for this appointment. They should bring a complete list of home medications including prescription, over the counter and herbals. The list should be specific regarding dose, route (oral, injected...etc.) and frequency. We can make a copy of their list or the patient can hand write the list on the form.

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT PELVIS ROUTINE

Preparations for: MERCY HOSPITAL GRAYLING

IF PATIENT IS ALLERGIC TO IODINE, you need to be on a STEROID PREP ordered by your physician.
STEROID PREP- Prednisone 50 mg 13 hours, 7 hours, and 1 hour prior to scheduled CT.
Also, one hour prior to your appointment time, take Benadryl 50 mg capsule.

Two (2) hours before your appointment time:

1. Mix the whole container of oral contrast with 32 ounces of any liquid beverage EXCEPT orange juice or milk. Drink 22 ounces of the solution, and bring the other 10 ounces with you for your appointment.

2. You are allowed to eat up to four (4) hours before your scheduled exams. You may also take any medication you are currently taking before your exam.

IV Contrast administered at exam time.

Need previous films if not done at a Munson/Mercy Healthcare Facility.

Arrive 15 minutes before appointment time.

Linked Resources

Level: Primary Resources-ROOM

Linked Resources	Room	Qty.: 1	Marked: N	Usage: First	Hrs.	Min.
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER				0	25
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC				0	25
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING				0	25
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING				0	25
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL				0	25

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT PELVIS-BONE EVAL

Notes

FOR BONE EVALUATIONS ONLY.
ILIAC CREST TO LESSER TROCHANTERS.
INCLUDES BOTH HIPS BONE DETAIL.

RADIOLOGIST WILL PROTOCOL APPROPRIATELY BASED ON DIAGNOSIS.

REQUIRED: NO CONTRAST (ORAL OR IV)

COMMON DIAGNOSIS: FRACTURE, TRAUMA.

IS THE PATIENT 12 YEARS OR YOUNGER?
PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS THE DIAGNOSIS **RLQ OR LLQ PAIN?**
IF YES, SCHEDULE CT PELVIS ROUTINE.

DOES DIAGNOSIS PERTAIN TO A **SPECIFIC HIP?**
IF YES, SCHEDULE CT HIP.

Default Preparations

Patient will complete a medication form upon arrival for this appointment. They should bring a complete list of home medications including prescription, over the counter and herbals. The list should be specific regarding dose, route (oral, injected...etc.) and frequency. We can make a copy of their list or the patient can hand write the list on the form.

If you are pregnant or think you may be pregnant, tell your doctor (if you have not already done so), and tell the technologist prior to your scan.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Arrive 15 minutes before appointment time.

Linked Resources

Level: Primary Resources-ROOM	Room	Qty.: 1	Marked: N	Usage: First
Linked Resources	Facility			Hrs. Min.
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER			0 25
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC			0 25
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING			0 25
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING			0 25
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER			0 25
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER			0 25
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL			0 25

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT SHOULDER (MODIFY RIGHT, LEFT OR BOTH)

Notes

DOES NOT SCAN ENTIRE ARM (HUMERUS). SHOULDER ONLY.
PROXIMAL HUMERUS IS INCLUDED.
IF BOTH SHOULDERS, ONLY 1 TIME SLOT NEEDED.
RADIOLOGIST WILL PROTOCOL APPROPRIATELY BASED ON DIAGNOSIS.

REQUIRED: NO ORAL OR IV CONTRAST.

COMMON DIAGNOSIS: PAIN, SWELLING, TRAUMA, POST-OP, MASS,
LOOSE BODY, FRACTURES.

IS THE PATIENT 6 YEARS OR YOUNGER?
PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS DIAGNOSIS FOR **CLAVICAL/SCAPULA/GLENOID FOSSA?**
IF YES, SCHEDULE CT UPPER EXTREMITY W/O AND MODIFY AREA.

IS THE DIAGNOSIS **SOFT TISSUE MASS, TUMOR, TENDON INJURY**
OR ROTATOR CUFF TEAR?
IF YES, RADIOLOGIST PREFER MRI SHOULDER.
IF THE PATIENT CANNOT HAVE AN MRI, NOTE REASON IN MODIFIER.

Default Preparations

Arrive 15 minutes before appointment time.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Linked Resources

Level: Primary Resources-room	Room	Qty.: 1	Marked: N	Usage: First		
Linked Resources	Facility			Hrs.	Min.	
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER			0	25	
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC			0	25	
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING			0	25	
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING			0	25	
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER			0	25	
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER			0	25	
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL			0	25	

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT SINUS

Notes

INCLUDES SINUS ONLY. NOT ENTIRE HEAD.
INCLUDES CORONAL VIEWS.

RADIOLOGIST WILL PROTOCOL APPROPRIATELY BASED ON DIAGNOSIS.

REQUIRED: MOST DONE WITHOUT IV CONTRAST (NO ORAL CONTRAST).

