

PHARMACY DATA MANAGEMENT

**USER MANUAL**

Version 1.0

September 1997

(Revised January 2013)

Department of Veterans Affairs Product Development

 **Revision History**

Each time this manual is updated, the Title Page lists the new revised date and this page describes the changes. If the Revised Pages column lists “All,” replace the existing manual with the reissued manual. If the Revised Pages column lists individual entries (e.g., 25, 32), either update the existing manual with the Change Pages Document or print the entire new manual.

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| --- | --- | --- | --- |
| **Date** | **Revised Pages** | **Patch Number** | **Description** |
| 01/13 | i - vi, 4, 26 – 26b, 100 - 100b, 101a –101b, 102a – 102f,103, 104-104d,105, 205 - 208 | PSS\*1\*164 & PSS\*1\*169 | * Added REQuest Change to Dose Unit example to the Request Change Dose Unit section.
* Added note to Check PEPS Services Setup section.
* Added check options to the Vendor Database Reachable; Enhanced Order Checks Executed example.
* Added Print Interface Data File option
* Added Section 1.21 Inpatient Drug Management as this information was missing from patch PSS\*1\*146 release.
* Added Section 1.22 Check Drug Interaction option
* Added Find Unmapped Local Possible Dosages option
* Updated the heading number for the Stand-Alone Menu Options section this was previously 1.21 and is now 1.23.
* Updated Index

REDACTED |
| 06/12 | i, ii, iii, 3-4, 4a – 4b, 44c, 44ib, 44j, 105 | PSS\*1\*146 | New sub-menu named Inpatient Drug Management [PSS INP MGR]. Enter/Edit dosages Additive Solution enhancement. REDACTED |
| 01/12 | i, ii, iii, 27, 44ia – 44ib, 89 | PSS\*1\*156 | New multiple named Outpatient Pharmacy Automation Interface (OPAI) in the DRUG file (#50) sub-file (#50.0906).REDACTED |
| 12/11 | i, ii, iii, 38-40b, 62d-64d | PSS\*1\*159 | Updated screens. Updated the Edit Orderable Items option for the default medication route. Due to data being moved, pages 62e and 62f have been removed. REDACTED |
| 08/11 | i-iii, 101- 101b,102 | PSS\*1\*163 | Updated the Schedule/Reschedule Check PEPS Interface section* Updated overview of Schedule/Reschedule Check PEPS Interface
* Updated the Schedule/Reschedule Check PEPS Interface example
* Added a warning regarding the DEVICE FOR QUEUED JOB OUTPUT field
* Added a blank page for two-sided copying

REDACTED |
| 04/11 | i-iii, 3-4b, 7-16b, 44d-j, 114, 118,121, 129, 137, | PSS\*1\*155 | Utilized three new fields that were added to the VA PRODUCT file (#50.68) with PSN\*4\*261. The fields are used during the Match/Rematch process of the *Drug Enter/Edit* [PSS DRUGENTER/EDIT] and the *Enter/Edit Dosages* [PSS EDIT |

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| **Date** | **Revised Pages** | **Patch Number** | **Description** |
|  | 204-206 |  | DOSAGES] options to determine whether possible dosages should be auto-created for supra-therapeutic drugs.Retired the *Auto Create Dosages* [PSS DOSAGE CONVER- SION] option and removed the option from the *Dosages* [PSS DOSAGES MANAGEMENT] menu. Updated Index.REDACTED |
| 04/11 | i, ii, iii, added iv, v; changed 3, 4,45, 46; added 46a- 46d, re-numbered all sections starting on page 87 and ending with page 106; changed page. 89; added 90e and 90f; changed 99-106; added 106a-b;deleted 107-112;changed 151,153, 154; added 154a-b; updated index; | PSS\*1\*136 & PSS\*1\*117 | Besides the developer’s changes, this document incorporates the comments from REDACTED and colleagues for the PRE functionality included with patch PSS\*1\*117 (a combined patch with PSS\*1\*136).Sections changed are:* Changed overview of menu item descriptions to match application
* Changed menu item description named ***Drug Interaction Management*** to ***Order Check Management*** and changed text
* Changed submenu item ***Enter/Edit Local Drug Interaction*** [PSS-INTERACTION-LOCAL-ADD] to ***Request Changes to Enhanced Order Check Databas***e. [PSS ORDER CHECK CHANGES] and changed text.
* Changed example in ***Report of Locally Entered Interactions*** option

Section deleted:* Deleted ***Enhanced Order Checks Setup Menu*** and all its sub-menu items (*Find Unmapped Local Medication Routes; Map Local Medication Route to Standard; Medication Route Mapping Report; Medication Route File Enter/Edit; Medication Route Mapping History Report; Request Change to Standard Medication Route; Find Unmapped Local Possible Dosages; Map Local Possible Dosages; Local Possible Dosages Report; Strength Mismatch Report; Enter/Edit Dosages; Request Change to Dose Unit; Mark PreMix Solutions; IV Solution Report; Administration Schedule File Report; Medication Instruction File Report*)

The deleted Enhanced Order Checks Setup Menu and its submenus is replaced by the following addition:* Added ***PEPS Services*** menu and its submenus: *Check Vendor Database Link; Check PEPS Services Setup; and Schedule/Reschedule PEPS Interface*

Added a heading for ***Stand-Alone Menu Options*** with the description for the *Enable/Disable Vendor Database Link* option and a short description for the *Other Language Translation Setup* option.Added definitions in the glossary for PECS and PEPS, and updated the index.REDACTED |
| 04/11 | i-ii, 38, 40, 62d-f,64, 64a | PSS\*1\*153 | Renamed the MED ROUTE field (#.06) of the PHARMACY ORDERABLE ITEM file (#50.7) to be DEFAULT MED |

