INPATIENT MEDICATIONS

PHARMACIST'S USER MANUAL

Version 5.0
December 1997

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Department of Veterans Affairs
Enterprise Program Management Office

Revision History

Date	Revised Pages	Patch Number	Description
09/2020	5, 17, 23, 26, 43, 46 – 50, 54, 55, 89, 91, 92, 104 -107, 111, 151, 167, 186, 235, 280, 295 32 358	PSJ*5*319	Added CM to all applicable screen captures. Added a description for Entering a new CM Clinic Medication order. Added CM New Clinic Medication Entry to Glossary/Patient Order Action Prompts. Global: removed all instances of "New clinic orders cannot be created." Global: updated footers for month and year (S. Suiters, PM; C. Bernier, J. Callahan, Tech Writers)
8/2020	41, 99 Global	PSJ*5*388	Updated Stop Date/Time text and added a reference to the Technical Manual for more detail of the rules for Stop Date/Time calculation. Revised dates on Title page and Footers (S.Suiters, VA PM; J. Niksich, PM; C. Bernier, Tech Writer)

04/2020	306
	339
	340
	341
		PSJ*5*402	Updated Revision History
			Updated Chapter 11:
			• Updated Clozapine Inpatient Medications Manager section
			  ○ Adjusted menu options to line up with the software correctly
			  ○ Updated Register Clozapine Patient paragraph
			• Updated Temporary Registration Number paragraph
			• Corrected "Clozapine Register" to the proper name "Clozapine Registry"

05/2019	i 29 306 370	PSJ*5*327	Updated Revision History and Table of Contents Deleted note of drug-specific order check Added Section 11 on Controlling the Dispensing of Clozapine Updated Index

Date	Revised Pages	Patch Number	Description
			(L. Behuniak, PM; P. Egbert, Analyst; C. Mobley, Tech Writer)
10/2018	Title, 5, 9, 11, 17, 22-23, 26-27, 29, 43-66, 70-83, 88-91, 100-116, 123-143, 149-153, 157-159, 165-166, 171-175, 180, 186	PSJ*5*353	Updated Inpatient Order Displays Updated Hidden Menu Options (G. Pickwoad, PM, E. Cook, Tech Writer)
09/2018	1, i, x, and Footer 11, 21-23, 29-31, 44-46, 51, 52, 55-59, 62, 64-67, 69, 72-74, 77-80, 82, 85-87, 103, 104, 111-121, 128-132, 134-142, 143, 148, 155-157, 159, 162-164, 176-178, 180, 192, 193, 209-213, 231, 232, 238, 245, 246, 282, 283, 288, 289, 291, 292, 300, 303, and 304 42, 101, and 102 22, 45, 83, 104, 114-121, 127-131, 138-144, 155, 181, 194, 210, 238, 242, 245, 282, 288, 292, and 300	PSJ*5*373	Updated Title Page, Revision History and Table of Contents and Footer. Corrected date so year is displayed with four digits in the following options: PSJI ORDER - Order Entry (IV) PSJI PROFILE REPORT - Patient Profile Report (IV) PSJ OE - Inpatient Order Entry PSJU NE - Order Entry PSJU PR - Patient Profile (Unit Dose) PSJ EXTP - Patient Profile (Extended) PSJ PR - Inpatient Profile Also added colon after Renewed. Also ensured Give and Renewed are on the same line. Added warning when entered Start Date/Time exceeds 7 days from the order's Login Date. Added warning that the entry of a Hard Stop Date greater than 367 days from the start of the date of the order is not allowed. Made some formatting changes: orphan paragraph title and corrected column alignment.
02/2018	5 6	PSJ*5*256	Updated Inpatient List Manager Diagram Updated Header Area Information

Date	Revised Pages	Patch Number	Description
	17, 21-23, 26-27, 29, 42,45-50, 52-54, 56,59 62,80,83-84, 87,90-91, 99, 103-110, 148, 149, 151, 152, 156, 158, 159, 164, 165, 167, 170, 172, 179, 204, 223-224, 235, 242-245, 259, 261, 263-265, 269, 271, 277, 278, 281, 287, 290, 293		Updated Patient Information Screen Displays
	62		Updated Verify Action (UD order) for Old Schedule Name
	67		Updated Renew Action (UD order) for Old Schedule Name
	74-76		Updated Finish Action (UD order) for Old Schedule Name
	123-124		Updated Verify Action (IV order) for Old Schedule Name
	127-128		Updated Renew Action (IV order) for Old Schedule Name
	134-136		Updated Finish Action (IV order) for Old Schedule Name
	198		Updated section 4.3.10 Dosing Order Checks
	305		Updated Error Message Table – Added System Level Error
02/2017	i-x, 23-24	PSJ*5*325	Updated Revision History and Table of Contents Added Section 4.1.2.1, Display of Discontinued or Edited IV Orders. (L. Behuniak, PM; B. Thomas, Tech Writer)
10/2016	i-x	PSJ*5*317	Updated Revision History and Table of Contents
	13		Added Hidden action - 'PD' action.
	27		Added PADE Stock and Ward Stock Items
	51		Added Inpatient Order Entry profile -'PD' flag.
	80		Added section 4.1.9 PADE Main Menu Option.
	212		Added Inpatient Order Entry profile -'PD' flag. Added Drug IEN and PADE Stock Item Indicator (S. Soldan PM; R.Walters, Tech Writer)
08/2016	i-x	PSJ*5*315	Updated Revision History and Table of Contents
	9-12		Added Administration History for Orderable Items report and Activity Log Report to section 3.2. Hidden Actions.
	33-34		Added information about new Duration of Administration prompt for medications requiring removal related to PSJ OE option.
	190		Added information about new Duration of Administration prompt for medications requiring removal related to PSJ ECO option.

Date	Revised Pages	Patch Number	Description
	311		Updated Index (D. Connolly, PM; E. Phelps, R. Walters, Tech Writers)
06/2016	i-x 64 126 282-283	PSJ*5*313	Updated Revision History and Table of Contents Added Note to Section 4.1.5.7 Finish regarding IV Additive and table showing Multiple IV Additive Orderable Items Documented section 4.2.4.7 Finish regarding IV additive and table showing Multiple IV Additive Orderable Items Added Examples 3 and 4 showing Inactivation date for IVAdditives and IV Solutions Lookup (A. Zak, Analyst; T. Nixon; L. Ramos, Technical Writer)
05/2016	I viii-x 25, 26, 35, 51, 52, 53, 87, 139, 140, 141, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 161, 163,164, 167, 168, 169, 170, 171, 172, 173 175,176, 178, 179, 289, 290, 299, 301	PSJ*5*281	Updated Revision History Update Table of Contents Updated screen captures Add/update/remove Add OI & DD Enh Order Check Add Allergy Order Check Edits made in 4.3.1, added sections 4.3.1.1 and 4.3.1.2 Add Clinical Reminders Order Check Update Glossary Update Index (H. Cross, PM; M.Danneeru, Tech Writer)
03/2014	All i-vi, vii-x 1 18, 23, 28, 32, 77-78, 123- 124, 129, 137, 141, 147-151, 271-272 79	PSJ*5*252	Renumbered all pages Revision History & Table of Contents Added to the Related Manuals Add, remove, update content Added BOTTLE

Date	Revised Pages	Patch Number	Description
	42, 52, 138-143, 158, 160-164 99 279, 281, 282 287-291 166 144 124 125	 PSJ*5*297 Remedy Ticket 844215	Update screen Updated hyperlinks Updated Glossary Updated Index Added 4.3.8. Dosing Order Checks Updated last paragraph Updated IV Fluid text Moved section 4.2.4.8 (C. Powell, PM; S. Heiress, Tech Writer)
12/2013	i-v, 69, 69a-69b, 93a-93f, 124cc, 124nn-124oo, 227, 242-243	PSJ*5*279	Added IV Bag Logic, Infusion Rate T@0, Pre-Exchange Report, and Missing Dose Request Printer functionalities. Updated Glossary and Index (R. Santos, PM; B. Thomas, Tech Writer)
04/2013	i-ix, 11, 12-12a, 13, 17, 63, 64-64a, 65-66, 117-118, 124cc-124pp, 153-154, 174, 176, 244-245	PSJ*5*275	Updated Revision History Updated Table of Contents Added Clinic Order functionality (R. Singer, PM; B. Thomas, Tech Writer)
01/2013	i vii xi, xii 9 10, 21 11, 63 15, 15a, 16, 17b, 27-28b, 35, 36b, 37-38, 40, 45, 53, 59, 62, 62b, 65, 73, 81-84, 96, 98, 103, 113, 120, 120b, 122, 124a, 124d, 124i, 136, 137, 149, 153, 158-161, 175, 180, 187, 190, 195,	PSJ*5*260, PSJ*5*268	Updated Revision History Updated Table of Contents Update Menu Trees Added DA & CK menu option to table Corrected label for OCI Added Check Drug Interaction to the Unit Dose & IV menus. Updated screens for Creatinine Clearance (CrCl) and Body Surface Area (BSA), when available, to the header area of Patient and Medication Profile displays

Date	Revised Pages	Patch Number	Description
	196b, 203, 206, 210 124f-124f2 124f2, 124k-124q 124z-124bb 224 225-238 239-246		Added information regarding clinic orders Drug Allergy updates Added new section for Check Drug Interaction Added Hidden Action DA & CK, and updated OCI Updated Glossary Updated Index (G. Tucker, PM; S. Heiress, Tech Writer)
09/2012	i-vii, 12, 12a-12b, 14, 14a-14b, 17, 17a-17b, 25b-25d, 27, 28, 28a-28b, 29, 55, 64, 64a-64b, 66, 66a-66b, 71, 71a-71b, 119, 119a-119b, 231	PSJ*5*267	Added No Allergy Assessment logic Updated Special Instructions/Other Print Info (R. Singer, PM; B. Thomas, Tech Writer)
01/2012	i, v-vii, 10, 21 25 29 42a, 49, 56, 56a, 75, 89, 99, 106-106b 124c 124f-124g 124k-124l 124x 124y-124z 224, 228, 232, 233, 234 239-244	PSJ*5*254	Updated Table of Contents Added Order Checks/Interventions (OCI) to “Hidden Actions” section Defined OCI Indicator Updated Schedule Type text Updated text under Interventions Menu Updated Pharmacy Interventions for Edit, Renew, and Finish orders for Unit dose and IV Added note to Drug-Drug Interactions Added note to Drug-Allergy Interactions Updated Allergy/ADR Example Order Checks Added “Display Pharmacist Intervention” section Defined Historical Overrides/Interventions Updated Glossary Updated Index (R. Singer PM, C Bernier Tech Writer)
09/2011	58	PSJ*5*235	Updated ‘Note’ section regarding Expected First Dose Scott PM, G. Werner Tech Writer)
07/2011	i, 16	PSJ*5*243	Update Revision History Update Index

Date	Revised Pages	Patch Number	Description
	246		Revised the existing display in the *Non-Verified/Pending Orders* [PSJU VBW] option from a pure alphabetic listing of patient names, to a categorized listing by priority. Added "priority" to Index. (N. Goyal, PM; E. Phelps/John Owczarzak, Tech Writers)
04/2011	i v-vii 9 15-15b 17 19 20 21 27-28 30 31 32 33 34 35-36b 37 40 41 46 61-62b 65 66 67 73-74 76 77 78 79 80 81 83 98 118 120-120b 122 123-124v 125 136	PSJ*5*181	Updated Revision History Updated Table of Contents New: Intervention Menu New: Example: Ward Group Sort option ^OTHER for Patient and Example: Ward Group Sort option ^OTHER for Order Updated: Example: Patient Information Screen Update: "Select DRUG" Note was updated Updated: Example: Dispense Drug with Possible Dosages and Example: Dispense Drug with Local Possible Dosages Updated: Example: New Order Entry Updated: Example: New Intervention Updated: Example: Edit an Intervention Updated: Example: Delete an Intervention Updated: Example: View an Intervention Updated: Example: Print an Intervention New: Discontinued Codes and Example of Inpatient Order Entry New: Example: Patient Information Updated: 4.1.5.1 Discontinue Updated: Example: Discontinue an Order (continued) Updated: Example: Verify an Order (continued) Updated: 4.1.8 Inpatient Profile, Discontinued Codes, & example Updated: Example: Patient Information Updated: Example: Patient Record Updated: Example: Patient Information Updated: Example: New Order Entry Updated: Example: New Intervention Updated: Example: Edit an Intervention Updated: Example: Delete an Intervention Updated: Example: View an Intervention Updated: Example: Print an Intervention Updated: 4.2.3.5 View Profile Updated: Example: Patient Information Updated: 4.1.5.4 Hold Updated text Updated: 4.2.7. Inpatient Profile, Discontinued Codes, & example Updated: Example: Inpatient Profile Updated: 4.3. Order Checks Added Note

Date	Revised Pages	Patch Number	Description
	137 153 190 192a-192b 194-195 196-196d 219-220 221-222 223-238 239-246		Updated: Example: Extra Units Dispensed Report Updated: Example: Reporting Medication Returns Updated: Example: Patient Profile Updated: Example: Extended Patient Profile Report Updated: 8.1.5. Patients on Specific Drug(s) Updated: Example: IV Individual Labels New: Example: IV Individual Labels (Print New Labels) New: 10. CPRS Order Checks – How They Work New: 11. Error Messages Updated: Glossary page numbering Updated: Index & page numbering (C. Flegel, developer; S. Heiress, Tech Writer)
9/2010	i-ii, 174	PSJ*5*232	Deleted paragraph referring to Start/Stop date prompts of Action Profile #1 option as this is not how the option works. (A. Scott, PM; G. Werner, Tech Writer)
06/2010	i-v, 33-34, 25a-25d, 124a-124b, 124e-124f, 239-241	PSJ*5*113	Added new Order Validation Requirements. Removed Duplicate Order Check Enhancement functionality, (removed in a prior patch). (R. Singer, DM, B. Thomas, Tech Writer)
02/2010	i-ii, iv-v, 192a-b, 214a-b, 239-241	PSJ*5*214	Updated Table of Contents to include new sections. Added new sections 8.1.5 and 8.2.4 to reference *Patients on Specific Drug(s)* option that is now commonly used by pharmacists who may have been assigned this option directly and not as part of the Supervisor's Menu. Added *Patients on Specific Drug(s)* option to the Index. (C. Willette, DM; R. Silverman/D. Dertien, Tech Writer)
12/2009	56, 56a, 56b iii	PSJ*5*222	Added description of warning displayed when finishing a Complex Unit Dose Order with overlapping admin times. Corrected page numbers in Table of Contents. (E. Wright, PM; R. Sutton, Tech Writer)
07/2009	43	PSJ*5*215	When Dispense Drug is edited for an active Unit Dose, an entry is added to the activity log. (G. Tucker, PM; S. B. Scudder, Tech Writer)
02/2009	226	PSJ*5*196	Update to IV Duration (A. Scott, PM; G. Werner, Tech Writer)
08/2008	iii, 20-27, 54, 68-76, 94-95, 104-106, 236, 240-241	PSJ*5*134	Inpatient Medication Route changes added, plus details on IV type changes for infusion orders from CPRS, pending renewal functions, and expected first dose changes. (S. Templeton, PM; G. O'Connor, Tech Writer)
10/2007	iii, 124 a-d 5, 17-18, 27-28, 30-34, 37-38, 65-68,	PSJ*5*175 PSJ*5*160	Modified outpatient header text for display of duplicate orders. Added new functionality to Duplicate Drug and Duplicate Class Order Check definitions.

Date	Revised Pages	Patch Number	Description
	76-80, 83-84, 119-120, 123-124, 149-150, 195-196, 209-210		Modifications for remote allergies, to ensure all allergies are included when doing order checks using VA Drug Class; Analgesic order checks match against specific class only; check for remote data interoperability performed when entering patient's chart; and list of remote allergies added to Patient Information screen. (R. Singer, PM; E. Phelps/C. Varney, Tech Writer)
07/2007	155a-155b, 162a-162b, 168a-168b	PSJ*5*145	On 24-Hour, 7-Day, and 14-Day MAR Reports, added prompt to include Clinic Orders when printing by Ward or Ward Group. Also added prompt to include Ward Orders when printing by Clinic or Clinic Group. (R. Singer, PM; E. Phelps, Tech. Writer)
05/2007	25	PSJ*5*120	Modified Inpatient Medications V. 5.0 to consider the duration the same way as all other stop date parameters, rather than as an override. (R. Singer, PM, E. Phelps, Tech. Writer)
12/2005	1, 124-124b	PSJ*5*146	Remote Data Interoperability (RDI) Project: Removed document revision dates in Section 1. Introduction. Updated Section 4.3. Order Checks to include new functionality for checking allergies, drug reactions, and interactions. (E. Williamson, PM; M. Newman, Tech. Writer)
03/2005	iv-vii, 114-116, 223, 236-241	PSJ*5*112	Updated TOC to correct Index page number. (p. iv) In Unit Dose Menu Tree, changed Clinic Stop Dates to Clinic Definition. (p. v) In Section 1., Introduction, updated revision dates and added reference to Release Notes. (p. 1) In Sections 4.2.5.1., 4.2.5.3., and 4.2.5.3., added a sentence that refers to the IMO parameter NUMBER OF DAYS UNTIL STOP from the CLINIC DEFINITION file. (p.114-116) Updated Glossary; added definition for CLINIC DEFINITION File. (p. 223) Updated Index; added CLINIC DEFINITION file and Inpatient Medication Orders for Outpatients page number references; reflowed all following Index pages. (p. 236-241) (S. Templeton, PM, R. Singer, PM, M. Newman, Tech. Writer)
01/2005	All	PSJ*5*111	Reissued entire document to include updates for Inpatient Medication Orders for Outpatients and Non-Standard Schedules. (S. Templeton, PM, R. Singer, PM, M. Newman, Tech. Writer)

Table of Contents

1. Introduction ... 1

2. Orientation ... 3

3. List Manager ... 5

3.1. Using List Manager ... 6

3.2. Hidden Actions ... 7

3.3. Unit Dose Medications Option ... 15

3.3.1. Order Entry ... 16
3.3.2. Non-Verified/Pending Orders ... 17
3.3.3. Inpatient Order Entry ... 24
3.3.4. Patient Actions ... 27
3.3.5. Order Actions ... 56
3.3.6. Discontinue All of a Patient's Orders ... 81
3.3.7. Hold All of a Patient's Orders ... 81
3.3.8. Inpatient Profile ... 82
3.3.9. PADE Main Menu Option ... 86

3.4. IV Menu Option ... 86

3.4.1. Order Entry (IV) ... 87
3.4.2. Inpatient Order Entry ... 89
3.4.3. Patient Actions ... 91
3.4.4. Order Actions ... 113
3.4.5. IV Types ... 145
3.4.6. Profile (IV) ... 148
3.4.7. Inpatient Profile ... 152

3.5. Order Checks ... 155

3.5.1. Allergy Order Checks ... 161
3.5.2. Clinical Reminder Order Checks ... 172
3.5.3. Clinic Orders ... 176
3.5.4. Inpatient Duplicate Therapy Warning ... 181
3.5.5. Discontinuing Multiple Inpatient Orders ... 182
3.5.6. Allergy/ADR Example Order Checks ... 184
3.5.7. Sample Drug/Drug Interactions ... 191
3.5.8. Sample Therapeutic Order Check Displays ... 195
3.5.9. Display of Provider Overrides and Pharmacist Interventions ... 198
3.5.10. Dosing Order Checks ... 200

3.6. Check Drug Interactions ... 200

3.7. Pharmacy - Edit Clinic Med Orders Start Date/Time ... 202

3.7.1. Search Med Orders Date Entry ... 204
3.7.2. Search by Clinic, Clinic Group or Patient ... 204
3.7.3. Select Patient from Clinic ... 205
3.7.4. View Patient Clinic Order Entry Profile ... 205
3.7.5. Entering a New Start Date/Time ... 209

3.7.6. Order Entry View with New Start Date 209
3.7.7. New Start Date Update Confirmation 209
3.7.8. Conditional Messages Displaying after New Start Date 210
3.7.9. Conditional Messages Displaying after Selection of Orders 212

4. Maintenance Options 216

4.1. Unit Dose 216

4.1.1. Edit Inpatient User Parameters 216
4.1.2. Edit Patient's Default Stop Date 216

4.2. IV 217

4.2.1. Change Report/Label Devices (IV) 217
4.2.2. Change to Another IV Room (IV) 217

5. PIck List Menu 218

5.1. PIck List 218
5.2. ENter Units Dispensed 222
5.3. EXtra Units Dispensed 224
5.4. Report Returns 225
5.5. Reprint Pick List 226
5.6. Send Pick List To ATC 228
5.7. Update Pick List 228

6. Production Options 230

6.1. Ward List (IV) 230
6.2. Update Daily Ward List (IV) 231
6.3. Manufacturing List (IV) 232
6.4. RETurns and Destroyed Entry (IV) 234
6.5. Barcode ID – Return and Destroy (IV) 237

7. Output Options 238

7.1. Unit Dose 238

7.1.1. PAtient Profile (Unit Dose) 238
7.1.2. Reports Menu 239
7.1.3. Align Labels (Unit Dose) 275
7.1.4. Label Print/Reprint 276
7.1.5. Patients on Specific Drug(s) 276

7.2. IV 278

7.2.1. Label Menu (IV) 278
7.2.2. REPorts (IV) 287
7.2.3. SUSpense Functions (IV) 294

8. Inquiries Options 299

8.1. Unit Dose 299

8.1.1. INQuiries Menu 299
8.1.2. Dispense Drug Look-Up 299

8.2. IV 300
8.2.1. Drug Inquiry (IV) 300
9. CPRS Order Checks – How They Work 303
9.1. Order Check Data Caching 303
10. Error Messages 305
10.1. Error Information 305
11. Controlling the Dispensing of Clozapine 307
11.1. Clozapine Inpatient Medications Manager 307
11.2. Clozapine Inpatient Medications Manager 307
11.2.1. FDA Guidelines for Lab Results / Monitoring 310
11.3. Hierarchy for Addressing Clozapine Patient Override Conditions 310
11.4. Clozapine Patient Authorization 311
11.5. Safety Checks and Overrides 313
11.6. Authorized Pharmacist with PSOLOCKCLOZ key 314
11.7. Approving Member with PSOLOCKCLOZ key 315
11.8. Auto-Notify Provider and Approving Member 315
11.9. Edit Order (ED) – Safety Checks for New Order 316
11.9.1. Editable fields in Pharmacy 316
11.9.2. Default Stop Dates 317
11.10. Copy Order (CO) – Safety Checks for New Order 317
11.10.1. Renew Order – Blocked in IP 318
11.11. Override Reason Codes 319
11.11.1. Request for Override of Pharmacy Lockout Form 319
11.12. Total Daily Dose 321
11.12.1. Complex Clozapine Orders 322
11.13. Normal ANC – Overview 325
11.13.1. Normal ANC – Pharmacy 325
11.14. Mild Neutropenia – Overview 326
11.15. Mild Neutropenia – Pharmacy 326
11.16. Moderate to Severe Neutropenia – Overview 328
11.16.1. Moderate to Severe Neutropenia – Pharmacy (National Override expired) 328
11.16.2. Moderate to Severe – Pharmacy (National Override in Effect) 329
11.17. No ANC Results – Overview 331
11.17.1. No ANC – Non-emergency Pending Order 332
11.18. No ANC Special Conditions for Emergency – Overview 334
11.19. No ANC – Emergency IP Special Conditions 334
11.20. No Matching WBC (ANC present) – Overview 338
11.20.1. No Matching WBC – Pharmacy (National Override in Effect) 338

11.20.2. No Matching WBC – Pharmacy (No National Override) 339
11.21. Emergency Registration Override – Overview 340
11.21.1. Valid reasons for an Emergency Registration Override: 340
11.21.2. Emergency Registration Override – VistA Backdoor Pharmacy 341
11.21.3. Temporary number 341
11.21.4. Pharmacist Flow 341
11.22. Other Scenarios 344
11.22.1. National Override in Effect – Takes Precedence 344
11.22.2. Managing a Complex Clozapine Order 346
11.22.3. Lab Changes after Pending Order Sent 351
11.22.4. VistA Daily Clozapine Transmission 354
12. Glossary 358
13. Index 370

(*This page included for two-sided copying.)*

Since the documentation is arranged in a topic oriented format and the screen options are not, a menu tree is provided below for the newer users who may need help finding the explanations to the options.

Unit Dose Menu Tree
Topic-Oriented Section

	Align Labels (Unit Dose)	Output Options
	Clinic Definition	Maintenance Options
	Discontinue All of a Patient's Orders	Order Options
EUP	Edit Inpatient User Parameters	Maintenance Options
ESD	Edit Patient's Default Stop Date	Maintenance Options
	Hold All of a Patient's Orders	Order Options
IOE	Inpatient Order Entry	Order Options
IPF	Inpatient Profile	Order Options
	Check Drug Interaction	Order Options
	INQuiries Menu ...	
	Dispense Drug Look-Up	Inquiries Options
	Standard Schedules	Inquiries Options
	Label Print/Reprint	Output Options
	Non-Verified/Pending Orders	Order Options
	Order Entry	Order Options
	PAtient Profile (Unit Dose)	Output Options
	PIck List Menu	Pick List Menu
	ENter Units Dispensed	Pick List Menu
	EXtra Units Dispensed	Pick List Menu
	PIck List	Pick List Menu
	Report Returns	Pick List Menu
	Reprint Pick List	Pick List Menu
	Send Pick List to ATC	Pick List Menu
	Update Pick List	Pick List Menu
	Reports Menu …	Output Options
	7 Day MAR	Output Options
	14 Day MAR	Output Options
	24 Hour MAR	Output Options
	Action Profile #1	Output Options
	Action Profile #2	Output Options
	AUthorized Absence/Discharge Summary	Output Options
	Extra Units Dispensed Report	Output Options
	Free Text Dosage Report	Output Options
	INpatient Stop Order Notices	Output Options
	Medications Due Worksheet	Output Options
	Patient Profile (Extended)	Output Options

IV Menu Tree
Topic Oriented Section

CRL	Change Report/Label Devices (IV)	Maintenance Options
CIR	Change to Another IV Room (IV)	Maintenance Options
	Drug Inquiry (IV)	Inquiries Options
IOE	Inpatient Order Entry	Order Options
IPF	Inpatient Profile	Order Options
	Check Drug Interaction	Order Options
	Barcode ID – Return and Destroy (IV)	Production Options
	Label Menu (IV) ...	Output Options
	Align Labels (IV)	Output Options
	Individual Labels (IV)	Output Options
	Scheduled Labels (IV)	Output Options
	Reprint Scheduled Labels (IV)	Output Options
	Test Control Codes (IV)	Output Options
	Manufacturing List (IV)	Production Options
	Order Entry (IV)	Order Options
	Profile (IV)	Order Options
	REPorts (IV) …	Output Options
	Active Order List (IV)	Output Options
	Inpatient Stop Order Notices	Output Options
	IV Drug Formulary Report (IV)	Output Options
	Patient Profile Report (IV)	Output Options
	Renewal List (IV)	Output Options
	RETurns and Destroyed Entry (IV)	Production Options
	SUSpense Functions (IV)…	Output Options
	Delete Labels From Suspense (IV)	Output Options
	Individual Order Suspension (IV)	Output Options
	Labels from Suspense (IV)	Output Options
	Manufacturing Record for Suspense (IV)	Output Options
	Reprint Labels from Suspense (IV)	Output Options
	Suspense List (IV)	Output Options
	Update Daily Ward List (IV)	Production Options
	Ward List (IV)	Production Options

1. Introduction

The Inpatient Medications package provides a method of management, dispensing, and administration of inpatient drugs within the hospital. Inpatient Medications combines clinical and patient information that allows each medical center to enter orders for patients, dispense medications by means of Pick Lists, print labels, create Medication Administration Records (MARs), and create Management Reports. Inpatient Medications also interacts with the Computerized Patient Record System (CPRS) and the Bar Code Medication Administration (BCMA) packages to provide more comprehensive patient care.

This user manual is written for the Pharmacy Staff, the Automated Data Processing Application Coordinator (ADPAC), and other healthcare staff for managing, dispensing, and administering medications to the patients within the hospital. The main text of the manual outlines patients' ordering options for new and existing orders, editing options, output options, and inquiry options. It also outlines options available under the Pick List actions.

The Inpatient Medications documentation is comprised of several manuals. These manuals are written as modular components and can be distributed independently and are listed below.

Nurse's User Manual V. 5.0
Pharmacist's User Manual V. 5.0
Supervisor's User Manual V. 5.0
Technical Manual/Security Guide V. 5.0
Pharmacy Ordering Enhancements (POE) Phase 2 Release Notes V. 1.0
Pharmacy Ordering Enhancements (POE) Phase 2 Installation Guide V. 1.0
Dosing Order Check User Manual
VistA to MOCHA Interface Document

(*This page included for two-sided copying.)*

2. Orientation

Within this documentation, several notations need to be outlined.

- Menu options will be italicized.
  Example: *Inpatient Order Entry* indicates a menu option.

- Screen prompts will be denoted with quotation marks around them.
  Example: "Select DRUG:" indicates a screen prompt.

- Responses in bold face indicate what the user is to type in.
  Example: Printing a MAR report by group (**G**), by ward (**W**), clinic (**C**), or patient (**P**).

- Text centered between < > presents a keyboard key that needs to be pressed in order for the system to capture a user response or move the cursor to another field. **<Enter>** indicates that the Enter key (or Return key on some keyboards) must be pressed. **<Tab>** indicates that the Tab key must be pressed.
  Example: Press **<Tab>** to move the cursor to the next field.
  Press **<Enter>** to select the default.

- Text depicted with a black background, displayed in a screen capture, designates reverse video or blinking text on the screen.

  Example:

```
  (9)   Admin Times: 01-09-15-20
*(10)      Provider: PSJPROVIDER, ONE
```

- **Note**: Indicates especially important or helpful information.

- Options are locked with a particular security key. The user must hold the particular security key to be able to perform the menu option.

  Example: All options under the *PIck List Menu* option are locked with the PSJU PL key.

- Some of the menu options have several letters that are capitalized. By entering in the letters and pressing <**Enter**>, the user can go directly to that menu option (the letters do not have to be entered as capital letters).

  Example: From the *Unit Dose Medications* option: the user can enter **INQ** and proceed directly into the *INQuiries Menu* option.

- **?**, **??**, **???** One, two, or three question marks can be entered at any of the prompts for on-line help. One question mark elicits a brief statement of what information is appropriate for the prompt. Two question marks provide more help, plus the hidden actions and three question marks will provide more detailed help, including a list of possible answers, if appropriate.

- ^ Caret (arrow or a circumflex) and pressing **<Enter>** can be used to exit the current option.

3. List Manager

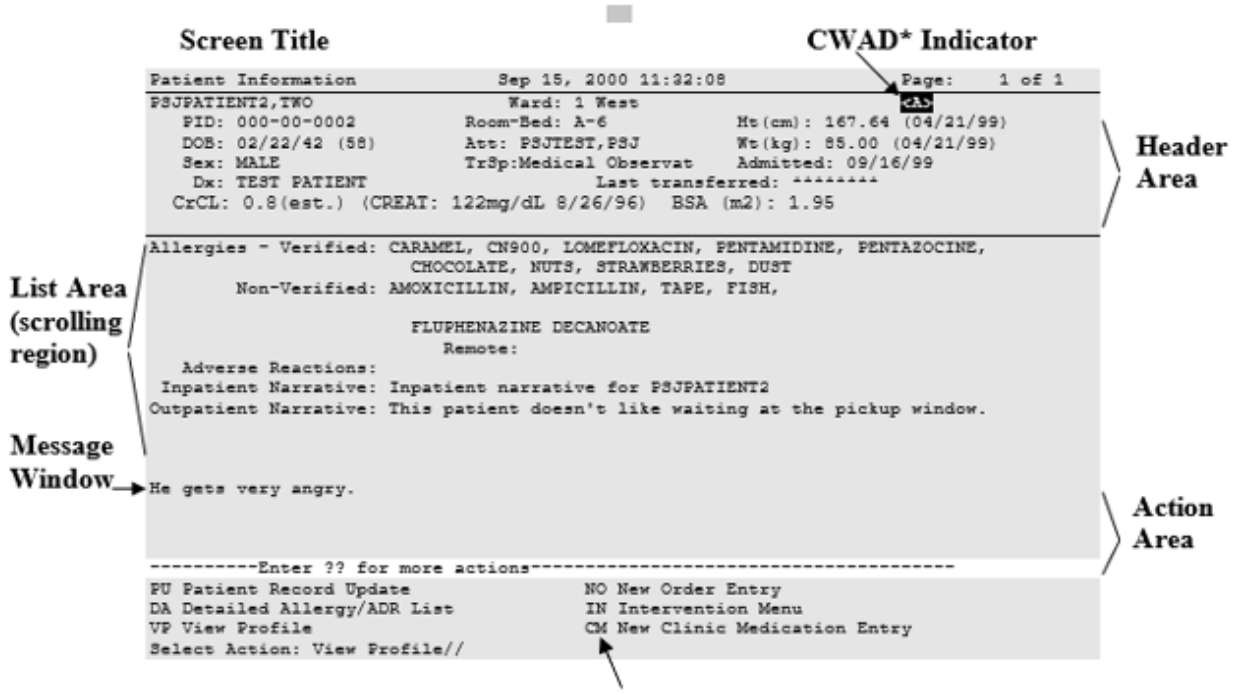
The new screen, which was designed using List Manager, has dramatically changed from the previous release.

This new screen will give the user:

- More pertinent information
- Easier accessibility to vital reports and areas of a patient's chart the user may wish to see.

Please take the time to read over the explanation of the screen and the actions that can now be executed at the touch of a button. This type of preparation before using List Manager is effective in saving time and effort.

Inpatient List Manager



*Crises, Warnings, Allergies, and Directives (CWAD)

Screen Title: The screen title changes according to what type of information List Manager is displaying (e.g., Patient Information, Non-Verified Order, Inpatient Order Entry, etc.).

CWAD Indicator: This indicator will display when the crises, warnings, allergies, and directives information has been entered for the patient. (This information is entered via the Text Integration Utilities (TIU) package.) When the patient has Allergy/Adverse Drug Reaction (ADR) data defined, an "<A>" is displayed to the right of the ward location to alert the user of the existence of this information.

Note: This data may be displayed using the Detailed Allergy/ADR List action). Crises, warnings, and directives are displayed respectively, "<C>","<W>","<D>". This data may be displayed using the CWAD hidden action). Any combination of the four indicators can display.

Header Area: The header area is a "fixed" (non-scrollable) area that displays the patient's demographic information. This also includes information about the patient's current admission. The status and type of order are displayed in the top left corner of the heading, and will include the priority (if defined) for pending orders. The most recent height and weight for the patient and the date it was taken is displayed. The most recent information added is an estimated Creatinine Clearance (CrCL), the most recent serum Creatinine and date taken along with a calculated Body Surface Area (BSA) if height and weight are available.

List Area: (scrolling region): This is the section that will scroll (like the previous version) and display the information that an action can be taken on. The Allergies/Reactions line includes non-verified and verified Allergy/ADR information as defined in the Allergy package. The allergy data is sorted by type (DRUG, OTHER, FOOD). If no data is found for a category, the heading for that category is not displayed. The Inpatient and Outpatient Narrative lines may be used by the inpatient pharmacy staff to display information specific to the current admission for the patient.

Message Window: This section displays a plus sign (+), if the list is longer than one screen, and informational text (e.g., Enter ?? for more actions). If the plus sign is entered at the action prompt, List Manager will "jump" forward to the next screen. The plus sign is only a valid action if it is displayed in the message window.

Action Area: The list of valid actions available to the user display in this area of the screen. If a double question mark (??) is entered at the "Select Action:" prompt, a "hidden" list of additional actions that are available will be displayed.

3.1. Using List Manager

List Manager is a tool designed so that a list of items can be presented to the user for an action.

For Inpatient Pharmacy, the List Manager gives the user the following:

- Capability to browse through a list of orders
- Capability to take action(s) against those items
- Capability to print MARs, labels, and profiles from within the *Inpatient Order Entry* option
- Capability to select a different option than the one being displayed.

3.2. Hidden Actions

A double question mark (??) can be entered at the "Select Action:" prompt for a list of all actions available. Typing the name(s) or synonym(s) at the "Select Action:" prompt enters the actions.

The following is a list of generic List Manager actions with a brief description. The synonym for each action is shown, followed by the action name and description.

Synonym	Action	Description
+	Next Screen	Move to the next screen
-	Previous Screen	Move to the previous screen
UP	Up a Line	Move up one line
DN	Down a line	Move down one line
FS	First Screen	Move to the first screen
LS	Last Screen	Move to the last screen
GO	Go to Page	Move to any selected page in the list
RD	Re Display Screen	Redisplay the current screen
PS	Print Screen	Prints the header and the portion of the list currently displayed
PT	Print List	Prints the list of entries currently displayed
SL	Search List	Finds selected text in list of entries
Q	Quit	Exits the screen
ADPL	Auto Display (On/Off)	Toggles the menu of actions to be displayed/not displayed automatically
Synonym	**Action**	**Description**
>	Shift View to Right	Shifts the view on the screen to the right
<	Shift View to Left	Shifts the view on the screen to the left

The following is a list of Inpatient Medications specific hidden actions with a brief description. The synonym for each action is shown followed by the action name and description.

Synonym	Action	Description
MAR	MAR Menu	Displays the *MAR Menu*

Synonym	Action	Description
24	24 Hour MAR	Shows the 24 Hour MAR
7	7 Day MAR	Shows the 7 Day MAR
14	14 Day MAR	Shows the 14 Day MAR
MD	Medications Due Worksheet	Shows the Worksheet
LBL	Label Print/Reprint	Displays the *Label Print/Reprint Menu*
ALUD	Align Labels (Unit Dose)	Aligns the MAR label stock on a printer
LPUD	Label Print/Reprint	Allows print or reprint of a MAR label
ALIV	Align Labels (IV)	Aligns the IV bag label stock on a printer
ILIV	Individual Labels (IV)	Allows print or reprint of an IV bag label
SLIV	Scheduled Labels (IV)	Allows print of the scheduled IV bag label
RSIV	Reprint Scheduled Labels (IV)	Allows reprint of scheduled IV bag labels
OTH	Other Pharmacy Options	Displays more pharmacy options
PIC	Pick List Menu	Displays the *Pick List Menu*
EN	Enter Units Dispensed	Allows entry of the units actually dispensed for a Unit Dose order
EX	Extra Units Dispensed	Allows entry of extra units dispensed for a Unit Dose order
PL	Pick List	Creates the Pick List report
RRS	Report Returns	Allows the entry of units returned for a Unit Dose order
RPL	Reprint Pick List	Allows reprint of a pick list
SND	Send Pick list to ATC	Allows a pick list to be sent to the ATC (Automated Tablet Counter)
UP	Update Pick List	Allows an update to a pick list
RET	Returns/Destroyed Menu	Displays the Returns/Destroyed options
RR	Report Returns (UD)	Allows entry of units returned for a Unit Dose order
RD	Returns/Destroyed Entry (IV)	Allows entry of units returned or destroyed for an order

Synonym	Action	Description
IN	Intervention Menu	Displays, allows actions to be taken on orders where interventions are required or suggested.
PRO	Patient Profiles	Displays the *Patient Profile Menu*
IP	Inpatient Medications Profile	Generates an Inpatient Profile for a patient
IV	IV Medications Profile	Generates an IV Profile for a patient
UD	Unit Dose Medications Profile	Generates a Unit Dose Profile for a patient
OP	Outpatient Prescriptions	Generates an Outpatient Profile for a patient

Synonym	Action	Description
AP1	Action Profile #1	Generates an Action Profile #1
AP2	Action Profile #2	Generates an Action Profile #2
EX	Patient Profile (Extended)	Generates an Extended Patient Profile
CWAD	CWAD Information	Displays the crises, warnings, allergies, and directives information on a patient
DA	Display Drug Allergies	Displays signs/symptoms of an allergy associated to a med order
CK	Check Interaction	Allows a user to perform order checks against the patient's active medication profile with or without a prospective drug.
VP	View Provider	Displays Provider information during data entry. This action will display key information about the PROVIDER to help aid the verification process.
DM	Drug Message	Displays dispense drug information during data entry. This hidden action will display key information about the order to help aid in the verification process of an order.

The Intervention menu hidden action is available to the Medication Profile and Detailed Order List Manager screens when utilizing the following options:

- *Inpatient Order Entry* [PSJ OE]
- *Non-Verified/Pending Orders* [PSJU VBW]
- *Order Entry* [PSJU NE]
- *Order Entry (IV)* [PSJI ORDER]

Administration History for Orderable Items Report

The Administration History for Orderable Items report is available from hidden actions and will show all administrations of an orderable item for all current and previous orders for a patient.

Synonym	Action	Description
AH	Administration History for OI	Displays all administrations of an orderable item for all current and previous orders for a patient.

The hidden action report option displays as "AH Admin History for OI" when two questions marks "??" are entered from the Patient Information or the Unit Dose Order Details screens.

Example: Inpatient Pharmacy Hidden actions

```
The following actions are also available:
+    Next Screen          RD   Re Display Screen    JP   Jump to a Patient
-    Previous Screen      PS   Print Screen         CO   Copy
UP   Up a Line            PT   Print List           N    Mark Not to be Given
DN   Down a Line          SL   Search List          I    Mark Incomplete
>    Shift View to Right  Q    Quit                 DIN  Drug Restr/Guide
<    Shift View to Left   ADPL Auto Display(On/Off) DA   Display Drug Allergies
FS   First Screen         MAR  MAR Menu             OCI  Overrides/Interventions
LS   Last Screen          LBL  Label Print/Reprint  IN   Intervention Menu
GO   Go to Page           OTH  Other Pharm Options  AH   Admin History for OI
```

Once the user selects the AH menu selection for Admin History for OI, the report prompts for the number of days to include in the report with a default of 14 days. For example:

"Enter Number of days back to search: (1-99999): 14// ".

The header of the Admin History for OI report will contain the orderable item name and will only print one time at the beginning of the report. The Admin History for OI report body will contain the following:

- date and time of each medication administration
- dosage ordered
- medication route
- schedule
- administration action (i.e., Given, Remove)
- initials of the person who administered or removed the medication
- patient location
- the word "Current" next to the current order.

Example: AH Administration History for OI Report

```
Nov 09, 2015@16:17
Administration History for Orderable Item NITROGLYCERIN PATCH       Page 1
Date              Action  Initials Location
   Dosage Ordered                   Med Route     Schedule
-----------------------------------------------------------------------------
11/9/2015@08:24  REMOVE  DRP      7A GENERAL MEDICATION WARD 726-A
   1 PATCH                         TRANSDERMAL   Q24H-Current


11/4/2015@07:40  GIVEN   DRP      7A GENERAL MEDICATION WARD 726-A
   1 PATCH                         TRANSDERMAL   Q24H-Current


6/8/2015@14:42   REMOVE  DRP      7A GENERAL MEDICATION WARD 726-A
   1 PATCH                         TRANSDERMAL   Q24H


4/21/2015@14:38  GIVEN   GN       7A GENERAL MEDICATION WARD 726-A
   1 PATCH                         TRANSDERMAL   Q24H


Press RETURN to continue.....
```

Note: running the AH Administration History report will display the following warning message:

"Report not available until install of patch PSB*3.0*83" if the user attempts to run the report prior to the installation of BCMA patch PSB*3.0*83.

Long and Short Activity Log Reports

The user can enter "AL" from the Inpatient Order Entry (PSJ OE option) Active Unit Dose screen to run Short and Long Activity Log reports. These reports will include changes made to the order's Duration of Administration field.

Synonym	**Action**	**Description**
AL	Activity Log	Runs Short and Long Activity Log reports.

Example: Activity Logs Report Option

```
ACTIVE UNIT DOSE              Nov 16, 2015@14:14:34          Page:    1 of    2
TESTCO,NSTHREE                    Ward: GENERAL                        A
   PID: 000-22-5353           Room-Bed:                Ht(cm): ______ (________)
   DOB: 01/11/71 (44)         Att: Psj,Test            Wt(kg): ______ (________)

*(1)Orderable Item: NICOTINE PATCH
      Instructions:
*(2)Dosage Ordered: ONE PATCH
          Duration:                                  *(3)Start: 11/13/15  09:00
*(4)     Med Route: TRANSDERMAL
                                                     *(5) Stop: 11/16/16  09:00
 (6) Schedule Type: CONTINUOUS
*(8)      Schedule: Q24H
 (9)   Admin Times: 0900
```

```
     Removal Times: 2100
*(10)     Provider: SMITH,JANE [w]
  (11) Special Instructions:

 (12) Dispense Drug                                    U/D        Inactive Date
+         Enter ?? for more actions
DC  Discontinue           ED  Edit                  AL  Activity Logs
HD  Hold                  RN  Renew
FL  Flag                  VF  (Verify)
Select Item(s): Next Screen// AL   Activity Logs

   1 - Short Activity Log
   2 - Long Activity Log
   3 - Dispense Log
   4 - History Log
   5 - Instructions History

Select LOG to display:
```

The following screen is an example of a Long or Short Activity Log Report with Duration of Administration changes.

Example: Long or Short Activity Log Report

```
    Date: 11/10/15  09:17     User: SMITH,JANE
Activity: ORDER VERIFIED BY PHARMACIST

    Date: 11/10/15  09:17     User: SMITH,JANE
Activity: ORDER EDITED
   Field: STATUS
Old Data: ACTIVE

    Date: 11/10/15  09:46     User: SMITH,JANE
Activity: ORDER EDITED
   Field: STOP DATE/TIME
Old Data: 12/01/15  08:00

    Date: 11/10/15  09:46     User: SMITH,JANE
Activity: ORDER EDITED
   Field: DURATION OF ADMINISTRATION
Old Data: 0 hours
```

The following actions are available while in the Unit Dose Order Entry Profile.

Synonym	Action	Description
DC	Speed Discontinue	Speed discontinue one or more orders (This is also available in the *Inpatient Order Entry* and *Order Entry (IV)* options.)
RN	Speed Renew	Speed renewal of one or more orders
SF	Speed Finish	Speed finish one or more orders
SV	Speed Verify	Speed verify one or more orders

The following actions are available while viewing an order.

Synonym	Action	Description
CO	Copy an order	Allows the user to copy an active, discontinued, or expired Unit Dose order
DIN	Drug Restriction/Guideline Information	Displays the Drug Restriction/Guideline Information for both the Orderable Item and Dispense Drug
I	Mark Incomplete	Allows the user to mark a Non-Verified Pending order incomplete
JP	Jump to a Patient	Allows the user to begin processing another patient
N	Mark Not to be Given	Allows the user to mark a discontinued or expired order as not to be given
OCI	Overrides/Interventions	Indicates there are associated CPRS Overrides and/or Pharmacist Interventions. When the OCI indicator displays on the Order Detail screen, the user can type "OCI" to display associated CPRS Provider Overrides and/or Pharmacist Interventions.

From the Inpatient Order Entry screen, the user can access PADE Activity via the PD action, which displays all of the PADE transactions.

Example: Hidden Action (PD PADE Activity) Inpatient Order Entry screen display

```
 - - - - - - - - - - - - - - - - -  P E N D I N G - - - - - - - - - - - - - - - - -
   3    CAPTOPRIL TAB                            ?  *****  ***** P
          Give: 75MG PO TID
   4    LEVOTHYROXINE TAB                        ?  *****  ***** P  WS
          Give: 0.025MG BY MOUTH *Q8H
          Enter ?? for more actions
PU  Patient Record Update               NO  New Order Entry

Enter RETURN to continue or '^' to exit:

The following actions are also available:
+    Next Screen          PS   Print Screen         OTH  Other Pharmacy Options
-    Previous Screen      PT   Print List           DC   Speed Discontinue
UP   a Line            SL   Search List          RN   Speed Renew
DN   Down a Line          Q    Quit                 SF   Speed Finish
FS   First Screen         ADPL Auto Display(On/Off) SV   Speed Verify
LS   Last Screen          MAR  MAR Menu             CWAD CWAD Information
GO   Go to Page           LBL  Label Print/Reprint  CK   Check Interactions
RD   Re Display Screen    JP   Jump to a Patient    IN   Intervention Menu
PD   PADE Activity
Enter RETURN to continue or '^' to exit:
```

3.3. Unit Dose Medications Option

The *Unit Dose Medications* option is used to access the order entry, patient profiles, and various reports, and is the main starting point for the Unit Dose system.

Example: Unit Dose Menu

```
Select Unit Dose Medications Option: ?

          Align Labels (Unit Dose)
          Discontinue All of a Patient's Orders
   ECO    Edit Clinic Med Orders Start Date/Time
   EUP    Edit Inpatient User Parameters
   ESD    Edit Patient's Default Stop Date
          Hold All of a Patient's Orders
   IOE    Inpatient Order Entry
   IPF    Inpatient Profile
   RO     Act On Existing Orders
          Check Drug Interaction
          INQuiries Menu ...
          Label Print/Reprint
          Non-Verified/Pending Orders
          Order Entry
          PAtient Profile (Unit Dose)
          PIck List Menu ...
          Reports Menu ...
```

Within the Inpatient Medications package there are three different paths the pharmacist can take to enter a new Unit Dose order or take action on an existing order. They are (1) *Order Entry*, (2) *Non-Verified/Pending Orders*, and (3) *Inpatient Order Entry*. Each of these paths differs by the prompts that are presented. Once the pharmacist has reached the point of entering a new order or selecting an existing order, the process becomes the same for each path.

When the selected order type (non-verified or pending) does not exist (for that patient) while the user is in the *Non-Verified/Pending Orders* option, the user cannot enter a new order or take action on an existing order for that patient.

Patient locks and order locks are incorporated within the Inpatient Medications package. When a user (User 1) selects a patient through any of the three paths, *Order Entry*, *Non-Verified/Pending Orders*, or *Inpatient Order Entry*, and this patient has already been selected by another user (User 2), the user (User 1) will see a message that another user (User 2) is processing orders for this patient. This will be a lock at the patient level within the Pharmacy packages. When the other user (User 2) is entering a new order for the patient, the user (User 1) will not be able to access the patient due to a patient lock within the VistA packages. A lock at the order level is issued when an order is selected through Inpatient Medications for any action other than new order entry. Any users attempting to access this patient's order will receive a message that another user is working on this order. This order level lock is within the VistA packages.

The three different paths for entering a new order or taking an action on an existing order are summarized in the following sections.

3.3.1. Order Entry
[PSJU NE]

The *Order Entry* [PSJU NE] option allows the pharmacist to create, edit, renew, hold, and discontinue Unit Dose orders while remaining in the Unit Dose Medications module.

The *Order Entry* [PSJU NE] option also allows for processing of clinic orders. Clinic orders are displayed separately from non-clinic orders.

This option functions almost identically to the *Inpatient Order Entry* option, but does not include IV orders on the profile and only Unit Dose orders may be entered or processed.

After selecting the *Order Entry* option from the *Unit Dose Medications* option, the pharmacist will be prompted to select the patient. At the "Select PATIENT:" prompt, the user can enter the patient's name or enter the first letter of the patient's last name and the last four digits of the patient's social security number (e.g., P0001).

Before the Patient Information screen displays, if the patient selected has no allergy assessment on file, the following prompt displays to the pharmacist/user:

"NO ALLERGY ASSESSMENT exists for this patient! Would you like to enter one now?"

- If the pharmacist/user enters 'YES,' he/she is prompted to enter the allergy information.
- If the pharmacist/user enters 'NO,' a pharmacist intervention is created, with a type of 'NO ALLERGY ASSESSMENT.' The pharmacist/user is then prompted for Provider and Recommendation information.

Note: If the selected patient is Sensitive, Discharged, both Sensitive and Discharged, or Deceased, there are minor variations in the Order Entry process and in the prompts that display to the pharmacist/user.

Example: Pharmacist Answers 'Yes' and Enters Allergy Information

```
Select PATIENT: PSJPATIENT1, ONE

NO ALLERGY ASSESSMENT exists for this patient!

Would you like to enter one now? No//  YES   (Yes)
Does this patient have any known allergies or adverse reactions? : Yes
          This patient has no allergy/adverse reaction data.

Enter Causative Agent: LATEX

Checking existing PATIENT ALLERGIES (#120.8) file for matches...


Now checking GMR ALLERGIES (#120.82) file for matches...


Now checking the National Drug File - Generic Names (#50.6)


Now checking the National Drug File - Trade Names (#50.67)
```

```
Now checking the INGREDIENTS (#50.416) file for matches...

         ...OK? Yes// Y  (Yes)

   LATEX   OK? Yes//   (Yes)
```

Example: Pharmacist Answers 'No' and Intervention is Created

```
Select PATIENT: PSJPATIENT1, ONE

NO ALLERGY ASSESSMENT exists for this patient!

Would you like to enter one now? No// N  (No)

Now creating Pharmacy Intervention

PROVIDER:

     Select one of the following:

          1         UNABLE TO ASSESS
          2         OTHER

RECOMMENDATION: ^

See 'Pharmacy Intervention Menu' if you want to delete this
intervention or for more options.

Press Return to continue...
```

The Patient Information Screen is displayed:

Example: Patient Information Screen

```
Patient Information           Sep 11, 2000 16:09:05          Page:    1 of    1
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12                     Ht(cm): ______ (________)
   DOB: 08/18/20 (80)        Att:  Psj,Test                     Wt(kg): ______ (________)
   Sex: MALE                 TrSp: Medical Observati            Admitted: 05/03/00
    Dx: TESTING                           Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)           BSA (m2): __________

Allergies/Reactions: No Allergy Assessment
Inpatient Narrative: INP NARR...
Outpatient Narrative:





          Enter ?? for more actions
PU Patient Record Update                NO New Order Entry
DA Detailed Allergy/ADR List            IN Intervention Menu
VP View Profile                         CM New Clinic Medication Entry
Select Action: View Profile//
```

The pharmacist can now enter a Patient Action at the "Select Action: View Profile//" prompt in the Action Area of the screen.

3.3.2. Non-Verified/Pending Orders [PSJU VBW]

The *Non-Verified/Pending Orders* [PSJU VBW] option allows easy identification and processing of non-verified and/or pending orders. This option will also show pending and pending renewal

orders, which are orders from CPRS that have not been finished by Pharmacy Service. Unit Dose and IV orders are displayed using this option.

The *Non-Verified/Pending Orders* [PSJU VBW] option also allows for processing of clinic orders. Clinic orders are displayed separately from non-clinic orders.

The first prompt is "Display an Order Summary? NO//." A **YES** answer will allow the pharmacist to view an Order Summary of Pending/Non-Verified Order Totals by Ward Group, Clinic Group, and Clinic. The Pending IV, Pending Unit Dose, Non-Verified IV, and Non-Verified Unit Dose totals are then listed by Ward Group, Clinic Group, and Clinic. The pharmacist can then specify whether to display Non-Verified Orders, Pending Orders, or both.

A ward group indicates inpatient nursing units (wards) that have been defined as a group within Inpatient Medications to facilitate processing of orders. A clinic group is a combination of outpatient clinics that have been defined as a group within Inpatient Medications to facilitate processing of orders.

Example: Non-Verified/Pending Orders

```
Select Unit Dose Medications Option: NON-Verified/Pending Orders
Display an Order Summary? NO// YES

Searching for Pending and Non-Verified orders..................................

                 Pending/Non-Verified Order Totals by Ward Group/Clinic Location

                                 Pending                Non-Verified
Ward Group/Clinic Location    IV        UD             IV          UD

Ward Groups

SOUTH WING                     0        25              6          25
NORTH WING                     5         9             18          11
GENERAL MEDICINE               2         4              0           0
ICU                            1        26              0           3
PSYCH / DEPENDENCY             0         3              0           2
^OTHER                        29        16            125          52

Clinic Groups

SHOT CLINIC GROUP             10        25             16          15
CHEMO CLINIC GROUP            13         5             11           3
ALLERGY CLINIC GROUP           6        10             28           9

Clinics

ORTHO CLINIC                   0        30              4          28
DENTAL CLINIC                  0         6              0           2

1) Non-Verified Orders
2) Pending Orders
```

Note: The Ward Group of ^OTHER includes all orders from wards that do not belong to a ward group. Use the *Ward Group Sort* option to select ^OTHER.

The next prompt allows the pharmacist to select non-verified and/or pending orders for a group (**G**), ward (**W**), clinic (**C**), patient (**P**), or priority (**PR**). When group is selected, a prompt to select by ward group (**W**) or clinic group (**C**) displays.

If ward or ward groups is selected, patients will be listed by wards, then by priority, then by teams, and then by patient name. Patients that have one or more STAT pending orders will be listed first, followed by patients with one or more ASAP pending orders, and then all other patients that have only ROUTINE pending orders. Within each priority, the patient listing is sorted alphabetically by team and then by patient name.

When priority is selected, only patients with the selected priority will display, listed by team and then by patient name.

After the list of matching patients has been displayed, the pharmacist will then select a patient from the list.

Before the Patient Information screen displays, if the patient selected has no allergy assessment on file, the following prompt displays to the pharmacist/user:

"NO ALLERGY ASSESSMENT exists for this patient! Would you like to enter one now?"

- If the pharmacist/user enters 'YES,' he/she is prompted to enter the allergy information.
- If the pharmacist/user enters 'NO,' a pharmacist intervention is created, with a type of 'NO ALLERGY ASSESSMENT.' The pharmacist/user is then prompted for Provider and Recommendation information.

Note: If the selected patient is Sensitive, Discharged, both Sensitive and Discharged, or Deceased, there are variations in the process and in the prompts that display to the pharmacist/user.

Example: Pharmacist Answers 'Yes' and Enters Allergy Information

```
Select PATIENT: PSJPATIENT1, ONE

NO ALLERGY ASSESSMENT exists for this patient!

Would you like to enter one now? No//  YES   (Yes)
Does this patient have any known allergies or adverse reactions? : Yes
          This patient has no allergy/adverse reaction data.

Enter Causative Agent: LATEX

Checking existing PATIENT ALLERGIES (#120.8) file for matches...


Now checking GMR ALLERGIES (#120.82) file for matches...

Now checking the National Drug File - Generic Names (#50.6)


Now checking the National Drug File - Trade Names (#50.67)
Now checking the INGREDIENTS (#50.416) file for matches...
```

```
         ...OK? Yes// Y  (Yes)

   LATEX   OK? Yes//   (Yes)
```

Example: Pharmacist Answers 'No' and Intervention is Created

```
Select PATIENT: PSJPATIENT1, ONE

NO ALLERGY ASSESSMENT exists for this patient!

Would you like to enter one now? No// N  (No)

Now creating Pharmacy Intervention

PROVIDER:

     Select one of the following:
          1         UNABLE TO ASSESS
          2         OTHER

RECOMMENDATION: ^

See 'Pharmacy Intervention Menu' if you want to delete this
intervention or for more options.

Press Return to continue...

1) Unit Dose Orders
2) IV Orders

Select Package(s) (1-2): 1-2

Select by GROUP (G), WARD (W), CLINIC (C), or PATIENT (P): GROUP <Enter>

Select by WARD GROUP (W) or CLINIC GROUP (C): WARD <Enter>


Select WARD GROUP: SOUTH WING <Enter>

PHARMACY     HOME
...a few moments, please............

ORDERS NOT VERIFIED BY A PHARMACIST - 1 EAST

 No.   TEAM                     PATIENT
-------------------------------------------------------------------------------
   1  TEAM A               PSJPATIENT1,ONE (0001)
   2  TEAM A               PSJPATIENT2,TWO (0002)
   3  TEAM B               PSJPATIENT3,THREE (0003)
   4  TEAM B               PSJPATIENT4,FOUR (0004)

Select 1 - 4:


ORDERS NOT VERIFIED BY A PHARMACIST - 2 EAST

 No.   TEAM                     PATIENT
-------------------------------------------------------------------------------
   1  Not Found            PSJPATIENT7,SEVEN (0007)
   2  Not Found            PSJPATIENT8,EIGHT (0008)
   3  Not Found            PSJPATIENT9,NINE (0009)
Select 1 - 3: 1

Do you want to print a profile for the patient? NO// YES <Enter>

SHORT, LONG, or NO Profile?  SHORT// <Enter>  SHORT
```

The next example shows the *Ward Group Sort* option ^OTHER that lists patients for whom orders are available for processing.

Example: Ward Group Sort option ^OTHER

```
1) Unit Dose Orders
2) IV Orders

Select Package(s) (1-2): 1-2

Select by GROUP (G), WARD (W), CLINIC (C), or PATIENT (P): GROUP <Enter>

Select by WARD GROUP (W) or CLINIC GROUP (C): WARD <Enter>

Select WARD GROUP: ^OTHER <Enter>

ORDERS NOT VERIFIED BY A PHARMACIST - ^OTHER

 No.   TEAM                    PATIENT
-------------------------------------------------------------------------------
   1  Not Found            PSJPATIENT10,TEN (0010)
   2  Not Found            PSJPATIENT12,TWELVE (0012)
   3  Not Found            PSJPATIENT15,FIFTEEN (0015)
   4  Not Found            PSJPATIENT20,TWENTY (0020)

Select 1 - 4: 1

Do you want to print a profile for the patient? NO// YES <Enter>

SHORT, LONG, or NO Profile?  SHORT// <Enter>  SHORT
```

Example: After selecting a patient:

```
                I N P A T I E N T   M E D I C A T I O N S       03/05/10  13:56
                            VAMC:  CAMP MASTER (500)
 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
 EIGHT,INPATIENT                   Ward: 7A GEN MED
    PID: 666-00-0808      Room-Bed: 726-B            Ht(cm):162.56 (07/28/16)
    DOB: 03/09/45  (64)                              Wt(kg): 54.43 (07/28/16)
    Sex: MALE                                      Admitted: 01/05/09
     Dx: stress
   CrCL: 0.8(est.) (CREAT: 122mg/dL 8/26/96)       BSA (m2): 1.58

 Allergies: No Allergy Assessment
       ADR:
 - - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - -
   1     MULTIVITAMINS 2 ML                      C  02/25/2010  03/27/2010  H
         in 0.9% SODIUM CHLORIDE 100 ML  QID
 - - - - - - - - - - - - - - - N O N - V E R I F I E D - - - - - - - - - - - - - -
   2     CEFAZOLIN INJ                           ?  *****       *****       N
           Give: 1GM/1VIAL IVPB 3ID

View ORDERS (1-2):
```

Example: After selection, an order (if selected):

```
     ------------------------------------------------------------------
     Patient: EIGHT,INPATIENT                        Status: HOLD

*(1)  Additives:           Order number: 1              Type: PIGGYBACK
       MULTIVITAMINS 2 ML
 (2)  Solutions:
       0.9% SODIUM CHLORIDE 100 ML
           Duration:                               *(4) Start: 02/25/2010  18:51
 (3)  Infusion Rate: INFUSE OVER 125 MINUTES
*(5)      Med Route: IV                             *(6) Stop: 03/27/2010  23:59
*(7)       Schedule: QID                           Last Fill: 02/25/2010  19:03
 (8)    Admin Times: 09-13-17-21                    Quantity: 1
*(9)       Provider: PROVIDER,ONE [w]              Cum. Doses: 1
*(10)Orderable Item: MULTIVITAMINS INJ
       Instructions: MULTIVITAMIN INJ
 (11)   Other Print:
```

```
  (12)  Remarks :
        IV Room: ALBANY IV ROOM
       Entry By: NURSE,EIGHTEEN                  Entry Date: 02/25/10  18:51
Enter RETURN to continue or '^' to exit:

Select profile type for order processing.

SHORT, LONG, or NO Profile?  SHORT//   SHORT
```

After selecting a patient or an order, a profile prompt is displayed asking the pharmacist to choose a profile for the patient. The pharmacist can choose a short, long, or no profile. If **NO** profile is chosen, the orders for the patient selected will be displayed, for finishing or verification, by login date with the earliest date showing first. When a Unit Dose order has a STAT priority, this order will always be displayed first in the order view and will be displayed in blinking reverse video. If a profile is chosen, the orders will be selected from this list for processing (any order may be selected). The following example displays a short profile.

