

Vascular and Interventional Radiology

Resident Clinic

Handbook



Maine Medical Center

Resident Instructions

1. If you are the VIR resident, you must check the VIR-Clinic calendar daily in GroupWise to see if any patients are scheduled for that week.
 - a. Last-minute add-ons can and have occurred.
 - b. Refer to **Appendix A: Setting up your VIR_CLINIC GroupWise account** and/or **Appendix B: Checking the VIR-Clinic GroupWise calendar** if you need help with this step.
2. Review any available and relevant patient history and imaging prior to the day of the patient's scheduled visit.
3. Refer to **Appendix C: VIR-Clinic patient protocols** to ensure that you understand the necessary patient information to gather at the time of the patient's visit.
4. On the morning of the patient's visit, review the consult/follow-up with an attending prior to the patient's arrival.
5. **Please inform the charge technologist in VIR of the time(s) of the expected clinic visit(s) first thing in the morning.** The charge tech needs this information to help plan the day.
6. Inform the receptionist at the main radiology reception desk that you are the resident to page when patients arrive.
7. When the patient arrives at the main radiology reception desk, the receptionist will check in the patient and instruct the patient to be seated in the reception area.
8. The receptionist will page you.
9. Walk to the reception area and introduce yourself to the patient. Wear your ID.
10. Escort the patient to the Radiation Oncology exam room (**Room #3**).
11. Gather a history and review of systems and perform a physical exam.
 - a. You should take notes as you will complete your formal consult/follow-up note in Logician at a later time.
 - b. There is a stethoscope and blood pressure cuff in the drawer to the right of the sink.
 - c. If you are performing a physical exam on a vascular patient, the patient should change into a gown prior to the exam to facilitate palpation of femoral,

popliteal, and distal pulses. You also need to examine the lower extremities for edema and skin changes.

- i. Gowns are located in the cabinet immediately to the right of the sink.
- ii. Ask the patient to change into the gown, pull the curtain for privacy, and step out of the room while the patient changes.

12. Once the interview and exam are complete, inform the patient that you need to confer with an attending Vascular and Interventional Physician.

- a. Explain that you will be out of the room while you locate an attending and discuss the case with him/her.
- b. Explain that you will return with the attending.
- c. **It is critical that you inform the patient that it may take some time to return with the attending depending on the cases that are occurring at that moment in time.** This step often is the longest portion of the visit for the patient, and you want to manage expectations.

13. Find an attending with whom to review the case.

- a. If both attendings assigned to VIR are busy, see if there is a VIR attending in another section who may be able to help you (examples: RTP on nucs or TAD on neuro).
- b. **An attending must meet the patient.**

14. After the attending has met the patient and after you have reviewed the care plan with the patient, escort the patient back to the main radiology reception area.

- a. Be sure to give the patient any prescriptions for medications or lab tests prior to his/her departure.
- b. The patient is free to go.

15. Return to Room #3 and prep the room. **Do not forget this step.** We are guests of Radiation Oncology.

- a. Place any used gowns in the laundry hamper.
- b. Change the paper on the exam table.
- c. Return the stethoscope and/or blood pressure cuff to the drawer.

16. Complete your consult/follow-up note in Logician (refer to **Appendix D: Logician instructions** and **Appendix E: Sample consult note**).

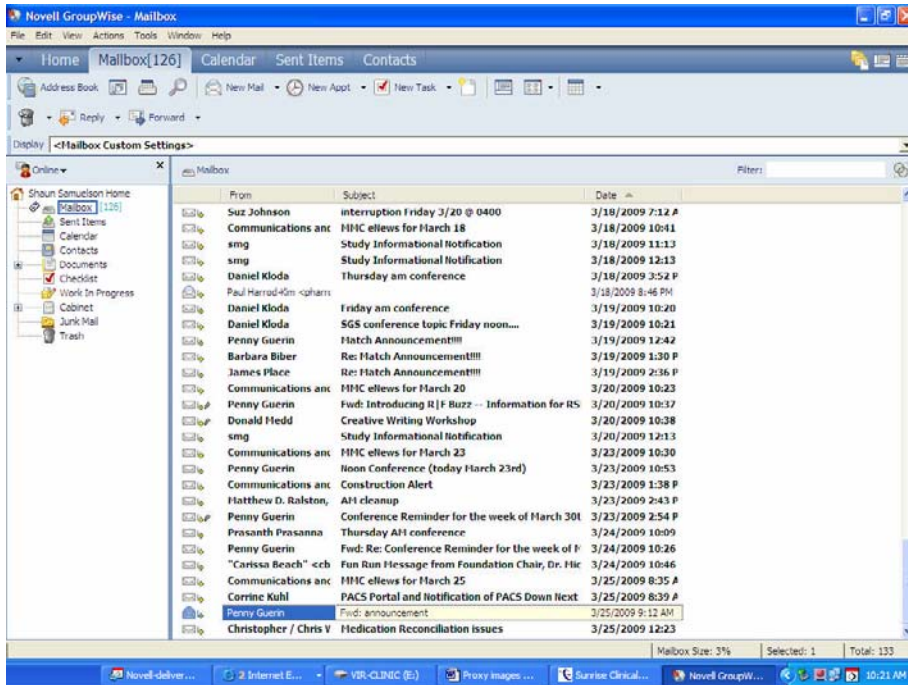
17. Route your note in Logician to the appropriate attending once you have reviewed the note with the attending.
 18. **Give your patient information to the resident clinic director so that he/she can record it in the VIR-Clinic patient log book.** This step is essential as we are compiling data for future publications.
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19. If your patient needs imaging, determine if your patient needs pre-certification (see **Appendix F: Imaging pre-certification instructions**) and obtain pre-certification if necessary.
 20. Once you obtain pre-certification (if necessary), order imaging by calling scheduling at 885-7750.
 - a. Press 2 for ultrasound or CT
 - b. Press 3 for MRI
 - c. Press 4 for nuclear medicine
 - d. If you need to fax an order for the exam to scheduling, print out **Appendix G: Outpatient imaging form**, complete the form, and fax it to 885-7758
 21. **Once an imaging study is scheduled, you must call your patient and relay this information to him/her.**
 - a. Your patient's contact numbers are listed in Logician and (in some cases) SCM
 22. If your patient needs a procedure and if all prerequisite labs and imaging have been obtained, print out and complete **Appendix H: Procedure order form** and give it to the VIR scheduler.
 - a. The scheduler's extension is x2148 if you have questions
 23. Once the VIR scheduler has provided you with the procedure date and time, **you must call your patient and relay this information to him/her.**
 - a. Your patient's contact numbers are listed in Logician and (in some cases) SCM.
-

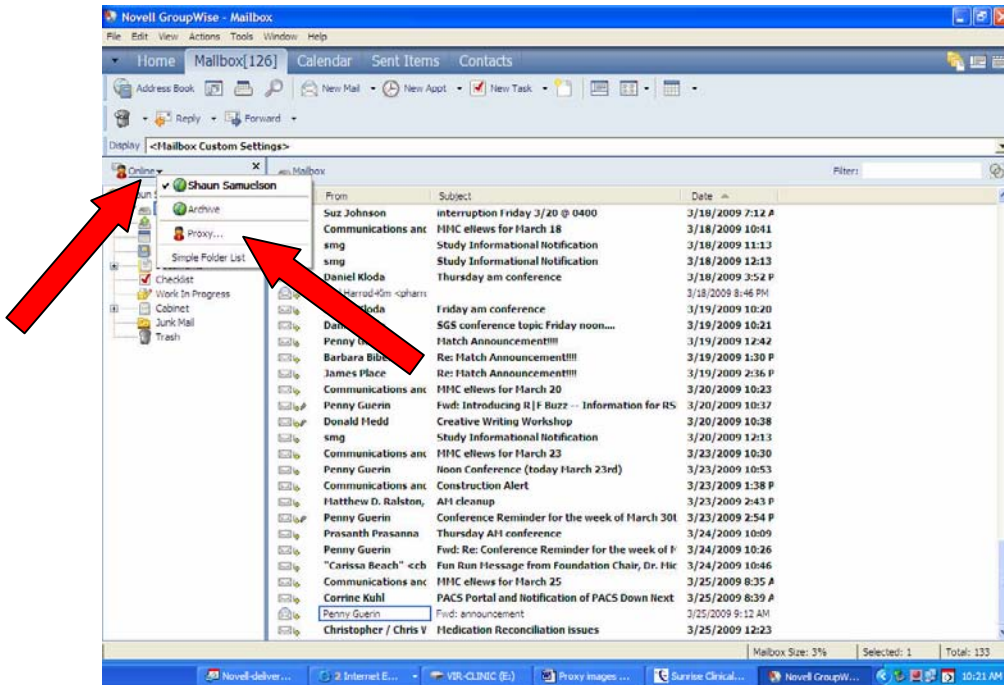
24. If a clinic patient has a procedure, your post-procedure plan should be included in your procedure dictation in RTAS.
 - a. Example: When should the patient follow up in the resident clinic? Are you starting the patient on any new medications? Is the patient to have any follow up imaging?
25. Ask the VIR scheduler (extension x2148) for a follow up appointment date and time (he/she will fill these items out on an appointment card for you).
26. Give the appointment card to your patient before he/she is discharged from RADCU.
27. Discuss your plan for your patient with him/her prior to discharge from RADCU.
28. After your patient has been discharged, send an email to the referring resident.
 - a. Let him/her know what was done, how the patient did, and when the patient will follow up in our clinic.
 - b. Thank him/her for the consult.

Appendix A: Setting up your VIR_CLINIC GroupWise account.

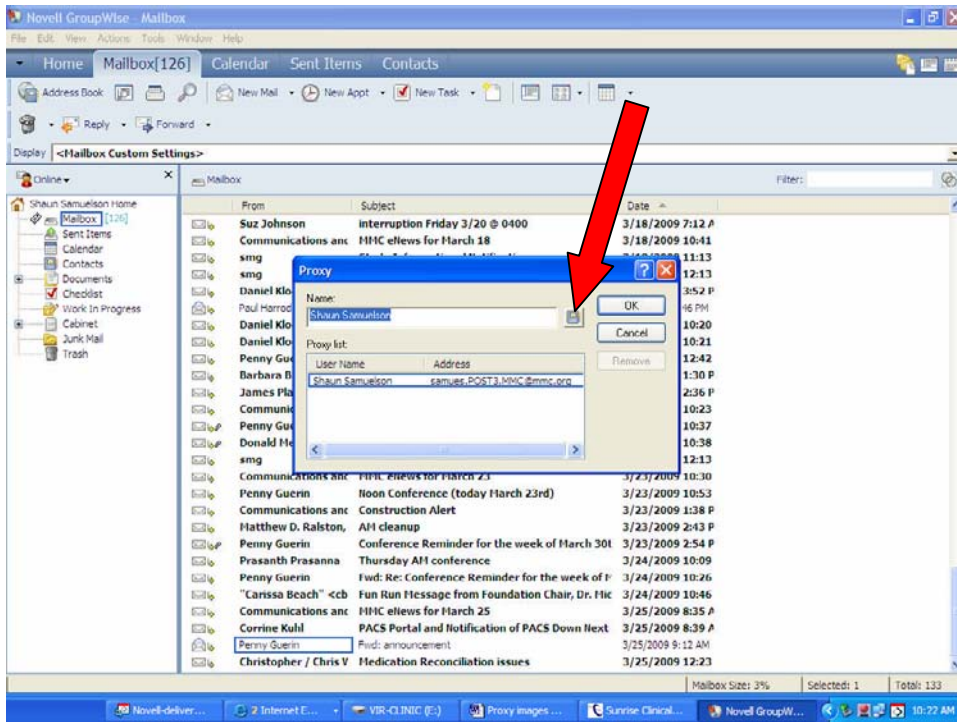
1. Log in to your GroupWise account.