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| **Date** | **Revised Pages** | **Patch Number** | **Description** |
|  |  |  | ROUTE. Provided the ability to print the POSSIBLE MED ROUTES multiple on *the Default Med Route For OI Report* [PSS DEF MED ROUTE OI RPT] option.REDACTED |
| 02/11 | i, 63 | PSS\*1\*142 | Added functionality to denote the default med route for IV orders in the selection list in CPRS if all of the orderable items on the order have the same default med route defined. Updated TOC. Released with CPRS version 28.REDACTED |
| 06/10 | i, iii, 84, 84a-84b, 203, 205-206 | PSS\*1\*143 | Added new Schedule Validation Requirements. Updated Index. REDACTED |
| 02/10 | iii-iv, 3-4, 44a-d,47-48, 61-62d, 89-90b, 112, 203-206 | PSS\*1\*147 | Described new process for requesting changes to Standard Medication Routes and the New Term Rapid Turnaround (NTRT) process;Added *IV Additive/Solution Reports* menu, with suboptions *IV Solution Report* option and *V Additive Report* [PSS IV ADDITIVE REPORT] optionAdded *Default Med Route for OI Report* option to the *Medication Routes Management...* menu*.*(this change was made but not documented with PSS\*1\*140)Updated *Drug Enter/Edit* option to display NUMERIC DOSE and DOSE UNIT fields defined for Local Possible Dosage Updated the Drug Enter/Edit option display to include the new ADDITIVE FREQUENCY fieldUpdated Table of Contents and IndexREDACTED |
| 10/09 | i, 64a-b, 65, 65a-b, 66 | PSS\*1\*141 | Added ASSOCIATED IMMUNIZATION field to *Edit Orderable Items* option and *Dispense Drug/Orderable Item Maintenance* option. Reorganized content within sections to accommodate new information.REDACTED |
| 08/09 | iii-iv, 53,62a-b, 63, 81, 203 | PSS\*1\*140 | Added DEFAULT MED ROUTE FOR CPRS field and *Default Med Route For OI Report* [PSS DEF MED ROUTE OI RPT] option for the enhancement of default medicationroute being defined for an orderable item.REDACTED |
| 07/09 | 27-34 | PSS\*1\*131 | Added explanations of DEA special handling code U for sensitive drug.REDACTED |
| 05/09 | 81 | PSS\*1\*137 | Added Automate CPRS Refill field to the *Pharmacy System Parameters Edit* [PSS MGR] option.REDACTED |
| 02/09 | All | PSS\*1\*129 | Pages renumbered to accommodate added pages. Pharmacy Reengineering (PRE) V.0.5 Pre-Release. Restructured *Pharmacy Data Management* menu:* Grouped related options under the following new sub-menus: *Drug Text Management, Medication Instruction Management, Medication Routes Management,* and *Standard Schedule Management*
* Added temporary *Enhanced Order Checks Setup Menu*
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| **Date** | **Revised Pages** | **Patch Number** | **Description** |
|  |  |  | * Added the following options: *Find Unmapped Local Medication Routes, Find Unmapped Local Possible Dosages, Map Local Medication Route to Standard, Map Local Possible Dosages, Mark PreMix Solutions, Request Change to Dose Unit*, and *Request Change to Standard Medication Route*
* Added the following reports: *Administration Schedule File Report, IV Solution Report, Local Possible Dosages Report, Medication Instruction File Report, Medication Route Mapping Report, Medication Route Mapping History Report,* and *Strength Mismatch Report*
* Updated Table of Contents, Index, and Glossary REDACTED
 |
| 09/97 |  |  | Original Release of User Manual |

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# Chapter One Pharmacy Data Management Options

The PDM options listed below show the Menu structure (latest modification was with the installation of PSS\*1\*146).

CMOP Mark/Unmark (Single *drug) * *Dosages ...*

The *CMOP Mark/Unmark (Single drug)* option is displayed before the *Warning Builder* option in the PDM Main Menu. For documentation purposes, it is being left at the beginning of this menu.

*Dosage Form File Enter/Edit Enter/Edit Dosages*

*Most Common Dosages Report Noun/Dosage Form Report Review Dosages Report*

*Local Possible Dosages Report Request Change to Dose Unit*

*Drug Enter/Edit*

*Order Check Management…*

*Request Changes to Enhanced Order Check Database Report of Locally Entered Interactions*

*Electrolyte File (IV)*

*Lookup into Dispense Drug File Medication Instruction Management ...*

*Medication Instruction File Add/Edit Medication Instruction File Report*

*Medication Routes Management ...*

*Medication Route File Enter/Edit Medication Route Mapping Report Medication Route Mapping History Report*

*Request Change to Standard Medication Route Default Med Route for OI Report*

*Orderable Item Management ...*

*Edit Orderable Items*

*Dispense Drug/Orderable Item Maintenance Orderable Item/Dosages Report*

*Patient Instructions Report Orderable Item Report*

*Formulary Information Report Drug Text Management ...*

*Drug Text Enter/Edit Drug Text File Report*

*Pharmacy System Parameters Edit Standard Schedule Management ...*

*Standard Schedule Edit Administration Schedule File Report*

*Synonym Enter/Edit*

*Controlled Substances/PKI Reports…*

*DEA Spec Hdlg & CS Fed Sch Discrepancy*

*Controlled Substances Not Matched to NDF CS (DRUGS) Inconsistent with DEA Spec Hdlg*

*CS (Ord. Item) Inconsistent with DEA Spec Hdlg Send Entire Drug File to External Interface*

*IV Additive/Solution…*

*IV Additive Report IV Solution Report*

*Mark PreMix Solutions Warning Builder*

*Warning Mapping PEPS Services…*

*Check Vendor Database Link Check PEPS Services Setup*

*Schedule/Reschedule Check PEPS Interface*

*Print Interface Data File Inpatient Drug Management…*

*ADditives File Dispense Drug Fields*

*Dispense Drug/ATC Set Up Edit Cost Data*

*EDit Drug Cost (IV)*

*MARk/Unmark Dispense Drugs For Unit Dos PRimary Solution File (IV)*

*Check Drug Interaction*

Stand-Alone Menu Options

The following is a list of all stand-alone options that are **NOT** exported as part of the main PDM menu [PSS MGR]:

*\*Other Language Translation Setup*

[PSS OTHER LANGUAGE SETUP]

*Drug Inquiry (IV)*

[PSSJI DRUG INQUIRY]

*Electrolyte File (IV)*

[PSSJI ELECTROLYTE FILE]

*Enable/Disable Vendor Database Link*

[PSS ENABLE/DISABLE DB LINK]

*Find Unmapped Local Possible Dosages*

[PSS LOCAL DOSAGES EDIT ALL]

*Add Default Med Route*

[PSS ADD DEFAULT MED ROUTE]

The *Enable/Disable Vendor Database Link* option exists **ONLY** as a way for technical personnel to turn on/off the database connection if required for debugging. Normally, it is enabled and the Vendor Database updates are performed centrally on the MOCHA servers, not at the individual sites. This option is rarely used. It is **NOT** exported as part of the main PDM menu [PSS MGR]

In the rare case where this option is used and the database link is disabled, NO drug-drug interaction, duplicate therapy, or dosing order checks will be performed in Pharmacy or in the Computerized Patient Record System (CPRS).

