Order Management of Pathology/Cytology Orders – RVH, CGMH, GBGH

From the orders screen type "pathology or cytology" from the search bar:



Pathology:

Choose which priority (ie Urgent) followed by clicking the red "Edit" button to fill out the appropriate pathology details. NOTE that depending on which facility you are at it will default the department ie Royal Victoria Regional Health

| Manage Order | List | | |
|--------------------------|--------|------------------|-------|
| 🖻 Order | Status | Start/Stop | Ģ |
| Surgical Pathology [PTH] | | | |
| Stat | | | |
| ✓ Urgent | New* | Mon Sep 13 15:16 | *Edit |
| Routine | | | |
| Timed | | | |
| DAILY | | | |

Continue to fill out the preop and clinical history followed by the specimen details. The cold ischemic time will auto calculate in the operative record if documented in SUR for OR cases.

| Edit Order | |
|--------------------------|---|
| Start/Stop | Status |
| Mon Sep 13 15:16 | New* |
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| o NOT edit this field it | |
| is for LAB only | |
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| Specimen A | |
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| | o NOT edit this field it is for LAB only Specimen A |

The requisition will print at the patient's location printer for CG and GB sites. RVH Only –will have to manually print their requisition (See Printing Requisition below)



| A | atomical Pathology Histology Requisitio | n | |
|---|--|---|--------------------|
| Pre-op & Clinical HX: | | Name: | TWO PHA |
| | | Med Rec Num: | V00000028 |
| | | Birthdate: | 02/02/1980 |
| Precautions: | | Age: | 41 |
| Date of Procedure: 13/09/2021 | 15:16 | Account#: | VA0005664/21 |
| | | HCN: | |
| | | Birth Sex: | м |
| | | Address: | 201 GEORGIAN DRIVE |
| Submitting Dr. Signature | | | |
| | | sition, labeling spe | |
| with patient name, HRN# and sp Specime | cimen excision site): Usa Harris is Verified in OR By: | | |
| with patient name, HRN# and sp Specime | s Verified in OR By: | | |
| with patient name, HRN# and sp Specime | comen excision responsive for completing require cimen excision site): Lisa Harris is Verified in OR By: PHYSICIANS REQUIRING COPY OF REPORT (last & f | ïrst names) | |
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Cytology:

Choose which priority (ie Urgent) followed by clicking the red "Edit" button to fill out the appropriate pathology details. NOTE that depending on which facility you are at it will default the department ie Royal Victoria Regional Health

| * Specimen A Time Collected • Specimen B • Time Collected • Specimen C • Time Collected • Specimen D • | * Specimen A Time Collected | on Gynecological Cytology (PTH) Urgent Department Royal Victoria Regional Health Procedures Vantage Label Receipt/Accession/Hx Review/Sort/R DO NC for L | New* | |
|--|--|--|------|--|
| Specimen C Time Collected · | Specimen C Time Collected Specimen E Time Collected Specimen E | Specimen A Time Collected Specimen B Time Collected | | |
| | Specimen E Time Collected • | Specimen C Time Collected | | |

Fill out the appropriate specimen information and the requisition will print at the patient's location printer for CG and GB sites. RVH Only –will have to manually print their requisition



| | Anatomical Pathology | y Histology Requisition |
|---|--|---|
| | | |
| Pre-op & Clinica | al HX: | Name: iPeople Lisa Test |
| | | Med Rec Num: V000005108 |
| | | Birthdate: |
| Precautio | ns: | Age: 67 |
| Date of Procedu | are: 14/09/2021 15:24 | Account#: VA0004549/21 |
| | | HCN: |
| | | Address: 201 Georgian Drive |
| submitting | Dr. Signature: | |
| Nurse/Imaging | Dr. Signature: Staff Medititech Mnemonics (Person respo me, HRN# and specimen excision site): Specimens Verified in OR By: | nsible for completing requisition, labeling specimen containers sa Harris |
| Nurse/Imaging with patient na | Dr. Signature: Staff Medilitech Mnemonics (Person respo me, HRN# and specimen excision site): Specimens Verified in OR By: PHYSICIANS REQUIRING | nsible for completing requisition, labeling specimen containers sa Harris 5 COPY OF REPORT (last & first names) |
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| Surgeon/Submi Rad Surgeon/Submi Rad SPECII Indicat Specimen A Time Collected | Dr. Signature: Staff Medittech Mesmonics (Person respo Me, HNP and specimen excision site): U Specimens Verified in OR By: PHYSICIANS REQUIRING Utting Dr. Lisa Harris Noopait: HEN DESCRIPTION: Excision Site & Orienti tar Hig printext 15.24 | nnible for completing requisition, labeling specimen containers so Harris 3 COPY OF REPORT (last & first names) Pamily Provider Name: Andre Valentin Bedard Other ng sutures MAGING (IM) first |
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Printing Requisitions:

From the current orders screen, choose "edit multiple" on the footer

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| Curre | nt Orders Tr | an | sfer Orders 🔂 Hold Qu | eue History | |
| | New Ord | ler | s New Meds New Set | s | |
| | Category - | cə | Ordering Provider | Start | Renew/ |
| | Code Level | | Harris, Lisa, MD | 04/08/2021 17:50 | |
| narge | | | | | |
| | ADT | | Dennis, Nicole, RN | 17/08/2021 19:44 | |
| toring | | | | | |
| | Assessment | | Harris, Lisa, MD | 04/08/2021 20:38 | |
| | Assessment | | Harris, Lisa, MD | 04/08/2021 17:50 | |
| | Assessment | | Harris, Lisa, MD | 04/08/2021 17:50 | |
| | Assessment | | Harris, Lisa, MD | 04/08/2021 17:50 | |
| | Assessment | | Harris, Lisa, MD | 04/08/2021 17:50 | |
| | Assessment | | Harris, Lisa, MD | 04/08/2021 17:50 | |
| | Assessment | | Harris, Lisa, MD | 04/08/2021 17:52 | |
| | Assessment | | Harris, Lisa, MD | 04/08/2021 17:50 | |
| | Assessment | | Harris, Lisa, MD | 04/08/2021 17:50 | |
| | Assessment | | Harris, Lisa, MD | 04/08/2021 17:50 | |
| | Assessment | | Harris, Lisa, MD | 10/08/2021 09:45 | |
| | Assessment | | Harris, Lisa, MD | 04/08/2021 17:50 | |
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| | Care Plan | | Harris, Lisa, MD | 04/08/2021 17:50 | |
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| | Rec | on | cile Edit Multiple | | |

Select the Pathology or Cytology order and Print on the footer to choose your printer destination

| 17 123 1115/11 | | | | |
|---|----------------|----------------------|------------------|------------------|
| Pathology | | | | |
| Surgical Pathology [PTH | Pth | Harris, Lisa, MD | 14/09/2021 14:28 | Ordered |
| Post Discharge/Outpatient Appt | | | | |
| Post Discharge Follow-u | Appts | Harris, Lisa, MD | 04/08/2021 17:50 | Ordered |
| Protocol | | | | |
| Protocol Acute Ischemic | Protocol | Harris, Lisa, MD | 04/08/2021 17:50 | Active |
| Protocol Hypoglycemia | Protocol | Harris, Lisa, MD | 04/08/2021 17:50 | Active |
| Referrals | | | | |
| Referral Dietitian Order | Referral | Harris, Lisa, | 04/08/2021 18:45 | Active |
| | | | | |
| | | | | |
| Start Stop Hold/ Collect | Link/ Acknowle | edge Complete Verify | Print Undo | Back Next Submit |

Be sure to update the number of copies if required.



| | р | rint Orders | | | | |
|-----------------------------|----------|---------------|------|------|---------|----------|
| of 1 Selected | | | | | | |
| Selected Orders | Category | Start | | Stop | Status | |
| Surgical Pathology [PTH | Pth | Tue Sep 14 14 | 1:28 | | Ordered | |
| Surgical Pathology Requisit | ion Form | | | | | |
| | | | | | |]] ~ |

