# Washington University in St. Louis

## SCHOOL OF MEDICINE

Department of Obstetrics & Gynecology Division of Maternal-Fetal Medicine & Ultrasound

## Progress West & Shiloh IL, ULTRASOUNDS (GYN & OB)

YES	NO
Gynecologic Ultrasounds (TA and/or TV)	Rule out Ectopic/PUL
Viability/Dating < 14 weeks	First Look (11-13.6 weeks) – Nuchal
Standard (gestational age assignment/anatomic survey) (19–	Translucency measurement / Include
20 weeks) with transvaginal if < 24 wks	counseling
Specialized (Including, but not limited to: known or suspected)	<ul> <li>Amniocentesis (15–20 weeks)</li> </ul>
anatomic or genetic abnormality or increased risk for same;	• CVS (10–13 weeks)
AMA; IDDM; drug exposure; presence of ultrasound markers;	Pre-conception counseling / First Look
MC twins) with transvaginal if < 24 wks	counseling
Growth/Repeat (re-evaluation fetal size and/or re-	Counseling with diagnostic testing
examination of specific organs(s)	SIS (Saline Infusion Sonography)
Cervical length	Pre-pregnancy consult / OB consult
Umbilical and/or fetal Doppler	Co-management of care / Transfer of care
Limited – AFV, fetal position, placental location, FHM, rule out	Fetal care (Central West End – BJH – COH only)
ectopic, other:	

#### MoBap ULTRASOUNDS (GYN & OB)

YES		
Gynecologic Ultrasound (TA and/or TV)	Growth/Repeat (re-evaluation fetal size and/or	Fetal care
Rule out Ectopic/PUL	re-examination of specific organs(s) known or	(Central
<ul> <li>Viability/Dating &lt; 14 weeks</li> </ul>	suspected to be abnormal)	West End
First Look (11-13.6 weeks) – Nuchal	Biophysical profile (NSTs performed only at	– BJH –
Translucency measurement / Include	Center for Outpatient Health and Missouri Baptist	
counseling If needed	Medical Center)	COH only)
Standard (gestational age	Cervical length	
assignment/anatomic survey) (19–20	<ul> <li>Umbilical and/or fetal Doppler</li> </ul>	
weeks) with transvaginal if < 24 wks	• Limited – AFV, fetal position, placental location,	
Specialized (Including, but not limited to:	FHM, rule out ectopic, other:	
known or suspected anatomic or genetic	<ul> <li>SIS (Saline Infusion Sonography)</li> </ul>	
abnormality or increased risk for same;	<ul> <li>Amniocentesis (15–20 weeks)</li> </ul>	
AMA; IDDM; drug exposure; presence of	<ul> <li>CVS (10–13 weeks)</li> </ul>	
ultrasound markers; MC twins) with	Co-management of care / Transfer of care	
transvaginal if < 24 wks	Pre-conception counseling / First Look counseling	
	<ul> <li>Counseling with diagnostic testing</li> </ul>	



Carrie Gower
MFM & Fetal Care
Practice Manager
(314) 747-8379
Cell: (618) 719-1675
Fax: (314) 747-1429
cgower@wustl.edu



Jessica Bergmann
Ultrasound Clinic Manager
(314) 747-5316
Cell: (314) 766-2520
Fax: (314) 273-3530
jessica.m.bergmann@wustl.edu

#### \*\*EPIC USERS\*\* - ULTRASOUND ORDER CHEAT SHEET

\*\*\*You must type in the highlighted IMG code for the corresponding ultrasound

\*\*Reminder - if you need a consult in addition to an ultrasound,

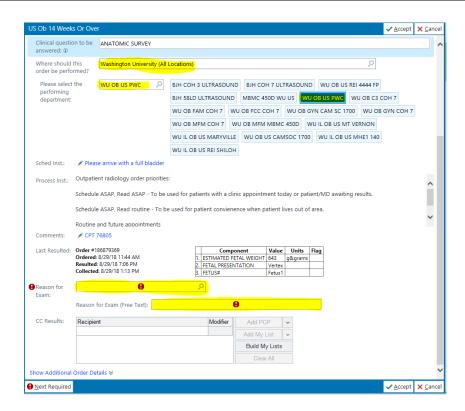
you must put in a referral (REF 430234) AND the US order

LMT	30 min scan	IMG2909- OB US LIMITED			
	Check Viability, PUL, Check Placenta, Dopplers or BPP's, Complete Anatomic Survey				
RPT	45 min scan	IMG2910- US OB FOLLOW UP			
	Check growth along with BPP and or Dopplers				
STN	60 min scan	IMG2907- US OB 14 WEEKS OR OVER			
	Anatomic Survey that's low risk				
SPC	60 min scan	IMG534- OB US DETAIL FETAL ANATOMY SINGLE OR FIRST GESTATION			
	Anatomic Survey high risk (AMA, BMI over 35, ART, IDDM, and family hist. of anomalies)				
GYN/	45 min scan	IMG2722- US PELVIS COMPLETE			
Pelvic	Non-pregnant pelvic ultrasound				
SIS	60 min procedure	IMG2721- US SONOHYSTEROGRAPHY			
GC	45 min appt	AMB Referral to OB GENETIC COUNSELING (do NOT use IMG9999). Process see next pg.			