COMMON DIAGNOSIS: SINUSITIS, SINUS DISEASE, NASAL POLYPS,
RHINITIS, SINUS DRAINAGE

IS THE PATIENT 6 YEARS OR YOUNGER?

PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS THIS PROCEDURE FOR **SURGICAL PLANNING?**

IF YES, SELECT CT SINUS SURGICAL PLAN.

PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

Default Preparations

Arrive 15 minutes before appointment time.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Linked Resources

Level: Primary Resources-ROOM	Room	Qty.: 1	Marked: N	Usage: First		
Linked Resources	Facility			Hrs.	Min.	
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER			0	25	
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC			0	25	
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING			0	25	
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING			0	25	
M/CT GE 4 SLICE (MMC)	MUNSON MEDICAL CENTER			0	25	
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER			0	25	
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER			0	25	
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL			0	25	

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT TEMPORAL BONES

Notes

TEMPORAL BONE IS LOCATED BY YOUR EAR (INNER EAR).
THIS SCANS TEMPORAL BONE ONLY.
DOES NOT INCLUDE HEAD (BRAIN).

RADIOLOGIST WILL PROTOCOL APPROPRIATELY BASED ON DIAGNOSIS.

REQUIRED: MOST DONE WITHOUT IV CONTRAST (NO ORAL CONTRAST)

COMMON DIAGNOSIS: CHOLESTEATOMA, MASTOID PAIN, DIZZINESS,
MAY SPECIFY RT OR LT EAR.

IS THE PATIENT 6 YEARS OR YOUNGER?
PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

Default Preparations

Arrive 15 minutes before appointment time.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Linked Resources

Level: Primary Resources-ROOM	Room	Qty.: 1	Marked: N	Usage: First		
Linked Resources	Facility				Hrs.	Min.
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER				0	25
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC				0	25
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING				0	25
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING				0	25
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL				0	25

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT THORACIC SPINE (SPECIFY LEVELS)

Notes

THORACIC SPINE IS THE MIDDLE PORTION OF THE SPINE.
IT HAS 12 THORACIC VERTEBRAES (T1-T12).

IMPORTANT: SPECIFY SPINE LEVELS IN MODIFIER-IF INDICATED.

REQUIRED: NO ORAL OR IV CONTRAST.

COMMON DIAGNOSIS: FRACTURES, ARTHRITIS, TRAUMA, BONE DETAIL.

IS THE PATIENT 12 YEARS OR YOUNGER?
PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS THE DIAGNOSIS **MID-BACK PAIN?**
IF YES, RADIOLOGIST PREFER MRI THORACIC SPINE.
IF THE PATIENT CANNOT HAVE AN MRI, NOTE REASON IN MODIFIER.

Default Preparations

Arrive 15 minutes before appointment time.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Linked Resources

Level: Primary Resources-ROOM	Room	Qty.: 1	Marked: N	Usage: First		
Linked Resources	Facility			Hrs.	Min.	
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER			0	25	
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC			0	25	
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING			0	25	
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING			0	25	
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER			0	25	
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER			0	25	
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL			0	25	

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT UPPER EXTREMITY W/O (MODIFY RIGHT OR LEFT)

Notes

Use **CT UPPER EXTREMITY W/O** for ANY Extremities **ABOVE** the waist.

IMPORTANT: NOTE **AREA TO BE SCANNED** IN **MODIFIER** (ie. Shoulder, Wrist, Clavicle, etc).

IS THE PATIENT 6 YEARS OR YOUNGER?

PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

Default Preparations

Arrive 15 minutes before appointment time.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Linked Resources

Level: Primary Resources

Linked Resources	Room	Qty.: 1	Marked: N	Usage: First	Hrs.	Min.
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER				0	25
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC				0	25
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING				0	25
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING				0	25
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER				0	25
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL				0	25

Procedure Full Record

MUNSON HEALTHCARE

Procedure: CT WRIST (MODIFY RIGHT, LEFT OR BOTH)

Notes

DOES NOT SCAN ENTIRE ARM. WRIST ONLY.
DISTAL RADIUS/ULNA AND NAVICULAR ARE INCLUDED.
IF BOTH WRISTS ORDERED, ONLY 1 TIME SLOT NEEDED.

REQUIRED: NO ORAL OR IV CONTRAST.

COMMON DIAGNOSIS: ARTHRITIS, PAIN, SWELLING, TRAUMA,
POST-OP, MASS, LOOSE BODY, FRACTURES. *****

IS THE PATIENT 6 YEARS OR YOUNGER?
PWS USER: CONTACT PREFERRED FACILITY TO SCHEDULE.

IS DIAGNOSIS **PROXIMAL RADIUS ULNA?**
IF YES, SCHEDULE CT ELBOW.

DOES DIAGNOSIS PERTAIN TO **METACARPAL?**
IF YES, SCHEDULE UPPER EXTREMITY W/O AND MODIFY AREA.

Default Preparations

Arrive 15 minutes before appointment time.

