

CODE ORANGE - EXTERNAL DISASTER

Request For Diagnostic Services

OPD

Date: _____ **Time:** _____ **Triage Tag #:** _____ **Triage Level:** RED AMBER GREEN

FACILITY: _____ **PHONE:** _____

Patient Information

Surname _____ First Name _____
 M.H.S.C. _____ P.H.I.N. _____
 Date of Birth DD MM YYYY _____
 Address _____ Postal Code _____ Phone _____

Indicate:

- Return report/x-rays with patient
- Pre-op
- Admitted
- Observation
- Transferred

Additional:

Ordering Physician: _____

Hematology

<input type="checkbox"/> CBC
<input type="checkbox"/> Platelets
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> Group & Hold
<input type="checkbox"/>
<input type="checkbox"/>

Cardiac Workup

<input type="checkbox"/> CK
<input type="checkbox"/> Troponin I
<input type="checkbox"/> INR
<input type="checkbox"/> PTT
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Other Laboratory Tests:

<input type="checkbox"/> ABG's
<input type="checkbox"/>
<input type="checkbox"/> Urinalysis
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Chemistry

<input type="checkbox"/> Glucose
<input type="checkbox"/> Urea
<input type="checkbox"/> K
<input type="checkbox"/> Na
<input type="checkbox"/> Creatinine
<input type="checkbox"/> Calcium
<input type="checkbox"/> Magnesium
<input type="checkbox"/> Phosphate
<input type="checkbox"/> Chloride
<input type="checkbox"/> Myoglobin

LFTs

<input type="checkbox"/> Total Bilirubin
<input type="checkbox"/> Alk Phosphatase
<input type="checkbox"/> GGT
<input type="checkbox"/> ALT/SGPT
<input type="checkbox"/> Total Protein
<input type="checkbox"/> Albumin

<input type="checkbox"/> 15 lead EKG
<input type="checkbox"/> 12 lead EKG
<input type="checkbox"/> X-rays _____
<input type="checkbox"/> Ultrasound _____
<input type="checkbox"/> Other _____

Clinical History & Diagnosis:

(required for all requests)