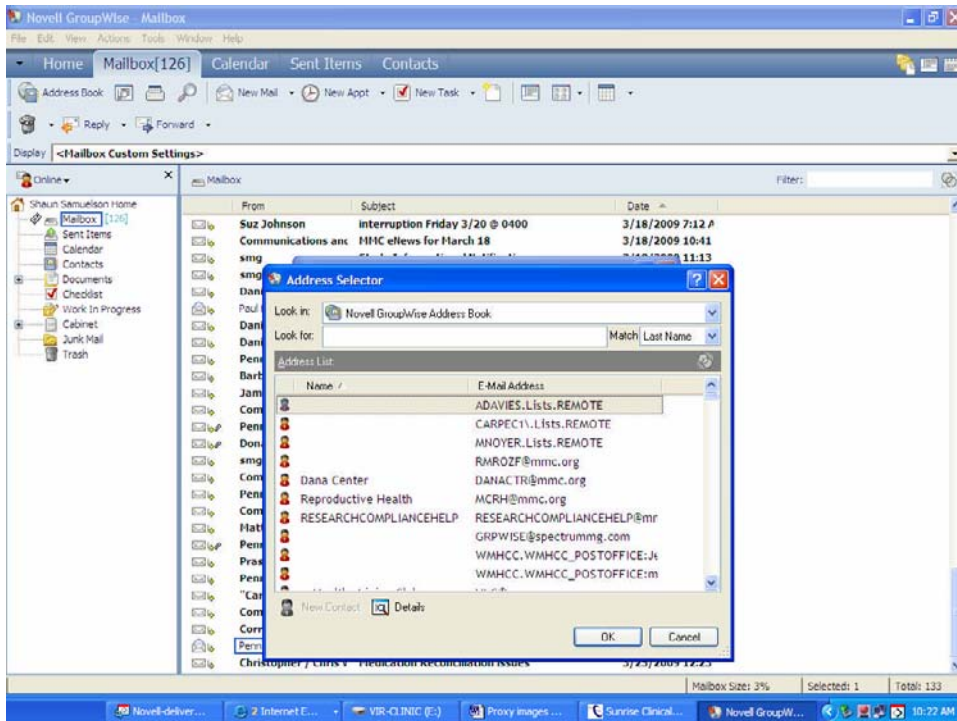
2. Click on the **Online** button in the upper left corner. A drop-down menu will appear. Click on **Proxy...**



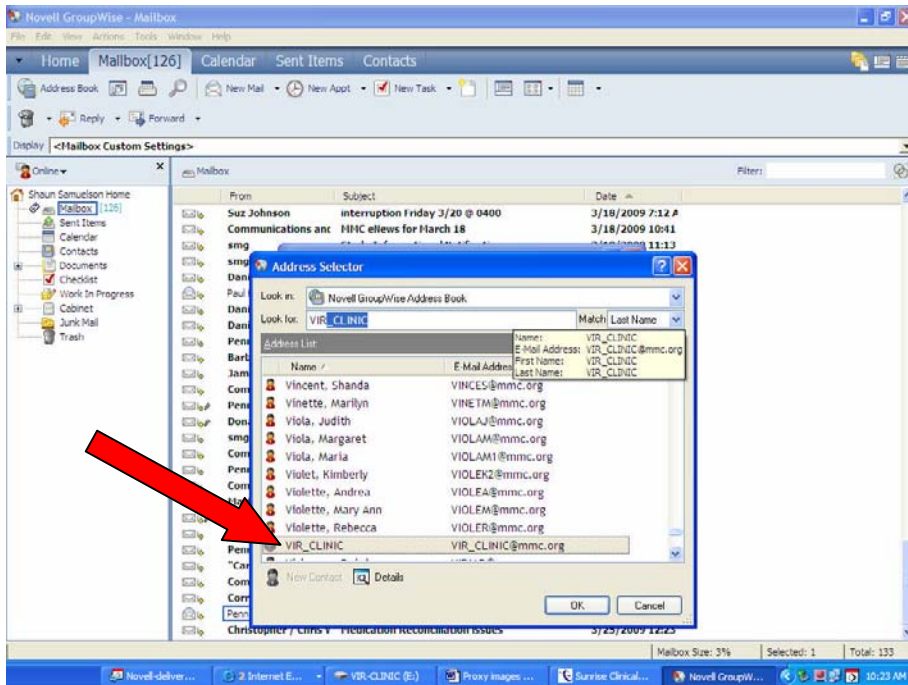
3. A **Proxy** box will appear. Click on the symbol to the right of the name box.



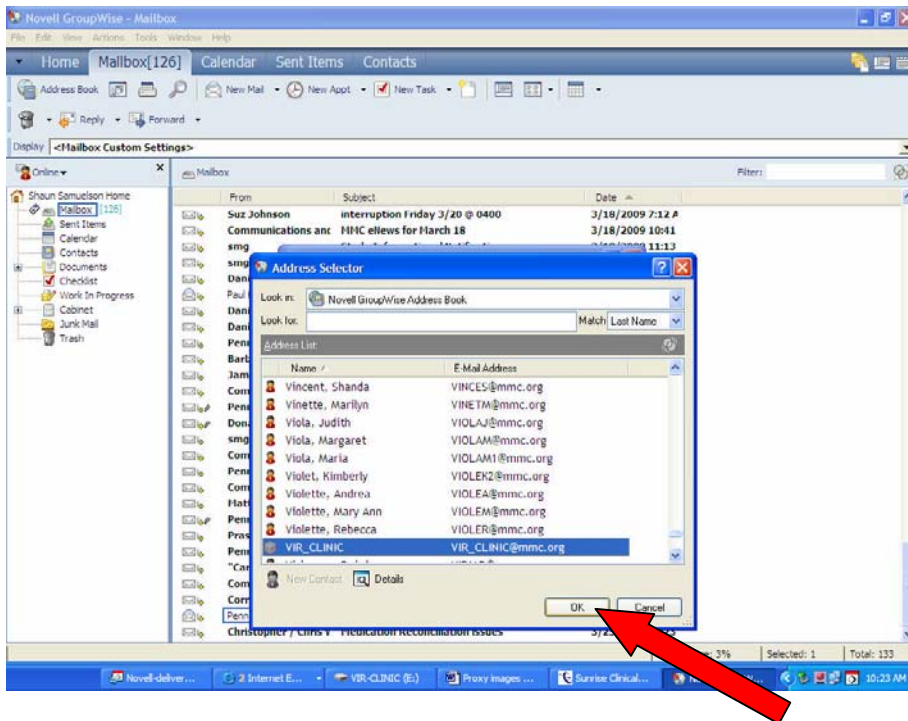
4. An **Address Selector** box will appear.



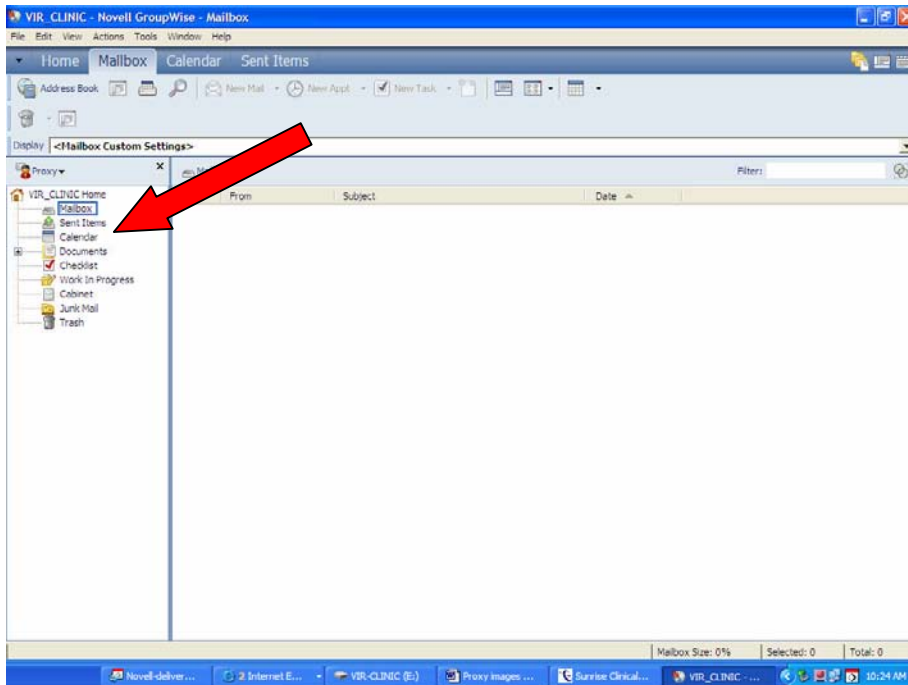
5. In the **Look for:** box, type **VIR**. **VIR_CLINIC** will appear as a choice on the **Address List**.



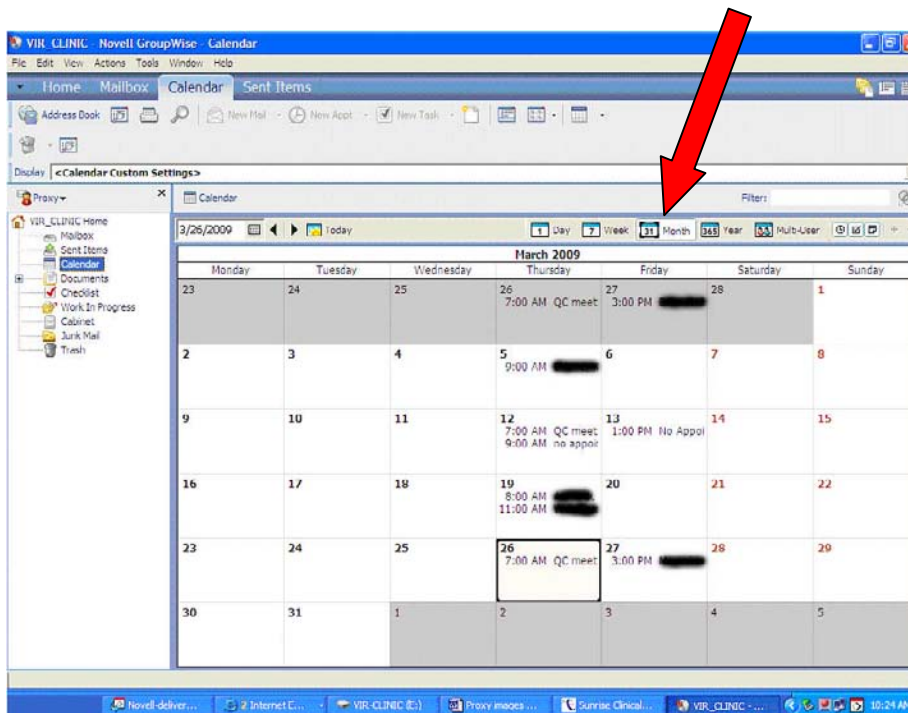
6. Click on **VIR_CLINIC**. Click the **OK** button.



7. The **VIR_CLINIC GroupWise** homepage will appear. Click on the **Calendar** button on the top left.

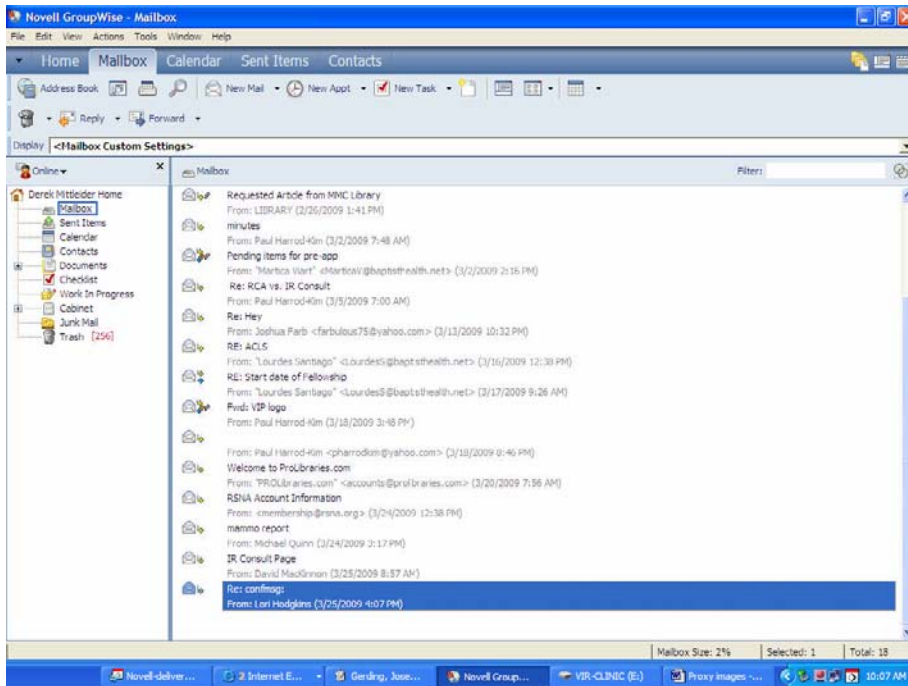


8. The clinic calendar will appear. You can click on any listed appointment to view the specifics about the consult/follow-up. If your screen doesn't look like the image below, be sure that you have selected the **Month** view.