Example: Short Profile

```
Non-Verified/Pending Orders   Feb 26, 2002@13:41:21          Page:    1 of    3
PSJPATIENT1,ONE                   Ward: 1 EAST
   PID: 000-00-1001          Room-Bed: B-12                     Ht(cm): ______ (________)
   DOB: 08/18/20 (81)        Att: Psj,Test                      Wt(kg): ______ (________)
   Sex: MALE                 Trsp: Medical Observati            Admitted: 05/03/00
    Dx: TESTING                          Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)           BSA (m2): _______

- - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - -
   1    HEPARIN 10000 UNITS                          C  02/26  02/27  A
        in 5% DEXTROSE 1000 ML 125 ml/hr
   2    HEPARIN INJ,SOLN                             O  02/26  02/27  A
          Give: 1000UNT/1ML IV NOW
   3    MORPHINE SULFATE 250 MG                      O  02/26  02/27  A
        in DEXTROSE 5% 250 ML STAT
   4    MULTIVITAMIN INJ 10 ML                       O  02/26  02/27  A
        in 5% DEXTROSE 1000 ML 125 ml/hr

+         Enter ?? for more actions
PI  Patient Information                 NO  New Order Entry
PU  Patient Record Update               CM  New Clinic Medication Entry
SO  Select Order
Select Action: Next Screen//  <Enter>    NEXT SCREEN

Non-Verified/Pending Orders   Feb 28, 2002@13:42:56          Page:    2 of    3
PSJPATIENT1,ONE                   Ward: 1 EAST
   PID: 000-00-1001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (81)                              Wt(kg): ______ (________)
   Sex: MALE                                     Admitted: 05/03/00
    Dx: TESTING                          Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)           BSA (m2): _______
+
- - - - - - - - - - -  P E N D I N G  R E N E W A L S - - - - - - - - - - - - - -
   5    THEOPHYLLINE TAB,SA                        ?  *****  *****  P     02/28
          Give: 500MG PO QID
   6    WARFARIN TAB                               ?  *****  *****  P     02/28
          Give: 2 MG PO BID
   7    PREDNISONE TAB                             ?  *****  *****  P     02/28
          Give: 2 MG PO BID
   8    QUINIDINE TAB                              ?  *****  *****  P     02/28
          Give: 100 MG PO BID

          Enter ?? for more actions
PI  Patient Information                 NO  New Order Entry
PU  Patient Record Update               CM  New Clinic Medication Entry
SO  Select Order
Select Action: Next Screen//  <Enter>    NEXT SCREEN
```

```
Non-Verified/Pending Orders   Feb 28, 2002@13:43:11          Page:    3 of    3
PSJPATIENT1,ONE                   Ward: 1 EAST
   PID: 000-00-1001          Room-Bed: B-12                     Ht(cm): ______ (________)
   DOB: 08/18/20  (81)       Att: Psj,Test                      Wt(kg): ______ (________)
   Sex: MALE                 TrSp: Medical Observati            Admitted: 05/03/00
    Dx: TESTING                          Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)           BSA (m2): _______
+
- - - - - - - - - - - - - N O N - V E R I F I E D - - - - - - - - - - - - - - - - - -
   9    CEFTAZIDIME 1000 MG                       ?  *****  *****  N
        in 5% DEXTROSE 100 ML Q12H
  10    HALOPERIDOL TAB                           C  10/31  01/29  N
          Give: 10MG PO QID
  11    WARFARIN TAB                              C  11/01  01/29  N
          Give: 5MG PO QDAILY-WARF
- - - - - - - - - - - - - - -  P E N D I N G  - - - - - - - - - - - - - - - - -
  12    POTASSIUM CHLORIDE 40 MEQ                 ?  *****  *****  P
        in DEXTROSE 5% IN N. SALINE 1000 ML 125
           ml/hr

          Enter ?? for more actions
PI  Patient Information                NO  New Order Entry
PU  Patient Record Update              CM  New Clinic Medication Entry
SO  Select Order
Select Action: Quit//
```

The pharmacist can enter a Patient Action at the “Select Action: Quit//” prompt in the Action Area of the screen or choose a specific order or orders.

When the pharmacist holds the PSJ RPHARM key, it will be possible to take any available actions on selected Unit Dose or IV orders.

3.3.2.1. Display of Discontinued or Edited IV Orders

The *Non-Verified/Pending Orders* [PSJU VBW] option allows discontinued or edited IV orders from CPRS to display to the pharmacist prior to taking action to finish or edit the pending order.

This allows the pharmacist to pull IVs that are discontinued and prevent them from being sent to the patient ward and potentially be given in error. It also allows the pharmacist to perform a drug-drug interaction check, since recently discontinued medications can still cause a drug interaction.

The discontinued and edited records which are viewed are temporary and are stored in the IV MEDICATION ORDERS DC'D (#52.75) file. **These records are only intended to help identify discontinued IV orders for a particular ward or a ward group and will not include any clinics or clinic groups.** The records act as alerts, and taking action on these records does not impact the actual order.

The pharmacist can delete the discontinued IV orders from the IV MEDICATION ORDERS DC'D (#52.75) file when appropriate.

The following actions are available for records being viewed in this option: (P)rint, (R)efresh, (D)elete, or (I)gnore.

- The (Print) action allows the viewed orders to be printed to a device. Optionally, those records can be deleted, once printed. Any report queued to a device will only contain discontinued orders that were logged at the time of queuing.

- The (Refresh) action re-displays the records.
- The (Delete) action removes the currently viewed records from the file so they will no longer be displayed.
- The (Ignore) action continues with the usual next prompt and take no action on the records.

In addition to helping prevent medication errors, this modification also allows labels to be pulled for IVs that are not yet prepared. This saves resources, including the drug (especially helpful when drug shortages occur), and time spent managing pharmacy orders. For IVs that are already prepared, the user may reuse the prepared bag on another patient while it is still within the expiration date.

Example: Non-Verified/Pending Orders

```
Select OPTION NAME: PSJU VBW       Non-Verified/Pending Orders
Select IV ROOM NAME:    CHEYENNE RM#272
Display an Order Summary? NO// <enter>

1) Non-Verified Orders
2) Pending Orders

Select Order Type(s) (1-2): 1-2

1) Unit Dose Orders
2) IV Orders

Select Package(s) (1-2): 1-2

Select by GROUP (G), WARD (W), CLINIC (C), PATIENT (P) or PRIORITY (PR): GROUP

Select by WARD GROUP (W) or CLINIC GROUP (C): WARD

Select WARD GROUP: C WARD EAST WINGS
```

Example: Output

```
    IV ORDER D/Cs and EDITS Thru CPRS Since 6/1/2016@14:21 (past 840 hrs)
          IV ROOM:  CHEYENNE RM#272     GROUP:  C WARD EAST WINGS
WARD  -  ROOM/BED    DRUG                PATIENT          PID   DT/TM
---------------------------------------------------------------------------

C MEDICIN  9999     ABCIXIMAB            AAADTSXY,QLYJH  4507 06/06/2016
  Edited             Give: IV 30 ml/hr                         @1:15 pm
C MEDICIN  9999     ABCIXIMAB            AAADTSXY,QLYJH  4507 06/07/2016
  Edited             Give: IV 30 ml/hr                         @1:56 pm

 (P)rint, (R)efresh, (D)elete, or (I)gnore?:  (P/R/D/I): I// gnore
```

3.3.3. Inpatient Order Entry [PSJ OE]

The *Inpatient Order Entry* [PSJ OE] option allows the pharmacist to create, edit, renew, hold, and discontinue Unit Dose and IV orders, as well as put existing IV orders on call for any patient, while remaining in the Unit Dose Medications module.

The *Inpatient Order Entry* [PSJ OE] option also allows for processing of clinic orders. Clinic orders are displayed separately from non-clinic orders.

When the user accesses the *Inpatient Order Entry* option from the Unit Dose Medications module for the first time within a session, a prompt is displayed to select the IV room in which to enter orders. When only one active IV room exists, the system will automatically select that IV room. The user is then given the label and report devices defined for the IV room chosen. If no devices have been defined, the user will be given the opportunity to choose them. If this option is exited and then re-entered within the same session, the current label and report devices are shown. The following example shows the option re-entered during the same session.

Example: Inpatient Order Entry

```
Select Unit Dose Medications Option: IOE  Inpatient Order Entry

You are signed on under the BIRMINGHAM ISC IV ROOM

Current IV LABEL device is: NT TELNET TERMINAL

Current IV REPORT device is: NT TELNET TERMINAL

Select PATIENT: PSJPATIENT1
```

At the “Select PATIENT:” prompt, the user can enter the patient’s name or enter the first letter of the patient’s last name and the last four digits of the patient’s social security number (e.g., P0001).

Before the Patient Information screen displays, if the patient selected has no allergy assessment on file, the following prompt displays to the pharmacist/user:

"NO ALLERGY ASSESSMENT exists for this patient! Would you like to enter one now?"

- If the pharmacist/user enters 'YES,' he/she is prompted to enter the allergy information.
- If the pharmacist/user enters 'NO,' a pharmacist intervention is created, with a type of 'NO ALLERGY ASSESSMENT.' The pharmacist/user is then prompted for Provider and Recommendation information.

Note: If the selected patient is Sensitive, Discharged, both Sensitive and Discharged, or Deceased, there are variations in the Order Entry process and in the prompts that display to the pharmacist/user.

Example: Pharmacist Answers ‘Yes’ and Enters Allergy Information

```
Select PATIENT: PSJPATIENT1, ONE

NO ALLERGY ASSESSMENT exists for this patient!

Would you like to enter one now? No//  YES   (Yes)
Does this patient have any known allergies or adverse reactions? : Yes
          This patient has no allergy/adverse reaction data.

Enter Causative Agent: LATEX

Checking existing PATIENT ALLERGIES (#120.8) file for matches...


Now checking GMR ALLERGIES (#120.82) file for matches...
```

```
Now checking the National Drug File - Generic Names (#50.6)


Now checking the National Drug File - Trade Names (#50.67)


Now checking the INGREDIENTS (#50.416) file for matches...

         ...OK? Yes// Y  (Yes)

   LATEX   OK? Yes//   (Yes)
```

Example: Pharmacist Answers 'No' and Intervention is Created

```
Select PATIENT: PSJPATIENT1, ONE

NO ALLERGY ASSESSMENT exists for this patient!

Would you like to enter one now? No// N  (No)

Now creating Pharmacy Intervention

PROVIDER:

     Select one of the following:

          1         UNABLE TO ASSESS
          2         OTHER

RECOMMENDATION: ^

See 'Pharmacy Intervention Menu' if you want to delete this
intervention or for more options.

Press Return to continue...
```

The Patient Information Screen is displayed:

Example: Patient Information Screen

```
Patient Information           Oct 20, 2010@11:46:54          Page:    1 of    1
PSOPATIENT,TWO                    Ward: W5BI                           A
   PID: 666-66-0968           Room-Bed:                     Ht(cm): 162.56 (07/28/16)
   DOB: 01/06/47 (63)         Att: Psj,Test                 Wt(kg): 54.43 (07/28/16)
Sex: FEMALE                   TrSp: Medical Observati       Admitted: 10/14/09
    Dx: CHEST PAIN                       Last transferred: ********
  CrCL: 0.8(est.) (CREAT: 122mg/dL 8/26/96)      BSA (m2): 1.58------------------------------
-------------------------------------------------
Allergies - Verified: ASPIRIN
        Non-Verified:
              Remote:

   Adverse Reactions:
 Inpatient Narrative:
Outpatient Narrative:




          Enter ?? for more actions
PU Patient Record Update                NO New Order Entry
DA Detailed Allergy/ADR List            IN Intervention Menu
VP View Profile                         CM New Clinic Medication Entry
Select Action: Quit//
```

The pharmacist can now enter a Patient Action at the “Select Action: View Profile//” prompt in the Action Area of the screen.

3.3.4. Patient Actions

The Patient Actions are the actions available in the Action Area of the List Manager Screen. These actions pertain to the patient information and include editing, viewing, and new order entry.

3.3.4.1. Patient Record Update

The Patient Record Update action allows editing of the Inpatient Narrative and the Patient’s Default Stop Date and Time for Unit Dose Order entry.

Example: Patient Record Update

```
Patient Information           Sep 12, 2000 14:39:07          Page:    1 of    1
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)
   Sex: MALE                                     Admitted: 05/03/00
    Dx: TESTING                           Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)           BSA (m2): __________


Allergies/Reactions: No Allergy Assessment
Remote:
Adverse Reactions:
Inpatient Narrative: INP NARR …
Outpatient Narrative:





          Enter ?? for more actions
PU Patient Record Update                NO New Order Entry
DA Detailed Allergy/ADR List            IN Intervention Menu
VP View Profile
Select Action: View Profile// PU
INPATIENT NARRATIVE: INP NARR...// Narrative for Patient PSJPATIENT1
UD DEFAULT STOP DATE/TIME: SEP 21,2000@24:00//
```

The “INPATIENT NARRATIVE: INP NARR...//” prompt allows the pharmacist to enter information in a free text format, up to 250 characters.

The “UD DEFAULT STOP DATE/TIME:” prompt is the date and time entry to be used as the default value for the STOP DATE/TIME of the Unit Dose orders during order entry and renewal processes. This value is used only if the corresponding ward parameter is enabled. The order entry and renewal processes will sometimes change this date and time.

Note: If the Unit Dose order, being finished by the pharmacist, is received from CPRS and has a duration assigned, the UD DEFAULT STOP DATE/TIME is displayed as the Calc Stop Date/Time.

When the SAME STOP DATE ON ALL ORDERS parameter is set to Yes, the module will assign the same default stop date for each patient. This date is initially set when the first order is

entered for the patient, and can change when an order for the patient is renewed. This date is shown as the default value for the stop date of each of the orders entered for the patient.

Note: If this parameter is not enabled, the user can still edit a patient's default stop date. Unless the parameter is enabled, the default stop date will not be seen or used by the module.

Examples of Valid Dates and Times:

- JAN 20 1957 or 20 JAN 57 or 1/20/57 or 012057.
- T (for TODAY), T+1 (for TOMORROW), T+2, T+7, etc.
- T-1 (for YESTERDAY), T-3W (for 3 WEEKS AGO), etc.
- If the year is omitted, the computer uses CURRENT YEAR. Two-digit year assumes no more than 20 years in the future, or 80 years in the past.
- If only the time is entered, the current date is assumed.
- Follow the date with a time, such as JAN 20@10, T@10AM, 10:30, etc.
- The pharmacist may enter a time, such as NOON, MIDNIGHT, or NOW.
- The pharmacist may enter NOW+3' (for current date and time Plus 3 minutes *Note--the Apostrophe following the number of minutes).
- Time is REQUIRED in this response.

3.3.4.2. New Order Entry

The New Order Entry action allows the pharmacist to enter new Unit Dose or IV orders for the patient, depending upon the order option selected (*Order Entry*, *Non-Verified/Pending Orders*, or *Inpatient Order Entry*). Only one user is able to enter new orders on a selected patient due to the patient lock within the VistA applications. This minimizes the chance of duplicate orders.

For Unit Dose order entry, a response must be entered at the "Select DRUG:" prompt. The pharmacist can select a particular drug or enter a pre-defined order set.

Depending on the entry in the "Order Entry Process:" prompt in the *Inpatient User Parameters Edit* option, the pharmacist will enter a regular or abbreviated order entry process. The abbreviated order entry process requires entry into fewer fields than regular order entry. Beside each of the prompts listed below, in parentheses, will be the word regular, for regular order entry and/or abbreviated, for abbreviated order entry.

PADE Stock and Ward Stock Items

The VistA Pharmacy Inpatient Order Entry Patient Profile screen contains information on whether or not a drug is a PADE stock item.

New display functions include the following:

- PD = PADE stock item (Medication in the PADE inventory file)
- WP = Ward Stock and PADE stock item

Example: Patient Profile Inpatient Order Entry Screen Display

```
Inpatient Order Entry          Mar 03, 2015@13:38:02          Page:    1 of    1
BCMAPATIENT,FOUR                  Ward: 7A GEN                        A
   PID: 000-00-0001               Room-Bed:                Ht(cm): ______ (________)
   DOB: 12/25/66 (48)             Att: Psj,Test            Wt(kg): ______ (________)
   Sex: FEMALE                    TrSp: Medical Observati      Admitted: 01/12/09
    Dx: COUGH                           Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)             BSA (m2): __________

 - - - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - - -
   1    ALPRAZOLAM TAB                          C  03/02  03/09 A  PD
          Give: 0.25MG PO BID
   2    AMPICILLIN CAP,ORAL                     C  03/03  03/09 A  WP
          Give: 250MG BY MOUTH TID
 - - - - - - - - - - - - - - - - -  P E N D I N G - - - - - - - - - - - - - - - - -
   3    CAPTOPRIL TAB                           ?  *****  ***** P
          Give: 75MG PO TID
   4    LEVOTHYROXINE TAB                       ?  *****  ***** P  WS
          Give: 0.025MG BY MOUTH *Q8H

         Enter ?? for more actions
PI  Patient Information                 NO  New Order Entry
PU  Patient Record Update               CM  New Clinic Medication
SO  Select Order                                     Entry
Select Action: Quit//
```

- **"Select DRUG:"** (Regular and Abbreviated)

Pharmacists select Unit Dose medications directly from the DRUG file. The Orderable Item for the selected drug will automatically be added to the order, and all Dispense Drugs entered for the order must be linked to that Orderable Item. If the Orderable Item is edited, data in the DOSAGE ORDERED field and the DISPENSE DRUG field will be deleted. If multiple Dispense Drugs are needed in an order, they may be entered by selecting the DISPENSE DRUG field from the edit list before accepting the new order. After Dispense Drugs are selected and the order is accepted, they will be checked against the patient's current medications for duplicate therapy, drug-drug/drug-allergy interactions, and the three CPRS order checks that are new. (See Section 4.3 Order Checks for more information.)

	Note: No special order checks are performed for specific drugs (e.g., Clozapine). Orders for Clozapine or similar special medications entered through Inpatient Medications will not yield the same results that currently occur when the same order is entered through Outpatient Pharmacy (including eligibility checks and national rollup to National Clozapine Coordinating Center (NCCC) package). Any patients requiring special monitoring should also have an order entered through Outpatient Pharmacy at this time.

The pharmacist can enter an order set at this prompt. An order set is a group of pre-written orders. The maximum number of orders is unlimited. Order sets are created and edited using the *Order Set Enter/Edit* option found under the *Supervisor's Menu*.

Order sets are used to expedite order entry for drugs that are dispensed to all patients in certain medical practices or for certain procedures. Order sets are designed to be used when a recognized pattern for the administration of drugs can be identified. For example:

- A pre-operative series of drugs administered to all patients undergoing a certain surgical procedure.
- A certain series of drugs to be dispensed to all patients prior to undergoing a particular radiographic procedure.
- A certain group of drugs, prescribed by a physician for all patients, that is used for treatment on a certain medical ailment or emergency.

Order sets allow rapid entering of this repetitive information, expediting the whole order entry process. Experienced users might want to set up most of their common orders as order sets.

Order set entry begins like other types of order entry. At the "Select DRUG:" prompt, **S.NAME** should be entered. The **NAME** represents the name of a predefined order set. The characters **S.** tell the software that this will not be a single new order entry for a single drug, but a set of orders for multiple drugs. The **S.** is a required prefix to the name of the order set. When the user types the characters **S.?,** a list of the names of the order sets that are currently available will be displayed. If **S.** (<**Spacebar**> and <**Enter**>) is typed, the previous order set is entered.

After the entry of the order set, the software will prompt for the Provider's name and Nature of Order. After entry of this information, the first order of the set will be entered automatically. The options available are different depending on the type of order entry process that is enabled– regular, abbreviated, or ward. If regular or abbreviated order entry is enabled, the user will be shown one order at a time, all fields for each order of the order set and then the "Select Item(s): Next Screen//" prompt. The user can then choose to take an action on the order. Once an action is taken or bypassed, the next order of the order set will automatically be entered. After entry of all the orders in the order set, the software will prompt for more orders for the patient. At this point, the user can proceed exactly as in new order entry, and respond accordingly. When a drug is chosen, if an active drug text entry for the Dispense Drug and/or Orderable Item linked to this drug exists, then the prompt, "Restriction/Guideline(s) exist. Display?:" will be displayed along with the corresponding defaults. The drug text indicator will be <**DIN**> and will be displayed on the right hand corner on the same line as the Orderable Item. This indicator will be highlighted.

If the Dispense Drug or Orderable Item has a non-formulary status, this status will be displayed on the screen as "*N/F*" beside the Dispense Drug or Orderable Item.

Overrides/Interventions (OCI):
When the OCI indicator displays on the Order Detail screen, it indicates there are associated CPRS Provider Overrides and/or Pharmacist Interventions for this order. The Overrides/Interventions **<OCI>** will display on the same line as the Orderable Item field, to the left of the drug text indicator **<DIN>** (if it exists).

```
*(1)Orderable Item: METRONIDAZOLE TAB                                <OCI><DIN>
      Instructions: 250MG
*(2)Dosage Ordered: 250MG
          Duration:                                  (3)Start: 07/11/2011  15:33
*(4)     Med Route: ORAL                     REQUESTED START: 07/11/2011  16:00
                                                     (5) Stop: 07/25/2011  15:33
 (6) Schedule Type: CONTINUOUS
*(8)      Schedule: Q36H
 (9)   Admin Times:
*(10)     Provider: PSJPROVIDER,ONE[es]
 (11) Special Instructions:

 (12) Dispense Drug                                   U/D        Inactive Date
      METRONIDAZOLE 250MG TAB                         1
+         Enter ?? for more actions
+         Enter ?? for more actions
ED  Edit                              AC  ACCEPT
Select Item(s): Next Screen// AC   ACCEPT
```

If the OCI indicator displays on the Order Detail screen, the user can type “OCI” to display the current CPRS Provider Overrides and/or Pharmacist Interventions associated with the order, as well as any historical overrides and interventions, if applicable.

- **“DOSAGE ORDERED:”** (Regular and Abbreviated)

To allow pharmacy greater control over the order display shown for Unit Dose orders on profiles, labels, MARs, etc., the DOSAGE ORDERED field is not required if only one Dispense Drug exists in the order. If more than one Dispense Drug exists for the order, then this field is required.

When a Dispense Drug is selected, the selection list/default will be displayed based on the Possible Dosages and Local Possible Dosages.

Example: Dispense Drug with Possible Dosages

```
Select DRUG:    BACLOFEN 10MG TABS         MS200
         ...OK? Yes//  <Enter> (Yes)

Now doing allergy checks.  Please wait. . .

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks!  Please wait...


Press Return to continue...

Available Dosage(s)
      1.    10MG
      2.    20MG

Select from list of Available Dosages or Enter Free Text Dose: 1  10MG

You entered 10MG is this correct? Yes//  <Enter>
```

All Local Possible Dosages will be displayed within the selection list/default.

Example: Dispense Drug with Local Possible Dosages

```
Select DRUG:    GENTAMICIN  CREAM 15GM         DE101         DERM CLINIC ONLY
         ...OK? Yes// <Enter>  (Yes)

Now doing allergy checks.  Please wait...
```

```
Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks!  Please wait...


Press Return to continue...

Available Dosage(s)
      1.    SMALL AMOUNT
      2.    THIN FILM

Select from list of Available Dosages or Enter Free Text Dose: 2  THIN FILM

You entered THIN FILM is this correct? Yes//  <Enter>
```

Note: If an order contains multiple Dispense Drugs, Dosage Ordered should contain the total dosage of the medication to be administered.

The user has the flexibility of how to display the order view on the screen. When the user has chosen the drug and when no Dosage Ordered is defined for an order, the order will be displayed as:

Example: Order View Information when Dosage Ordered is not Defined

```
DISPENSE DRUG NAME
Give: UNITS PER DOSE  MEDICATION ROUTE  SCHEDULE
```

When the user has chosen the drug and Dosage Ordered is defined for the order, it will be displayed as:

Example: Order View Information when Dosage Ordered is Defined

```
ORDERABLE ITEM NAME  DOSE FORM
Give: DOSAGE ORDERED  MEDICATION ROUTE  SCHEDULE
```

The DOSAGE ORDERED and the UNITS PER DOSE fields are modified to perform the following functionality:

- Entering a new backdoor order:
  1. If the Dosage Ordered entered is selected from the Possible Dosages or the Local Possible Dosages, the user will not be prompted for the Units Per Dose. Either the BCMA Units Per Dose or the Dispense Units Per Dose, defined under the Dispense Drug, will be used as the default for the Units Per Dose.
  2. If a free text dose is entered for the Dosage Order, the user will be prompted for the Units Per Dose. A warning message will display when the entered Units Per Dose does not seem to be compatible with the Dosage Ordered. The user will continue with the next prompt.
- Entering a new CM Clinic Medication order:
  1. The action, CM New Clinic Medication Entry, allows users to enter Clinic Medication orders in backdoor. The following menu options can be used to enter a clinic order:

a. *Inpatient Order Entry* [PSJ OE]

b. *Order Entry (IV)* [PSJI ORDER]

c. *Order Entry* [PSJU NE]

- Finishing a pending order:
  1. If the Dosage Ordered was selected from the Possible Dosages or the Local Possible Dosages, either the BCMA Units Per Dose or the Dispense Units Per Dose, defined under the Dispense Drug, will be used as the default for the Units Per Dose.
  2. If a free text dose was entered for the pending order, the UNITS PER DOSE field will default to 1. A warning message will display when the Units Per Dose does not seem to be compatible with the Dosage Ordered when the user is finishing/verifying the order.
- Editing an order:
  1. Any time the DOSAGE ORDERED or the UNITS PER DOSE field is edited, a check will be performed and a warning message will display when the Units Per Dose does not seem to be compatible with the Dosage Ordered. Neither field will be automatically updated.

Note: There will be no Dosage Ordered check against the Units Per Dose if a Local Possible Dosage is selected.

- **"UNITS PER DOSE**:" (Regular)

This is the number of units (tablets, capsules, etc.) of the Dispense Drug selected to be given when the order is administered.

When a selection is made from the dosage list provided at the "DOSAGE ORDERED:" prompt, then this "UNITS PER DOSE:" prompt will not be displayed unless the selection list/default contains Local Possible Dosages. If a numeric dosage is entered at the "DOSAGE ORDERED:" prompt, but not from the selection list, then the default for "UNITS PER DOSE:" will be calculated as follows: DOSAGE ORDERED/STRENGTH = UNITS PER DOSE and will not be displayed.

If free text or no value is entered at the "DOSAGE ORDERED:" prompt, the "UNITS PER DOSE:" prompt will be displayed. When the user presses <**Enter**> past the "UNITS PER DOSE:" prompt, without entering a value, a "1" will be stored. A warning message will be generated when free text is entered at the "DOSAGE ORDERED:" prompt and no value or an incorrect value is entered at the "UNITS PER DOSE:" prompt.

- **"MED ROUTE:"** (Regular and Abbreviated)

Inpatient Medications uses the medication route provided by CPRS as the default when finishing an IV order, and transmits any updates to an order's medication route to CPRS.

Inpatient Medications determines the default medication route for a new order entered through Inpatient Medications, and sends the full Medication Route name for display on the BCMA VDL.

This is the administration route to be used for the order. If a Medication Route is identified for the selected Orderable Item, it will be used as the default for the order. Inpatient Medications applies the Medication Route provided by CPRS as the default when finishing an IV order.

- If no medication route is specified, Inpatient Medications will use the Medication Route provided by CPRS as the default when finishing an IV order.
- If updates are made to the medication route, Inpatient Medications will transmit any updates to an order's Medication Route to CPRS.
- Inpatient Medications determines the default Medication Route for a new order.
- Inpatient Medications sends the full Medication Route name for display on the BCMA VDL.

PSJ*5*366 added a medication route "short list" and "long list" for selection of a medication route during the order finishing and order entry process. The short list includes only the routes associated with the dosage form for the selected medication in the PHARMACY ORDERABLE ITEM file (#50.7). When entering an order, entering "?" at the Medication Route prompt will display the short list of routes. Entering "??" at the Medication Route prompt will display the long list of routes. The system will allow either partial matches for routes that are found in the short list, or exact full-text matches or abbreviation matches for other routes in the MEDICATION ROUTES file (#51.2).

Prior to PSJ*5*366 if no default med route was defined, the system set the med route to PO or ORAL. This patch removes that automatic PO or ORAL default.

If a route entered does not match any of the defined medication routes, then "??" displays.

In the short list you can either select by entering the leading character or by selecting the number from the displayed list.

- **Sequence of Schedule Type and Schedule Prompts**

Prior to PSJ*5*113, the order of the prompts in Inpatient Medications order entry was Schedule Type followed by Schedule. The sequence of the prompts was changed so that the Schedule prompt falls before the Schedule Type prompt.

- Schedule Validation Requirement One
  When a schedule is selected at the Schedule Field, the system shall default the Schedule Type for the schedule entered from the Administration Schedule File into the order.
- Schedule Validation Requirement Two

If the user changes the schedule, a warning message will be generated stating that the administration times and the schedule type for the order will be changed to reflect the defaults for the new schedule selected. The warning message: "This change in schedule also changes the ADMIN TIMES and SCHEDULE TYPE of this order" shall appear.

- Schedule Validation Check Three
  If the schedule type is changed from Continuous to PRN during an edit, the system shall automatically remove any administration times that were associated with the schedule so that the order will not include administration times.

- **"SCHEDULE:"** (Regular and Abbreviated)

This defines the frequency the order is to be administered. Schedules must be selected from the ADMINISTRATION SCHEDULE file, with the following exceptions:

- Schedule containing PRN: (Ex. TID PC PRN). If the schedule contains PRN, the base schedule must be in the ADMINISTRATION SCHEDULE file.
- Day of week schedules (Ex. MO-FR or MO-FR@0900)
- Admin time only schedules (Ex. 09-13)

While entering a new order, if a Schedule is defined for the selected Orderable Item, that Schedule is displayed as the default for the order.

Note: Order entry will permit the entry of a Day-of-Week schedule in the following format: days@schedule name (e.g. MO-WE-FR@BID, TU@Q6H).

Note: Inpatient Medications will translate a Day of Week schedule into appropriate administration times. For example: "MO-WE-FR@BID" is translated to "MO-WE-FR@10-22". The schedule after the "@" will be a valid schedule from the ADMINISTRATION SCHEDULE file (#51.1).

- **"SCHEDULE TYPE:"** (Regular)

This defines the type of schedule to be used when administering the order. If the Schedule Type entered is One-time, the ward parameter, DAYS UNTIL STOP FOR ONE-TIME, is accessed to determine the stop date. When the ward parameter is not available, the system parameter, DAYS UNTIL STOP FOR ONE-TIME, will be used to determine the stop date. When neither parameter has been set, one-time orders will use the ward parameter, DAYS UNTIL STOP DATE/TIME, to determine the stop date instead of the start and stop date being equal. When a new order is entered or an order entered through CPRS is finished by pharmacy, the default Schedule Type is determined as described below:

- If no Schedule Type has been found and a Schedule Type is defined for the selected Orderable Item, that Schedule Type is used for the order.

- If no Schedule Type has been found and the schedule contains PRN, the Schedule Type is PRN.
- Schedules meant to cause orders to display as ON CALL in BCMA must be defined in the ADMINISTRATION SCHEDULE (#51.1) file with a schedule type equal to "ON CALL."
- For all others, the Schedule Type is CONTINUOUS.

Note: During backdoor order entry, the Schedule Type entered is used unless the schedule is considered a ONE-TIME schedule. If so, the Schedule Type is changed to ONE TIME.

- **"ADMINISTRATION TIME:"** (Regular)

This defines the time(s) of day the order is to be given. Administration times must be entered in a two or four digit format . If multiple administration times are needed, they must be separated by a dash (e.g., 09-13 or 0900-1300). This field must be left blank for odd schedules, e.g., Q16H. If the schedule for the order contains "PRN", all Administration Times for the order will be ignored. In new order entry, the default Administration Times are determined as described below:

- If Administration Times are defined for the selected Orderable Item, they will be shown as the default for the order.
- If Administration Times are defined in the INPATIENT WARD PARAMETERS file for the patient's ward and the order's schedule, they will be shown as the default for the order.
- If Administration Times are defined for the Schedule, they will be shown as the default for the order.

- **"ADMINISTRATION TIME:"** (Medications Requiring Removal)

When a medication order requiring removal is being finished, the system may prompt the pharmacist to enter the Duration of Administration for the order, based on the value of the Prompt for Removal in BCMA flag for the Orderable Item. Administration times and Removal times should be based on the comments entered by the provider in CPRS. The Removal Times display in the Inpatient Medications Patient Profile Order Details screen. When the Prompt for Removal in BCMA flag has been set, a Duration of Administration prompt appears and calculates the appropriate removal times for medications requiring removal. The calculation is based on the Medication free period in hours indicated by the Physician. A display will appear for verification of the Administration and Removal times. The Prompt for Removal in BCMA field can be set for Orderable Items that require removal to the following values:

NULL/0 = No Removal Required ← Duration of Administration in BCMA does not display

1 = Removal at Next Administration ← Duration of Administration field does not display when Pharmacist is finishing the order. This is consistent with existing functionality for tablets, capsules, and other unit dose medications not requiring removal.

2 = Removal Period Optional Prior to Next Administration ← Pharmacist is prompted for Duration of Administration when finishing the order; however, this field is optional/not required to finish the order.

3 = Removal Period Required Prior to Next Administration ← Pharmacist is prompted for Duration of Administration, which is required to finish the order.

The following four fields control the removal process:

- DURATION OF ADMINISTRATION
- REMOVE TIMES
- REMOVE PERIOD
- BCMA PROMPT FOR REMOVAL FLAG

Note: The Pharmacy Data Management patch PSS*1*191 is required for these fields to be active. The full functionality will not be available until BCMA patches PSB*3*83 and PSB*3*87 are installed. Pre-existing orders remain unaffected with installation.

Example: Help Text – Duration of Administration for Medication Requiring Removal

```
The Duration of Administration is the period of time the medication
remains on the patient before removal. If this medication order requires a
drug-free period prior to the next administration, enter a Duration of
Administration here.

If this medication order does not require a drug-free period prior to the
next administration, this field should be left blank.

Enter the number of hours the medication will remain on the patient in the
Duration of Administration field. The BCMA user will be prompted to remove
the medication after the Duration of Administration period.

The Duration of Administration cannot match or exceed the order frequency
(the period of time between two Admin Times), except for BID, TID, and QID
schedules.
```

For medications requiring removal with Continuous type schedules that are BID, TID, or QID, the Duration of Administration value entered (in hours) cannot be less than the difference between the Admin Times for the medication order. If the pharmacist enters a value for the Duration of Administration (in hours) that is less than the difference between the Admin Times for the medication order, a message displays indicating that fact, and the Duration of Administration field re-displays.

```
Example: Typical 12 hour Medication Free period with first Administration at
0900

ADMIN TIMES: 09//

DURATION OF ADMINISTRATION: 12  12 HOURS

Expected First Dose: APR 15,2015@09:00
```

```
Verify Admin and removal times


(A)DMINISTRATION -(R)EMOVAL TIMES
_____________________________________________________________
0900(A)-2100(R)
     Is this correct?  //
   (Y)es or (N)o response required


     Is this correct?  // Y
```

- **Order Validation Checks:**

The following order validation checks will apply to Unit Dose orders and to intermittent IV orders.

Note: IV orders do not have Schedule Type.

- **Order Validation Check One**
  For intermittent IV orders, references to an order's Schedule Type will refer to either the TYPE OF SCHEDULE from the Administration Schedule file (#51.1), or PRN for schedule names in PRN format, or CONTINUOUS for schedule names in Day of Week format.

- **Order Validation Check Two**
  The system shall use the schedule type of the schedule from the Administration Schedule file independent of the schedule name when processing an order to determine if administration times are required for a particular order.

- **Order Validation Check Three**
  If an order has the Schedule Type of Continuous, the Schedule entered is NOT in Day of Week (Ex. MO-FR) or PRN (Ex. TID PC PRN) format, and the frequency associated with the schedule is one day (1440 minutes) or less, the system will not allow the number of administration times associated with the order to be greater than the number of administration times calculated for that frequency. The system will allow for the number of administration times to be LESS than the calculated administration times for that frequency but not less than one administration time. (For example, an order with a schedule of BID is associated with a frequency of 720 minutes. The frequency is divided into 1440 minutes (24 hours) and the resulting calculated administration time is two. For this order, the number of administration times allowed may be no greater than two, but no less than one. Similarly, a schedule frequency of 360 minutes must have at least one administration time but cannot exceed four administration times.)

If an order has the Schedule Type of Continuous, the Schedule entered is NOT in Day of Week (Ex. MO-FR) or PRN (Ex. TID PC PRN) format, and the frequency associated with the schedule is **greater than one day** (1440 minutes) and evenly divisible by 1440, only one administration time is permitted. (For example, an order with a schedule frequency of 2880 minutes must have ONLY one administration time. If the frequency is greater than 1440 minutes and not evenly divisible by 1440, no administration times will be permitted.)

The system shall present warning/error messages to the user if the number of administration times is less than or greater than the maximum admin times calculated for the schedule or if no administration times are entered. If the number of administration times entered is less than the maximum admin times calculated for the schedule, the warning message: "The number of admin times entered is fewer than indicated by the schedule." shall appear. In this case, the user will be allowed to continue after the warning. If the number of administration times entered is greater than the maximum admin times calculated for the schedule, the error message: "The number of admin times entered is greater than indicated by the schedule." shall appear. In this case, the user will not be allowed to continue after the warning. If no admin times are entered, the error message: "This order requires at least one administration time." shall appear. The user will not be allowed to accept the order until at least one admin time is entered.

- **Order Validation Check Four**
  If an order has a Schedule Type of Continuous and is an Odd Schedule {a schedule whose frequency is not evenly divisible by or into 1440 minutes (1 day)}, the system shall prevent the entry of administration times. For example, Q5H, Q17H – these are not evenly divisible by 1440. In these cases, the system shall prevent access to the administration times field. No warning message is presented.

- **Order Validation Check Five**
  If an order has a Schedule Type of Continuous with a non-odd frequency of greater than one day, (1440 minutes) the system shall prevent more than one administration time, for example, schedules of Q72H, Q3Day, and Q5Day.

  If the number of administration times entered exceeds one, the error message: "This order requires one admin time" shall appear. If no administration times are entered, the error message: "This order requires at least one administration time." shall appear. The user will not be allowed to accept the order until at least one admin time is entered.

- **Order Validation Check Six**
  If an order has a Schedule Type of One Time, or if an order is entered with a schedule that is defined in the schedule file as One Time, the system shall prevent the user from entering more than one administration time.

  If more than one administration time is entered, the error message: "This is a One Time Order - only one administration time is permitted." shall appear. No administration times are required.

- **Order Validation Check Seven**
  For an order with a Schedule Type of Continuous where no doses/administration times are scheduled between the order's Start Date/Time and the Stop Date/Time, the system shall present a warning message to the user and not allow the order to be accepted or verified until the Start/Stop Date Times, schedule, and/or administration times are adjusted so that at least one dose is scheduled to be given.

  If the stop time will result in no administration time between the start time and stop time, the error message: "There must be an admin time that falls between the Start Date/Time and Stop Date/Time." shall appear.

- **"SPECIAL INSTRUCTIONS:"** (Regular and Abbreviated)

These are the Special Instructions (using abbreviations whenever possible) needed for the administration of this order. This field allows unlimited characters. For new order entry, when Special Instructions are added, the user is prompted whether to flag this field for display in a BCMA message box. Should the pharmacist choose to copy and flag these comments for display in a BCMA message box on the Virtual Due List (VDL), an exclamation mark "!" will appear in the order next to this field.

The following menu choices regarding copying of provider comments are available:

- Y Yes (copy) – This will copy Provider Comments into the Special Instructions field.
- N No (don't copy) – This will bypass copying Provider Comments
- ! Copy and flag for display in a BCMA Message Box – This will copy Provider Comments into the Special Instructions field and flag for display in a BCMA Message Box.
- E Copy and Edit – This will copy Provider Comments into the Special Instructions field and open in a word processing window for editing.

Example: Special Instructions

```
PROVIDER COMMENTS:
This text is Provider Comments.

     Select one of the following:

          Y         Yes (copy)
          N         No (don't copy)
          !         Copy and flag for display in a BCMA Message Box
          E         Copy and Edit

Copy the Provider Comments into Special Instructions (Yes/No/!/E): e Copy and Edit

SPECIAL INSTRUCTIONS:
This text is Provider Comments.

  EDIT? NO// y YES

==[ WRAP ]==[ INSERT ]========< SPECIAL INSTRUCTIONS >=======[ <PF1>H=Help ]====
For Low Magnesium***Magnesium <2.4 give 11gm; Mag <2.2 give 2 gm: mag < 2
give 3 gm; Mag < 1.8 give 2 x 2gm** Then Recheck Magnesium

=======T=======T=======T=======T=======T=======T=======T=======T=======T>======
```

```
Would you like to flag the Special Instructions field for display in a BCMA
Message box?


     Select one of the following:

          Y         Yes
          N         No

Flag the Special Instructions (Yes/No):
```

Note: For "DONE" Orders (CPRS Med Order) only, the Provider Comments are automatically placed in the Special Instructions. If the Provider Comments are greater than 180 characters, Special Instructions will display "REFERENCE PROVIDER COMMENTS IN CPRS FOR INSTRUCTIONS."

Note: The up arrow character "^" is not allowed in Special Instructions. If detected, the following prompts appear:

Example: Prompts when "^" is detected in Special Instructions

```
SPECIAL INSTRUCTIONS:
  No existing text
  Edit? NO// Yes  YES

==[ WRAP ]==[ INSERT ]========< SPECIAL INSTRUCTIONS >=======[ <PF1>H=Help ]====

for low magnesium *** <2.4 give 1 gm; Mag <2.2gm; Mag <2 give 3gm; Mag
<1.8 give 2 x 2gm**. Then recheck magnesium^          Y         Yes (copy)

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


SPECIAL INSTRUCTIONS must not contain embedded uparrow "^".

Press Return to continue editing SPECIAL INSTRUCTIONS...
```

- **"START DATE/TIME:"** (Regular and Abbreviated)

This is the date and time the order is to begin. For Inpatient Medications orders, the Start Date/Time is initially assigned to the CLOSEST ADMINISTRATION TIME, NEXT ADMINISTRATION TIME or NOW (which is the login date/time of the order), depending on the value of the DEFAULT START DATE CALCULATION field in the INPATIENT WARD PARAMETERS file.

Start Date/Time may not be entered prior to 7 days from the order's Login Date. The Pharmacy User is warned if they attempt to enter a start date more than 7 days in the future. When a start date is being entered or edited, there will be a warning given if the start date is more than seven days in the future.

- **"STOP DATE/TIME**:" (Regular)

This is the date and time the order will automatically expire. The system calculates the default Stop Date/Time for order administration based on the STOP TIME FOR ORDER site parameter.

For IV orders, the default date shown is the least of (1) the <IV TYPE> GOOD FOR HOW MANY DAYS site parameter (where <IV TYPE> is LVPs, PBs, etc.), (2) the NUMBER OF DAYS FOR IV ORDER field (found in the IV ADDITIVES file) for all additives in this order, (3) the DAY (nD) or DOSE (nL) LIMIT field (found in the PHARMACY ORDERABLE ITEM file) for the orderable item associated with this order or (4) the duration received from CPRS (if applicable). The Site Manager or Application Coordinator can change any fields.

Note that an entry of a stop date greater than 367 days from the start of the date of the order is not allowed.

For the rules for calculating Unit Dose order Stop Date/Time calculation, refer to Section 18.5.2 Stop Date/Time Calculation in the Inpatient Medications Technical Manual/Security Guide.

- **"PROVIDER:"** (Regular and Abbreviated)

This identifies the provider who authorized the order. Only users who meet all these conditions may be selected at this prompt: holds the Provider security key, is Authorized to Write Med Orders, does not have an Inactivation Date or an Inactivation Date that has passed, does not have a Termination Date or a Termination Date that has passed, and who is not DISUSER'ed.

Note: Patch PSJ*5*366 added the criteria to check for DISUSER.

- **"SELF MED:"** (Regular and Abbreviated)

Identifies the order as one whose medication is to be given for administration by the patient. This prompt is only shown if the 'SELF MED' IN ORDER ENTRY field of the INPATIENT WARD PARAMETERS file is set to On.

- **"NATURE OF ORDER:"**

This is the method the provider used to communicate the order to the user who entered or took action on the order. Nature of Orders is defined in CPRS. Written will be the default for new orders entered. When a new order is created due to an edit, the default will be Service Correction. The following table shows some Nature of Order examples.

Nature of Order	Description	Prompted for Signature in CPRS?	Chart Copy Printed?
Written	The source of the order is a written doctor's order	No	No
Verbal	A doctor verbally requested the order	Yes	Yes
Telephoned	A doctor telephoned the service to request the order	Yes	Yes
Service Correction	The service is discontinuing or adding new orders to carry out the intent of an order already received	No	No

Nature of Order	Description	Prompted for Signature in CPRS?	Chart Copy Printed?
Duplicate	This applies to orders that are discontinued because they are a duplicate of another order	No	Yes
Policy	These are orders that are created as a matter of hospital policy	No	Yes

The Nature of Order abbreviation will display on the order next to the Provider's Name. The abbreviations will be in lowercase and enclosed in brackets. Written will display as [w], telephoned as [p], verbal as [v], policy as [i], electronically entered as [e], and service correction as [s]. If the order is electronically signed through the CPRS package AND the CPRS patch OR*3*141 is installed on the user's system, then [es] will appear next to the Provider's Name instead of the Nature of Order abbreviation.

Example: New Order Entry

```
Patient Information           Dec 11, 2012@15:30:31          Page:    1 of    1
IPDCHLDTESTA,ANGUS                Ward: ICU-M
   PID: 666-11-0022           Room-Bed: 2114-1        Ht(cm): 182.88 (10/10/12)
   DOB: 03/05/78 (34)                                 Wt(kg): 86.36 (10/10/12)
   Sex: MALE                                     Admitted: 10/28/09
    Dx: UNKNOWN OBJECT IN ARM            Last transferred: ********
  CrCL: 114.2(est.) (CREAT:1.0mg/dL 10/10/12)    BSA (m2): 2.09


 Allergies/Reactions: NKA
 Inpatient Narrative:
Outpatient Narrative:



          Enter ?? for more actions

          Enter ?? for more actions
PU Patient Record Update                NO New Order Entry
DA Detailed Allergy/ADR List            IN Intervention Menu
VP View Profile                         CM New Clinic Medication Entry
Select Action: View Profile//    View Profile

Inpatient Order Entry         Dec 11, 2012@15:31:18          Page:    1 of    2
IPDCHLDTESTA,ANGUS                Ward: ICU-M
   PID: 666-11-0022           Room-Bed: 2114-1        Ht(cm): 182.88 (10/10/12)
   DOB: 03/05/78 (34)                                 Wt(kg): 86.36 (10/10/12)
   Sex: MALE                                     Admitted: 10/28/09
    Dx: UNKNOWN OBJECT IN ARM            Last transferred: ********
  CrCL: 114.2(est.) (CREAT:1.0mg/dL 10/10/12)    BSA (m2): 2.09


 - - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - -
   1    THEOPHYLLINE (INWOOD) TAB,SA             C  11/26/2012  12/26/2012 A
          Give: 100mg PO TID
 - - - - - - - - - - - - - - - N O N - V E R I F I E D - - - - - - - - - - - - - -
   2    DUODERM GEL                              C  12/11/2012  01/10/2013 N
          Give: SMALL AMOUNT TOP BID
   3    MASTISOL LIQUID,TOP                      C  12/10/2012  01/09/2013 N  NF
          Give: ONE VIAL TOP QD-(EVERY DAY)
   4    ACETAMINOPHEN TAB                        P  10/24/2012  11/23/2012 N
          Give: 325MG PO Q4H PRN
 - - - - - - - - - - - - - - -  P E N D I N G - - - - - - - - - - - - - - - - -
+         Enter ?? for more actions
PI  Patient Information                 NO  New Order Entry
```

```
PU  Patient Record Update               CM  New Clinic Medication Entry
SO  Select Order
Select Action: Next Screen// no   New Order Entry


Select DRUG: insulin
      Lookup: VA DRUG CLASS  CLASSIFICATION
INSULIN  HS501
   INSULIN
    Lookup: DRUG  NATIONAL DRUG CLASS
     1   HS501  INSULIN HUMULIN 50/50 (NPH/REG) INJ LILY         HS501
     2   HS501  INSULIN LISPRO HUMAN 100 UNIT/ML HUMALOG         HS501     N/F
     3   HS501  INSULIN REG HUMAN 100 UNIT/ML NOVOLIN R         HS501         N
     4   HS501  INSULIN,ASPART,HUMAN 100 UNIT/ML INJ         HS501         VISN
     5   HS501  INSULIN,GLARGINE,HUMAN 100 UNIT/ML INJ         HS501     N/F
Press <RETURN> to see more, '^' to exit this list, '^^' to exit all lists, OR
CHOOSE 1-5: 4  INSULIN,ASPART,HUMAN 100 UNIT/ML INJ         HS501         VISN
  Restriction/Guideline(s) exist.  Display? :  (N/D): No//   NO

Enter RETURN to continue or '^' to exit:

Now doing allergy checks.  Please wait. . .

Now processing Clinical Reminder Order Checks. Please wait ...


Now Processing Enhanced Order Checks!  Please wait...

Enhanced Order Checks cannot be performed for Local Drug: THEOPHYLLINE
(INWOOD) 100MG SA TAB
  Reason: Drug not matched to NDF


Press Return to continue...


DOSAGE ORDERED: sliding scale

You entered sliding scale is this correct? Yes//   YES
UNITS PER DOSE: 1//
MED ROUTE: SUBCUTANEOUS//   SQ        SQ
SCHEDULE: tid
  (TID)
     1   TID    09-13-17
     2   TID PRN
     3   TID-AC    07-11-16
     4   TID-PC    09-13-18
     5   TID-SS    07-11-16
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 1      09-13-17
SCHEDULE TYPE: CONTINUOUS//   CONTINUOUS
ADMIN TIMES: 09-13-17//
SPECIAL INSTRUCTIONS:
  1>
START DATE/TIME: DEC 11,2012@15:34//   DEC 11,2012@15:34
STOP DATE/TIME: JAN 10,2013@18:00//    JAN 10,2013@18:00
Expected First Dose: DEC 11,2012@17:00
PROVIDER: YARBER,KIM//         3232323
NON-VERIFIED UNIT DOSE        Dec 11, 2012@15:34:21          Page:    1 of    2
IPDCHLDTESTA,ANGUS                Ward: ICU-M
   PID: 666-11-0022           Room-Bed: 2114-1        Ht(cm): 182.88 (10/10/2012)
   DOB: 03/05/78 (34)                                 Wt(kg): 86.36 (10/10/2012)


 (1)Orderable Item: INSULIN ASPART (NOVOLOG) INJ                          <DIN>
      Instructions:
 (2)Dosage Ordered: sliding scale
          Duration:                                (3) Start: 12/11/2012  15:34
 (4)     Med Route: SUBCUTANEOUS
                                                    (5) Stop: 01/10/2013  18:00
 (6) Schedule Type: CONTINUOUS
```

```
 (8)      Schedule: TID
 (9)   Admin Times: 09-13-17
 (10)     Provider: YARBER,KIM
  (11) Special Instructions:

 (12) Dispense Drug                                U/D        Inactive Date
      INSULIN,ASPART,HUMAN 100 UNIT/ML INJ         1

+         Enter ?? for more actions

+         Enter ?? for more actions
ED  Edit                              AC  ACCEPT
Select Item(s): Next Screen// ac   ACCEPT
NATURE OF ORDER: WRITTEN//        W

NON-VERIFIED UNIT DOSE        Dec 11, 2012@15:34:27          Page:    1 of    2
IPDCHLDTESTA,ANGUS                Ward: ICU-M
   PID: 666-11-0022           Room-Bed: 2114-1        Ht(cm): 182.88 (10/10/12)
   DOB: 03/05/78 (34)                                 Wt(kg): 86.36 (10/10/12)


*(1)Orderable Item: INSULIN ASPART (NOVOLOG) INJ                        <DIN>
      Instructions:
*(2)Dosage Ordered: sliding scale
          Duration:                                (3)Start: 12/11/2012  15:34
*(4)     Med Route: SUBCUTANEOUS
                                                   (5) Stop: 01/10/2013  18:00
 (6) Schedule Type: CONTINUOUS
*(8)      Schedule: TID
 (9)   Admin Times: 09-13-17
*(10)     Provider: YARBER,KIM [w]
  (11) Special Instructions:

 (12) Dispense Drug                                U/D        Inactive Date
      INSULIN,ASPART,HUMAN 100 UNIT/ML INJ         1
+         Enter ?? for more actions
      INSULIN,ASPART,HUMAN 100 UNIT/ML INJ         1
+         Enter ?? for more actions
DC  Discontinue           ED  Edit                AL  Activity Logs
HD  (Hold)                RN  (Renew)
FL  Flag                  VF  Verify
Select Item(s): Next Screen// vf   Verify
...a few moments, please.....

Pre-Exchange DOSES:

ORDER VERIFIED.

Enter RETURN to continue or '^' to exit:
```

3.3.4.3. Detailed Allergy/ADR List

The Detailed Allergy/ADR List action displays a detailed listing of the selected item from the patient's Allergy/ADR List. Entry to the *Edit Allergy/ADR Data* option is provided with this list also.

- **Enter/Edit Allergy/ADR Data**

  Provides access to the Adverse Reaction Tracking (ART) package to allow entry and/or edit of allergy adverse reaction data for the patient. See the Allergy package documentation for more information on Allergy/ADR processing.

- **Select Allergy**

  Allows the user to view a specific allergy.

3.3.4.4. Intervention Menu

This option is only available to those users who hold the PSJ RPHARM key.

The Intervention Menu action allows entry of new interventions and existing interventions to be edited, deleted, viewed, or printed. Each kind of intervention will be discussed and an example will follow.

Note: Interventions can also be dynamically created in response to Order Checks for critical drug-drug interactions and allergy/ADRs. Refer to Section 4.3 Order Checks.

If a change is made to an intervention associated to an inpatient order made in response to critical drug-drug and/or allergy/ADR, the changes are reflected and displayed whenever interventions display.

New interventions entered via the Intervention Menu are at the patient level and are not associated with a particular order. Consequently, new entries made through this menu are not reflected in the OCI listing, the BCMA Display Order detail report, and do not cause highlighting in BCMA.

New: This option is used to add an entry into the APSP INTERVENTION file.

Example: New Intervention

```
Patient Information           Sep 22, 2000 08:03:07          Page:    1 of    1
PSJPATIENT2,TWO                  Ward: 1 West                      <A>
   PID: 000-00-0002          Room-Bed: A-6         Ht(cm): 167.64 (04/21/99)
   DOB: 02/22/42 (58)                              Wt(kg): 85.00 (04/21/99)
   Sex: MALE                                     Admitted: 09/16/99    Dx: TEST PATIENT
Last transferred: ********
  CrCL: 114.2(est.) (CREAT:1.0mg/dL 10/10/12)    BSA (m2): 1.95

Allergies - Verified: CARAMEL, CN900, LOMEFLOXACIN, PENTAMIDINE, PENTAZOCINE,
                        CHOCOLATE, NUTS, STRAWBERRIES, DUST
        Non-Verified: AMOXICILLIN, AMPICILLIN, TAPE, FISH,
                        FLUPHENAZINE DECANOATE
              Remote:
   Adverse Reactions:
 Inpatient Narrative: Inpatient narrative
Outpatient Narrative: This is the Outpatient Narrative. This patient doesn't
like waiting at the pickup window. He gets very angry.

Enter ?? for more actions
PU Patient Record Update                NO New Order Entry
DA Detailed Allergy/ADR List            IN Intervention Menu
VP View Profile                         CM New Clinic Medication Entry
Select Action: View Profile// IN   Intervention Menu

                           --- Intervention Menu ---

DI   Delete Pharmacy Intervention       PO   Print Pharmacy Intervention
ED   Edit Pharmacy Intervention         VP   View Pharmacy Intervention
NE   Enter Pharmacy Intervention

Select Item(s): NE   Enter Pharmacy Intervention
Select APSP INTERVENTION INTERVENTION DATE: T   SEP 22, 2000
  Are you adding 'SEP 22, 2000' as a new APSP INTERVENTION (the 155TH)? No// Y
  (Yes)
```

```
   APSP INTERVENTION PATIENT: PSJPATIENT2,TWO    02-22-42     000000002     N
SC VETERAN
   APSP INTERVENTION DRUG: WAR
     1   WARFARIN 10MG           BL100         TAB
     2   WARFARIN 10MG U/D           BL100         TAB **AUTO STOP 2D**
     3   WARFARIN 2.5MG           BL100         TAB
     4   WARFARIN 2.5MG U/D           BL100         TAB  **AUTO STOP 2D**
     5   WARFARIN 2MG           BL100         TAB
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 1  WARFARIN 10MG         BL100         TAB
PROVIDER:    PSJPROVIDER,ONE     PROV
INSTITUTED BY: PHARMACY// <Enter>  PHARMACY
INTERVENTION:    ALLERGY
RECOMMENDATION:    NO CHANGE
WAS PROVIDER CONTACTED: N  NO
RECOMMENDATION ACCEPTED: Y  YES
FINANCIAL COST:
REASON FOR INTERVENTION:
  1>
ACTION TAKEN:
  1>
CLINICAL IMPACT:
  1>
FINANCIAL IMPACT:
  1>
Select Item(s):
```

- **Edit**: This option is used to edit an existing entry in the APSP INTERVENTION file.

Example: Edit an Intervention

```
Patient Information           Sep 22, 2000 08:03:07          Page:    1 of    1
PSJPATIENT2,TWO                  Ward: 1 West                      <A>
   PID: 000-00-0002          Room-Bed: A-6         Ht(cm): 167.64 (04/21/99)
   DOB: 02/22/42 (58)                              Wt(kg): 85.00 (04/21/99)
   Sex: MALE                                     Admitted: 09/16/99
    Dx: TEST PATIENT                       Last transferred: ********
  CrCL: 114.2(est.) (CREAT:1.0mg/dL 10/10/12)    BSA (m2): 1.95

Allergies - Verified: CARAMEL, CN900, LOMEFLOXACIN, PENTAMIDINE, PENTAZOCINE,
                        CHOCOLATE, NUTS, STRAWBERRIES, DUST
        Non-Verified: AMOXICILLIN, AMPICILLIN, TAPE, FISH,
                        FLUPHENAZINE DECANOATE
              Remote:
   Adverse Reactions:
 Inpatient Narrative: Inpatient narrative
Outpatient Narrative: This is the Outpatient Narrative. This patient doesn't
like waiting at the pickup window. He gets very angry.


          Enter ?? for more actions
PU Patient Record Update                NO New Order Entry
DA Detailed Allergy/ADR List            IN Intervention Menu
VP View Profile                         CM New Clinic Medication Entry
Select Action: View Profile// IN   Intervention Menu

                             --- Intervention Menu ---

DI   Delete Pharmacy Intervention       PO   Print Pharmacy Intervention
ED   Edit Pharmacy Intervention         VP   View Pharmacy Intervention
NE   Enter Pharmacy Intervention

Select Item(s): ED  Edit Pharmacy Intervention

Select INTERVENTION:T   SEP 22, 2000       PSJPATIENT2,TWO  WARFARIN 10MG
INTERVENTION DATE: SEP 22,2000// <Enter>
PATIENT: PSJPATIENT2,TWO// <Enter>
PROVIDER: PSJPROVIDER,ONE // <Enter>
PHARMACIST: PSJPHARMACIST,ONE // <Enter>
DRUG: WARFARIN 10MG// <Enter>
```

```
INSTITUTED BY: PHARMACY// <Enter>
INTERVENTION: ALLERGY// <Enter>
OTHER FOR INTERVENTION:
  1>
RECOMMENDATION: NO CHANGE// <Enter>
OTHER FOR RECOMMENDATION:
  1>
WAS PROVIDER CONTACTED: NO// <Enter>
PROVIDER CONTACTED:
RECOMMENDATION ACCEPTED: YES// <Enter>
AGREE WITH PROVIDER: <Enter>
FINANCIAL COST:
REASON FOR INTERVENTION:
  1>
ACTION TAKEN:
  1>
CLINICAL IMPACT:
  1>
FINANCIAL IMPACT:
  1>
```

- **Delete:** This option is used to delete an entry from the APSP INTERVENTION file. The pharmacist may only delete an entry that was entered on the same day.

Example: Delete an Intervention

```
Patient Information           Sep 22, 2000 08:03:07          Page:    1 of    1
PSJPATIENT2,TWO                  Ward: 1 West                      <A>
   PID: 000-00-0002          Room-Bed: A-6         Ht(cm): 167.64 (04/21/99)
   DOB: 02/22/42 (58)                              Wt(kg): 85.00 (04/21/99)
   Sex: MALE                                     Admitted: 09/16/99
    Dx: TEST PATIENT                      Last transferred: ********
  CrCL: 114.2(est.) (CREAT:1.0mg/dL 10/10/12)    BSA (m2): 1.95

Allergies - Verified: CARAMEL, CN900, LOMEFLOXACIN, PENTAMIDINE, PENTAZOCINE,
                        CHOCOLATE, NUTS, STRAWBERRIES, DUST
        Non-Verified: AMOXICILLIN, AMPICILLIN, TAPE, FISH,
                        FLUPHENAZINE DECANOATE
              Remote:
   Adverse Reactions:
 Inpatient Narrative: Inpatient narrative
Outpatient Narrative: This is the Outpatient Narrative. This patient doesn't
like waiting at the pickup window. He gets very angry.


          Enter ?? for more actions
PU Patient Record Update                NO New Order Entry
DA Detailed Allergy/ADR List            IN Intervention Menu
VP View Profile                         CM New Clinic Medication Entry
Select Action: View Profile// IN   Intervention Menu

                           --- Intervention Menu ---

DI   Delete Pharmacy Intervention       PO   Print Pharmacy Intervention
ED   Edit Pharmacy Intervention         VP   View Pharmacy Intervention
NE   Enter Pharmacy Intervention
Select Item(s): DI  Delete Pharmacy Intervention
You may only delete entries entered on the current day.

Select APSP INTERVENTION INTERVENTION DATE: T   SEP 22, 2000       PSJPATIENT2,TWO
   WARFARIN 10MG
SURE YOU WANT TO DELETE THE ENTIRE ENTRY? YES
```

- **View**: This option is used to display Pharmacy Interventions in a captioned format.

Example: View an Intervention

```
Patient Information           Sep 22, 2000 08:03:07          Page:    1 of    1
PSJPATIENT2,TWO                  Ward: 1 West                        <A>
   PID: 000-00-0002          Room-Bed: A-6         Ht(cm): 167.64 (04/21/99)
   DOB: 02/22/42 (58)                              Wt(kg): 85.00 (04/21/99)
   Sex: MALE                                     Admitted: 09/16/99
    Dx: TEST PATIENT                      Last transferred: ********
  CrCL: 114.2(est.) (CREAT:1.0mg/dL 10/10/12)    BSA (m2): 1.95

Allergies - Verified: CARAMEL, CN900, LOMEFLOXACIN, PENTAMIDINE, PENTAZOCINE,
                        CHOCOLATE, NUTS, STRAWBERRIES, DUST
        Non-Verified: AMOXICILLIN, AMPICILLIN, TAPE, FISH,
                        FLUPHENAZINE DECANOATE
              Remote:
   Adverse Reactions:
 Inpatient Narrative: Inpatient narrative
Outpatient Narrative: This is the Outpatient Narrative. This patient doesn't
like waiting at the pickup window. He gets very angry.


          Enter ?? for more actions
PU Patient Record Update                NO New Order Entry
DA Detailed Allergy/ADR List            IN Intervention Menu
VP View Profile                         CM New Clinic Medication Entry
Select Action: View Profile// IN   Intervention Menu

                           --- Intervention Menu ---

DI   Delete Pharmacy Intervention       PO   Print Pharmacy Intervention
ED   Edit Pharmacy Intervention         VP   View Pharmacy Intervention
NE   Enter Pharmacy Intervention
Select Item(s):VP  View Pharmacy Intervention
Select APSP INTERVENTION INTERVENTION DATE: T   SEP 22, 2000   PSJPATIENT2,TWO
   WARFARIN 10MG
ANOTHER ONE: <Enter>
INTERVENTION DATE: SEP 22, 2000         PATIENT: PSJPATIENT2,TWO
  PROVIDER: PSJPROVIDER,ONE             PHARMACIST: PSJPHARMACIST,ONE
  DRUG: WARFARIN 10MG                   INSTITUTED BY: PHARMACY
  INTERVENTION: ALLERGY                 RECOMMENDATION: NO CHANGE
  WAS PROVIDER CONTACTED: NO            RECOMMENDATION ACCEPTED: YES
```

- **Print:** This option is used to obtain a captioned printout of Pharmacy Interventions for a certain date range. It will print out on normal width paper and can be queued to print at a later time.