\*Other Language Translation Setup is a stand-alone option that must be assigned to the person(s) responsible for maintaining it.

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## Request Change to Dose Unit

### [PSS DOSE UNIT REQUEST]

The *Request Change to Dose Unit* option is provided for users to request additions or changes to the DOSE UNITS file (#51.24). The request is directed to an Outlook mail group REDACTED that will review and act on the requests. A copy of the request is also sent to the user’s VistA email account. The following information about the request will be needed:

* + - * Dose Unit to be added or modified (required)
			* References or Reason for Request (required)

If the user is not ready to send the request, answering ‘No’ at the transmit prompt will send the request just to the user’s VistA email account. Once ready to send the request and if no changes are needed, the VistA email message can be retrieved and forwarded to the Outlook mail group REDACTED. If the VistA email message is no longer available for retrieval, the request must be reentered and transmitted. The option will use whatever editor (line or screen) the user has defined for “Preferred editor” in the NEW PERSON file (#200).

**Example: Request Change to Dose Unit**

Select Enhanced Order Checks Setup Menu Option: **REQUEST CHANGE TO DOSE UNIT**

Select one of the following:

N C

New Dose Unit

Change to Existing Dose Unit

Request New Dose Unit or Change existing Dose Unit: N// <**ENTER**> ew Dose Unit Enter Dose Unit name: **GRAIN(S)**

You must now enter a reason or references for this request. Press Return to continue, '^' to exit: <**ENTER**>

==[ WRAP ]==[ INSERT ]====< References/Reason for Request >==[ <PF1>H=Help ]==== Valid Dose Unit missing from file.

<=======T=======T=======T=======T=======T=======T=======T=======T=======T>======

Do you want to save changes? **y**

Transmit Dose Unit Request? Y// <**ENTER**> ES Mail message transmitted for review.

Press Return to continue:

**Example: Request Change to Dose Unit Request email**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Subj: From: | Dose Unit Request PHARMACIST, ONE | [#89442] 05/28/08@12:51In 'IN' basket. Page 1 | 4 | lines |  |
| Request New Dose Unit: GRAIN(S) |
| Valid Dose Unit missing from file. |
| Enter message action (in IN basket): Ignore// **QD** Query Detailed |
| Subj: Dose Unit Request [#89442] 05/28/08@12:51 4 lines From: PHARMACIST, ONE In 'IN' basket.Local Message-ID: 89442@PEPCACHE.FO-BIRM.MED.VA.GOV (2 recipients) |
| PHARMACIST, ONE Last read: 05/28/08@12:52 [First read: 05/28/08@12:51] REDACTED Sent: 05/28/08@12:51 Time: 1 secondMessage ID: 48343526@REDACTED |
| Enter message action (in IN basket): Ignore// |

**Example: REQuest Change to Dose Unit**

Select Dosages Option: REQuest Change to Dose Unit

Select one of the following:

N C

New Dose Unit

Change to Existing Dose Unit

Request New Dose Unit or Change existing Dose Unit: N// Change to Existing Dose Unit

Select DOSE UNITS: ??

Choose from:

ANTI-XA UNIT \*\*\* This is actually stored in the DOSE UNIT file in Mixed Case APPLICATION(S)

APPLICATORFUL(S) BAR(S)

CAP/TAB CAPLET(S) CAPSULE(S) CENTIMETER(S) DROP(S)

EACH

ELISA UNIT(S) ENEMA(S) FILM(S) GRAM(S) IMPLANT(S) INCH(ES) INHALATION(S) INSERT(S) LITER(S)

^ Select DOSE UNITS:

# 1.3 Drug Enter/Edit

### [PSS DRUG ENTER/EDIT]

The *Drug Enter/Edit* option allows users to make a new Dispense Drug entry into the DRUG file (#50) or to make changes to existing DRUG file (#50) Dispense Drug entries. This option consolidates entries for all Pharmacy packages if the user possesses the proper package key. It will also allow the user to match Dispense Drugs to corresponding NATIONAL DRUG file (#50.6) and Pharmacy Orderable Item entries and to tie the Dispense Drug to a DRUG TEXT file (#51.7) entry. Dispense Drug formulary status is designated via this option and formulary alternatives may be designated for non-formulary Dispense Drug entries.

Dosages created as the result of National Drug File matching or auto creation of dosages may be reviewed and edited via this option.

Outpatient Pharmacy designated Dispense Drug entries may be marked or unmarked as a LAB MONITOR or CLOZAPINE DRUG. This will allow lab values to print on the Outpatient Action Profile for the designated drug and provide lab monitor checks for Clozapine drugs during the medication order entry process.

The *Drug Enter/Edit* option allows the user to enter a dosage in a language other than English. PDM does not translate English terms into another language; instead, it allows the user to enter a translation of a term. If a value has not been entered in the OTHER LANGUAGE DOSAGE NAME field, PDM defaults to the value entered in the LOCAL POSSIBLE DOSAGE field. If no values exist in the LOCAL POSSIBLE DOSAGE and OTHER LANGUAGE DOSAGE NAME fields, the system will not display default values for those fields during CPRS or Outpatient Pharmacy prescription order entry processing. However, when building the SIG, Outpatient Pharmacy will default to the value the user input during order entry.

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# Pharmacy Enterprise Product System (PEPS)

**Services Menu**

### [PSS PEPS Services]

The *PEPS Services* sub-menu contains options that are used to check and validate that the connection to the vendor database used for enhanced order checking (i.e., drug interactions, duplicate therapy, and dosing) is enabled and operational. It also provides the ability to execute various order checks to ensure that the database is installed properly and is reachable. One option allows the scheduling of a background job, which monitors the connection to the vendor database and notifies the user when the connection goes down.