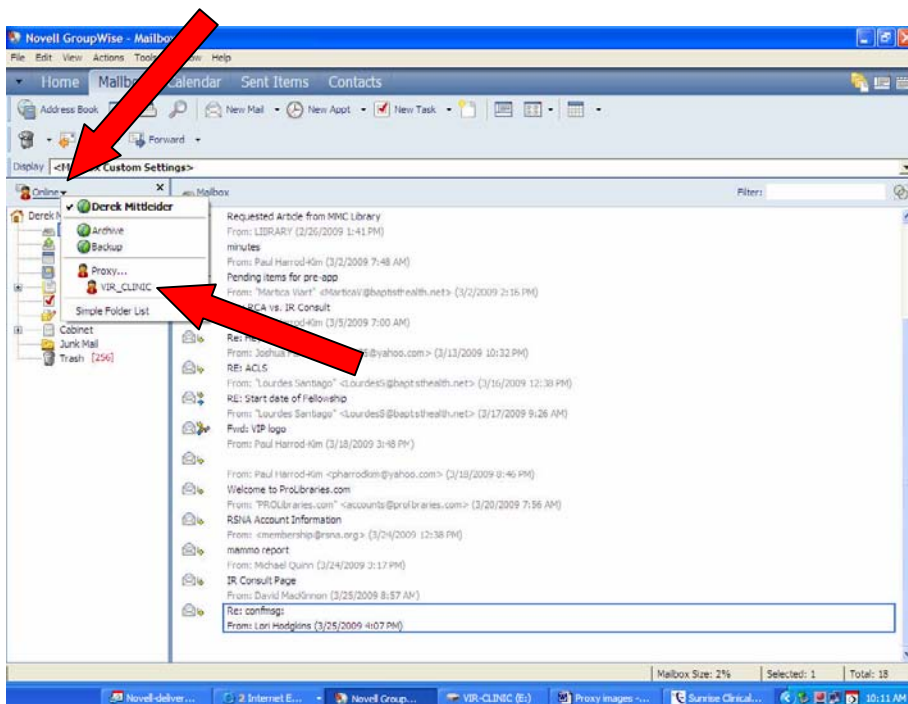


Appendix B: Checking the VIR-Clinic GroupWise calendar

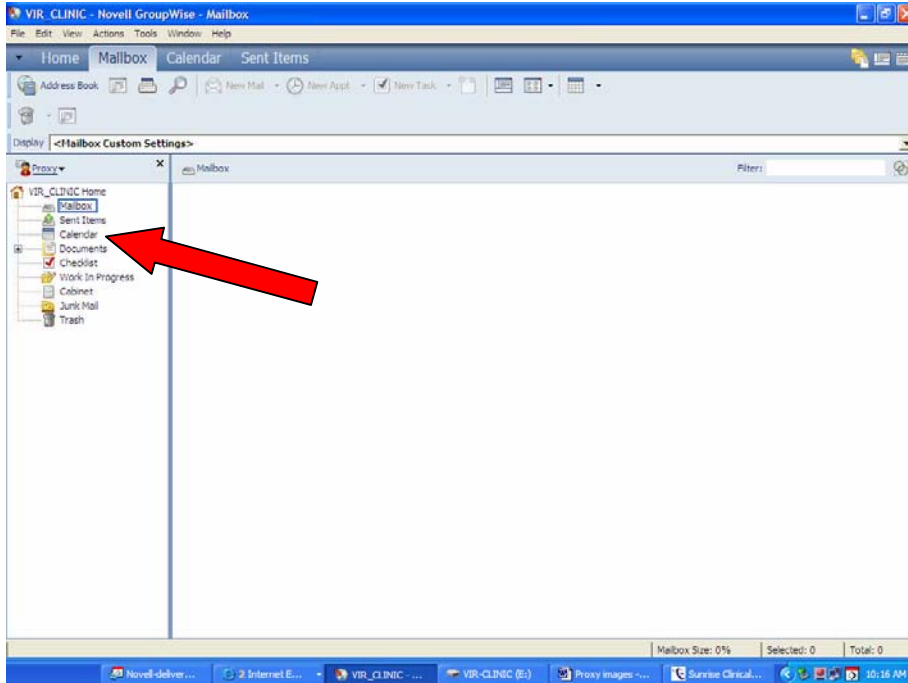
1. Open your GroupWise email account. You must have already set up your proxy account (see **Appendix A**).



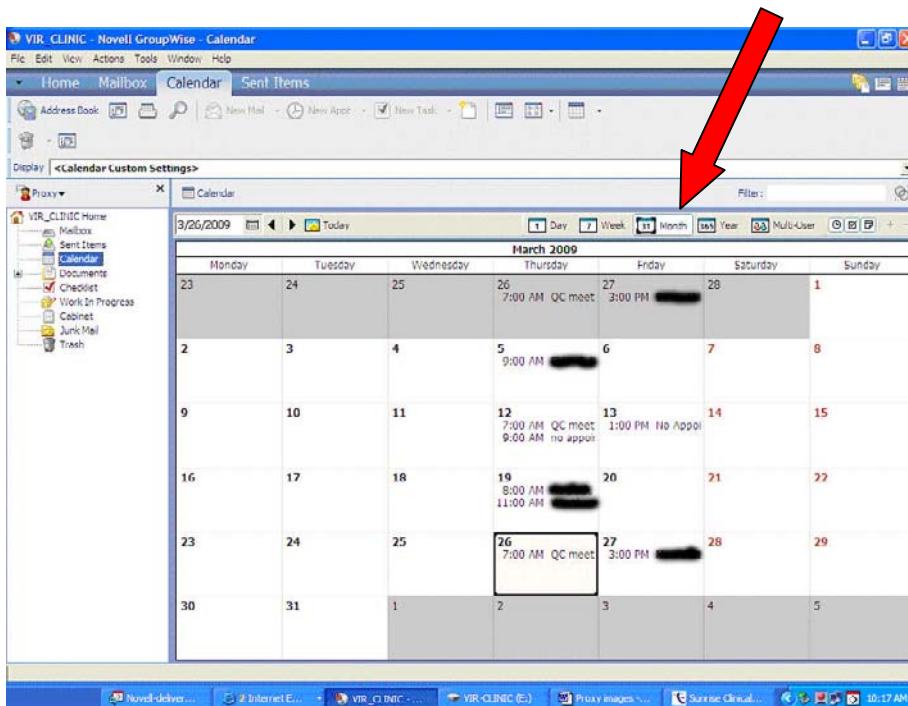
2. Click on the **Online** button on the top left. A drop-down menu will appear. Click on **VIR_CLINIC** (under **Proxy...**)



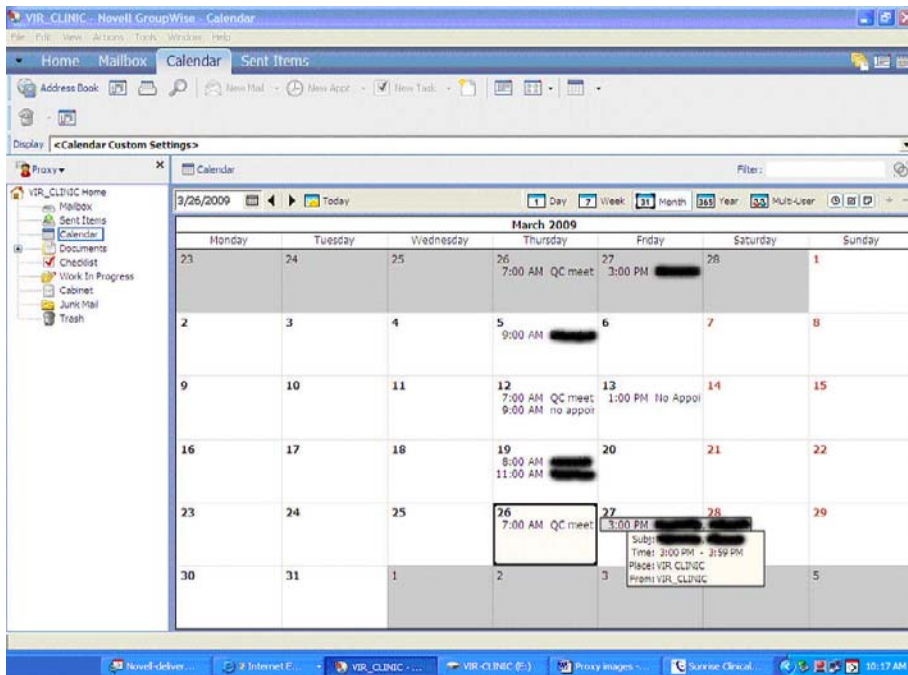
3. The **VIR_CLINIC Mailbox** will open. Click on **Calendar**.



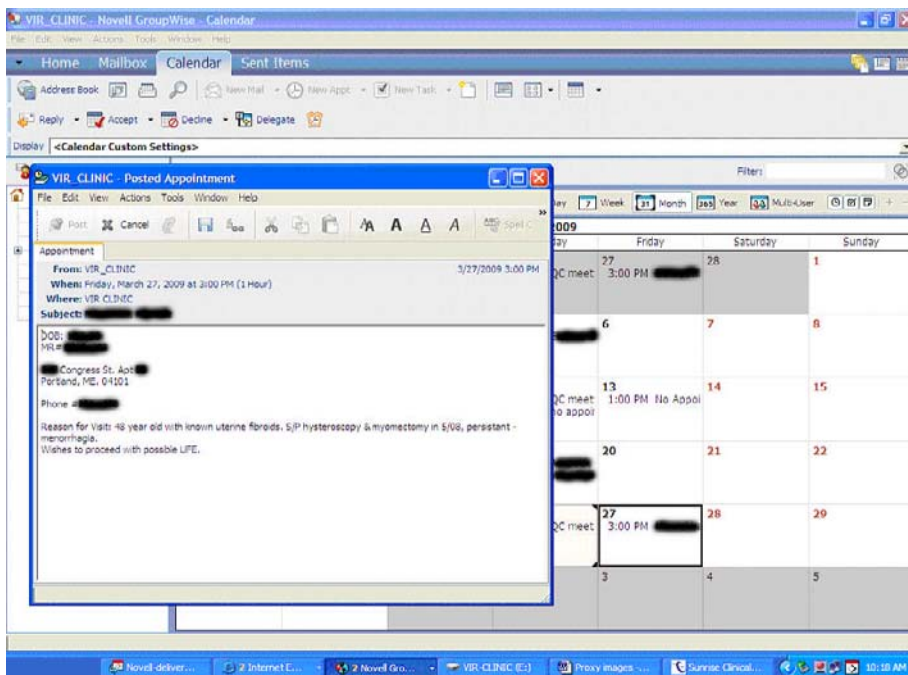
4. The clinic calendar will open. If you do not see a screen like the one below, try clicking on the Month button.



5. If you move your cursor over a patient appointment, the patient's full name will appear.



6. If you double-click on a patient name, a second window will open that will contain pertinent information about the patient and the reason for the referral.