Example: Print an Intervention

```
Patient Information           Sep 22, 2000 08:03:07          Page:    1 of    1
PSJPATIENT2,TWO                  Ward: 1 West                        <A>
   PID: 000-00-0002          Room-Bed: A-6         Ht(cm): 167.64 (04/21/99)
   DOB: 02/22/42 (58)                              Wt(kg): 85.00 (04/21/99)
   Sex: MALE                                     Admitted: 09/16/99
    Dx: TEST PATIENT                      Last transferred: ********
  CrCL: 114.2(est.) (CREAT:1.0mg/dL 10/10/12)    BSA (m2): 1.95

Allergies - Verified: CARAMEL, CN900, LOMEFLOXACIN, PENTAMIDINE, PENTAZOCINE,
                        CHOCOLATE, NUTS, STRAWBERRIES, DUST
        Non-Verified: AMOXICILLIN, AMPICILLIN, TAPE, FISH,
                        FLUPHENAZINE DECANOATE
             Remote:
   Adverse Reactions:
 Inpatient Narrative: Inpatient narrative
Outpatient Narrative: This is the Outpatient Narrative. This patient doesn't
like waiting at the pickup window. He gets very angry.


          Enter ?? for more actions
PU Patient Record Update                NO New Order Entry
```

```
DA Detailed Allergy/ADR List            IN Intervention Menu
VP View Profile                         CM New Clinic Medication Entry
Select Action: View Profile// IN   Intervention Menu

                           --- Intervention Menu ---

DI   Delete Pharmacy Intervention       PO   Print Pharmacy Intervention
ED   Edit Pharmacy Intervention         VP   View Pharmacy Intervention
NE   Enter Pharmacy Intervention
Select Item(s): PO    Print Pharmacy Intervention
  * Previous selection: INTERVENTION DATE equals 7/2/96
  START WITH INTERVENTION DATE: FIRST// T  (SEP 22, 2000)
  GO TO INTERVENTION DATE: LAST// T  (SEP 22, 2000)
DEVICE: <Enter>  NT/Cache virtual TELNET terminal    Right Margin: 80//
PHARMACY INTERVENTION LISTING                  SEP 22,2000  09:20    PAGE 1
---------------------------------------------------------------------------



INTERVENTION: ALLERGY

INTERVENTION DATE: SEP 22,2000         PATIENT:  PSJPATIENT2,TWO
PROVIDER: PSJPROVIDER,ONE              PHARMACIST:  PSJPHARMACIST,ONE
DRUG: WARFARIN 10MG                    INSTITUTED BY:  PHARMACY
RECOMMENDATION: NO CHANGE
WAS PROVIDER CONTACTED: NO             RECOMMENDATION ACCEPTED:   YES
PROVIDER CONTACTED:
                                                  --------------------------
SUBTOTAL                                                                1
SUBCOUNT                                          1
                                                  --------------------------
TOTAL                                                                   1
COUNT                                             1
```

3.3.4.5. View Profile

The View Profile action allows selection of a Long, Short, or NO profile for the patient. The profile displayed in the *Inpatient Order Entry* and *Non-Verified/Pending Orders* options will include IV and Unit Dose orders. The long profile shows all orders, including discontinued and expired orders. The short profile displays recently discontinued/expired orders based on HOURS OF RECENTLY DC/EXPIRED parameter values found in the system and ward parameter files.

Example: Profile View

```
Inpatient Order Entry         Jun 12, 2006@23:12:54          Page:    1 of    1
PSJPATIENT11, ONE              Ward: 2ASM
   PID: 000-55-3421           Room-Bed: 102-1         Ht(cm): ______ (________)
   DOB: 12/02/23 (82)                                 Wt(kg): ______ (________)
   Sex: MALE                                     Admitted: 12/11/01
    Dx: HE IS A PAIN.                     Last transferred: 12/11/01
  CrCL: <Not Found> (CREAT: Not Found)            BSA (m2): _______

 - - - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - - -
   1    CEFAZOLIN 1 GM                            C  06/12/2006  06/22/2006  H
        in 5% DEXTROSE 50 ML Q8H
   2    CIMETIDINE TAB                            C  06/12/2006  07/12/2006  A
          Give: 300MG PO BID
   3    FUROSEMIDE TAB                            C  06/01/2006  06/15/2006  HP
          Give: 40MG PO QAM
- - - - - - - - - - - - - - - N O N - V E R I F I E D - - - - - - - - - - - - - - -

   4    CAPTOPRIL TAB                             C  06/14/2006  06/28/2006  N
          Give: 25MG PO BID

- - - - - - - - - - - - - - - - -  P E N D I N G  - - - - - - - - - - - - - - - - -

   5    HEPARIN/DEXTROSE INJ,SOLN                 ?  *****       *****       P
          Give:  IV
```

```
   6    LACTULOSE SYRUP                          ?  *****       *****       P NF
          Give: 10GM/15ML PO BID PRN
   7    LACTULOSE SYRUP                          ?  *****       *****       P NF
          Give: 10GM/15ML PO BID PRN

- - - - - - - - - - - RECENTLY DISCONTINUED/EXPIRED (LAST 8 HOURS) - - - - - - -
   8    FOLIC ACID TAB                           C  06/12/2006  06/12/2006  D
          Give: 1MG PO QAM
   9    GENTAMICIN 80 MG                         C  06/12/2006  06/12/2006  DE
        in 5% DEXTROSE 100 ML Q8H
  10    ISONIAZID TAB                            C  06/12/2006  06/12/2006  DF
          Give: 300MG PO QD
  11    POTASSIUM CHLORIDE 10MEQ                 C  06/12/2006  06/12/2006  DA
        in 5% DEXTROSE 1000 ML Q8H
  12    POTASSIUM CHLORIDE 40 MEQ                C  06/12/2006  06/12/2006  DD
        in 5% DEXTROSE 250 ML 120 ml/hr
  13    PROPRANOLOL TAB                          C  06/12/2006  06/12/2006  DP
          Give: 40MG PO Q6H
  14    THIAMINE TAB                             C  06/12/2006  06/12/2006  E
          Give: 100MG PO BID

       Enter ?? for more actions
PI  Patient Information                NO  New Order Entry
PU  Patient Record Update              CM  New Clinic Medication Entry
SO  Select Order
```

The HOURS OF RECENTLY DC/EXPIRED field (#7) has been created in the INPATIENT WARD PARAMETERS file (#59.6). The Inpatient Medications profiles will display the recently discontinued/expired orders that fall within the number of hours specified in this field. The value defined in this field will take precedence over the Inpatient System parameter. The inpatient ward parameter allows for a minimum value of one (1) hour and a maximum value of one hundred twenty (120) hours. The Inpatient Ward Parameters Edit [PSJ IWP EDIT] option allows the user to edit this new ward parameter. If this parameter is not set the software will use the value in the HOURS OF RECENTLY DC/EXPIRED field (#26.8) in the PHARMACY SYSTEM file (#59.7). If neither parameter is set the software will default to twenty-four (24) hours.

The HOURS OF RECENTLY DC/EXPIRED field (#26.8) has been created in the PHARMACY SYSTEM file (#59.7). The Inpatient Medications profiles will display the recently discontinued/expired orders that fall within the number of hours specified in this field. This parameter allows for a minimum value of one (1) hour and a maximum value of one hundred twenty (120) hours. The Systems Parameters Edit [PSJ SYS EDIT] option includes the ability for a user to edit this inpatient site parameter. If neither parameter is set the software will default to twenty-four (24) hours.

On the medication profile in the status column, the codes and the action they represent are as follows:

Order Status: The current status of the order. These statuses include:

A	Active
N	Non-Verified
O	On Call (IV orders only)
I	Incomplete
HP	Placed on hold by provider through CPRS
H	Placed on hold via backdoor Pharmacy

E	Expired
DP	Discontinued by provider through CPRS
DE	Discontinued due to edit via backdoor Pharmacy (Unit Dose orders only)
D	Discontinued via backdoor Pharmacy (IV & UD); discontinued due to edit via backdoor Pharmacy (IV)

The Status column will also display some additional discontinue type actions performed on the order. The codes and the action they represent are as follows:

DF	Discontinued due to edit by a provider through CPRS
DD	Auto discontinued due to death
DA	Auto discontinued due to patient movements

Sets of Complex Orders with a status of “Pending” or “Non-Verified” will be grouped together in the Profile View. They appear as one numbered list item, as shown in the following examples. Once these orders are made active, they will appear individually in the Profile View, with a status of “Active”.

If a Unit Dose order has been verified by nursing but has not been verified by pharmacy, it will be listed under the ACTIVE heading with an arrow (->) to the right of its number. A CPRS Med Order will have a “DONE” priority and will display a “d” to the right of the number on all profiles. These orders will display with active orders under the Active header until the pharmacist verifies them.

Orders may be selected by choosing the Select Order action, or directly from the profile using the number displayed to the left of the order. Multiple orders may be chosen by entering the numbers for each order to be included, separated by commas (e.g., 1,2,3), or a range of numbers using the dash (e.g., 1-3).

Note: **The START DATE and DRUG sort may be reversed using the INPATIENT PROFILE ORDER SORT field in the INPATIENT USER PARAMETERS file.**

Example: Pending Complex Order in Profile View

```
Inpatient Order Entry         Mar 07, 2004@13:03:55          Page:    1 of    1
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (81)                              Wt(kg): ______ (________)
   Sex: MALE                                     Admitted: 03/03/04
    Dx: TESTING                            Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)            BSA (m2): _______

- - - - - - - - - - - - -  P E N D I N G  C O M P L E X  - - - - - - - - - - - -
  1     CAPTOPRIL TAB                             ?  *****  *****  P
          Give: 25MG PO QDAILY
        CAPTOPRIL TAB                             ?  *****  *****  P
          Give: 50MG PO BID
        CAPTOPRIL TAB                             ?  *****  *****  P
          Give: 100MG PO TID


          Enter ?? for more actions
```

```
PI  Patient Information                NO  New Order Entry
PU  Patient Record Update              CM  New Clinic Medication Entry
SO  Select Order
Select Action: Next Screen//
```

Example: Non-Verified Complex Order in Profile View

```
Inpatient Order Entry         Mar 07, 2004@13:03:55          Page:    1 of    1
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (81)                              Wt(kg): ______ (________)
   Sex: MALE                                     Admitted: 03/03/04
    Dx: TESTING                           Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)            BSA (m2): _______

- - - - - - - - - - - -  N O N - V E R I F I E D  C O M P L E X - - - - - - -  -
  1     CAPTOPRIL TAB                             C  03/26/2004  03/27/2004  N
          Give: 25MG PO QDAILY
        CAPTOPRIL TAB                             C  03/28/2004  03/29/2004  N
          Give: 50MG PO BID
        CAPTOPRIL TAB                             C  03/30/2004  03/31/2004  N
          Give: 100MG PO TID



          Enter ?? for more actions
PI  Patient Information                NO  New Order Entry
PU  Patient Record Update              CM  New Clinic Medication Entry
SO  Select Order
Select Action: Next Screen//
```

Example: Active Complex Order in Profile View

```
Inpatient Order Entry         Mar 07, 2004@15:00:05          Page:    1 of    1
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (81)                              Wt(kg): ______ (________)
   Sex: MALE                                     Admitted: 03/03/04
    Dx: TESTING                           Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)            BSA (m2): _______

- - - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - -  -
  1     CAPTOPRIL TAB                             C  03/26/2004  03/27/2004  A
          Give: 25MG PO QDAILY
  2     CAPTOPRIL TAB                             C  03/28/2004  03/29/2004  A
          Give: 50MG PO BID
  3     CAPTOPRIL TAB                             C  03/30/2004  03/31/2004  A
          Give: 100MG PO TID



          Enter ?? for more actions
PI  Patient Information                NO  New Order Entry
PU  Patient Record Update              CM  New Clinic Medication Entry
SO  Select Order
Select Action: Next Screen//
```

Orders that are dispensed via Pharmacy Automated Dispensing Equipment (PADE) will display a ‘PD’ flag to the right of the order status. If an order is dispensed via PADE and is also a Ward Stock item, the ‘WP’flag will display.

Example: PD and WP Flags for PADE / Ward Stock Items

```
Inpatient Order Entry         Dec 16, 2015@16:51:41          Page:    1 of   10
MONPATNM,MARILYN                 Ward: GENERAL                      CAD
   PID: 666-00-0195          Room-Bed: GENSUR-2      Ht(cm): ______ (________)
   DOB: 07/07/67 (48)                                Wt(kg): ______ (________)
   Sex: FEMALE                                     Admitted: 08/29/11
```

```
____Dx: CHEST PAIN                        Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)           BSA (m2): __________
_____________________________________________________________________
 - - - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - - - -
   1    ACETAMINOPHEN 160MG/5ML LIQUID,ORAL     C  12/02/2015  12/16/2015 A
          Give: 650MG=20.3ML(1 UD CUP) PO Q12H
   2    FAMCICLOVIR TAB                         C  12/03/2015  12/17/2015 A  PD
          Give: 250MG PO Q12H
   3    HALOPERIDOL TAB                         C  10/28/2015  12/21/2015 A  WP
          Give: 20.25MG PO Q24H

PI  Patient Information                 NO  New Order Entry
PU  Patient Record Update               CM  New Clinic Medication Entry
SO  Select Order
Select Action: Next Screen//
```

3.3.4.6. Patient Information

The Patient Information screen is displayed for the selected patient. This header contains the patient's demographic data, while the list area contains the Allergy/Adverse Reaction data, and Pharmacy Narratives. If an outpatient is selected, all future appointments in clinics that allow Inpatient Medications unit dose orders will display in the list area, too.

Example: Patient Information

```
Patient Information           Feb 28, 2011@09:15:52          Page:    1 of    1
BCMA,EIGHTYNINE-PATIENT           Ward: BCMA                          A
   PID: 666-33-0089           Room-Bed: 13-A          Ht(cm): ______ (________)
   DOB: 04/07/35 (75)                                 Wt(kg): ______ (________)
   Sex: FEMALE                                     Admitted: 02/08/02
    Dx: BROKEN LEG                          Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)           BSA (m2): _______

Allergies - Verified: STRAWBERRIES
        Non-Verified:
              Remote: No remote data available

   Adverse Reactions:
 Inpatient Narrative:
Outpatient Narrative:




          Enter ?? for more actions
PU Patient Record Update                NO New Order Entry
DA Detailed Allergy/ADR List            IN Intervention Menu
VP View Profile                         CM New Clinic Medication Entry
Select Action: View Profile//
```

3.3.4.7. Select Order

The Select Order action is used to take action on a previously entered order by selecting it from the profile, after the patient is selected and length of profile is chosen.

Example: Selecting and Displaying an Order

```
Inpatient Order Entry         Mar 07, 2002@13:10:28          Page:    1 of    1
PSJPATIENT1,ONE                   Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (81)                              Wt(kg): ______ (________)
   Sex: MALE                                     Admitted: 05/03/00
    Dx: TESTING                             Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)           BSA (m2): _______

 - - - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - - - -
```

```
   1 d->in 5% DEXTROSE 50 ML 125 ml/hr          C  03/06/2002  03/06/2002  E
   2    ASPIRIN CAP,ORAL                        C  03/07/2002  03/08/2002  A
          Give: 325MG PO QID
   3    CEPHAPIRIN 1 GM                         C  03/04/2002  03/09/2002  A
        in DEXTROSE 5% IN N. SALINE 1000 ML QID
 - - - - - - - - - - - - - - - -  P E N D I N G  - - - - - - - - - - - - - - - -
   4    in DEXTROSE 10% 1000 ML 125 ml/hr        ?  *****       *****       P




          Enter ?? for more actions
PI  Patient Information                 NO  New Order Entry
PU  Patient Record Update               CM  New Clinic Medication Entry
SO  Select Order
Select Action: Quit// 2

ACTIVE UNIT DOSE              Mar 07, 2002@13:10:46          Page:    1 of    2
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (81)                              Wt(kg): ______ (________)

*(1)Orderable Item: ASPIRIN CAP,ORAL                                      <DIN>
      Instructions:
*(2)Dosage Ordered: 325MG
          Duration:                                *(3)Start: 03/07/2002  13:10
*(4)     Med Route: ORAL
BCMA ORDER LAST ACTION: 03/07/02 13:09 Given*      *(5) Stop: 03/08/2002  24:00
 (6) Schedule Type: CONTINUOUS
*(8)      Schedule: QID
 (9)   Admin Times: 09-13-17-21
*(10)     Provider: PSJPROVIDER,ONE [es]
 (11) Special Instructions:

 (12) Dispense Drug                                 U/D        Inactive Date
      ASPIRIN BUFFERED 325MG TAB                    1
+         Enter ?? for more actions
DC  Discontinue           ED  Edit                 AL  Activity Logs
HD  Hold                  RN  Renew
FL  Flag                 VF  (Verify)
Select Item(s): Next Screen//
```

Example: Order View For An Outpatient With Inpatient Orders

```
ACTIVE UNIT DOSE              Nov 28, 2003@10:55:47          Page:    1 of    2
PSJPATIENT3,THREE             Clinic: CLINIC (PAT)
   PID: 000-00-0003      Clinic Date: 10/31/03 08:00  Ht(cm): ______ (________)
   DOB: 02/01/55 (48)                                 Wt(kg): ______ (________)

*(1)Orderable Item: CAPTOPRIL TAB                                         <DIN>
      Instructions:
*(2)Dosage Ordered: 25MG
                                                     *(3)Start: 10/31/2003  08:00
*(4)     Med Route: ORAL (BY MOUTH)
                                                     *(5) Stop: 11/29/2003  12:56
 (6) Schedule Type: CONTINUOUS
*(8)      Schedule: BID
 (9)   Admin Times: 08-20
*(10)     Provider: PSJPROVIDER,ONE [s]                DURATION:
 (11) Special Instructions:

 (12) Dispense Drug                                 U/D        Inactive Date
      CAPTOPRIL 25MG TABS                           1
+         Enter ?? for more actions
DC  Discontinue           ED  Edit                 AL  Activity Logs
HD  Hold                  RN  Renew
FL  Flag                  VF  (Verify)
Select Item(s): Next Screen//
```

The list area displays detailed order information and allows actions to be taken on the selected Unit Dose order. A number displayed to the left of the field name identifies fields that may be edited. If a field, marked with an asterisk (*) next to its number, is edited, it will cause this order to be discontinued and a new one created. If a pending order is selected, the system will determine any default values for fields not entered through CPRS and display them along with the data entered by the provider.

The BCMA ORDER LAST ACTION field will only display when an action has been performed through BCMA on this order. This information includes the date and time of the action and the BCMA action status. If an asterisk (*) appears after the BCMA status, this indicates an action was taken on the prior order that is linked to this order. Actions, displayed in the Action Area, enclosed in parenthesis are not available to the user. In the example above, the action Verify is not available to the user since it was previously verified. If an order was placed for an Outpatient for a clinic appointment date/time for an appropriate clinic, the Order View screen will display the Clinic and the Clinic Date and Time.

Only users with the appropriate keys will be allowed to take any available actions on the Unit Dose or IV order. (See p. 69 under IV.)

3.3.5. Order Actions

The Order Actions are the actions available in the Action Area of the List Manager Screen. These actions pertain to the patient's orders and include editing, discontinuing, verifying, etc.

3.3.5.1. Discontinue

When an order is discontinued, the order's Stop Date/Time is changed to the date/time the action is taken. An entry is placed in the order's Activity Log recording who discontinued the order and when the action was taken. Pending and Non-verified orders are deleted when discontinued and will no longer appear on the patient's profile. Please see the Patient Profile section of this document for more discussion about the discontinued statuses available and screen captures of how they appear.

Note: Any orders placed through the Med Order Button cannot be discontinued.

Example: Discontinue an Order

```
Inpatient Order Entry         Sep 28, 2000 13:32:18          Page:    1 of    1
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)
   Sex: MALE                                     Admitted: 05/03/00
    Dx: TESTING                            Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)            BSA (m2): _______

 - - - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - - -
   1    MULTIVITAMINS 1 ML                       C  09/27/2000  10/02/2000  A
        in 0.9% NACL 500 ML QID PRN
 - - - - - - - - - - - - - - - -  P E N D I N G  - - - - - - - - - - - - - - - - -
   2    AMPICILLIN CAP                           ?  *****       *****       P
          Give: 500MG PO QID
   3    AMPICILLIN INJ                           ?  *****       *****       P
          Give: 1MG IVPB QID
```

```
   4    PROPRANOLOL TAB                          ?  *****       *****       P
          Give: 10MG PO TID

          Enter ?? for more actions
PU  Patient Record Update               NO  New Order Entry
Select Action: Quit// 2

PENDING UNIT DOSE (ROUTINE)   Sep 28, 2000 13:33:17          Page:    1 of    2
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)

*(1)Orderable Item: AMPICILLIN CAP
       Instructions:
 *(2)Dosage Ordered: 500MG
           Duration:                                  (3)Start: 09/27/2000  15:00
 *(4)     Med Route: ORAL                    REQUESTED START: 09/27/2000  09:00
                                                      (5) Stop: 10/11/2000  24:00
  (6) Schedule Type: CONTINUOUS
 *(8)      Schedule: QID
  (9)   Admin Times: 01-09-15-20
*(10)      Provider: PSJPROVIDER,ONE [w]
 (11) Special Instructions:
(12) Dispense Drug                                   U/D        Inactive Date
      AMPICILLIN 500MG CAP                           1

+         Enter ?? for more actions
DC  Discontinue           ED  Edit                   AL  Activity Logs
HD  (Hold)                RN  (Renew)
FL  Flag                  VF  Verify
Select Item(s): Next Screen// DC   Discontinue
Do you want to discontinue this order? Yes//  <Enter> (Yes)
NATURE OF ORDER: WRITTEN// <Enter>
Requesting PROVIDER: PSJPROVIDER,ONE //  <Enter> PROV    ...ORDER DISCONTINUED!
Select DRUG:
```

When an action of DC (Discontinue) is taken on one child order that is part of a Complex Order, a message will display informing the user that the order is part of a Complex Order, and the user is prompted to confirm that the action will be taken on all of the associated child orders.

Example: Discontinue a Complex Order

```
ACTIVE UNIT DOSE              Feb 25, 2004@21:25:50          Page:    1 of    2
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)

*(1)Orderable Item: ASPIRIN TAB                                          <DIN>
       Instructions:
 *(2)Dosage Ordered: 650MG
           Duration:                               *(3)Start: 03/26/2001  14:40
 *(4)     Med Route: ORAL
                                                   *(5) Stop: 03/28/2001  24:00
  (6) Schedule Type: CONTINUOUS
 *(8)      Schedule: QDAILY
  (9)   Admin Times: 1440
*(10)      Provider: PSJPROVIDER,ONE  [es]
 (11) Special Instructions:

 (12) Dispense Drug                                  U/D        Inactive Date
      ASPIRIN BUFFERED 325MG TAB                     2
+         Enter ?? for more actions
DC  Discontinue           ED  (Edit)                  AL  Activity Logs
HD  Hold                  RN  Renew
FL  Flag                  VF  (Verify)
Select Item(s): Next Screen//

Select Item(s): Next Screen// DC   Discontinue
```

```
This order is part of a complex order. If you discontinue this order the
following orders will be discontinued too (unless the stop date has already
been reached).

Press Return to continue... <Enter>


        CAPTOPRIL TAB                            C  03/26       03/27       N
        Give: 25MG PO QDAILY


        CAPTOPRIL TAB                            C  03/26       03/29       N
        Give: 100MG PO TID

Press Return to continue... <Enter>

Do you want to discontinue this series of complex orders? Yes//
```

3.3.5.2. Edit

This action allows modification of any field shown on the order view that is preceded by a number in parenthesis (#).

Example: Edit an Order

```
ACTIVE UNIT DOSE              Sep 13, 2000 15:20:42          Page:    1 of    2
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)

*(1)Orderable Item: AMPICILLIN CAP
       Instructions:
 *(2)Dosage Ordered: 500MG
           Duration:                               *(3)Start: 09/07/2000  15:00
 *(4)     Med Route: ORAL
                                                   *(5) Stop: 09/21/2000  24:00
  (6) Schedule Type: CONTINUOUS
 *(8)      Schedule: QID
  (9)   Admin Times: 01-09-15-20
*(10)      Provider: PSJPROVIDER,ONE [es]
 (11) Special Instructions:

 (12) Dispense Drug                                 U/D        Inactive Date
      AMPICILLIN 500MG CAP                          1
+         Enter ?? for more actions
DC  Discontinue           ED  Edit                 AL  Activity Logs
HD  Hold                  RN  Renew
FL  Flag                 VF  Verify
Select Item(s): Next Screen//
```

If a field marked with an asterisk (*) to the left of the number is changed, the original order will be discontinued, and a new order containing the edited data will be created. The Stop Date/Time of the original order will be changed to the date/time the new edit order is accepted. The old and new orders are linked and may be viewed using the History Log function. When the screen is refreshed, the field(s) that was changed will now be shown in **reverse video** and “This change will cause a new order to be created” will be displayed in the message window.

Note: The first time a field marked with an asterisk (*) is selected for editing, if CPRS Provider Overrides and/or Pharmacist Interventions exist for the order, entering Y (Yes)

at the prompt: “Order Check Overrides/Interventions exist for this order. Display? (Y/N)? Y//” displays the following:

Heading information first, followed by a summary of the Current CPRS Order Checks overridden by the Provider, as well as the Overriding Provider, plus title, Override Entered By, plus title, Date/Time Entered, and the Override Reason.

Example: Edit an Order with Provider Overrides/Interventions

```
==============================================================================
       ** Current Provider Overrides for this order **
==============================================================================

Overriding Provider: PSJPROVIDER,ONE (PROVIDER)
Override Entered By: PSJPROVIDER,ONE (PROVIDER)
  Date/Time Entered: 07/11/11 09:45
    Override Reason: testing functionality of PO & PI

  CRITICAL drug-drug interaction: TAMOXIFEN CITRATE 10MG TAB and WARFARIN NA
  (GOLDEN STATE) 1MG TAB [ACTIVE] - The concurrent use of tamoxifen or
  toremifene may increase the effects of anticoagulants. - Monograph Available

  SIGNIFICANT drug-drug interaction: TAMOXIFEN CITRATE 10MG TAB and
  THIORIDAZINE HCL 10MG TAB [UNRELEASED] - Concurrent use of inhibitors of CYP
  P-450-2D6 may decrease the effectiveness of tamoxifen in preventing breast
  cancer recurrence.  Concurrent use of amiodarone or thioridazine may increase
  the risk of potentially life-threatening cardiac arrhythmias, including
  torsades de pointes. - Monograph Available

Press RETURN to Continue or '^' to Exit :


==============================================================================
        ** Current Pharmacist Interventions for this order **
==============================================================================

Intervention Date/Time: 07/11/11 09:50
 Pharmacist: PSJPHARMACIST,ONE                Drug: TAMOXIFEN CITRATE 10MG TAB
 Instituted By: PHARMACY
 Intervention: CRITICAL DRUG INTERACTION
 Originating Package: INPATIENT
```

Once a Complex Order is made active, the following fields may <u>not</u> be edited:

- ADMINISTRATION TIME
- Any field where an edit would cause a new order to be created. These fields are denoted with an asterisk in the Detailed View of a Complex Order.

If a change to one of these fields is necessary, the Complex Order must be discontinued and a new Complex Order must be created.

Example: Edit an Order

```
NON-VERIFIED UNIT DOSE        Sep 13, 2000 15:26:46          Page:    1 of    2
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)

 *(1)Orderable Item: AMPICILLIN CAP
       Instructions:
 *(2)Dosage Ordered: 500MG
           Duration:                              *(3)Start: 09/13/2000  20:00
 *(4)     Med Route: ORAL
                                                  *(5) Stop: 09/27/2000  24:00
```

```
  (6) Schedule Type: CONTINUOUS
 *(8)      Schedule: QID
  (9)   Admin Times: 01-09-15-20
*(10)      Provider: PSJPROVIDER,ONE
 (11) Special Instructions:

 (12) Dispense Drug                                U/D        Inactive Date
      AMPICILLIN 500MG CAP                         1

+         This change will cause a new order to be created.
ED  Edit                                AC  ACCEPT
Select Item(s): Next Screen//
```

If the ORDERABLE ITEM or DOSAGE ORDERED fields are edited, the Dispense Drug data will not be transferred to the new order. If the Orderable Item is changed, data in the DOSAGE ORDERED field will not be transferred. New Start Date/Time, Stop Date/Time, Login Date/Time, and Entry Code will be determined for the new order. Changes to other fields (those without the asterisk) will be recorded in the order's activity log.

If the Dispense Drug or Orderable Item has a non-formulary status, this status will be displayed on the screen as "*N/F*" beside the Dispense Drug or Orderable Item.

If the DISPENSE DRUG is edited, an entry in the order's activity log is made to record the change.

If an Orderable Item or any starred fields are edited, enhanced order checking is performed. Changing the Dispense Drug will not trigger enhanced order checking.

```
Inpatient Order Entry         Sep 11, 2012@07:23          Page:    1 of    2
FROPATNM,MISTER                   Ward: GEN MED
   PID: 666-00-0728           Room-Bed: A-5           Ht(cm): ______ (________)
   DOB: 12/11/48 (63)                                 Wt(kg): ______ (________)
   Sex: MALE                                     Admitted: 12/21/98
    Dx: ADM TO TEST DIETETICS EXTRACT    Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)            BSA (m2): __________

 - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - -
   1    HALOPERIDOL TAB                          C  09/11/2012  09/13/2012 A
          Give: 1MG PO NOW
   2    MAXIDE 50/75 TAB                         C  09/11/2012  09/13/2012 A
          Give: 50MG PO BID-NOON
   3    WARFARIN TAB                             C  09/11/2012  09/13/2012 A
          Give: 2MG PO BID
   4    AMIKACIN INJ,SOLN                        P  09/11/2012  09/13/2012 A
          Give: 500MG/2ML PO BID2 PRN
 - - - - - - - -  RECENTLY DISCONTINUED/EXPIRED (LAST 120 HOURS) - - - - - - - -
   5    AMIKACIN INJ,SOLN                        P  09/11/2012  09/11/2012 DE
+         Enter ?? for more actions
PU  Patient Record Update              NO  New Order Entry
Select Action:Next Screen// SO   Select Order

Select ORDERS (1-5): 1


ACTIVE UNIT DOSE              Sep 11, 2012@07:23:07          Page:    1 of    2
FROPATNM,MISTER                   Ward: GEN MED
   PID: 666-00-0728           Room-Bed: A-5           Ht(cm): ______ (________)
   DOB: 12/11/48 (63)                                 Wt(kg): ______ (________)

*(2)Dosage Ordered: 1MG
          Duration:                                 *(3)Start: 09/11/2012  07:20
*(4)     Med Route: ORAL (BY MOUTH)
                                                    *(5) Stop: 09/13/2012  24:00
```

```
 (6) Schedule Type: CONTINUOUS
*(8)      Schedule: NOW
 (9)   Admin Times:
*(10)     Provider: VARGAS,ALBERTO [w]
 (11) Special Instructions:

 (12) Dispense Drug                                  U/D        Inactive Date
      HALOPERIDOL 1MG S.T.    Sep 11, 2012@07:23:18  1
+         Enter ?? for more actions
DC  Discontinue           ED  Edit                 AL  Activity Logs
HD  Hold                  RN  Renew
FL  Flag                  VF  (Verify)
Select Item(s): Next Screen// ED   Edit

Select FIELDS TO EDIT: 2


Available Dosage(s)
      1.    1MG
      2.    2MG

Select from list of Available Dosages or Enter Free Text Dose: 1MG// 2  2MG

You entered 2MG is this correct? Yes//   YES

NON-VERIFIED UNIT DOSE        Sep 11, 2012@07:23:18          Page:    1 of    2
FROPATNM,MISTER                   Ward: GEN MED
   PID: 666-00-0728           Room-Bed: A-5           Ht(cm): ______ (________)
   DOB: 12/11/48 (63)                                 Wt(kg): ______ (________)
   Sex: MALE                                     Admitted: 12/21/98
    Dx: ADM TO TEST DIETETICS EXTRACT    Last transferred: ********
  CrCL: <Not Found>                              BSA (m2): __________

*(1)Orderable Item: HALOPERIDOL TAB
      Instructions:
*(2)Dosage Ordered: 2MG
          Duration:                                *(3)Start: 09/11/2012  07:23
*(4)     Med Route: ORAL (BY MOUTH)
                                                   *(5) Stop: 09/13/2012  24:00
 (6) Schedule Type: CONTINUOUS
*(8)      Schedule: NOW
 (9)   Admin Times:
*(10)     Provider: VARGAS,ALBERTO
 (11) Special Instructions:

+         This change will cause a new order to be created.
ED  Edit                                AC  ACCEPT
Select Item(s): Next Screen// AC   ACCEPT


Now doing allergy checks.  Please wait...

Now processing Clinical Reminder Order Checks.  Please wait ...

Now Processing Enhanced Order Checks!  Please wait...


Press Return to continue...

NATURE OF ORDER: SERVICE CORRECTION//        S
...discontinuing original order...

 ...creating new order...(you will now work on this new order).
```

3.3.5.3. Verify

Orders must be accepted and verified before they can become active and are included on the pick list, BCMA VDL, etc. If AUTO-VERIFY is enabled for the pharmacist, new orders immediately become active after entry or finish (pending orders entered through CPRS). Orders verified by

nursing prior to pharmacy verification are displayed on the profile under the active header marked with an arrow (->) to the right of the order number.

When an action of VF (Verify) is taken on one child order that is part of a Complex Order, a message will display informing the user that the order is part of a Complex Order, and the user is prompted to confirm that the action will be taken on all of the associated child orders.

Note: Orders that have been accepted by the pharmacist will appear on the BCMA VDL if verified by a nurse.

Note: AUTO-VERIFY is controlled by the ALLOW AUTO-VERIFY FOR USER field in the INPATIENT USER PARAMETERS file. For more information on the Auto-Verify function, see the Edit User Parameters section of the Pharmacy Supervisor Manual.

Note: The user will not be allowed to finish an order that contains a schedule that is considered to be non-standard. Schedules must be selected from the ADMINISTRATION SCHEDULE file, with the following exceptions:

a. Schedule containing PRN: (Ex. TID PC PRN). If the schedule contains PRN, the base schedule must be in the ADMINISTRATION SCHEDULE file.

b. Day of week schedules (Ex. MO-FR or MO-FR@0900)

c. Admin time only schedules (Ex. 09-13)

Note: When verifying a unit dose order that contains an Old Schedule Name, the user will have to edit the schedule to the New Schedule Name before they will be able to verify the unit dose order. This does not apply to Old Schedule Names for Day of the Week Schedules.

Verifying Unit Dose Order with Old Schedule Name

```
NON-VERIFIED UNIT DOSE         Apr 25, 2017@11:54:58          Page:    1 of    3
PSJPATIENT,ONE                     Ward: 7A GEN
   PID: 666-09-4321           Room-Bed: 722-C         Ht(cm): 165.10 (04/19/17)
   DOB: 04/05/44 (73)                                 Wt(kg): 77.11 (04/19/17)
   Sex: FEMALE                                     Admitted: 04/19/17
    Dx: CHEST PAIN                        Last transferred: ********
  CrCL: 33.2(est.) (CREAT: 1.5mg/dL 4/19/17)     BSA (m2): 1.85

*(1)Orderable Item: EPOETIN ALFA,RECOMBINANT INJ,SOLN
      Instructions: 10000UNIT/1ML
*(2)Dosage Ordered: 10000UNIT/1ML
          Duration:                                  (3)Start: 04/25/2017  11:14
*(4)     Med Route: SUBCUTANEOUS             REQUESTED START: 04/28/2017  09:00
                                                     (5) Stop: 04/26/2017  24:00
```

```
 (6) Schedule Type: CONTINUOUS
*(8)      Schedule: Q72H
 (9)   Admin Times: 0900
*(10)     Provider: PROVIDER,ONE [es]
  (11) Special Instructions:
+         Enter ?? for more actions
DC  Discontinue           ED  Edit                  AL  Activity Logs
HD  (Hold)                RN  (Renew)
FL  Flag                  VF  Verify
Select Item(s): Next Screen// VF   Verify


The schedule Q72H has been replaced with Q3D by the system administrator
after this order was entered.

Please correct the schedule before verifying this order.

Press Return to continue...

<User will be taken back to the patient's profile>
```

If the Dispense Drug or Orderable Item has a non-formulary status, this status will be displayed on the screen as "*N/F*" beside the Dispense Drug or Orderable Item.

Example: Verify an Order

```
Inpatient Order Entry         Mar 07, 2002@13:03:55          Page:    1 of    1
PSJPATIENT1,ONE                 Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (81)                              Wt(kg): ______ (________)
   Sex: MALE                                     Admitted: 05/03/00
    Dx: TESTING                            Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)            BSA (m2): _______

 - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - -
   1 d->in 5% DEXTROSE 50 ML 125 ml/hr            C  03/06/2002  03/06/2002  E
   2    CEPHAPIRIN 1 GM                           C  03/04/2002  03/09/2002  A
        in DEXTROSE 5% IN N. SALINE 1000 ML QID
   3 d->ASPIRIN CAP,ORAL                          O  03/07/2002  03/07/2002  E
          Give: 650MG PO NOW
 - - - - - - - - - - - - - - - -  P E N D I N G  - - - - - - - - - - - - - - -
   4    in DEXTROSE 10% 1000 ML 125 ml/hr         ?  *****       *****       P




          Enter ?? for more actions
PI  Patient Information                  NO  New Order Entry
PU  Patient Record Update                CM  New Clinic Medication Entry
SO  Select Order
Select Action: Quit// 3

EXPIRED UNIT DOSE (DONE) Mar 07, 2002@13:05:07 Page: 1 of 2
PSJPATIENT1,ONE                 Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (81)                              Wt(kg): ______ (________)

*(1)Orderable Item: ASPIRIN CAP,ORAL                                      <DIN>
      Instructions: 650MG
*(2)Dosage Ordered: 650MG
          Duration:                                *(3)Start: 03/07/2002  12:57
*(4)     Med Route: ORAL (BY MOUTH)
BCMA ORDER LAST ACTION: 03/07/02 12:59 Given       *(5) Stop: 03/07/2002  12:57
 (6) Schedule Type: ONE TIME
*(8)      Schedule: NOW
 (9)   Admin Times:
*(10)     Provider: PSJPROVIDER,ONE [es]
 (11) Special Instructions:
```

```
 (12) Dispense Drug                                    U/D        Inactive Date
      ASPIRIN BUFFERED 325MG TAB                       1
+         Enter ?? for more actions
DC  (Discontinue)         ED  (Edit)                AL  Activity Logs
HD  (Hold)                RN  (Renew)
FL  Flag                 VF  Verify
Select Item(s): Next Screen// VF   Verify

WARNING: Dosage Ordered and Dispense Units do not match.
         Please verify Dosage.

Would you like to continue verifying the order? No//
...a few moments, please....

Pre-Exchange DOSES: 0// <Enter>

ORDER VERIFIED.

Enter RETURN to continue or '^' to exit: <Enter>
```

When orders have been verified, the pharmacist must provide information for the Pre-Exchange Units Report. After verifying an order, the user is prompted to identify the number of units required before the next cart exchange (pre-exchange units). Information will be requested for each order that has been verified. When the user finishes entering new orders, a Pre-Exchange Report will be printed. The report lists the patients' name, ward location, room and bed, Orderable Item, Dispense Drug, and pre-exchange needs for each order. This report can be printed to the screen or queued to print on a printer. It is advisable that the user prints a copy on the printer. The default device for the Pre-Exchange Units Report is the PRE-EXCHANGE REPORT DEVICE field in the INPATIENT WARD PARAMETER file. If the pharmacist enters an output device that is different from the device in this file, an option to override the field and define a temporary device for the remainder of this session is displayed. Once the user exits this option, the report cannot be reprinted.

Note: The user will have the ability to enter a Progress Note for a "DONE" priority order.

3.3.5.4. Hold

Only active orders may be placed on hold. Orders placed on hold will continue to show under the ACTIVE heading on the profiles until removed from hold. Any orders placed on hold through the pharmacy options cannot be released from hold using any of the CPRS options. An entry is placed in the order's Activity Log recording the user who placed/removed the order from hold and when the action was taken.

If the Dispense Drug or Orderable Item has a non-formulary status, this status will be displayed on the screen as "*N/F*" beside the Dispense Drug or Orderable Item.

Example: Place an Order on Hold

```
ACTIVE UNIT DOSE              Feb 25, 2001@21:25:50          Page:    1 of    2
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)

*(1)Orderable Item: ASPIRIN TAB                                          <DIN>
```

```
       Instructions:
 *(2)Dosage Ordered: 650MG
           Duration:                                *(3)Start: 02/26/2001  14:40
 *(4)     Med Route: ORAL
                                                    *(5) Stop: 02/28/2001  24:00
  (6) Schedule Type: CONTINUOUS
 *(8)      Schedule: QDAILY
  (9)   Admin Times: 1440
*(10)      Provider: PSJPROVIDER,ONE [es]
 (11) Special Instructions:

 (12) Dispense Drug                                  U/D        Inactive Date
      ASPIRIN BUFFERED 325MG TAB                     2
+         Enter ?? for more actions
DC  Discontinue           ED  Edit                  AL  Activity Logs
HD  Hold                  RN  Renew
FL  Flag                 VF  (Verify)
Select Item(s): Next Screen// HD   Hold

Do you wish to place this order 'ON HOLD'? Yes//  <Enter> (Yes)
NATURE OF ORDER: WRITTEN//  <Enter>       W...
COMMENTS:
  1>TESTING
  2>
EDIT Option: .  <Enter>
Enter RETURN to continue or '^' to exit: <Enter>
----------------------------------------report continues-----------------------
```

Notice that the order shows a status of “H” for hold in the right side of the Aspirin Tablet order below.

Example: Place an Order on Hold (continued)

```
HOLD UNIT DOSE                Feb 25, 2001@21:27:57          Page:    1 of    2
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)

 *(1)Orderable Item: ASPIRIN TAB                                          <DIN>
       Instructions:
 *(2)Dosage Ordered: 650MG
           Duration:                                *(3)Start: 02/26/2001  14:40
 *(4)     Med Route: ORAL
                                                    *(5) Stop: 02/28/2001  24:00
  (6) Schedule Type: CONTINUOUS
 *(8)      Schedule: QDAILY
  (9)   Admin Times: 1440
*(10)      Provider: PSJPROVIDER,ONE [es]
 (11) Special Instructions:

 (12) Dispense Drug                                  U/D        Inactive Date
      ASPIRIN BUFFERED 325MG TAB                     2
+         Enter ?? for more actions
DC  Discontinue           ED  (Edit)                AL  Activity Logs
HD  Hold                  RN  (Renew)
FL  Flag                 VF  (Verify)
Select Item(s): Next Screen//  <Enter>

HOLD UNIT DOSE                Feb 25, 2001@21:28:20          Page:    2 of    2
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)
+
(7)Self Med:  NO

Entry By: PSJPROVIDER,ONE                     Entry Date: 02/25/01  21:25

(13) Comments:
 TESTING
```

```
          Enter ?? for more actions
DC  Discontinue           ED  (Edit)                AL  Activity Logs
HD  Hold                  RN  (Renew)
FL  Flag                 VF  (Verify)
Select Item(s): Quit//  <Enter>

Unit Dose Order Entry         Feb 25, 2001@21:30:15          Page:    1 of    1
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)
   Sex: MALE                                     Admitted: 05/03/00
    Dx: TESTING                          Last transferred: ********

 - - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - -
   1    ASPIRIN TAB                               C  02/26/2001  02/28/2001  H
          Give: 650MG ORAL QDAILY



          Enter ?? for more actions
PI  Patient Information                 NO  New Order Entry
PU  Patient Record Update               CM  New Clinic Medication Entry
SO  Select Order
Select Action: Quit//
```

3.3.5.5. Renew

Medication orders (referred to in this section as orders) that may be renewed include the following:

- All non-complex active Unit Dose and IV orders.
- Orders that have been discontinued due to ward transfer or treating specialty change.
- Expired orders containing an administration schedule (Unit Dose and scheduled IV orders) that have not had a scheduled administration time since the last BCMA action was taken.
- Expired orders not containing an administration schedule (continuous IV orders) that have had an expired status less than the time limit defined in the EXPIRED IV TIME LIMIT field in the PHARMACY SYSTEM file.

Note: Complex Orders may only be renewed if all associated child orders are renewable.

Renewing Orders with CPRS Overrides/Pharmacist Interventions

When renewing an order, if CPRS Provider Overrides and/or Pharmacy Interventions exist for the order, entering Y (Yes) at the prompt: “Order Check Overrides/Interventions exist for this order. Display? (Y/N)? Y//” displays the heading information first, followed by a summary of the Current CPRS Order Checks overridden by the Provider.

If current Pharmacist Interventions exist, they will display with the following fields (if populated), Heading, Intervention Date/Time, Provider, Pharmacist, Drug, Instituted By, Intervention, Recommendation, and Originating Package.

Example: Renew an Order with Provider Overrides/Interventions

```
==============================================================================
        ** Current Provider Overrides for this order **
==============================================================================

Overriding Provider: PSJPROVIDER,ONE (PROVIDER)
Override Entered By: PSJPROVIDER,ONE (PROVIDER)
  Date/Time Entered: 07/11/11 09:45
    Override Reason: testing functionality of PO & PI

  CRITICAL drug-drug interaction: TAMOXIFEN CITRATE 10MG TAB and WARFARIN NA
  (GOLDEN STATE) 1MG TAB [ACTIVE] - The concurrent use of tamoxifen or
  toremifene may increase the effects of anticoagulants. - Monograph Available

  SIGNIFICANT drug-drug interaction: TAMOXIFEN CITRATE 10MG TAB and
  THIORIDAZINE HCL 10MG TAB [UNRELEASED] - Concurrent use of inhibitors of CYP
  P-450-2D6 may decrease the effectiveness of tamoxifen in preventing breast
  cancer recurrence.  Concurrent use of amiodarone or thioridazine may increase
  the risk of potentially life-threatening cardiac arrhythmias, including
  torsades de pointes. - Monograph Available

Press RETURN to Continue or '^' to Exit :

==============================================================================
        ** Current Pharmacist Interventions for this order **
==============================================================================

Intervention Date/Time: 07/11/11 09:50
 Pharmacist: PSJPHARMACIST,ONE                Drug: TAMOXIFEN CITRATE 10MG TAB
 Instituted By: PHARMACY
 Intervention: CRITICAL DRUG INTERACTION
 Originating Package: INPATIENT
```

Note: When Renewing an Order in Inpatient Medications, if Current CPRS Provider Overrides do not exist and Pharmacist Interventions do exist for the order, the following displays:

```
==============================================================================
        ** Current Provider Overrides for this order **
==============================================================================

No Provider Overrides to display

==============================================================================
        ** Current Pharmacist Interventions for this order **
==============================================================================

Intervention Date: 07/11/11 14:55
 Provider: PSJPROVIDER,ONE                Pharmacist: PSJPHARMACIST,ONE
 Drug: WARFARIN NA (GOLDEN STATE) 1MG TAB
 Instituted By: PHARMACY
 Intervention: CRITICAL DRUG INTERACTION
 Recommendation: OTHER                      Originating Package: INPATIENT
 Other For Recommendation:
  TEST INTERVENTION FOR CRITICAL DRUG-DRUG
```

Note: When renewing a Unit Dose order that contains an Old Schedule Name, the user will be notified of the schedule change and the New Schedule Name. The user will be informed

that a renewed order cannot be edited and a new order must be entered. This does not apply to Old Schedule Names for Day of the Week Schedules.

Renewing a Unit Dose Order with Old Schedule Name

```
ACTIVE UNIT DOSE                Apr 25, 2017@14:38:03          Page:    1 of    3
PSJPATIENT,ONE                     Ward: 7A GEN
   PID: 666-09-4321            Room-Bed: 722-C         Ht(cm): 165.10 (04/19/17)
   DOB: 04/05/44 (73)                                  Wt(kg): 77.11 (04/19/17)
   Sex: FEMALE                                    Admitted: 04/19/17
    Dx: CHEST PAIN                         Last transferred: ********
  CrCL: 33.2(est.) (CREAT: 1.5mg/dL 4/19/17)     BSA (m2): 1.85

*(1)Orderable Item: EPOETIN ALFA,RECOMBINANT INJ,SOLN
      Instructions:
*(2)Dosage Ordered: 3000UNIT/1ML
          Duration:                                 *(3)Start: 04/25/2017  14:23
*(4)     Med Route: SUBCUTANEOUS
                                                    *(5) Stop: 07/24/2017  24:00
 (6) Schedule Type: CONTINUOUS
*(8)      Schedule: Q72H
 (9)   Admin Times: 0900
*(10)     Provider: INPATIENT-MEDS,PROVIDER [w]
  (11) Special Instructions:
+         Enter ?? for more actions
DC  Discontinue           ED  Edit                  AL  Activity Logs
HD  Hold                  RN  Renew
FL  Flag                  VF  (Verify)
Select Item(s): Next Screen// rn   Renew


The schedule Q72H has been replaced with Q3D by the system administrator
after this order was renewed.

WARNING - Renewed RXs cannot be edited. Please enter new order.

Press Return to continue...

<User will be taken to the patient's profile>
```

Renewing Active Orders

The following applies when the RN (Renew) action is taken on any order with a status of "Active":

- A new Default Stop Date/Time is calculated for the order using the same calculation applied to new orders. The starting point of the Default Stop Date/Time calculation is the date and time that the order was signed in CPRS or the date and time that the RN (Renew) action was taken in Inpatient Medications.
- The RN (Renew) action does not create a new order.
- The Start Date/Time is not available for editing when an order is renewed.

Note: Orders having a schedule type of One-Time or On Call must have a status of "Active" in order to be renewed.

Renewing Discontinued Orders

IV and Unit Dose orders that have been discontinued, either through the (DC) Discontinue action or discontinued due to edit, cannot be renewed.

IV and Unit Dose medication orders that have been discontinued due to ward transfer or treating specialty change will allow the (RN) Renew action.

Renewing Expired Unit Dose Orders

The following applies to expired Unit Dose orders having a schedule type of Continuous or PRN.

1. The RN (Renew) action will not be available on an order with a status of "Expired" if either of the following two conditions exist:
   a. If the difference between the current system date and time and the last scheduled administration time is greater than the frequency of the schedule. This logic will be used for schedules with standard intervals (for example, Q7H).
   b. If the current system date and time is greater than the time that the next dose is due. This logic is used for schedules with non-standard intervals (for example, Q6H – 0600-1200-1800-2400).
2. A new Default Stop Date/Time is calculated for the order using the same calculation applied to new orders. The starting point of the Default Stop Date/Time calculation is the date and time that the order was signed in CPRS or the date and time that the RN (Renew) action was taken in Inpatient Medications.
3. The (RN) Renew action does not create a new order.
4. The Start Date/Time is not available for editing when an order is renewed.
5. The renewed order has a status of "Active."

Renewing Expired Scheduled IV Orders

The following applies to only IV orders that have a scheduled administration time.

1. The RN (Renew) action is not available on a scheduled IV order with a status of "Expired" if either of the following two conditions exist:
   a. If the difference between the current system date and time and the last scheduled administration time is greater than the frequency of the schedule. This logic is used for schedules with standard intervals (for example, Q7H).
   b. If the current system date and time is greater than the time that the next dose is due. This logic is used for schedules with non-standard intervals (for example, Q6H – 0600-1200-1800).
2. A new Default Stop Date/Time is calculated for the order using the same calculation applied to new orders. The starting point of the Default Stop Date/Time calculation is the date and time that the order was signed in CPRS or the date and time that the RN (Renew) action was taken in Inpatient Medications.
3. The RN (Renew) action does not create a new order.

4. The Start Date/Time is not available for editing when an order is renewed.
5. The renewed order has a status of “Active.”

Renewing Expired Continuous IV Orders

The following applies to IV orders that do not have a scheduled administration time.

1. For Continuous IV orders having a status of “Expired,” the “Expired IV Time Limit” system parameter controls whether or not the RN (Renew) action is available. If the number of hours between the expiration date/time and the current system date and time is less than this parameter, the RN (Renew) action is allowed. This parameter has a range of 0 to 24 hours, and may be changed using the *PARameters Edit Menu* option.
2. If the RN (Renew) action is taken on a continuous IV order, a new Default Stop Date/Time is calculated using existing Default Stop Date/Time calculations. The starting point of the Default Stop Date/Time calculation is the date and time that the order was signed in CPRS or the date and time that the RN (Renew) action was taken in Inpatient Medications.
3. The RN (Renew) action does not create a new order.
4. The Start Date/Time is not available for editing when an order is renewed.
5. The renewed order has a status of “Active.”

Renewing Complex Orders

When an action of RN (Renew) is taken on one child order that is part of a Complex Order, a message will display informing the user that the order is part of a Complex Order, and the user is prompted to confirm that the action will be taken on all of the associated child orders.

Notes:

1. Only Complex Orders created with the conjunction AND will be available for renewal.
2. Orders created by checking the “Give additional dose now” box in CPRS, when ordered in conjunction with a Complex Order, will not be available for renewal.

Example: Renew a Complex Order

```
ACTIVE UNIT DOSE              Feb 25, 2004@21:25:50          Page:    1 of    2
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)        Att: Psj,Test         Wt(kg): ______ (________)

*(1)Orderable Item: ASPIRIN TAB                                          <DIN>
       Instructions:
 *(2)Dosage Ordered: 650MG
           Duration:                                 *(3)Start: 03/26/01  14:40
 *(4)     Med Route: ORAL
                                                     *(5) Stop: 03/28/01  24:00
  (6) Schedule Type: CONTINUOUS
 *(8)      Schedule: QDAILY
  (9)   Admin Times: 1440
*(10)      Provider: PSJPROVIDER,ONE [es]
```

```
 (11) Special Instructions:

 (12) Dispense Drug                                U/D        Inactive Date
      ASPIRIN BUFFERED 325MG TAB                   2
+         Enter ?? for more actions
DC  Discontinue           ED  (Edit)                AL  Activity Logs
HD  Hold                  RN  Renew
FL  Flag       VF  (Verify)
Select Item(s): Next Screen// RN  Renew

This order is part of a complex order. If you RENEW this order the
following orders will be RENEWED too.

Press Return to continue...  <Enter>

        DIGOXIN TAB                              C  03/26  03/29  A
        Give: 200MG PO BID

        DIGOXIN TAB                              C  03/26  03/28  A
        Give: 100MG PO TID

Press Return to continue...  <Enter>

RENEW THIS COMPLEX ORDER SERIES? YES//
```

Viewing Renewed Orders

The following outlines what the user may expect following the renewal process:

1. The patient profile will contain the most recent renewal date in the Renewed field.
2. The patient detail will contain the most recent renewal date and time in the Renewed field.
3. The Activity Log will display the following:
   - ORDER EDITED activity, including the previous Stop Date/Time and the previous Provider (if a new Provider is entered at the time the order is renewed).
   - ORDER RENEWED BY PHARMACIST activity, including the pharmacist that renewed the order and the date and time that the RN (Renew) action was taken.

Example: Renewed Order in Profile View

```
Inpatient Order Entry         Feb 25, 2004@21:25:50          Page:    1 of    1
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (83)                              Wt(kg): ______ (________)
   Sex: MALE                                     Admitted: 05/03/00
    Dx: TESTING                            Last transferred: ********
  CrCL: <Not Found>                                BSA (m2): _______

 - - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - -
   1    ASPIRIN TAB 650                     03/26/2004  03/28/2004  A
          Give: 650MG PO QDAILY             Renewed: 03/27/2004

          Enter ?? for more actions
PI  Patient Information                  NO  New Order Entry
PU  Patient Record Update                CM  New Clinic Medication Entry
SO  Select Order
Select Action: Quit// 1
```

Example: Renewed Order in Detailed Order View

```
ACTIVE UNIT DOSE              Feb 25, 2004@21:25:50          Page:    1 of    2
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
```

```
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)

*(1)Orderable Item: ASPIRIN TAB                                            <DIN>
       Instructions:
 *(2)Dosage Ordered: 650MG
           Duration:                               *(3)Start: 03/26/2004  14:40
 *(4)     Med Route: ORAL                             Renewed: 03/27/2004  11:00
                                                   *(5) Stop: 03/28/2004  24:00
  (6) Schedule Type: CONTINUOUS
 *(8)      Schedule: QDAILY
  (9)   Admin Times: 1440
*(10)      Provider: PSJPROVIDER,ONE [es]
 (11) Special Instructions:

 (12) Dispense Drug                                  U/D        Inactive Date
      ASPIRIN BUFFERED 325MG TAB                     2
+         Enter ?? for more actions
DC  Discontinue           ED  (Edit)                  AL  Activity Logs
HD  Hold                  RN  Renew
FL  Flag                  VF  (Verify)
Select Item(s): Next Screen//

ACTIVE UNIT DOSE                Feb 25, 2004@21:28:20          Page:    2 of  2
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)
+
(7)Self Med: NO

Entry By: PSJPROVIDER,ONE                         Entry Date: 03/25/04  21:25
Renewed By: PSJPROVIDER,ONE
(13) Comments:
 TESTING



          Enter ?? for more actions
DC  Discontinue           ED  (Edit)                  AL  Activity Logs
HD  Hold                  RN  (Renew)
FL  (Flag)                VF  (Verify)
Select Item(s): Quit//  <Enter>
```

Discontinuing a Pending Renewal

When a pharmacist attempts to discontinue a pending renewal, the following message displays.

```
This order has a pending status. If this pending order is discontinued, the original order
will still be active.
```

If this occurs, a pharmacist may discontinue a pending order, both orders, or exit the discontinue function. When a pending renewal is discontinued, the order will return to its previous status.

Orders That Change Status During Process of Renew

Orders that are active during the renewal process but become expired during the pharmacy finishing process follow the logic described in Renewing Expired Unit Dose Orders, Renewing Expired Scheduled IV Orders, and Renewing Expired Continuous IV Orders.

3.3.5.6. Activity Log

This action allows viewing of a long or short activity log, dispense log, history log, or instructions history of the order. A short activity log only shows actions taken on orders and does not include field changes. The long activity log shows actions taken on orders and does include

the requested Start and Stop Date/Time values. If a history log is selected, it will find the first order, linked to the order where the history log was invoked from, then show an order view of each order associated with it, in the order that they were created. If an instructions history log is selected, it will find the first order linked to the order where the history log was invoked from, then show each incremental change to the instructions in the order they were created. When a dispense log is selected, it shows the dispensing information for the order.

Example: Activity Log

```
ACTIVE UNIT DOSE              Sep 21, 2000 12:44:25          Page:    1 of    2
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)

*(1)Orderable Item: AMPICILLIN CAP
       Instructions:
 *(2)Dosage Ordered: 500MG
           Duration:                               *(3)Start: 09/07/2000  15:00
 *(4)     Med Route: ORAL
                                                   *(5) Stop: 09/21/2000  24:00
  (6) Schedule Type: CONTINUOUS
 *(8)      Schedule: QID
  (9)   Admin Times: 01-09-15-20
*(10)      Provider: PSJPROVIDER,ONE [es]
 (11) Special Instructions:

 (12) Dispense Drug                                  U/D        Inactive Date
      AMPICILLIN 500MG CAP                           1
+         Enter ?? for more actions
DC  Discontinue           ED  Edit                  AL  Activity Logs
HD  Hold                  RN  Renew
FL  Flag                 VF  Verify
Select Item(s): Next Screen// AL   Activity Logs

   1 - Short Activity Log
   2 - Long Activity Log
   3 - Dispense Log
   4 - History Log
   5 - Instructions History

Select LOG to display: 2  Long Activity Log
    Date: 09/07/00  14:07     User: PSJPHARMACIST,ONE
Activity: ORDER VERIFIED BY PHARMACIST

    Date: 09/07/00  14:07     User: PSJPHARMACIST,ONE
Activity: ORDER VERIFIED
   Field: Requested Start Date
Old Data: 09/07/2000  09:00

    Date: 09/07/2000  14:07     User: PSJPHARMACIST,ONE
Activity: ORDER VERIFIED
   Field: Requested Stop Date
Old Data: 09/07/2000  24:00

Enter RETURN to continue or '^' to exit:
```

3.3.5.7. Finish

When an order is placed or renewed by a provider through CPRS, the nurse or pharmacist needs to accept, finish, and/or verify this order. The same procedures are followed to finish the renewed order as to finish a new order with the following exceptions:

> The PENDING RENEWAL orders may be speed finished. The user may enter an **F**, for finish, at the “Select ACTION or ORDERS:” prompt and then select the pending

renewals to be finished. A prompt is issued for the Stop Date/Time. This value is used as the Stop Date/Time for the pending renewals selected. All other fields will retain the values from the renewed order.

Note: The user will not be allowed to finish an order that contains an IV Additive if there is more than one dispense drug matched to the selected Orderable Item. They must select the correct item for the order from the displayed list. If there are multiple additives contained on the single order, the Pharmacist must select each of the correct additives for the order. (See example below.) The lists of additive will be displayed as follows:

Print Name Additive Strength: Strength

When there are Multiple IV Additive Orderable Items, each IV additive must be selected from the displayed list.

```
More than one dispense IV Additives are available for:
       Orderable Item: PIPERACILLIN/TAZOBACTAM
          Ordered Dose: 5 GM

Please select the correct dispense IV Additive below for this order:
     1  PIPERACILLIN/TAZOBACTAM                Additive Strength: 3.375
     2  PIPERACILLIN/TAZOBACTAM                Additive Strength: 2.25
     3  PIPERACILLIN/TAZOBACTAM                Additive Strength: 4.5
Select (1 - 3): 2


More than one dispense IV Additives are available for:
    Orderable Item: CIPROFLOXACIN
       Ordered Dose: 2 MG

Please select the correct dispense IV Additive below for this order:
     1  CIPROFLOXACIN 200MG                    Additive Strength: N/A
     2  CIPROFLOXACIN 400MG                    Additive Strength: N/A
Select (1 - 2): 2

More than one dispense IV Additives are available for:
    Orderable Item: CEFAZOLIN
       Ordered Dose: 2 GM

Please select the correct dispense IV Additive below for this order:
      1  CEFAZOLIN                              Additive Strength: N/A
      2  CEFAZ2                                 Additive Strength: N/A
      3  CEFAZ3                                 Additive Strength: N/A
Select (1 - 3): 1
```

Note: Order Checks happen during the finish process – refer to the Notes and Screen Example below.

When an action of FN (Finish) is taken on one child order that is part of a Complex Order, a message will display informing the user that the order is part of a Complex Order, and the user is prompted to confirm that the action will be taken on all of the associated child orders.

Note: Complex orders cannot be speed finished because it may not be appropriate to assign the same stop date to all components of a complex order.

Example: Complex Unit Dose Orders with Overlapping Administration Times

When finishing (FN) a complex unit dose drug order with overlapping admin times, after you select the order, a warning message is displayed with the warning and the overlapping admin times.

```
**WARNING**
The highlighted admin times for these portions of this complex order overlap.

Part 1 has a schedule of BID and admin time(s) of 10-22.
AND
Part 2 has a schedule of QDAY and admin time(s) of 10.

Please ensure the schedules and administration times are appropriate.

Press Return to continue...




          Enter ?? for more actions
PI  Patient Information                NO  New Order Entry
PU  Patient Record Update              CM  New Clinic Medication Entry
SO  Select Order
Select Action: Next Screen//
```

Note: When finishing a unit dose order that contains an Old Schedule Name, the software will replace it with the New Schedule Name. This does not apply to Old Schedule Names for Day of the Week Schedules.