This sub-menu contains the following options:

* Check Vendor Database Link
* Check PEPS Services Setup
* Schedule/Reschedule Check PEPS Interface

## Check Vendor Database Link

### [PSS CHECK VENDOR DATABASE LINK]

The *Check Vendor Database Link* option allows you to check whether VistA can or cannot communicate with the vendor database. If the communication link is up and running, the vendor database version, build version and date it was issued will be displayed for both standard and custom databases. Standard data is as received from the vendor, while custom data is modified standard or new data provided by the VA. The date and time of the connection will also display.

If the connection could not be made, this status is displayed with the date and time a successful connection was last made.

**Example 1: Successful Connection Made to Vendor Database.**

Select Pharmacy Data Management Option: PEPS Services Select PEPS Services Option: CHECK VENDOR Database Link

Database Version: 6

Build Version: 3.2

Issue Date: 01/29/2010

Custom Database Version: 6 Custom Build Version: 3.2

Custom Issue Date: 08/07/2009

Connected to Vendor database successfully @FEB 22, 2010@16:31 Press Return to Continue:

Select PEPS Services Option:

**Note**: If no data has been installed in the custom table, the connection check returns “Unavailable” for all three fields, as shown below:

CHOOSE 1-2: 2 Check Vendor Database Link

Database Version: 7

Build Version: 3.2

Issue Date: 06/04/2010

Custom Database Version: NOT AVAILABLE Custom Build Version: NOT AVAILABLE Custom Issue Date: NOT AVAILABLE

Connected to Vendor database successfully @AUG 12, 2010@09:05 Press Return to Continue:

**Note**: The above example could also happen to standard tables as well.

**Example 2: Connection Could Not Be Made to Vendor Database:**

Select PEPS Services Option: CHECK Vendor Database Link Connection could not be made to Vendor database.

Last reached @OCT 25, 2010@14:52 Press Return to Continue:

## Check PEPS Services Setup

### [PSS CHECK PEPS SERVICES SETUP]

The *Check PEPS Services Setup* option provides the ability to check and validate that the link to the vendor interface used for enhanced order checking (drug interaction, duplicate therapy, and dosing) is enabled and operational. The option executes various predetermined order checks against the vendor database to ensure that the database is installed correctly and is reachable.

|  |  |
| --- | --- |
| **NOTE:** | A device can be entered in the Select Device field. If a device is not entered, then the job will display on the screen. |
|  |

**Example 1: Vendor Database Reachable; Enhanced Order Checks Executed.**

<CPM> Select PEPS Services Option: CHECK

1. Check PEPS Services Setup
2. Check Vendor Database Link CHOOSE 1-2: 1 Check PEPS Services Setup

This option performs several checks. You may queue this report if you wish.

Among these checks are:

A connection check to the Vendor Database Drug-Drug Interaction Check

Duplicate Therapy Order Check Dosing Order Check

Custom Drug-Drug Interaction Check

Select Device: HOME// <ENTER> COMPUTER ROOM Checking Vendor Database Connection...OK Press Return to Continue:

Performing Drug-Drug Interaction Order Check for ASPIRIN 325MG TAB and WARFARIN 10MG TAB...OK

Significant Drug Interaction: The concurrent use of anticoagulants and salicylates may result in increased INR values and increase the risk of bleeding.

Press Return to Continue:

Performing Duplicate Therapy Order Check for CIMETIDINE 300MG TAB and RANITIDINE 150MG TAB...OK

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Therapeutic Duplication with CIMETIDINE 300MG TAB and RANITIDINE 150MG TAB Duplicate Therapy Class(es): Peptic Ulcer Agents,Histamine-2 Receptor Antagonists (H2 Antagonists)

Press Return to Continue:

Performing Dosing Order Check for ACETAMINOPHEN 500MG TAB - 3000MG Q4H...OK

Single dose amount of 3000 MILLIGRAMS exceeds the maximum single dose amount of 1000 MILLIGRAMS.

Total dose amount of 18000 MILLIGRAMS/DAY exceeds the dosing range of 320 MILLIGRAMS/DAY to 4000 MILLIGRAMS/DAY.

Press Return to Continue:

Performing Custom Drug-Drug Interaction Order Check for CLARITHROMYCIN 250MG TAB and DIAZEPAM 5MG TAB...OK

Significant Drug Interaction: Serum concentrations of certain benzodiazepines may be increased enhancing their pharmacological effects.

Press Return to Continue:

**Example 2: Vendor database unreachable; enhanced order checks cannot be executed.**

Select PEPS Services Option: check

1. Check PEPS Services Setup
2. Check Vendor Database Link CHOOSE 1-2: 1 Check PEPS Services Setup Checking Vendor Database Connection...

Connection could not be made to Vendor database.

Last reached @MAR 02, 2010@11:44 Press Return to Continue:

## Schedule/Reschedule Check PEPS Interface

### [PSS SCHEDULE PEPS INTERFACE CK]

The *Schedule/Reschedule Check PEPS Interface* option allows you to schedule the Interface Scheduler [PSS INTERFACE SCHEDULER] option, which tests the PEPS interface by sending a PING request. If the PEPS Interface is not available, a mail message will be sent to the G.PSS ORDER CHECKS mail group. This must be scheduled so constant monitoring takes place on the Mocha Interface, to provide timely notification of any problems.

Please note that the next paragraph regarding the POSTMASTER is only applicable up until the installation of patch PSS\*1.0\*163, because PSS\*1.0\*163 includes functionality that will replace any Person’s Internal Entry Number in the interface message that is not a whole number with the number 0 , because the interface will accept 0 as a valid number. PSS\*1.0\*163 will also do the same with Job Number, and Station Number (after stripping off any non-numeric characters). This conversion will also happen on all Order Check messages.

