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## Novari MIRM - Rad View

Leah Quenneville - 2023-06-08 - MIRM

Rad View is a new feature for MIRM that helps streamline when Radiologists are protocolling in the system.

Once Rad View has been turned on for your MIRM installation it can be used by clicking on the Rad View button next to the Quick Process button on the dashboard.

Radiologist To Do	- Filter by: Curr	ent Service Type -	• [	0
Awaiting Rad Protocol Requisitions awaiting radiologist protocol	Rad View	Quick Process		2

Once in Rad view the user will have similar experience to quick process where they see how many requisitions are left remaining to protocol.

Rad View can be toggled to be in either Portrait or Landscape mode, this can be done by clicking the toggle layout button.

Conovari	eRequest <sup>®</sup>	Home	eRequests	•			Q Last Na	ame, Ref #, HN	Nick B	otham NB
Rad View	Remaining 0	Gender Age Female 4 yrs	Reference # N E-NPILFRN C	odality T Scan						
Request Form										Open File
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Apr 01,	2023 09:47 1	to: 18333700548	Page 2 / 2 F	com: Nov	vari Heal	th Fax: 3433443037				
	Request f	or CT Scan				Patient Information				
	Humber River 1235 Wilson A	Hospital Ave. LEVEL 2 EA	ST P	lumber Ri lospital	iver	Name				

Rad View hides all fields that aren't within the protocol accordion, so they only see the fields they need to see at time of protocoling. If a user needs to see more fields from the requisition, there is an open in new tab button to open that specific requisition in the regular requisition manage page.

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Rad View	Remaining 0 F	GenderAgeFemale4 yrs	Reference # Mo E-NPILFRN CT	odality EScan							ÐZ
Request Form											Open File
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Apr 01,	2023 09:47 To	: 18333700548	Page 2 / 2 Fro	om: Novar	ri Healt	h Fax: 3433443037					
	Request for	r CT Scan			Γ	Patient Information					
	1995 Wilcon Av		er La Hu	Imber River	r	Name				~	

The header section at the top of the page has been streamlined to have only the essential fields to keep things nice and simplified and save as much screen real estate as possible.

Rad View in portrait mode

	eRequest° Home eRequests •			Q Last Name, Ref #, HN	Nick E	Botham (	NB
Rad View	Remaining Gender Age Reference # Modality						7
Request Form						Open	File
		F-1	of 1				
- D -	2023 09:47 To: 18333700548 Page 2 / 2 From: No	ovari Heal	th Fax:	3433443037			
	Request for CT Scan		Patient Info	ormation			
	Humber River Hospital 1235 Wilson Ave. LEVEL 2 EAST	River	Name	VC			
	Toronto, ON M3M 0B2 Phone 416-242-1000 Ext. 63311 Fax 416-242-1078		DOB (d/m/y	) Sex 🗆 M 🗆	F		
	Appointment Information		Address				
	Date Time		City Phone	PC			
	Area to be Scanned	Clinical Info	ormation				
				· · · · · · · · · · · · · · · · · · ·			
	Does Your Patient Have Any of the Following Risk Fa	actors for C	Contrast Adm	ninistration? (Must be Completed)			
				TY N Previous Contrast Reaction			
	Y N Pregnant, Breastfeeding Y N Diabetic			□ Y □ N Other Allergies			
	Y N Using Metformin						
	Y N Acute or Chronic Kidney Disease			If your patient has had any previous advers	e		
	□ Y □ N Kidney Surgery, Kidney Transplar	nt		referring provider, must prescribe the following	ie Ig		
	Y N Single Kidney			recommended premedication treatment (from	m		
	□ Y □ N Hypertension □ Y □ N Other Cardiovascular Disease			Patients must arrange to be driven to and from	m		
	□ Y □ N Respiratory Disease			this appointment as Diphenhydramine ma cause drowsiness.	ıy		
	□ Y □ N Gout			R 1 50 mc Prodeisone PO at 13 7 and 5	1		
	□ Y □ N Cancer (Especially Myeloma, Ren	a nal/Adrenal (	Cancer)	hour before contrast material	1		
	A serum Creatinine value must be provided if	you have		administration 2. 50 mg Diphenhydramine PO 1 hour			
	answered Yes to <u>any</u> of these risk assessmer The blood collection date <u>must</u> be within 90 d appointment date.	nt question lays of the	5.	before contrast material administration			
	Creatinine µmol/L			Height cm Weight k			
	Blood Collection Date (d/m/y)			Table weight limit is 295 kg/650 lbs	,		
020)							
(11-2	Referring Doctor Information						
ersion	Address			Clinical Indication  OT  SD  Time	d		
206, v	City PC			Radiologist Code			
# 002	Phone Fax			Radiologist Signature	-		
Form	CPSO # Billing #			MRT Signature	_		
	INCOMPLETE, ILLEGIBLE AND/OR	UNSIGNE	D REQUISIT	TION FORMS WILL BE RETURNED			
				10060000006	ļ		
Back Skip	Decline			Sign Off & Send to Tech Sign Off &	Send to	Schedulir	g
Protocol							
Select				v	C	Remove	
Add Another Pro	otocol						
Booking Urgen	cy *						
- Please Selec	t -	-					
Discussion							
Enter note her	re						
There are no r	nessages/notes to display						