Finishing Unit Dose Order with Old Schedule Name

```
PENDING UNIT DOSE (ROUTINE)   Apr 20, 2017@11:15:51          Page:    1 of    3
PSJPATIENT,ONE                    Ward: 7A GEN
   PID: 666-09-4321           Room-Bed: 722-C          Ht(cm): 165.10 (04/19/17)
   DOB: 04/05/44 (73)                                  Wt(kg): 77.11 (04/19/17)

*(1)Orderable Item: EPOETIN ALFA,RECOMBINANT INJ,SOLN
      Instructions: 20000UNIT/2ML
*(2)Dosage Ordered: 20000UNIT/2ML
          Duration:                                 (3)Start: 04/20/2017  11:14
*(4)     Med Route: SUBCUTANEOUS              REQUESTED START: 04/23/2017  09:00
                                                    (5) Stop: 04/26/2017  24:00
 (6) Schedule Type: CONTINUOUS
*(8)      Schedule: Q72H
 (9)   Admin Times: 0900
*(10)     Provider: PROVIDER,ONE [es]
  (11) Special Instructions:        (12) Dispense Drug     U/D    Inactive Date
      EPOETIN ALPHA, RECOMB 2000 UNT/ML INJ        1

+         Enter ?? for more actions
BY  Bypass                FL  (Flag)
DC  Discontinue           FN  Finish
Select Item(s): Next Screen// FN   Finish
```

```
The schedule Q72H has been replaced with Q3D by the system administrator
after this order was entered.


Do you wish to continue with the current order? YES//

Remote data not available - Only local order checks processed.


Now doing allergy checks.  Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks! Please wait...

NON-VERIFIED UNIT DOSE         Apr 20, 2017@11:20          Page:    1 of    3
PSJPATIENT,ONE                     Ward: 7A GEN
   PID: 666-09-4321           Room-Bed: 722-C          Ht(cm): 165.10 (04/19/17)
   DOB: 04/05/44 (73)                                  Wt(kg): 77.11 (04/19/17)

*(1)Orderable Item: EPOETIN ALFA,RECOMBINANT INJ,SOLN
      Instructions: 20000UNIT/2ML
*(2)Dosage Ordered: 20000UNIT/2ML
          Duration:                                 (3)Start: 04/20/2017  11:14
*(4)     Med Route: SUBCUTANEOUS             REQUESTED START: 04/23/2017  09:00
                                                    (5) Stop: 04/26/2017  24:00
 (6) Schedule Type: CONTINUOUS
*(8)      Schedule: Q3D
 (9)   Admin Times: 0900
*(10)     Provider: PROVIDER,ONE [es]
  (11) Special Instructions:

 (12) Dispense Drug                                U/D    Inactive Date
      EPOETIN ALFA,RECOMBINANT 10000UNT/ML INJ     2

+         Enter ?? for more actions
ED  Edit                                AC  ACCEPT
Select Item(s): Next Screen//AC
```

When finishing the order which contains an Old Schedule Name, the user will be notified that the schedule within the order has been replaced with a new name and asked if they wish to continue with the current order. If the user chooses to continue, the software will replace the old schedule name with the new schedule name in the order. If the user chooses not to continue, the software will return them to the pending unit dose order screen.

Note: When finishing a pending renewal for a Unit Dose order that contains an Old Schedule Name, the user will be notified of the schedule change and the New Schedule Name. The user will be informed that a renewed order cannot be edited and a new order must be entered. This does not apply to Old Schedule Names for Day of the Week Schedules.

Pending Renewal for Unit Dose Order with Old Schedule Name

```
PENDING UNIT DOSE (ROUTINE)    Apr 25, 2017@14:44:47          Page:    1 of    3
PSJPATIENT,ONE                     Ward: 7A GEN
   PID: 666-09-4321           Room-Bed: 722-C         Ht(cm): 165.10 (04/19/17)
   DOB: 04/05/44 (73)                                 Wt(kg): 77.11 (04/19/17)

*(1)Orderable Item: EPOETIN ALFA,RECOMBINANT INJ,SOLN
      Instructions: 2000UNIT/1ML
*(2)Dosage Ordered: 2000UNIT/1ML
          Duration:                                 (3)Start: 04/25/2017  14:10
```

```
*(4)     Med Route: SUBCUTANEOUS                    Renewed: 04/25/2017  14:19
                                                   (5) Stop: 05/02/2017  24:00
 (6) Schedule Type: CONTINUOUS
*(8)      Schedule: Q72H
 (9)   Admin Times: 0900
*(10)     Provider: PROVIDER,ONE [es]
  (11) Special Instructions:
 (12) Dispense Drug                                U/D    Inactive Date
      EPOETIN ALPHA, RECOMB 2000 UNT/ML INJ        1

+         Enter ?? for more actions
BY  Bypass                FL  (Flag)
DC  Discontinue           FN  Finish
Select Item(s): Next Screen// FN   Finish


The schedule Q72H has been replaced with Q3D by the system administrator
after this order was renewed.

WARNING - Renewed RXs cannot be edited. Please enter new order.

Press Return to continue...
```

<User will be taken back to the detailed order screen>

To finish the order, you must correct the order so that there are no overlapping admin times.

Example: Finish an Order

```
PENDING UNIT DOSE (ROUTINE)   Feb 25, 2001@21:37:08          Page:    1 of    2
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)

 *(1)Orderable Item: MULTIVITAMINS TAB
       Instructions: 1 TABLET
 *(2)Dosage Ordered: 1 TABLET
            Duration:                                (3)Start: 02/26/2001  14:40
 *(4)     Med Route: PO                       REQUESTED START: 02/26/2001  14:40
                                                     (5) Stop: 02/28/2001  24:00
  (6) Schedule Type: FILL on REQUEST
 *(8)      Schedule: QDAILY
  (9)   Admin Times: 1440
*(10)     Provider: PSJPROVIDER,ONE [es]
 (11) Special Instructions:

 (12) Dispense Drug                                 U/D        Inactive Date
      MULTIVITAMIN TABLETS                          1

+         Enter ?? for more actions
BY  Bypass                FL  Flag
DC  Discontinue           FN  Finish
Select Item(s): Next Screen// FN   Finish
COMPLETE THIS ORDER AS IV OR UNIT DOSE? UNIT DOSE//  <Enter>
```

----------report continues----------

Note: When finishing an order, if CPRS Order Checks/Provider Overrides and Pharmacist Interventions exist, they will display during the finish process. Heading information displays first, followed by a summary of the Current CPRS Order Checks overridden by the Provider, as well as the Overriding Provider, plus title, Override Entered By, plus title, Date/Time Entered, and the Override Reason.

Example: Finish an Order with Provider Overrides/Interventions

```
==============================================================================
        ** Current Provider Overrides for this order **
==============================================================================

Overriding Provider: PSJPROVIDER,ONE (PROVIDER)
Override Entered By: PSJPROVIDER,ONE (PROVIDER)
  Date/Time Entered: 07/11/11 17:40
    Override Reason: Provider gave permission to administer

  CRITICAL drug-drug interaction: METRONIDAZOLE 250MG TAB and WARFARIN NA
  (GOLDEN STATE) 1MG TAB [ACTIVE] - Concurrent use of anticoagulants with
  metronidazole or tinidazole may result in reduced prothrombin activity and/or
  increased risk of bleeding. - Monograph Available
```

Note: If no Current CPRS Provider Overrides were entered at the time the order was created in CPRS, they will NOT display during finishing, and no heading or messages will display when finishing the Pending order in Inpatient Medications.

Example: Finish an Order (continued)

```
NON-VERIFIED UNIT DOSE        Feb 25, 2001@21:38:29          Page:    1 of    2
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)

 *(1)Orderable Item: MULTIVITAMINS TAB
       Instructions: 1 TABLET
 *(2)Dosage Ordered: 1 TABLET
           Duration:                                (3)Start: 02/26/2001  14:40
 *(4)     Med Route: PO                      REQUESTED START: 02/26/2001  14:40
                                                    (5) Stop: 02/28/2001  24:00
  (6) Schedule Type: FILL on REQUEST
 *(8)      Schedule: QDAILY
  (9)   Admin Times: 1440
*(10)      Provider: PSJPROVIDER,ONE [es]
 (11) Special Instructions:

 (12) Dispense Drug                                 U/D        Inactive Date
      MULTIVITAMIN TABLETS                          1

+         Enter ?? for more actions
ED  Edit                                AC  ACCEPT
Select Item(s): Next Screen// AC   ACCEPT

...accepting order......

NON-VERIFIED UNIT DOSE        Feb 25, 2001@21:38:45          Page:    1 of    2
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)

 *(1)Orderable Item: MULTIVITAMINS TAB
       Instructions: 1 TABLET
 *(2)Dosage Ordered: 1 TABLET
           Duration:                                (3)Start: 02/26/2001  14:40
 *(4)     Med Route: PO                      REQUESTED START: 02/26/2001  14:40
                                                    (5) Stop: 02/28/2001  24:00
  (6) Schedule Type: FILL on REQUEST
 *(8)      Schedule: QDAILY
  (9)   Admin Times: 1440
*(10)      Provider: PSJPROVIDER,ONE [es]
 (11) Special Instructions:

 (12) Dispense Drug                                 U/D        Inactive Date
```

```
      MULTIVITAMIN TABLETS                          1
+         Enter ?? for more actions
DC  Discontinue           ED  Edit                 AL  Activity Logs
HD  (Hold)                RN  (Renew)
FL  Flag                 VF  Verify
Select Item(s): Next Screen// VF   Verify
...a few moments, please.....

Pre-Exchange DOSES: <Enter>

ORDER VERIFIED.

Enter RETURN to continue or '^' to exit:
```

The requested Start date/time is added to the order view to indicate the date/time requested by the provider to start the order. This date/time is the CPRS Expected First Dose when no duration is received from CPRS.

Note: When an order is placed through CPRS prior to the next administration time for today, the Expected First Dose will be today at the next administration time. However, if the order is placed after the last administration time of the schedule for today, the Expected First Dose will be at the next administration time. The Expected First Dose displayed in CPRS displays as Requested Start Date/Time on the order view if no duration is received from CPRS. The Expected First Dose displays as the default Start Date/Time on the order view when a duration is received.

If the Dispense Drug or Orderable Item has a non-formulary status, this status will be displayed on the screen as "*N/F*" beside the Dispense Drug or Orderable Item.

Note: When the CPRS patch, OR*3*141, is installed on the user's system AND the order is electronically signed through the CPRS package, the electronically signed abbreviation, [es], will appear next to the Provider's Name on the order.

A prompt has been added to the finishing process, "COMPLETE THIS ORDER AS IV OR UNIT DOSE?" to determine if the user should complete the order as either an IV or Unit Dose order. The prompt will be displayed only if the user selected the *Inpatient Order Entry* option to finish the order. Also, the prompt will appear only if the correct combination of the entry in the IV FLAG in the MEDICATION ROUTES file and the entry in the APPLICATION PACKAGES' USE field in the DRUG file for the order's Dispense Drug are found. The following table will help explain the different scenarios:

IV FLAG in the MEDICATION ROUTES file	Dispense Drug's Application Use	Which Order View screen will be displayed to the user	Special Processing
IV	IV	IV	None
IV	Unit Dose	Unit Dose	Prompt user to finish order as IV or Unit Dose

IV FLAG in the MEDICATION ROUTES file	Dispense Drug's Application Use	Which Order View screen will be displayed to the user	Special Processing
IV	IV and Unit Dose	IV	Prompt user to finish order as IV or Unit Dose
Non-IV	IV	IV	Prompt user to finish order as IV or Unit Dose
Non-IV	Unit Dose	Unit Dose	None
Non-IV	IV and Unit Dose	Unit Dose	Prompt user to finish order as IV or Unit Dose

3.3.5.8. Flag

This option is only available to those users who hold the PSJ RPHARM key.

The flag action is available to alert the users that the order is incomplete or needs clarification. Flagging is applied to any orders that need more information or corrections from the clinician. When the user flags the order, an alert is sent to the specified user defining the information that is needed to process the medication order. The specified user can send a return alert with the needed information. The Activity Log will record the flagging activities including acknowledgement that the alert was viewed. The flag action can be performed in either CPRS or in Inpatient Medications.

When a flagged order appears on the order view, the order number on the left hand side will be highlighted using reverse video. The nurse, or any user without the PSJ RPHARM key, does not have the ability to flag or un-flag orders; however, they can view the flagged or un-flagged comments via the Activity Log.

Example: Flagged Order

```
Unit Dose Order Entry         Aug 22, 2002@07:44:06          Page:    1 of    1
PSJPATIENT1,ONE                     Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-5         Ht(cm): ______ (________)
   DOB: 02/14/54 (48)                              Wt(kg): ______ (________)
   Sex: MALE                                     Admitted: 03/26/99
    Dx: Sick                              Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)           BSA (m2): _______

 - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - -
   1    DOXEPIN CAP,ORAL              C  08/09/2002  11/05/2002  A
          Give: 200MG PO Q8H
   2    WARFARIN TAB                  C  08/07/2002  11/05/2002  A
          Give: 4MG PO TU-TH@2000
   3    WARFARIN TAB                  C  08/14/2002  11/05/2002  A
          Give: 7MG PO QPM

          Enter ?? for more actions
PI  Patient Information                NO  New Order Entry
PU  Patient Record Update              CM  New Clinic Medication Entry
SO  Select Order
Select Action: Quit//
```

3.3.5.9. Speed Actions

From the list of orders in the patient's profile, the pharmacist can select one or more of the orders on which to take action. The pharmacist can quickly discontinue this patient's orders by selecting Speed Discontinue, or quickly renewing an order by selecting Speed Renew. Other "quick" selections include Speed Finish and Speed Verify.

Note: Any orders placed through the Med Order Button cannot be Speed Discontinued.

Note: Complex orders cannot be speed finished because it may not be appropriate to assign the same stop date to all components of a complex order.

3.3.6. Discontinue All of a Patient's Orders

the *Discontinue All of a Patient's Orders* option allows a pharmacist or nurse to discontinue all of a patient's orders. Also, it allows a ward clerk to mark all of a patient's orders for discontinuation. If the ALLOW USER TO D/C ORDERS parameter is turned on to take action on active orders, then the ward clerk will also be able to discontinue orders. This ALLOW USER TO D/C ORDERS parameter is set using the *Inpatient User Parameter's Edit* option under the *PARameter's Edit Menu* option, which is under the *Supervisor's Menu*.

This option is then used to discontinue the selected orders. If a non-verified or pending order is discontinued, it is deleted completely from the system.

3.3.7. Hold All of a Patient's Orders [PSJU HOLD ALL]

The *Hold All of a Patient's Orders* option allows a pharmacist to place all of a patient's active orders on hold in order to temporarily stop the medication from being dispensed, or take all of the patient's orders off of hold to restart the dispensing of the medication.

The option will not take action on individual orders that it finds already on hold. When this option is used to put all orders on hold, the system will print labels, for each medication order newly put on hold, indicating on the label that the medication is on hold. Also, the profile will notify the user that the patient's orders have been placed on hold; the letter **H** will be placed in the Status/Info column on the profile for each formerly active order.

When the option is used to take all orders off of hold, the system will reprint labels for the medication orders that were taken off hold and indicate on the label that the medication is off hold. Again, this option will take no action on individual orders that it finds were not on hold. The profile will display to the user that the patient's orders have been taken off hold.

Example 1: Hold All of a Patient's Orders

```
Select Unit Dose Medications Option: Hold All of a Patient's Orders
```

```
Select PATIENT: PSJPATIENT2,TWO     000-00-0002   02/22/42   A-6

DO YOU WANT TO PLACE THIS PATIENT'S ORDERS ON HOLD? Yes//  <Enter> (Yes)

HOLD REASON: SURGERY SCHEDULED FOR 9:00AM
...a few moments, please...................DONE!
```

To take the orders off of hold, choose this same option and the following will be displayed:

Example 2: Take All of a Patient's Orders Off of Hold

```
Select Unit Dose Medications Option: HOld All of a Patient's Orders

Select PATIENT:    PSJPATIENT2,TWO     000-00-0002   02/22/42   A-6

THIS PATIENT'S ORDERS ARE ON HOLD.
DO YOU WANT TO TAKE THIS PATIENT'S ORDERS OFF OF HOLD? Yes// <Enter>  (Yes)............
.....DONE!
```

Note: Individual orders can be placed on hold or taken off of hold through the *Order Entry* and *Non–Verified/Pending Orders* options.

3.3.8. Inpatient Profile [PSJ PR]

The *Inpatient Profile* option allows the user to view the Unit Dose and IV orders of a patient simultaneously. The user can conduct the Inpatient Profile search by ward group, ward, or patient. If the selection to sort is by ward, the administration teams may be specified. The default for the administration team is ALL and multiple teams may be entered. If selecting by ward or ward group, the profile may be sorted by patient name or room-bed. To print Outpatients, the user should select the ward group ^OTHER or print by Patient.

When the user accesses this option from the Unit Dose Medications module for the first time within a session, a prompt is displayed to select the IV room. When only one active IV room exists, it will be selected automatically. The user is then given the label and report devices defined for the IV room chosen. If no devices have been defined, the user will be given the opportunity to choose them. If this option is exited and then re-entered within the same session, the current label and report devices are shown.

In the following description, viewing a profile by patient is discussed; however, ward and ward group are handled similarly. The orders on the profile are sorted first by status (ACTIVE, NON-VERIFIED, NON-VERIFIED COMPLEX, PENDING RENEWALS, PENDING COMPLEX, PENDING, RECENTLY DISCONTINUED/EXPIRED)then alphabetically by SCHEDULE TYPE.

The HOURS OF RECENTLY DC/EXPIRED field (#7) has been created in the INPATIENT WARD PARAMETERS file (#59.6). The Inpatient Medications profiles will display the recently discontinued/expired orders that fall within the number of hours specified in this field. The value defined in this field will take precedence over the Inpatient System parameter. The inpatient ward parameter allows for a minimum value of one (1) hour and a maximum value of one hundred twenty (120) hours. The Inpatient Ward Parameters Edit [PSJ IWP EDIT] option allows

the user to edit this new ward parameter. If this parameter is not set the software will use the value in the HOURS OF RECENTLY DC/EXPIRED field (#26.8) in the PHARMACY SYSTEM file (#59.7). If neither parameter is set the software will default to twenty-four (24) hours.

The HOURS OF RECENTLY DC/EXPIRED field (#26.8) has been created in the PHARMACY SYSTEM file (#59.7). The Inpatient Medications profiles will display the recently discontinued/expired orders that fall within the number of hours specified in this field. This parameter allows for a minimum value of one (1) hour and a maximum value of one hundred twenty (120) hours. The Systems Parameters Edit [PSJ SYS EDIT] option includes the ability for a user to edit this inpatient site parameter. If neither parameter is set the software will default to twenty-four (24) hours.

On the medication profile in the status column, the codes and the action they represent are as follows:

Order Status: The current status of the order. These statuses include:

A	Active
N	Non-Verified
O	On Call (IV orders only)
I	Incomplete
HP	Placed on hold by provider through CPRS
H	Placed on hold via backdoor Pharmacy
E	Expired
DP	Discontinued by provider through CPRS
DE	Discontinued due to edit via backdoor Pharmacy (Unit Dose orders only)
D	Discontinued via backdoor Pharmacy (IV & UD); discontinued due to edit via backdoor Pharmacy (IV)

The Status column will also display some additional discontinue type actions performed on the order. The codes and the action they represent are as follows:

DF	Discontinued due to edit by a provider through CPRS
DD	Auto discontinued due to death
DA	Auto discontinued due to patient movements

```
Inpatient Order Entry         Jun 12, 2006@23:12:54          Page:    1 of    1
PSJPATIENT11, ONE              Ward: 2ASM
   PID: 000-55-3421           Room-Bed: 102-1         Ht(cm): ______ (________)
   DOB: 12/02/23 (82)                                 Wt(kg): 100.00 (06/24/03)
   Sex: MALE                                     Admitted: 12/11/01
    Dx: HE IS A PAIN.                     Last transferred: 12/11/01
  CrCL: <Not Found> (CREAT: Not Found)           BSA (m2): _______

 - - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - -
   1    CEFAZOLIN 1 GM                          C  06/12/2006  06/22/2006  H
        in 5% DEXTROSE 50 ML Q8H
   2    CIMETIDINE TAB                          C  06/12/2006  07/12/2006  A
          Give: 300MG PO BID
   3    FUROSEMIDE TAB                          C  06/01/2006  06/15/2006  HP
          Give: 40MG PO QAM
- - - - - - - - - - - - - - - N O N - V E R I F I E D - - - - - - - - - - - - - -
```

```
   4    CAPTOPRIL TAB                          C  06/14/2006  06/28/2006  N
          Give: 25MG PO BID

- - - - - - - - - - - - - - - -  P E N D I N G  - - - - - - - - - - - - - - - -

   5    HEPARIN/DEXTROSE INJ,SOLN              ?  *****       *****       P
          Give:  IV
   6    LACTULOSE SYRUP                        ?  *****       *****       P NF
          Give: 10GM/15ML PO BID PRN
          Give:  IV
   7    LACTULOSE SYRUP                        ?  *****       *****       P NF
          Give: 10GM/15ML PO BID PRN

- - - - - - - - - - - RECENTLY DISCONTINUED/EXPIRED (LAST 8 HOURS) - - - - - - -
   8    FOLIC ACID TAB                         C  06/14/2006  06/16/2006  D
          Give: 1MG PO QAM
   9    GENTAMICIN 80 MG                       C  06/12/2006  06/12/2006  DE
        in 5% DEXTROSE 100 ML Q8H
  10    ISONIAZID TAB                          C  04/03/2006  04/17/2006  DF
          Give: 300MG PO QD
  11    POTASSIUM CHLORIDE 10MEQ               C  06/12/2006  06/12/2006  DA
        in 5% DEXTROSE 1000 ML Q8H
  12    POTASSIUM CHLORIDE 40 MEQ              C  06/12/2006  06/12/2006  DD
        in 5% DEXTROSE 250 ML 120 ml/hr
  13    PROPRANOLOL TAB                        C  06/15/2006  06/20/2006  DP
          Give: 40MG PO Q6H
  14    THIAMINE TAB                           C  04/03/2006  04/17/2006  E
          Give: 100MG PO BID

       Enter ?? for more actions
PI  Patient Information                NO  New Order Entry
PU  Patient Record Update              CM  New Clinic Medication Entry
SO  Select Order
```

After the user selects the patient for whom a profile view is needed, the length of profile is chosen. The user can choose to view a long or short profile or, if the user decides not to view a profile for the chosen patient, "**NO Profile**" can be selected. When "**NO Profile"** is chosen, the system will return to the "Select PATIENT:" prompt and the user may choose a new patient.

Once the length of profile is chosen, the user can print the patient profile (by accepting the default or typing **P** at the "SHOW PROFILE only, EXPANDED VIEWS only, or BOTH: Profile//" prompt), an expanded view of the patient profile (by typing **E**), or both (by typing **B**). The expanded view lists the details of each order for the patient. The activity logs of the orders can also be printed when the expanded view or both, the expanded view and profile, are chosen.

The advantage of this option is that by viewing the combined Unit Dose/IV profile of a patient, the user can quickly determine if any corrections or modifications need to be made for existing or future orders based on Unit Dose or IV medications already being received by the patient. Sometimes the pharmacist must revise a prospective order for a patient based on the Unit Dose or IV medications already prescribed for the patient.

Note: For Unit Dose orders, the long activity log shows all activities of an order, while the short activity log excludes the field changes, and shows only the major activities.

Example: Inpatient Profile

```
Select Unit Dose Medications Option: IPF  Inpatient Profile

Select by WARD GROUP (G), WARD (W), or PATIENT (P): Patient  <Enter>

Select PATIENT: PSJPATIENT1,ONE                000-00-0001   08/18/20   1 EAST
```

```
Select another PATIENT: <Enter>

SHORT, LONG, or NO Profile?  SHORT// <Enter>  SHORT

Show PROFILE only, EXPANDED VIEWS only, or BOTH: PROFILE// BOTH

Show SHORT, LONG, or NO activity log?  NO// SHORT

Select PRINT DEVICE: 0;80  NT/Cache virtual TELNET terminal

               I N P A T I E N T   M E D I C A T I O N S     09/21/00  12:33
                         SAMPLE HEALTHCARE SYSTEM
 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
 PSJPATIENT1,ONE              Ward: 1 EAST
    PID: 000-00-0001      Room-Bed: B-12            Ht(cm): ______ (________)
    DOB: 08/18/20  (80)                             Wt(kg): ______ (________)
    Sex: MALE                                     Admitted: 05/03/00
     Dx: TESTING
  CrCL: <Not Found> (CREAT: Not Found)             BSA (m2): _______
 Allergies:
       ADR:
 - - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - -
   1  -> AMPICILLIN CAP                          C  09/07/2000  09/21/2000  A
          Give: 500MG PO QID
- - - - - - - - - - - - - - N O N - V E R I F I E D - - - - - - - - - - - - - --
   2     DOXEPIN CAP,ORAL                        ?  *****       *****       N
          Give: 100MG PO Q24H
-------------------------------------------------------------------
Patient: PSJPATIENT1,ONE                      Status: ACTIVE
Orderable Item: AMPICILLIN CAP
  Instructions:
Dosage Ordered: 500MG
      Duration:                                Start: 09/07/2000  15:00
     Med Route: ORAL (PO)                       Stop: 09/21/2000  24:00
 Schedule Type: CONTINUOUS
      Schedule: QID
   Admin Times: 01-09-15-20
      Provider: PSJPROVIDER,ONE  [es]
                                              Units   Units   Inactive
Dispense Drugs                           U/D  Disp'd  Ret'd   Date

 AMPICILLIN 500MG CAP                    1    0       0

ORDER NOT VERIFIED
Entry By: PSJPROVIDER,ONE                          Entry Date: 09/07/00  13:37
Enter RETURN to continue or '^' to exit:
    Date: 09/07/00  14:07     User: PSJPHARMACIST,ONE
Activity: ORDER VERIFIED BY PHARMACIST
-------------------------------------------------------------------------------

Patient: PSJPATIENT1,ONE                      Status: NON-VERIFIED
Orderable Item: DOXEPIN CAP,ORAL
  Instructions:
Dosage Ordered: 100MG
      Duration:                                Start: 09/20/2000  09/00
     Med Route: ORAL (PO)                       Stop: 10/04/2000  24:00
 Schedule Type: NOT FOUND
      Schedule: Q24H
   (No Admin Times)
      Provider: PSJPROVIDER,ONE  [es]
Special Instructions: special for DOXEPIN
                                              Units   Units   Inactive
 Dispense Drugs                           U/D  Disp'd  Ret'd   Date

 DOXEPIN 100MG U/D                        1    0       0
 DOXEPIN 25MG U/D                         1    0       0
```

```
ORDER NOT VERIFIED
Self Med: NO
Entry By: PSJPROVIDER,ONE                        Entry Date: 09/19/00  09:55
```

3.3.9. PADE Main Menu Option

A new menu option, the PADE Main Menu, has been added to Unit Dose Medications. The PADE menu option allows the user to transmit inpatient medication orders to PADE so that the user has the most current information necessary to manage and dispense medications.

This menu has the following four options:

SA PADE Send Area Setup
SS PADE System Setup
IN PADE Inbound Inventory Setup
SC PADE Send Surgery Cases

3.4. IV Menu Option
[PSJI MGR]

The *IV Menu* option is used to access the order entry, patient profiles, and various reports and is the main starting point for the IV system.

Example: IV Menu

```
Select IV Menu Option: ?

   CRL    Change Report/Label Devices (IV)
   CIR    Change to Another IV Room (IV)
          Drug Inquiry (IV)
   ECO    Edit Clinic Med Orders Start Date/Time
   IOE    Inpatient Order Entry
   IPF    Inpatient Profile
         Barcode ID - Return and Destroy (IV)
          Check Drug Interaction
          Label Menu (IV) ...
          Manufacturing List (IV)
          Order Entry (IV)
          Profile (IV)
          REPorts (IV) ...
          RETurns and Destroyed Entry (IV)
          SUPervisor's Menu (IV) ...
          SUSpense Functions (IV) ...
          Update Daily Ward List (IV)
          Ward List (IV)
```

Within the Inpatient Medications package, there are two different paths that the pharmacist can take to enter a new IV order or take action on an existing order. They are (1) *Order Entry (IV)* and (2) *Inpatient Order Entry*. Each of these paths differs by the prompts that are presented. Once the pharmacist has reached the point of entering a new order or selecting an existing order, the process becomes the same for each path.

Patient locks and order locks are incorporated within the Inpatient Medications package. When a user (User 1) selects a patient through either of the two paths, *Order Entry (IV) or Inpatient Order Entry*, and this patient has already been selected by another user (User 2), the user (User 1) will see a message that another user (User 2) is processing orders for this patient. This will be a lock at the patient level within the Pharmacy packages. When the other user (User 2) is entering a new order for the patient, the user (User 1) will not be able to access the patient due to a patient lock within the VistA packages. A lock at the order level is issued when an order is selected through Inpatient Medications for any action other than new order entry. Any users attempting to access this patient's order will receive a message that another user is working on this order. This order level lock is within the VistA packages.

The two different paths for entering a new order or taking an action on an existing order are summarized below.

3.4.1. Order Entry (IV) [PSJI ORDER]

The *Order Entry (IV)* [PSJI ORDER] option allows the pharmacist to complete, edit, renew, and discontinue orders and to place existing orders on hold or on call. This option also allows the user to create new orders and new labels. A long profile can be chosen to review all of the patient's IV orders, or the user can bypass the profile by selecting NO Profile, and proceed directly to order entry. The profile is essentially the same as that generated by the *Profile (IV)* option. The long profile shows all orders, including discontinued and expired orders. The short profile omits the discontinued and expired orders.

The *Order Entry (IV)* [PSJI ORDER] option also allows for processing of clinic orders. Clinic orders are displayed separately from non-clinic orders.

After selecting the *Order Entry (IV)* option from the *IV Menu* option, the pharmacist will be prompted to select the patient. At the "Select PATIENT:" prompt, the user can enter the patient's name or enter the first letter of the patient's last name and the last four digits of the patient's social security number (e.g., P0001). The Patient Information Screen is displayed, as shown in the following example.

Before the Patient Information screen displays, if the patient selected has no allergy assessment on file, the following prompt displays to the pharmacist/user:

"NO ALLERGY ASSESSMENT exists for this patient! Would you like to enter one now?"

- If the pharmacist/user enters 'YES,' he/she is prompted to enter the allergy information.
- If the pharmacist/user enters 'NO,' a pharmacist intervention is created, with a type of 'NO ALLERGY ASSESSMENT.' The pharmacist/user is then prompted for Provider and Recommendation information.

Note: If the selected patient is Sensitive, Discharged, both Sensitive and Discharged, or Deceased, there are variations in the Order Entry process and in the prompts that display to the pharmacist/user.

Example: Pharmacist Answers 'Yes' and Enters Allergy Information

```
Select PATIENT: PSJPATIENT1, ONE

NO ALLERGY ASSESSMENT exists for this patient!

Would you like to enter one now? No//  YES   (Yes)
Does this patient have any known allergies or adverse reactions? : Yes
          This patient has no allergy/adverse reaction data.

Enter Causative Agent: LATEX





Checking existing PATIENT ALLERGIES (#120.8) file for matches...


Now checking GMR ALLERGIES (#120.82) file for matches...


Now checking the National Drug File - Generic Names (#50.6)


Now checking the National Drug File - Trade Names (#50.67)

Now checking the INGREDIENTS (#50.416) file for matches...

         ...OK? Yes// Y  (Yes)

   LATEX   OK? Yes//   (Yes)
```

Example: Pharmacist Answers 'No' and Intervention is Created

```
Select PATIENT: PSJPATIENT1, ONE

NO ALLERGY ASSESSMENT exists for this patient!

Would you like to enter one now? No// N  (No)

Now creating Pharmacy Intervention

PROVIDER:

     Select one of the following:

          1         UNABLE TO ASSESS
          2         OTHER

RECOMMENDATION: ^

See 'Pharmacy Intervention Menu' if you want to delete this
intervention or for more options.

Press Return to continue...
```

Example: Patient Information

```
Patient Information           Feb 28, 2011@09:15:52          Page:    1 of    1
BCMA,EIGHTYNINE-PATIENT           Ward: BCMA                          A
```

```
   PID: 666-33-0089           Room-Bed: 13-A                   Ht(cm): ______ (________)
   DOB: 04/07/35 (75)         Att:  Psj,Test                   Wt(kg): ______ (________)
   Sex: FEMALE                TrSp: Medical Observati          Admitted: 02/08/02
    Dx: BROKEN LEG                       Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)           BSA (m2): _______

Allergies - Verified: STRAWBERRIES
        Non-Verified:
              Remote: No remote data available

   Adverse Reactions:
 Inpatient Narrative:
Outpatient Narrative:




          Enter ?? for more actions
PU Patient Record Update                NO New Order Entry
DA Detailed Allergy/ADR List            IN Intervention Menu
VP View Profile                         CM New Clinic Medication Entry
Select Action: View Profile//
```

The pharmacist can now enter a Patient Action at the “Select Action: View Profile//” prompt in the Action Area of the screen.

3.4.2. Inpatient Order Entry [PSJ OE]

The *Inpatient Order Entry* [PSJ OE] option allows the pharmacist to complete, create, edit, renew, and discontinue IV and Unit Dose orders, as well as put existing IV and Unit Dose orders on hold for any patient, while remaining in the IV module. The IV orders can also be put on call. This option expedites order entry since the pharmacist is not required to change modules to enter IV and Unit Dose orders.

The *Inpatient Order Entry* [PSJ OE] option also allows for processing of clinic orders. Clinic orders are displayed separately from non-clinic orders.

When the user accesses the *Inpatient Order Entry* [PSJ OE] option for the first time within a session, a prompt is displayed to select the IV room in which to enter orders. When only one active IV room exists, the system will automatically select that IV room. The user is then given the label and report devices defined for the IV room chosen. If no devices have been defined, the user will be given the opportunity to choose them. If this option is exited and then re-entered within the same session, the current label and report devices are shown. The following example shows the option re-entered during the same session.

Example: Inpatient Order Entry

```
Select IV MENU Option: IOE  Inpatient Order Entry

You are signed on under the BIRMINGHAM ISC IV ROOM

Current IV LABEL device is: NT TELNET TERMINAL

Current IV REPORT device is: NT TELNET TERMINAL

Select PATIENT: PSJPATIENT1,ONE
```

At the “Select PATIENT:” prompt, the user can enter the patient’s name or enter the first letter of the patient’s last name and the last four digits of the patient’s social security number (e.g., P0001).

Before the Patient Information screen displays, if the patient selected has no allergy assessment on file, the following prompt displays to the pharmacist/user:

"NO ALLERGY ASSESSMENT exists for this patient! Would you like to enter one now?"

- If the pharmacist/user enters 'YES,' he/she is prompted to enter the allergy information.
- If the pharmacist/user enters 'NO,' a pharmacist intervention is created, with a type of 'NO ALLERGY ASSESSMENT.' The pharmacist/user is then prompted for Provider and Recommendation information.

Note: If the selected patient is Sensitive, Discharged, both Sensitive and Discharged, or Deceased, there are variations in the Order Entry process and in the prompts that display to the pharmacist/user.

Example: Pharmacist Answers ‘Yes’ and Enters Allergy Information

```
Select PATIENT: PSJPATIENT1, ONE

NO ALLERGY ASSESSMENT exists for this patient!

Would you like to enter one now? No//  YES   (Yes)
Does this patient have any known allergies or adverse reactions? : Yes
          This patient has no allergy/adverse reaction data.

Enter Causative Agent: LATEX

Checking existing PATIENT ALLERGIES (#120.8) file for matches...


Now checking GMR ALLERGIES (#120.82) file for matches...


Now checking the National Drug File - Generic Names (#50.6)


Now checking the National Drug File - Trade Names (#50.67)

Now checking the INGREDIENTS (#50.416) file for matches...

         ...OK? Yes// Y  (Yes)

   LATEX   OK? Yes//   (Yes)
```

Example: Pharmacist Answers ‘No’ and Intervention is Created

```
Select PATIENT: PSJPATIENT1, ONE

NO ALLERGY ASSESSMENT exists for this patient!

Would you like to enter one now? No// N  (No)

Now creating Pharmacy Intervention

PROVIDER:

     Select one of the following:
```

```
          1         UNABLE TO ASSESS
          2         OTHER

RECOMMENDATION: ^

See 'Pharmacy Intervention Menu' if you want to delete this
intervention or for more options.

Press Return to continue...
```

The Patient Information Screen is displayed:

Example: Patient Information

```
Patient Information           Feb 28, 2011@09:15:52          Page:    1 of    1
BCMA,EIGHTYNINE-PATIENT           Ward: BCMA                          A
   PID: 666-33-0089           Room-Bed: 13-A          Ht(cm): ______ (________)
   DOB: 04/07/35 (75)                                 Wt(kg): ______ (________)
   Sex: FEMALE                                   Admitted: 02/08/02
    Dx: BROKEN LEG                         Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)           BSA (m2): _______

Allergies - Verified: STRAWBERRIES
        Non-Verified:
              Remote: No remote data available
   Adverse Reactions:
 Inpatient Narrative:
Outpatient Narrative:




          Enter ?? for more actions
PU Patient Record Update                NO New Order Entry
DA Detailed Allergy/ADR List            IN Intervention Menu
VP View Profile                         CM New Clinic Medication Entry
Select Action: View Profile//
```

The pharmacist can now enter a Patient Action at the “Select Action: View Profile//” prompt in the Action Area of the screen.

3.4.3. Patient Actions

The Patient Actions are the actions available in the Action Area of the List Manager Screen. These actions pertain to the patient information and include editing, viewing, and new order entry.

3.4.3.1. Patient Record Update

The Patient Record Update action allows editing of the Inpatient Narrative and the Patient’s Default Stop Date and Time for Unit Dose Order entry.

Example: Patient Record Update

```
Patient Information           Feb 28, 2011@09:15:52          Page:    1 of    1
BCMA,EIGHTYNINE-PATIENT           Ward: BCMA                          A
   PID: 666-33-0089           Room-Bed: 13-A          Ht(cm): ______ (________)
   DOB: 04/07/35 (75)                                 Wt(kg): ______ (________)
   Sex: FEMALE                                   Admitted: 02/08/02
    Dx: BROKEN LEG                         Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)           BSA (m2): _______
```

```
Allergies - Verified: STRAWBERRIES
        Non-Verified:
              Remote: No remote data available

   Adverse Reactions:
 Inpatient Narrative:
Outpatient Narrative:




          Enter ?? for more actions
PU Patient Record Update                NO New Order Entry
DA Detailed Allergy/ADR List            IN Intervention Menu
VP View Profile                         CM New Clinic Medication Entry
Select Action: View Profile//
```

The “INPATIENT NARRATIVE: INP NARR...//” prompt allows the pharmacist to enter information in a free text format, up to 250 characters.

The “UD DEFAULT STOP DATE/TIME:” prompt accepts the date and time entry to be used as the default value for the STOP DATE/TIME of the Unit Dose orders during order entry and renewal processes. This value is used only if the corresponding ward parameter is enabled. The order entry and renewal processes will sometimes change this date and time.

Note: If the Unit Dose order, being finished by the pharmacist, is received from CPRS and has a duration assigned, the UD DEFAULT STOP DATE/TIME is displayed as the Calc Stop Date/Time.

When the SAME STOP DATE ON ALL ORDERS parameter is set to Yes, the module will assign the same default stop date for each patient. This date is initially set when the first order is entered for the patient, and can change when an order for the patient is renewed. This date is shown as the default value for the stop date of each of the orders entered for the patient.

Note: If this parameter is not enabled, the user can still edit a patient’s default stop date. Unless the parameter is enabled, the default stop date will not be seen or used by the module.

Examples of Valid Dates and Times:

- JAN 20 1957 or 20 JAN 57 or 1/20/57 or 012057.
- T (for TODAY), T+1 (for TOMORROW), T+2, T+7, etc.
- T-1 (for YESTERDAY), T-3W (for 3 WEEKS AGO), etc.
- If the year is omitted, the computer uses CURRENT YEAR. Two-digit year assumes no more than 20 years in the future, or 80 years in the past.
- If only the time is entered, the current date is assumed.
- Follow the date with a time, such as JAN 20@10, T@10AM, 10:30, etc.

- The pharmacist may enter a time, such as NOON, MIDNIGHT, or NOW.
- The pharmacist may enter NOW+3' (for current date and time Plus 3 minutes *Note-- the Apostrophe following the number of minutes).
- Time is REQUIRED in this response.

3.4.3.2. New Order Entry

The New Order Entry action, from the *Inpatient Order Entry* option, allows the pharmacist to enter new Unit Dose and IV orders for the patient. Only one user is able to enter new orders on a selected patient due to the patient lock within the VistA applications. This minimizes the chance of duplicate orders.

For IV order entry, the pharmacist must bypass the "Select DRUG:" prompt (by pressing **<Enter>**) and then choosing the IV Type at the "Select IV TYPE:" prompt. The following are the prompts that the pharmacist can expect to encounter while entering a new IV order for the patient.

- **"Select IV TYPE:**"

IV types are admixture, piggyback, hyperal, syringe, and chemotherapy. An admixture is a Large Volume Parenteral (LVP) solution intended for continuous parenteral infusion. A piggyback is a small volume parenteral solution used for intermittent infusion. Hyperalimentation (hyperal) is long-term feeding of a protein-carbohydrate solution. A syringe IV type order uses a syringe rather than a bottle or a bag. Chemotherapy is the treatment and prevention of cancer with chemical agents.

When an order is received from CPRS, Inpatient Medications will accept and send updates to IV Types from CPRS. When an IV type of Continuous is received, Inpatient Medications defaults to an IV type of Admixture. However, when an IV type of Intermittent is received, Inpatient Medications defaults to an IV type of piggyback.

- **"Select ADDITIVE:"**

There can be any number of additives for an order, including zero. An additive or additive synonym can be entered. If the Information Resources Management Service (IRMS) Chief/Site Manager or Application Coordinator has defined it in the IV ADDITIVES file, the pharmacist may enter a quick code for an additive. The quick code allows the user to pre-define certain fields, thus speeding up the order entry process. The **entire** quick code name must be entered to receive all pre-defined fields in the order.

Note: Drug inquiry is allowed during order entry by entering two question marks (??) at the STRENGTH prompt for information on an additive or solution.

When an additive is chosen, if an active drug text entry for the Dispense Drug and/or Orderable Item linked to this additive exists, then the prompt, "Restriction/Guideline(s) exist. Display?:" will be displayed along with the corresponding defaults. The drug text indicator will be <**DIN**>

and will be displayed on the right side of the IV Type on the same line. This indicator will be highlighted.

If the Dispense Drug tied to the Additive or the Orderable Item has a non-formulary status, this status will be displayed on the screen as "*N/F*" beside the Additive or Orderable Item.

- **"BOTTLE:"**

The bottle number is used to specify in which the additive will be included for the IV order. If this field is blank, it means that the additive will be included in all bottles.

A pending order from CPRS can have an additive bottle value such as "1" (1 Bag/Day), blank (All bags), or "See Comments" (which bottle number(s) to place the additive in, is entered in the Provider Comments). During the finishing process, the user can enter/edit a specific value for the bottle number(s). If the bottle number for an additive contains "See Comments", the user must replace it with either the specific bottle number(s) or enter an "@" to remove the "See Comments" to indicate that the additive will be included in all bottles.

- **" Select SOLUTION:"**

There can be any number of solutions in any order, depending on the type. It is even possible to require zero solutions when an additive is pre-mixed with a solution. If no solutions are chosen, the system will display a warning message, in case it is an oversight, and gives an opportunity to add one. The pharmacist may enter an IV solution or IV solution synonym.

When a solution is chosen, if an active drug text entry for the Dispense Drug and/or Orderable Item linked to this solution exists, then the prompt, "Restriction/Guideline(s) exist. Display?:" will be displayed along with the corresponding defaults. The drug text indicator will be <**DIN**> and will be displayed on the right side of the IV Type on the same line. This indicator will be highlighted.

If the Dispense Drug tied to the Solution or the Orderable Item has a non-formulary status, this status will be displayed on the screen as "*N/F*" beside the Solution or Orderable Item.

- **"INFUSION RATE:"**

The infusion rate is the rate at which the IV is to be administered. This value, in conjunction with the total volume of the hyperal or the admixture type, is used to determine the time covered by one bag; hence, the system can predict the bags needed during a specified time of coverage. This field is free text for piggybacks. For admixtures, a number that will represent the infusion rate must be entered. The pharmacist can also specify the # of bags per day that will be needed. This will automatically populate the NUMBER OF LABELS PER DAY (NLPD) field.

Example: 125 = 125 ml/hour (IV system will calculate bags needed per day), 125@2 = 125 ml/hour with 2 labels per day, Titrate@1 = Titrate with 1 label per day. The format of this field is either a number only or free text only, or [FREE TEXT@NUMBER OF LABELS PER DAY.]

Intermittent IV Orders

The schedule and administration times for intermittent orders are used to determine the number of daily scheduled labels. The use of the @ symbol for intermittent IV orders is not allowed.

Continuous IV Orders

A 2 digit numeric field is added to the NON-VERIFIED ORDERS file (#53.1) and to the IV (#100) multiple of the PHARMACY PATIENT file (#55).

- Printed IV labels do not display the NLPD field regardless of value.
- The NLPD field, if populated, determines the number of labels that will print when the *Scheduled Labels (IV)* [PSJI LBLS] option is run for continuous IV orders.
- The NLPD field is not sent to BCMA.
- When an Infusion Rate is received from CPRS in the format Rate@Labels, the "@" symbol is used to separate the Infusion Rate into its respective INFUSION RATE and NLPD component fields
- The number of labels per day is always shown next to the infusion rate, when the infusion rate is free text or the number of labels has been entered by the user, or *when the number of lab*els has been received from CPRS. The INFUSION RATE field must be selected when editing. There is no field number reference for NLPD.
- Edits to the NLPD field never create a new order.
- The NLPD field is not populated when the number of labels is system calculated based on a numeric infusion rate.
- The following rules apply to the use of the "@" symbol in the Infusion Rate: The number entered after the "@" symbol populates the NLPD field. Anything entered before the "@" symbol displays in the INFUSION RATE field. The "@" symbol will not be visible in the display of the Infusion Rate.

Example:

```
INFUSION RATE: 50 ml/hr// Titrate@0

NUMBER OF LABELS PER DAY: 0//
```

When the infusion rate is entered as free text, a minimum of two characters is required for the order level validation for Infusion rate for Inpatient Medications or CPRS orders.

Example:

```
INFUSION RATE: 50 ml/hr// INFUSE SLOWLY
```

When the infusion rate is numeric, the NLPD is optional. When entering free text in THE INFUSION RATE field, the NLPD is required with no default. Numeric entry of 0-99 is allowed; all other entries are invalid.

- A new order is not created when a change is made to the NLPD field.

- When the INFUSION RATE field is selected, an NLPD prompt displays.

Example:

```
NUMBER OF LABELS PER DAY: //
```

An abbreviation entered in the INFUSION RATE field is replaced with expanded text, if the abbreviation has been defined in the INFUSION INSTRUCTIONS file (#53.47.)

Example:

```
INFUSION RATE: 50 ml/hr// T          … Now Expanding Text

Input expanded to Titrate

Press Return to Continue
```

A minimum of 2 characters and a maximum of 30 characters may be entered into the INFUSION RATE field. The special character "^" is not allowed. A warning message displays if the free text entry contains less than the minimum requirement of 2 characters or more than the maximum requirement of 30 characters.

Example: Warning Message

```
INFUSION RATE: 50 ml/hr// P

Free text entries must contain a minimum of 2 characters and a maximum of 30 characters.

INFUSION RATE: 50 ml/hr//
```

The INFUSION INSTRUCTIONS file (#53.47) allows the user to add to or edit the abbreviations or expanded text by storing the infusion rate abbreviations, up to 9 characters, and the associated expanded text, a minimum of 2 characters and a maximum of 30 characters.

Help Text is provided for the infusion rate when ? or ?? is entered.

When an order is received from CPRS, Inpatient Medications accepts infusion rates in both ml/hour and as "infuse over time." In the Order View screen, for orders with an IV Type considered Intermittent, the infusion rate will display as "infuse over" followed by the time. For example, infuse over 30 minutes.

Note: If an administration time(s) is defined, the number of labels will reflect the administration time(s) for the intermittent IVPB type orders.

- **"MED ROUTE:"**

Inpatient Medications uses the medication route provided by CPRS as the default when finishing an IV order, and transmits any updates to an order's medication route to CPRS.

Inpatient Medications determines the default medication route for a new order entered through Inpatient Medications and sends the full Medication Route name for display on the BCMA VDL.

This is the administration route to be used for the order. If a Medication Route is identified for the selected Orderable Item, it will be used as the default for the order. Inpatient Medications applies the Medication Route provided by CPRS as the default when finishing an IV order.

- If no medication route is specified, Inpatient Medications will use the Medication Route provided by CPRS as the default when finishing an IV order.
- If updates are made to the medication route, Inpatient Medications will transmit any updates to an order's Medication Route to CPRS.
- Inpatient Medications determines the default Medication Route for a new order.
- Inpatient Medications sends the full Medication Route name for display on the BCMA VDL.

PSJ*5*366 added a medication route "short list" and "long list" for selection of a medication route during the order finishing and order entry process. The short list includes only the routes associated with the dosage form for the selected medication in the PHARMACY ORDERABLE ITEM file (#50.7). When entering an order, entering "?" at the Medication Route prompt will display the short list of routes. Entering "??" at the Medication Route prompt will display the long list of routes. The system will allow either partial matches for routes that are found in the short list, or exact full-text matches or abbreviation matches for other routes in the MEDICATION ROUTES file (#51.2).

Prior to PSJ*5*366 if no default med route was defined, the system set the med route to PO or ORAL. This patch removes that automatic PO or ORAL default.

If a route entered does not match any of the defined medication routes, then "??" displays.

In the short list you can either select by entering the leading character or by selecting the number from the displayed list.

- **"SCHEDULE:"**

This prompt occurs on piggyback and intermittent syringe orders. Schedules must be selected from the ADMINISTRATION SCHEDULE file, with the following exceptions:

- Schedule containing PRN: (Ex. TID PC PRN). If the schedule contains PRN, the base schedule must be in the ADMINISTRATION SCHEDULE file.
- Day of Week schedules (Ex. MO-FR or MO-FR@0900)
- Admin Time Only schedules (Ex. 09-13)

Note: Order entry will permit the entry of a Day-of-Week schedule in the following format: days@schedule name (e.g. MO-WE-FR@BID, TU@Q6H).

Note: Inpatient Medications will translate a Day of Week schedule into appropriate administration times. For example: "MO-WE-FR@BID" is translated to "MO-WE-FR@10-22." The schedule after the "@" will be a valid schedule from the ADMINISTRATION SCHEDULE file (#51.1).

- **"ADMINISTRATION TIME:"**

This is free text. The pharmacist might want to enter the times of dose administration using military time such as 03-09-15-21. Administration times must be entered in a two or four digit format. If multiple administration times are needed, they must be separated by a dash (e.g., 09-13 or 0900-1300). This field must be left blank for odd schedules (e.g., Q16H).

- **"OTHER PRINT INFO:"**

The system allows a word processing entry of unlimited free text. For new order entry, when Other Print Info is added, the pharmacist is prompted whether to flag this field for display in a BCMA message box. When finishing orders placed through CPRS, where the Provider Comments are not too long to be placed in this field, the pharmacist is given the option to copy the comments into this field. Should the pharmacist choose to copy and flag these comments for display in a BCMA message *box on the VDL, an exclamation mark "!" will appear in the order next to this field.*

The following menu choices regarding copying of provider comments are available:

- Y Yes (copy) – This will copy Provider Comments into the Other Print Info field.
- N No (don't copy) – This will bypass copying Provider Comments.
- ! Copy and flag for display in a BCMA Message Box – This will copy Provider Comments into the Other Print Info field and flag for display in a BCMA Message Box.
- E Copy and Edit – This will copy Provider Comments into the Other Print Info field and open in a word processing window for editing.

The system enables the pharmacist to review the provider comments received from CPRS during the finishing of an IV order. A maximum of 60 characters of text is printed on the IV label from Other Print Info. When Other Print Info exceeds 60 characters, the message: "Instructions too long. See Order View or BCMA for full text." appears on the IV label.

Before the pharmacist enters Other Print Info information, the message: "WARNING, IF OTHER PRINT INFO exceeds one line of 60 characters, 'Instructions too long. See Order View or BCMA for full text.' prints on the IV label instead of the full text."

After the pharmacist enters Other Print Info information, if the entry exceeds one line of 60 characters, the message: "WARNING OTHR PRINT INFO exceeds one line of 60 characters, 'Instructions too long. See Order View or BCMA for full text.'prints on the IV label instead of the full text."

Example: Other Print Info

```
OTHER PRINT INFO
This text is Other Print Info

Would you like to flag the Other Print Info field for display in a BCMA
Message box?

     Select one of the following:
          Y         Yes
          N         No

Flag the Other Print Info (Yes/No): y  Yes
```

Note: For "DONE" Orders (CPRS Med Order) only, the Provider Comments are automatically placed in the Other Print Info. If the Provider Comments are greater than 60 characters, Other Print Info will display "REFERENCE PROVIDER COMMENTS IN CPRS FOR INSTRUCTIONS."

- **"START DATE / TIME:"**

The system calculates the default start date/time for order administration based on the DEFAULT START DATE CALCULATION field in the INPATIENT WARD PARAMETERS file. This field allows the site to use the NEXT or CLOSEST administration or delivery time, or NOW, which is the order's login date/time as the default start date. When NOW is selected for this parameter, it will always be the default start date/time for IVs. This may be overridden by entering the desired date/time at the prompt.

The Pharmacy User is warned if they attempt to enter a start date more than 7 days in the future. When a start date is being entered or edited, there will be a warning given if the start date is more than seven days in the future.

When NEXT or CLOSEST is used in this parameter and the IV is a continuous-type IV order, the default answer for this prompt is based on the delivery times for the IV room specified for that order entry session. For intermittent type IV orders, if the order has administration times, the start date/time will be the NEXT or CLOSEST administration time depending on the parameter. If the intermittent type IV order does not have administration times, the start date/time will round up or down to the closest hour. The Site Manager or Application Coordinator can change this field.

- **"STOP DATE / TIME:"**

The system calculates the default Stop Date/Time for order administration based on the STOP TIME FOR ORDER site parameter. For IV orders, the default date shown is the least of (1) the <IV TYPE> GOOD FOR HOW MANY DAYS site parameter (where <IV TYPE> is LVPs, PBs, etc.), (2) the NUMBER OF DAYS FOR IV ORDER field (found in the IV ADDITIVES file) for all additives in this order, (3) the DAY (nD) or DOSE (nL) LIMIT field (found in the PHARMACY ORDERABLE ITEM file) for the orderable item associated with this order or (4) the duration received from CPRS (if applicable). The Site Manager or Application Coordinator can change these fields.

Note that an entry of a stop date greater than 367 days from the start of the date of the order is not allowed.

For the rules for calculating Unit Dose order Stop Date/Time calculation, refer to Section 18.5.2 Stop Date/Time Calculation in the Inpatient Medications Technical Manual/Security Guide.

- **"NATURE OF ORDER:"**

This is the method the provider used to communicate the order to the user who entered or took action on the order. Nature of Order is defined in CPRS. "Written" will be the default for new orders entered. When a new order is created due to an edit, the default will be Service Correction. The following table shows some Nature of Order examples.

Nature of Order	Description	Prompted for Signature in CPRS?	Chart Copy Printed?
Written	The source of the order is a written doctor's order	No	No
Verbal	A doctor verbally requested the order	Yes	Yes
Telephoned	A doctor telephoned the service to request the order	Yes	Yes
Service Correction	The service is discontinuing or adding new orders to carry out the intent of an order already received	No	No
Duplicate	This applies to orders that are discontinued because they are a duplicate of another order	No	Yes
Policy	These are orders that are created as a matter of hospital policy	No	Yes

The Nature of Order abbreviation will display on the order next to the Provider's Name. The abbreviations will be in lowercase and enclosed in brackets. Written will display as [w], telephoned as [p], verbal as [v], policy as [i], electronically entered as [e], and service correction as [s]. If the order is electronically signed through the CPRS package AND the CPRS patch OR*3*141 is installed on the user's system, then [es] will appear next to the Provider's Name instead of the Nature of Order abbreviation.

- **"Select CLINIC LOCATION:"**

This prompt is only displayed for Outpatient IV orders entered through the Inpatient Medications package. The user will enter the hospital location name when prompted.

Note: While entering an order, the pharmacist can quickly delete the order by typing a caret (^) at any one of the prompts listed above except at the "STOP DATE/TIME:"

prompt. Once the user has passed this prompt, if the order still needs to be deleted, a caret (^) can be entered at the “Is this O.K.:” prompt.

Example: New Order Entry

```
Inpatient Order Entry         Feb 28, 2002@13:48:47          Page:    1 of    3
PSJPATIENT1,ONE                 Ward: 1 EAST
   PID: 000-00-0001         Room-Bed: B-12                     Ht(cm): ______ (________)
   DOB: 08/18/20  (81)      Att:  Psj,Test                     Wt(kg): ______ (________)
   Sex: MALE                TrSp: Medical Observati            Admitted: 05/03/00
    Dx: TESTING                           Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)           BSA (m2): _______

 - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - -
   1    BACLOFEN TAB                            C  02/20  03/06  A
          Give: 10MG PO QDAILY
          PATIENT SPITS OUT MEDICINE
   2    PREDNISONE TAB                          C  02/25  03/11  A

          Give: 5MG PO TU-TH-SA@09
   3    RESERPINE TAB                           C  02/20  03/06  A
          Give: 1MG PO QDAILY
   4 d->FUROSEMIDE 1 MG                         O  02/11  02/11  E
        in 5% DEXTROSE 50 ML NOW
   5 d->FUROSEMIDE 10 MG                        O  02/11  02/11  E
        in 5% DEXTROSE 50 ML STAT
+         Enter ?? for more actions
PI  Patient Information                 NO  New Order Entry
PU  Patient Record Update               CM  New Clinic Medication Entry
SO  Select Order
Select Action: Next Screen// NO   New Order Entry
Select Drug:
Select IV TYPE: P  PIGGYBACK.
Select ADDITIVE: MULTI
     1   MULTIVITAMIN INJ
     2   MULTIVITAMINS
CHOOSE 1-2: 2  MULTIVITAMINS

(The units of strength for this additive are in ML)
Strength: 2 ML
Select ADDITIVE: <Enter>
Select SOLUTION: 0.9
     1   0.9% SODIUM CHLORIDE            100 ML
     2   0.9% SODIUM CHLORIDE            50 ML
CHOOSE 1-2: 1  0.9% SODIUM CHLORIDE          100 ML

Now doing allergy checks.  Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks!  Please wait...

Enhanced Order Checks cannot be performed for Local Drug: MULTIVITAMINS 2 ML
  Reason: Drug not matched to NDF


Press Return to continue...
INFUSION RATE: 125   INFUSE OVER 125 MIN.
MED ROUTE: IV// <Enter>
SCHEDULE: QID
     1   QID    09-13-17-21
     2   QID AC    0600-1100-1630-2000
CHOOSE 1-2: 1      09-13-17-21
ADMINISTRATION TIMES: 09-13-17-21// <Enter>
REMARKS: <Enter>
OTHER PRINT INFO: <Enter>
START DATE/TIME: FEB 28,2002@13:56// <Enter>  (FEB 28, 2002@13:56)
STOP DATE/TIME: MAR 30,2002@24:00// <Enter>
PROVIDER: PSJPROVIDER,ONE //  <Enter>
```

----------report continues----------

After entering the data for the order, the system will prompt the pharmacist to confirm that the order is correct. The IV module contains an integrity checker to ensure the necessary fields are answered for each type of order. The pharmacist must edit the order to make corrections if all of these fields are not answered correctly. If the order contains no errors, but has a warning, the user will be allowed to proceed.

Example: New Order Entry (continued)

```
Orderable Item: MULTIVITAMINS INJ
Give: IV QID

754
[29]0001  1 EAST 02/28/02
PSJPATIENT1,ONE  B-12

MULTIVITAMINS 2 ML
0.9% SODIUM CHLORIDE 100 ML

INFUSE OVER 125 MIN.
QID
09-13-17-21
Fld by:______Chkd by:______
1[1]

Start date: FEB 28,2002 13:56  Stop date: MAR 30,2002 24:00

Is this O.K.:  YES//<Enter>     YES
NATURE OF ORDER: WRITTEN// <Enter>       W
...transcribing this non-verified order....

NON-VERIFIED IV               Feb 28, 2002@13:56:44          Page:    1 of    2
PSJPATIENT1,ONE                 Ward: 1 EAST
   PID: 000-00-0001         Room-Bed: B-12                Ht(cm): ______ (________)
   DOB: 08/18/20  (81)      Att:  Psj,Test                Wt(kg): ______ (________)
   Sex: MALE                TrSp: Medical Observati       Admitted: 05/03/00
    Dx: TESTING                          Last transferred: ********

*(1)  Additives:                                          Type: PIGGYBACK
       MULTIVITAMINS 2 ML
 (2)  Solutions:
       0.9% SODIUM CHLORIDE 100 ML
           Duration:                            (4)     Start: 02/28/02  13:56
 (3)  Infusion Rate: INFUSE OVER 125 MIN.
*(5)      Med Route: IV                         (6)      Stop: 03/30/02  24:00
*(7)       Schedule: QID                           Last Fill: ********
 (8)    Admin Times: 09-13-17-21                     Quantity: 0
*(9)       Provider: PSJPROVIDER,ONE [w]           Cum. Doses:
*(10)Orderable Item: MULTIVITAMINS INJ
       Instructions:
 (11)   Other Print:
+         Enter ?? for more actions
DC   Discontinue          RN   (Renew)              VF   Verify
HD   (Hold)               OC   (On Call)            FL   Flag
ED   Edit                 AL   Activity Logs

Select Item(s): Next Screen// VF   Verify

        3        6        9       12       15       18       21       24
..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:
                                          P

                                         N

Next delivery time is 1330 ***
```

```
Action (PB) B// <Enter>    BYPASS
```

When the order is correct and verified, and the Activity Ruler site parameter is turned on, the system will display a time line. The time line is a visual representation of the relationship between start of coverage times, doses due, and order start times. The letters **P**, **A**, **H**, **S**, or **C** show the start of coverage times for each IV type. If there is an asterisk (*****) after the letter, this means that the Ward List has been run for this start of coverage type. The caret (^) shows when the doses are due, and the **N** indicates current time in relation to the order. The next delivery time will also be listed.

The "Action (PBS)" prompt will appear next, with all of the valid actions listed in parentheses. The following are the codes for the possible actions:

- **P -** Print specified number of labels now.
- **B -** Bypass any more action (entering a caret (^) will also do this).
- **S -** Suspend a specified number of labels for the IV room to print on demand.

The **S** will only appear as a valid action if the USE SUSPENSE FUNCTIONS site parameter is answered with **1** or **YES**. The user can perform more than one action, but each action must be done one at a time. As each action is taken, those that operate on labels will reduce the total labels by that amount (e.g., eight labels are needed, three are suspended, then five are available to print).

3.4.3.3. Detailed Allergy/ADR List

The Detailed Allergy/ADR List action displays a detailed listing of the selected item from the patient's Allergy/ADR List. Entry to the *Edit Allergy/ADR Data* option is provided with this list also.

- **Enter/Edit Allergy/ADR Data**

Provides access to the Adverse Reaction Tracking (ART) package to allow entry and/or edit of allergy adverse reaction data for the patient. See the Allergy package documentation for more information on Allergy/ADR processing.

- **Select Allergy**

Allows the user to view a specific allergy.

3.4.3.4. Intervention Menu

This option is only available to those users who hold the PSJ RPHARM key.

The Intervention Menu action allows entry of new interventions and edit, delete, view, or printing of an existing intervention. Each kind of intervention will be discussed and an example will follow.

Note: Interventions can also be dynamically created in response to Order Checks for critical drug-drug interactions and allergy/ADRs. Refer to Section 4.3 Order Checks.

If a change is made to an intervention associated to an inpatient order made in response to Critical Drug-Drug and/or Allergy/ADR, the changes are reflected and displayed whenever interventions display.

New interventions entered via the Intervention Menu are at the patient level and are not associated with a particular order. Consequently, new entries made through this menu are not reflected in the OCI listing, the BCMA Display Order detail report, and do not cause highlighting in BCMA.

- **New:** This option is used to add an entry into the APSP INTERVENTION file.