When scheduling this job, the person that is doing the scheduling must **NOT** have assumed the identity of the POSTMASTER, because the Internal Entry Number of the POSTMASTER is .5, and the decimal could cause the interface to fail, so this job would continue to fail until it is scheduled by another user other than POSTMASTER.

|  |  |
| --- | --- |
| IMPORTANT: | A device must be entered in the DEVICE FOR QUEUED JOB OUTPUT field. If a device is not entered, then the job can result in a failure, generating the mail message indicating the Order Check system is not available, when the system really was never unavailable. Most sites have a “NULL” type entry in the DEVICE (#3.5) File, as that is the recommended device, since the tasked job does not write any data. Additionally, it is recommended that “Startup Persistent” be entered in the SPECIAL QUEUING field. This will queue the job to run whenever the TaskMan/computer is started (i.e., at System Boot), and will restart the task if it stops unexpectedly. If this type of restart does occur, the task could be set by Kernel to be run by POSTMASTER, which as stated in the previous paragraph could cause the job to fail. If this occurs, then someone would need to reschedule the job, with the identity of any user besidesPOSTMASTER. Also as stated a few paragraphs earlier, this POSTMASTER issue is resolved by patch PSS\*1.0\*163, by replacing .5 with a 0 in the interface message. |
|  |

To check the link, start up the *PEPS Services Option Menu* [PSS PEPS SERVICES].

Check Vendor Database Link Check PEPS Services Setup

Schedule/Reschedule Check PEPS Interface Print Interface Data File

Select PEPS Services Option: Schedule/Reschedule Check PEPS Interface

Edit Option Schedule Option Name: PSS INTERFACE SCHEDULER

Menu Text: Interface Scheduler TASK ID: 892595

QUEUED TO RUN AT WHAT TIME: JAN 23,2011@14:25:41 DEVICE FOR QUEUED JOB OUTPUT: NULL DEVICE;P-DEC;80;64

QUEUED TO RUN ON VOLUME SET: RESCHEDULING FREQUENCY: 900S

TASK PARAMETERS:

SPECIAL QUEUEING: Startup Persistent

Exit

Save

Next Page

Refresh

Enter a command or '^' followed by a caption to jump to a specific field.

COMMAND:

Press <PF1>H for help

Insert

## Print Interface Data File

### [PSS SCHEDULE PEPS INTERFACE CK]

The *Print Interface Data File* option allows you to print a report from the VENDOR INTERFACE DATA file (#59.74) which keeps track of when and for how long the vendor interface is unavailable while a background process monitors the status of the interface and records in this file when the interface is down, when it becomes available again, and the total time it was unavailable. You are asked for a date/time range so that the report can then be sorted by the most recent downtime first and then provided a SELECT DEVICE PROMPT for the printing/displaying of the report.

**Example: Print Interface Data File**

Check Vendor Database Link Check PEPS Services Setup

Schedule/Reschedule Check PEPS Interface Print Interface Data File

<CPM> Select PEPS Services Option: PRint Interface Data File

This report will print out all information related to when and for how long the vendor interface is unavailable (sorted by most recent down time first).

This information comes from the VENDOR INTERFACE DATA FILE.

\*\*\* This has the potential to be a long report \*\*\*

You may queue the report to print if you wish. You may also "^" to halt the report at any time.

START WITH DATE/TIME VENDOR UNAVAILABLE: FIRST// 3.18.11 (MAR 18, 2011) GO TO DATE/TIME VENDOR UNAVAILABLE: LAST// T (MAY 18, 2011)

DEVICE: QUEUE TO PRINT ON

DEVICE: REX REX$PRT Printer Alley

Requested Time To Print: NOW// <Enter> (MAY 18, 2011@11:30) REQUEST QUEUED!

Task number: 3469591

Check Vendor Database Link Check PEPS Services Setup

Schedule/Reschedule Check PEPS Interface Print Interface Data File

<CPM> Select PEPS Services Option:

If the PEPS Interface is down, a priority mail message will be sent to the G.PSS ORDER CHECKS mail group. When the interface is back up again, another priority mail message will be sent to the G. PSS ORDER CHECKS mail group. Only *one* message per occurrence (interface being down or coming back up) is sent because the background job runs every 15 minutes.

Here is an example of the mail message when the database is down:

|  |
| --- |
| **Subj: ORDER CHECK DATABASE DOWN [#55252] 03/02/10@11:59 2 lines****From: PSS INTERFACE SCHEDULER In 'IN' basket. Automatic Deletion Date: Mar 30, 2010** |
|  |  |
|  |
| **Connection to Vendor Database is down! No Drug-Drug Interactions, Duplicate** |
| **Therapy or Dosing Order Checks will be performed until the connection is****reestablished!!!** |
| **Enter message action (in IN basket): Ignore//** |

Here is an example of the mail message when the database is back up:

|  |
| --- |
| **Subj: ORDER CHECK DATABASE IS BACK UP [#57254] 08/15/10@02:44 2 lines From: PSS INTERFACE SCHEDULER In 'IN' basket.****Automatic Deletion Date: Aug 18, 2010 Page 1 Priority!** |
|  |  |
|  |
| **Connection to Vendor Database has been restored! Drug-Drug Interactions, Duplicate Therapy and Dosing Order Checks can now be performed.****Enter message action (in IN basket): Ignore//** |

# Inpatient Drug Management

### [PSS INP MGR]

Patch PSS\*1\*146 corrected a patient safety issue in which editing the IV ADDITIVES file (#52.6) and/or IV SOLUTIONS file (#52.7) using the Drug Enter/Edit [PSS DRUG ENTER/EDIT] option was problematic. The functionality was changed to prevent erroneous matching with Dispense Drugs.

The software now gives the user the choice to enter and link the dispense drug to a new Additive or Solution as well as a confirmation of the selected dispense drug that will be linked to the selected additive/solution.

The [PSS INP MGR] sub-menu contains the following options:

* ADditives File
* Dispense Drug Fields
* Dispense Drug/ATC Set Up
* Edit Cost Data
* EDit Drug Cost (IV)
* MARk/Unmark Dispense Drugs For Unit Dose
* PRimary Solution File (IV)
	+ 1. **ADditives File**

### [PSSJI DRUG]

This option allows the applications coordinator to add, change, or inactivate drugs that are to be used as additives in the IV room. All drug information is contained within the IV additives file.

## Dispense Drug Fields

### [PSSJU DRG]

This option allows the user to enter data into fields that are used as default values, and in calculating default values, when the drug is chosen in Unit Dose ORDER ENTRY. This option allows the selection of any drug, including INACTIVE or NON-FORMULARY items.