On the right is an example of a *Standard Anatomy* scan

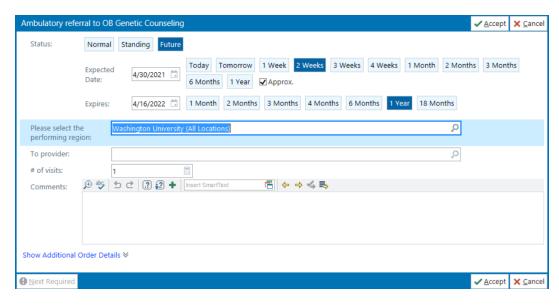
Select Washington University and the site where you would like the ultrasound scheduled.

In the free text below is where you can put any notes on reason for this ultrasound.



#### **NEW GENETIC COUNSELING ORDER**

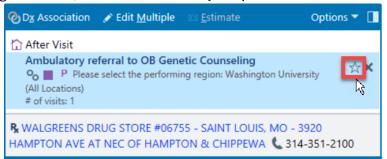
- 1. In the Visit Taskbar, at the bottom of the screen Click + Add Order
- 2. Enter AMB Referral to OB Genetic Counseling



- 3. Double-click the order to select if from the list.
- 4. Modify order details, such as the reason for referral and any required items
- 5. After updating the order details, click ✓ Accept

#### Add this NEW order to your Preference List

6. Before signing the order, click ☆ to add it to your preference list



- In the Add To Preference List window, enter any other details you want to use when you place this order in the future, and click Accept
  - a. In the **Display name** field, enter an easy-to- remember name for the order. The next time you need to place this order, you can search for your saved order using this name.
  - b. In the **Section** field, enter the section of your preference list in which you want this order to appear. Or, click **New Section** to add another section to your list.

# WASHINGTON UNIVERSITY MATERNAL-FETAL MEDICINE AND ULTRASOUND REFERRAL ORDER FORM NON-EPIC USERS

The most current version of this form can be found at: obgyn.wustl.edu/patients/ultrasound-genetics/screening-patient-forms/

Please fax required documents prior to scheduling to:			
314-747-1637			
☐ This form ☐ Insurance card (front and back)			
☐ Medical records			
If no response within 48 hours, please call 314-454-8181			

PATIENT NAME (last, first, M.I):			Date of birt	h:		
Interpreter □ Yes - If yes, language:	□No		'			
Patient address:						
Patient home phone:		Patient alternate pl	none:			
*Required* Insurance name (plan name):						
Name of policy holder:						
Policy ID #: ID#:		Relationship	to insured:			
Referring physician:		Office contact person:				
Office phone #:		Office fax #:				
Primary obstetrician, if not referring physi	cian:					
Preferred scan location: ☐ BJH - Center for Outpatient Health ☐ Missouri Baptist Medical Center ☐ Progress West Hospital ☐ Shiloh, IL*						
Indication for referral (DX):						
GYNECOLOGIC ULTRASOUND ☐ TA an	d/or TV	SIS (Saline Infusion	Sonography)			
OBSTETRIC ULTRASOUND LMP:	OBSTETRIC ULTRASOUND LMP: EDC: EDC based on LMP/Ultrasound/Other:					
Number of fetuses:						
☐ Rule out Ectopic/PUL ☐ Viability/	Dating < 14 weeks					
☐ First Look (11-13.6 weeks) – Nuchal Tra	nslucency measureme	nt / Include counsel	ing: □ Yes □ No			
☐ Standard (gestational age assignment/anatomic survey) (19–20 weeks) with transvaginal if < 24 wks						
☐ Specialized (Including, but not limited to: known or suspected anatomic or genetic abnormality or increased risk for same;						
AMA; IDDM; drug exposure; presence of	ultrasound markers; N	AC twins) with trans	vaginal if < 24 wks			
Growth/Repeat (re-evaluation fetal size and/or re-examination of specific organs(s) known or suspected to be abnormal)						
☐ Biophysical profile (NSTs performed only at Center for Outpatient Health and Missouri Baptist Medical Center)						
☐ Cervical length ☐ Umbilical and/or fetal doppler						
☐ Limited – AFV, fetal position, placental location, FHM, rule out ectopic, other:						
DIAGNOSTIC TESTING ☐ Amniocentesis (15–20 weeks) ☐ CVS (10–13 weeks) ☐ Fetal lung maturity  * Authorization may be required, please verify with the insurance company. Blood type is required.						
GENETIC COUNSELING ☐ Pre-conception counseling ☐ First Look counseling ☐ Counseling with diagnostic testing						
Please list indication (abnormal serum screen, personal/family history of heritable condition, cell-free fetal DNA testing, etc):						
MATERNAL-FETAL MEDICINE Indication	for referral (DX):					
☐ Pre-pregnancy consult ☐ OB cons	ult 🗆 Co-manag	ement of care	☐ Transfer of care	☐ Fetal care		
Requ	uired - Physician signat	ure:		Date:		