Example: New Intervention

```
Patient Information           Sep 22, 2000 08:03:07          Page:    1 of    1
PSJPATIENT2,TWO                  Ward: 1 West                      <A>
   PID: 000-00-0002          Room-Bed: A-6         Ht(cm): 167.64 (04/21/99)
   DOB: 02/22/42 (58)                              Wt(kg): 85.00 (04/21/99)
   Sex: MALE                                     Admitted: 09/16/99
    Dx: TEST PATIENT                      Last transferred: ********
  CrCL: 0.8(est.) (CREAT: 122mg/dL 8/26/96)      BSA (m2): 1.95

Allergies - Verified: CARAMEL, CN900, LOMEFLOXACIN, PENTAMIDINE, PENTAZOCINE,
                      CHOCOLATE, NUTS, STRAWBERRIES, DUST
        Non-Verified: AMOXICILLIN, AMPICILLIN, TAPE, FISH,
                      FLUPHENAZINE DECANOATE
             Remote:
   Adverse Reactions:
 Inpatient Narrative: Inpatient narrative
Outpatient Narrative: This is the Outpatient Narrative. This patient doesn't
like waiting at the pickup window. He gets very angry.

          Enter ?? for more actions
PU Patient Record Update                NO New Order Entry
DA Detailed Allergy/ADR List            IN Intervention Menu
VP View Profile                         CM New Clinic Medication Entry
Select Action: View Profile// IN   Intervention Menu

                           --- Intervention Menu ---

DI   Delete Pharmacy Intervention       PO   Print Pharmacy Intervention
ED   Edit Pharmacy Intervention         VP   View Pharmacy Intervention
NE   Enter Pharmacy Intervention

Select Item(s): NE   Enter Pharmacy Intervention
Select APSP INTERVENTION INTERVENTION DATE: T   SEP 22, 2000
  Are you adding 'SEP 22, 2000' as a new APSP INTERVENTION (the 155TH)? No// Y
  (Yes)
   APSP INTERVENTION PATIENT: PSJPATIENT2,TWO    02-22-42     000000002     N
SC VETERAN
   APSP INTERVENTION DRUG: WAR
     1   WARFARIN 10MG          BL100         TAB
     2   WARFARIN 10MG U/D          BL100         TAB **AUTO STOP 2D**
     3   WARFARIN 2.5MG          BL100         TAB
     4   WARFARIN 2.5MG U/D         BL100         TAB  **AUTO STOP 2D**
     5   WARFARIN 2MG           BL100         TAB
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 1  WARFARIN 10MG         BL100         TAB
PROVIDER:    PSJPROVIDER,ONE     PROV
INSTITUTED BY: PHARMACY// <Enter>  PHARMACY
```

```
INTERVENTION:    ALLERGY
RECOMMENDATION:    NO CHANGE
WAS PROVIDER CONTACTED: N  NO
RECOMMENDATION ACCEPTED: Y  YES
FINANCIAL COST: <Enter>
REASON FOR INTERVENTION:
  1>
ACTION TAKEN:
  1>
CLINICAL IMPACT:
  1>
FINANCIAL IMPACT:
1>
```

- **Edit:** This option is used to edit an existing entry in the APSP INTERVENTION file.

Example: Edit an Intervention

```
Patient Information           Sep 22, 2000 08:03:07          Page:    1 of    1
PSJPATIENT2,TWO                  Ward: 1 West                      <A>
   PID: 000-00-0002          Room-Bed: A-6         Ht(cm): 167.64 (04/21/99)
   DOB: 02/22/42 (58)                              Wt(kg): 85.00 (04/21/99)
   Sex: MALE                                     Admitted: 09/16/99
    Dx: TEST PATIENT                      Last transferred: ********
  CrCL: 0.8(est.) (CREAT: 122mg/dL 8/26/96)      BSA (m2): 1.95

Allergies - Verified: CARAMEL, CN900, LOMEFLOXACIN, PENTAMIDINE, PENTAZOCINE,
                      CHOCOLATE, NUTS, STRAWBERRIES, DUST
        Non-Verified: AMOXICILLIN, AMPICILLIN, TAPE, FISH,
                      FLUPHENAZINE DECANOATE
              Remote:
   Adverse Reactions:
 Inpatient Narrative: Inpatient narrative
Outpatient Narrative: This is the Outpatient Narrative. This patient doesn't
like waiting at the pickup window. He gets very angry.


          Enter ?? for more actions
PU Patient Record Update                NO New Order Entry
DA Detailed Allergy/ADR List            IN Intervention Menu
VP View Profile                         CM New Clinic Medication Entry
Select Action: View Profile// IN   Intervention Menu

                           --- Intervention Menu ---

DI   Delete Pharmacy Intervention       PO   Print Pharmacy Intervention
ED   Edit Pharmacy Intervention         VP   View Pharmacy Intervention
NE   Enter Pharmacy Intervention

Select Item(s): ED   Edit Pharmacy Intervention
Select INTERVENTION:T   SEP 22, 2000       PSJPATIENT2,TWO    WARFARIN 10MG
INTERVENTION DATE: SEP 22,2000// <Enter>
PATIENT: PSJPATIENT2,TWO// <Enter>
PROVIDER: PSJPROVIDER,ONE // <Enter>
PHARMACIST: PSJPHARMACIST,ONE // <Enter>
DRUG: WARFARIN 10MG// <Enter>
INSTITUTED BY: PHARMACY// <Enter>
INTERVENTION: ALLERGY// <Enter>
OTHER FOR INTERVENTION:
  1>
RECOMMENDATION: NO CHANGE// <Enter>
OTHER FOR RECOMMENDATION:
  1>
WAS PROVIDER CONTACTED: NO// <Enter>
PROVIDER CONTACTED:
RECOMMENDATION ACCEPTED: YES// <Enter>
FINANCIAL COST: <Enter>
AGREE WITH PROVIDER:   <Enter>
REASON FOR INTERVENTION:
```

```
  1>
ACTION TAKEN:
  1>
CLINICAL IMPACT:
  1>
FINANCIAL IMPACT:
  1>
```

- **Delete:** This option is used to delete an entry from the APSP INTERVENTION file. The pharmacist may only delete an entry that was entered on the same day.

Example: Delete an Intervention

```
Patient Information           Sep 22, 2000 08:03:07          Page:    1 of    1
PSJPATIENT2,TWO                  Ward: 1 West                        <A>
   PID: 000-00-0002          Room-Bed: A-6         Ht(cm): 167.64 (04/21/99)
   DOB: 02/22/42 (58)                              Wt(kg): 85.00 (04/21/99)
   Sex: MALE                                     Admitted: 09/16/99
    Dx: TEST PATIENT                       Last transferred: ********
  CrCL: 0.8(est.) (CREAT: 122mg/dL 8/26/96)     BSA (m2): 1.95

Allergies - Verified: CARAMEL, CN900, LOMEFLOXACIN, PENTAMIDINE, PENTAZOCINE,
                        CHOCOLATE, NUTS, STRAWBERRIES, DUST
        Non-Verified: AMOXICILLIN, AMPICILLIN, TAPE, FISH,
                        FLUPHENAZINE DECANOATE
              Remote:
   Adverse Reactions:
 Inpatient Narrative: Inpatient narrative
Outpatient Narrative: This is the Outpatient Narrative. This patient doesn't
like waiting at the pickup window. He gets very angry.


          Enter ?? for more actions
PU Patient Record Update                NO New Order Entry
DA Detailed Allergy/ADR List            IN Intervention Menu
VP View Profile                         CM New Clinic Medication Entry
Select Action: View Profile// IN   Intervention Menu

                           --- Intervention Menu ---

DI   Delete Pharmacy Intervention       PO   Print Pharmacy Intervention
ED   Edit Pharmacy Intervention         VP   View Pharmacy Intervention
NE   Enter Pharmacy Intervention

Select Item(s): DEL   Delete Pharmacy Intervention
You may only delete entries entered on the current day.

Select APSP INTERVENTION INTERVENTION DATE: T   SEP 22, 2000   PSJPATIENT2,TWO
   WARFARIN 10MG
SURE YOU WANT TO DELETE THE ENTIRE ENTRY? YES
```

- **View**: This option is used to display Pharmacy Interventions in a captioned format.

Example: View an Intervention

```
Patient Information           Sep 22, 2000 08:03:07          Page:    1 of    1
PSJPATIENT2,TWO                  Ward: 1 West                        <A>
   PID: 000-00-0002          Room-Bed: A-6         Ht(cm): 167.64 (04/21/99)
   DOB: 02/22/42 (58)                              Wt(kg): 85.00 (04/21/99)
   Sex: MALE                                     Admitted: 09/16/99
    Dx: TEST PATIENT                       Last transferred: ********
  CrCL: 0.8(est.) (CREAT: 122mg/dL 8/26/96)     BSA (m2): 1.95

Allergies - Verified: CARAMEL, CN900, LOMEFLOXACIN, PENTAMIDINE, PENTAZOCINE,
                        CHOCOLATE, NUTS, STRAWBERRIES, DUST
        Non-Verified: AMOXICILLIN, AMPICILLIN, TAPE, FISH,
                        FLUPHENAZINE DECANOATE
```

```
              Remote:
   Adverse Reactions:
 Inpatient Narrative: Inpatient narrative
Outpatient Narrative: This is the Outpatient Narrative. This patient doesn't
like waiting at the pickup window. He gets very angry.


          Enter ?? for more actions
PU Patient Record Update                NO New Order Entry
DA Detailed Allergy/ADR List            IN Intervention Menu
VP View Profile                         CM New Clinic Medication Entry
Select Action: View Profile// IN   Intervention Menu

                           --- Intervention Menu ---

DI   Delete Pharmacy Intervention       PO   Print Pharmacy Intervention
ED   Edit Pharmacy Intervention         VP   View Pharmacy Intervention
NE   Enter Pharmacy Intervention

Select Item(s): VW   View Pharmacy Intervention
Select APSP INTERVENTION INTERVENTION DATE: T   SEP 22, 2000       PSJPATIENT2,TWO
   WARFARIN 10MG
ANOTHER ONE: <Enter>
INTERVENTION DATE: SEP 22, 2000         PATIENT: PSJPATIENT2,TWO
PROVIDER: PROVIDER,ONE                PHARMACIST: NURSE,EIGHTEEN
  DRUG: WARFARIN (COUMADIN) NA 10MG TAB
  INSTITUTED BY: PHARMACY               INTERVENTION: ALLERGY
  RECOMMENDATION: NO CHANGE             WAS PROVIDER CONTACTED: NO
  RECOMMENDATION ACCEPTED: YES
```

- **Print:** This option is used to obtain a captioned printout of Pharmacy Interventions for a certain date range. It will print out on normal width paper and can be queued to print at a later time.

Example: Print an Intervention

```
Patient Information           Sep 22, 2000 08:03:07          Page:    1 of    1
PSJPATIENT2,TWO                  Ward: 1 West                      <A>
   PID: 000-00-0002          Room-Bed: A-6         Ht(cm): 167.64 (04/21/99)
   DOB: 02/22/42 (58)                              Wt(kg): 85.00 (04/21/99)
   Sex: MALE                                     Admitted: 09/16/99
    Dx: TEST PATIENT                      Last transferred: ********
  CrCL: 0.8(est.) (CREAT: 122mg/dL 8/26/96)      BSA (m2): 1.95

Allergies - Verified: CARAMEL, CN900, LOMEFLOXACIN, PENTAMIDINE, PENTAZOCINE,
                        CHOCOLATE, NUTS, STRAWBERRIES, DUST
        Non-Verified: AMOXICILLIN, AMPICILLIN, TAPE, FISH,
                        FLUPHENAZINE DECANOATE
              Remote:
   Adverse Reactions:
 Inpatient Narrative: Inpatient narrative
Outpatient Narrative: This is the Outpatient Narrative. This patient doesn't
like waiting at the pickup window. He gets very angry.


          Enter ?? for more actions
PU Patient Record Update                NO New Order Entry
DA Detailed Allergy/ADR List            IN Intervention Menu
VP View Profile                         CM New Clinic Medication Entry
Select Action: View Profile// IN   Intervention Menu

                           --- Intervention Menu ---

DI   Delete Pharmacy Intervention       PO   Print Pharmacy Intervention
ED   Edit Pharmacy Intervention         VP   View Pharmacy Intervention
NE   Enter Pharmacy Intervention

Select Item(s): PRT   Print Pharmacy Intervention
```

```
  * Previous selection: INTERVENTION DATE equals 7/2/96
  START WITH INTERVENTION DATE: FIRST// T  (SEP 22, 2000)
  GO TO INTERVENTION DATE: LAST// T  (SEP 22, 2000)
DEVICE: <Enter>  NT/Cache virtual TELNET terminal    Right Margin: 80//
PHARMACY INTERVENTION LISTING                  SEP 22,2000  09:20    PAGE 1
-------------------------------------------------------------------------------



INTERVENTION: ALLERGY

INTERVENTION DATE: FEB 24,2010         PATIENT:  EIGHT,INPATIENT
PROVIDER: PROVIDER,ONE                 PHARMACIST:  NURSE,EIGHTEEN
DRUG: WARFARIN (COUMADIN) NA 10MG TA   INSTITUTED BY:  PHARMACY
RECOMMENDATION: NO CHANGE
WAS PROVIDER CONTACTED: NO             RECOMMENDATION ACCEPTED:   YES
PROVIDER CONTACTED:
REASON FOR
ACTION TAKEN:
CLINICAL IMPACT:
FINANCIAL IMPACT:
                                                  ----------------------------
SUBTOTAL                                                                   1
SUBCOUNT                                          1
                                                  ----------------------------
TOTAL                                                                      1
COUNT                                             1
```

3.4.3.5. View Profile

The View Profile action allows selection of a Long, Short, or NO profile for the patient. The profile displayed in the *Inpatient Order Entry* and *Non-Verified/Pending Orders* options will include IV and Unit Dose orders. The long profile shows all orders, including discontinued and expired orders. Please see the Patient Profile section of this document for more discussion about the discontinued or expired statuses available and screen captures of how they appear.

Example: Profile View

```
Inpatient Order Entry         Feb 28, 2002@14:06:01          Page:    1 of    3
PSJPATIENT1,ONE                 Ward: 1 EAST
   PID: 000-00-0001         Room-Bed: B-12         Ht(cm): ______ (________)
   DOB: 08/18/20  (81)                             Wt(kg): ______ (________)
   Sex: MALE                                     Admitted: 05/03/00
    Dx: TESTING                            Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)            BSA (m2): _______

 - - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - -
   1    BACLOFEN TAB                             C  02/20/2002  03/06/2002  A
          Give: 10MG PO QDAILY
          PATIENT SPITS OUT MEDICINE
   2    MULTIVITAMINS 2 ML                       C  02/28/2002  03/30/2002  A
        in 0.9% SODIUM CHLORIDE 100 ML QID
   3    PREDNISONE TAB                           C  02/25/2002  03/11/2002  A
          Give: 5MG PO TU-TH-SA@09
   4    RESERPINE TAB                            C  02/20/2002  03/06/2002  A
          Give: 1MG PO QDAILY
   5 d->FUROSEMIDE 1 MG                          O  02/11/2002  02/11/2002  E
        in 5% DEXTROSE 50 ML NOW
+         Enter ?? for more actions
PI  Patient Information                 NO  New Order Entry
PU  Patient Record Update               CM  New Clinic Medication Entry
SO  Select Order Select Action: Next Screen//
```

The orders on the profile are sorted first by status (ACTIVE, NON-VERIFIED, NON-VERIFIED COMPLEX, PENDING RENEWALS, PENDING COMPLEX, PENDING,

RECENTLY DISCONTINUED/EXPIRED) then alphabetically by SCHEDULE TYPE. Pending orders with a priority of STAT are listed first and are displayed in a bold and blinking text for easy identification. After SCHEDULE TYPE, orders are sorted alphabetically by DRUG (the drug name listed on the profile), and then in descending order by START DATE.

Sets of Complex Orders with a status of "Pending" or "Non-Verified" will be grouped together in the Profile View. They appear as one numbered list item, as shown in the following examples. Once these orders are made active, they will appear individually in the Profile View, with a status of "Active".

If an IV order has been verified by nursing but has not been verified by pharmacy, it will be listed under the ACTIVE heading with an arrow (**->**) to the right of its number. A CPRS Med Order will have a "DONE" priority and will display a "d" to the right of the number on all profiles. These orders will display with active orders under the Active header until the pharmacist verifies them.

Orders may be selected by choosing the Select Order action, or directly from the profile using the number displayed to the left of the order. Multiple orders may be chosen by entering the numbers for each order to be included, separated by commas (e.g., 1,2,3), or a range of numbers using the dash (e.g., 1-3).

Note: The START DATE and DRUG sort may be reversed using the INPATIENT PROFILE ORDER SORT field in the INPATIENT USER PARAMETERS file.

Example: Pending Complex Order in Profile View

```
Inpatient Order Entry         Mar 07, 2004@13:03:55          Page:    1 of    1
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (81)                              Wt(kg): ______ (________)
   Sex: MALE                                     Admitted: 03/03/04
    Dx: TESTING                            Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)           BSA (m2): _______

- - - - - - - - - - - - -  P E N D I N G  C O M P L E X  - - - - - - - - - - - - - - -
  1     CAPTOPRIL TAB                            ?  *****  *****  P
          Give: 25MG PO QDAILY
        CAPTOPRIL TAB                            ?  *****  *****  P
          Give: 50MG PO BID
        CAPTOPRIL TAB                            ?  *****  *****  P
          Give: 100MG PO TID




          Enter ?? for more actions
PI  Patient Information                 NO  New Order Entry
PU  Patient Record Update               CM  New Clinic Medication Entry
SO  Select Order
Select Action: Next Screen//
```

Example: Non-Verified Complex Order in Profile View

```
Inpatient Order Entry         Mar 07, 2004@13:03:55          Page:    1 of    1
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (81)                              Wt(kg): ______ (________)
```

```
   Sex: MALE                                    Admitted: 03/03/04
    Dx: TESTING                           Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)           BSA (m2): _______

- - - - - - - - - - - -  N O N - V E R I F I E D  C O M P L E X - - - - - - - - - - - -
  1     CAPTOPRIL TAB                             C  03/26/2004  03/27/2004  N
          Give: 25MG PO QDAILY
        CAPTOPRIL TAB                             C  03/28/2004  03/29/2004  N
          Give: 50MG PO BID
        CAPTOPRIL TAB                             C  03/30/2004  03/31/2004  N
          Give: 100MG PO TID



          Enter ?? for more actions
PI  Patient Information                 NO  New Order Entry
PU  Patient Record Update               CM  New Clinic Medication Entry
SO  Select Order
Select Action: Next Screen//
```

Example: Active Complex Order in Profile View

```
Inpatient Order Entry         Mar 07, 2004@15:00:05          Page:    1 of    1
PSJPATIENT1,ONE                 Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (81)                              Wt(kg): ______ (________)
   Sex: MALE                                    Admitted: 03/03/04
    Dx: TESTING                           Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)           BSA (m2): _______

- - - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - - - -
  1     CAPTOPRIL TAB                             C  03/26/2004  03/27/2004  A
          Give: 25MG PO QDAILY
  2     CAPTOPRIL TAB                             C  03/28/2004  03/29/2004  A
          Give: 50MG PO BID
  3     CAPTOPRIL TAB                             C  03/30/2004  03/31/2004  A
          Give: 100MG PO TID




          Enter ?? for more actions
PI  Patient Information                 NO  New Order Entry
PU  Patient Record Update               CM  New Clinic Medication Entry
SO  Select Order
Select Action: Next Screen//
```

3.4.3.6. Patient Information

The Patient Information screen is displayed for the selected patient. The header contains the patient's demographic data, while the list area contains Allergy/Adverse Reaction data, and Pharmacy Narratives. If an outpatient is selected, all future appointments in clinics that allow Inpatient Medications orders will display in the list area, too.

Example: Patient Information

```
Patient Information           Feb 28, 2011@09:15:52          Page:    1 of    1
BCMA,EIGHTYNINE-PATIENT           Ward: BCMA                            A
   PID: 666-33-0089           Room-Bed: 13-A          Ht(cm): ______ (________)
   DOB: 04/07/35 (75)                                 Wt(kg): ______ (________)
   Sex: FEMALE                                    Admitted: 02/08/02
    Dx: BROKEN LEG                        Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)           BSA (m2): __________

Allergies - Verified: STRAWBERRIES
        Non-Verified:
              Remote: No remote data available
```

```
   Adverse Reactions:
 Inpatient Narrative:
Outpatient Narrative:




          Enter ?? for more actions
PU Patient Record Update                NO New Order Entry
DA Detailed Allergy/ADR List            IN Intervention Menu
VP View Profile                         CM New Clinic Medication Entry
Select Action: View Profile//
```

Example: Patient Information Screen for Outpatient Receiving Inpatient Medications

```
Patient Information           May 12, 2003 14:27:13          Page:    1 of    1
PSJPATIENT3,THREE           Last Ward: 1 West
   PID: 000-00-0003     Last Room-Bed:             Ht(cm): ______ (________)
   DOB: 02/01/55 (48)                              Wt(kg): ______ (________)
   Sex: FEMALE                              Last Admitted: 01/13/98
    Dx: TESTING                                Discharged: 01/13/98
  CrCL: <Not Found> (CREAT: Not Found)           BSA (m2):

Allergies/Reactions: No Allergy Assessment
Remote:
Adverse Reactions:
Inpatient Narrative:
Outpatient Narrative:

Clinic:                  Date/Time of Appointment:
Clinic A                 May 23, 2003/9:00 am
Flu Time Clinic          June 6, 2003/10:00 am
          Enter ?? for more actions
PU Patient Record Update                NO New Order Entry
DA Detailed Allergy/ADR List            IN Intervention Menu
VP View Profile                         CM New Clinic Medication Entry
Select Action: View Profile//
```

3.4.3.7. Select Order

The Select Order action is used to take action on a previously entered order by selecting it from the profile, after the patient is selected and length of profile is chosen (i.e., short or long).

Example: Select an Order

```
Inpatient Order Entry         Mar 07, 2002@13:01:56          Page:    1 of    1
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (81)                              Wt(kg): ______ (________)
   Sex: MALE                                     Admitted: 05/03/00
    Dx: TESTING                           Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)           BSA (m2): _______

 - - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - -
   1    in 0.9% SODIUM CHLORIDE 1000 ML 125 ml/hr C  03/07/2002  03/07/2002  E
   2    in 5% DEXTROSE 50 ML 125 ml/hr            C  03/06/2002  03/06/2002  E
   3    CEPHAPIRIN 1 GM                           C  03/04/2002  03/09/2002  A
        in DEXTROSE 5% IN N. SALINE 100 ML QID
   4    ASPIRIN CAP,ORAL                          O  03/07/2002  03/07/2002  E
          Give: 650MG PO NOW
 - - - - - - - - - - - - - - - -  P E N D I N G  - - - - - - - - - - - - - - - -
   5    in DEXTROSE 10% 1000 ML 125 ml/hr         ?  *****       *****       P



          Enter ?? for more actions
PI  Patient Information                 NO  New Order Entry
PU  Patient Record Update               CM  New Clinic Medication Entry
SO  Select Order
```

```
Select Action: Quit// 1

EXPIRED IV (DONE)             Mar 07, 2002@13:02:26          Page:    1 of    2
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (81)                              Wt(kg): ______ (________)

*(1) Additives:              Order number: 483          Type: ADMIXTURE
*(2) Solutions:
       0.9% SODIUM CHLORIDE 1000 ML  *N/F*
           Duration:                                *(4) Start: 03/07/2002  12:59
*(3)  Infusion Rate: 125 ml/hr
*(5)  Med Route: IV                                  *(6) Stop: 03/07/2002  12:59
BCMA ORDER LAST ACTION: 03/07/02 12:59 Infusing
*(7)       Schedule:                                 Last Fill: ********
 (8)    Admin Times:                                  Quantity: 0
*(9)       Provider: PSJPROVIDER,ONE               Cum. Doses:
 (10)   Other Print:
  Provider Comments: TESTING

 (11)  Remarks :
+         Enter ?? for more actions
DC   (Discontinue)        RN   (Renew)              VF   (Verify)
HD   (Hold)               OC   (On Call)            FL   Flag
ED   (Edit)               AL   Activity Logs
Select Item(s): Quit//  <Enter>  QUIT
```

The list area displays detailed order information and allow actions to be taken on the selected IV order. A number displayed to the left of the field name identifies fields that may be edited. If a field, marked with an asterisk (*) next to its number, is edited, it will cause this order to be discontinued and a new one created. If a pending order is selected, the system will determine any default values for fields not entered through CPRS and display them along with the data entered by the provider.

The BCMA ORDER LAST ACTION field will only display when an action has been performed through BCMA on this order. This information includes the date and time of the action and the BCMA action status. If an asterisk (*) appears after the BCMA status, this indicates an action was taken on the prior order that is linked to this order.

Actions, displayed in the Action Area, enclosed in parenthesis are not available to the user. In the example above, the action Verify is not available to the user since it was previously verified.

In the order display for an outpatient with inpatient orders, the clinic location and the appointment date and time will display in the screen header area in the same location that the ward and room-bed information displays for an admitted patient.

Only users with the appropriate keys will be allowed to take any available actions on the Unit Dose or IV order.

Example: Order View For An Outpatient With Inpatient Orders

```
ACTIVE UNIT DOSE              Nov 28, 2003@10:55:47          Page:    1 of    2
PSJPATIENT3,THREE             Clinic: CLINIC (PAT)
   PID: 000-00-0003      Clinic Date: 10/31/03 08:00  Ht(cm): ______ (________)
   DOB: 02/01/55 (48)                                 Wt(kg): ______ (________)

*(1)Orderable Item: CAPTOPRIL TAB                                        <DIN>
      Instructions:
*(2)Dosage Ordered: 25MG
```

```
                                                    *(3)Start: 10/31/2003  08:00
*(4)     Med Route: ORAL (BY MOUTH)
                                                    *(5) Stop: 11/29/2003  12:56
 (6) Schedule Type: CONTINUOUS
*(8)      Schedule: BID
 (9)   Admin Times: 08-20
*(10)     Provider: PSJPROVIDER,ONE [s]              DURATION:
 (11) Special Instructions:

 (12) Dispense Drug                                   U/D        Inactive Date
      CAPTOPRIL 25MG TABS                             1
+         Enter ?? for more actions
DC  Discontinue           ED  Edit                  AL  Activity Logs
HD  Hold                  RN  Renew
FL  Flag                  VF  (Verify)
Select Item(s): Next Screen//
```

3.4.4. Order Actions

The Order Actions are the actions available in the Action Area of the List Manager Screen. These actions pertain to the patient's orders and include editing, discontinuing, verifying, etc.

3.4.4.1. Discontinue

When an order is discontinued, the order's Stop Date/Time is changed to the date/time the action is taken. An entry is placed in the order's Activity Log recording who discontinued the order and when the action was taken. Pending and Non-verified orders are deleted when discontinued and will no longer appear on the patient's profile.

Note: Any orders placed through the Med Order Button cannot be discontinued.

Example: Discontinue an Order

```
ACTIVE IV                    Mar 20, 2001@16:37:49          Page:    1 of    1
PSJPATIENT1,ONE                 Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)

*(1) Additives:              Order number: 65           Type: ADMIXTURE    <DIN>
       POTASSIUM CHLORIDE 40 MEQ
*(2) Solutions:
       0.9% SODIUM CHLORIDE 1000 ML
           Duration:                              *(4) Start: 03/19/2001  11:30
*(3)  Infusion Rate: 100 ml/hr
*(5)      Med Route: IV                            *(6) Stop: 03/26/2001  24:00
*(7)       Schedule:                               Last Fill: 03/19/2001  14:57
 (8)    Admin Times:                               Quantity: 2
*(9)       Provider: PSJPROVIDER,ONE         [w]  Cum. Doses: 43
 (10)   Other Print:

 (11)  Remarks :
       Entry By: PSJPROVIDER,ONE                  Entry Date: 03/19/01  11:30
          Enter ?? for more actions
DC   Discontinue          RN   Renew                FL   Flag
ED   Edit                OC   On Call
HD   Hold                 AL   Activity Logs
Select Item(s): Quit// DC   Discontinue
NATURE OF ORDER: WRITTEN//  <Enter>      W
Requesting PROVIDER: PSJPROVIDER,ONE //   <Enter>                PROV
REASON FOR ACTIVITY: TESTING

DISCONTINUED IV              Mar 20, 2001@16:38:28          Page:    1 of    1
```

```
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)

*(1) Additives:              Order number: 65           Type: ADMIXTURE    <DIN>
       POTASSIUM CHLORIDE 40 MEQ
*(2) Solutions:
       0.9% SODIUM CHLORIDE 1000 ML
           Duration:                            *(4) Start: 03/19/2001  11:30
*(3)  Infusion Rate: 100 ml/hr
*(5)      Med Route: IV                         *(6) Stop: 03/20/2001  16:38
*(7)       Schedule:                            Last Fill: 03/19/2001  14:57
 (8)    Admin Times:                               Quantity: 2
*(9)       Provider: PSJPROVIDER,ONE         [w]  Cum. Doses: 43
 (10)   Other Print:

 (11)  Remarks :
       Entry By: PSJPROVIDER,ONE                  Entry Date: 03/19/01  11:30
          Enter ?? for more actions
DC   (Discontinue)          RN   (Renew)                FL   Flag
ED   (Edit)                OC   (On Call)
HD   (Hold)                 AL   Activity Logs
Select Item(s): Quit// <Enter>    QUIT
```

When an action of DC (Discontinue) is taken on one child order that is part of a Complex Order, a message will display informing the user that the order is part of a Complex Order, and the user is prompted to confirm that the action will be taken on all of the associated child orders.

Example: Discontinue a Complex Order

```
ACTIVE UNIT DOSE              Feb 25, 2004@21:25:50          Page:    1 of    2
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)

*(1)Orderable Item: ASPIRIN TAB                                            <DIN>
       Instructions:
 *(2)Dosage Ordered: 650MG
           Duration:                      *(3)Start: 03/26/2001  14:40
 *(4)     Med Route: ORAL
                                          *(5) Stop: 03/28/2001  24:00
  (6) Schedule Type: CONTINUOUS
 *(8)      Schedule: QDAILY
  (9)   Admin Times: 1440
*(10)      Provider: PSJPROVIDER,ONE  [es]
 (11) Special Instructions:

 (12) Dispense Drug                                 U/D        Inactive Date
      ASPIRIN BUFFERED 325MG TAB                    2
+         Enter ?? for more actions
DC  Discontinue           ED  (Edit)                 AL  Activity Logs
HD  Hold                  RN  Renew
FL  Flag                  VF  (Verify)
Select Item(s): Next Screen// <Enter>


Select Item(s): Next Screen// DC   Discontinue

This order is part of a complex order. If you discontinue this order the
following orders will be discontinued too (unless the stop date has already
been reached).

Press Return to continue...  <Enter>


        CAPTOPRIL TAB                           C  03/26       03/27       N
        Give: 25MG PO QDAILY
```

```
        CAPTOPRIL TAB                           C  03/26       03/29       N
        Give: 100MG PO TID

Press Return to continue...  <Enter>

Do you want to discontinue this series of complex orders? Yes//
```

3.4.4.2. Edit

This action allows modification of any field shown on the order view that is preceded by a number in parenthesis (#).

Example: Edit an Order

```
ACTIVE IV                     Mar 20, 2001@16:41:14          Page:    1 of    2
PSJPATIENT1,ONE                   Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)
*(1)  Additives:             Order number: 64           Type: PIGGYBACK
       AMPICILLIN 1000 MG
 (2)  Solutions:
       0.9% SODIUM CHLORIDE 100 ML
           Duration:                              *(4) Start: 03/19/2001  11:30
 (3)  Infusion Rate: INFUSE OVER 30 MIN.
*(5)      Med Route: IVPB                          *(6) Stop: 03/20/2001  24:00
*(7)       Schedule: QID                           Last Fill: 03/19/2001  14:57
 (8)    Admin Times: 09-13-17-21                   Quantity: 2
*(9)       Provider: PSJPROVIDER,ONE [es]         Cum. Doses: 9
*(10)Orderable Item: AMPICILLIN INJ
       Instructions:
 (11)   Other Print:

+         Enter ?? for more actions
DC   Discontinue          ED   Edit                AL   Activity Logs
HD   Hold                 RN   Renew
FL   Flag                OC   On Call
Select Item(s): Next Screen// ED   Edit

Select FIELDS TO EDIT: 11
OTHER PRINT INFO: TESTING
```

If a field marked with an asterisk (*) to the left of the number is changed, the original order will be discontinued, and a new order containing the edited data will be created. The Stop Date/Time of the original order will be changed to the date/time the new edit order is accepted. The old and new orders are linked and may be viewed using the History Log function. When the screen is refreshed, the message, “This change will cause a new order to be created,” will be displayed.

Editing Orders with CPRS Overrides/Pharmacist Interventions

The first time a field marked with an asterisk (*), is selected for editing, if CPRS Provider Overrides and/or Pharmacy Interventions exist for the order, entering Y (Yes) at the prompt: “Order Check Overrides/Interventions exist for this order. Display? (Y/N)? Y//” displays the following:

```
Heading information, followed by a summary of the Current CPRS Order Checks overridden by the
Provider, as well as the Overriding Provider, and title, Override Entered By, and title,
Date/Time Entered, and the Override Reason.
```

Refer to “*Edit an Order with Provider Overrides/Interventions*” for an example of the screen.

Once a Complex Order is made active, the following fields may not be edited:

- ADMINISTRATION TIME
- Any field where an edit would cause a new order to be created. These fields are denoted with an asterisk in the Detailed View of a Complex Order.

If a change to one of these fields is necessary, the Complex Order must be discontinued and a new Complex Order must be created.

Example: Edit an Order (continued)

```
ACTIVE IV                     Mar 20, 2001@16:42:02          Page:    1 of    2
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)

*(1)  Additives:             Order number: 64           Type: PIGGYBACK
       AMPICILLIN 1000 MG
 (2)  Solutions:
       0.9% SODIUM CHLORIDE 100 ML
           Duration:                              *(4) Start: 03/19/2001  11:30
 (3)  Infusion Rate: INFUSE OVER 0 MIN.
*(5)      Med Route: IVPB                         *(6) Stop: 03/20/2001  24:00
*(7)       Schedule: QID                          Last Fill: 03/19/2001  14:57
 (8)    Admin Times: 09-13-17-21                   Quantity: 2
*(9)       Provider: PSJPROVIDER,ONE [es]        Cum. Doses: 9
*(10)Orderable Item: AMPICILLIN INJ
       Instructions:
 (11)   Other Print: TESTING

 (12)  Remarks :
+         Enter ?? for more actions
AC   Accept               ED   Edit
Select Item(s): Next Screen// AC   Accept


Orderable Item: MULTIVITAMINS INJ
Give: IVPB QID

[64]0001  1 EAST  03/20/01
PSJPATIENT1,ONE   B-12AMPICILLIN 1000 MG     0.9% SODIUM CHLORIDE 100 ML

INFUSE OVER 30 MIN.
TESTING
QID
09-13-17-21
1[1]

Start date: MAR 19,2001 11:30  Stop date: MAR 20,2001 24:00


Is this O.K.:  Y//  <Enter>   YES
REASON FOR ACTIVITY: <Enter>

7 Labels needed for doses due at ...

03/19/01 1300 : 03/19/01 1700 : 03/19/01 2100 : 03/20/01 0900 : 03/20/01 1300 :
03/20/01 1700 : 03/20/01 2100 :

        3        6        9       12       15       18       21       24
..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:
                    P
                          ^           ^           ^           ^
                                                N
```

```
Next delivery time is 1500 ***


Action (PB) P// BYPASS
```

Example: Edit an Order and Create a New Order

```
ACTIVE IV                    Apr 02, 2001 20:55:35          Page:    1 of    2
PSJPATIENT1,ONE                 Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)

*(1)  Additives:             Order number: 41           Type: PIGGYBACK
       MVI 1 ML
 (2)  Solutions:
       DEXTROSE 10% 1000 ML
           Duration:                               *(4) Start: 04/02/2001  20:55
 (3)  Infusion Rate: INFUSE OVER 8 HOURS.
*(5)      Med Route: IV                            *(6) Stop: 04/03/2001  24:00
*(7)       Schedule: QDAILY                        Last Fill: ********
 (8)    Admin Times: 1440                          Quantity: 0
*(9)       Provider: PSJPROVIDER,ONE [es]         Cum. Doses:
*(10)Orderable Item: MVI INJ
       Instructions:
 (11)   Other Print:

+         Enter ?? for more actions
DC   Discontinue          ED   Edit                 AL   Activity Logs
HD   Hold                 RN   Renew
FL   Flag                OC   On Call
Select Item(s): Next Screen// 5
MED ROUTE: IV//IVPB  IV PIGGYBACK      IVPB


ACTIVE IV                    Apr 02, 2001 20:56:21          Page:    1 of    2
PSJPATIENT1,ONE                 Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)

*(1)  Additives:             Order number: 41           Type: PIGGYBACK
       MVI 1 ML
 (2)  Solutions:
       DEXTROSE 10% 1000 ML
           Duration:                               *(4) Start: 04/02/2001  20:55
 (3)  Infusion Rate: INFUSE OVER 8 HOURS.
*(5)      Med Route: IVPB                          *(6) Stop: 04/03/2001  24:00
*(7)       Schedule: QDAILY                        Last Fill: ********
 (8)    Admin Times: 1440                          Quantity: 0
*(9)       Provider: PSJPROVIDER,ONE [es]         Cum. Doses:
*(10)Orderable Item: MVI INJ
       Instructions:
 (11)   Other Print:

 (12)  Remarks :
+         Enter ?? for more actions
AC   Accept               ED   Edit
Select Item(s): Next Screen// AC   Accept

Orderable Item: MVI INJ
Give: IVPB QDAILY

[41]0001  OBSERVATION  04/02/01
PSJPATIENT1,ONE   NF

MVI 1 ML
DEXTROSE 10% 1000 ML

Dose due at: ________
INFUSE OVER 10 MIN.
QDAILY
1440
```

```
Fld by: ____  Chkd by: ____
1[1]

Start date: APR 2,2001 20:56   Stop date: APR 3,2001 24:00
*** This change will cause a new order to be created. ***


Is this O.K.:  Y// <Enter>    YES
NATURE OF ORDER: SERVICE CORRECTION//  <Enter>      S.

Original order discontinued...



        3        6        9       12       15       18       21       24
..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:
                                  P

                                                            N

Next delivery time is 1100 ***


Action (PBS) B// <Enter>    BYPASS

ACTIVE IV                     Apr 02, 2001 20:58:37          Page:    1 of    2
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)

*(1)  Additives:             Order number: 42           Type: PIGGYBACK
       MVI 1 ML
 (2)  Solutions:
       DEXTROSE 10% 1000 ML
           Duration:                               *(4) Start: 04/02/2001  20:56
 (3)  Infusion Rate: INFUSE OVER 8 HOURS.
*(5)      Med Route: IVPB                          *(6) Stop: 04/03/2001  24:00
*(7)       Schedule: QDAILY                        Last Fill: ********
 (8)    Admin Times: 1440                          Quantity: 0
*(9)       Provider: PSJPROVIDER,ONE [es]         Cum. Doses:
*(10)Orderable Item: MVI INJ
       Instructions:
 (11)   Other Print:

+         Enter ?? for more actions
DC   Discontinue          ED   Edit                 AL   Activity Logs
HD   Hold                 RN   Renew
FL   Flag                OC   On Call
Select Item(s): Next Screen//Select Item(s): Next Screen// AL   Activity Logs
(A)ctivity (L)abel (H)istory: H  History Log

DEVICE: HOME// <Enter>  NT/Cache virtual TELNET terminal    Right Margin: 80// <Enter>


     ----------------------------------------------------------------------
     Patient: PSJPATIENT1,ONE                        Status: DISCONTINUED

*(1)  Additives:             Order number: 41           Type: PIGGYBACK
       MVI 1 ML
 (2)  Solutions:
       DEXTROSE 10% 1000 ML
           Duration:                               *(4) Start: 04/02/2001  20:55
 (3)  Infusion Rate: INFUSE OVER 8 HOURS.
*(5)      Med Route: IV                            *(6) Stop: 04/02/2001  20:57
*(7)       Schedule: QDAILY                        Last Fill: ********
 (8)    Admin Times: 1440                          Quantity: 0
*(9)       Provider: PSJPROVIDER,ONE [es]         Cum. Doses:
*(10)Orderable Item: MVI INJ
       Instructions:
 (11)   Other Print:
```

```
 (12)  Remarks :
       Entry By: PSJPROVIDER,ONE                  Entry Date: 04/02/01  20:55
Enter RETURN to continue or '^' to exit: <Enter>

     Patient: PSJPATIENT1,ONE                         Status: ACTIVE

*(1)  Additives:             Order number: 42           Type: PIGGYBACK
       MVI 1 ML
 (2)  Solutions:
       DEXTROSE 10% 1000 ML
           Duration: TST ISC ROOM                 *(4) Start: 04/02/2001  20:56
 (3)  Infusion Rate: INFUSE OVER 8 HOURS.
*(5)      Med Route: IVPB                          *(6) Stop: 04/03/2001  24:00
*(7)       Schedule: QDAILY                        Last Fill: ********
 (8)    Admin Times: 1440                           Quantity: 0
*(9)       Provider: PSJPROVIDER,ONE [es]         Cum. Doses:
*(10)Orderable Item: MVI INJ
       Instructions:
 (11)   Other Print:

 (12)  Remarks :
       Entry By: PSJPROVIDER,ONE                  Entry Date: 04/02/01  20:56
Enter RETURN to continue or '^' to exit: <Enter>
(A)ctivity (L)abel (H)istory:  ^
```

If the Dispense Drug tied to the Additive, Solution, and/or Orderable Item has a non-formulary status, this status will be displayed on the screen as "*N/F*" beside the Additive, Solution, and/or Orderable Item.

<u>Change the Volume of a Solution</u>

There are times when the pharmacist will need to change the volume of the solution for one specific order. The syringe type of order does have a separate volume prompt so the user will not have to add any steps. For other types, the user can simply enter an order and then edit it to change the volume, or use the following method:

An order calls for 25 ML of D5W, but when D5W is selected, there is no solution in the file with that volume.

- Choose the solution that is most like the one needed (e.g., D5W 50 ML). In this example, D5W 50 ML is now the selected solution.
- At the next prompt, enter the characters **<^SOL>** and choose the solution just entered.
- The next prompt is "SOLUTION: (DEFAULT) //". Enter the characters **<^VOL>.**
- The prompt "VOLUME: (DEFAULT) //" will be displayed.
- Change the volume for this specific order to the desired volume (the example below shows 25). The terminal dialog follows:

Example: Change the Volume of a Solution

```
Select SOLUTION:   D5W      50ML
INFUSION  RATE:   ^SOL
Select SOLUTION: D5W//   <Enter>
SOLUTION:  D5W //   <Enter>
VOLUME:  50 ML //   25      ML
```

IV Bag/Label Parameters

This section describes IV Parameters in Bar Code Medication Administration (BCMA).
The BCMA IV bag/label parameters determine the status of an order's IV labels after an IV order is edited. The BCMA IV parameters are used to determine if an order's previously printed IV labels are valid (or invalid) after an edit occurs.

BCMA IV parameters are defined primarily by division, and may also be defined by ward location. If no parameters have been defined for a given ward, orders associated with that ward will use the IV parameters for the division associated with the ward.

The following fields are available in the BCMA IV parameters on the IV Order Entry screen:

• Additive • Strength • Bottle • Solution • Volume • Infusion Rate • Med Route • Schedule	• Admin Time • Remarks • Other Print Info • Provider • Start Date/Time • Stop Date/Time • Provider Comments.

Each field offers a selection of Warning, Non-Verify, and Invalid Bag.

- **If a field is set to Warning,** and an order is changed, the IV bags from the old order are carried to the new order and are available on the BCMA VDL. When a nurse scans the bar code on an IV bag, a Warning message alerts them about fields that have changed.
- **If a field is set to Non-Verify,** and an order is changed, the IV bags from the old order are carried to the new order and are available on the BCMA VDL. When a nurse scans the bar code on an IV bag, NO warning message displays.
- **If a field is set to Invalid Bag,** and an order is changed, the IV bags from the old order do not carry to the new order or display on the BCMA VDL.

Editing Orders when an Invalid IV Bag Event Occurs

The pharmacist is provided a list of invalidated IV bags when an Invalid Bag event has occurred.

An Invalid Bag event occurs when both of the following conditions are met:

- A change is made to any IV order field that matches a BCMA IV Bag site parameter field that is set to "Invalid Bag."
- IV labels were available for the order prior to the change.

Note: Order changes may originate in Inpatient Medications or CPRS.

If an Invalid Bag event occurs, the following is displayed after the edited order's status is changed to ACTIVE**:**

- The edited field that triggered the IV bags to be invalidated
- The Date and time of each invalidated IV label
- The label ID of each invalidated IV bag
- The status of each invalidated IV bag
- The Count status of each invalidated IV bag.
- The BCMA Action – Date/Time of each invalidated IV bag

Example: Invalid Labels Cannot be Reprinted or Scanned

```
Is this O.K.:  Y// y    YES
NATURE OF ORDER: SERVICE CORRECTION// sERVICE CORRECTION       S

            **  Edit to PROVIDER has caused the following IV labels to be invalidated **
            (Invalid IV labels cannot be reprinted or marked as Infusing in BCMA)

Label Date/Time  Unique ID             Status      Count BCMA Action-Date/Time
---------------  --------              ---------   ----- ------------------------
09/14/12 16:06   91V149                            YES
09/14/12 16:06   91V150                            YES
09/14/12 16:06   91V151                            YES
```

A pause occurs before the display scrolls to the top of the screen.

After the user enters "YES," a prompt to print a list of Invalidated IV labels to a device or RETURN to continue displays.

Example: Prompt to Print

```
Enter 'P' to print list of Invalidated Labels or RETURN to continue: p  PRINT

DEVICE: HOME//
```

When **P** is entered at the "Enter P" prompt, the following is displayed in the report:

- Location (current Ward or Clinic)
- Patient Name
- Medication (IV Additive, IV Solution, or Orderable Item)
- Date/time
- V# of the IV bag
- Status
- Count
- BCMA Action-Date/time

Example: List of Invalidated Labels Report

```
Enter 'P' to print list of Invalidated Labels or RETURN to continue: p
PRINT DEVICE
DEVICE: HOME//   SSH VIRTUAL TERMINAL    Right Margin: 80//
```

```
                      * Invalidated IV Labels *

     Patient: BANPATNM,JAMES E                    Location: BECKY'S CLINIC
 Additive(s): CEFAMANDOLE 20 GM
 Solution(s): DEXTROSE 10% 1000 ML

Label Date/Time  Unique ID            Status      Count BCMA Action-Date/Time
---------------  --------             ---------   ----- -----------------
09/14/12 16:06   91V149                           YES
09/14/12 16:06   91V150                           YES
09/14/12 16:06   91V151                           YES
```

When the screen is full, a pause for the report output occurs, if the user selects the device option to print to the screen.

When an invalid bag event occurs, all IV labels associated with the edited order that have not already been invalidated are invalidated. IV labels that were previously invalidated as a result of prior edits are not displayed.

Following the “REASON FOR ACTIVITY:” prompt, the “Print new replacement labels? NO// Y” prompt displays to allow the pharmacist to print replacement labels when the following conditions occur:

- A non-starred field is changed.
- The IV parameter is set to Invalid Bag for an edited field.

Example: Print New Replacement IV Labels

```
REASON FOR ACTIVITY: test

Print new replacement labels? NO// YES

8 Labels needed for doses due at ...
```

IV labels printed prior to an order edit are displayed as available when edits are made to fields set to Warning or Non-Verify in the BCMA IV Parameters.

Example: IV Labels Available and Print New Replacement Labels

```
The following IV labels are available:

Label Date/Time   Unique ID             Status
08/02/12 09:57    8157V178
08/02/12 09:57    8157V179
08/02/12 09:57    8157V180
08/02/12 09:57    8157V181
08/02/12 09:57    8157V182

Print new replacement labels? N// Y
```

The BCMA availability of IV bags may be viewed using the Label Log action. All IV labels that have been invalidated are displayed in the label log file with “NO” in the “Available in BCMA” column.

The label log file displays the status of the IV label as either available or not available in BCMA.

Example: Label Log Display

```
(A)ctivity (L)abel (H)istory (I)nstructions History: Label Log

LABEL LOG:

#  DATE/TIME      ACTION        USER           #LABELS      TRACK          COUNT
================================================================================

1  FEB 26,2013@16:69:53
                  DISPENSED     HARRIS,JAMES      3         ORDER ACTION     YES

Enter RETURN to continue or '^' to exit:

Unique IDs for this order:

                                Available
Label Date/Time Unique ID        in BCMA  Status  Count BCMA Action-Date/Time

02/25/13 15:36  197V6411            NO              YES
02/25/13 15:36  197V6410            NO              YES
02/25/13 15:36  197V6409            NO              YES

(A)ctivity (L)abel (H)istory (I)nstructions History:
```

Labels will not be available in BCMA under the following conditions:

- When the status is Reprint, Recycled, Destroyed or Cancelled.
- When the action is Given, Infusing, Stopped or Completed.
- When an Invalid Bag Event has occurred.

After the above information is displayed in the label log, the below prompt displays for associated linked orders, if they exist. The default is “Y//.”

Example: Associated Linked Orders Prompt

```
Do you wish to see labels from linked (edited) orders? Y//
```

The **clinic location’s abbreviation, or the full clinic name if no abbreviation exists, prints on the IV label when the CLINIC field (#126) is populated**. The ward location name is printed when the CLINIC field is null. The name “OPT. IV,” is printed if neither the clinic location name nor the ward location name is populated.

3.4.4.3. Verify

Orders must be accepted and verified before they can become active and are included on the BCMA VDL. If AUTO-VERIFY is enabled for the pharmacist, new orders immediately become active after entry or finish (pending orders entered through CPRS). Orders verified by nursing prior to pharmacy verification are displayed on the profile under the active header marked with an arrow (->) to the right of the order number, and are included on the BCMA VDL.

When an action of VF (Verify) is taken on one child order that is part of a Complex Order, a message will display informing the user that the order is part of a Complex Order, and the user is prompted to confirm that the action will be taken on all of the associated child orders.

Inpatient Medications no longer displays an expected first dose for orders containing a schedule with a schedule type of One-time. The system also no longer displays an expected first dose for orders containing a schedule with a schedule type of On-call. The Inpatient Medications application performs the following actions.

- Modifies order entry to allow entry of a Day-of-Week schedule in the following format: days@schedule name. For example, MO-WE-FR@BID or TU@Q6H.
- Translates the schedule into the appropriate administration times. For example, MO-WE-FR@BID is translated to MO-WE-FR@10-22.
- Modifies the expected first dose calculation to accept the new format of schedules. For example, MO-WE-FR@BID or MO@Q6H.
- Accepts the new formatted schedules from CPRS. For example, MO-WE-FR@BID or TU@Q6H.
- Translates a schedule received in the new format from CPRS into the appropriate schedule and administration times.

Note: Orders that have been accepted by the pharmacist will appear on the BCMA VDL if verified by a nurse.

Note: AUTO-VERIFY is controlled by the ALLOW AUTO-VERIFY FOR USER field in the INPATIENT USER PARAMETERS file. For more information on the Auto-Verify function, see the Edit User Parameters section of the Pharmacy Supervisor Manual.

Note: The user will not be allowed to finish an order that contains a schedule that is considered to be non-standard. Schedules must be selected from the ADMINISTRATION SCHEDULE file, with the following exceptions:

a. Schedule containing PRN: (Ex. TID PC PRN). If the schedule contains PRN, the base schedule must be in the ADMINISTRATION SCHEDULE file.

b. Day of week schedules (Ex. MO-FR or MO-FR@0900)

c. Admin time only schedules (Ex. 09-13)

Note: When verifying an IV order that contains an Old Schedule Name, the user will have to edit the schedule to the New Schedule Name before they will be able to verify the IV order. This does not apply to Old Schedule Names for Day of the Week Schedules.

Verifying IV Order with Old Schedule Name

```
NON-VERIFIED IV (ROUTINE)      Apr 25, 2017@11:57:38          Page:    1 of    6
PSJPATIENT,ONE                     Ward: 7A GEN
   PID: 666-09-4321            Room-Bed: 722-C         Ht(cm): 165.10 (04/19/17)
```

```
   DOB: 04/05/44 (73)         Att: Psj,Test           Wt(kg): 77.11 (04/19/17)

*(1)  Additives:                                      Type: PIGGYBACK
       GENTAMICIN 120 MG
 (2)  Solutions:
       5% DEXTROSE 100 ML
           Duration:                           (4)     Start: 04/25/17  11:14
 (3)  Infusion Rate: INFUSE OVER 60 Minutes
*(5)      Med Route: IV                        (6)      Stop: 05/10/17  11:14
*(7)       Schedule: Q72H                          Last Fill: ********
 (8)    Admin Times: 0900                           Quantity: 0
*(9)       Provider: PROVIDER,ONE [es]            Cum. Doses:
*(10)Orderable Item: GENTAMICIN INJ,SOLN
       Instructions:

 (12)  Remarks :
+         Enter ?? for more actions
DC   Discontinue          RN   (Renew)              VF   Verify
HD   (Hold)               OC   (On Call)            FL   Flag
ED   Edit                 AL   Activity Logs
Select Item(s): Next Screen// VF   Verify


The schedule Q72H has been replaced with Q3D by the system administrator
after this order was entered.

Please correct the schedule before verifying this order.

Press Return to continue...
<User will be returned to patient's profile>
```

When verifying an IV order which contains an Old Schedule Name, the user will be notified that the schedule within the order has been replaced with a new name and told that they must correct the order before they can verify. The user will be taken back to the patient profile. The user will have to edit the schedule to the New Schedule Name in order to verify the IV order.

If the Dispense Drug or Orderable Item has a non-formulary status, this status will be displayed on the screen as "*N/F*" beside the Dispense Drug or Orderable Item.

Example: Verify an Order

```
NON-VERIFIED IV               Feb 28, 2002@13:56:44          Page:    1 of    2
PSJPATIENT1,ONE                 Ward: 1 EAST
   PID: 000-00-0001         Room-Bed: B-12         Ht(cm): ______ (________)
   DOB: 08/18/20  (81)                             Wt(kg): ______ (________)

*(1)  Additives:                                        Type: PIGGYBACK
       AMPICILLIN 1000 MG
 (2)  Solutions:
       0.9% SODIUM CHLORIDE 100 ML
           Duration:                               (4) Start: 02/28/2002  13:56
 (3)  Infusion Rate: INFUSE OVER 30 MIN.
*(5)      Med Route: IV                             (6) Stop: 03/30/2002  24:00
*(7)       Schedule: QID                           Last Fill: ********
 (8)    Admin Times: 09-13-17-21                   Quantity: 0
*(9)       Provider: PSJPROVIDER,ONE [es]         Cum. Doses:
*(10)Orderable Item: AMPICILLIN INJ
       Instructions:
 (11)   Other Print:

+         Enter ?? for more actions
DC   Discontinue          RN   (Renew)              VF   Verify
HD   (Hold)               OC   (On Call)            FL   Flag
ED   Edit                 AL   Activity Logs
Select Item(s): Next Screen// VF
```

```
        3        6        9       12       15       18       21       24
..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:
                                          P

                                         N

Next delivery time is 1330 ***


Action (PB) B// <Enter>    BYPASS
```

Example: Verify a "DONE" Order (CPRS Med Order)

```
Inpatient Order Entry         Mar 07, 2002@13:01:56          Page:    1 of    1
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (81)                              Wt(kg): ______ (________)
   Sex: MALE                                     Admitted: 05/03/00
    Dx: TESTING                           Last transferred: ********
  CrCL: <Not Found>                               BSA (m2): _______

 - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - -
   1 d->in 0.9% SODIUM CHLORIDE 1000 ML 125 ml/hrC  03/07/2002  03/07/2002  E
   2 d->in 5% DEXTROSE 50 ML 125 ml/hr           C  03/06/2002  03/06/2002  E
   3    CEPHAPIRIN 1 GM                          C  03/04/2002  03/09/2002  A
        in DEXTROSE 5% IN N. SALINE 1000 ML QID
   4    ASPIRIN CAP,ORAL                         O  03/07/2002  03/07/2002  E
          Give: 650MG PO NOW
 - - - - - - - - - - - - - - -  P E N D I N G  - - - - - - - - - - - - - - - -
   5    in DEXTROSE 10% 1000 ML 125 ml/hr        ?  *****       *****       P


          Enter ?? for more actions
PI  Patient Information                 NO  New Order Entry
PU  Patient Record Update               CM  New Clinic Medication Entry
SO  Select Order
Select Action: Quit// 1


EXPIRED IV (DONE)             Mar 07, 2002@13:02:26          Page:    1 of    2
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (81)                              Wt(kg): ______ (________)

*(1) Additives:              Order number: 483          Type: ADMIXTURE
*(2) Solutions:
       0.9% SODIUM CHLORIDE 1000 ML  *N/F*
           Duration:                           *(4) Start: 03/07/2002  12:59
*(3)  Infusion Rate: 125 ml/hr
*(5)      Med Route: IV                        *(6) Stop: 03/07/2002  12:59
BCMA ORDER LAST ACTION: 03/07/02 12:59 Infusing
*(7)       Schedule:                           Last Fill: ********
 (8)    Admin Times:                           Quantity: 0
*(9)       Provider: PSJPROVIDER,ONE [es]      Cum. Doses:
 (10)   Other Print:
  Provider Comments: TESTING

 (11)  Remarks :
+         Enter ?? for more actions
DC   (Discontinue)        RN   (Renew)              VF   (Verify)
HD   (Hold)               OC   (On Call)            FL   Flag
ED   (Edit)               AL   Activity Logs
Select Item(s): Next Screen// VF   Verify

        3        6        9       12       15       18       21       24
..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:
                    A
                                         N

Next delivery time is 1500 ***
```

```
Action (PB) B// <Enter>    BYPASS

     Select one of the following:

          Y         Yes
          N         No

Do you want to enter a Progress Note: No// <Enter>
```

Note: The user will have the ability to enter a Progress Note for a "DONE" priority order.

3.4.4.4. Hold

Only active orders may be placed on hold. Orders placed on hold will continue to show under the ACTIVE heading on the profiles until removed from hold. Any orders placed on hold through the pharmacy options cannot be released from hold using any of the CPRS options. An entry is placed in the order's Activity Log recording the user who placed/removed the order from hold and when the action was taken. The codes and the action they represent are as follows:

- HP – Placed on hold by provider through CPRS
- H – Placed on hold via backdoor Pharmacy

If the Dispense Drug tied to the Additive, Solution, and/or Orderable Item has a non-formulary status, this status will be displayed on the screen as "*N/F*" beside the Additive, Solution, and/or Orderable Item. Notice that the order shows a status of "H" for hold in the right side of the Multivitamins order below.

Example: Place an Order on Hold

```
ACTIVE IV                    Sep 28, 2000 13:36:31          Page:    1 of    2
PSJPATIENT1,ONE                 Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)

*(1)  Additives:             Order number: 333          Type: PIGGYBACK    <DIN>
       MULTIVITAMINS 1 ML
 (2)  Solutions:
       0.9% NACL 500 ML
           Duration:                            *(4) Start: 09/27/2000  13:00
 (3)  Infusion Rate:
*(5)      Med Route: IVPB                       *(6) Stop: 10/02/2000  16:54
*(7)       Schedule: QID                        Last Fill: ********
 (8)    Admin Times: 09-13-17-21                 Quantity: 0
*(9)       Provider: PSJPROVIDER,ONE [es] Cum. Doses:
*(10)Orderable Item: MULTIVITAMINS INJ *N/F*
       Instructions: Doctor's order.

 (11)   Other Print: THIS IS AN INPATIENT IV EXAMPLE.
+         Enter ?? for more actions
DC   Discontinue          ED   Edit                 AL   Activity Logs
HD   Hold                 RN   Renew
FL   Flag                OC   On Call
Select Item(s): Next Screen// HD   Hold

NATURE OF ORDER: WRITTEN// <Enter>
REASON FOR ACTIVITY: <Enter>

Inpatient Order Entry        Sep 28, 2000 13:37:57          Page:    1 of    1
```

```
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)
   Sex: MALE                                     Admitted: 05/03/00
    Dx: TESTING                            Last transferred: ********
  CrCL: <Not Found>                                BSA (m2): _______

 - - - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - - -
   1    MULTIVITAMINS 1 ML                        C  09/27/2000  10/02/2000  H
        in 0.9% NACL 500 ML QID
 - - - - - - - - - - - - - - - - -  P E N D I N G  - - - - - - - - - - - - - - - - -
   2    AMPICILLIN INJ                            ?  *****       *****       P
          Give: 1000MG IVPB QID
   3    PROPRANOLOL TAB                           ?  *****       *****       P
          Give: 10MG PO TID

          Enter ?? for more actions
PI  Patient Information                 NO  New Order Entry
PU  Patient Record Update               CM  New Clinic Medication Entry
SO  Select Order
Select Action: Quit//
```

3.4.4.5. Renew

Medication orders (referred to in this section as orders) that may be renewed include the following:

- All non-complex active Unit Dose and IV orders.
- Orders that have been discontinued due to ward transfer or treating specialty change.
- Expired orders containing an administration schedule (Unit Dose and scheduled IV orders) that have not had a scheduled administration time since the last BCMA action was taken.
- Expired orders not containing an administration schedule (continuous IV orders) that have had an expired status less than the time limit defined in the EXPIRED IV TIME LIMIT field in the PHARMACY SYSTEM file.

Note: Complex Orders may only be renewed if all associated child orders are renewable.

Renewing Orders with CPRS Overrides/Pharmacist Interventions

When renewing an order, if CPRS Provider Overrides and/or Pharmacy Interventions exist for the order, entering Y (Yes) at the prompt: “Order Check Overrides/Interventions exist for this order. Display? (Y/N)? Y//” displays the following:

> Heading information first, followed by a summary of the Current CPRS Order Checks overridden by the Provider, as well as the Overriding Provider, and title, Override Entered By, and title, Date/Time Entered, and the Override Reason.

Refer to “*Renew an Order with Provider Overrides/Interventions*” for an example of the screen.

Note: When renewing an IV order that contains an Old Schedule Name, the user will be notified of the schedule change and the New Schedule Name. The user will be informed that a renewed order cannot be edited and a new order must be entered. This does not apply to Old Schedule Names for Day of the Week Schedules.

Renewing an IV Order with Old Schedule Name

```
ACTIVE IV                      Apr 25, 2017@14:41:04          Page:    1 of    2
PSJPATIENT,ONE                     Ward: 7A GEN
   PID: 666-09-4321            Room-Bed: 722-C         Ht(cm): 165.10 (04/19/17)
   DOB: 04/05/44 (73)                                  Wt(kg): 77.11 (04/19/17)
*(1)  Additives:           Order number: 7           Type: PIGGYBACK
       GENTAMICIN 180 MG
 (2)  Solutions:
       5% DEXTROSE 150 ML
           Duration:                                *(4) Start: 04/25/2017  14:24
 (3)  Infusion Rate: INFUSE OVER 60 Minutes
*(5)      Med Route: IV                             *(6) Stop: 05/10/2017  14:24
*(7)       Schedule: Q72H                          Last Fill: ********
 (8)    Admin Times: 0900                           Quantity: 0
*(9)       Provider: BERTUZIS,LINA [s]            Cum. Doses:
*(10)Orderable Item: GENTAMICIN INJ,SOLN
+         Enter ?? for more actions
DC   Discontinue          RN   Renew                VF   (Verify)
HD   Hold                 OC   On Call              FL   Flag
ED   Edit                 AL   Activity Logs
Select Item(s): Next Screen// rn   Renew


The schedule Q72H has been replaced with Q3D by the system administrator
after this order was renewed.

WARNING - Renewed RXs cannot be edited. Please enter new order.

Press Return to continue...

<User will be taken to the patient's profile>
```

Renewing Active Orders

The following applies when the RN (Renew) action is taken on any order with a status of "Active":

- A new Default Stop Date/Time is calculated for the order using the same calculation applied to new orders. The starting point of the Default Stop Date/Time calculation is the date and time that the order was signed in CPRS or the date and time that the RN (Renew) action was taken in Inpatient Medications.
- The RN (Renew) action does not create a new order.
- The Start Date/Time is not available for editing when an order is renewed.