## Dispense Drug/ATC Set Up

### [PSSJU DRUG/ATC SET UP]

This allows the user to edit the drug fields necessary to send drugs to ATC Unit Dose dispensing machine. In order for a drug to be sent to the ATC, the drug must have a CANISTER NUMBER for each ward group that will be sending a pick list to the ATC, and the drug must also have a MNEMONIC.

## Edit Cost Data

### [PSSJU DCC]

Allows the user to edit the dispensing cost data used for the cost reports. If any data is changed, a MailMan message is sent to all users holding the PSJU MGR security key (supervisors).

## EDit Drug Cost (IV)

### [PSSJI EDIT DRUG COST]

This menu option allows the cost per unit to be entered for drugs (both additives and solutions).

## MARk/Unmark Dispense Drugs For Unit Dose

### [PSSJU MARK UD ITEMS]

This allows users to easily mark or unmark items from the Drug file (#50)for use by the Unit Dose Medications package. Only those items marked for Unit Dose are selectable for Unit Dose orders. When the Inpatient Medications package is first installed, it marks all items in the Drug file for use by Unit Dose so that users may immediately continue to use the package. This can be used to unmark those dispense items that Unit Dose users should not be able to select.

## PRimary Solution File (IV)

### [PSSJI SOLN]

This option is for the applications coordinator to add, change, or inactivate primary solutions used in the IV section. The solution must already exist in the Drug File to be selected here. If use of a primary solution is to be discontinued, the solution should be inactivated by entering an inactivation date, rather than by deleting the solution from the file.

# Check Drug Interaction

### [PSS CHECK DRUG INTERACTION]

The *Check Drug Interaction* option is a new option that shall be provided to allow a user to check for drug interaction and Therapeutic Duplications between two or more drugs. This option shall be patient independent. This option shall be placed on the PDM Manager [PSS MGR] Menu. The drugs shall be selectable from the Drug File #50. The system will allow selection of drugs marked for application package use O, U, I, and/or X. The system will only allow selection of drugs that are matched to NDF and have a GCNSEQNO associated with that match. The software shall check for values in the FDB custom tables before using the FDB standard reference tables. The values in the custom tables shall take precedence over the values in the standard tables.

**Example: Check Drug Interaction**

Select PHARMACY DATA MANAGEMENT Option:

CMOP Mark/Unmark (Single drug) Dosages ...

Drug Enter/Edit

Order Check Management ... Electrolyte File (IV)

Lookup into Dispense Drug File Medication Instruction Management ... Medication Routes Management ...

Orderable Item Management ... Formulary Information Report Drug Text Management ...

Pharmacy System Parameters Edit Standard Schedule Management ... Synonym Enter/Edit

Controlled Substances/PKI Reports ...

Send Entire Drug File to External Interface IV Additive/Solution ...

Warning Builder Warning Mapping PEPS Services ...

Check Drug Interaction

Select PHARMACY DATA MANAGEMENT Option: Check Drug Interaction Drug 1: SIMVASTATIN 40MG TAB CV350

...OK? Yes// (Yes)

Drug 2: WARFARIN 1MG TAB Lookup: GENERIC NAME

WARFARIN 1MG TAB BL110

...OK? Yes// (Yes)

Drug 3:

Now Processing Enhanced Order Checks! Please wait...

\*\*\* DRUG INTERACTION(S) \*\*\*

============================================================

\*\*\*Significant\*\*\* with SIMVASTATIN 40MG TAB and

WARFARIN 1MG TAB

CLINICAL EFFECTS: Increase hypoprothrombinemic effects of warfarin.

============================================================

Press Return to Continue...:

Display Professional Interaction monograph? N// YES

DEVICE: HOME// SSH VIRTUAL TERMINAL Right Margin: 80//

Professional Monograph

Drug Interaction with SIMVASTATIN 40MG TAB and WARFARIN 1MG TAB

This information is generalized and not intended as specific medical advice. Consult your healthcare professional before taking or discontinuing any drug or commencing any course of treatment.

MONOGRAPH TITLE: Selected Anticoagulants/Selected HMG-CoA Reductase Inhibitors

SEVERITY LEVEL: 3-Moderate Interaction: Assess the risk to the patient and take action as needed.

MECHANISM OF ACTION: The exact mechanism of this interaction is unknown. The HMG-CoA reductase inhibitor may inhibit the hepatic hydroxylation of warfarin. The HMG-CoA reductase inhibitors, which are highly plasma protein bound, may displace warfarin from its binding site.

Professional Monograph

Drug Interaction with SIMVASTATIN 40MG TAB and WARFARIN 1MG TAB CLINICAL EFFECTS: Increase hypoprothrombinemic effects of warfarin. PREDISPOSING FACTORS: None determined.

PATIENT MANAGEMENT: Patients should be monitored for changes in prothrombin time when a HMG Co-A reductase inhibitor is added to or discontinued from warfarin therapy, or if the dosage of the HMG Co-A reductase inhibitor is adjusted.

DISCUSSION: Case reports in the medical literature and to the manufacturer have documented an interaction between lovastatin and warfarin. A case report has documented an interaction between pravastatin and fluindione (an orally administered indanedione anticoagulant), suggesting that pravastatin could also interact similarly with warfarin. Information concerning a potential interaction with simvastatin is conflicting. A case report has documented an interaction between simvastatin and acenocoumarol while another case report showed no interaction with warfarin. One group of authors reported three case reports of increased international normalized ratios (INRs) following the addition of fluvastatin to warfarin therapy. The addition of rosuvastatin to patients stabilized on warfarin resulted in clinically significant changes in INR.

Professional Monograph

Drug Interaction with SIMVASTATIN 40MG TAB and WARFARIN 1MG TAB

REFERENCES:

1. Ahmad S. Lovastatin. Warfarin interaction. Arch Intern Med 1990 Nov; 150(11):2407.
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hyperlipoproteinaemia. Lancet 1992 Oct 17;340(8825):979-80.

8.Trilli LE, Kelley CL, Aspinall SL, Kroner BA. Potential interaction between warfarin and fluvastatin. Ann Pharmacother 1996 Dec; 30(12):1399-402.

