



POLICY & PROCEDURE 25.10.5

LAST REVISION MADE ON: 12/13/21
LAST COMPLETE REVIEW: 12/13/21
PAGE: 1 of 2
ATTACHMENT(S): A

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.

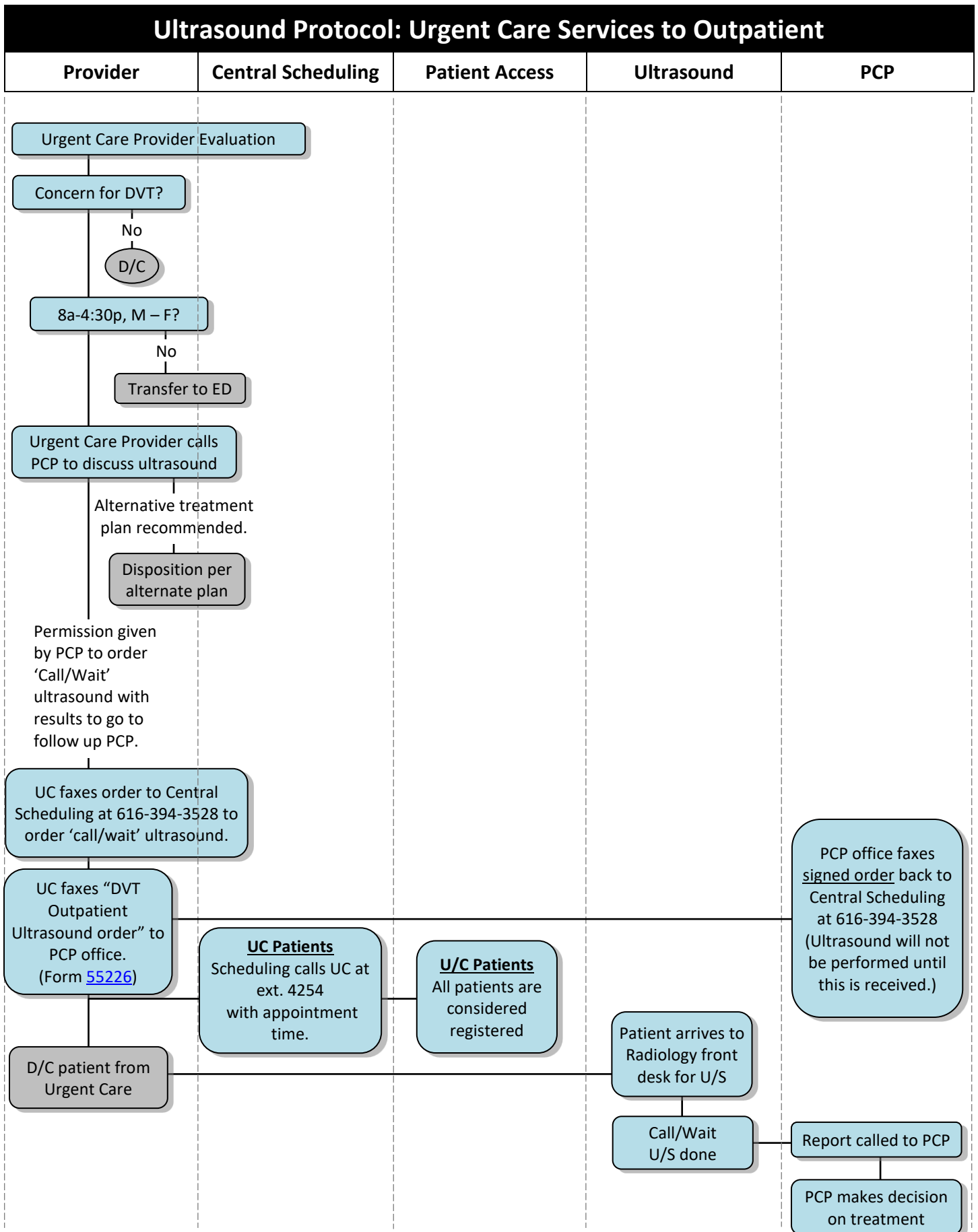
**RESPONSIBILITY/
SCOPE:** Urgent Care Physician/Advanced Practice Providers, Primary Care Providers, ED Physicians, Scheduling, Ultrasound, and Radiology Receptionist

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



DVT Outpatient Ultrasound Order

ORDERS

To be completed by Urgent Care:

Patient Name: _____

DOB: _____

MR #: _____

Diagnosis

- Leg pain
- Leg edema
- Other _____
- Right Leg
- 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: _____

Ordering Physician Name (please print): _____ Date: _____

Call results to: _____

Preferred method of contact after hours: _____

FAX completed form to Central Scheduling at (616) 394-3528