Note: Orders having a schedule type of One-Time or On Call must have a status of "Active" in order to be renewed.

Renewing Discontinued Orders

IV and Unit Dose orders that have been discontinued, either through the (DC) Discontinue action or discontinued due to edit, cannot be renewed.

IV and Unit Dose medication orders that have been discontinued due to ward transfer or treating specialty change will allow the (RN) Renew action.

Renewing Expired Unit Dose Orders

The following applies to expired Unit Dose orders having a schedule type of Continuous or PRN.

1. The RN (Renew) action will not be available on an order with a status of "Expired" if either of the following two conditions exist:
   a. If the difference between the current system date and time and the last scheduled administration time is greater than the frequency of the schedule. This logic will be used for schedules with standard intervals (for example, Q7H).
   b. If the current system date and time is greater than the time that the next dose is due. This logic is used for schedules with non-standard intervals (for example, Q6H – 0600-1200-1800).
2. A new Default Stop Date/Time is calculated for the order using the same calculation applied to new orders. The starting point of the Default Stop Date/Time calculation is the date and time that the order was signed in CPRS or the date and time that the RN (Renew) action was taken in Inpatient Medications.
3. The (RN) Renew action does not create a new order.
4. The Start Date/Time is not available for editing when an order is renewed.
5. The renewed order has a status of "Active."

Renewing Expired Scheduled IV Orders

The following applies to only IV orders that have a scheduled administration time.

1. The RN (Renew) action is not available on a scheduled IV order with a status of "Expired" if either of the following two conditions exist:
   a. If the difference between the current system date and time and the last scheduled administration time is greater than the frequency of the schedule. This logic is used for schedules with standard intervals (for example, Q7H).
   b. If the current system date and time is greater than the time that the next dose is due. This logic is used for schedules with non-standard intervals (for example, Q6H – 0600-1200-1800).
2. A new Default Stop Date/Time is calculated for the order using the same calculation applied to new orders. The starting point of the Default Stop Date/Time calculation is the

date and time that the order was signed in CPRS or the date and time that the RN (Renew) action was taken in Inpatient Medications.

3. The RN (Renew) action does not create a new order.
4. The Start Date/Time is not available for editing when an order is renewed.
5. The renewed order has a status of "Active."

Renewing Expired Continuous IV Orders

The following applies to IV orders that do not have a scheduled administration time.

1. For Continuous IV orders having a status of "Expired," the "Expired IV Time Limit" system parameter controls whether or not the RN (Renew) action is available. If the number of hours between the expiration date/time and the current system date and time is less than this parameter, the RN (Renew) action is allowed. This parameter has a range of 0 to 24 hours, and may be changed using the PARameters Edit Menu option.
2. If the RN (Renew) action is taken on a continuous IV order, a new Default Stop Date/Time is calculated using existing Default Stop Date/Time calculations. The starting point of the Default Stop Date/Time calculation is the date and time that the order was signed in CPRS or the date and time that the RN (Renew) action was taken in Inpatient Medications.
3. The RN (Renew) action does not create a new order.
4. The Start Date/Time is not available for editing when an order is renewed.
5. The renewed order has a status of "Active."

Renewing Complex Orders

When an action of RN (Renew) is taken on one child order that is part of a Complex Order, a message will display informing the user that the order is part of a Complex Order, and the user is prompted to confirm that the action will be taken on all of the associated child orders.

Notes:

1. Only Complex Orders created with the conjunction AND will be available for renewal.
2. Orders created by checking the "Give additional dose now" box in CPRS, when ordered in conjunction with a Complex Order, will not be available for renewal.

Example: Renew a Complex Order

```
ACTIVE UNIT DOSE              Feb 25, 2004@21:25:50          Page:    1 of    2
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)

*(1)Orderable Item: ASPIRIN TAB                                          <DIN>
       Instructions:
 *(2)Dosage Ordered: 650MG
```

```
           Duration:                                *(3)Start: 03/26/2001  14:40
 *(4)     Med Route: ORAL
                                                    *(5) Stop: 03/28/2001  24:00
  (6) Schedule Type: CONTINUOUS
 *(8)      Schedule: QDAILY
  (9)   Admin Times: 1440
*(10)      Provider: PSJPROVIDER,ONE [es]
 (11) Special Instructions:

 (12) Dispense Drug                                  U/D        Inactive Date
      ASPIRIN BUFFERED 325MG TAB                     2
+         Enter ?? for more actions
DC  Discontinue           ED  (Edit)                 AL  Activity Logs
HD  Hold                  RN  Renew
FL  Flag       VF  (Verify)
Select Item(s): Next Screen// RN  Renew

This order is part of a complex order. If you RENEW this order the
following orders will be RENEWED too.

Press Return to continue...  <Enter>

        DIGOXIN TAB                              C  03/26       03/29    A
        Give: 200MG PO BID

        DIGOXIN TAB                              C  03/26       03/28    A
        Give: 100MG PO TID

Press Return to continue...  <Enter>

RENEW THIS COMPLEX ORDER SERIES? YES//
```

Viewing Renewed Orders

The following outlines what the user may expect following the renewal process:

1. The patient profile will contain the most recent renewal date in the Renewed field.
2. The patient detail will contain the most recent renewal date and time in the Renewed field.
3. The Activity Log will display the following:
   - ORDER EDITED activity, including the previous Stop Date/Time and the previous Provider (if a new Provider is entered at the time the order is renewed).
   - ORDER RENEWED BY PHARMACIST activity, including the pharmacist that renewed the order and the date and time that the RN (Renew) action was taken.

Example: Renewed Order in Profile View

```
Inpatient Order Entry         Feb 25, 2004@21:25:50          Page:    1 of    1
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (83)                              Wt(kg): ______ (________)
   Sex: MALE                                     Admitted: 05/03/00
    Dx: TESTING                           Last transferred: ********
  CrCL: <Not Found>                                BSA (m2): _______

 - - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - -
   1    ASPIRIN TAB 650            C  03/26/2004  03/28/2004  A
            Give: 650MG PO QDAILY     Renewed: 03/27/2004
```

```
          Enter ?? for more actions
PI  Patient Information                 NO  New Order Entry
PU  Patient Record Update               CM  New Clinic Medication Entry
SO  Select Order
Select Action: Quit// 1
```

Example: Renewed Order in Detailed Order View

```
ACTIVE UNIT DOSE              Feb 25, 2004@21:25:50          Page:    1 of    2
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)

*(1)Orderable Item: ASPIRIN TAB                                          <DIN>
       Instructions:
 *(2)Dosage Ordered: 650MG
           Duration:                               *(3)Start: 03/26/2004  14:40
 *(4)     Med Route: ORAL                             Renewed: 03/27/2004  11:00
                                                   *(5) Stop: 03/28/2004  24:00
  (6) Schedule Type: CONTINUOUS
 *(8)      Schedule: QDAILY
  (9)   Admin Times: 1440
*(10)      Provider: PSJPROVIDER,ONE [es]
 (11) Special Instructions:

 (12) Dispense Drug                                  U/D        Inactive Date
      ASPIRIN BUFFERED 325MG TAB                     2
+         Enter ?? for more actions
DC  Discontinue           ED  (Edit)                  AL  Activity Logs
HD  Hold                  RN  Renew
FL  Flag                  VF  (Verify)
Select Item(s): Next Screen//

ACTIVE UNIT DOSE              Feb 25, 2004@21:28:20          Page:    2 of    2
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)
+
(7)Self Med: NO

Entry By: PSJPROVIDER,ONE                      Entry Date: 03/25/04  21:25
Renewed By: PSJPROVIDER,ONE
(13) Comments:
 TESTING


          Enter ?? for more actions
DC  Discontinue           ED  (Edit)                  AL  Activity Logs
HD  Hold                  RN  (Renew)
FL  (Flag)                VF  (Verify)
Select Item(s): Quit//  <Enter>
```

Discontinuing a Pending Renewal

When a pharmacist attempts to discontinue a pending renewal, the following message displays.

This order has a pending status. If this pending order is discontinued, the original order will still be active.

If this occurs, a pharmacist may discontinue a pending order, both orders, or exit the discontinue function. When a pending renewal is discontinued, the order will return to its previous status.

Orders That Change Status During Process of Renew

Orders that are active during the renewal process but become expired during the pharmacy finishing process follow the logic described in Renewing Expired Unit Dose Orders, Renewing Expired Scheduled IV Orders, and Renewing Expired Continuous IV Orders.

3.4.4.6. Activity Log

This action allows the viewing of an activity log, label log, or a history log of the order. An activity log provides a trace of every action taken on an order since the original entry. If a history log is selected, it will find the first order, linked to the order where the history log was invoked from, then show an order view of each order associated with it, in the order that they were created. When a label log is selected, it shows the print, tracking, and counting information on the labels for the order.

Example: Activity Log

```
ACTIVE IV                     Feb 20, 2002@15:55:14          Page:    1 of    2
PSJPATIENT4,FOUR                 Ward: 7A GEN
   PID: 000-00-0004          Room-Bed: 726-B       Ht(cm): ______ (________)
   DOB: 10/10/49 (52)                              Wt(kg): ______ (________)

*(1) Additives:              Order number: 445          Type: ADMIXTURE
       POTASSIUM CHLORIDE XXXXXXXXXXX 35 MEQ
*(2) Solutions:
       DEXTROSE 5% 1/2 NS 1000 ML
           Duration:                            *(4) Start: 02/20/2002  15:46

*(3)  Infusion Rate: 80 ml/hr
*(5)      Med Route: IV                         *(6) Stop: 02/20/2002  24:00
BCMA ORDER LAST ACTION: 02/20/02 15:50 Infusing*
*(7)       Schedule:                            Last Fill: 02/20/2002  15:55
 (8)    Admin Times:                             Quantity: 1
*(9)       Provider: PSJPROVIDER,ONE [es]       Cum. Doses: 1
 (10)   Other Print:

 (11)  Remarks :
+         Enter ?? for more actions
DC   Discontinue          RN   Renew                VF   (Verify)
HD   Hold                 OC   On Call              FL   Flag
ED   Edit                 AL   Activity Logs
Select Item(s): Next Screen// AL   Activity Logs
(A)ctivity (L)abel (H)istory: Activity Log

ACTIVITY LOG:
#  DATE       TIME      REASON                    USER
================================================================================
1  FEB 20,2002 15:55:09 COMPLETE                  PSJPHARMACIST,ONE
   Comment: DISCONTINUED  (EDIT)

2  FEB 20,2002 15:55:12 VERIFY                    PSJPHARMACIST,ONE
   Comment: ORDER VERIFIED BY PHARMACIST

 (A)ctivity (L)abel (H)istory: Label Log

LABEL LOG:

#  DATE/TIME      ACTION        USER              #LABELS      TRACK          COUNT
==================================================================================

1  FEB 20,2002@15:55:12
                  DISPENSED     PSJPHARMACIST,ONE    1        ORDER ACTION     YES

Enter RETURN to continue or '^' to exit: <Enter>
```

```
Unique IDs for this order:

Label Date/Time   Unique ID             Status    Count BCMA Action - Date/Time

02/20/02 15:55    739V443                         YES

 (A)ctivity (L)abel (H)istory: History Log

DEVICE: HOME// <Enter>  NT/Cache virtual TELNET terminal    Right Margin: 80// <Enter>


     ---------------------------------------------------------------------
     Patient: PSJPATIENT4,FOUR                        Status: DISCONTINUED

*(1) Additives:              Order number: 444          Type: ADMIXTURE
       POTASSIUM CHLORIDE XXXXXXXXXXX 35 MEQ
*(2) Solutions:
       DEXTROSE 5% 1/2 NS 1000 ML
           Duration:                              *(4) Start: 02/20/2002  15:46
*(3)  Infusion Rate: 80 ml/hr
*(5)      Med Route: IV                      *(6)      Stop: 02/20/2002  15:55
BCMA ORDER LAST ACTION: 02/20/02 15:50 Infusing
*(7)       Schedule:                                Last Fill: 02/20/2002  15:46
 (8)    Admin Times:                                 Quantity: 2
*(9)       Provider: PSJPROVIDER,ONE [es]         Cum. Doses: 2
 (10)   Other Print:

 (11)  Remarks :
       Entry By: PSJPROVIDER,ONE                   Entry Date: 02/20/02  15:46
Enter RETURN to continue or '^' to exit: <Enter>

     Patient: PSJPATIENT4,FOUR                        Status: ACTIVE

*(1) Additives:              Order number: 445          Type: ADMIXTURE
       POTASSIUM CHLORIDE XXXXXXXXXXX 35 MEQ
*(2) Solutions:
       DEXTROSE 5% 1/2 NS 1000 ML
           Duration:                              *(4) Start: 02/20/2002  15:46
*(3)  Infusion Rate: 80 ml/hr
*(5)      Med Route: IV                           *(6) Stop: 02/20/2002  24:00
BCMA ORDER LAST ACTION: 02/20/02 15:50 Infusing*
*(7)       Schedule:                                Last Fill: 02/20/2002  15:55
 (8)    Admin Times:                                 Quantity: 1
*(9)       Provider: PSJPROVIDER,ONE [es]         Cum. Doses: 1
 (10)   Other Print:

 (11)  Remarks :
       Entry By: PSJPROVIDER,ONE                   Entry Date: 02/20/02  15:55
Enter RETURN to continue or '^' to exit: <Enter>
(A)ctivity (L)abel (H)istory:
```

3.4.4.7. Finish

Users must hold the PSJ RPHARM key for the ability to finish orders placed through CPRS.

Pharmacy Technicians must hold the PSJI PHARM TECH key for the ability to finish orders placed through CPRS. These users are not allowed to verify orders, only finish orders.

When an order is placed or renewed by a provider through CPRS, the pharmacist needs to finish this order. The same procedures are followed to finish the renewed order as to finish a new order.

When an action of FN (Finish) is taken on one child order that is part of a Complex Order, a message will display informing the user that the order is part of a Complex Order, and the user is prompted to confirm that the action will be taken on all of the associated child orders.

Note: Complex orders cannot be speed finished because it may not be appropriate to assign the same stop date to all components of a complex order.

Note: When finishing an IV order that contains an Old Schedule Name, the software will replace it with the New Schedule Name. This does not apply to Old Schedule Names for Day of the Week Schedules.

Finishing IV Order with Old Schedule Name

```
PENDING IV (ROUTINE)          Apr 25, 2017@11:36:18          Page:    1 of    5
PSJPATIENT,ONE                    Ward: 7A GEN
   PID: 666-09-4321           Room-Bed: 722-C         Ht(cm): 165.10 (04/19/17)
   DOB: 04/05/44 (73)                                 Wt(kg): 77.11 (04/19/17)

 (1)  Additives:                                      Type: PIGGYBACK
       GENTAMICIN 180 MG
 (2)  Solutions:
       5% DEXTROSE 150 ML
           Duration:                          (4)   Start: 04/25/2017  11:14
 (3)  Infusion Rate: INFUSE OVER 60 Minutes
*(5)      Med Route: IV                       (6)    Stop: 05/10/2017  11:14
*(7)       Schedule: Q72H                       Last Fill: ********
 (8)    Admin Times: 0900                        Quantity: 0
*(9)       Provider: PROVIDER,ONE [es]          Cum. Doses:
*(10)Orderable Item: GENTAMICIN INJ,SOLN
       Instructions:
 (11)   Other Print:

 (12)  Remarks :
+         Enter ?? for more actions
DC   Discontinue          FL   Flag
ED   Edit                 FN   Finish
Select Item(s): Next Screen// FN   Finish
IV TYPE: PIGGYBACK//


The schedule Q72H has been replaced with Q3D by the system administrator
after this order was entered.


Do you wish to continue with the current order? YES//
Now doing allergy checks.  Please wait...
```

When finishing the IV order which contains an Old Schedule Name, the user will be notified that the schedule within the order has been replaced with a new name and asked if they wish to continue with the current order. If the user chooses to continue, the software will replace the old schedule name with the new schedule name in the IV order. If the user chooses not to continue, the software will return them to the pending IV order screen.

Note: When finishing a pending renewal for an IV order that contains an Old Schedule Name, the user will be notified of the schedule change and the New Schedule Name. The user will be informed that a renewed order cannot be edited and a new order must be entered. This does not apply to Old Schedule Names for Day of the Week Schedules.

Pending Renewal for IV Order with Old Schedule Name

```
PENDING IV (ROUTINE)          Apr 25, 2017@14:48:29          Page:    1 of    4
PSJPATIENT,ONE                    Ward: 7A GEN
   PID: 666-09-4321           Room-Bed: 722-C         Ht(cm): 165.10 (04/19/17)
   DOB: 04/05/44 (73)                                 Wt(kg): 77.11 (04/19/17)

 (1)  Additives:                                      Type: PIGGYBACK
       GENTAMICIN 150 MG
 (2)  Solutions:
       5% DEXTROSE 100 ML
           Duration:                              (4) Start: 04/25/2017  14:10
 (3)  Infusion Rate: INFUSE OVER 60 Minutes         Renewed: 04/25/2017  14:19
*(5)      Med Route: IV                            (6) Stop: 05/10/2017  14:10
*(7)       Schedule: Q72H                         Last Fill: ********
 (8)    Admin Times: 0900                          Quantity: 0
*(9)       Provider: PROVIDER,ONE [es]           Cum. Doses:
*(10)Orderable Item: GENTAMICIN INJ,SOLN
       Instructions:
 (11)   Other Print:

 (12)  Remarks :
+         Enter ?? for more actions
DC   Discontinue          FL   Flag
ED   Edit                 FN   Finish
Select Item(s): Next Screen// FN   Finish


The schedule Q72H has been replaced with Q3D by the system administrator
after this order was renewed.

WARNING - Renewed RXs cannot be edited. Please enter new order.

Press Return to continue...

<User will be taken back to the detailed order screen>
```

Note: When finishing an order, if CPRS Order Checks/Provider Overrides and Pharmacist Interventions exist, they will display during the finish process. Heading information displays first, followed by a summary of the Current CPRS Order Checks overridden by the Provider, as well as the Overriding Provider, and title, Override Entered By, and title, Date/Time Entered, and the Override Reason. Refer to "*Finish an Order with Provider Overrides/Interventions*" for an example of the screen.

Note: For more details on ordering, see *New Order Entry*.

Example: Finish an Order Without a Duration

```
PENDING IV (ROUTINE)          Sep 07, 2000 16:11:42          Page:    1 of    2
```

```
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)

 (1)  Additives:                                        Type:
 (2)  Solutions:
           Duration:                                (4) Start: ********
 (3)  Infusion Rate:
                                              REQUESTED START: 09/07/2000  09:00
*(5)      Med Route: IVPB                          (6) Stop: ********
*(7)       Schedule: QID                         Last Fill: ********
 (8)    Admin Times: 01-09-15-20                   Quantity: 0
*(9)       Provider: PSJPROVIDER,ONE [es]        Cum. Doses:
*(10)Orderable Item: AMPICILLIN INJ
       Instructions:
 (11)   Other Print:
  Provider Comments: THIS IS AN INPATIENT IV EXAMPLE.
+         Enter ?? for more actions
DC   Discontinue          FL   (Flag)
ED   Edit                 FN   Finish
Select Item(s): Next Screen// FN   Finish
COMPLETE THIS ORDER AS IV OR UNIT DOSE? IV// IV
Copy the Provider Comments into Other Print Info? Yes//   YES
IV TYPE: PB
CHOOSE FROM:
              A    ADMIXTURE
              C    CHEMOTHERAPY
              H    HYPERAL
              P    PIGGYBACK
              S    SYRINGE
Enter a code from the list above.
     Select one of the following:
          A         ADMIXTURE
          C         CHEMOTHERAPY
          H         HYPERAL
          P         PIGGYBACK
          S         SYRINGE
IV TYPE: PIGGYBACK
               **AUTO STOP 7D**
This patient is already receiving an order for the following drug in the same
class as AMPICILLIN INJ 2GM:

        AMPICILLIN CAP                         C  09/07  09/21  A
        Give: 500MG PO QID

Do you wish to continue entering this order? NO// Y
Select ADDITIVE: AMPICILLIN//  <Enter>
ADDITIVE: AMPICILLIN//  <Enter>
Restriction/Guideline(s) exist.  Display? :  (N/D): No// D
Dispense Drug Text:
     Refer to PBM/MAP PUD treatment guidelines
     RESTRICTED TO NEUROLOGY
(The units of strength for this additive are in GM)
Strength: 1 GM
Select ADDITIVE: <Enter>
Select SOLUTION: 0.9
     1   0.9% NACL            500 ML

     2   0.9% NACL            100 ML

     3   0.9% NACL            50 ML

     4   0.9% NaCl            250 ML
              BT
CHOOSE 1-4: 2  0.9% NACL          100 ML
INFUSION RATE:  <Enter>
```

----------report continues----------

Note: When the CPRS patch, OR*3*141, is installed on the user's system AND the order is electronically signed through the CPRS package, the electronically signed abbreviation, [es], will appear next to the Provider's Name on the order.

Example: Finish an Order Without a Duration (continued)

```
PENDING IV (ROUTINE)          Sep 07, 2000 16:23:46          Page:    1 of    2
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)

 (1)  Additives:                                        Type: PIGGYBACK    <DIN>
       AMPICILLIN 1 GM
 (2)  Solutions:
       0.9% NACL 100 ML
           Duration:                                (4) Start: 09/07/2000  15:00
 (3)  Infusion Rate:
                                                 REQUESTED START: 09/07/2000  09:00
*(5)      Med Route: IVPB                          (6) Stop: 09/14/2000  16:54
*(7)       Schedule: QID                          Last Fill: ********
 (8)    Admin Times: 01-09-15-20                   Quantity: 0
*(9)       Provider: PSJPROVIDER,ONE [es]         Cum. Doses:
*(10)Orderable Item: AMPICILLIN INJ
       Instructions:
 (11)   Other Print: THIS IS AN INPATIENT IV EXAMPLE.
+         Enter ?? for more actions
AC   Accept               ED   Edit
Select Item(s): Next Screen// AC

Orderable Item: AMPICILLIN INJ
Give: IVPB QID

0001  1 EAST  09/07/00
PSJPATIENT1,ONE  B-12

AMPICILLIN 1 GM
0.9% NACL 100 ML

Dose due at: ________

THIS IS AN INPATIENT IV EXAMPLE
QID
01-09-15-20
M2***
Fld by: ____  Chkd by: ____
1[1]

Start date: SEP 7, 00 15:00   Stop date: SEP 14, 00 16:54

Is this O.K.? YES//  <Enter>
```

The Requested Start Date/Time value is added to the order view to indicate the date/time requested by the provider to start the order. This date/time is the CPRS Expected First Dose when no duration is received from CPRS.

Example: Finish an Order With a Duration

```
PENDING IV (ROUTINE)          Sep 07, 2000 16:11:42          Page:    1 of    2
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)
```

```
 (1)  Additives:                                        Type:
 (2)  Solutions:
           Duration: 10 DAYS                      (4) Start: ********
 (3)  Infusion Rate:
*(5)      Med Route: IVPB                          (6) Stop: ********
*(7)       Schedule: QID                          Last Fill: ********
 (8)    Admin Times: 01-09-15-20                   Quantity: 0
*(9)       Provider: PSJPROVIDER,ONE [es]         Cum. Doses:
*(10)Orderable Item: AMPICILLIN INJ
       Instructions:
 (11)   Other Print:
  Provider Comments: THIS IS AN INPATIENT IV EXAMPLE.
+         Enter ?? for more actions
DC   Discontinue          FL   (Flag)
ED   Edit                 FN   Finish
Select Item(s): Next Screen// FN   Finish
COMPLETE THIS ORDER AS IV OR UNIT DOSE? IV// IV
Copy the Provider Comments into Other Print Info? Yes//   YES
IV TYPE: PB
CHOOSE FROM:
              A    ADMIXTURE
              C    CHEMOTHERAPY
              H    HYPERAL
              P    PIGGYBACK
              S    SYRINGE
Enter a code from the list above.

     Select one of the following:
          A         ADMIXTURE
          C         CHEMOTHERAPY
          H         HYPERAL
          P         PIGGYBACK
          S         SYRINGE

IV TYPE: PIGGYBACK
               **AUTO STOP 7D**

This patient is already receiving an order for the following drug in the same
class as AMPICILLIN INJ 2GM:

        AMPICILLIN CAP                          C  09/07  09/21  A
        Give: 500MG PO QID

Do you wish to continue entering this order? NO// Y
Select ADDITIVE: AMPICILLIN//  <Enter>
ADDITIVE: AMPICILLIN//  <Enter>
Restriction/Guideline(s) exist.  Display? :  (N/D): No// D

Dispense Drug Text:

     Refer to PBM/MAP PUD treatment guidelines
     RESTRICTED TO NEUROLOGY
(The units of strength for this additive are in GM)
Strength: 1 GM
Select ADDITIVE: <Enter>

Select SOLUTION: 0.9
     1   0.9% NACL            500 ML

     2   0.9% NACL            100 ML

     3   0.9% NACL            50 ML

     4   0.9% NaCl            250 ML
               BT
CHOOSE 1-4: 2  0.9% NACL          100 ML
INFUSION RATE:  <Enter>
```

```
PENDING IV (ROUTINE)          Sep 07, 2000 16:23:46          Page:    1 of    2
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)

 (1)  Additives:                                        Type: PIGGYBACK    <DIN>
       AMPICILLIN 1 GM
 (2)  Solutions:
       0.9% NACL 100 ML
           Duration: 10 DAYS                       (4) Start: 09/07/2000  09:00
 (3)  Infusion Rate:                             Calc Start: 09/07/2000  08:13
*(5)      Med Route: IVPB                            (6) Stop: 09/17/2000  09:00
                                                   Calc Stop: 09/22/2000  24:00
*(7)       Schedule: QID                           Last Fill: ********
 (8)    Admin Times: 01-09-15-20                   Quantity: 0
*(9)       Provider: PSJPROVIDER,ONE [es]         Cum. Doses:
*(10)Orderable Item: AMPICILLIN INJ
       Instructions:
 (11)   Other Print: THIS IS AN INPATIENT IV EXAMPLE.
+         Enter ?? for more actions
AC   Accept               ED   Edit
Select Item(s): Next Screen// AC
```

----------report continues----------

Note: When the CPRS patch, OR*3*141, is installed on the user's system AND the order is electronically signed through the CPRS package, the electronically signed abbreviation, [es], will appear next to the Provider's Name on the order.

Example: Finish an Order With a Duration (continued)

```
Orderable Item: AMPICILLIN INJ
Give: IVPB QID

0001  1 EAST  09/07/00
PSJPATIENT1,ONE  B-12

AMPICILLIN 1 GM
0.9% NACL 100 ML

Dose due at: ________

THIS IS AN INPATIENT IV EXAMPLE
QID
01-09-15-20
M2***
Fld by: ____  Chkd by: ____
1[1]

Start date: SEP 7, 00 09:00   Stop date: SEP 17, 00 09:00

Is this O.K.? YES//  <Enter>
```

The calculated Start Date/Time (Calc Start) and the Stop Date/Time (Calc Stop) will display according to how the following Inpatient Ward Parameters settings are configured:

- DAYS UNTIL STOP DATE/TIME:
- DAYS UNTIL STOP FOR ONE-TIME:
- SAME STOP DATE ON ALL ORDERS:
- TIME OF DAY THAT ORDERS STOP:
- DEFAULT START DATE CALCULATION:

The CPRS Expected First Dose will display as the default Start Date/Time when a duration is received from CPRS.

The default Stop Date/Time is derived from the CPRS Expected First Dose and the duration, when the duration is available from CPRS.

Note: When an order is placed through CPRS prior to the next administration time for today, the Expected First Dose will be today at the next administration time. However, if the order is placed after the last administration time of the schedule for today, the Expected First Dose will be at the next administration time. This Expected First Dose date/time is seen through CPRS and is always based on the logic of using "next administration time", regardless of what the site has set for the ward parameter. The Expected First Dose displayed in CPRS displays as Requested Start Date/Time on the order view if no duration is received from CPRS. The Expected First Dose displays as the default Start Date/Time on the order view when a duration is received.

If the Dispense Drug tied to the Additive, Solution, or Orderable Item has a non-formulary status, this status will be displayed on the screen as "*N/F*" beside the Additive, Solution, or Orderable Item.

Note: The user will not be allowed to finish an order that contains an IV Additive if there is more than one dispense drug matched to the selected Orderable Item. They must select the correct item for the order from the displayed list. If there are multiple additives contained on the single order, the Pharmacist must select each of the correct additives for the order. (See example below) The lists of additive will be displayed as follows:

Print Name Additive Strength: Strength

When there is one or Multiple IV Additive Orderable Items, each IV additive is displayed with its strength and the correct item must be selected from the displayed list.

```
More than one dispense IV Additives are available for:
       Orderable Item: PIPERACILLIN/TAZOBACTAM
          Ordered Dose: 5 GM

Please select the correct dispense IV Additive below for this order:
     1  PIPERACILLIN/TAZOBACTAM                Additive Strength: 3.375
     2  PIPERACILLIN/TAZOBACTAM                Additive Strength: 2.25
     3  PIPERACILLIN/TAZOBACTAM                Additive Strength: 4.5
Select (1 - 3): 2


More than one dispense IV Additives are available for:
    Orderable Item: CIPROFLOXACIN
       Ordered Dose: 2 MG

Please select the correct dispense IV Additive below for this order:
     1  CIPROFLOXACIN 200MG                    Additive Strength: N/A
```

```
     2  CIPROFLOXACIN 400MG                    Additive Strength: N/A
Select (1 - 2): 2

More than one dispense IV Additives are available for:
    Orderable Item: CEFAZOLIN
       Ordered Dose: 2 GM

Please select the correct dispense IV Additive below for this order:
      1  CEFAZOLIN                              Additive Strength: N/A
      2  CEFAZ2                                    Additive Strength: N/A
      3  CEFAZ3                                    Additive Strength: N/A
Select (1 - 3): 1
```

A prompt is added to the finishing process, "COMPLETE THIS ORDER AS IV OR UNIT DOSE?" to determine if the user should complete the order as either an IV or Unit Dose order. The prompt will be displayed only if the user selected the *Inpatient Order Entry* option to finish the order and the order was placed in CPRS using the Inpatient Meds dialog. Also, the prompt will appear only if the correct combination of the entry in the IV FLAG in the MEDICATION ROUTES file and the entry in the APPLICATION PACKAGES' USE field in the DRUG file for the order's Dispense Drug are found.

The following table will help explain the different scenarios for orders placed in CPRS using the Inpatient Meds dialog:

IV FLAG in the MEDICATION ROUTES file	Dispense Drug's Application Use	Which Order View screen will be displayed to the user	Special Processing
IV	IV	IV	None
IV	Unit Dose	Unit Dose	Prompt user to finish order as IV or Unit Dose
IV	IV and Unit Dose	IV	Prompt user to finish order as IV or Unit Dose
Non-IV	IV	IV	Prompt user to finish order as IV or Unit Dose
Non-IV	Unit Dose	Unit Dose	None
Non-IV	IV and Unit Dose	Unit Dose	Prompt user to finish order as IV or Unit Dose

IV Fluid Orders

IV Fluid orders are placed in CPRS using the Infusion Order dialog. Orders entered in CPRS as Intermittent Type will default to IV Type of Piggyback in pharmacy and orders entered in CPRS as Continuous Type will default to IV Type of Admixture in pharmacy. These orders are passed to pharmacy with data in the following fields:

- Additive with Strength (optional, if there is a solution; multiple additives allowed)
- Solution with volume (optional, if there is an additive; multiple solutions allowed)
- Infusion Rate
- Priority

- Provider Comments (optional)

After the order is selected, default values for the remaining fields will be determined as is done for IV orders entered through pharmacy, and an order view will then be displayed. The pharmacist may Edit, Discontinue, or Finish the order. If Finish is chosen, the order is checked to be sure the information is correct and complete, and the order is redisplayed with actions of Accept or Edit. If problems are found (provider or drugs inactive, start or stop dates invalid, etc.), the order cannot be accepted and finished until the problem is corrected. If a situation is encountered where more information is needed before the order can be processed, the user can enter an ^ and no changes will be saved for the order. If the order is correct, it may be accepted and the order will become active.

3.4.4.8. Expected First Dose Changes

Inpatient Medications no longer displays an expected first dose for an order containing a schedule with a schedule type of One-time. The system also no longer displays an expected first dose for an order containing a schedule with a schedule type of On-call.

3.4.4.9. On Call

The pharmacist can place the order On Call or remove the order from an On Call status. The order placed On Call will not generate any labels. Providers cannot take any actions, except to discontinue the order, through CPRS if the order is placed On Call by the pharmacist.

3.4.4.10. Flag

This option is only available to those users who hold the PSJ RPHARM key.

The flag action is available to alert the users that the order is incomplete or needs clarification. Flagging is applied to any orders that need more information or corrections from the clinician. When the user flags the order, an alert is sent to the specified user defining the information that is needed to process the medication order. The specified user can send a return alert with the needed information. The Activity Log will record the flagging activities including acknowledgement that the alert was viewed. The flag action can be performed in either CPRS or in Inpatient Medications.

When a flagged order appears on the order view, the order number on the right hand side will be highlighted using reverse video. The nurse, or any user without the PSJ RPHARM key, does not have the ability to flag or un-flagged orders; however, they can view the flagged or un-flagged comments via the Activity Log.

Example: Flagged Order

```
Unit Dose Order Entry         Aug 22, 2002@07:44:06          Page:    1 of    1
PSJPATIENT1,ONE                    Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-5         Ht(cm): ______ (________)
   DOB: 02/14/54 (48)                              Wt(kg): ______ (________)
   Sex: MALE                                     Admitted: 03/26/99
    Dx: Sick                              Last transferred: ********
  CrCL: <Not Found>                                BSA (m2): _______

 - - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - -
   1    DOXEPIN CAP,ORAL                          C  08/09/2002  11/05/2002  A
```

```
          Give: 200MG PO Q8H
   2    WARFARIN TAB                              C  08/07/2002  11/05/2002  A
          Give: 4MG PO TU-TH@2000
   3    WARFARIN TAB                              C  08/14/2002  11/05/2002  A
          Give: 7MG PO QPM



          Enter ?? for more actions
PI  Patient Information                 NO  New Order Entry
PU  Patient Record Update               CM  New Clinic Medication Entry
SO  Select Order
Select Action: Quit//
```

3.4.4.11. Speed Actions

From the list of orders in the patient's profile, the pharmacist can select one or more of the orders on which to take action. The pharmacist can quickly discontinue this patient's orders by selecting Speed Discontinue.

Note: Any orders placed through the Med Order Button cannot be Speed Discontinued.

3.4.5. IV Types

The following are the different types of IVs available in the Inpatient Medications package.

3.4.5.1. Admixture - Type Order Entry

An admixture is an LVP solution intended for continuous parenteral infusion. It is composed of any number of additives (including zero) in one solution. An admixture runs continuously at a specified flow rate. When one bottle or bag is empty, another is hung.

The default displayed for the "START DATE/TIME:" prompt is the Expected First Dose from CPRS when a duration is received. If no duration is received, the default answer is the NEXT or CLOSEST delivery time, or the order's login date/time, depending on the DEFAULT START DATE CALCULATION field in the INPATIENT WARD PARAMETERS file.

For the "STOP DATE/TIME:" prompt, the default answer is derived from the CPRS Expected First Dose plus the duration, if the duration is available.

When the duration is not received from CPRS, the default Stop Date shown is the least of the LVP'S GOOD FOR HOW MANY DAYS site parameter or the NUMBER OF DAYS FOR IV ORDER field (found in the IV ADDITIVES file) for all additives in this order. The Stop Time is determined by the STOP TIME FOR ORDER site parameter. The pharmacist can choose to take the default answer for the Start and Stop Date/Times, or change it. For Inpatient Medication Orders for Outpatients, an additional parameter is also considered: NUMBER OF DAYS UNTIL STOP from the CLINIC DEFINITION file.

Note: At the "Start Date/Time:" prompt, a future date/time can be entered. The user will not be prompted for label actions at the end of order entry until that Start Date/Time has been reached. The order will appear; however, on all reports.

At the "Stop Date/Time:" prompt, a DOSE limit can be entered (e.g., if the user only wants one bottle on the admixture order being entered, enter a 1 at the stop time and the program calculates the stop time). For example:

STOP DATE/TIME: FEB 27,2000@2200 // 1 Dose limit FEB 26,2000 10:00

3.4.5.2. Piggyback-Type Order Entry

A piggyback is a small volume parenteral solution used for intermittent infusion. It is usually composed of any number of additives, including zero, and one solution. The piggyback is given on a schedule (e.g., Q6H). Once the medication flows in, the piggyback is removed, and another is not hung until the administration schedule calls for it.

The default answer for the "START DATE/TIME:" prompt is the Expected First Dose from CPRS when a duration is received. If no duration is received, the default answer is the NEXT or CLOSEST delivery time, or the order's login date/time, depending on the DEFAULT START DATE CALCULATION field in the INPATIENT WARD PARAMETERS file.

For the "STOP DATE/TIME:" prompt, the default answer is derived from the CPRS Expected First Dose plus the duration, if the duration is available.

When the duration is not received from CPRS, the default Stop Date shown is the least of the PB'S GOOD FOR HOW MANY DAYS site parameter or the NUMBER OF DAYS FOR IV ORDER field (found in the IV ADDITIVES file) for all additives in this order. The Stop Time is determined by the STOP TIME FOR ORDER site parameter. The pharmacist can choose to take the default answer for the Start and Stop Date/Times, or change it. For Inpatient Medication Orders for Outpatients, an additional parameter is also considered: NUMBER OF DAYS UNTIL STOP from the CLINIC DEFINITION file.

Note: At the "Start Date/Time:" prompt, a future date/time can be entered. The user will not be prompted for label actions at the end of order entry until that Start Date/Time has been reached. The order will appear, however, on all reports.

At the "Stop Date/Time:" prompt, a dose limit can be entered (i.e., if the user only wants four bags on the piggyback order being entered, enter a 4 at the stop time) and the program calculates the stop date/time. For example:

STOP DATE/TIME: MARCH 12,2000@2200 // 4 Dose limit MAR 6,2000 03:00

3.4.5.3. Hyperal-Type Order Entry

Hyperalimentation (hyperal) is long-term feeding of a protein-carbohydrate solution. Electrolytes, fats, trace elements, and vitamins may be added. Since this solution generally provides all necessary nutrients, it is commonly referred to as Total Parenteral Nutrition (TPN). A hyperal is usually composed of many additives in two or more solutions (the hyperal must contain at least 1 solution). When the label prints, it shows the individual electrolytes that are contained in the additives that make up the hyperal order.

The default displayed for the "START DATE/TIME:" prompt is the Expected First Dose from CPRS when a duration is received. If no duration is received, the default answer is the NEXT or CLOSEST delivery time, or the order's login date/time, depending on the DEFAULT START DATE CALCULATION field in the INPATIENT WARD PARAMETERS file.

For the "STOP DATE/TIME:" prompt, the default answer is derived from the CPRS Expected First Dose plus the duration, if the duration is available.

When the duration is not received from CPRS, the default Stop Date shown is the least of the HYPERAL'S GOOD FOR HOW MANY DAYS site parameter or the NUMBER OF DAYS FOR IV ORDER field (found in the IV ADDITIVES file) for all additives in this order. The Stop Time is determined by the STOP TIME FOR ORDER site parameter. The pharmacist can choose to take the default answer for the Start and Stop Date/Times, or change it. For Inpatient Medication Orders for Outpatients, an additional parameter is also considered: NUMBER OF DAYS UNTIL STOP from the CLINIC DEFINITION file.

Note: At the "Start Date/Time:" prompt, a future date/time can be entered. The user will not be prompted for label actions at the end of order entry until that Start Date/Time has been reached. The order will appear, however, on all reports.

At the "Stop Date/Time:" prompt, a dose limit can be entered (i.e., if the user only wants one bottle on the hyperal order being entered, enter a 1 at the stop time) and the program will calculate the stop time. For example:

STOP DATE/TIME: FEB 27,1992@2200 // 1 Dose limit FEB 26,1992 10:00

If the pharmacist enters additive quick codes, they will be handled like they are for an Admixture order.

3.4.5.4. Syringe-Type Order Entry

Once the pharmacist selects the syringe-type order, the system will prompt if the syringe is intermittent. If a syringe is continuous (not intermittent), the user will follow the same order entry procedure as in entering a hyperal or admixture order. If the syringe is intermittent, the user will follow the same order entry procedure as a piggyback order.

On all syringe orders, a separate volume prompt appears during order entry to allow any necessary volume changes to the solution (if any) for the order. The pharmacist should use caution during order entry of syringe types to ensure that the total volume for the syringe

additive and solution is not greater than the total syringe volume. There is no “BOTTLE” prompt as in other order entry types, and a separate “SYRINGE SIZE” prompt appears during order entry to allow the user to enter the syringe size for the order. All syringe sizes are printed on the labels.

If the pharmacist uses additive quick codes for an intermittent syringe order, they will be handled like they are for piggyback orders. If quick codes are used for a continuous syringe order, they will be handled like they are for admixture orders.

3.4.5.5. Chemotherapy-Type Order Entry

Chemotherapy is the treatment and prevention of cancer with chemical agents. A chemotherapy IV order can be one of three types: admixture, piggyback, or syringe. Once the pharmacist selects chemotherapy as the type of order, the system will prompt the user to further identify the order as admixture, piggyback, or syringe. Once the type is established, the prompts are the same as the examples for regular admixture, piggyback, and syringe. All chemotherapy orders have warnings on the labels.

3.4.6. Profile (IV) [PSJI PROFILE]

The *Profile (IV)* [PSJI PROFILE] option shows all IV medications a patient has received during his most recent episode of care. The pharmacist is allowed to view all information on file for any or all orders in the profile. Unlike the *Patient Profile (Unit Dose)* option, this option does not allow the user to print a report. To print a report, the *Patient Profile Report (IV)* option under the *Reports (IV)* option must be used.

The *Profile (IV)* [PSJI PROFILE] option allows for viewing a list of clinic orders. Clinic orders are displayed separately from non-clinic orders.

After selecting the patient for whom a profile view is needed, the length of the profile is chosen. The user may choose to view a long or short profile or, if the user decides not to view a profile for the chosen patient, “**NO Profile**” can be selected. When “**NO Profile**” is chosen, the system will return to the “Select PATIENT:” prompt and the user may choose a new patient.

Each profile includes:

• Patient Name	• Date of Birth
• Ward Location	• Sex of Patient
• Patient Identification Number (PID)	• Admission Date
• Room-Bed Location	• Admitting Diagnosis
• Height & date/time of measurement	• Verified Drug Allergies and Adverse Reactions
• Weight & date/time of measurement	• Verified Drug Allergies and Adverse Reactions

The patient's orders are displayed depending on the type of profile chosen. The long profile shows all orders, including discontinued and expired orders. Orders are sorted first by status, with active orders listed first, followed by pending and non-active orders. Within each status, orders are displayed in order of entry, with the most recent order first. Please see the Inpatient Profile section for more discussion on possible statuses and sample displays.

The information is displayed for each order under the following column headings:

- **Number -** The user can choose a number at the left of the screen to view detailed information about the orders, or to look at the activity log.
- **Additive -** The data listed under Additive includes strength of additive, type and volume of solution, and infusion rate or schedule.
- **Last fill -** The number of labels printed and the date and time of the last one printed.
- **Type of order -** Type will be **A** for admixture, **P** for piggyback, **H** for hyperal, **C** for chemotherapy, or **S** for syringe.
- **Start and stop dates -** The start and stop dates for this specific order.
- **Status of the order -** (Column marked Stat) **A** for active, **P** for pending, **E** for expired, **D** for order discontinued, **O** for on call, and **H** for hold.

After the patient profile is displayed, the user can choose one or more order numbers (e.g., 1, 3, 5) for a detailed view of the order(s) or, <**Enter**> can be pressed when an order view is not needed.

The detailed view of the order presents all available data pertaining to the order. This includes patient identification and location, status of the order, additive(s) with strength, solution(s), infusion rate, medication route, the schedule, administration times, remarks, and other print information. Other information includes type of order, IV room, start and stop date and time, entry date and time (when order was entered into the system), last fill (date and time when last label was printed), and quantity (the number of labels printed). The entry by field of the user placing the order, provider, provider comments, and the number of cumulative doses is also included.

After the detailed view is displayed, the user may select the activity log, label log, or both for the order. The activity log provides a trace of every action taken on an order since the original entry. The activity log contains a log number, the date and time of the activity, the reason of activity (i.e., edit, renew, place on call, or discontinue an order), and the user entering the activity. The reason for activity comment allows the user to explain why the activity was necessary. Also, the system will display the field(s) that was affected, the original data contained in that field, and what it was changed to as a result of the activity.

The label log contains a log number, date/time the label is printed, action on the order, user, number of labels printed, track (possible entries are individual, scheduled, suspended, order action labels, or other), and count (which indicates whether the label was counted for that particular day).

Before the Patient Information screen displays, if the patient selected has no allergy assessment on file, the following prompt displays to the pharmacist/user:

"NO ALLERGY ASSESSMENT exists for this patient! Would you like to enter one now?"

- If the pharmacist/user enters 'YES,' he/she is prompted to enter the allergy information.
- If the pharmacist/user enters 'NO,' a pharmacist intervention is created, with a type of 'NO ALLERGY ASSESSMENT.' The pharmacist/user is then prompted for Provider and Recommendation information.

Note: If the selected patient is Sensitive, Discharged, both Sensitive and Discharged, or Deceased, there are variations in the process and in the prompts that display to the pharmacist/user.

Example: Pharmacist Answers 'Yes' and Enters Allergy Information

```
Select PATIENT: PSJPATIENT1, ONE

NO ALLERGY ASSESSMENT exists for this patient!

Would you like to enter one now? No//  YES   (Yes)
Does this patient have any known allergies or adverse reactions? : Yes
          This patient has no allergy/adverse reaction data.

Enter Causative Agent: LATEX

Checking existing PATIENT ALLERGIES (#120.8) file for matches...

Now checking GMR ALLERGIES (#120.82) file for matches...


Now checking the National Drug File - Generic Names (#50.6)


Now checking the National Drug File - Trade Names (#50.67)


Now checking the INGREDIENTS (#50.416) file for matches...

         ...OK? Yes// Y  (Yes)

   LATEX   OK? Yes//   (Yes)
```

Example: Pharmacist Answers 'No' and Intervention is Created

```
Select PATIENT: PSJPATIENT1, ONE

NO ALLERGY ASSESSMENT exists for this patient!

Would you like to enter one now? No// N  (No)

Now creating Pharmacy Intervention

PROVIDER:

     Select one of the following:

          1         UNABLE TO ASSESS
          2         OTHER
```

```
RECOMMENDATION: ^

See 'Pharmacy Intervention Menu' if you want to delete this
intervention or for more options.

Press Return to continue...
```

Example: Profile Report

```
Select IV Menu Option:  Profile (IV)

Select PATIENT:    PSJPATIENT1,ONE         000-00-0001  08/18/20    1 EAST

Patient Information           Mar 20, 2001@16:50:50          Page:    1 of    1
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12                     Ht(cm): ______ (________)
   DOB: 08/18/20 (80)        Att:  Psj,Test                     Wt(kg): ______ (________)
   Sex: MALE                 TrSp: Medical Observati            Admitted: 05/03/00
    Dx: TESTING                           Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)         BSA (m2):

Allergies/Reactions: No Allergy Assessment
Remote:
Adverse Reactions:
Inpatient Narrative:
Outpatient Narrative:




          Enter ?? for more actions
PU Patient Record Update                NO New Order Entry
DA Detailed Allergy/ADR List            IN Intervention Menu
                                        CM New Clinic Medication Entry
Select Action: View Profile//   <Enter> View Profile

SHORT, LONG, or NO Profile?  SHORT//   <Enter> SHORT

IV Profile                    Mar 20, 2001@16:51:28          Page:    1 of    1
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)
   Sex: MALE                                     Admitted: 05/03/00
    Dx: TESTING                           Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)           BSA (m2): _______

#   Additive                        Last fill        Type  Start   Stop    Stat
---------------------------------- A c t i v e ------------------------------
1  MVI 100 ML                       MAR 19 14:57  #2   P    03/19   03/20  A
   in 0.9% SODIUM CHLORIDE 1000 ML Q8H
---------------------------------- P e n d i n g ----------------------------
2  FLUOROURACIL INJ,SOLN            **   N/P  **  #0        *****   *****  P
     Give: 100MG/2ML PO QDAILY
3  TIMOLOL SOLN,OPH                 **   N/P  **  #0   P    *****   *****  P
     Give:  IV Q12H



          Enter ?? for more actions
PI  Patient Information                 NO  New Order Entry
PU  Patient Record Update               CM  New Clinic Medication Entry
SO  Select Order
Select Action: Quit// 1

ACTIVE IV                     Mar 20, 2001@16:51:56          Page:    1 of    2
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)

*(1)  Additives:             Order number: 64           Type: PIGGYBACK
       MVI 10 ML
```

```
 (2)  Solutions:
       0.9% SODIUM CHLORIDE 1000 ML
           Duration: *(4)     Start: 03/19/01  11:30
 (3)  Infusion Rate: INFUSE OVER 8 HOURS.
*(5)      Med Route: IVPB                     *(6)      Stop: 03/20/01  24:00
*(7)       Schedule: QID                          Last Fill: 03/19/01  14:57
 (8)    Admin Times: 09-13-17-21                    Quantity: 2
*(9)       Provider: PSJPROVIDER,ONE [es]         Cum. Doses: 9
*(10)Orderable Item: MULTIVITAMINS INJ
       Instructions:
 (11)   Other Print: TESTING

+         Select either "AL" , "LL" or "AL,LL" for both
AL   View Activity Log    LL   View Label Log
Select Item(s): Next Screen// AL   View Activity Log

ACTIVITY LOG:
#  DATE       TIME      REASON                    USER
================================================================================
1  MAR 20,2001 16:42:56 EDIT                      PSJPHARMACIST,ONE
   Comment:

          Field: 'OTHER PRINT INFO'
   Changed from: ''
             To: 'TESTING'

Enter RETURN to continue or '^' to exit:
```

3.4.7. Inpatient Profile [PSJ PR]

The *Inpatient Profile* option allows the user to view the Unit Dose and IV orders of a patient simultaneously. The user can conduct the Inpatient Profile search by ward group, ward, or patient. If the selection to sort is by ward, the administration teams may be specified. The default for the administration team is ALL and multiple teams may be entered. If selecting by ward or ward group, the profile may be sorted by patient name or room-bed. To print Outpatients, the user should select the ward group ^OTHER or print by Patient.

When the user accesses this option from the Unit Dose Medications module for the first time within a session, a prompt is displayed to select the IV room. When only one active IV room exists, it will be selected automatically. The user is then given the label and report devices defined for the IV room chosen. If no devices have been defined, the user will be given the opportunity to choose them. If this option is exited and then re-entered within the same session, the current label and report devices are shown.

In the following description, viewing a profile by patient is discussed; however, ward and ward group are handled similarly. The orders on the profile are sorted first by status (ACTIVE, NON-VERIFIED, NON-VERIFIED COMPLEX, PENDING RENEWALS, PENDING COMPLEX, PENDING, RECENTLY DISCONTINUED/EXPIRED)then alphabetically by SCHEDULE TYPE.

The HOURS OF RECENTLY DC/EXPIRED field (#7) has been created in the INPATIENT WARD PARAMETERS file (#59.6). The Inpatient Medications profiles will display the recently discontinued/expired orders that fall within the number of hours specified in this field. The value defined in this field will take precedence over the Inpatient System parameter. The inpatient ward parameter allows for a minimum value of one (1) hour and a maximum value of one hundred twenty (120) hours. The Inpatient Ward Parameters Edit [PSJ IWP EDIT] option allows

the user to edit this new ward parameter. If this parameter is not set the software will use the value in the HOURS OF RECENTLY DC/EXPIRED field (#26.8) in the PHARMACY SYSTEM file (#59.7). If neither parameter is set the software will default to twenty-four (24) hours.

The HOURS OF RECENTLY DC/EXPIRED field (#26.8) has been created in the PHARMACY SYSTEM file (#59.7). The Inpatient Medications profiles will display the recently discontinued/expired orders that fall within the number of hours specified in this field. This parameter allows for a minimum value of one (1) hour and a maximum value of one hundred twenty (120) hours. The Systems Parameters Edit [PSJ SYS EDIT] option includes the ability for a user to edit this inpatient site parameter. If neither parameter is set the software will default to twenty-four (24) hours.

On the medication profile in the status column, the codes and the action they represent are as follows:

Order Status: The current status of the order. These statuses include:

A	Active
N	Non-Verified
O	On Call (IV orders only)
I	Incomplete
HP	Placed on hold by provider through CPRS
H	Placed on hold via backdoor Pharmacy
E	Expired
DP	Discontinued by provider through CPRS
DE	Discontinued due to edit via backdoor Pharmacy (Unit Dose orders only)
D	Discontinued via backdoor Pharmacy (IV & UD); discontinued due to edit via backdoor Pharmacy (IV)

The Status column will also display some additional discontinue type actions performed on the order. The codes and the action they represent are as follows:

DF	Discontinued due to edit by a provider through CPRS
DD	Auto discontinued due to death
DA	Auto discontinued due to patient movements

```
PSJPATIENT,ELEVEN                Ward: 7AS
   PID: 666-00-2921           Room-Bed:              Ht(cm): ______ (________)
   DOB: 08/09/54 (56)                                Wt(kg): ______ (________)
   Sex: MALE                                     Admitted: 06/09/10
    Dx: RESPIRATORY DISTRESS             Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)            BSA (m2): _______

 - - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - -
   1  ->AMIODARONE TAB                             C  10/19/2010  11/18/2010 A
          Give: 400MG PO TID
   2    CIMETIDINE TAB                             C  10/19/2010  11/18/2010 R
          Give: 300MG PO QHS
- - - - - - - - - - - - - - N O N - V E R I F I E D - - - - - - - - - - - - - -
   3    LOVASTATIN TAB                             C  10/19/2010  11/18/2010 N  NF
          Give: 20MG PO QPM
 - - - - - - - - - -  N O N - V E R I F I E D  C O M P L E X - - - - - - - - - -
   4    HALOPERIDOL TAB                            C  10/19/2010  11/18/2010 N
```

```
        Give: 10MG PO BID
      HALOPERIDOL TAB                        C  10/19/2010  11/18/2010 N
       Give: 15MG PO QHS
- - - - - - - - - - - - - P E N D I N G   R E N E W A L S - - - - - - - - - - - -
  5   CIMETIDINE TAB                         ?  *****       *****      P
        Give: 300MG PO QHS                   Renewed: 10/19/2010
- - - - - - - - - - - - - - P E N D I N G  C O M P L E X - - - - - - - - - - - -
  6   PREDNISONE TAB                         ?  *****       *****      P
        Give: 20MG PO QAM
      PREDNISONE TAB                         ?  *****       *****      P
        Give: 10MG PO QOD
      PREDNISONE TAB                         ?  *****       *****      P
        Give: 5MG PO QD
- - - - - - - - - - - - - - - - -  P E N D I N G - - - - - - - - - - - - - - - -
  7   ACETAMINOPHEN TAB                      ?  *****       *****      P
        Give: 650MG PO Q4H PRN
- - - - - - - -  RECENTLY DISCONTINUED/EXPIRED (LAST 120 HOURS) - - - - - - - -
  8   ASPIRIN TAB,EC                         C  10/19/2010  10/19/2010 D
        Give: 325MG PO QHS
  9  ->NAPROXEN TAB                          C  10/19/2010  10/19/2010 D
        Give: 250MG PO BID
```

After the user selects the patient for whom a profile view is needed, the length of profile is chosen. The user can choose to view a long or short profile or, if the user decides not to view a profile for the chosen patient, "**NO Profile**" can be selected. When "**NO Profile**" is chosen, the system will return to the "Select PATIENT:" prompt and the user may choose a new patient.

Once the length of profile is chosen, the user can print the patient profile (by accepting the default or typing **P** at the "SHOW PROFILE only, EXPANDED VIEWS only, or BOTH: Profile//" prompt), an expanded view of the patient profile (by typing **E**), or both (by typing **B**). The expanded view lists the details of each order for the patient. The activity logs of the orders can also be printed when the expanded view or both, the expanded view and profile, are chosen.

The advantage of this option is that by viewing the combined Unit Dose/IV profile of a patient, the user can quickly determine if any corrections or modifications need to be made for existing or future orders based on Unit Dose or IV medications already being received by the patient. Sometimes the pharmacist must revise a prospective order for a patient based on the Unit Dose or IV medications already prescribed for the patient.

Note: For Unit Dose orders, the long activity log shows all activities of an order, while the short activity log excludes the field changes, and shows only the major activities. For IV orders, the short and long activity logs give the user the same results.

Example: Inpatient Profile

```
Select IV Menu Option:  IPF  Inpatient Profile

Select by WARD GROUP (G), WARD (W), or PATIENT (P): Patient <Enter>

Select PATIENT:    PSJPATIENT11,ONE      000-55-34211  08/18/20    1 EAST

Select another PATIENT: <Enter>

SHORT, LONG, or NO Profile?  SHORT//  <Enter>   SHORT

Show PROFILE only, EXPANDED VIEWS only, or BOTH: PROFILE// EXPANDED VIEWS
```

```
Show SHORT, LONG, or NO activity log?  NO// LONG

Select PRINT DEVICE: <Enter>  NT/Cache virtual TELNET terminal

Inpatient Order Entry         Jun 12, 2006@23:12:54          Page:    1 of    1
PSJPATIENT11, ONE              Ward: 2ASM
   PID: 000-55-3421           Room-Bed: 102-1         Ht(cm): ______ (________)
   DOB: 12/02/23 (82)                                 Wt(kg): 100.00 (06/24/03)
   Sex: MALE                                     Admitted: 12/11/01
    Dx: Breathing Difficulty.            Last transferred: 12/11/01
  CrCL: <Not Found> (CREAT: Not Found)            BSA (m2): _______

 - - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - - -
   1    CEFAZOLIN 1 GM                           C  06/12/2006  06/22/2006  H
        in 5% DEXTROSE 50 ML Q8H
   2    CIMETIDINE TAB                           C  06/12/2006  07/12/2006  A
          Give: 300MG PO BID
   3    FUROSEMIDE TAB                           C  06/01/2006  06/15/2006  HP
          Give: 40MG PO QAM
- - - - - - - - - - - - - - N O N - V E R I F I E D - - - - - - - - - - - - - - - -
   4    CAPTOPRIL TAB                            C  06/14/2006  06/28/2006  N
          Give: 25MG PO BID

- - - - - - - - - - - - P E N D I N G   R E N E W A L S - - - - - - - - - - - - - -
   5    HALOPERIDOL TAB                          ?  *****       *****       P
          Give: 5MG PO BID
- - - - - - - - - - - - - - -  P E N D I N G  - - - - - - - - - - - - - - - - - - -
   6    HEPARIN/DEXTROSE INJ,SOLN                ?  *****       *****       P
          Give:  IV
   7    LACTULOSE SYRUP                          ?  *****       *****       P NF
          Give: 10GM/15ML PO BID PRN

- - - - - - - - - - - RECENTLY DISCONTINUED/EXPIRED (LAST 24 HOURS) - - - - - - - --
   8    FOLIC ACID TAB                           C  06/14/2006  06/16/2006  D
          Give: 1MG PO QAM
   9    GENTAMICIN 80 MG                         C  06/12/2006  06/12/2006  D
        in 5% DEXTROSE 100 ML Q8H
  10    ISONIAZID TAB                            C  04/03/2006  04/17/2006  DF
          Give: 300MG PO QD
  11    POTASSIUM CHLORIDE 10MEQ                 C  06/12/2006  06/12/2006  DA
        in 5% DEXTROSE 1000 ML Q8H
  12    POTASSIUM CHLORIDE 40 MEQ                C  06/12/2006  06/12/2006  DD
        in 5% DEXTROSE 250 ML 120 ml/hr
  13    PROPRANOLOL TAB                          C  06/15/2006  06/20/2006  DP
          Give: 40MG PO Q6H
  14    THIAMINE TAB                             C  04/03/2006  04/17/2006  E
          Give: 100MG PO BID

       Enter ?? for more actions
PI  Patient Information                 NO  New Order Entry
PU  Patient Record Update               CM  New Clinic Medication Entry
SO  Select Order
```

3.5. Order Checks

Order checks (allergy/adverse drug reactions, drug-drug interactions, duplicate therapy, dangerous medications for patient over 64 years of age, glucophage lab results, aminoglycosides ordered, and Clinical Reminder) are performed when a new medication order is placed through Inpatient Medications or when various actions are taken on medication orders through the Inpatient Medications application. This functionality will ensure the user is alerted to possible adverse drug reactions and will reduce the possibility of a medication error.

Note: The check for remote data availability is performed when entering a patient's chart, rather than on each order.

The following actions will initiate an order check:

- Action taken through Inpatient Medications to enter a medication order will initiate order checks (allergy, drug-drug interaction, and duplicate therapy) against existing medication orders.
- Action taken through Inpatient Medications to finish a medication order placed through CPRS will initiate order checks (allergy, drug-drug interaction, and duplicate therapy) against existing medication orders.
- Action taken through IV Menu to finish a medication order placed through CPRS will initiate order checks (allergy, drug-drug interaction, and duplicate therapy) against existing medication orders.
- Action taken through Inpatient Medications to renew a medication order will initiate order checks (allergy, drug-drug interaction, and duplicate therapy) against existing medication orders.
- Action taken through IV Menu to renew a medication order will initiate order checks (allergy, drug-drug interaction, and duplicate therapy) against existing medication orders.
- Action taken through IV Menu to copy a medication order, thereby creating a new order.

The following are the different items used for the order checks:

- Checks each Dispense Drug within the Unit Dose order for allergy/adverse drug reactions.
- Checks each Dispense Drug within the Unit Dose order against existing orders for drug-drug interaction,, and duplicate therapy.
- Checks each additive within an IV order for drug-drug interaction, and duplicate therapy against solutions or other additives within the order.
- Checks each IV order solution for allergy/adverse reactions.
- Checks each IV order solution for drug-drug interaction against other solutions or additives within the order if they are defined as a PreMix.
- Checks each IV order additive for allergy/adverse reaction.
- Checks each IV order additive for drug-drug interaction, and duplicate therapy against existing orders for the patient.
- Checks each IV order solution for drug-drug interaction against existing orders for the patient.

Override capabilities are provided based on the severity of the order check, if appropriate.

Order Checks will be displayed/processed in the following order:

- System Errors
- Allergy/ADR (local & remote)

- CPRS checks generated backdoor (Aminoglycoside Ordered, Dangerous Meds for Patients >64, and Glucophage Lab Results)
- Clinical Reminder
- Drug Level Errors
- Inpatient Critical Drug Interaction
- Local & Remote Outpatient Critical Drug Interactions
- Inpatient Significant Drug Interactions
- Local & Remote Outpatient Significant Drug Interactions
- Duplicate Therapy –Inpatient, Local & Remote Outpatient

These checks will be performed at the Dispense Drug level. Order checks for IV orders will use Dispense Drugs linked to each additive/solution in the IV order. All pending, non-verified, active and renewed Inpatient orders, active Outpatient orders and active Non-Veterans Affairs (VA) Meds documented in CPRS will be included in the check. In addition, with the release of OR*3*238, order checks will be available using data from the Health Data Repository Historical (HDR-Hx) and the Health Data Repository Interim Messaging Solution (HDR-IMS). This will contain both Outpatient orders from other VAMCs as well as from Department of Defense (DoD) facilities, if available. Any remote Outpatient order that has been expired for 30 days or less will be included in the list of medications to be checked.

There is a slight difference in the display of local Outpatient orders compared with remote Outpatient orders. Below are examples of the two displays:

Example: Local Outpatient Order Display

```
Duplicate Drug in Local Rx:

                  Rx #: 2608
                  Drug: ASPIRIN 81MG EC TAB
                   SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING
                   QTY: 30              Refills remaining: 11
              Provider: PSOPROVIDER,TEN            Issued: 03/24/08
                Status: Active             Last filled on: 03/24/08
     Processing Status: Released locally on 3/24/08@08:55:32  (Window)
                                               Days Supply: 30
```

Example: Remote Outpatient Order Display

```
Duplicate Drug in Remote Rx:

         LOCATION NAME: <NAME OF FACILITY>
                  Rx #: 2608
                  Drug: ASPIRIN 81MG EC TAB
                   SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING
                   QTY: 30              Refills remaining: 11
              Provider: PSOPROVIDER,TEN            Issued: 03/24/08
                Status: Active             Last filled on: 03/24/08
                                               Days Supply: 30
```

In the Remote Outpatient Order Display example above, notice the name of the remote location has been added. In addition, the number of refills is not available.