Professional Monograph

Drug Interaction with SIMVASTATIN 40MG TAB and WARFARIN 1MG TAB 9.Crestor (rosuvastatin calcium) US prescribing information. AstraZeneca Pharmaceuticals LP February, 2012.

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Display Professional Interaction monograph? N// O

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# Stand-Alone Menu Options

This section describes the stand-alone menu options that are not exported as part of the main menu.

## Enable/Disable Vendor Database Link

### [PSS ENABLE/DISABLE DB LINK]

The Enable/Disable Vendor Database Link is a stand-alone option that exists **ONLY** as a way for technical personnel to turn on/off the database connection if required for debugging. When disabled, NO drug-drug interactions, duplicate therapy, or dosing order checks will be performed in Outpatient Pharmacy, Inpatient Medication applications, or in the Computerized Patient Record System (CPRS).

Normally the link is enabled and the Vendor Database updates are performed centrally at the Austin Information Technology Center (AITC) and Philadelphia Information Technology Center (PITC).

The option is rarely used. It is NOT exported as part of the main Pharmacy Data Management [PSS MGR] menu option. ***The examples provided are for technical personnel only.***

**Example 1: Disabling the Vendor Database Link**

Select OPTION NAME: **PSS ENA**BLE/DISABLE DB LINK

Enable/Disable Vendor Database Link

Enable/Disable Vendor Database Link

The connection to the Vendor database is currently ENABLED.

Do you wish to DISABLE the connection to the Vendor database? **NO**//y Yes

NO Drug-Drug Interactions, Duplicate Therapy or Dosing Order Checks will be performed while the connection is disabled!!!

Are you sure you want to DISABLE the connection to the Vendor Database? **NO//y Yes**

Vendor database connection DISABLED.

REMEMBER to ENABLE the Vendor database connection AFTER task completed. Press Return to Continue:

**Example 2: Enabling the Vendor Database Link**

Select OPTION NAME: PSS ENABLE/DISABLE DB LINK

Enable/Disable Vendor Database Link

Enable/Disable Vendor Database Link

WARNING: The connection to the Vendor database is currently DISABLED.

NO Drug-Drug Interactions, Duplicate Therapy or Dosing Order Checks will be performed while the connection is disabled!!!

Do you wish to ENABLE the connection to the Vendor database? **YES//y Yes**

Vendor database connection ENABLED. Connected to Vendor database successfully. Press Return to Continue:

## Other Language Translation Setup

### [PSS OTHER LANGUAGE SETUP]

This is a stand-alone menu option that is not exported with the main menu. The *Other Language Translation Setup* option provides the ability to enter/edit data in the PHARMACY SYSTEM file (#59.7). This option allows sites to enter appropriate terms in another language that make up parts of the SIG when printing prescription bottle labels. If the user does not enter a translation, the English word will print. The *Other Language Translation Setup* option is a stand-alone option that must be assigned to the person(s) responsible for maintaining it. See Appendices C-G for lists of Spanish equivalents for some of the more common terms used for administration schedules, dosage forms, local possible dosages, medication instructions, and medication routes.

**Example: Other Language Translation Setup**

USE OF ANOTHER LANGUAGE: **YES** <If No is entered the remaining fields will not be prompted for

SECONDS: **SEGUNDOS** MINUTES: **MINUTOS** DAYS: **DIAS**

WEEKS: **SEMANAS** HOURS: **HORAS** MONTHS: **MESES** AND: **Y**

THEN: **LUEGO** EXCEPT: **EXCEPTO** ONE: **UNA**

TWO: **DOS** THREE: **TRES** FOUR: **CUATRO** FIVE: **CINCO** SIX: **SEIS** SEVEN: **SIETE** EIGHT: **OCHO** NINE: **NUEVE** TEN: **DIEZ**

ONE-HALF: **MEDIA**

ONE-FOURTH: **UN-CUARTO** ONE-THIRD: **UN**-**TERCIO** TWO-THIRDS: **DOS**-**TERCIOS**

THREE-FOURTHS**: TRES**-**CUARTOS**

FOR: POR

## Find Unmapped Local Possible Dosages

### [PSS LOCAL DOSAGES EDIT ALL]

A new option called *Find Unmapped Local Possible Dosages* [PSS LOCAL DOSAGES EDIT ALL] is provided to identify all Local Possible Dosages that are eligible for dosage checks and do not have either the Numeric Dose or Dose Unit populated.

Drugs with the following criteria will be screened out from this option.

* + - * Inactive
			* Not Matched to NDF
			* Associated with dosage form that is excluded from dosage checks and matched to a VA Product that has the OVERRIDE DF DOSE CHK EXCLUSION field set to ‘No’
			* Associated with dosage form that is NOT excluded from dosage checks, but is matched to a VA Product that has the OVERRIDE DF DOSE CHK EXCLUSION field set to ‘Yes’
			* Drug is marked as a supply item (‘S’ in DEA, SPECIAL HDLG field or assigned a VA Drug Class starting with an ‘XA’)
			* Drug does not have any Local Possible Dosages defined

All identified drugs, along with their Local Possible Dosages will be presented to the user one by one for editing. If data exists in the strength and unit fields for the drug, it will be displayed following the drug name. The user will be notified if the strength defined for the drug does not match the strength of the VA Product that it is matched to. The strength and unit of the VA Product the drug is matched to will be displayed along with the strength in the DRUG file (#50).

Next, the first Local Possible Dosage defined for the selected drug will be displayed. The user will be prompted to enter a Dose Unit, followed by the Numeric Dose. The Dose Unit will be selectable from the new DOSE UNITS file (#51.24).

Any data entered will be redisplayed to the user (Local Possible Dosage, Dose Unit and Numeric Dose) before presenting the next Local Possible Dosage for editing, if one exists for the drug. All Local Possible Dosages defined for the drug with missing data in the Numeric Dose and Dose Unit fields will be presented for editing.

**Example: Find Unmapped Local Possible Dosages**

Select Enhanced Order Checks Setup Menu Option: Find Unmapped Local Possible Dosages

This option will find all Local Possible Dosages that are eligible for Dosage Checks that do not have either the Numeric Dosage or Dose Unit entered for the Local Possible Dosage. This mapping is necessary to perform Dosage checks.

