



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

YES	NO
<ul style="list-style-type: none"> Gynecologic Ultrasounds (TA and/or TV) Viability/Dating < 14 weeks 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; MC twins) with transvaginal if < 24 wks Growth/Repeat (re-evaluation fetal size and/or re-examination of specific organs(s)) Cervical length Umbilical and/or fetal Doppler Limited – AFV, fetal position, placental location, FHM, rule out ectopic, other: 	<ul style="list-style-type: none"> Rule out Ectopic/PUL First Look (11-13.6 weeks) – Nuchal Translucency measurement / Include counseling Amniocentesis (15–20 weeks) CVS (10–13 weeks) Pre-conception counseling / First Look counseling Counseling with diagnostic testing SIS (Saline Infusion Sonography) Pre-pregnancy consult / OB consult Co-management of care / Transfer of care Fetal care (Central West End – BJH – COH only)

MoBap ULTRASOUNDS (GYN & OB)

YES		NO
<ul style="list-style-type: none"> Gynecologic Ultrasound (TA and/or TV) Rule out Ectopic/PUL Viability/Dating < 14 weeks First Look (11-13.6 weeks) – Nuchal Translucency measurement / Include counseling If needed 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; MC twins) with transvaginal if < 24 wks 	<ul style="list-style-type: none"> 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: SIS (Saline Infusion Sonography) Amniocentesis (15–20 weeks) CVS (10–13 weeks) Co-management of care / Transfer of care Pre-conception counseling / First Look counseling Counseling with diagnostic testing 	<ul style="list-style-type: none"> Fetal care (Central West End – BJH – COH only)

*COH has all of the above



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**** 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
	<i>Check Viability, PUL, Check Placenta, Dopplers or BPP's, Complete Anatomic Survey</i>	
RPT	45 min scan	IMG2910 - US OB FOLLOW UP
	<i>Check growth along with BPP and or Dopplers</i>	
STN	60 min scan	IMG2907 - US OB 14 WEEKS OR OVER
	<i>Anatomic Survey that's low risk</i>	
SPC	60 min scan	IMG534 - OB US DETAIL FETAL ANATOMY SINGLE OR FIRST GESTATION
	<i>Anatomic Survey high risk (AMA, BMI over 35, ART, IDDM, and family hist. of anomalies)</i>	
GYN/ Pelvic	45 min scan	IMG2722 - US PELVIS COMPLETE
	<i>Non-pregnant pelvic ultrasound</i>	
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.

The screenshot shows the Epic interface for ordering a 'US Ob 14 Weeks Or Over' scan. The clinical question is 'ANATOMIC SURVEY'. The location is set to 'Washington University (All Locations)' and the department to 'WU OB US PWC'. A grid of other department options is visible, including 'BIH COH 3 ULTRASOUND', 'WU OB US REI 4444 FP', 'WU OB US PWC', and 'WU OB C3 COH 7'. Scheduling instructions include 'Please arrive with a full bladder' and 'Outpatient radiology order priorities'. A table of test results shows: 1. ESTIMATED FETAL WEIGHT: 643 g&grams; 2. FETAL PRESENTATION: Vertex; 3. FETUS#: Fetus1. The 'Reason for Exam' field is highlighted in yellow, and the 'Reason for Exam (Free Text)' area is also highlighted in yellow.

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**

Ambulatory referral to OB Genetic Counseling

Status: Normal Standing Future

Expected Date: 4/30/2021 Today Tomorrow 1 Week **2 Weeks** 3 Weeks 4 Weeks 1 Month 2 Months 3 Months

Expires: 4/16/2022 1 Month 2 Months 3 Months 4 Months 6 Months **1 Year** 18 Months

Please select the performing region: Washington University (All Locations)

To provider:

of visits: 1

Comments:

Show Additional Order Details

Next Required

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

Dx Association Edit Multiple Estimate Options

After Visit

Ambulatory referral to OB Genetic Counseling

Please select the performing region: Washington University (All Locations)

of visits: 1

WALGREENS DRUG STORE #06755 - SAINT LOUIS, MO - 3920
HAMPTON AVE AT NEC OF HAMPTON & CHIPPEWA 314-351-2100

7. 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

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.

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

PATIENT NAME (last, first, M.I):		Date of birth:	
Interpreter <input type="checkbox"/> Yes - If yes, language: <input type="checkbox"/> No			
Patient address:			
Patient home phone:		Patient alternate phone:	
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 physician:			
Preferred scan location: <input type="checkbox"/> BJH - Center for Outpatient Health <input type="checkbox"/> Missouri Baptist Medical Center <input type="checkbox"/> Progress West Hospital <input type="checkbox"/> Shiloh, IL*			
Indication for referral (DX):			
GYNECOLOGIC ULTRASOUND <input type="checkbox"/> TA and/or TV <input type="checkbox"/> SIS (Saline Infusion Sonography)			
OBSTETRIC ULTRASOUND	LMP:	EDC:	EDC based on LMP/Ultrasound/Other:
Number of fetuses:			
<input type="checkbox"/> Rule out Ectopic/PUL <input type="checkbox"/> Viability/Dating < 14 weeks <input type="checkbox"/> First Look (11-13.6 weeks) – Nuchal Translucency measurement / Include counseling: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Standard (gestational age assignment/anatomic survey) (19–20 weeks) with transvaginal if < 24 wks <input type="checkbox"/> 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; MC twins) with transvaginal if < 24 wks <input type="checkbox"/> Growth/Repeat (re-evaluation fetal size and/or re-examination of specific organs(s) known or suspected to be abnormal) <input type="checkbox"/> Biophysical profile (NSTs performed only at Center for Outpatient Health and Missouri Baptist Medical Center) <input type="checkbox"/> Cervical length <input type="checkbox"/> Umbilical and/or fetal doppler <input type="checkbox"/> Limited – AFV, fetal position, placental location, FHM, rule out ectopic, other:			
DIAGNOSTIC TESTING <input type="checkbox"/> Amniocentesis (15–20 weeks) <input type="checkbox"/> CVS (10–13 weeks) <input type="checkbox"/> Fetal lung maturity <i>* Authorization may be required, please verify with the insurance company. Blood type is required.</i>			
GENETIC COUNSELING <input type="checkbox"/> Pre-conception counseling <input type="checkbox"/> First Look counseling <input type="checkbox"/> 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):		
<input type="checkbox"/> Pre-pregnancy consult	<input type="checkbox"/> OB consult	<input type="checkbox"/> Co-management of care	<input type="checkbox"/> Transfer of care <input type="checkbox"/> Fetal care

Required - Physician signature:	Date:
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*Specialty services provided by Washington University Physicians in Illinois, Inc