If the order is entered by the Orderable Item only, these checks will be performed at the time the Dispense Drug(s) is specified. The checks performed include:

- **Duplicate Therapy** - Each First Databank duplicate therapy class is assigned a duplication allowance value. The duplication allowance value indicates how many duplications are considered appropriate before a warning is generated. If the number of duplicate therapy matches (number of drug pairs) exceeds the duplication allowance value, a warning will fire off. In the example below, if the patient is already receiving orders containing a Dispense Drug in the same class as one of the Dispense Drugs in the new order, the orders containing the drug in that class are displayed. Inpatient duplicate orders of this kind are displayed in a numbered list. The user is first asked whether or not to continue the current order. If the user selects to continue the order then the user is prompted with which, if any, numbered Inpatient duplicate orders to discontinue. The user may enter a range of numbers from the numbered list of duplicate orders or bypass the prompt by selecting **<Enter>** and continue with the order. Entry of orders with duplicate drugs of the same class will be allowed.

Example: Remote Outpatient Order Display

```
Inpatient Order Entry         Mar 16, 2011@12:10:42          Page:    1 of    2
BCMA,EIGHTEEN-PATIENT             Ward: 7A GEN                          A
   PID: 666-33-0018           Room-Bed:               Ht(cm): 175.26 (12/15/08)
   DOB: 04/07/35 (75)                                 Wt(kg): 100.00 (12/15/08)
   Sex: FEMALE                                   Admitted: 01/31/02
    Dx: UPSET                             Last transferred: 06/04/10
  CrCL: 0.8(est.) (CREAT: 122mg/dL 8/26/96)      BSA (m2): 2.15
-------------------------------------------------------------------------------
- - - - - - - - - -  N O N - V E R I F I E D  C O M P L E X - - - - - - - - - -
   1    LITHIUM TAB,SA                            C  10/13/2011 10/15/2011 N
          Give: 450MG PO QID
        LITHIUM TAB,SA                            C  10/13/2011 10/15/2011 N
          Give: 10000MG PO Q4H
   2    RILUZOLE TAB                              C  10/13/2011 10/15/2011 N
          Give: 50MG PO BID
+---------Enter ?? for more actions---------------------------------------------
PI  Patient Information                 NO  New Order Entry
PU  Patient Record Update               CM  New Clinic Medication Entry
SO  Select Order
Select Action: Next Screen// no   New Order Entry

Select DRUG: sim
    Lookup: DRUG  GENERIC NAME
     1   SIMETHICONE 40MG CHEW TAB           GA900     N/F
     2   SIMETHICONE 40MG/0.6ML DROPS           GA900
     3   SIMETHICONE 80MG CHEW TAB           GA900
     4   SIMVASTATIN 10MG TAB           CV350
     5   SIMVASTATIN 20MG TAB           CV350
Press <RETURN> to see more, '^' to exit this list, '^^' to exit all lists, OR
CHOOSE 1-5: 5  SIMVASTATIN 20MG TAB         CV350

Now doing allergy checks.  Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks!  Please wait...
===============================================================================
This patient is receiving the following order(s) that have a CRITICAL Drug
Interaction with SIMVASTATIN 20MG TAB:

INDINAVIR CAP,ORAL                        C  03/16  03/17  A
Give: 400MG PO QDAY
```

```
Concurrent administration may result in elevated HMG levels, which may
increase the risk of myopathy, including rhabdomyolysis. (1-16)

================================================================================
This patient is receiving the following order(s) that have a SIGNIFICANT Drug
Interaction with SIMVASTATIN 20MG TAB:

Local Rx #501932A (ACTIVE) for RISPERIDONE 0.5MG TAB
SIG: TAKE ONE TABLET BY MOUTH TWICE A DAY
Processing Status: Not released locally (Window)


*** REFER TO MONOGRAPH FOR SIGNIFICANT INTERACTION CLINICAL EFFECTS
================================================================================

Display Professional Interaction Monograph(s)? NO//

Do you want to Continue with SIMVASTATIN 20MG TAB? NO// y  YES

Now creating Pharmacy Intervention
For SIMVASTATIN 20MG TAB

PROVIDER:    PSJPROVIDER,ONE            TP
RECOMMENDATION: 8  NO CHANGE

See 'Pharmacy Intervention Menu' if you want to delete this
intervention or for more options.


Would you like to edit this intervention? N// no

================================================================================
This patient is already receiving the following INPATIENT and/or OUTPATIENT
order(s) for a drug in the same therapeutic class(es) as SIMVASTATIN 20MG
TAB:

Local Rx #501820A (ACTIVE) for SIMVASTATIN 10MG TAB
SIG: TAKE ONE TABLET BY MOUTH EVERY EVENING
Processing Status: Not released locally (Window)

Class(es) Involved in Therapeutic Duplication(s): HMGCo-A Reductase
   Inhibitors
================================================================================

Press Return to continue...

Available Dosage(s)
      1.    20MG
      2.    40MG
      3.    60MG

Select from list of Available Dosages or Enter Free Text Dose: 2  40MG

You entered 40MG is this correct? Yes//   YES
MED ROUTE: ORAL (BY MOUTH)//   PO
SCHEDULE: QPM//       2100
SCHEDULE TYPE: CONTINUOUS//   CONTINUOUS
ADMIN TIMES: 2100//
SPECIAL INSTRUCTIONS:
START DATE/TIME: MAR 16,2011@12:10//   MAR 16,2011@12:10
STOP DATE/TIME: MAR 18,2011@24:00//    MAR 18,2011@24:00
Expected First Dose: MAR 16,2011@21:00
PROVIDER: PHARMACIST,SEVENTEEN//         145


NON-VERIFIED UNIT DOSE        Mar 16, 2011@12:10:15          Page:    1 of    2
BCMA,EIGHTEEN-PATIENT             Ward: 7A GEN                          A
   PID: 666-33-0018           Room-Bed:               Ht(cm): 175.26 (12/15/08)
   DOB: 04/07/35 (75)                                 Wt(kg): 100.00 (12/15/08)
--------------------------------------------------------------------------------
 (1)Orderable Item: SIMVASTATIN TAB
```

```
      Instructions:
 (2)Dosage Ordered: 40MG
          Duration:                                  (3)Start: 03/16/2011  12:10
 (4)     Med Route: ORAL (BY MOUTH)
                                                     (5) Stop: 03/18/2011  24:00
 (6) Schedule Type: CONTINUOUS
 (8)      Schedule: QPM
 (9)   Admin Times: 2100
 (10)     Provider: PHARMACIST,SEVENTEEN
 (11) Special Instructions:
 (12) Dispense Drug                                   U/D        Inactive Date
      SIMVASTATIN 20MG TAB                            2

+---------Enter ?? for more actions---------------------------------------------
ED  Edit                                AC  ACCEPT
Select Item(s): Next Screen// ac   ACCEPT
NATURE OF ORDER: WRITTEN//        W

...transcribing this non-verified order....

NON-VERIFIED UNIT DOSE        Mar 16, 2011@12:10:24          Page:    1 of    2
BCMA,EIGHTEEN-PATIENT             Ward: 7A GEN                           A
   PID: 666-33-0018           Room-Bed:               Ht(cm): 175.26 (12/15/08)
   DOB: 04/07/35 (75)                                  Wt(kg): 100.00 (12/15/08)
-------------------------------------------------------------------------------
*(1)Orderable Item: SIMVASTATIN TAB
      Instructions:
*(2)Dosage Ordered: 40MG
          Duration:                                  (3)Start: 03/16/2011  12:10
*(4)     Med Route: ORAL (BY MOUTH)
                                                     (5) Stop: 03/18/2011  24:00
 (6) Schedule Type: CONTINUOUS
*(8)      Schedule: QPM
 (9)   Admin Times: 2100
      SIMVASTATIN 20MG TAB                            2
+---------Enter ?? for more actions---------------------------------------------
DC  Discontinue           ED  Edit                  AL  Activity Logs
HD  (Hold)                RN  (Renew)
FL  Flag                  VF  Verify
Select Item(s): Next Screen// vf   Verify
...a few moments, please.....

Pre-Exchange DOSES:

ORDER VERIFIED.

Enter RETURN to continue or '^' to exit:

Select DRUG:

Select IV TYPE:

Inpatient Order Entry         Mar 16, 2011@12:10:42          Page:    1 of    2
BCMA,EIGHTEEN-PATIENT             Ward: 7A GEN                           A
   PID: 666-33-0018           Room-Bed:               Ht(cm): 175.26 (12/15/08)
   DOB: 04/07/35 (75)                                  Wt(kg): 100.00 (12/15/08)
   Sex: FEMALE                                   Admitted: 01/31/02
    Dx: UPSET                              Last transferred: 06/04/10
  CrCL: 0.8(est.) (CREAT: 122mg/dL 8/26/96)      BSA (m2): 2.15
-------------------------------------------------------------------------------
 - - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - -
   1    INDINAVIR CAP,ORAL                        C  03/16/2011  03/17/2011 A
          Give: 400MG PO QDAY
   2    SIMVASTATIN TAB                           C  03/16/2011  03/18/2011 A
          Give: 40MG PO QPM
 - - - - - - - - - -  N O N - V E R I F I E D  C O M P L E X - - - - - - - - - -
   3    LITHIUM TAB,SA                            C  10/13/2011  10/15/2011 N
          Give: 450MG PO QID
        LITHIUM TAB,SA                            C  10/13/2011  10/15/2011 N
          Give: 10000MG PO Q4H
   4    RILUZOLE TAB                              C  10/13/2011  10/15/2011 N
```

```
          Give: 50MG PO BID
+---------Enter ?? for more actions---------------------------------------------
PI  Patient Information                NO  New Order Entry
PU  Patient Record Update              CM  New Clinic Medication Entry
SO  Select Order
Select Action: Next Screen//
```

3.5.1. Allergy Order Checks

This section describes the Allergy Order Check functionality. Allergy order checks appear prior to Clinical Reminder Order Checks.

The following changes have been made to the existing allergy order checks:

1. In Backdoor Pharmacy, the system will require the pharmacist to complete an Intervention if the severity value equals 'Severe' before allowing the pharmacist to continue with the order.

Note: The intervention functionality will be similar to the Critical Drug-Drug Interactions in backdoor pharmacy today.

2. For orders with Severity of Mild, Moderate, or Not Entered, the system will continue the same as it does today with the option that allows the pharmacist to enter an intervention at their discretion.

3. All allergies are captured and stored with the order, regardless of whether or not an intervention was entered.

4. Remote/HDR allergy Signs/Symptoms are now displayed when doing Allergy/ADR Order Checks.

5. Modified Allergy/ADR Order Check to display actual Station Name in lieu of Local or Remote terminology.

6. For a Severe Allergy the user is required to enter an intervention and their electronic signature.

Note: In order to enter the Severity for an allergy in the Allergy Package it must be entered as (O)bserved and not (H)istorical Allerge/Adverse.

```
Mild:

Now doing allergy checks.  Please wait...

A Drug-Allergy Reaction exists for this medication and/or class!
```

```
    Prospective Drug: ASPIRIN 81MG EC TAB
     Causative Agent: ASPIRIN (ALBANY - 07/09/15)
 Historical/Observed: OBSERVED
            Severity: MILD
         Ingredients: ASPIRIN
      Signs/Symptoms: ANXIETY, HIVES

   Provider Override Reason: N/A - Order Check Not Evaluated by Provider

Do you want to Intervene? YES// NO
```

Moderate:

```
Now doing allergy checks.  Please wait...

A Drug-Allergy Reaction exists for this medication and/or class!

    Prospective Drug: MINOXIDIL 2.5MG S.T.
     Causative Agent: MINOXIDIL (ALBANY - 07/29/15)
 Historical/Observed: OBSERVED
            Severity: MODERATE
         Ingredients: MINOXIDIL
      Signs/Symptoms: ANXIETY, ITCHING,WATERING EYES
          Drug Class: CV490 ANTIHYPERTENSIVES,OTHER

   Provider Override Reason: N/A - Order Check Not Evaluated by Provider

Do you want to Intervene? YES// NO
```

Not Entered:

```
Now doing allergy checks.  Please wait...

A Drug-Allergy Reaction exists for this medication and/or class!

    Prospective Drug: AMIODARONE
     Causative Agent: AMIODARONE (ALBANY - 07/29/15)
 Historical/Observed: OBSERVED
            Severity: Not Entered
         Ingredients: AMIODARONE, IODINE
      Signs/Symptoms: ANXIETY
          Drug Class: CV300 ANTIARRHYTHMICS

   Provider Override Reason: N/A - Order Check Not Evaluated by Provider

Do you want to Intervene? YES// NO
```

Severe without Intervention:

```
Now doing allergy checks.  Please wait...

A Drug-Allergy Reaction exists for this medication and/or class!

    Prospective Drug: PENICILLIN
     Causative Agent: PENICILLIN (ALBANY - 07/29/15)
 Historical/Observed: OBSERVED
            Severity: SEVERE
         Ingredients: PENICILLIN
      Signs/Symptoms: DIARRHEA, HIVES

   Provider Override Reason: N/A - Order Check Not Evaluated by Provider

Do you want to Intervene? YES// NO

With a SEVERE reaction, an intervention is required!
```

Severe with Intervention:

```
Now doing allergy checks.  Please wait...

A Drug-Allergy Reaction exists for this medication and/or class!

    Prospective Drug: PENICILLIN
     Causative Agent: PENICILLIN (ALBANY - 07/29/15)
 Historical/Observed: OBSERVED
            Severity: SEVERE
         Ingredients: PENICILLIN
      Signs/Symptoms: DIARRHEA, HIVES

   Provider Override Reason: N/A - Order Check Not Evaluated by Provider

Do you want to Intervene? YES//

Enter your Current Signature Code:    SIGNATURE VERIFIED

Now creating Pharmacy Intervention
For PENICILLIN VK 250MG TAB

PROVIDER: INPATIENT-MEDS,PROVIDER            PROV
RECOMMENDATION: 1  CHANGE DRUG

See 'Pharmacy Intervention Menu' if you want to delete this
intervention or for more options.
```

Note: "With a severe reaction, an intervention is required"

Historical:

```
Now doing allergy checks.  Please wait...

A Drug-Allergy Reaction exists for this medication and/or class!

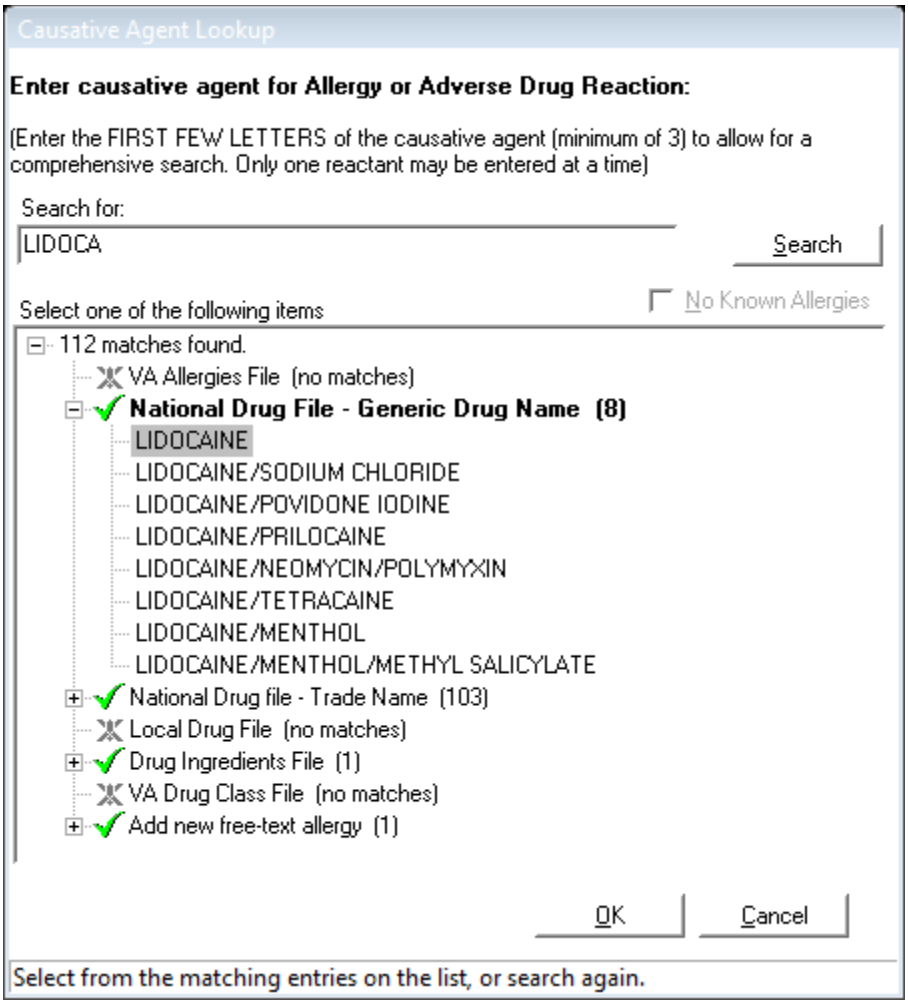
    Prospective Drug: AMPICILLIN 250MG
     Causative Agent: AMPICILLIN (ALBANY - 01/14/16)
 Historical/Observed: HISTORICAL
            Severity: Not Entered
         Ingredients: AMPICILLIN
      Signs/Symptoms: DRY MOUTH, HIVES
          Drug Class: AM111 PENICILLINS,AMINO DERIVATIVES

   Provider Override Reason: N/A - Order Check Not Evaluated by Provider

Do you want to Intervene? YES// NO
```

3.5.1.1. CPRS Allergy Order Entry Process

From the Order tab, enter a new allergy using the Allergies Dialog:



Example of Historical Allergy:

Enter Allergy or Adverse Reaction

General

No Known Allergies

Active Allergies

Originator:
Vo,Mai - SYSTEMS ANA

Observed Historical

Causative agent:
LIDOCAINE

Origination Date:
Jan 15,2016@09:27

Nature of Reaction:

Signs/Symptoms:
ANXIETY
ANXIETY
ITCHING,WATERING E
ANOREXIA
DROWSINESS
NAUSEA,VOMITING
DIARRHEA
HIVES
DRY MOUTH
DRY NOSE
RASH

Selected Symptoms:
ANXIETY

NOW

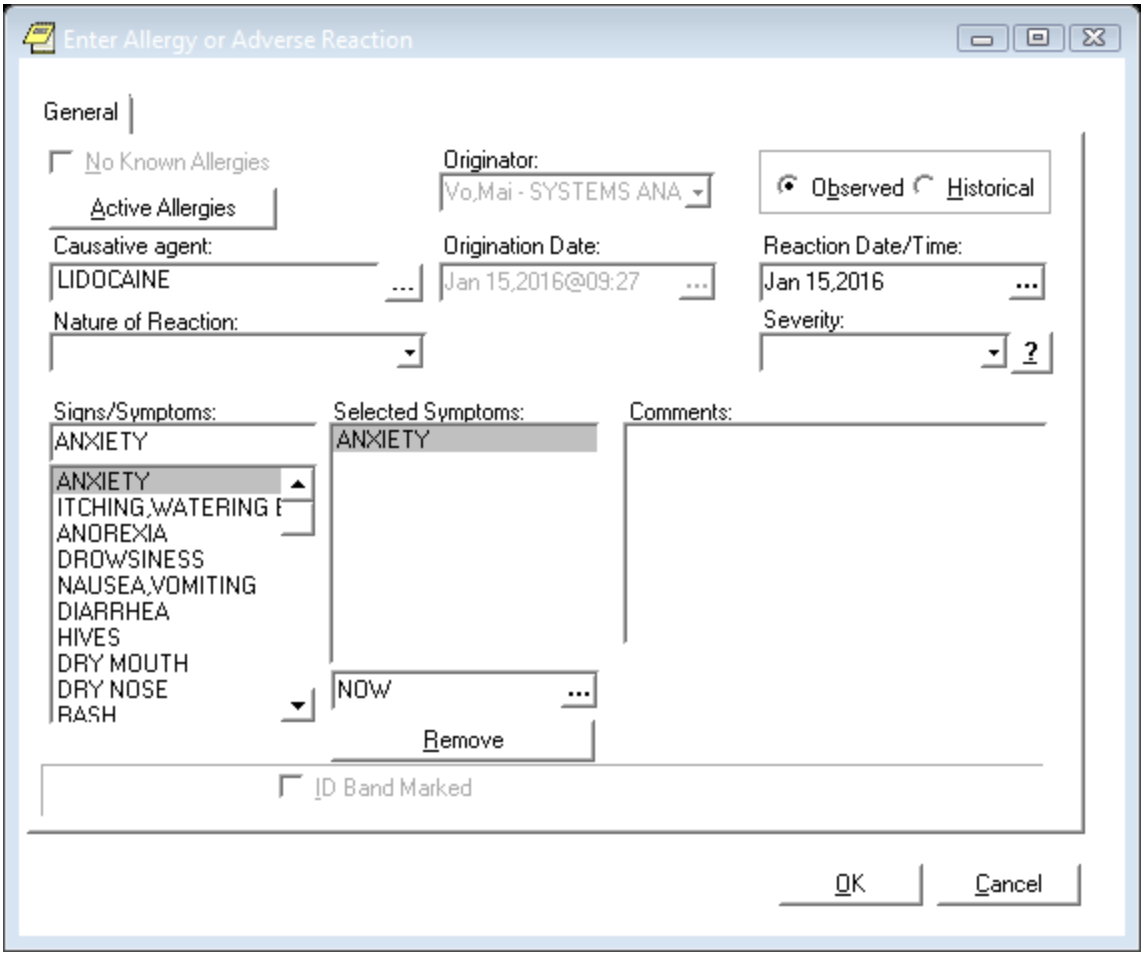
Remove

Comments:

ID Band Marked

OK Cancel

Example of Observed Allergy:



3.5.1.2. Inpatient Allergy Order Entry Process

Example of Observed Allergy:

```
Patient Information            Jan 15, 2016@09:50:42          Page:    1 of    1
DEF,PATIENT                        Ward: GEN MED                      A
   PID: 666-66-6661            Room-Bed:                Ht(cm): ______ (________)
   DOB: 01/01/62 (54)                                   Wt(kg): ______ (________)
   Sex: MALE                                       Admitted: 04/15/15
    Dx: TESTING                                Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)             BSA (m2): __________

Allergies - Verified: AMIODARONE, AMIODARONE 200MG (PAR), HEPARIN, INDINAVIR,
                      MINOXIDIL, MORPHINE, PENICILLIN, VANCOMYCIN, ASPIRIN
        Non-Verified:
              Remote:

   Adverse Reactions:
 Inpatient Narrative:
Outpatient Narrative:


          Enter ?? for more actions
PU Patient Record Update                NO New Order Entry
```

```
DA Detailed Allergy/ADR List            IN Intervention Menu
VP View Profile                         CM New Clinic Medication Entry
Select Action: View Profile// DA


Detailed ADR List             Jan 15, 2016@09:51:07          Page:    1 of    2
DEF,PATIENT                        Ward: GEN MED                      A
   PID: 666-66-6661           Room-Bed:               Ht(cm): ______ (________)
   DOB: 01/01/62 (54)                                 Wt(kg): ______ (________)
   Sex: MALE                                     Admitted: 04/15/15
    Dx: TESTING                            Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)           BSA (m2): __________

    Verified
     Drug:
       1 AMIODARONE
       2 AMIODARONE 200MG (PAR)
       3 HEPARIN
       4 INDINAVIR
       5 MINOXIDIL
       6 MORPHINE
       7 PENICILLIN
       8 VANCOMYCIN
     Drug/Food:
       9 ASPIRIN
+         Enter ?? for more actions
EA   Enter/Edit Allergy/ADR Data        SA   Select Allergy
Select Action: Next Screen// EA

Enter Causative Agent: LIDOC

Checking existing PATIENT ALLERGIES (#120.8) file for matches...


Now checking GMR ALLERGIES (#120.82) file for matches...


Now checking the National Drug File - Generic Names (#50.6)

     1   LIDOCAINE
     2   LIDOCAINE/MENTHOL
     3   LIDOCAINE/MENTHOL/METHYL SALICYLATE
     4   LIDOCAINE/NEOMYCIN/POLYMYXIN
     5   LIDOCAINE/POVIDONE IODINE
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 1
CHOOSE 1-5: 1  LIDOCAINE
   LIDOCAINE   OK? Yes//   (Yes)



(O)bserved or (H)istorical Allergy/Adverse Reaction: O  OBSERVED

Select date reaction was OBSERVED (Time Optional):  T  (JAN 15, 2016)   JAN 15,
2016  (JAN 15, 2016)
  Are you adding 'JAN 15, 2016' as
    a new ADVERSE REACTION REPORTING? No// Y  (Yes)


No signs/symptoms have been specified.  Please add some now.

The following are the top ten most common signs/symptoms:
 1. ANXIETY                          7. HIVES
 2. ITCHING,WATERING EYES            8. DRY MOUTH
 3. ANOREXIA                         9. DRY NOSE
 4. DROWSINESS                      10. RASH
 5. NAUSEA,VOMITING                 11. OTHER SIGN/SYMPTOM
```

```
 6. DIARRHEA
Enter from the list above :  7,10
Date(Time Optional) of appearance of Sign/Symptom(s): Jan 15, 2016//  (JAN 15, 2
016)


The following is the list of reported signs/symptoms for this reaction:

     Signs/Symptoms                                   Date Observed
-----------------------------------------------------------------------------
  1  HIVES                                            Jan 15, 2016
  2  RASH                                             Jan 15, 2016

Select Action (A)DD, (D)ELETE OR <RET>:

     Choose one of the following:

                    A - ALLERGY
                    P - PHARMACOLOGICAL
                    U - UNKNOWN

MECHANISM: UNKNOWN// A  ALLERGY



COMMENTS:
  No existing text
  Edit? NO//
Complete the observed reaction report? Yes//   (Yes)
DATE/TIME OF EVENT: JAN 15,2016//
OBSERVER: VO,MAI//        BIRMINHGAM     ALABAMA     MV          SYSTEMS ANALYST
SEVERITY: SE  SEVERE
DATE MD NOTIFIED: Jan 15,2016//   (JAN 15, 2016)
Complete the FDA data? Yes// N  (No)

Currently you have verifier access.
Would you like to verify this Causative Agent now? Yes//   (Yes)





CAUSATIVE AGENT: LIDOCAINE
           TYPE: DRUG
    INGREDIENTS: LIDOCAINE
VA DRUG CLASSES: CN204 - LOCAL ANESTHETICS,INJECTION
                 CV300 - ANTIARRHYTHMICS
                 DE700 - LOCAL ANESTHETICS,TOPICAL
                 GU900 - GENITO-URINARY AGENTS,OTHER
                 NT300 - ANESTHETICS,MUCOSAL
                 OP700 - ANESTHETICS,TOPICAL OPHTHALMIC
                 PH000 - PHARMACEUTICAL AIDS/REAGENTS
       OBS/HIST: OBSERVED

 SIGNS/SYMPTOMS: HIVES  (Jan 15, 2016)
                 RASH  (Jan 15, 2016)
      MECHANISM: ALLERGY

Would you like to edit any of this data? N  (No)
       PATIENT: DEF,PATIENT              CAUSATIVE AGENT: LIDOCAINE
   INGREDIENTS: LIDOCAINE                VA DRUG CLASSES: ANTIARRHYTHMICS
                                                          LOCAL ANESTHETICS,INJ
                                                          LOCAL ANESTHETICS,TOP
                                                          ANESTHETICS,MUCOSAL
Enter RETURN to continue or '^' to exit:
```

```
                                                          ANESTHETICS,TOPICAL O
                                                          PHARMACEUTICAL AIDS/R
                                                          GENITO-URINARY AGENTS

    ORIGINATOR: VO,MAI                        ORIGINATED: Jan 15, 2016@09:52
      SIGN OFF: NO                              OBS/HIST: OBSERVED
      SEVERITY: SEVERE                           OBS D/T: Jan 15, 2016

ID BAND MARKED:                              CHART MARKED:

 SIGNS/SYMPTOMS: HIVES  (Jan 15, 2016)
                 RASH  (Jan 15, 2016)
Change status of this allergy/adverse reaction to verified? Y

Opening Adverse React/Allergy record for review...


Browse Document               Jan 15, 2016@09:54:33          Page:    1 of    1
                            Adverse React/Allergy
DEF,P          666-66-6661   GEN MED           Adm: 04/15/2015  Dis:

DATE OF NOTE: JAN 15, 2016@09:54:33  ENTRY DATE: JAN 15, 2016@09:54:33
      AUTHOR: VO,MAI               EXP COSIGNER:
     URGENCY:                            STATUS: UNSIGNED

This patient has had an allergy to LIDOCAINE
verified on Jan 15, 2016@09:54:33.









          + Next Screen  - Prev Screen  ?? More actions
     Find                      Sign/Cosign               Link ...
     Print                     Copy                      Encounter Edit
     Edit                      Identify Signers          Interdiscipl'ry Note
     Make Addendum             Delete                    Quit
Select Action: Quit//
```

Example of Historical Allergy:

```
Detailed ADR List             Jan 15, 2016@09:51:07          Page:    1 of    2
DEF,PATIENT                        Ward: GEN MED                        A
   PID: 666-66-6661           Room-Bed:               Ht(cm): ______ (________)
   DOB: 01/01/62 (54)                                 Wt(kg): ______ (________)
   Sex: MALE                                     Admitted: 04/15/15
    Dx: TESTING                           Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)           BSA (m2): __________

    Verified
     Drug:
       1 AMIODARONE
       2 AMIODARONE 200MG (PAR)
       3 HEPARIN
       4 INDINAVIR
       5 MINOXIDIL
       6 MORPHINE
       7 PENICILLIN
       8 VANCOMYCIN
     Drug/Food:
```

```
       9 ASPIRIN
+         Enter ?? for more actions
EA   Enter/Edit Allergy/ADR Data        SA   Select Allergy
Select Action: Next Screen// EA

Enter Causative Agent: LIDO

Checking existing PATIENT ALLERGIES (#120.8) file for matches...
,PATIENT  DEF,PATIENT        1-1-62    666666661     YES     ACTIVE DUTY     INP
ATIENT-MEDS,PROVIDER               LIDOCAINE
   LIDOCAINE   OK? Yes// N  (No)

Now checking GMR ALLERGIES (#120.82) file for matches...

Now checking the National Drug File - Generic Names (#50.6)

     1   LIDOCAINE
     2   LIDOCAINE/MENTHOL
     3   LIDOCAINE/MENTHOL/METHYL SALICYLATE
     4   LIDOCAINE/NEOMYCIN/POLYMYXIN

                                                                  OBS/
REACTANT                                            VER.   MECH.   HIST  TYPE
--------                                            ----  -------  ----  ----
AMIODARONE                                          AUTO  ALLERGY  OBS   DRUG
 (IODINE)
    Reactions: ANXIETY
AMIODARONE 200MG (PAR)                              YES   ALLERGY  HIST  DRUG
 (AMIODARONE, IODINE)
    Reactions: ANXIETY
HEPARIN                                             AUTO  ALLERGY  OBS   DRUG
    Reactions: DRY MOUTH, DRY NOSE
INDINAVIR                                           AUTO  ALLERGY  OBS   DRUG
 (INDINAVIR SULFATE)
    Reactions: ITCHING,WATERING EYES, ANOREXIA,
               NAUSEA,VOMITING, ANXIETY, DROWSINESS
LIDOCAINE                                           YES   ALLERGY  OBS   DRUG
    Reactions: HIVES, RASH
     5   LIDOCAINE/POVIDONE IODINE
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 3  LIDOCAINE/MENTHOL/METHYL SALICYLATE
   LIDOCAINE/MENTHOL/METHYL SALICYLATE   OK? Yes//   (Yes)



(O)bserved or (H)istorical Allergy/Adverse Reaction: H  HISTORICAL


No signs/symptoms have been specified.  Please add some now.

The following are the top ten most common signs/symptoms:
 1. ANXIETY                          7. HIVES
 2. ITCHING,WATERING EYES            8. DRY MOUTH
 3. ANOREXIA                         9. DRY NOSE
 4. DROWSINESS                      10. RASH
 5. NAUSEA,VOMITING                 11. OTHER SIGN/SYMPTOM
 6. DIARRHEA
Enter from the list above :  7
Date(Time Optional) of appearance of Sign/Symptom(s):


The following is the list of reported signs/symptoms for this reaction:

     Signs/Symptoms                                 Date Observed
-----------------------------------------------------------------------------
  1  HIVES
```

```
Select Action (A)DD, (D)ELETE OR <RET>:

     Choose one of the following:

                    A - ALLERGY
                    P - PHARMACOLOGICAL
                    U - UNKNOWN

MECHANISM: UNKNOWN// A  ALLERGY



COMMENTS:
  No existing text
  Edit? NO//

Currently you have verifier access.
Would you like to verify this Causative Agent now? Yes// Y  (Yes)





CAUSATIVE AGENT: LIDOCAINE/MENTHOL/METHYL SALICYLATE
           TYPE: DRUG
    INGREDIENTS: LIDOCAINE
                 MENTHOL
                 METHYL SALICYLATE
VA DRUG CLASSES: DE900 - DERMATOLOGICALS,TOPICAL OTHER
       OBS/HIST: HISTORICAL

 SIGNS/SYMPTOMS: HIVES
      MECHANISM: ALLERGY

Would you like to edit any of this data? N  (No)
       PATIENT: DEF,PATIENT              CAUSATIVE AGENT: LIDOCAINE/MENTHOL/MET
   INGREDIENTS: LIDOCAINE                VA DRUG CLASSES: DERMATOLOGICALS,TOPIC
                MENTHOL
                METHYL SALICYLATE

    ORIGINATOR: VO,MAI                        ORIGINATED: Jan 15, 2016@09:55
      SIGN OFF: NO                              OBS/HIST: HISTORICAL

ID BAND MARKED:                              CHART MARKED:

Enter RETURN to continue or '^' to exit:

                              Jan 15, 2016@09:56:46
 SIGNS/SYMPTOMS: HIVES
Change status of this allergy/adverse reaction to verified? Y  (Yes)

Opening Adverse React/Allergy record for review...


Browse Document               Jan 15, 2016@09:56:46          Page:    1 of    1
                            Adverse React/Allergy
DEF,P          666-66-6661   GEN MED           Adm: 04/15/2015  Dis:

DATE OF NOTE: JAN 15, 2016@09:56:45  ENTRY DATE: JAN 15, 2016@09:56:45
      AUTHOR: VO,MAI               EXP COSIGNER:
     URGENCY:                            STATUS: UNSIGNED

This patient has had an allergy to LIDOCAINE/MENTHOL/METHYL SALICYLATE
verified on Jan 15, 2016@09:56:45.
```

```
          + Next Screen  - Prev Screen  ?? More actions
     Find                      Sign/Cosign               Link ...
     Print                     Copy                      Encounter Edit
     Edit                      Identify Signers          Interdiscipl'ry Note
     Make Addendum             Delete                    Quit
Select Action: Quit//
```

3.5.2. Clinical Reminder Order Checks

This section describes the Clinical Reminder Order Checks (CROCs) functionality. Order Checks now include the ability to view Clinical Reminders (prior to the display of Enhanced Drug-Drug interactions). Reminders are used to aid clinicians in performing tasks to fulfill Clinical Practice Guidelines and periodic procedures or education as needed for patients.

Clinical Reminder Order Checks will have a severity of low, medium or high. CROCs with a severity of high require an intervention to be entered. An intervention is optional for a severity of low and medium.

For an IV order if there are multiple drugs that are involved in a CROC one will have to log an intervention for each drug.

Only the CPRS orderable item and drug level CROCs are displayed through the Pharmacy Backdoor.

Example: Clinical Reminder Order Check with severity of Medium.

```
Inpatient Order Entry          Aug 03, 2015@12:21:31          Page:    1 of    1
WILPATNM,LAURA                     Ward: OBSERVA                          A
   PID: 666-00-0311           Room-Bed:                Ht(cm): ______ (________)
   DOB: 12/06/70 (44)                                  Wt(kg): ______ (________)
   Sex: FEMALE                                     Admitted: 04/25/96
    Dx: SKLDJFKLSDJF                      Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)  BSA (m2): __________

 - - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - - -
   1    FOLIC ACID TAB                          C  08/03/2015  08/17/2015 A
          Give: 1MG PO QAM









          Enter ?? for more actions
PI  Patient Information                 NO  New Order Entry
PU  Patient Record Update               CM  New Clinic Medication Entry
SO  Select Order
Select Action: View Profile// NO   New Order Entry

Select DRUG: AMLODIPINE
  Lookup: GENERIC NAME
AMLODIPINE/BENAZEPRIL 10/40 CAP           CV400
         ...OK? Yes//   (Yes)
```

```
Now doing allergy checks.  Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...
```

```
    *** Clinical Reminder Order Check | Severity: MEDIUM ***

    Potentially Teratogenic Medication (FDA Category D or C)

    Concern has been raised about use of this medication during pregnancy.

    1) Pregnancy status should be determined. Discuss use of this medication on the
    context of risks to the mother and child of untreated disease. Potential
    benefits may warrant use of the drug in pregnant women despite risks.

    2) The patient must be provided contraceptive counseling on potential risk vs.
    benefit of taking this medication if she were to become pregnant.

    ***********************************************************************
    The 'Teratogenic Medications' Order Check will display for female patients
    between the ages of 12 and 50, except those with a known exclusion criterion
    (e.g., hysterectomy), or those with a documented IUD placement that is more
    recent than a documented IUD removal.

    ---------------------------------------------------------------------------
```

```
Do you want to Intervene? N// NO

Now Processing Enhanced Order Checks! Please wait...


DOSAGE ORDERED: ONE CAPSULE

You entered ONE CAPSULE is this correct? Yes// YES
UNITS PER DOSE: 1//
MED ROUTE: ORAL//   PO
     1   ORAL        PO
     2   ORAL (BY MOUTH)        PO
     3   ORAL INHALATION        ORALINHL
     4   ORAL INTRADERMAL PERIOSTEAL        ORALID PER
     5   ORAL INTRAMUSCULAR        ORALIM
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 1  ORAL      PO
SCHEDULE: QAM      09
SCHEDULE TYPE: CONTINUOUS//   CONTINUOUS
ADMIN TIMES: 09//
SPECIAL INSTRUCTIONS:
  1>
START DATE/TIME: AUG 3,2015@12:27//   AUG 3,2015@12:27
STOP DATE/TIME: AUG 17,2015@12:27//    AUG 17,2015@12:27
Expected First Dose: AUG 4,2015@09:00
```

```
NON-VERIFIED UNIT DOSE        Aug 03, 2015@12:27:35          Page:    1 of    2
WILPATNM,LAURA                    Ward: OBSERVA                          A
   PID: 666-00-0311           Room-Bed:               Ht(cm): _______ (________)
   DOB: 12/06/70 (44)                                 Wt(kg): _______ (________)

 (1)Orderable Item: AMLODIPINE/BENAZEPRIL CAP,ORAL
      Instructions:
 (2)Dosage Ordered: ONE CAPSULE
          Duration:                                 (3)Start: 08/03/2015  12:27
 (4)     Med Route: ORAL
                                                    (5) Stop: 08/17/2015  12:27
 (6) Schedule Type: CONTINUOUS
 (8)      Schedule: QAM
 (9)   Admin Times: 09
 (10)     Provider: INPATIENT-MEDS,PROVIDER
  (11) Special Instructions:
```

```
 (12) Dispense Drug                                    U/D        Inactive Date
      AMLODIPINE/BENAZEPRIL 10/40 CAP                  1

+         Enter ?? for more actions
ED  Edit                                  AC  ACCEPT
Select Item(s): Next Screen// AC   ACCEPT
NATURE OF ORDER: WRITTEN//        W

...transcribing this non-verified order....


NON-VERIFIED UNIT DOSE         Aug 03, 2015@12:28:02          Page:    1 of    2
WILPATNM,LAURA                     Ward: OBSERVA                          A
   PID: 666-00-0311           Room-Bed:                Ht(cm): ______ (________)
   DOB: 12/06/70 (44)                                  Wt(kg): ______ (________)

*(1)Orderable Item: AMLODIPINE/BENAZEPRIL CAP,ORAL
       Instructions:
*(2)Dosage Ordered: ONE CAPSULE
          Duration:                                 (3)Start: 08/03/2015  12:27
*(4)     Med Route: ORAL
                                                    (5) Stop: 08/17/2015  12:27
 (6) Schedule Type: CONTINUOUS
*(8)      Schedule: QAM
 (9)   Admin Times: 09
*(10)     Provider: INPATIENT-MEDS,PROVIDER [w]
  (11) Special Instructions:

 (12) Dispense Drug                                    U/D        Inactive Date
      AMLODIPINE/BENAZEPRIL 10/40 CAP                  1
+         Enter ?? for more actions
DC  Discontinue           ED  Edit                  AL  Activity Logs
HD  (Hold)                RN  (Renew)
FL  Flag                  VF  Verify
Select Item(s): Next Screen// VF   Verify
...a few moments, please.....

Pre-Exchange DOSES:

ORDER VERIFIED.

Enter RETURN to continue or '^' to exit:
```

Note: For a Clinical Reminder Order Check with a low or medium severity, the entry of an intervention is optional. For a Clinical Reminder Order Check with a high severity, the user must enter an intervention before continuing.

Example: Clinical Reminder Order Check with severity of High.

```
Inpatient Order Entry          Aug 03, 2015@12:33:49          Page:    1 of    1
WILPATNM,LAURA                     Ward: OBSERVA                          A
   PID: 666-00-0311           Room-Bed:                Ht(cm): ______ (________)
   DOB: 12/06/44 (70)                                  Wt(kg): ______ (________)
   Sex: FEMALE                                   Admitted: 04/25/96
    Dx: SKLDJFKLSDJF                      Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)            BSA (m2): __________

   1    AMLODIPINE/BENAZEPRIL CAP,ORAL           C  08/03/2015  08/17/2015 A
          Give: ONE CAPSULE PO QAM
   2    FOLIC ACID TAB                           C  08/03/2015  08/17/2015 A
          Give: 1MG PO QAM
```

```
PI  Patient Information                 NO  New Order Entry
PU  Patient Record Update               CM  New Clinic Medication Entry
SO  Select Order
Select Action: Quit// NO   New Order Entry


Select DRUG: LOVASTATIN
  Lookup: GENERIC NAME
LOVASTATIN 40MG TAB           CV350
         ...OK? Yes//   (Yes)


Now doing allergy checks.  Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

==============================================================================
*** Clinical Reminder Order Check | Severity: HIGH ***

Patient is greater than 64yo and on Statins

This alert will display for patients greater than 64yo and who are taking a
STATIN drug.

------------------------------------------------------------------------------
Do you want to Continue? Y// ES

Enter your Current Signature Code:    SIGNATURE VERIFIED

Now creating Pharmacy Intervention
For LOVASTATIN 40MG TAB

PROVIDER: INPATIENT
     1   INPATIENT-MEDS,NURSE              NURSE
     2   INPATIENT-MEDS,PHARMACIST              PI
     3   INPATIENT-MEDS,PROVIDER              PROV
CHOOSE 1-3: 3  INPATIENT-MEDS,PROVIDER            PROV
RECOMMENDATION: CHANGE DRUG

See 'Pharmacy Intervention Menu' if you want to delete this
intervention or for more options.


Press Return to continue...


Would you like to edit this intervention? N// O

Now Processing Enhanced Order Checks! Please wait...


Available Dosage(s)
      1.    40MG

Select from list of Available Dosages or Enter Free Text Dose: 1  40MG

You entered 40MG is this correct? Yes//   YES
MED ROUTE: ORAL//   PO
     1   ORAL        PO
     2   ORAL (BY MOUTH)        PO
     3   ORAL INHALATION        ORALINHL
     4   ORAL INTRADERMAL PERIOSTEAL        ORALID PER
     5   ORAL INTRAMUSCULAR        ORALIM
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 1  ORAL      PO
SCHEDULE: QPM      21
SCHEDULE TYPE: NOT FOUND// CONTINUOUS
ADMIN TIMES: 21//
SPECIAL INSTRUCTIONS:
  1>
```

```
START DATE/TIME: AUG 3,2015@12:37//   AUG 3,2015@12:37
STOP DATE/TIME: AUG 17,2015@12:37//    AUG 17,2015@12:37
Expected First Dose: AUG 3,2015@21:00



NON-VERIFIED UNIT DOSE        Aug 03, 2015@12:36:56          Page:    1 of    2
WILPATNM,LAURA                    Ward: OBSERVA                          A
   PID: 666-00-0311           Room-Bed:               Ht(cm): ______ (________)
   DOB: 12/06/44 (70)                                 Wt(kg): ______ (________)

 (1)Orderable Item: LOVASTATIN TAB
      Instructions:
 (2)Dosage Ordered: 40MG
          Duration:                                 (3)Start: 08/03/2015  12:37
 (4)     Med Route: ORAL
                                                    (5) Stop: 08/17/2015  12:37
 (6) Schedule Type: CONTINUOUS
 (8)      Schedule: QPM
 (9)   Admin Times: 21
 (10)     Provider: INPATIENT-MEDS,PROVIDER
  (11) Special Instructions:

 (12) Dispense Drug                                  U/D        Inactive Date
      LOVASTATIN 40MG TAB                            1

+         Enter ?? for more actions
ED  Edit                              AC  ACCEPT
Select Item(s): Next Screen// AC   ACCEPT
NATURE OF ORDER: WRITTEN//        W

...transcribing this non-verified order....


NON-VERIFIED UNIT DOSE        Aug 03, 2015@12:38:12          Page:    1 of    2
WILPATNM,LAURA                    Ward: OBSERVA                          A
   PID: 666-00-0311           Room-Bed:               Ht(cm): ______ (________)
   DOB: 12/06/44 (70)                                 Wt(kg): ______ (________)

*(1)Orderable Item: LOVASTATIN TAB
      Instructions:
*(2)Dosage Ordered: 40MG
          Duration:                                 (3)Start: 08/03/2015  12:37
*(4)     Med Route: ORAL
                                                    (5) Stop: 08/17/2015  12:37
 (6) Schedule Type: CONTINUOUS
*(8)      Schedule: QPM
 (9)   Admin Times: 21
*(10)     Provider: INPATIENT-MEDS,PROVIDER [w]
  (11) Special Instructions:

 (12) Dispense Drug                                  U/D        Inactive Date
      LOVASTATIN 40MG TAB                            1
+         Enter ?? for more actions
DC  Discontinue           ED  Edit                 AL  Activity Logs
HD  (Hold)                RN  (Renew)
FL  Flag                  VF  Verify
Select Item(s): Next Screen// VF   Verify
...a few moments, please.....

Pre-Exchange DOSES:

ORDER VERIFIED.

Enter RETURN to continue or '^' to exit:
```

3.5.3. Clinic Orders

Clinic orders are created via CPRS generally using the Meds Inpatient tab or the IV Fluids tab. Drug orders that have a clinic and an appointment date and time are considered clinic orders. The clinic must be defined with 'ADMINISTER INPATIENT MEDS?' prompt answered YES under the SETUP A CLINIC [SDBUILD] option in the Scheduling package. Defining the clinic in this manner ensures that an appointment date and time are defined. Orders placed via backdoor inpatient medications are not considered clinic orders.

MOCHA v1.0 Enhancements 1 adds drug interaction and therapeutic duplication order checks for clinic orders to Outpatient Pharmacy. Previously Inpatient Medications package performed order checks on active, pending and non-verified clinic orders. With the MOCHA v1.0 Enhancements 1, Inpatient medications will perform enhanced order checks for recently discontinued and expired inpatient medications clinic orders.

For both packages, the system will display clinic orders in a standard format to differentiate them from Inpatient Medications and Outpatient Pharmacy order checks.

Based on the number of days defined in the IMO DC/EXPIRED DAY LIMIT field (#6) in CLINIC DEFINITION file (#53.46), the enhanced order checks process will only include discontinued and expired drug interactions and/or duplicate therapy orders with a stop date that falls within the range defined. The following are the scenarios that drive which dates will be displayed for the clinic order:

- If there are start/stop dates defined, they are displayed.
- If there are no stop/start dates defined, the 'requested start/stop dates' will be displayed with the word "Requested" prior to the start/stop date header.
- If there are no requested start/stop dates defined, the order date will be displayed and the start/stop date headers will be displayed with "********" for the date.
- If there is either a requested start date or a requested stop date, the available date will be displayed and "********" will be displayed for the undefined date.

Unit Dose Clinic Order Check example:

```
Now Processing Enhanced Order Checks!  Please wait...
This patient is receiving the following order(s) that have a CRITICAL Drug
Interaction with CIMETIDINE 300 MG:

      Clinic Order: PHENYTOIN 100MG CAP (DISCONTINUED)
          Schedule: Q8H
           Dosage: 100MG
        Start Date: FEB 27, 2012@13:00
         Stop Date: FEB 28, 2012@15:22:27

Concurrent use of cimetidine or ranitidine may result in elevated levels
of and toxicity from the hydantoin.Neutropenia and thrombocytopenia have
been reported with concurrent cimetidine and phenytoin.
```

IV Clinic Order Check example:

```
This patient is receiving the following order(s) that have a CRITICAL Drug
Interaction with WARFARIN 2MG TAB:

      Clinic Order: POTASSIUM CHLORIDE 20 MEQ (ACTIVE)
 Other Additive(s): MAGNESIUM SULFATE 1 GM (1), CALCIUM GLUCONATE 1 GM (2),
                    HEPARIN 1000 UNITS, CIMETIDINE 300 MG
       Solution(s): DEXTROSE 20% 500 ML 125 ml/hr
```

```
                    AMINO ACID SOLUTION 8.5% 500 ML 125 ml/hr
        Start Date: APR 05, 2012@15:00
         Stop Date: APR 27, 2012@24:00

The pharmacologic effects of warfarin may be increased resulting in severe
bleeding.
```

Therapeutic Duplication - IV and Unit Dose clinic order therapeutic duplications display in the same format as drug interactions.

Unit Dose Clinic Order Check example:

```
This patient is already receiving the following INPATIENT and/or OUTPATIENT
order(s) for a drug in the same therapeutic class(es):

Drug(s) Ordered:
   POTASSIUM CHLORIDE 30 MEQ

         Clinic Order: POTASSIUM CHLORIDE 10MEQ TAB  (PENDING)
             Schedule: BID
               Dosage: 20MEQ
 Requested Start Date: NOV 20, 2012@17:00
            Stop Date: ********

Class(es) Involved in Therapeutic Duplication(s): Potassium
```

IV Order Check example:

```
This patient is already receiving the following INPATIENT and/or OUTPATIENT
order(s) for a drug in the same therapeutic class(es):

Drug(s) Ordered:
   CEFAZOLIN 1 GM

         Clinic Order: CEFAZOLIN 2 GM (PENDING)
          Solution(s): 5% DEXTROSE 50 ML
           Order Date: NOV 20, 2012@11:01
           Start Date: ********
            Stop Date: ********

         Clinic Order: CEFAZOLIN SOD 1GM INJ (EXPIRED)
          Solution(s): 5% DEXTROSE 50 ML
           Start Date: OCT 24, 2012@16:44
            Stop Date: OCT 25, 2012@24:00

Class(es) Involved in Therapeutic Duplication(s): Beta-Lactams,
   Cephalosporins, Cephalosporins - 1st Generation
```

- **Drug-Allergy Interactions** – If the Dispense Drug selected is identified as having an interaction with one of the patient's allergies, the allergy the drug interacts with will be displayed. Pharmacist Interventions for Drug-Allergy/ADR Interactions are optional.

Note: If the user (who holds the PSJ RPHARM key), is prompted for an intervention and enters 9, which is OTHER, "OTHER FOR RECOMMENDATION" displays. This allows the user to enter unlimited free text as a response to the order check(s).

Example: Remote Allergy/ADR – New Order Entry Backdoor – Both Ingredient and Drug Class Defined

```
Select Action: View Profile// NO   New Order Entry
```

```
Select DRUG: DILTIAZEM
  Lookup: GENERIC NAME
     1   DILTIAZEM (INWOOD) 120MG SA CAP           CV200
     2   DILTIAZEM (INWOOD) 180MG SA CAP           CV200
     3   DILTIAZEM (INWOOD) 240MG SA CAP           CV200
     4   DILTIAZEM (INWOOD) 300MG SA CAP           CV200
     5   DILTIAZEM (INWOOD) 360MG SA CAP           CV200
Press <RETURN> to see more, '^' to exit this list, '^^' to exit all lists, OR
CHOOSE 1-5: 1  DILTIAZEM (INWOOD) 120MG SA CAP         CV200


A Drug-Allergy Reaction exists for this medication and/or class!

    Prospective Drug: DILTIAZEM 120MG SA CAP
     Causative Agent: DILTIAZEM (ALBANY - 09/13/15)
 Historical/Observed: OBSERVED
            Severity: MODERATE
         Ingredients: DILTIAZEM
      Signs/Symptoms: ITCHING,WATERING EYES, ANOREXIA, NAUSEA,VOMITING,
                      ANXIETY, DROWSINESS, DRY MOUTH, DRY NOSE, RASH,
          Drug Class: CV200 CALCIUM CHANNEL BLOCKERS

   Provider Override Reason: N/A - Order Check Not Evaluated by Provider

Do you want to Intervene NO// YES

Now creating Pharmacy Intervention
For DILTIAZEM (INWOOD) 120MG SA CAP

PROVIDER: PSJPROVIDER,ONE              OP         PROVIDER
RECOMMENDATION: 9  OTHER
OTHER FOR RECOMMENDATION:
  No existing text
  Edit? NO// YES

==[ WRAP ]==[ INSERT ]======< OTHER FOR RECOMMENDATION >=====[ <PF1>H=Help ]====
Discussed with doctor and okay to administer.

===============================================================================
```

Note: The "OTHER FOR RECOMMENDATION" text field is best used for the Pharmacist reason for overriding the order check(s). For critical drug-drug and allergy/ADR interactions, this information will display when the OCI 'Hidden Action' is used in Inpatient Medications. It will also be available for the nurse to view in the BCMA Display Order detail report.

- **CPRS Order Check: Aminoglycoside Ordered**

```
Aminoglycoside Ordered
Trigger:  Ordering session completion.
Mechanism: For each medication order placed during this ordering session, the CPRS
Expert System requests the pharmacy package to determine if the medication belongs to
the VA Drug Class 'Aminoglycosides'.  If so, the patient's most recent BUN results are
used to
calculate the creatinine clearance then OERR is notified and the warning message is
displayed.
[Note: The creatinine clearance value displayed in some order check messages is an
estimate based on adjusted body weight if patient height is > 60 inches.  Approved by
the CPRS Clinical Workgroup 8/11/04, it is based on a modified Cockcroft-Gault formula
and was installed with patch OR*3*221.
For more information: http://www.ascp.com/public/pubs/tcp/1999/jan/cockcroft.shtml
CrCl (male) = (140 - age) x (adj body weight* in kg)
--------------------------------------
(serum creatinine) x 72
        * If patient height is not greater than 60 inches, actual body weight is used.
```

```
CrCl (female) = 0.85 x CrCl (male)

To calculate adjusted body weight, the following equations are used:
Ideal body weight (IBW) = 50 kg x (for men) or 45 kg x (for women) + 2.3 x (height in
inches - 60)

Adjusted body weight (Adj. BW) if the ratio of actual BW/IBW > 1.3 =  (0.3 x (Actual
BW - IBW)) + IBW


Adjusted body weight if the ratio of actual BW/IBW is not > 1.3 = IBW or Actual BW
(whichever is less)]

Message:  Aminoglycoside - est. CrCl:  <value calculated from most recent serum
creatinine>. (CREAT: <result>  BUN: <result>).
Danger Lvl: This order check is exported with a High clinical danger level.
```

- **CPRS Order Check: Dangerous Meds for Patients >64**

```
DANGEROUS MEDS FOR PT > 64 - Yes
This is based on the BEERS list.  This order check only checks for three drugs:
Amitriptyline, Chlorpropamide and Dipyridamole. The workgroup felt that the list of
drugs should be expanded. A request can be sent to CPRS for this.

Trigger: Acceptance of pharmacy orderable items amitriptyline, chlorpropamide or
dipyridamole.
Mechanism: The CPRS Expert System determines if the patient is greater than 64 years
old.  It then checks the orderable item of the medication ordered to determine if it
is mapped as a local term to the national term DANGEROUS MEDS FOR PTS > 64.
Message:  If the orderable item text contains AMITRIPTYLINE this message is displayed:
    Patient is <age>.  Amitriptyline can cause cognitive impairment and loss of
balance in older patients.  Consider other antidepressant medications on formulary.
    If the orderable item text contains CHLORPROPAMIDE this message is displayed:
    Patient is <age>.  Older patients may experience hypoglycemia with Chlorpropamide
due do its long duration and variable renal secretion.  They may also be at increased
risk for Chlorpropamide-induced SIADH.
    If the orderable item text contains DIPYRIDAMOLE this message is displayed:
    Patient is <age>.  Older patients can experience adverse reactions at high doses
of Dipyridamole (e.g., headache, dizziness, syncope, GI intolerance.)  There is also
questionable efficacy at lower doses.
Danger Lvl: This order check is exported with a High clinical danger level.
```

- **CPRS Order Check: Glucophage Lab Results**

```
Glucophage-Lab Results Interactions
Trigger: Selection of a Pharmacy orderable item.
Mechanism: The CPRS Expert System checks the pharmacy orderable item's local text
(from the Dispense Drug file [#50]) to determine if it contains "glucophage" or
"metformin". The expert system next searches for a serum creatinine result within the
past x number of days as determined by parameter ORK GLUCOPHAGE CREATININE.   If the
patient's creatinine result was greater than 1.5 or does not exist, OE/RR is notified
and the warning message is displayed.
Message: Metformin- no serum creatinine within past <x> days.   else:
    Metformin - Creatinine results: <creatinine greater than 1.5 w/in past <x> days>
Danger Lvl: This order check is exported with a High clinical danger level.
```

3.5.4. Inpatient Duplicate Therapy Warning

Inpatient orders are checked for therapeutic duplication with drugs within similar therapeutic classes. If orders share similar classes with the order being processed, they will be included in the list within the therapeutic duplication warning.

The user will have the opportunity to discontinue duplicate therapy order(s) after the duplicate therapy warning is displayed as long as at least one of the orders listed is an inpatient order and that order is not being worked on (i.e. copy action taken).

Example: Duplicate Therapy Warning

```
================================================================================
This patient is already receiving the following INPATIENT and/or OUTPATIENT
order(s) for a drug in the same therapeutic class(es) as SIMVASTATIN 40MG
TAB:

GEMFIBROZIL TAB,ORAL                     C  02/08  05/19  A
Give: 600MG PO BID

GEMFIBROZIL TAB,ORAL                     C  02/08  05/19  A
Give: 600MG PO BID

Local Rx #504563 (ACTIVE) for FLUVASTATIN NA 20MG CAP
SIG: TAKE ONE CAPSULE BY MOUTH TWICE A DAY
Processing Status: Not released locally (Window)

Class(es) Involved in Therapeutic Duplication(s): HMGCo-A Reductase
   Inhibitors, Antihyperlipidemics
================================================================================

Do you wish to continue with the current order? YES//
```

Example: Duplicate Order Entry Screen

```
Unit Dose Order Entry         Jun 27, 2006@16:08:46          Page:    1 of    1
PSJPATIENT,ONE                    Ward: 7B                              A
   PID: 666-666-1234           Room-Bed:               Ht(cm): ______ (________)
   DOB: --/--/70 (35)                                  Wt(kg): ______ (________)
   Sex: MALE                                     Admitted: 03/08/06
    Dx: SICK                               Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)            BSA (m2): _______
-------------------------------------------------------------------------------

Select DRUG: WARF
  Lookup: GENERIC NAME
     1   WARFARIN (C0UMADIN) 5MG INJ           BL110
     2   WARFARIN (C0UMADIN) NA 1MG TAB           BL110
     3   WARFARIN (C0UMADIN) NA 5MG TAB           BL110
     4   WARFARIN (COUMADIN) NA 10MG TAB           BL110
     5   WARFARIN (COUMADIN) NA 2.5MG TAB           BL110
Press <RETURN> to see more, '^' to exit this list, '^^' to exit all lists, OR
CHOOSE 1-5: 2  WARFARIN (C0UMADIN) NA 1MG TAB         BL110


Now doing allergy checks.  Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks!  Please wait..

================================================================================
This patient is already receiving the following INPATIENT and/or OUTPATIENT
order(s) for a drug in the same therapeutic class(es) as WARFARIN (C0UMADIN)
NA 1MG TAB:
```

```
DIPYRIDAMOLE TAB                          ?  *****  *****  P
Give: 50MG PO TID

WARFARIN TAB                              ?  *****  *****  P
Give: 15.3MG PO QPM

Class(es) Involved in Therapeutic Duplication(s): Oral Anticoagulants,
   Antiplatelet and Antithrombotic Drugs
================================================================================

Do you wish to continue with the current order? YES//
```

3.5.5. Discontinuing Multiple Inpatient Orders

After a duplicate therapy warning is displayed, the user will be presented with the following prompt:

```
Do you wish to continue with the current order?  YES//
```

Note: The wording of this existing prompt has been slightly modified. Also, the current default of NO has been changed to YES.

If the user takes the default of YES to continue processing the order, the following prompt will be presented if multiple orders are involved in the therapeutic duplication:

```
Do you wish to DISCONTINUE any of the listed INPATIENT orders? NO// YES
```

Note: If the user selects the default of NO, the order process continues.

If the user enters YES to the DISCONTINUE prompt, the following prompt is presented to allow selection of orders:

```
Enter a list or range of numbers to discontinue: (1-N):
```

Note: N represents the highest numbered duplicate order in the numbered list.

For each order selected, the order will be redisplayed and the user will be asked to confirm with the following prompt:

```
Enter DC to discontinue the above order or press <RETURN> to continue:
```

To discontinue the order, the user must enter DC. To continue order processing without discontinuing the order, the user can enter <RETURN> at the prompt. If the user chooses to <RETURN> past the prompt, a message stating ‘No action taken!’ will be displayed.

Each time a user chooses to discontinue an Inpatient duplicate order(s), the NATURE OF ORDER and Requesting PROVIDER prompts are presented for each order that was selected to be discontinued.

Example: Discontinued Multiple Order

```
================================================================================
This patient is already receiving the following INPATIENT and/or OUTPATIENT
order(s) for a drug in the same therapeutic class(es) as WARFARIN (C0UMADIN)
NA 1MG TAB:

DIPYRIDAMOLE TAB                            ?  *****  *****  P
Give: 50MG PO TID

WARFARIN TAB                                ?  *****  *****  P
Give: 15.3MG PO QPM

Class(es) Involved in Therapeutic Duplication(s): Oral Anticoagulants,
   Antiplatelet and Antithrombotic Drugs
================================================================================

Do you wish to continue with the current order? YES//

Do you wish to DISCONTINUE any of the listed INPATIENT orders? NO// YES

1.  DIPYRIDAMOLE TAB                        ?  *****  *****  P
    Give: 50MG PO TID

2.  WARFARIN TAB                            ?  *****  *****  P
    Give: 15.3MG PO QPM


Enter a list or range of numbers (1-2): 2


DIPYRIDAMOLE TAB                            ?  *****  *****  P
Give: 50MG PO TID


Enter DC to discontinue the above order or press <RETURN> to continue: DC

NATURE OF ORDER: WRITTEN//
Requesting PROVIDER: PROVIDER,ONE//

Press Return to continue…


WARFARIN TAB                                ?  *****  *****  P
Give: 15.3MG PO QPM


Enter DC to discontinue the above order or press <RETURN> to continue: DC
NATURE OF ORDER: WRITTEN//

Requesting PROVIDER: PROVIDER,ONE//
```

3.5.5.1. Discontinuing a Single Order

After a duplicate therapy warning is displayed, the user will be presented with the following prompt:

```
Do you wish to continue with the current order?  YES//
```

Note: The wording of this existing prompt has been slightly modified. Also, the current default of NO has been changed to YES.

