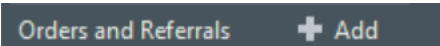





EMR Quick Reference Guide

Radiology – Ordering Maternal Fetal Medicine (MFM) Ultrasounds

1. Referral to MFM by clinical unit
2. Referral triaged by MFM clinician
3. MFM doctor or midwife places order in EMR with the following workflow
4. Navigate to  and click +Add to request an investigation.
- 5.

6. Search for the test(s) you wish to order- **Ultrasound (MFM staff use only)**
7. Find the “Medical Imaging Provider” box and select the appropriate imaging provider:
Outpatient Western Health


*Medical Imaging Provider: 

- Outpatient Western Health
- Outpatient External (Print Request)
- Inpatient Western Health

8. Complete the yellow mandatory fields, click ‘Sign’ and enter password to submit request.
Enter the planned date of the MFM appointment into the ‘Order Comments’ tab.

Details for **Ultrasound (MFM staff use only)**

Details Order Comments Diagnoses



| | | |
|--|--|--|
| *Clinical Question: <input type="text"/> | *Patient Presentation: <input type="text"/> | *Relevant Past Medical History: <input type="text"/> |
| *Pt consent obtained: <input type="radio"/> Yes <input type="radio"/> No | *Urgency - Time Schedule: <input type="text"/> | *Clinician Callback Number: <input type="text"/> |
| Radiologist Discussed With: <input type="text"/> | *Scan Type: <input type="text"/> | *Clinical Justification: <input type="text"/> |
| *EDD (Estimated Date of Del...: <input type="text"/> | *Patient Gravidity: <input type="text"/> | *Patient Parity: <input type="text"/> |
| *Body Mass Index: <input type="text"/> | *Timing of Ultrasound: <input type="text"/> | *Ordering Obstetrics Unit: <input type="text"/> |
| Antenatal Clinic Fax: 9055 2145 | Contact Precautions: <input type="text"/> | Interpretive services required: <input type="text"/> |
| *Medical Imaging Provider: <input type="text" value="Inpatient Western Health"/> | | |

9. Sign (if a doctor) or sign with the “Protocol w/ No Co-sign” function (if a midwife), using the MFM Registrar’s name, to complete.

Ordering Physician

*Physician name

*Order Date/Time
14/02/2019 1100 AEDT

*Communication type

- Fax
- Phone
- Verbal
- Written w/ No Co-sign
- Protocol w/ No Co-sign**
- Protocol w/ Co-sign
- Initiate Plan

OK Cancel

10. The request does not need to be printed.

The order will now automatically populate to the Radiology Information System (RIS) worklist, from which an MFM appointment, and ultrasound, will be booked to the specified date