Appendix C: VIR-Clinic patient protocols

Suggested protocols for sample indications of patients referred to VIR clinic

(Disease processes may be known or suspected)

Uterine fibroids:

Questions to ask:

- What are the patient's symptoms?
- How long has the patient had symptoms?
- Are the patient's symptoms related to pain, bleeding, bulk, or a combination?
- Regarding symptoms related to bleeding, does the patient complain of heavy bleeding, irregular bleeding (not related to normal periodic cycles), or both?
- Are the patient's pain symptoms periodic, irregular, or constant?
- Has the patient undergone prior gynecologic procedures?
- Is there prior imaging?

Imaging:

- Pelvic MR with and without contrast

Adenomyosis:

Questions to ask:

- What are the patient's symptoms?
- How long has the patient had symptoms?
- Are the patient's symptoms related to pain, bleeding, or both?
- Regarding symptoms related to bleeding, does the patient complain of heavy bleeding, irregular bleeding (not related to normal periodic cycles), or both?
- Are the patient's pain symptoms periodic, irregular, or constant?
- Has the patient undergone prior gynecologic procedures?
- Is there prior imaging?

Imaging:

- Pelvic MR with and without contrast

Symptomatic pelvic varices:

Questions to ask:

- What are the patient's symptoms?

- How long has the patient had symptoms?
- Is the patient parous?
- Are the patient's symptoms related to position (standing, bending, etc) or activity (sex, etc.)?
- Has the patient undergone prior gynecologic procedures (specifically, has the patient undergone diagnostic laparoscopy to assess for endometriosis)?
- Has the patient been placed on hormone therapy? Has hormone therapy improved her symptoms?

Imaging:

- Pelvic MR with and without contrast + pelvic MRV

Peripheral vascular disease:

Questions to ask:

- What are the patient's symptoms?
- Where does the patient have pain (calves, thighs, lower back, etc)?
- Does the pain occur while walking?
 - How many flights of stairs/blocks can the patient walk before symptoms begin?
 - Are symptoms relieved with rest?
- Does the patient have pain that wakes him/her from sleep?
- Does the patient have to hang his/her foot off the side of the bed to make the pain stop?
- Does the patient have chest pain with exertion?
- Is the patient short of breath with exertion?
- Has the patient had prior vascular surgery or has the patient undergone prior endovascular intervention?
- Does the patient have prior imaging?
- Is the patient having trouble completing activities of daily living?
- What are the patient's expectations following any intervention?
 - For example, does the patient wish to walk his/her dog or walk up the stairs without leg pain, or does the patient have more ambitious desires such as running a marathon?
 - The answer to this question will help you to manage expectations.
- Does the patient smoke?

Imaging:

- Lower extremity ABI's, segmental arterial pressures and waveforms, and PVR's
- If first test confirms expected levels of disease, proceed to angiography and intervention
- If first test does not confirm expectations, proceed to MRA or CTA

- If CTA/MRA demonstrates actionable disease, proceed to angiography and intervention

Renovascular hypertension:

Questions to ask:

- What are the patient's symptoms?
- Is the patient hypertensive?
 - Is the patient hypertensive on anti-hypertensive medications?
- How many and which anti-hypertensive medications does the patient currently take?
- Which anti-hypertensive medications has the patient taken in the past?
- How old was the patient when he/she was diagnosed with hypertension?
- Does the patient have a family history of hypertension?
- Has the patient's hypertension more recently been difficult to control?
- Has the patient undergone prior vascular surgery or prior endovascular intervention?
- Does the patient have prior imaging?
- Does the patient have known peripheral vascular disease?

Imaging:

- If patient is thin, renal artery doppler exam
- If patient is not thin, renal MRA

Bone pain:

Questions to ask:

- What are the patient's symptoms?
- Does the patient have known cancer?
- Does the patient have a history of insufficiency fracture or osseous metastatic disease?
- Does the patient have a history of osteoplasty?
- Does the patient have a pacemaker (contraindication to MR)?
- Does the patient have prior imaging?

Imaging:

- If there is a known acute/sub-acute insufficiency fracture with available imaging, no further imaging is necessary
- If there is a question of the acuity of an insufficiency fracture or if there is a question of the nature of the fracture (insufficiency versus pathologic), MR of the region of interest

- If the patient cannot have an MR, CT the region of interest

Deep vein thrombosis:

Questions to ask:

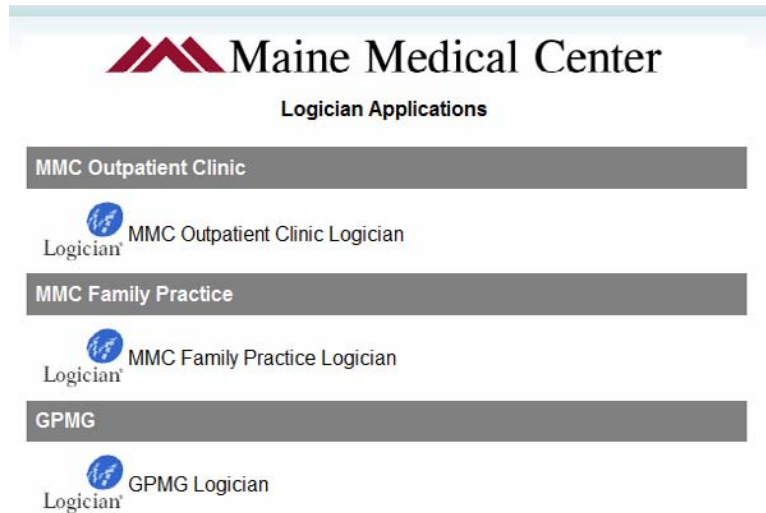
- What are the patient's symptoms?
- When did the patient first experience symptoms (days, weeks, years ago?)
- Does the patient have a history of venous thrombosis?
- Does the patient have a family history of venous thrombosis?
- Does the patient have a known coagulopathy?
 - Has the patient undergone a work-up in the past for a coagulopathy?
- Does the patient have known cancer?
- Does the patient have a history of a recent event that may have contributed to thrombosis (travel, bed rest, surgery)?
- Is the patient on anticoagulation?
- Does the patient have a venous filter in place?
- Does the patient have prior imaging?

Imaging:

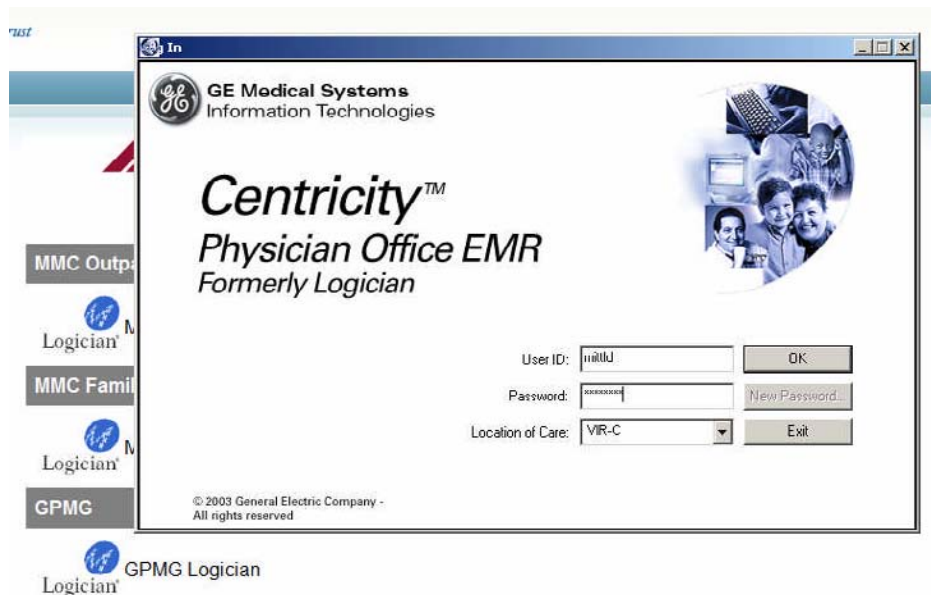
- Lower extremity ultrasound if there is clinical need to document the extent or nature of the thrombosis
- Proceed to venography and lysis

Appendix D: Logician instructions

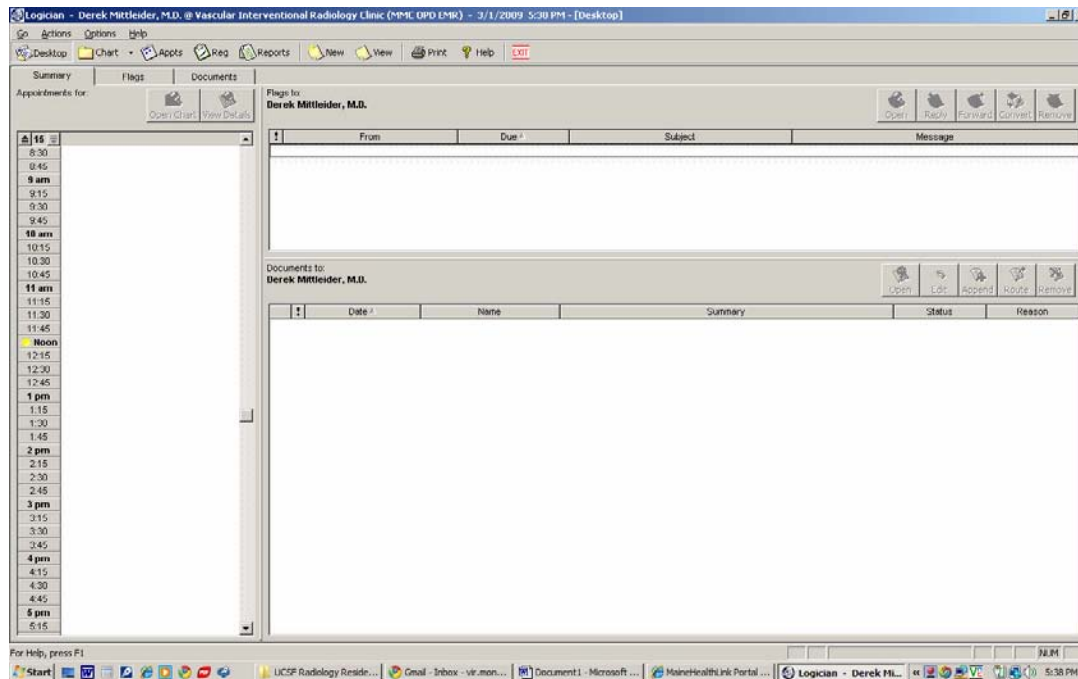
1. Click on the **Logician** link on the Maine Medical Center home page. The following image will appear in the lower portion of your screen:



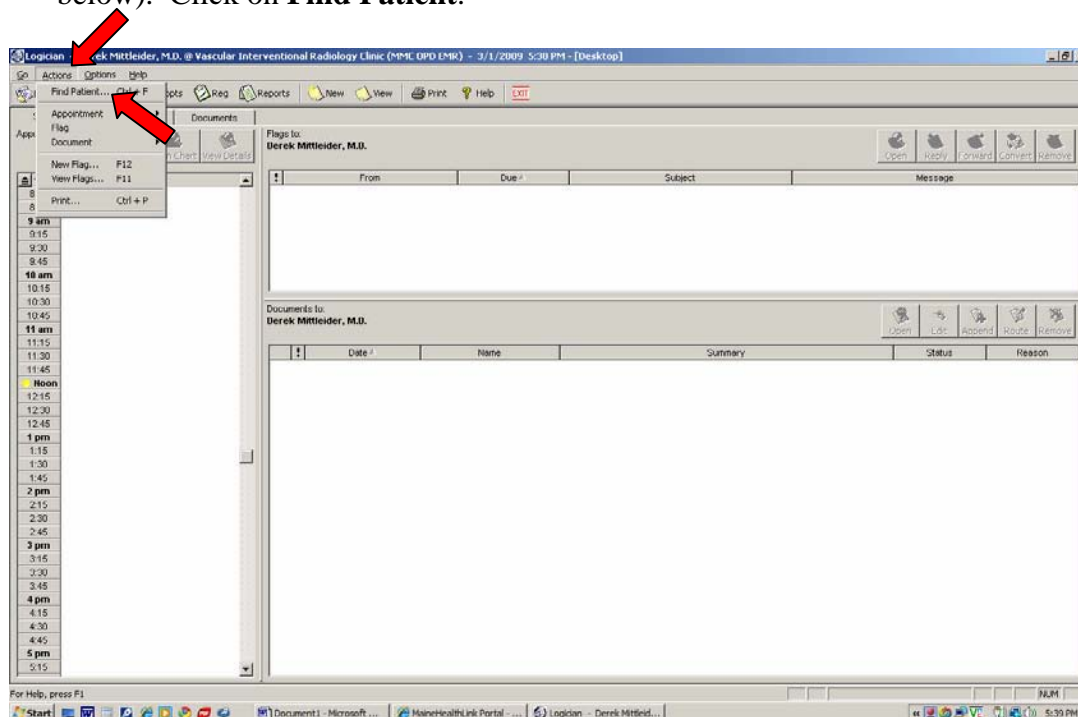
2. Simultaneously hold the **Control** key on the keyboard and click on the **MMC Outpatient Clinic Logician** link. Continue to hold the **Control** key until the following window appears:



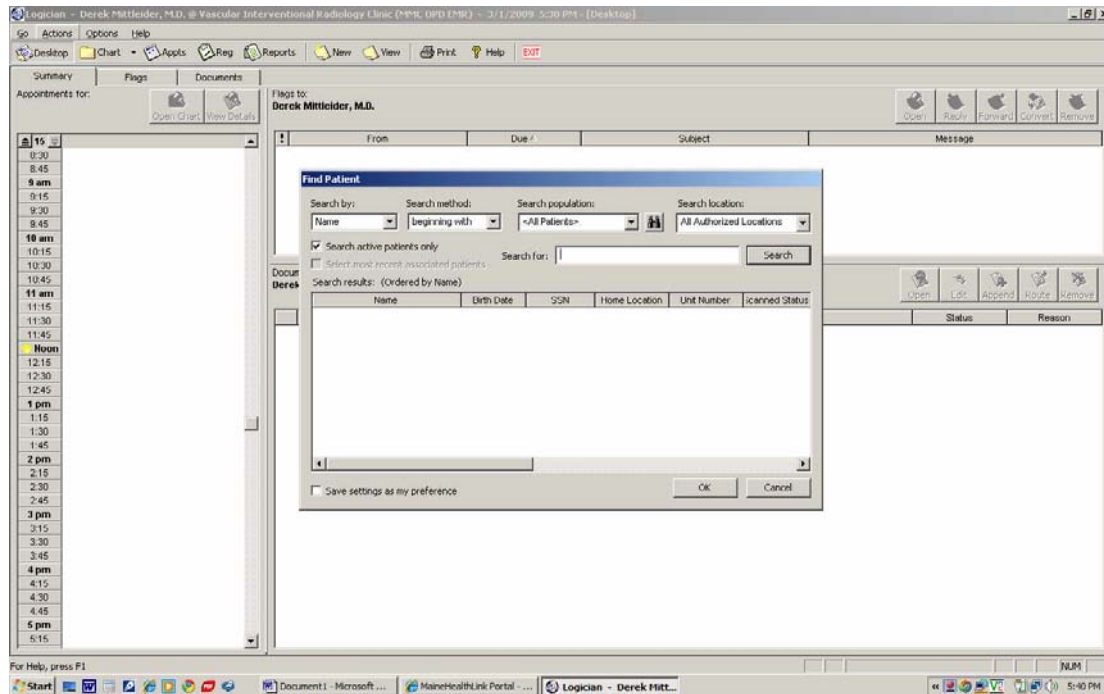
3. Enter your **User ID** and **Password**. Call the help desk if you need help with either of these items. The **Location of Care** should be VIR-C (as above). If the window above appears with your user ID and password already provided, you still must re-enter your password. Click the **OK** button when ready. The following Logician screen should appear:



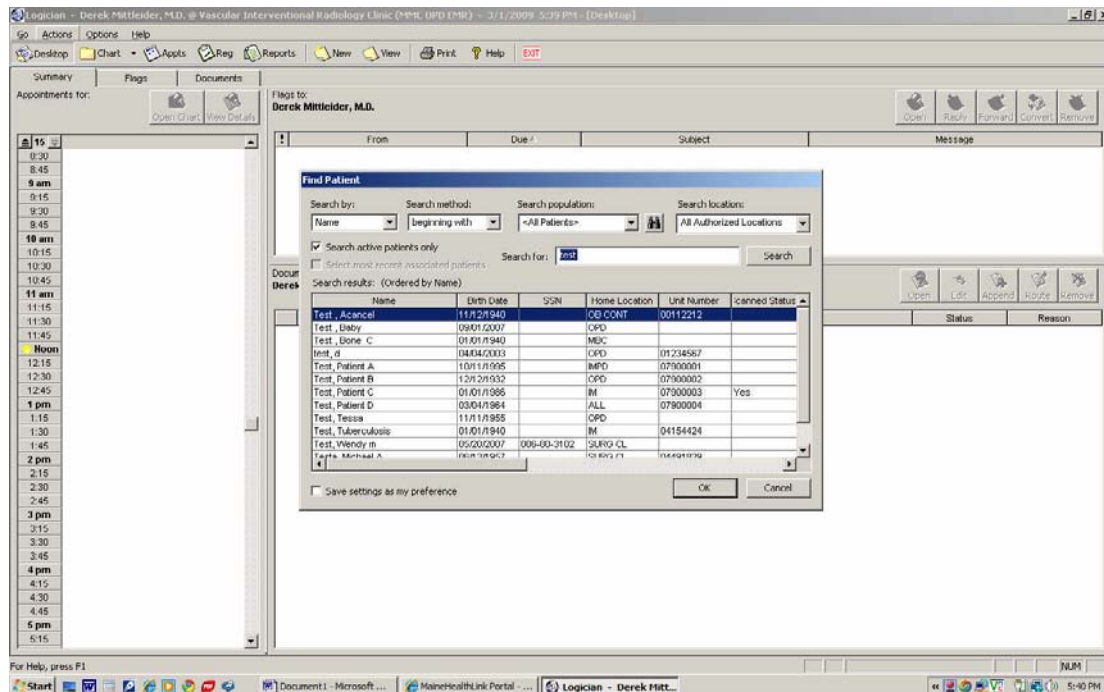
4. Click on the **Action** button at the top left. A drop-down menu will appear (see below). Click on **Find Patient**.



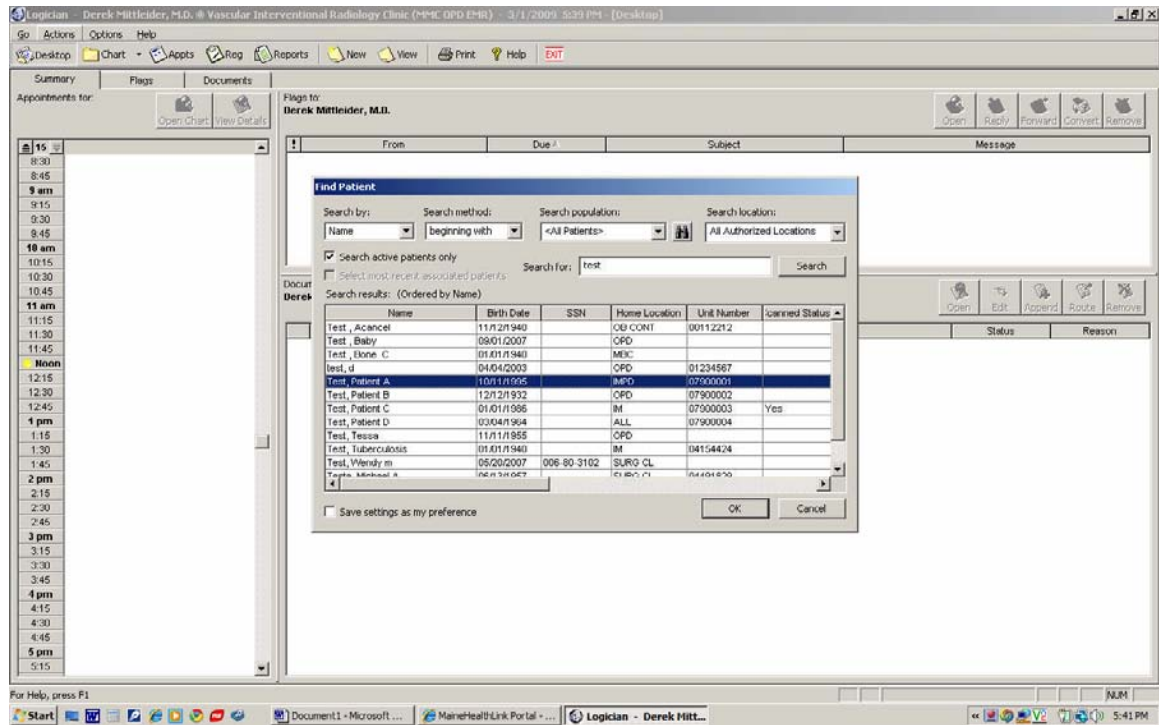
5. The following box will appear:



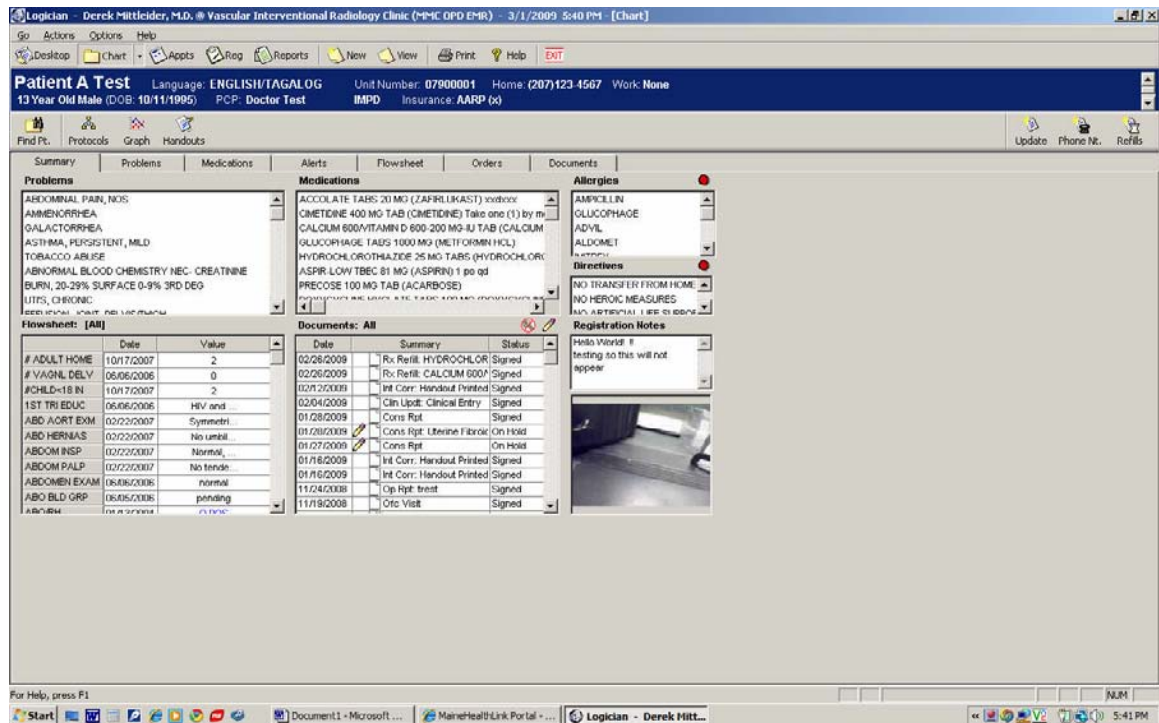
6. In the **Search for:** box, type the name of your patient and click the **Search** button. You can modify the **Search by:**, **Search method:**, **Search population:**, and **Search location:** criteria if you are having trouble locating a patient. Normally, you should not need to modify these criteria. The sample below is for a test patient.