Searching for local Possible Dosages...

Drug: ACETAMINOPHEN ELIX. 120MG/5ML 4OZ

Strength from National Drug File match => 160 MG/5ML Strength currently in the Drug File => 120

Please Note: Strength of drug does not match strength of VA Product it is matched to.

TWO TEASPOONFULS

Numeric Dose:

Dose Unit: MILLIGRAM(S)

DOSE UNIT: MILLIGRAM(S)// <ENTER> NUMERIC DOSE: 240

TWO TEASPOONFULS

Numeric Dose: 240 Dose Unit: MILLIGRAM(S) Drug: ACETAMINOPHEN 120MG/COD 12MG PER 5ML EL

TWO TEASPOONFULS

DOSE UNIT: TEASPOONFUL(S)

NUMERIC DOSE: 2

TWO TEASPOONFULS

Numeric Dose: 2 Dose Unit: TEASPOONFUL(S)

ONE TABLESPOONFUL

DOSE UNIT: TABLESPOONFUL(S) NUMERIC DOSE: 1

ONE TABLESPOONFUL

Numeric Dose: 1 Dose Unit: TABLESPOONFUL(S)

Drug: ALBUMIN 25% INJ BL500

Strength: 25 Unit: %

50 ML

DOSE UNIT: GRAM(S) NUMERIC DOSE: 12.5

50 ML

Numeric Dose: 12.5 Dose Unit: GRAM(S)

100 ML

DOSE UNIT: GRAM(S) NUMERIC DOSE: 25

100 ML

Numeric Dose: 25 Dose Unit: GRAM(S)

Drug: ALBUTEROL SO4 0.083% INHL 3ML RE102

Strength: 0.083 Unit: %

1 AMPULE

DOSE UNIT: MILLILITER(S) NUMERIC DOSE: 3

1 AMPULE

Numeric Dose: 3 Dose Unit: MILLILITER(S)

Drug: ALBUTEROL 90/IPRATROP 18MCG 200D PO INHL

TWO PUFFS

DOSE UNIT: INHALATION(S) NUMERIC DOSE: 2

TWO PUFFS

Numeric Dose: 2 Dose Unit: INHALATION(S)

Drug: AMLODIPINE 10MG/VALSARTAN 320MG TAB

1 TABLET (10MG/320MG)

DOSE UNIT: TABLET(S) NUMERIC DOSE: 1

1 TABLET (10MG/320MG) Numeric Dose: 1

Dose Unit: TABLET(S)

Drug: CHLORAL HYD. SYR. 500MG/5ML (OZ)

Strength: 500 Unit: MG/5ML

1 TEASPOONFUL

DOSE UNIT: MILLIGRAM(S) NUMERIC DOSE: 500

1 TEASPOONFUL Numeric Dose: 500

Dose Unit: MILLIGRAM(S)

If a user presses the **<ENTER>** key at the ‘DOSE UNIT:’ prompt, they will be prompted to enter a Numeric Dose. If the user presses the **<ENTER>** key at the ‘NUMERIC DOSE:’ prompt, the next available Local Possible Dosage for that drug if one exists with missing data will be displayed. If no more Local Possible Dosages exist for the drug that require data population, the next drug and its Local Possible Dosages will be presented for editing.

If the user up-arrows (^) at the ‘DOSE UNIT:’ prompt, they will be asked if they want to continue. If the response is ‘Yes’, the next Local Possible Dosage with missing data for that drug will be displayed, if any exist. If no more Local Possible Dosages exist for the drug, the next drug will display. If the user responds ‘No’, the a check will be made to see if any Local Possible Dosages still require data to be entered and inform the user.

The user will be informed when all required data has been entered.

Select Enhanced Order Checks Setup Menu Option: **Find Unmapped Local Possible Dosages**

This option will find all Local Possible Dosages that are eligible for Dosage Checks that do not have either the Numeric Dosage or Dose Unit entered for the Local Possible Dosage. This mapping is necessary to perform Dosage checks.

Searching for local Possible Dosages... Drug: CHLORAMPHENICOL 0.5% OPTH SOL

Strength: 0.5 Unit: %

1. DROP

DOSE UNIT: <**ENTER**> NUMERIC DOSE: <**ENTER**>

1. DROP(S)

DOSE UNIT: <**ENTER**> NUMERIC DOSE: <**ENTER**>

Drug: CLOTRIMAZOLE ORAL TROCHES

Strength: 10 Unit: MG

1. TROCHE DOSE UNIT: **^**

Do you want to continue mapping Local Possible Dosages? Y// <**ENTER**> ES

1. TROCHE(S) DOSE UNIT: **^**

Do you want to continue mapping Local Possible Dosages? Y// **NO**

Checking for any remaining unmapped Local Possible Dosages... There are still Local Possible Dosages not yet mapped,

see the 'Local Possible Dosages Report' option for more details. Press Return to Continue:

OR

All Local Possible Dosages are mapped!

## All Stand-Alone Menu Items

The following is a list of all stand-alone options that are **NOT** exported as part of the main PDM menu [PSS MGR]:

\*Other Language Translation Setup [PSS OTHER LANGUAGE SETUP]

Drug Inquiry (IV)

[PSSJI DRUG INQUIRY]

Electrolyte File (IV)

[PSSJI ELECTROLYTE FILE]

Enable/Disable Vendor Database Link [PSS ENABLE/DISABLE DB LINK]

*Find Unmapped Local Possible Dosages*

[PSS LOCAL DOSAGES EDIT ALL]

*Add Default Med Route*

[PSS ADD DEFAULT MED ROUTE]

The *Enable/Disable Vendor Database Link* option exists **ONLY** as a way for technical personnel to turn on/off the database connection if required for debugging. Normally, it is enabled and the Vendor Database updates are performed centrally on the MOCHA servers, not at the individual sites. This option is rarely used. It is **NOT** exported as part of the main PDM menu [PSS MGR]

In the rare case where this option is used and the database link is disabled, NO drug-drug interaction, duplicate therapy, or dosing order checks will be performed in Pharmacy or in the Computerized Patient Record System (CPRS).

\*Other Language Translation Setup is a stand-alone option that must be assigned to the person(s) responsible for maintaining it.

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