## Rad View in Landscape mode

Covari eRequest"	iome eRequests *								Q, Last Nam	e, Ref#, HN	Nick Bo	tham NB
Request Form						Open File	Rad View	Remaining Ge	nder Age Referenc	RN CT Scan	[	AR
'프   岁 ~   ♡ Draw ~ &	🗇 🕅 Read aloud —	+ 📼   1 of 1   6	0   E	QIE	8	8	Back Skip	Decline	Sign Off & Send to T	ech Sign Off 8	L Send to S	cheduling
Apr 01, 2023 09:47	To: 18333700548 Page 2 / 2 From:	Novari Health Fax:	3433443037				Protocol					
							Select				v Re	move
Request	or CT Scan	Patient Inf	ormation	1			Add Another Prot	locel				
Humber River	r Hospital	Name					Booking Urgenc	· ·				
1235 Wilson	Ave. LEVEL 2 EAST	OHIP #	VC				- Please Select					
Phone 416-2	M3M 0B2 42-1000 Evt 63311 Eav 416-242-1078	DOB (d/m/	() Sex □ M □ F									
Appointmen	Information	Address					Discussion					
		City	PC				Enter note here					47
Date	Time	Phone					There are no me	essages/notes to c	lisplay			_
Area to be S	canned	Clinical Information										
							1					
Does Your Pa	tient Have Any of the Following Risk	Factors for Contrast Ad	ministration? (Must be Completed)									
			Y N Previous Contrast Reaction									
	DN Pregnant, Breastreeding		TY TN Other Allergies									
	N Diabetic		2 1 2 11 Otto / 10 goo									
	N Acute or Chronic Kidney Disease											
	□ N On Hemodialvsis	-	If your patient has had any previous adverse									
DY	N Kidney Surgery, Kidney Transpl	lant	referring provider, must prescribe the following									
DY	□ N Single Kidney		recommended premedication treatment (from									
ΠY	□ N Hypertension		the ACR Manual on Contrast Media).									
DY	N Other Cardiovascular Disease		Patients must arrange to be driven to and from									
DY	N Respiratory Disease		cause drowsiness									
DY	D N Gout		R									
ΩY	N Sickle Cell Disease, Polycythen	nia	1. 50 mg Prednisone PO at 13, 7, and 1									
DY	N Cancer (Especially Myeloma, R	enal/Adrenal Cancer)	hour before contrast material									
A serum	Creatining value must be provided	If you have	administration			Ŧ						

The amount of space used to display the attachment on both layouts is adjustable to accommodate different screen sizes, this can be adjusted by dragging the section of the screen between the PDF and the fields.

For other users who will need to communicate with the Radiologists with more information Novari strongly suggests using the discussion section as this will also be displayed to users when they are in Rad View.

## Declining requisitions

In order to Decline requisitions, you can click the Decline button. This will bring up the fields that would typically be displayed in the Request for Information accordion. From here the process is the same as before when it comes to selecting which information is missing.