7. Choose your patient from the list of patients (see below), and click **OK**.



8. The electronic medical record of your patient will appear (see below).



- Click on the **Update** button in the top right corner (see below) to create a new consult note or to add a follow-up note.

The screenshot shows the Logician software interface for Patient A Test, a 13-year-old male. The interface includes a top menu bar with options like Go, Actions, Options, Help, and a toolbar with icons for Desktop, Chart, Appts, Reg, Reports, New, View, Print, Help, and EXIT. The patient information bar displays the patient's name, language (ENGLISH/TAGALOG), unit number (07900001), home phone (207)123-4567, work phone, and insurance (AARP). The main window is divided into several tabs: Summary, Problems, Medications, Alerts, Flowchart, Orders, Documents, and Allergies. The 'Update' button is located in the top right corner of the main window, and a red arrow points to it.

- If you have already started (but not completed) a new note on your patient, it should appear on the list below. Click on that note and click **Join**. If you are beginning a new note, click **New**.

The screenshot shows the Logician software interface for Patient A Test, a 13-year-old male. The interface is similar to the previous screenshot, but a 'Join Update' dialog box is open in the center. The dialog box contains a table with the following data:

Summary	Provider	Location	Status
01/27/2009 - Consultation Report	Matthew Recker, MD	VR-C	On Hold
01/28/2009 - Consultation Report: Uterine Fibroids	Neil Resnick, MD	VR-C	On Hold

Below the table, there is a note: '* Indicates document has clinical list lock.' At the bottom of the dialog box, there are three buttons: 'Join', 'New...', and 'Cancel'. A red arrow points to the 'New...' button.

11. The Update Chart box will appear.

Logician - Derek Mittler, M.D. - Vascular Interventional Radiology Clinic (MHC OPD EMB) - 3/1/2009 5:41 PM - [Chart]

Go Actions Options Help

Desktop Chart Apps Reg Reports New View Print Help EXIT

Patient A Test Language: ENGLISH/TAGALOG Unit Number: 07900001 Home: (207)123-4567 Work: None

13 Year Old Male (DOB: 10/11/1995) PCP: Doctor Test IMPD Insurance: AARP (x)

Find Pt. Protocols Graph Handouts Update Phone Nr. Refills

Summary Problems Medications Alerts Flowsheet Orders Documents

Problems: ABDOMINAL PAIN, NOS; AMENORRHEA; GALACTORRHEA; ASTHMA, PERSISTENT, MILD; TOBACCO ABUSE; ABNORMAL BLOOD CHEMISTRY NEC. CREATININE; BURN, 20-29% SURFACE 0-9% 3RD DEG; UTIS, CHRONIC; SECONDARY VENTRAL HERNIA

Medications: ACCOLATE TABS 20 MG (ZAFIRLUKAST) INDIAN; CIMETIDINE 400 MG TAB (CIMETIDINE) Take one (1) by m

Allergies: AMPICILLIN; GLUCOPHAGE

Update Chart

Encounter Type: [None]

Document Type: Office Visit

Confidentiality Type: Normal

Clinical Date: 03/01/2009 Clinical Time: 5:42:22 PM

Provider: Mittler, M.D., Derek

Location of Care: VIR-C

Visit ID: [None]

Summary: [None]

OK Cancel

Flowchart: [All]

#	Date	Value
# ADULT HOME	10/17/2007	2
# VAGNL DELV	05/06/2006	0
# CHILD-18 IN	10/17/2007	2
1ST TRI EDUC	06/06/2006	HIV and
ABO AORT EXM	02/22/2007	Symmetri
ABO HERNIAS	02/22/2007	No umbil
ABO INSP	02/22/2007	Normal
ABO PALP	02/22/2007	No tendr
ABO MEN EXAM	06/06/2006	normal
ABO BLD GRP	06/06/2006	pending

For Help, press F1

Start Document1 - Microsoft ... MainHealthLink Portal ... Logician - Derek Mitt...

12. Scroll down the Encounter Type: list on the left until you reach VIR – Consult or VIR – Follow-up. Choose the appropriate encounter type, and click OK.

Logician - Derek Mittler, M.D. - Vascular Interventional Radiology Clinic (MHC OPD EMB) - 3/1/2009 5:41 PM - [Chart]

Go Actions Options Help

Desktop Chart Apps Reg Reports New View Print Help EXIT

Patient A Test Language: ENGLISH/TAGALOG Unit Number: 07900001 Home: (207)123-4567 Work: None

13 Year Old Male (DOB: 10/11/1995) PCP: Doctor Test IMPD Insurance: AARP (x)

Find Pt. Protocols Graph Handouts Update Phone Nr. Refills

Summary Problems Medications Alerts Flowsheet Orders Documents

Problems: ABDOMINAL PAIN, NOS; AMENORRHEA; GALACTORRHEA; ASTHMA, PERSISTENT, MILD; TOBACCO ABUSE; ABNORMAL BLOOD CHEMISTRY NEC. CREATININE; BURN, 20-29% SURFACE 0-9% 3RD DEG; UTIS, CHRONIC; SECONDARY VENTRAL HERNIA

Medications: ACCOLATE TABS 20 MG (ZAFIRLUKAST) INDIAN; CIMETIDINE 400 MG TAB (CIMETIDINE) Take one (1) by m

Allergies: AMPICILLIN; GLUCOPHAGE

Update Chart

Encounter Type: VIR - Consult

Document Type: Consultation Report

Confidentiality Type: Normal

Clinical Date: 03/01/2009 Clinical Time: 5:42:22 PM

Provider: Mittler, M.D., Derek

Location of Care: VIR-C

Visit ID: [None]

Summary: [None]

OK Cancel

Flowchart: [All]

#	Date	Value
# ADULT HOME	10/17/2007	2
# VAGNL DELV	05/06/2006	0
# CHILD-18 IN	10/17/2007	2
1ST TRI EDUC	06/06/2006	HIV and
ABO AORT EXM	02/22/2007	Symmetri
ABO HERNIAS	02/22/2007	No umbil
ABO INSP	02/22/2007	Normal
ABO PALP	02/22/2007	No tendr
ABO MEN EXAM	06/06/2006	normal
ABO BLD GRP	06/06/2006	pending

For Help, press F1

Start Document1 - Microsoft ... MainHealthLink Portal ... Logician - Derek Mitt...

13. The template for the encounter type that you have chosen will appear (this example uses the **VIR – Consult** template). Fill in the appropriate sections (see **Appendix E: Sample consult note** for an example). **Be sure to read and complete all portions of the template.** Some items on the review of systems are gender specific.

Logician - Derek Mitteldeier, M.D. @ Vascular Interventional Radiology Clinic (HMC OPD EMB) - 3/1/2009 5:42 PM - [Chart]

Go Actions Options Help
Desktop Chart Apps Reg Reports New View Print Help Exit

Patient A Test Language: ENGLISH/TAGALOG Unit Number: 07900001 Home: (207)123-4567 Work: None
13 Year Old Male (DOB: 10/11/1995) PCP: Doctor Test IMPO Insurance: AARP 00

Find Pt. Protocols Graph Handouts Probs Medi Refs Allergies Directives Flowsheet Orders End Update
Summary Problems Medications Alerts Flowsheet Orders Documents Update

Doc ID: 1492 Properties: Consultation Report at VIR-C on 03/01/2009 5:42 PM by Derek Mitteldeier, M.D.

Summary: [Change Properties...]

Vascular and Interventional Radiology Resident Clinic

Consult Note

Chief Complaint:

Dear Dr. Doctor Test:

I saw PatientTest in our clinic today. (History of present illness follows)

Past Medical and Surgical History:

ABDOMINAL PAIN, NOS (ICD-789.00)
AMMENORRHEA (ICD-626.0)
GALACTORRHEA (ICD-611.6)
ASTHMA, PERSISTENT, MILD (ICD-493.90)
TOBACCO ABUSE (ICD-305.1)
ABNORMAL BLOOD CHEMISTRY NEC. CREATININE (ICD-790.6)
BURN, 20-29% SURFACE 0-9% 3RD DEG (ICD-948.20)
UTIS, CHRONIC (ICD-599.0)
EFFUSION, JOINT, PELVIS/HIGH (ICD-719.05)
ASTHMA - FAMILY HISTORY OF (ICD-V17.5)
DM VASCULAT DSORD, TYPE II (ICD-250.70)
UTI (ICD-599.0)
PREGNANT (ICD-V22.2)

For Help, press F1
Start [Taskbar icons] Document1 - Microsoft... MainHealthLink Portal... Logician - Derek Mitt...

14. **Note:** you must add the line **Attending Vascular and Interventional Physician:** and enter the name of your attending here (see below). **You must review your note with an attending prior to routing the document (next step)!** You can open your note for review from any computer station. You do not have to save your document prior to closing Logician. The program auto-saves.

Logician - Derek Mitteldeier, M.D. @ Vascular Interventional Radiology Clinic (HMC OPD EMB) - 3/24/2009 7:39 PM - [Chart]

Go Actions Options Help
Desktop Chart Apps Reg Reports New View Print Help Exit

Patient A Test Language: ENGLISH/TAGALOG Unit Number: 07900001 Home: (207)123-4567 Work: None
13 Year Old Male (DOB: 10/11/1995) PCP: Doctor Test IMPO Insurance: AARP 00

Find Pt. Protocols Graph Handouts Probs Medi Refs Allergies Directives Flowsheet Orders End Update
Summary Problems Medications Alerts Flowsheet Orders Documents Update

Doc ID: 1492 Properties: Consultation Report at VIR-C on 03/01/2009 5:42 PM by Derek Mitteldeier, M.D.

Summary: [Change Properties...]

Vascular and Interventional Radiology Resident Clinic

Consult Note

Chief Complaint:

Dear Dr. Doctor Test:

I saw PatientTest in our clinic today. (History of present illness follows)

Past Medical and Surgical History:

ABDOMINAL PAIN, NOS (ICD-789.00)
AMMENORRHEA (ICD-626.0)
GALACTORRHEA (ICD-611.6)
ASTHMA, PERSISTENT, MILD (ICD-493.90)
TOBACCO ABUSE (ICD-305.1)
ABNORMAL BLOOD CHEMISTRY NEC. CREATININE (ICD-790.6)
BURN, 20-29% SURFACE 0-9% 3RD DEG (ICD-948.20)
UTIS, CHRONIC (ICD-599.0)
EFFUSION, JOINT, PELVIS/HIGH (ICD-719.05)
ASTHMA - FAMILY HISTORY OF (ICD-V17.5)
DM VASCULAT DSORD, TYPE II (ICD-250.70)
UTI (ICD-599.0)
PREGNANT (ICD-V22.2)

LABORATORY:

Two carotid bruits

Femoral pulses R. L. _____

Popliteal pulses R. L. _____

Dorsalis pedis pulses R. L. _____

Laboratory Data:

Imaging Studies:

Consultation Time:

Attending Vascular and Interventional Physician: [Red Arrow Points Here]