Need previous films if not done at a Munson Healthcare/Mercy Facility.

Linked Resources

Level: Primary Resources-ROOM	Room	Qty.: 1	Marked: N	Usage: First	
Linked Resources	Facility			Hrs.	Min.
K/CAT SCAN-KMHC	KALKASKA MEMORIAL HEALTH CENTER			0	25
C/CAT SCAN RM	MERCY HOSPITAL CADILLAC			0	25
G/CAT SCAN RM1	MERCY HOSPITAL GRAYLING			0	25
G/CAT SCAN RM2	MERCY HOSPITAL GRAYLING			0	25
M/CT TOSHIBA 16 SLICE (MMC)	MUNSON MEDICAL CENTER			0	25
M/CT TOSHIBA 64 SLICE (MMC)	MUNSON MEDICAL CENTER			0	25
P/CAT SCAN-POMH	PAUL OLIVER MEMORIAL HOSPITAL			0	25

CAT SCAN WITH CONTRAST

Procedure Questionnaire Input for TEST DONOTUSE ZZZZTEMPUSFOUR, CT ABD/...

AUTH #: Insurance Type (PH, BCBS, MC, Caid, etc.):

CURRENT Patient Weight: **If over 450 lbs., test cannot be performed.**

Is the patient allergic to IODINE, XRAY DYE or HEART CATH DYE?

If YES, symptoms of reaction?

***If yes, the pt needs to be on the STEROID PREP ordered by physician office.**

Who gave patient script at physician office for steroid prep?

If NO IV CONTRAST to be given, why?

Patients WITH ANY of the following risk factors REQUIRE Creatinine/GFR w/in 30 days prior:

- Known Renal Insufficiency?
- Diabetes? **If yes, what meds do you take?**
- Congestive Heart Failure?
- Dehydration?
- Age Greater than 75 years?
- Recent Procedure w/Iodine, X-Ray Dye or Heart Cath Dye (w/in 72 hours)?
- Taking Nephrotoxic drugs (NSAIDS, Cisplatin, Methotrexate, Aminoglycoside Antibiotics)?

Does the patient have any of the risk factors listed above? **If NO, skip to History of Cancer/Tumor.**

Has Pt had RECENT Creatinine/GFR drawn in last 30 days? If YES, Date:

Results: **Note: If Results below 50, contact scheduling dept to proceed.**

If NO, when/where will creatinine be done prior to appt?

Is patient African-American? **Note: Important for interpreting GFR Levels.**

History of Cancer/Tumor on area to be scanned? If YES, what kind?

Prior surgery on area to be scanned? If YES, what type?

Previous Radiology exams on area to be scanned?

If YES, what exams were performed? Ex: US/MRI/X-Ray

If YES, what facility? **If non-Munson/Mercy, pt needs to bring films/CS to appt.**

If Injured/Trauma/Pre-Surgical, specify date:

Special Needs (ie. Hoyer Lift, IV Therapy, etc.)

CAT SCAN

CAT SCAN WITH NO CONTRAST

Procedure Questionnaire Input for TEST PATIENT ZZZZTEMPUSONE, CT A...

AUTH #: **Insurance Type (PH, BCBS, MC, Caid, etc.):**

CURRENT Patient Weight: **If over 450 lbs., test cannot be performed.**

Is the patient allergic to IODINE, XRAY DYE or HEART CATH DYE?

If YES, symptoms of reaction?

History of Cancer/Tumor on area to be scanned?

If YES, what kind?

Prior surgery on area to be scanned?

If YES, what type?

Previous Radiology exams on area to be scanned? Ex: US/MRI/X-Ray

If YES, what facility?
If non-Munson/Mercy facility, pt needs to bring films/CD to appt.

If Injured/Trauma/Pre-Surgical, specify date:

Special Needs (ie. Hoyer Lift, IV Therapy, etc.):

CAT SCAN-NO CONTRAST

OK Cancel Help

CT SPINES

Procedure Questionnaire Input for TEST PATIENT ZZZZTEMPUSONE, ...

AUTH #: Insurance Type (PH, BCBS, MC, Caid, etc.):

CURRENT Patient Weight: **If over 450 lbs., test cannot be performed.**

What vertebrae are to be scanned?
Indicate Level of Interest C1-C7 or T1-T12 or L1-L5.

Is the patient allergic to IODINE, XRAY DYE or HEART CATH DYE?

If YES, symptoms of reaction?

History of Cancer/Tumor on area to be scanned?

If YES, what kind?

Prior surgery on area to be scanned?

If YES, what type?

Previous Radiology exams on area to be scanned?

If YES, what facility? Ex. US/MRI/X-Ray
If done at non-Munson/Mercy facility, pt needs to bring films/CD to appt.

If scheduling a Myelogram or Discogram, what is the ARTC appt date?

If Injured/Trauma/Pre-Surgical, specify date:

Special Needs (ie. Hoyer Lift, IV Therapy, etc.):

CT SPINES