

POLICY & PROCEDURE 25.10.5

LAST REVISION MADE ON:	12/13/21
LAST COMPLETE REVIEW:	12/13/21
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ATTACHMENT(S):	А

TITLE: Ultrasound Protocol, Urgent Care Services to Outpatient

- **POLICY:** Patients presenting to Urgent Care Services, and meeting the provider determined criteria for a lower extremity ultrasound to rule out a DVT, will follow the predetermined protocol to facilitate an outpatient ultrasound with the primary care physician making the treatment determination.
- *PURPOSE:* To provide the patient with streamlined/collaborative care in a cost effective/resource appropriate manner.
- **RESPONSIBILITY**/Urgent Care Physician/Advanced Practice Providers, Primary Care Providers, ED Physicians,
Scheduling, Ultrasound, and Radiology Receptionist
- **PROCEDURE:** The attached procedure/protocol will be followed when deemed appropriate by the Urgent Care Services provider and the patient's primary care provider:
- **POLICY OWNER:** Clinical Nursing Manager, Urgent Care Services
- **REVIEWED BY:** Clinical Nursing Manager, Urgent Care Services
- APPROVED BY: Director, Emergency & Urgent Care & Behavioral Health Services

POLICY & PROCEDURE 25.10.5 ATTACHMENT A

U	trasound Protocol:	Urgent Care Se	rvices to Outpat	ient
Provider	Central Scheduling	Patient Access	Ultrasound	РСР
Urgent Care Provid	erEvaluation			
Concern for DVT?				
No				
D/C				
8a-4:30p, M – F?				
No				
Transfe	er to ED			
Jrgent Care Provide PCP to discuss ultras				
Alternative				
plan recom				
Disposit	ion per			
alterna	te plan			
Permission given by PCP to order				
'Call/Wait'				
ultrasound with results to go to				
follow up PCP.				
UC faxes order to Ce	entral			
heduling at 616-394 order 'call/wait' ultra	-3528 to			
	sound.			PCP office faxes
UC faxes "DVT				signed order back Central Schedulin
Outpatient rasound order" to				at 616-394-3528 (Ultrasound will no
PCP office. (Form <u>55226</u>)	(UC Patients Scheduling calls UC at	U/C Patients		be performed unt
(. orm <u>33220</u>)	ext. 4254 with appointment	All patients are considered		this is received.)
	time.	registered	Patient arrives to	
D/C patient from			Radiology front desk for U/S	
Urgent Care				
			Call/Wait U/S done	Report called to PC
				PCP makes decisio
				on treatment



DVT Outpatient Ultrasound Order

	ORDERS			
To be completed by Urgent Care:				
Patient Name:				
DOB:				
MR #:				
Diagnosis Image: Leg pain Image: Right Leg Image: Leg edema Image: Left Leg Image: Other Image: Left Leg Image: Left Leg	Other Clinical History:			
☑ Call-wait				
ICD-10 Code (to support medical necessity):				
To be completed by PCP:				
Ordering Physician Signature (with credentials):	Time	9:		
Ordering Physician Name (please print):	Date	e:		
Call results to:				
Preferred method of contact after hours:				
FAX completed form to Central Scheduling at (616) 394-3528				