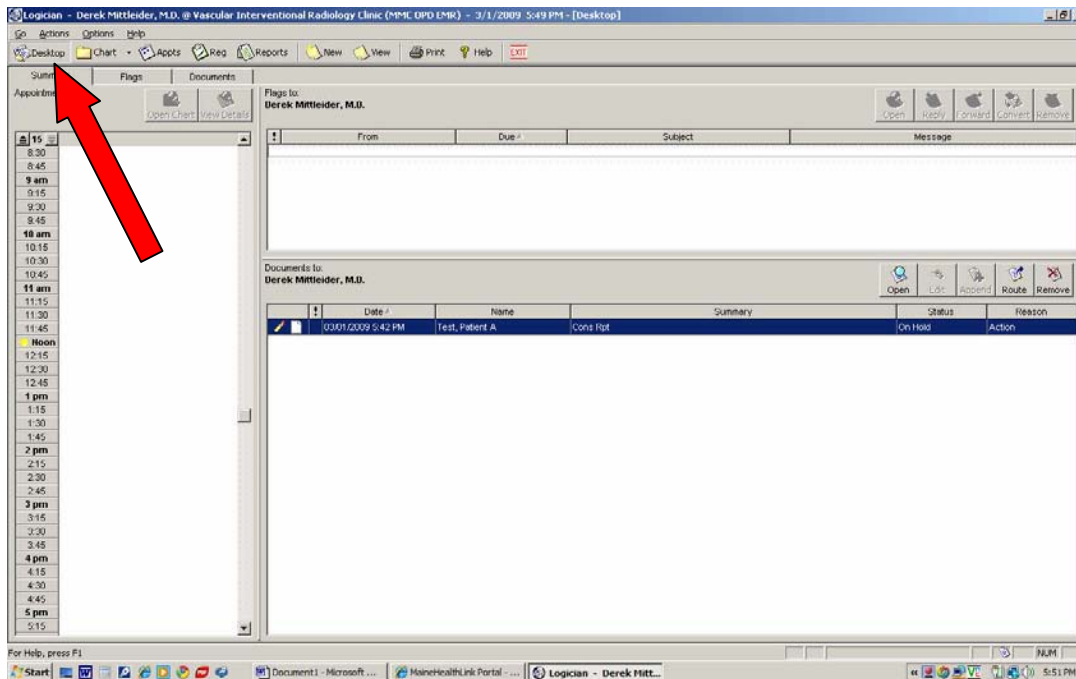
Assessment:

Recommendation / Plan:

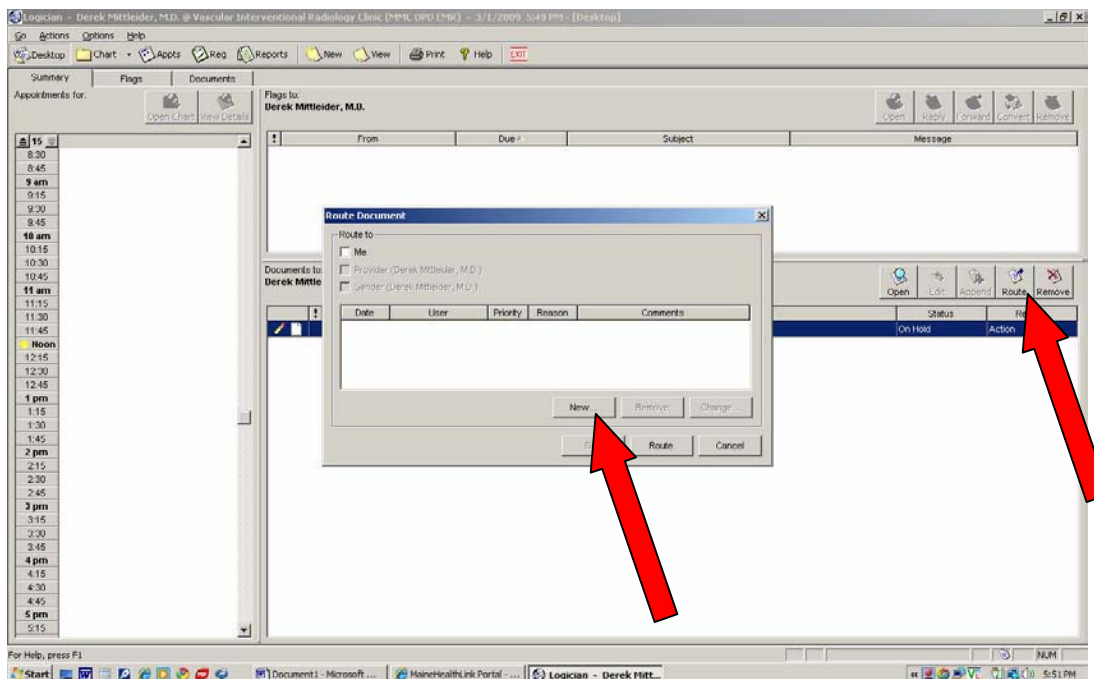
Thank you for the opportunity to assist in the care of Patient. Please do not hesitate to page me at _____ with any questions or concerns. After hours and on weekends, please call 662-2611 or page the on-call Radiology resident at 767-6694.

For Help, press F1
Start [Taskbar icons] Mark Walton (1) - Google... Logician instructions for r... MainHealthLink Portal... Logician - Derek Mitt...

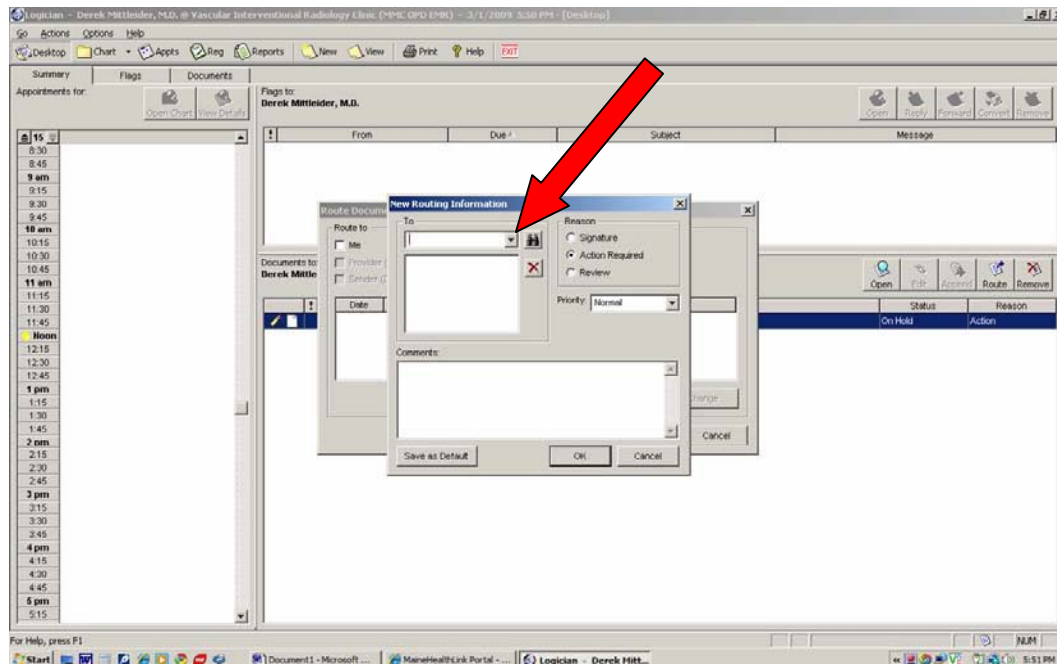
15. Once you have completed the patient note, click on the **Desktop** button at the top left to return to your resident desktop. The note that you just completed should appear in the **Documents to:** section on the bottom right.



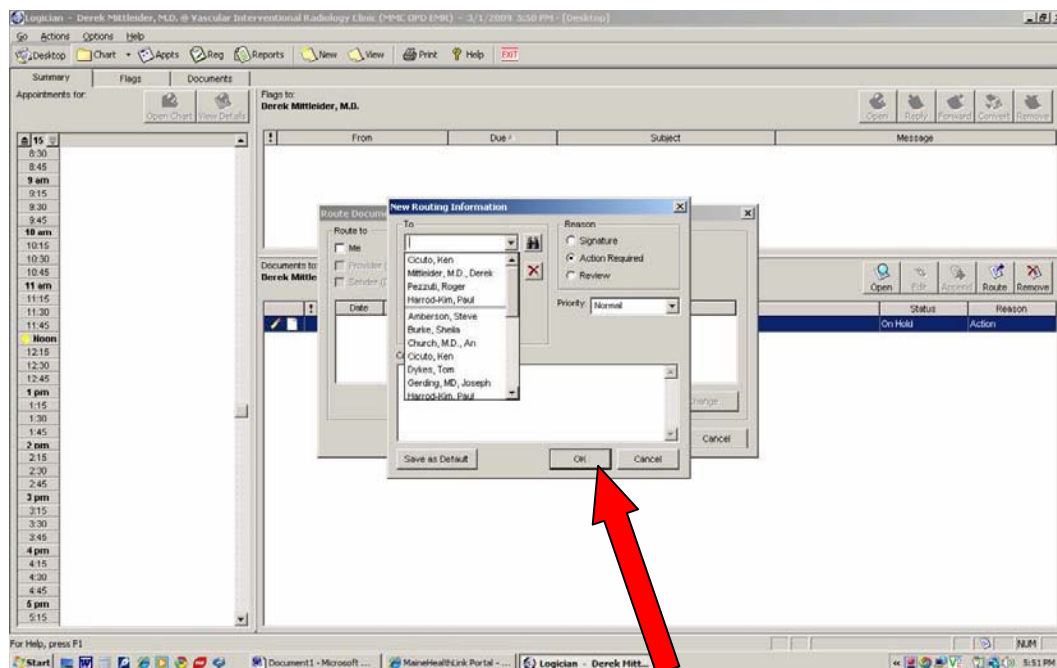
16. Click on your report, and click the **Route** button on the middle right. The **Route Document** box will appear as below. Click on the **New...** button.



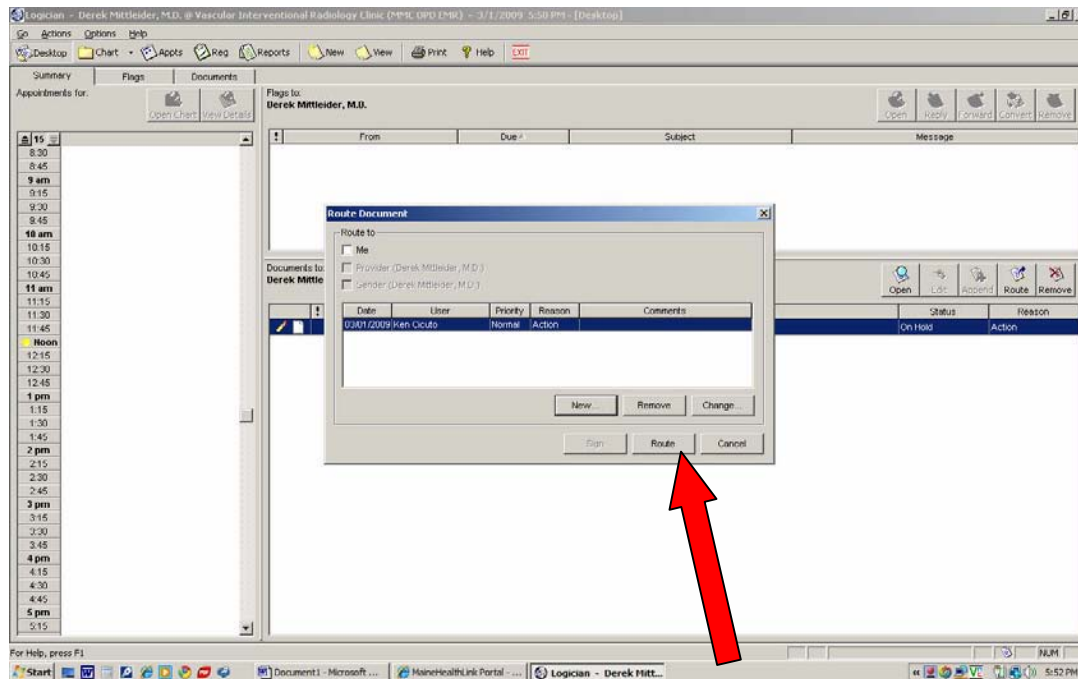
17. The **New Routing Information** box will appear. Click on the triangle next to the **To** box.



18. A drop-down list of attendings will appear. Choose the appropriate attending from the list and click on his or her name. Next click the **OK** button.



19. From the **Route Document** box, click on the appropriate attending. Click on the **Route** button.



20. The document will be routed to the appropriate attending for approval. Your note is now complete. **Be sure that your patient is recorded in the VIR – Clinic Patient log!** The resident clinic director has this document.

Appendix E: Sample consult note

Vascular and Interventional Radiology Resident Clinic

Consult Note

Chief Complaint: Claudication and non-healing left leg ulcer

Dear Dr. XXXX XXXXXXXX:

I saw XXXXXXXX XXXXX in our clinic today. She presents with a poorly healing wound on the anterior aspect of her left lower extremity. She states that the initial wound was the result of a dog scratch eight months ago. Since that time, she states that she has been treated multiple times for infections and contact reactions. She relayed that the wound became significantly worse last month at which time she presented to our emergency department. She was admitted and treated. Since discharge, she has followed up with the wound care clinic and reports a subjective improvement in the area of ulceration.

Ms. XXXXX reports a more remote history of two slowly-healing ulcers on toes of her left foot. At present, she does not have additional areas of ulceration. She relays symptoms of bilateral claudication when she walks approximately 200 feet from her car to the time clock at her job in the morning. She also states that she has recently begun to experience rest pain in both feet that wakes her from sleep. She complains of dyspnea on exertion. She states that her lower extremities become progressively edematous throughout the day. She complains of progressive sensory loss in her feet.

Past Medical and Surgical History:

CELLULITIS/ABSCESS, LEG (ICD-682.6)

DIABETES MELLITUS (ICD-250.00)

HYPERTENSION (ICD-401.9)

Multiple episodes of renal stones

Family Medical History: Her husband died two years ago of an MI. Her mother (87) is living. Her father died at 87 of "old age." She has had five children, four of whom are living. She lost one child (age 14) due to a cardiac dysrhythmia.

Social History:

Tobacco: She started smoking at 14 years of age. She currently smokes 1/2 pack per day

ETOH: Rare use

Marital status: Widow

Occupation: Cashier at Walmart

Medications:

ACTOS 15 MG TABS (PIOGLITAZONE HCL) one tab daily

Allergies:

* LATEX
SULFA

Review of Systems:

- Vascular Risk Factors: HTN, DM, Dyslipidemia (low HDL), PVD, tobacco use
- General: No weight change, fatigue, fever, chills, night sweats
- HEENT: No nausea, vomiting, visual changes, vertigo, epistaxis, bleeding gums
- Cardiovascular: No murmurs, angina, palpitations, orthopnea, paroxysmal nocturnal dyspnea
- Respiratory: No wheeze, cough, hemoptysis
- MSK: No pain, instability, swelling, arthritis, gout
- GI: No change in appetite, nausea, vomiting, dysphagia, diarrhea, bleeding, abdominal pain, jaundice
- GU: No frequency, hesitancy, polyuria, dysuria, hematuria, incontinence, dysfunctional uterine bleeding
- Neurologic: No tingling, tremors, weakness, fainting, seizures
- Heme/Immuno: No anemia, easy bruising or bleeding, petechiae, transfusions
- Endocrine: No heat or cold intolerance, excessive sweating, polyuria, polydipsia, polyphagia
- Vascular: No varicose veins, thromboses, emboli

Physical Exam:

- Vital Signs: BP: 130/60 HR: 90 RR: 16
- Cardiovascular: Regular rate and rhythm. No murmurs
- Respiratory: Clear to auscultation bilaterally
- Abdomen: Nontender. Nondistended. Positive bowel sounds
- Extremities: Left lower extremity is generally more red than the right. There is multifocal ulceration of the anterior aspect of the mid-shin. There are three dominant ulcers with the largest measuring approximately 2 cm. Central portions of the ulcers

are red, and there is weeping without bleeding. No overt evidence of an infectious process. There is granulation tissue at the margins of each ulcer.

- **Vascular:** No carotid bruit.
Femoral pulses R: nonpalpable L: 2+
Popliteal pulses R: nonpalpable L: nonpalpable
Dorsalis pedis pulses R: nonpalpable L: nonpalpable

Laboratory Data: Laboratory data from recent hospitalization reviewed in SCM. Abnormal values include H/H (11.4/32.2), glucose (178), and BUN (27)

Imaging Studies: Arterial segmental pressures of the lower extremities (1.20.09) demonstrated bilateral abnormal ABI's (R = 0.66; L = 0.48). Waveforms suggest high-grade SFA disease on the left and multifocal disease on the right.

Consultation Time: 90 minutes

Attending Vascular and Interventional Physician: Dr. Kenneth Cicuto

Assessment: 62 year old woman with a nonhealing left lower extremity ulcer, bilateral claudication, and bilateral rest pain. Imaging studies support a diagnosis of progressive severe peripheral vascular disease. She likely has occlusion of the left superficial femoral artery, and ischemia is impeding wound healing.

Recommendation / Plan:

1. MRA of the pelvis and lower extremities to plan for endovascular intervention.

We will schedule the imaging exam and discuss the results and implications with XXXXXXXX. Should the MRA demonstrate suitable anatomy for endovascular repair and should XXXXXXXX desire intervention (as she now does), we will schedule her for the procedure.

2. Smoking cessation.

Discussed with XXXXXXXX. She is not ready to stop smoking yet

Thank you for the opportunity to assist in the care of XXXXXXXXX. Please do not hesitate to page me at 767-6853 with any questions or concerns. After hours and on weekends, please call 662-2611 or page the on-call Radiology resident at 767-6694.

Sincerely,

Derek Mittleider, M.D.

Appendix F: Imaging pre-certification instructions

Insurance companies that require precertification for some studies:

1. Anthem HMO
2. Cigna
3. Aetna
4. Harvard Pilgrim
5. NH Medicaid
6. Harvard Pilgrim Dirigo

Studies for which precertification is needed for the above insurance companies:

1. All MRI and MRA
2. All CT and CTA
3. Nuclear medicine cardiology studies

If a patient needs precertification, call the appropriate number from the list below to obtain precertification prior to scheduling the exam:

Call AIM at **1-866-714-1107**:

For Anthem of Maine, Connecticut, and New Hampshire

Call NIA at **1-866-648-9708**

For Harvard Pilgrim and Harvard Pilgrim Dirigo and
Connecticut Medicare Advantage


Call MedSolutions at **1-888-693-3211**

For Cigna, Aetna, and NH Medicaid

Questions you should be prepared to answer:

- Member's ID number, name, and date of birth
- Ordering provider information
- Imaging provider information (01-0238552 MMC TAX ID)
- Imaging exam being requested
- Patient diagnosis
- Clinical symptoms

Appendix G: Outpatient imaging order form

 MAINE MEDICAL CENTER - RADIOLOGY				OUTPATIENT IMAGING ORDERS			
PATIENT NAME:				DATE OF BIRTH:			
TEST DATE				MMC MRN:			
SEND RESULTS TO:				COPY TO:			
TELEPHONE				FAX:			
AUTHORIZED PROVIDER SIGNATURE							
<i>When ordering test, please select only those which are medically necessary. Federal Law requires you to provide signs/symptoms pertaining to the procedures requested. "Rule out" will not be accepted.</i>							
X-RAY			CT SCAN		Reason/sign/symptoms and other relevant clinical information:		
ICD-9 code:			ICD-9 code				
<input type="checkbox"/> Chest	<input type="checkbox"/> PA & Lat	<input type="checkbox"/> PA only	<input type="checkbox"/> Head				
<input type="checkbox"/> Cervical Spine			<input type="checkbox"/> Sinuses				
<input type="checkbox"/> Thoracic Spine			<input type="checkbox"/> Neck				
<input type="checkbox"/> Lumbar Spine			<input type="checkbox"/> Cervical Spine				
<input type="checkbox"/> KUB			<input type="checkbox"/> Thoracic Spine				
<input type="checkbox"/> Skull			<input type="checkbox"/> Lumbar Spine				
<input type="checkbox"/> Facial Bones			<input type="checkbox"/> Chest				
<input type="checkbox"/> Shoulder	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Abdomen				
<input type="checkbox"/> Humerus	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Pelvis				
<input type="checkbox"/> Elbow	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Other:				
<input type="checkbox"/> Forearm	<input type="checkbox"/> Right	<input type="checkbox"/> Left					
<input type="checkbox"/> Wrist	<input type="checkbox"/> Right	<input type="checkbox"/> Left	MRI				
<input type="checkbox"/> Hand	<input type="checkbox"/> Right	<input type="checkbox"/> Left	ICD-9 code:				
<input type="checkbox"/> Pelvis			<input type="checkbox"/> Brain				
<input type="checkbox"/> Hip	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Head				
<input type="checkbox"/> Femur	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Cervical Spine				
<input type="checkbox"/> Knee	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Neck				
<input type="checkbox"/> Lower Leg	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Right <input type="checkbox"/> Left			
<input type="checkbox"/> Ankle	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Chest				
<input type="checkbox"/> Foot	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Thoracic Spine				
<input type="checkbox"/> IVP			<input type="checkbox"/> Lumbar Spine				
<input type="checkbox"/> UGI		<input type="checkbox"/> with SBFT	<input type="checkbox"/> Abdomen				
<input type="checkbox"/> BE			<input type="checkbox"/> Pelvis				
<input type="checkbox"/> VCUG			<input type="checkbox"/> Knee	<input type="checkbox"/> Right <input type="checkbox"/> Left			
<input type="checkbox"/> Mammogram - Screening			<input type="checkbox"/> Other:				
<input type="checkbox"/> Mammogram - Diagnostic							
<input type="checkbox"/> Other:							
NUCLEAR MEDICINE			ULTRASOUND		Special Procedures		
ICD-9 code:			ICD-9 code:		ICD-9 code:		
<input type="checkbox"/> Bone Scan			<input type="checkbox"/> Abdomen		<input type="checkbox"/> Myelogram	<input type="checkbox"/> C	<input type="checkbox"/> T
<input type="checkbox"/> Lung Scan			<input type="checkbox"/> Pelvis		<input type="checkbox"/> Hysterosalpingogram	<input type="checkbox"/> L	
<input type="checkbox"/> Cardiac Scan			<input type="checkbox"/> Breast	<input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> Nephrostomy		
<input type="checkbox"/> Renal Scan			<input type="checkbox"/> Carotid	<input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> Thoracentesis		
<input type="checkbox"/> Liver Scan			<input type="checkbox"/> Venous- Leg	<input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> Paracentesis		
<input type="checkbox"/> Parathyroid Scan			<input type="checkbox"/> Venous- Arm	<input type="checkbox"/> Right <input type="checkbox"/> Left			
<input type="checkbox"/> Hida Scan			<input type="checkbox"/> Prostate		<input type="checkbox"/> Angio (Indicate area)		
<input type="checkbox"/> Other:			<input type="checkbox"/> Other:		<input type="checkbox"/> Biopsy (Indicate area)		
					<input type="checkbox"/> Drainage (Indicate area)		
					<input type="checkbox"/> Other:		

Appendix H: Procedure order form

ORDER FORM – Vascular and Interventional Radiology – Maine Medical Center ✱
Fax: 207-662-2395 Voicemail: 207-662-2148

- To schedule a procedure in Vascular Interventional Radiology, please complete an order form, have the physician sign it and fax it along with a history and physical to 207-662-2395.

Physician's signature: _____ Phone: _____

Physician's name printed: _____

Interested Parties/PCP: _____

Referral Date: _____ Contact Person: _____

Outpatient _____ SS _____ Inpatient _____ Same Day Admit _____

Patient's Name _____ DOB _____

Patient's Home Address: _____

Patient's Home Phone: _____ Work Phone: _____

Procedure Requested: _____

Indications: _____

Is patient scheduled for surgery? _____ Date of Surgery _____

Previous films: MMC Outside CT MRI Angio (please circle one)

Location of Films: _____ Patient to bring _____ Office to send _____

Allergies? _____

Diabetic? _____ Patient taking Glucophage? _____

Is patient taking vitamin K or an anticoagulant? _____ If yes, what? _____

Labs to be ordered by referring physician, results need to be faxed to us at 207-662-2395 no later than two days prior to procedure please. Patient needs a current MMC registration card.

- Bun, Creatinine, unless the patient has had a normal BUN and creatinine with the last month
- PT, PTT, on patients with a known coagulopathy or history of bleeding problems, known liver disease, anticoagulated patients
- CBC optional

The following to be filled in by Vascular Interventional Radiology:

Scheduled by: _____ Approved by: _____

Tech/central booking

PROCEDURE DATE: _____ Office Notified _____

MRN: _____ ReqSeq _____ Entered in book _____

Patient reports to: _____