If the user takes the default of YES to continue processing the order, and only one inpatient order is involved in the therapeutic duplication, the order will be displayed automatically and the user prompted if they want to discontinue.

```
Do you wish to continue with the current order? YES//


DIPYRIDAMOLE TAB                        ?  *****  *****  P
Give: 50MG PO TID


Enter DC to discontinue the above order or press <RETURN> to continue:
```

Note: If the user selects the default of NO, the order process continues and a message that 'No action is taken!' is displayed.

If the user enters DC to discontinue the order, the NATURE OF ORDER and Requesting PROVIDER prompts are presented to enter a value.

Example 2: Discontinue Single Order

```
================================================================================
This patient is already receiving the following INPATIENT and/or OUTPATIENT
order(s) for a drug in the same therapeutic class(es) as WARFARIN (C0UMADIN)
NA 1MG TAB:

DIPYRIDAMOLE TAB                        ?  *****  *****  P
Give: 50MG PO TID

Class(es) Involved in Therapeutic Duplication(s): Antiplatelet and Antithrombotic Drugs
================================================================================

Do you wish to continue with the current order? YES//


DIPYRIDAMOLE TAB                        ?  *****  *****  P
Give: 50MG PO TID


Enter DC to discontinue the above order or press <RETURN> to continue: DC

NATURE OF ORDER: WRITTEN//
Requesting PROVIDER: PROVIDER,ONE//
```

3.5.6. Allergy/ADR Example Order Checks

Inpatient Medications (Unit Dose and IV) order entry process with check for adverse allergy/ADR reactions: (conditions by which the user will get new order checks)

- Entering a new IV or Unit Dose medication order through pharmacy options
- Finishing a pending IV or Unit Dose medication order
- Renewing an IV or Unit Dose order
- Creating a new Unit Dose order when editing the orderable item (to a new orderable item) through pharmacy options

- When editing the IV additive field (changing existing additive or adding new additive) for an IV order through pharmacy options
- When editing the IV solution field (changing existing solution or adding a new solution) for an IV order through pharmacy options – This applies only to IV solutions marked as a PreMix
- Entering a new Unit Dose medication order through pharmacy options using order sets
- Copying an IV or Unit Dose medication order, thereby creating a new order

Pharmacist Interventions for Allergy/ADR interactions are optional. Only one warning will be displayed for an Allergy/ADR. The Allergy/ADR warning shall display the following information:

- Drug Text 'A Drug-Allergy Reaction exists for this medication and/or class:'
- Drug Name
- Ingredient(s) (Indicate Local and/or Remote sites) – if available
- VA Drug Class(es) (Indicate Local and/or Remote sites) – if available

More than one ingredient and more than one VA Drug Class may be associated with an Allergy/ADR. After the Allergy/ADR warning is displayed, the system shall prompt the user if they want to intervene. The default for this prompt shall be 'No.' If the user chooses to intervene, the system will proceed with the intervention dialog. If the user chooses not to intervene, the system will proceed with the order entry dialog.

Example: Remote Allergy/ADR – New Order Entry Backdoor – Both Ingredient and Drug Class Defined

```
Select Action: View Profile// NO   New Order Entry

Select DRUG: DILTIAZEM
  Lookup: GENERIC NAME
     1   DILTIAZEM (INWOOD) 120MG SA CAP           CV200
     2   DILTIAZEM (INWOOD) 180MG SA CAP           CV200
     3   DILTIAZEM (INWOOD) 240MG SA CAP           CV200
     4   DILTIAZEM (INWOOD) 300MG SA CAP           CV200
     5   DILTIAZEM (INWOOD) 360MG SA CAP           CV200
Press <RETURN> to see more, '^' to exit this list, '^^' to exit all lists, OR
CHOOSE 1-5: 1  DILTIAZEM (INWOOD) 120MG SA CAP         CV200


A Drug-Allergy Reaction exists for this medication and/or class!

    Prospective Drug: DILTIAZEM 120MG SA CAP
     Causative Agent: DILTIAZEM (ALBANY 05/13/14)
 Historical/Observed: OBSERVED
            Severity: MODERATE
         Ingredients: DILTIAZEM
      Signs/Symptoms: ITCHING,WATERING EYES, ANOREXIA, NAUSEA,VOMITING,
                      ANXIETY, DROWSINESS, DRY MOUTH, DRY NOSE, RASH,
          Drug Class: CV200 CALCIUM CHANNEL BLOCKERS
   Provider Override Reason: N/A - Order Check Not Evaluated by Provider

Do you want to Intervene NO// YES

Now creating Pharmacy Intervention
For DILTIAZEM (INWOOD) 120MG SA CAP
```

```
PROVIDER: PSJPROVIDER,ONE              OP         PROVIDER
RECOMMENDATION: 9  OTHER
OTHER FOR RECOMMENDATION:
  No existing text
  Edit? NO// YES

==[ WRAP ]==[ INSERT ]======< OTHER FOR RECOMMENDATION >=====[ <PF1>H=Help ]====
Discussed with doctor and okay to administer.

===============================================================================
```

Note: The "OTHER FOR RECOMMENDATION" text field is best used for the Pharmacist reason for overriding the order check(s). For critical drug-drug and allergy/ADR interactions, this information will display when the OCI 'Hidden Action' is used in Inpatient Medications. It will also be available for the nurse to view in the BCMA Display Order detail report.

Example: New Order Entry – Backdoor – Local & Remote Allergy/ADR – Ingredients & Drug Class exist

```
Select Unit Dose Medications Option: IOE  Inpatient Order Entry

You are signed on under the GLRISC IV ROOM

Current IV LABEL device is: TELNET

Current IV REPORT device is: NULL DEVICE

Select PATIENT:    PSJPATIENT,TEN            000-00-0000  02/02/39    3AS

               *** Patient Requires a Means Test **

VP View Profile

Allergies - Verified: PENICILLIN, ASPIRIN
        Non-Verified: CODEINE PHOSPHATE 15MG TAB, DIAZEPAM, TETRACYCLINE
              Remote:

Reactions - Verified: SULFAMETHOXAZOLE/TRIMETHOPRIM, VANCOMYCIN
        Non-Verified:
              Remote:
   Adverse Reactions:
 Inpatient Narrative: Place All Meds in NS
Outpatient Narrative:



          Enter ?? for more actions
PU Patient Record Update                NO New Order Entry
DA Detailed Allergy/ADR List            IN Intervention Menu
VP View Profile                         CM New Clinic Medication Entry
Select Action: View Profile// NO   New Order Entry

Select DRUG: SULFAMET
  Lookup: GENERIC NAME
SULFAMETHOXAZOLE/TRIMETHOPRIM DS TAB           AM650
         ...OK? Yes//   (Yes)

Now doing allergy checks.  Please wait...

A Drug-Allergy Reaction exists for this medication and/or class!

Prospective Drug: SULFADIAZINE TABLETS 500MG
     Causative Agent: SULFADIAZINE/SULFAMERAZINE/SULFAMETHAZINE (ALBANY - 11/04/02)
 Historical/Observed: HISTORICAL
            Severity: Not Entered
```

```
         Ingredients: SULFADIAZINE
      Signs/Symptoms: ITCHING,WATERING EYES, ANOREXIA, NAUSEA,VOMITING,
                      ANXIETY, DROWSINESS,
          Drug Class: AM650 SULFONAMIDE/RELATED ANTIMICROBIALS
      Provider Override Reason: N/A - Order Check Not Evaluated by Provider

Do you want to Intervene? YES// ES

Now creating Pharmacy Intervention
for SULFAMETHOXAZOLE/TRIMETHOPRIM DS TAB

PROVIDER:    PSJPROVIDER, ONE     OPP     119
RECOMMENDATION:    NO CHANGE

See 'Pharmacy Intervention Menu' if you want to delete this
intervention or for more options.

Would you like to edit this intervention? N// O

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks!  Please wait...


Available Dosage(s)
      1.    1 TABLET
      2.    2 TABLETS

Select from list of Available Dosages or Enter Free Text Dose: 1  1 TABLET

You entered 1 TABLET is this correct? Yes//
```

Example: New Order Entry Backdoor – IV order – Local Allergy/ADR with Ingredient info only

```
PU  Patient Record Update               NO  New Order Entry
                                        CM  New Clinic Medication Entry
Select Action: Quit// NO   New Order Entry

Select DRUG:

Select IV TYPE: PIGGYBACK.
Select ADDITIVE: VANCOMYCIN

(The units of strength for this additive are in GM)
Strength: 1   1 GM
Select ADDITIVE:
Select SOLUTION: D5250  5% DEXTROSE          250 ML
                *N/F*
  Restriction/Guideline(s) exist.  Display? :  (N/D/O/B): No//   NO

Press Return to continue...


A Drug-Allergy Reaction exists for this medication and/or class!

   Prospective Drug: VANCOMYCIN 1GM VIAL
     Causative Agent: VANCOMYCIN (ALBANY 07/09/15, HINES 08/05/14)
 Historical/Observed: HISTORICAL
            Severity: Not Entered
         Ingredients: VANCOMYCIN
      Signs/Symptoms: HIVES, NAUSEA,VOMITING, DIARRHEA, DRY MOUTH, DRY
                      NOSE, RASH,
          Drug Class: AM900 ANTI-INFECTIVES,OTHE
   Provider Override Reason: N/A - Order Check Not Evaluated by Provider

Do you want to Intervene? YES// NO

INFUSION RATE:
```

Example: Finishing Pending Unit Dose Order – Local Allergy/ADR –Drug Class Only

```
Select Item(s): Next Screen// FN   Finish


PENDING UNIT DOSE (ROUTINE)   Mar 24, 2008@22:27:46          Page:    2 of    2
PSJPATIENT,TEN                       Ward: 3AS                            A
   PID: 000-00-0000           Room-Bed: 300-3         Ht(cm): 167.64 (06/10/93)
   DOB: 02/02/39 (69)                                 Wt(kg): 68.18 (06/10/93)
+
 (7)Self Med: NO

Entry By: PSJPROVIDER, ONE                           Entry Date: 03/24/08  22:26

(13) Comments:


Order Checks:

Previous adverse reaction to: (INACTIVE) PENICILLINS: (LOCAL)
Overriding Provider: PSJPROVIDER, ONE
Overriding Reason: TESTING    Mar 25, 2008@10:14:15

ORDER NOT VERIFIED
          Enter ?? for more actions

Press Return to continue...

A Drug-Allergy Reaction exists for this medication and/or class!

Prospective Drug: AMOXICILLIN 500MG/CLAV ACID 125MG TABS
     Causative Agent: PENICILLIN (ALBANY 05/19/2012)
 Historical/Observed: OBSERVED
            Severity: MILD
      Signs/Symptoms: ITCHING,WATERING EYES, ANOREXIA, NAUSEA,VOMITING,
                      DIARRHEA, DROWSINESS,
          Drug Class: AM110 PENICILLIN-G RELATED PENICILLINS
   Provider Override Reason: OK TO GIVE TO PATIENT PER PROVIDER

Do you want to Intervene? Y// NO


NON-VERIFIED UNIT DOSE        Mar 25, 2008@10:14:15          Page:    1 of    2
PSJPATIENT,TEN                   Ward: 3AS                            A
   PID: 000-00-0000           Room-Bed: 300-3         Ht(cm): 167.64 (06/10/93)
   DOB: 02/02/39 (69)                                 Wt(kg): 68.18 (06/10/93)

*(1)Orderable Item: AMOXICILLIN AND CLAVULANIC ACID TAB
      Instructions: 1 TABLET
*(2)Dosage Ordered: 1 TABLET
          Duration:                                 (3)Start: 03/24/2008  22:00
*(4)     Med Route: ORAL                     REQUESTED START: 03/24/2008  22:00
                                                    (5) Stop: 04/03/2008  22:00
 (6) Schedule Type: CONTINUOUS
*(8)      Schedule: Q8H
 (9)   Admin Times: 0600-1400-2200
*(10)     Provider: PSJPROVIDER,ONE [es]
 (11) Special Instructions:

 (12) Dispense Drug                                 U/D        Inactive Date
      AMOXICILLIN 500MG/CLAV ACID 125MG TAB         1

+         Enter ?? for more actions
ED  Edit                              AC  ACCEPT
Select Item(s): Next Screen//
```

Example: Finishing a Pending IV Order – Local Allergy/ADR – Drug Class only

```
PENDING IV (ROUTINE)          Mar 24, 2008@22:29:21          Page:    1 of    2
 (2)  Solutions:
PSJPATIENT,TEN                       Ward: 3AS                           A
   PID: 000-00-0000           Room-Bed: 300-3         Ht(cm): 167.64 (06/10/93)
   DOB: 02/02/39 (69)                                 Wt(kg): 68.18 (06/10/93)

 (1)  Additives:                                          Type:
           Duration:                            (4)     Start: ********
 (3)  Infusion Rate:                       REQUESTED START: 03/24/2008  21:00
*(5)      Med Route: IV                        (6)      Stop: ********
*(7)       Schedule: Q12H                          Last Fill: ********
 (8)    Admin Times: 09-21                          Quantity: 0
*(9)       Provider: PSJPROVIDER, ONE [es]           Cum. Doses:
*(10)Orderable Item: CEFAZOLIN INJ
       Instructions: 1GM/1VIAL of CEFAZOLIN 1GM VI
 (11)   Other Print:

 (12)  Remarks :
        IV Room: GLRISC
       Entry By: PSJPROVIDER, ONE                 Entry Date: 03/24/08  22:27
+         Enter ?? for more actions
DC   Discontinue          FL   Flag
ED   Edit                 FN   Finish
Select Item(s): Next Screen// FN   Finish
COMPLETE THIS ORDER AS IV OR UNIT DOSE? IV//
IV TYPE: PIGGYBACK
Select ADDITIVE:
  1  CEFOX
  2    - CEF2Q6H -
  3  CEFAZOLIN
Select (1 - 3): 3  CEFAZOLIN

  Restriction/Guideline(s) exist.  Display? :  (N/D): No//   NO


Press Return to continue...


(The units of strength for this additive are in GM)

Strength: 1   1 GM
Select ADDITIVE:
Select SOLUTION: D5100  5% DEXTROSE          100 ML
              *N/F*

Restriction/Guideline(s) exist.  Display? :  (N/D/O/B): No//   NO

A Drug-Allergy Reaction exists for this medication and/or class!

Prospective Drug: CEFAZOLIN 1GM IV
     Causative Agent: CEFAZOLIN (ALBANY 10/05/11)
 Historical/Observed: HISTORICAL
            Severity: Not Entered
         Ingredients: CEFAZOLIN
      Signs/Symptoms: ITCHING,WATERING EYES, ANOREXIA, NAUSEA,VOMITING,
                      ANXIETY, DROWSINESS,
          Drug Class: AM110 PENICILLIN-G RELATED PENICILLIN, AM115
                      CEPHALOSPORIN 1ST GENERATION,
   Provider Override Reason: OK TO GIVE TO PATIENT PER PROVIDER

Do you want to Intervene? Y// ES

Now creating Pharmacy Intervention
for CEFAZOLIN 1GM VI

PROVIDER:    PSJPROVIDER, ONE     LBB     119
RECOMMENDATION:    NO CHANGE
```

```
See 'Pharmacy Intervention Menu' if you want to delete this
intervention or for more options.

Would you like to edit this intervention? N// O


INFUSION RATE:
```

Example: Local & Remote Allergy/ADR – Multi Ingredients, Pending Order

```
PENDING IV (ROUTINE)          Mar 24, 2008@22:29:21          Page:    1 of    2
 (2)  Solutions:
PSJPATIENT,TEN                       Ward: 3AS                            A
   PID: 000-00-0000           Room-Bed: 300-3         Ht(cm): 167.64 (06/10/93)
   DOB: 02/02/39 (69)                                 Wt(kg): 68.18 (06/10/93)

 (1)  Additives:                                        Type:
           Duration:                                (4) Start: ********
 (3)  Infusion Rate:                         REQUESTED START: 03/24/2008  21:00
*(5)      Med Route: IV                            (6) Stop: ********
*(7)       Schedule: Q12H                         Last Fill: ********
 (8)    Admin Times: 09-21                         Quantity: 0
*(9)       Provider: PSJPROVIDER, ONE [es]           Cum. Doses:
*(10)Orderable Item: CEFAZOLIN INJ
       Instructions: 1GM/1VIAL of CEFAZOLIN 1GM VI
 (11)   Other Print:

 (12)  Remarks :
        IV Room: GLRISC
       Entry By: PSJPROVIDER, ONE                Entry Date: 03/24/08  22:27
+         Enter ?? for more actions
DC   Discontinue          FL   Flag
ED   Edit                 FN   Finish
Select Item(s): Next Screen// FN   Finish
COMPLETE THIS ORDER AS IV OR UNIT DOSE? IV//
IV TYPE: PIGGYBACK
Select ADDITIVE:
  1  CEFOX
  2    - CEF2Q6H -
  3  CEFAZOLIN
Select (1 - 3): 3  CEFAZOLIN

  Restriction/Guideline(s) exist.  Display? :  (N/D): No//   NO


Press Return to continue...


(The units of strength for this additive are in GM)

Strength: 1   1 GM
Select ADDITIVE:
Select SOLUTION: D5100  5% DEXTROSE          100 ML
              *N/F*

Restriction/Guideline(s) exist.  Display? :  (N/D/O/B): No//   NO


A Drug-Allergy Reaction exists for this medication and/or class!

Prospective Drug: CEFAZOLIN 1GM VI
     Causative Agent: CEFAZOLIN (ALBANY - 09/01/01, ST LOUIS - 05/16/05)
 Historical/Observed: HISTORICAL
            Severity: Not Entered
         Ingredients: CEFAZOLIN,
      Signs/Symptoms: ITCHING,WATERING EYES, ANOREXIA, NAUSEA,VOMITING,
                      ANXIETY, DROWSINESS,
          Drug Class: AM110 PENICILLIN-G RELATED PENICILLINS, AM115
                      CEPHALOSPORIN 1ST GENERATION ,
   Provider Override Reason: OK TO GIVE TO PATIENT PER PROVIDER.
```

```
Do you want to Intervene? Y// ES

Now creating Pharmacy Intervention
for CEFAZOLIN 1GM VI

PROVIDER:    PSJPROVIDER, ONE     LBB     119
RECOMMENDATION:    NO CHANGE

See 'Pharmacy Intervention Menu' if you want to delete this
intervention or for more options.

Would you like to edit this intervention? N// O


INFUSION RATE:
```

3.5.7. Sample Drug/Drug Interactions

Example: One Critical Drug Interaction – Backdoor New Order Entry for a Unit Dose Order – No Monograph Display

```
Now Processing Enhanced Order Checks!  Please wait...

================================================================================
This patient is receiving the following order(s) that have a Drug Interaction with AMIODARONE
200MG TAB:

INDINAVIR CAP                  C  08/15  08/30  A
Give: 800MG PO Q8H

The concurrent administration of amiodarone with indinavir,(1) nelfinavir,(2) ritonavir,(3)
or tipranavir coadministered with ritonavir(4) may result in increased levels, clinical
effects, and toxicity of amiodarone.
================================================================================

Display Professional Interaction Monograph? No// No
Do you want to Continue with AMIODARONE 200MG TAB ? N// n  NO

Select DRUG:
.
.
Or

Do you want to Continue with AMIODARONE 200MG TAB ? N// YES

Now creating Pharmacy Intervention
for AMIODARONE 200MG TAB

PROVIDER: PSJPROVIDER, ONE
RECOMMENDATION: NO CHANGE

See 'Pharmacy Intervention Menu' if you want to delete this intervention or for more options.

Would you like to edit this intervention ? N// O

Available Dosage(s)
      1.    400MG
      2.    800MG

Select from list of Available Dosages or Enter Free Text Dose:
```

Example: One Significant Drug Interaction – Backdoor New Order Entry for a Unit Dose Order – Display Monograph

```
Now doing allergy checks.  Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks!  Please wait...
```

```
================================================================================
This patient is receiving the following order(s) that have a SIGNFICANT Drug Interaction
with ASPIRIN 325MG TAB:

WARFARIN TAB                            C  08/15  08/30  A
Give: 2.5MG PO QPM

*** REFER TO MONOGRAPH FOR SIGNIFICANT INTERACTION CLINICAL EFFECTS
================================================================================

Display Professional Interaction Monograph? No// Y es

Device: Home// <Home would print to screen, or a specific device could be specified>

Professional Monograph
Drug Interaction with WARFARIN AND ASPIRIN

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:  Anticoagulants/Salicylates

SEVERITY LEVEL:  2-Severe Interaction: Action is required to reduce the risk of severe
adverse interaction.

MECHANISM OF ACTION:  Multiple processes are involved:  1) Salicylate doses greater than 3 gm
daily decrease plasma prothrombin levels. 2) Salicylates may also displace anticoagulants
from plasma protein binding sites. 3) Salicylates impair platelet function, resulting in
prolonged bleeding time. 4) Salicylates may cause gastrointestinal bleeding due to
irritation.

CLINICAL EFFECTS:  The concurrent use of anticoagulants and salicylates may result in
increased INR values and increase the risk of bleeding.

PREDISPOSING FACTORS:  None determined.

PATIENT MANAGEMENT:  Avoid concomitant administration of these drugs. If salicylate use is
necessary, monitor prothrombin time, bleeding time or INR values closely.  When possible, the
administration of a non-aspirin salicylate would be preferable.

DISCUSSION:  This interaction has been reported between aspirin and warfarin and between
aspirin and dicumarol.  Diflunisal, sodium salicylate, and topical methyl salicylate have
been shown to interact with anticoagulants as well.  Based on the proposed mechanisms, other
salicylates would be expected to interact with anticoagulants as well. The time of highest
risk for a coumarin-type drug interaction is when the precipitant drug is initiated, altered,
or discontinued.

REFERENCES:
1.Quick AJ, Clesceri L. Influence of acetylsalicylic acid and salicylamide on the coagulation
of blood. J Pharmacol Exp Ther 1960;128:95-8.
2.Watson RM, Pierson RN, Jr. Effect of anticoagulant therapy upon aspirin-induced
gastrointestinal bleeding. Circulation 1961 Sep;24:613-6.
3.Barrow MV, Quick DT, Cunningham RW. Salicylate hypoprothrombinemia in rheumatoid arthritis
with liver disease. Report of two cases. Arch Intern Med 1967 Nov;120(5):620-4.
4.Weiss HJ, Aledort LM, Kochwa S. The effect of salicylates on the hemostatic properties of
platelets in man. J Clin Invest 1968 Sep; 47(9):2169-80.
5.Udall JA. Drug interference with warfarin therapy. Clin Med 1970 Aug; 77:20-5.
6.Fausa O. Salicylate-induced hypoprothrombinemia. A report of four cases. Acta Med Scand
1970 Nov;188(5):403-8.
7.Zucker MB, Peterson J. Effect of acetylsalicylic acid, other nonsteroidal anti-inflammatory
agents, and dipyridamole on human blood platelets. J Lab Clin Med 1970 Jul;76(1):66-75.
8.O'Reilly RA, Sahud MA, Aggeler PM. Impact of aspirin and chlorthalidone on the
pharmacodynamics of oral anticoagulant drugs in man. Ann N Y Acad Sci 1971 Jul 6;179:173-86.
9.Dale J, Myhre E, Loew D. Bleeding during acetylsalicylic acid and anticoagulant therapy in
patients with reduced platelet reactivity after aortic valve replacement. Am Heart J 1980
Jun;99(6):746-52.
10.Donaldson DR, Sreeharan N, Crow MJ, Rajah SM. Assessment of the interaction of warfarin
with aspirin and dipyridamole. Thromb Haemost 1982 Feb 26;47(1):77.
```

```
11.Chesebro JH, Fuster V, Elveback LR, McGoon DC, Pluth JR, Puga FJ, Wallace RB, Danielson
GK, Orszulak TA, Piehler JM, Schaff HV. Trial of combined warfarin plus dipyridamole or
aspirin therapy in prosthetic heart valve replacement: danger of aspirin compared with
dipyridamole. Am J Cardiol 1983 May 15;51(9):1537-41.
12.Chow WH, Cheung KL, Ling HM, See T. Potentiation of warfarin anticoagulation by topical
methylsalicylate ointment. J R Soc Med 1989 Aug;82(8):501-2.
13.Meade TW, Roderick PJ, Brennan PJ, Wilkes HC, Kelleher CC. Extra-cranial bleeding and
other symptoms due to low dose aspirin and low intensity oral anticoagulation. Thromb Haemost
1992 Jul 6;68(1):1-6.

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      OR

Do you want to intervene with ASPIRIN 325MG TAB ?  N// YES

Now creating Pharmacy Intervention
for ASPIRIN 325MG TAB

PROVIDER:    PSJPROVIDER, ONE
RECOMMENDATION:    NO CHANGE

See 'Intervention Menu' if you want to delete this
intervention or for more options.


Would you like to edit this intervention? N// O

Available Dosage(s)
      1.    325MG
      2.    650MG

Select from list of Available Dosages or Enter Free Text Dose:
```

Example: One Critical Drug Interaction – Backdoor New Order Entry -IV Order, No Monograph Display

```
Select IV TYPE: PIGGYBACK.
Select ADDITIVE: GENTAMICIN

(The units of strength for this additive are in MG)

Strength: 120   120 MG
Select ADDITIVE:
Select SOLUTION: NS100
     1   NS100  0.9% SODIUM CHLORIDE           100 ML

     2   NS1000  0.9% SODIUM CHLORIDE          1000 ML

CHOOSE 1-2: 1  0.9% SODIUM CHLORIDE           100 ML

  Restriction/Guideline(s) exist.  Display? :  (N/O): No//   NO

Press Return to continue...

Now doing allergy checks.  Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks!  Please wait...

==============================================================================
This patient is receiving the following order(s) that have a CRITICAL Drug Interaction with
GENTAMICIN 120MG:

FUROSEMIDE TAB                           C  06/05  09/03  A
Give: 80MG PO QAM

Rapid onset eighth nerve ototoxicity may be observed with possible severe permanent hearing
loss
==============================================================================
```

```
Display Professional Interaction Monograph? No// No


Do you want to Continue with GENTAMICIN 120MG ?  N// Yes


Now creating Pharmacy Intervention
for GENTAMICIN 40MG/ML 2ML VI

PROVIDER: IVPROVIDER, ONE
RECOMMENDATION: NO CHANGE

See 'Pharmacy Intervention Menu' if you want to delete this intervention or for more options.

Would you like to edit this intervention? N// O

INFUSION RATE:
```

Example: One Significant Drug Interaction – Backdoor New Order Entry for an IV Order – Monograph display

```
PU  Patient Record Update               NO  New Order Entry
                                        CM  New Clinic Medication Entry
Select Action: Quit// NO   New Order Entry

Select DRUG:

Select IV TYPE: ADMIXTURE.
Select ADDITIVE:
Select SOLUTION: HEPARI
     1   HEPARIN 25,000 IN            250 ML

     2   HEPARIN 25000 UNITS/0.45% NACL            250 ML

CHOOSE 1-3: 2  HEPARIN 25000 UNITS/0.45% NACL          250 ML


Now doing allergy checks.  Please wait...


Now processing Clinical Reminder Order Checks. Please wait ...


Now Processing Enhanced Order Checks!  Please wait...

==============================================================================
This patient is receiving the following order(s) that have a SIGNIFICANT Drug interaction
with HEPARIN 25000 UNITS/0.45% NACL 250ML:

ASPIRIN TAB,EC                           C  10/22  01/20  A
Give: 325MG PO QAM

*** REFER TO MONOGRAPH FOR SIGNIFICANT INTERACTION CLINICAL EFFECTS
==============================================================================

Display Professional Interaction Monograph? No// Y es

Device: Home// <Home would print to screen, or a specific device could be specified>

Professional Monograph
Drug Interaction with ASPRIRIN and HEPARIN/SODIUM CHLORIDE

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: Heparin/Salicylates

MECHANISM OF ACTION: Additive prolongation of bleeding time.
```

```
CLINICAL EFFECTS: Increased risk of bleeding which may extend for several days beyond
discontinuation of salicylates.

PREDISPOSING FACTORS: None determined.

PATIENT MANAGEMENT: Avoid concomitant administration of these drugs. If this combination is
used, monitor hematological status carefully. A non-acetylated salicylate may be used to
avoid antiplatelet activity.

DISCUSSION: This interaction is likely to occur.

REFERENCES:1.Weiss HJ, Aledort LM, Kochwa S. The effect of salicylates on the hemostatic
properties of platelets in man. J Clin Invest 1968 Sep; 47(9):2169-80.2.Zucker MB, Peterson
J. Effect of acetylsalicylic acid, other nonsteroidal anti-inflammatory agents, and
dipyridamole on human blood platelets. J Lab Clin Med 1970 Jul;76(1):66-75.3.Niklasson PM,
Blomback M, Lundbergh P, Strandell T. Thrombocytopenia and bleeding complications in severe
cases of meningococcal infection treated with heparin, dextran 70 and chlorpromazine. Scand J
Infect Dis 1972; 4(3):183-91.4.Schondorf TH, Hey D. Combined administration of low dose
heparin and aspirin as prophylaxis of deep vein thrombosis after hip joint surgery.
Haemostasis 1976;5(4):250-7.5.Rubenstein JJ. Letter: Aspirin, heparin and hemorrhage. N Engl
J Med 1976 May 13;294(20):1122-3.6.Yett HS, Skillman JJ, Salzman EW. The hazards of aspirin
plus heparin. N Engl J Med 1978 May 11;298(19):1092.7.Jick H, Porter J. Drug-induced
gastrointestinal bleeding. Report from the Boston Collaborative Drug Surveillance Program,
Boston University Medical Center. Lancet 1978 Jul 8;2(8080):87-9.8.Walker AM, Jick H.
Predictors of bleeding during heparin therapy. JAMA 1980 Sep 12;244(11):1209-12.9.Heiden D,
Rodvien R, Mielke CH. Heparin bleeding, platelet dysfunction, and aspirin. JAMA 1981 Jul 24-
31;246(4):330-1.10.Theroux P, Ouimet H, McCans J, Latour JG, Joly P, Levy G, Pelletier E,
Juneau M, Stasiak J, deGuise P, et al. Aspirin, heparin, or both to treat acute unstable
angina. N Engl J Med 1988 Oct 27;319(17):1105-11.

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Do you want to Intervene with HEPARIN 25000 UNITS/0.45% NACL 250ML ?  N// Yes

Now creating Pharmacy Intervention
for HEPARIN 25,000UNITS IN 0.45% NACL 250ML

PROVIDER:    IVPROVIDER
RECOMMENDATION:    NO CHANGE

See 'Pharmacy Intervention Menu' if you want to delete this
intervention or for more options.


Would you like to edit this intervention? N// O

INFUSION RATE:
```

3.5.8. Sample Therapeutic Order Check Displays

Example: Outpatient Order Displays

```
This patient is already receiving the following INPATIENT and/or OUTPATIENT order(s) for a
drug in the same therapeutic class as NIZATIDINE 150MG CAP:

Local Rx #2593 (ACTIVE) for SUCRALFATE 1GM TAB
SIG: TAKE ONE TABLET BY MOUTH THREE TIMES A DAY
Processing Status: Released locally on 3/4/08@08:55:32  (Window)


LOCATION: <VA OR DOD FACILITY>
Remote Rx #95438B (ACTIVE)for RANITIDINE 150MG TAB
SIG: TAKE ONE TABLET BY MOUTH THREE TIMES A DAY
Last Filled On: 11/08/06


Pending Outpatient Drug for FAMOTIDINE 20MG TAB
SIG: TAKE ONE TABLET BY MOUTH TWICE A DAY
```

```
NON - VA Med: CIMETIDINE 300MG TAB (ACTIVE)
Dosage: 300MG              Schedule:  TWICE A DAY

Class(es) Involved in Therapeutic Duplication(s): Peptic Ulcer Agents,
   Histamine-2 Receptor Antagonists (H2 Antagonists)
================================================================================.
```

Example: Inpatient Order Displays IV Additive

```
This patient is already receiving the following INPATIENT and/or OUTPATIENT order(s) for a
drug in the same therapeutic class(es):

Drug(s) Ordered:
  CEFAZOLIN 1GM

CEFOXITIN INJ                           C  03/20  04/03  A
Give: 1GM/1VIAL IM Q12H

PENICILLIN TAB                          C  03/20  03/27  A
Give: 500MG PO QID

Class(es)Involved in Therapeutic Duplication(s): Beta-Lactams, Cephalosporins
================================================================================
```

Example: Unit Dose

```
This patient is already receiving the following INPATIENT and/or OUTPATIENT order(s) for a
drug in the same therapeutic class as HCTZ 12.5MG/LISINOPRIL 10MG TAB:

FUROSEMIDE 40MG TAB                     C  03/20  06/18  A
Give: ONE TABLET(S) PO QAM

Duplicate Therapy Class(es): Diuretics

================================================================================
```

Example: IV Solution Marked as PreMix

```
================================================================================
This patient is already receiving the following INPATIENT and/or OUTPATIENT order(s) for a
drug in the same therapeutic class(es):

Drug(s) Ordered:
  PIPERACILIN 3GM IN DEXTROSE 100 ML

AMOXICILLIN/CLAVULANATE TAB             C  03/21  04/20  A
Give: 1 TABLET PO Q6H

Class(es)Involved in Therapeutic Duplication(s): Beta-Lactams, Penicillins
=====================================================================================
```

Example: Unit Dose -New order Backdoor - Two Duplicate Therapy Warnings

```
PI  Patient Information                NO  New Order Entry
PU  Patient Record Update              CM  New Clinic Medication Entry
SO  Select Order
Select Action: Quit// NO   New Order Entry

Select DRUG: NIZAT
  Lookup: GENERIC NAME
NIZATIDINE 150MG CAP           GA301
         ...OK? Yes//   (Yes)

Now doing allergy checks.  Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks!  Please wait...
```

```
==========================================================================================
This patient is already receiving the following INPATIENT and/or OUTPATIENT order(s)
for a drug in the same therapeutic class as NIZATIDINE 150MG CAP:

CIMETIDINE TAB                          C  03/12  04/11  A
Give: 400MG PO QHS

Local Rx #2593 (ACTIVE) for SUCRALFATE 1GM TAB
SIG: TAKE ONE TABLET BY MOUTH THREE TIMES A DAY
Processing Status: Released locally on 3/4/08@08:55:32  (Window)


LOCATION: <VA OR DOD FACILITY>
Remote Rx #95438B (ACTIVE)for RANITIDINE 150MG TAB
SIG: TAKE ONE TABLET BY MOUTH THREE TIMES A DAY
Last Filled On: 11/08/06


Pending Outpatient Drug for FAMOTIDINE 20MG TAB
SIG: TAKE ONE TABLET BY MOUTH TWICE A DAY

NON - VA Med: CIMETIDINE 300MG TAB (ACTIVE)
Dosage: 300MG              Schedule:  TWICE A DAY

Class(es) Involved in Therapeutic Duplication(s): Peptic Ulcer Agents,
   Histamine-2 Receptor Antagonists (H2 Antagonists)
==========================================================================================

Do you wish to continue with the current order? YES//Yes

CIMETIDINE TAB                          C  03/12  04/11  A
Give: 400MG PO QHS

Enter DC to discontinue the above order or press <RETURN> to continue:  <RETURN>

No action taken!

Available Dosage(s)
      1.    150MG
      2.    300MG
```

Example: IV New Order Entry Backdoor

```
Select Action: Next Screen// NO   New Order Entry

Select IV TYPE: PIGGYBACK.
Select ADDITIVE: CEFAZOLIN
                *N/F*

  Restriction/Guideline(s) exist.  Display? :  (N/D): No//   NO

(The units of strength for this additive are in GM)
Strength: 1   1 GM
Select ADDITIVE:
Select SOLUTION: D5250  5% DEXTROSE          250 ML
                *N/F*
  Restriction/Guideline(s) exist.  Display? :  (N/D/O/B): No//   NO

Now doing allergy checks.  Please wait...

Now processing Clinical Reminder Order Checks. Please wait ...

Now Processing Enhanced Order Checks!  Please wait...

==========================================================================================
This patient is already receiving the following INPATIENT and/or OUTPATIENT order(s) for a
drug in the same therapeutic class(es):

Drug(s) Ordered:
  CEFAZOLIN 1GM
```

```
CEFOXITIN INJ                           C  03/20  04/03  A
Give: 1GM/1VIAL IM Q12H

PENICILLIN TAB                           C  03/20  03/27  A
Give: 500MG PO QID

Class(es)Involved in Therapeutic Duplication(s): Beta-Lactams, Cephalosporins
==========================================================================================

CEFOXITIN INJ                            C  03/20  04/03  A
Give: 1GM/1VIAL IM Q12H

Duplicate Therapy Class(es): Cephalosporins
==========================================================================================

Do you wish to DISCONTINUE any of the listed INPATIENT orders? NO// Yes

1. CEFOXITIN INJ                         C  03/20  04/03  A
   Give: 1GM/1VIAL IM Q12H

2. PENICILLIN TAB                        C  03/20  03/27  A
        Give: 500MG PO QID

Select (1-2): 1


CEFOXITIN INJ                            C  03/20  04/03  A
Give: 1GM/1VIAL IM Q12H

Enter DC to discontinue the above order or press <RETURN> to continue:DC


NATURE OF ORDER: WRITTEN//        W
Requesting PROVIDER: PROVIDER, ONE//
REASON FOR ACTIVITY:


INFUSION RATE: OVER 30 MINTUES

MED ROUTE: IV//IVPB  IV PIGGYBACK      IVPB
SCHEDULE: Q12H
ADMINISTRATION TIMES: 09-21//
```

3.5.9. Display of Provider Overrides and Pharmacist Interventions

In Inpatient Medications, the first time a field preceded by an asterisk (*) is selected for editing and when renewing an order, if Current Pharmacist Interventions exist for the order, entering Y (Yes) at the prompt, “Order Check Overrides/Interventions exist for this order. Display? (Y/N)? Y//,” will display the following information when the fields are populated with data:

• Heading: **Current Pharmacist Interventions for this order** • Intervention Date/Time • Provider • Pharmacist • Drug, • Instituted By • Intervention • Other For Recommendation	• Provider Contacted • Recommendation Accepted • Agree With Provider • Rx # • Division • Financial Cost • Other For Intervention • Reason For Intervention • Action Taken • Clinical Impact

• Originating Package • Was Provider Contacted	• Financial Impact

```
==============================================================================
        ** Current Provider Overrides for this order **
==============================================================================

Overriding Provider: PSJPROVIDER,ONE  (PROVIDER)
Override Entered By: PSJPROVIDER,ONE  (PROVIDER)
  Date/Time Entered: 7/12/11 09:13
    Override Reason: Testing 9 OTHER

  CRITICAL drug-drug interaction: METRONIDAZOLE 250MG TAB and WARFARIN NA
  (GOLDEN STATE) 2MG TAB [ACTIVE] - Concurrent use of anticoagulants with
  metronidazole or tinidazole may result in reduced prothrombin activity and/or
  increased risk of bleeding. - Monograph Available

  CRITICAL drug-drug interaction: METRONIDAZOLE 250MG TAB and WARFARIN(GOLDEN
  ST) 0.5MG(1/2X1MG) TAB [UNRELEASED] - Concurrent use of anticoagulants with
  metronidazole or tinidazole may result in reduced prothrombin activity and/or
  increased risk of bleeding. - Monograph Available

Press RETURN to Continue or '^' to Exit :


==============================================================================
        ** Current Pharmacist Interventions for this order **
==============================================================================

Intervention Date: 7/12/11 09:14
 Provider: PSJPROVIDER,ONE                  Pharmacist: PSJPHARMACIST,ONE
 Drug: METRONIDAZOLE 250MG TAB              Instituted By: PHARMACY
 Intervention: CRITICAL DRUG INTERACTION
 Recommendation: OTHER                      Originating Package: INPATIENT
 Other For Recommendation:
  INTERVENTION FOR CRITICAL DRUG-DRUG
Press RETURN to Continue or '^' to Exit :
```

Intervention TIME displays to the right of the date (e.g., 01/18/11 09:04)

If Historical Overrides/Interventions exist for an order, entering Y (Yes) at the prompt: “View Historical Overrides/Interventions for this order (Y/N)? Y//,” displays the Historical Pharmacist Intervention information:

```
==============================================================================
        ** Historical Pharmacist Interventions for this order **
==============================================================================

Intervention Date: 07/12/11 09:14
 Provider: PSJPROVIDER,ONE                  Pharmacist: PSJPHARMACIST,ONE
 Drug: METRONIDAZOLE 250MG TAB              Instituted By: PHARMACY
 Intervention: CRITICAL DRUG INTERACTION
 Recommendation: OTHER                      Originating Package: INPATIENT
 Other For Recommendation:
  Testing 9 OTHER


Press RETURN to Continue or '^' to Exit :

==============================================================================
        ** Historical Provider Overrides for this order **
==============================================================================

Overriding Provider: PSJPROVIDER,ONE (PROVIDER)
Override Entered By: PSJPROVIDER,ONE (PROVIDER)
```

```
  Date/Time Entered: 07/12/11 09:13
    Override Reason: Testing 9 OTHER

  CRITICAL drug-drug interaction: METRONIDAZOLE 250MG TAB and WARFARIN NA
  (GOLDEN STATE) 2MG TAB [ACTIVE] - Concurrent use of anticoagulants with
  metronidazole or tinidazole may result in reduced prothrombin activity and/or
  increased risk of bleeding. - Monograph Available

  CRITICAL drug-drug interaction: METRONIDAZOLE 250MG TAB and WARFARIN(GOLDEN
  ST) 0.5MG(1/2X1MG) TAB [UNRELEASED] - Concurrent use of anticoagulants with
  metronidazole or tinidazole may result in reduced prothrombin activity and/or
  increased risk of bleeding. - Monograph Available
```

Intervention TIME displays to the right of the date (e.g., 01/18/11 09:04. Current Pharmacist Intervention fields and labels also display, when the fields are populated.

Note: In Inpatient Medications, if no Current Pharmacist Interventions exist when editing a field preceded by an asterisk (*),the following displays:

```
==============================================================================
        ** Current Pharmacist Interventions for this order **
==============================================================================

No Pharmacist Interventions to display
```

3.5.10. Dosing Order Checks

MOCHA v2.0 implements the first increment of dosage checks and introduces the Maximum Single Dose Check for simple and complex orders for both Outpatient Pharmacy and Inpatient Medications applications. MOCHA v2.1b implements the second increment of dosage checks and introduces the Max Daily Dose Check for simple orders for both Outpatient Pharmacy and Inpatient Medications applications. MOCHA v2.0 and MOCHA v2.1b use the same interface to First Databank (FDB) as MOCHA v1.0.

Please refer to the **Dosing Order Checks User Manual** for a detailed description of dosing order checks.

3.6. Check Drug Interactions
[PSJ CHECK DRUG INTERACTION]

The Check Drug Interaction option allows a user to check for a drug interaction and Therapeutic Duplications between two or more drugs. This option shall be placed on the Unit Dose Medications [PSJU MGR] Menu, and the IV [PSJI MGR] Menu.

Example: Checking for drug interactions

```
Select IV Menu Option:  Check Drug Interaction
Drug 1:    CIMETIDINE 300MG TAB         GA301
         ...OK? Yes//   (Yes)

Drug 2: WARFARIN 5MG TAB
  Lookup: GENERIC NAME
```

```
WARFARIN 5MG TAB           BL110
         ...OK? Yes//   (Yes)

Drug 3:

Now Processing Enhanced Order Checks!  Please wait...



*** DRUG INTERACTION(S) ***
============================================================
***Critical*** with WARFARIN 5MG TAB and
               CIMETIDINE 300MG TAB

CLINICAL EFFECTS:  The pharmacologic effects of warfarin may be
increased resulting in severe bleeding.

============================================================
Press Return to Continue...:

Display Professional Interaction monograph? N// YES

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



------------------------------------------------------------
Professional Monograph
Drug Interaction with WARFARIN 5MG TAB and CIMETIDINE 300MG 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:  Anticoagulants/Cimetidine

     SEVERITY LEVEL:  2-Severe Interaction: Action is required to reduce
     the risk of severe adverse interaction.

     MECHANISM OF ACTION:  Inhibition of warfarin hepatic metabolism. The
     effect appears to be greater on the less active R-warfarin than on the
     S-warfarin.

     CLINICAL EFFECTS:  The pharmacologic effects of warfarin may be
     increased resulting in severe bleeding.

Press Return to Continue or "^" to Exit:


Professional Monograph
   Drug Interaction with WARFARIN 5MG TAB and CIMETIDINE 300MG TAB

     PREDISPOSING FACTORS:  None determined.

     PATIENT MANAGEMENT:  Coadministration of cimetidine and warfarin
     should be avoided. If they are administered concurrently, monitor
     anticoagulant activity and adjust the dose of warfarin indicated. The
     H-2 antagonists famotidine and nizatidine are unlikely to interact
     with warfarin.The time of highest risk for a coumarin-type drug
     interaction is when the precipitant drug is initiated or discontinued.
     Contact the prescriber before initiating, altering the dose or
     discontinuing either drug.

     DISCUSSION:  The majority of drug interaction reports involving H-2
     antagonists and warfarin have occurred with cimetidine. Reports of a
     possibly significant interaction between ranitidine and warfarin have
     been equivocal. Famotidine and nizatidine do not appear to affect
     prothrombin time.

Press Return to Continue or "^" to Exit:
```

```
Professional Monograph
   Drug Interaction with WARFARIN 5MG TAB and CIMETIDINE 300MG TAB

     REFERENCES:
     1.Silver BA, Bell WR. Cimetidine potentiation of the
     hypoprothrombinemic effect of warfarin. Ann Intern Med 1979
     Mar;90(3):348-9.
     2.Wallin BA, Jacknowitz A, Raich PC. Cimetidine and effect of
     warfarin. Ann Intern Med 1979 Jun;90(6):993.
     3.Serlin MJ, Sibeon RG, Breckenridge AM. Lack of effect of ranitidine
     on warfarin action. Br J Clin Pharmacol 1981 Dec;12(6):791-4.
     4.Kerley B, Ali M. Cimetidine potentiation of warfarin action. Can Med
     Assoc J 1982 Jan 15;126(2):116.
     5.Desmond PV, Mashford ML, Harman PJ, Morphett BJ, Breen KJ, Wang YM.
     Decreased oral warfarin clearance after ranitidine and cimetidine.
     Clin Pharmacol Ther 1984 Mar;35(3):338-41.
     6.Toon S, Hopkins KJ, Garstang FM, Rowland M. Comparative effects of
     ranitidine and cimetidine on the pharmacokinetics and pharmacodynamics
     of warfarin in man. Eur J Clin Pharmacol 1987;32(2):165-72.

Press Return to Continue or "^" to Exit:


Professional Monograph
   Drug Interaction with WARFARIN 5MG TAB and CIMETIDINE 300MG TAB
     7.Cournot A, Berlin I, Sallord JC, Singlas E. Lack of interaction
     between nizatidine and warfarin during chronic administration. J Clin
     Pharmacol 1988 Dec;28(12):1120-2.
     8.Hussey EK, Dukes GE. Do all histamine2-antagonists cause a warfarin
     drug interaction?. DICP 1989 Sep;23(9):675-9.
     9.Hunt BA, Sax MJ, Chretien SD, Gray DR, Frank WO, Lalonde RL.
     Stereoselective alterations in the pharmacokinetics of warfarin
     enantiomers with two cimetidine dose regimens. Pharmacotherapy 1989;
     9(3):184.
     10.Baciewicz AM, Morgan PJ. Ranitidine-warfarin interaction. Ann
     Intern Med 1990 Jan 1;112(1):76-7.

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-------------------------------------------------------------

Enter RETURN to continue or '^' to exit:


Display Professional Interaction monograph? N// O
```

3.7. Pharmacy - Edit Clinic Med Orders Start Date/Time [PSJ ECO]

The *Edit Clinic Med Orders Start Date/Time* [PSJ ECO] option allows the user to change the selected date/range of all active or non-verified clinic orders (Unit Dose, IV, IVP/IVPB) to a new single START DATE/TIME for a patient(s) within a selected clinic. This option provides:

- An action that allows the pharmacist to edit the Start Date/Time of a patient order.
- Patient selection by medication order start date and by Clinic Group, Clinic, or Patient.
- A patient profile display of active or non-verified Clinic medication orders for date/time range selected.
- Automatic retrieval, one patient at a time, based on the type of patient selection, when editing a medication Start Date/Time for one or multiple patient Clinic medication orders. Date/Time edits are confirmed for each patient.

- Actions to view the patient's full order entry profile, details of specific clinic and non-clinic orders.
- Various warnings and message prompts to the user when certain profile or order conditions occur, allowing the user to view, exit, or proceed with the edit process.

The *Edit Clinic Med Orders Start Date/Time* [PSJ ECO] option has changes to reflect the new fields related to medications requiring removal. The user will be directed to go to the Inpatient Order Entry [PSJ OE] option to modify the orders that contain medications requiring removal.

3.7.1. Search Med Orders Date Entry

A search med orders date entry prompt is the first prompt from the *Edit Clinic Med Orders Start Date/Time* [PSJ ECO] menu option.

- The Begin Search Date defaults to " TODAY//" (current date).
- The End Search Date defaults to the entered Begin Search Date. The End Search Date shall not precede the Begin Search Date.

Example: Prompt that End Search Date Shall Not Precede Begin Search Date

```
Begin Search Date: TODAY//06/01  (JUN 01, 2012)

End Search Date: Jun 01, 2012// 05/15  (MAY 15, 2012)

Response must not precede 6/1/2012.

End Search Date: Jun 01, 2012//
```

- Time entry with the date is optional.
- The search results include all active or non-verified clinic orders within the selected date range, not just those with a start date within the range. Current business rules apply for date/time validation entry.

Example: Prompt to Search Begin and End Dates

```
Search for Active and Non-Verified CLINIC Medication Orders
     that fall within the date range selected below:

Begin Search Date: TODAY// (default to current date)

   End Search Date:   (default to the entered Begin Search Date:)
```

3.7.2. Search by Clinic, Clinic Group or Patient

The entry prompt "Search by CLINIC (C), CLINIC GROUP (G), or PATIENT (P):" allows the user to search by clinic, clinic group or patient, with no default, from the *Edit Clinic Med Orders Start Date/Time* [PSJ ECO] menu option.

Example: Prompt to Select Clinic, Clinic Group or Patient

```
Search by CLINIC (C), CLINIC GROUP (G) or PATIENT (P):
```

The appropriate entry prompt "C," "G," or "P" is provided and allows the user to enter a Clinic, Clinic Group or Patient name. Current business rules apply to the entry of clinic name, clinic group or patient name.

Table: Prompt Entry for Clinic, Clinic Group or Patient

Entry Result	System Prompt	User Entry
C	"SELECT CLINIC:"	Clinic name – case inclusive (display clinics that are marked allow clinic orders)
G	"SELECT CLINIC GROUP"	Clinic group name
P	"SELECT PATIENT:"	Patient name

The entry prompt, “SELECT CLINIC:” or “SELECT PATIENT:” is repeated allowing the user to select multiple clinics or multiple patients by entering individual names for the search. A blank return stops the search, and the process continues.

3.7.3. Select Patient from Clinic

If the user selects “Clinic,” the numbered list of active patients’ full names displays in alphabetical order by last name for all active or non-verified clinic orders (Unit Dose, IV, IVP, IVPB) from the med orders date/time range entered.

Example: Display Patient List

```
CLINIC ORDERS - BECKY'S CLINIC

No.    PATIENT
--------------------------------------------------------------------------------
   1    CPRSPATIENT, ONE (0091)
   2    CPRSPATIENT, TWO (5555)
   3    CPRSPATIENT, THREE (0038)
Select 1 - 3:
```

If the user selects “Clinic,” an entry prompt of “Select N – N:” displays. N – N represents the begin/end number of displayed patients. The user may select one or multiple patients. Current business rules apply to numbered entry list selection.

Example: Prompt to Select Patient

```
Select 1 - 1:
```

3.7.4. View Patient Clinic Order Entry Profile

A Clinic Order Entry Patient profile view of active followed by non-verified orders, is provided, based on the filter selection choices previously made.

Example: Display Clinic Order Entry Patient Profile

```
Clinic Order Entry            May 06, 2011@09:46:50          Page:    1 of    2
CPRSPATIENT,ONE               Ward: 3 North
   PID: 666-01-0123           Room-Bed: 123-A         Ht(cm): ______ (________)
   DOB: 10/10/58 (52)                                 Wt(kg): ______ (________)
   Sex: MALE                                  Last Admitted: 03/28/11
    Dx: SICK                                     Discharged: 03/28/11

                  CLINIC ORDERS: May 10, 2013 to May 12, 2013@23:59
- - - - - - - - - - - - - - - -  PATIENT CLINIC - - - - - - - - - - - - - - - -

   1    FLUOROURACIL INJ,SOLN                    C  05/12/2011  05/17/2011 A
          Give:  IV ONCE
   2    ABACAVIR/LAMIVUDINE TAB                  C  05/10/2011  05/17/2011 N
          Give: 1 TABLET PO BID



+         Enter ?? for more actions
ES   Edit Start Date      VP   View Profile
VD   View Order Detail    CD   Change Date Range
Select Action:Quit//
```

Note: If the user selects “by Patient,” orders for all clinics for that patient are displayed rather than orders from a single clinic. This is the alternate path re-entry point when selecting by patient.

The following user actions are provided in the Clinic Order Entry Patient profile:

- ES Edit Start Date
- VD View Order Detail
- VP View Profile
- CD Change Date Range
- Quit

3.7.4.1. ES Edit Start Date

The “ES” (Edit Start Date) action allows the user to select medication orders to edit. The system provides an entry prompt “Select Orders: (N-N):” when ES is entered. (N - N) represents the begin/end number from the displayed number list in the Clinic Order Entry profile. The system proceeds to entry prompt “NEW START DATE/TIME:”

3.7.4.2. VD View Order Detail

The “VD” (View Order Detail) action allows the user to select the medication orders to view. The following attributes are provided:

- View Only
- No Patient Demographics
- Order Details Only
- Allowed Action of QUIT

Example: Display VD View Order Detail

```
    Patient: CPRSPATIENT, THREE                        Status: ACTIVE

*(1) Additives:              Order number: 1         Type: ADMIXTURE
       5-FLUOURACIL 11 MG
*(2) Solutions:
       DEXTROSE 20% DEXTROSE TEST 500 ML
           Duration:                              *(4) Start: 04/12/2012  09:39
*(3)  Infusion Rate: 11 ml/hr
*(5)      Med Route: IM                           *(6) Stop: 04/13/2012  24:00
*(7)       Schedule:                              Last Fill: 04/12/2012  09:44
 (8)    Admin Times:                               Quantity: 1
*(9)       Provider: MACOY, BONES [es]            Cum. Doses: 1
 (10)   Other Print:  (11)  Remarks :
        IV Room: TST ISC ROOM
       Entry By: PROVIDER, ONE                     Entry Date: 04/12/12  09:44
Enter RETURN to continue or '^' to exit:  Select Action: Quit// Quit
```

3.7.4.3. VP View Profile

The “VP” (View Profile) action allows the user to view the order profile for all medication orders. The following attributes are provided:

- Entire Patient Profile Non-Clinic and Clinic medication orders are displayed.
- This is a display only action.

- The Quit action is allowed.

Medication orders display in the following sequence:

a. Non-clinic inpatient medication orders display in the usual manner.

b. Clinic medication orders display by clinic name in alphabetical order as follows:.

   - Pending
   - Non-verified
   - Active
   - Discontinued/expired

c. Non-active, non-clinic medication orders display at the bottom of the profile list.

Example: Display VP View Profile

```
                              I N P A T I E N T   M E D I C A T I O N
S       03/06/13  10:17
                            VAMC:  ALBANY (500)
- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
TESTPATNM,PATIENT                  Ward: IP WARD
    PID: 666-00-0195      Room-Bed: * NF *           Ht(cm): ______ (________)
    DOB: 07/07/67  (45)                              Wt(kg): ______ (________)
    Sex: FEMALE                                    Admitted: 10/31/94
     Dx: SICK                               Last transferred: 05/07/03
   CrCL: <Not Found> (CREAT: Not Found)            BSA (m2): _________

Allergies: CEFAZOLIN, PENICILLIN, VALIUM, WARFARIN, ASPIRIN,
            BISMUTH SUBSALICYLATE, EGGS, LACTOSE, MILK, BACON ( FREE TEXT ),
            ICE CREAM, STRAWBERRIES
NV Aller.: CIMETIDINE
       ADR: AMPICILLIN
- - - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - - --
   1     BACLOFEN TAB                            R  03/04/2013  03/15/2013  A
           Give: 10MG PO Q4H
- - - - - - - - - - - - - - - N O N - V E R I F I E D - - - - - - - - - - - - - - -
   2     CEFAMANDOLE INJ                         C  02/13/2013  03/17/2013  N
           Give: 10 GM IVP Q3D@0900
   3     5-FLUOURACIL 100 MG                     C  02/15/2013  03/17/2013  N
         in DEXTROSE 10% 1000 ML  200 ml/hr
- - - - - - - - - - - - - - - - -  P E N D I N G - - - - - - - - - - - - - - - - -
   4     BACLOFEN TAB                            C  *****       *****       P
           Give: 20MG PO BID
   5     CAPTOPRIL TAB                           C  *****       *****       P
           Give: 25MG PO BID
   6     FLUOROURACIL INJ,SOLN                   C  *****       *****       P
           Give: 100MG/2ML IV BID
- - - - - - - - - - - - - - - - - - CLINIC NAME - - - - - - - - - - - - - - - - - -
   7     BACLOFEN TAB                            C  02/25/2013  03/27/2013  A
           Give: 10MG ORALSL Q4H
           Instructions too long. See Order View or BCMA for full
           text.

View ORDERS (1-7):
```

3.7.4.4. CD Change Date Range

The “CD” (Change Date Range) action in the Clinic Order Entry view allows the user to change the search date range for the current patient’s clinic orders. The user may begin a new search by entering a new Begin Search Date and End Search Date for the current patient and continue with the ECO process. The original date range entry remains unchanged for other patients after completing the CD action for the current patient.

To assist the user in selecting clinics and patients, clinics are displayed alphabetically along with the associated patients, within the selected date range and clinic group. The Clinic Order Entry profile displays after the completion of the patient selection for all the selected clinics.

Example: Clinic and Patient Display

```
Search by CLINIC (C), CLINIC GROUP (G), or PATIENT (P) : gROUP

Select CLINIC GROUP: gROUP ONE

CLINIC ORDERS - PATIENT CLINIC
 No.    PATIENT
-------------------------------------------------------------------------------
   1    CPRSPATIENT, ONE (0091)
   2    CPRSPATIENT, TWO (5555)
   3    CPRSPATIENT, THREE (0038)
   4    CPRSPATIENT, FOUR (0237)

Select 1 - 4: 3


CLINIC ORDERS - CLINIC (45)

 No.    PATIENT
-------------------------------------------------------------------------------
   1    CPRSPATIENT, TWO (5555)
   2    CPRSPATIENT, THREE (0038)
Select 1 - 2: 1
```

If the user selects by “Patient,” and no active/non-verified orders exist within the entered date range, the message below displays.

Example: No Active/Non-Verified Clinic Orders by Patient Message

```
No ACTIVE AND/OR NON-VERIFIED Clinic Orders found for this patient
```

If the user selects by “Clinic,” and no active/non-verified orders exist within the entered date range, the message below displays.

Example: No Active/Non-Verified Clinic Orders by Clinic Message

```
NO ACTIVE AND/OR NON-VERIFIED ORDERS FOR SELECTED CLINIC
```

3.7.4.5. Quit

The entry prompt “Select Action: Quit//” displays on the Clinic Order Entry Patient profile after the Inpatient Medications profile displays for the selected patient(s). The number entered forces the use of the VD action with a “Enter RETURN to continue or '^' to exit:” prompt.

Example: Entering a Number Response to “Select Action: Quit//” Prompt

```
Select Action: Quit// 1

 <    ------------------------------------------------------------------
Patient: BCMAPATIENT,EIGHT                    Status: ACTIVE
Orderable Item: ATENOLOL TAB
  Instructions:
Dosage Ordered: 100MG
      Duration:                                Start: 06/18/2012  11:00
     Med Route: ORAL (PO)
                                                Stop: 06/22/2012  11:00
```

```
Schedule Type: CONTINUOUS
      Schedule: BID
   Admin Times: 09-17
      Provider: PROVIDER, ONE [s]
                                                Units   Units   Inactive
Dispense Drugs                              U/D  Disp'd  Ret'd   Date
-----------------------------------------------------------------------------
ATENOLOL 100MG TAB                          1    0       0

Self Med: NO

Entry By: MCCOY, BONES                                Entry Date: 05/31/12  12:28>
Enter RETURN to continue or '^' to exit:
```

3.7.5. Entering a New Start Date/Time

The entry prompt, “NEW START DATE/TIME:,” displays allowing the user to enter a new Start Date/Time. After the user enters a new Start Date/Time, a prompt displays giving the user the ability to change the calculated Stop Date/Time.

Example: Prompt Entry for New Start Date/Time

```
 NEW START DATE/TIME: 05/16/2011@1100
```

3.7.6. Order Entry View with New Start Date

The Clinic Order Entry view, based on Begin search date and the NEW end date, if greater than the original entered end date of the search, re-displays after the user enters “YES” to the “CHANGE ALL START DATES/TIME TO” prompt.

Example: Display Clinic Order Entry with New Start Date

```
Clinic Order Entry           Apr 13, 2012@14:21:31          Page:    1 of    1
BCMAPATIENT,FIVE            Last Ward: 3 NORTH
   PID: 000-00-5555      Last Room-Bed: 1-2           Ht(cm): ______ (________)
   DOB: 09/16/60 (51)                                 Wt(kg): ______ (________)
   Sex: MALE                                 Last Admitted: 12/05/08
    Dx: FLUID IN LUNGS                          Discharged: 04/10/12
          CLINIC ORDERS: Apr 20, 2013 to Apr 21, 2013@23:59
-------------------------------------------------------------------------------
 - - - - - - - - - - - - - - -  BECKY'S CLINIC - - - - - - - - - - - - - - - -
   1    DIPHENHYDRAMINE INJ,SOLN                C  04/21/2012  04/26/2012 N
          Give: 10MG IM WEEKLY
   2    ACETAMINOPHEN TAB                       R  04/20/2012  04/25/2012 N
          Give: 10 MG PO Q4H
 - - - - - - - - - - - - - - - - - - CLINIC (45) - - - - - - - - - - - - - - - -
   3    RANITIDINE TAB                          C  04/20/2012  04/23/2012 N
          Give: 300 MG PO BID-AM
 - - - - - - - - - - - - - - -  CLINIC PATTERN 45 - - - - - - - - - - - - - - -
   4    HEPARIN 11 ML (1)                       ?  04/20/2012  04/21/2012 N
        in 5% DEXTROSE 50 ML 100 ml/hr
----------Enter ?? for more actions-----------------------------------------
ES   Edit Start Date      VD   View Order Detail    VP   View Profile
Select Action:Quit//
```

3.7.7. New Start Date Update Confirmation

After the user answers “YES” to the “Are you sure?” confirmation of the new Start Date/Time change, the prompt **“NATURE OF ORDER: SERVICE CORRECTION//”** displays for an ACTIVE Clinic Order, with a default of SERVICE CORRECTION.

Example: Nature of Order Prompt

```
NATURE OF ORDER: SERVICE CORRECTION//
```

The selected record(s), along with the applicable message for each order, is updated, using current business functionality.

Example: Update Message

```
Now working on order:
     BACLOFEN                                    07/01  11:11
         Give: 10 MG PO QID
NATURE OF ORDER: SERVICE CORRECTION//        S
...discontinuing original order...

 ...creating new order.....

Pre-Exchange DOSES:

----------------------------------------------------------------------
Now working on order:
     CEFAMANDOLE                                 05/22  08:00
         Give: 44 GM IV

...updating order.......
...updating OE/RR...

----------------------------------------------------------------------
Now working on order:
     DAPSONE                                     04/23  12:00
         Give: 50 MG PO QAM

...updating order.......
...updating OE/RR...

----------------------------------------------------------------------
Now working on order:
     FLUOROURACIL                                05/20  12:00
         Give: 11 MG IM

...updating order.......
...updating OE/RR...
```

After the user enters “QUIT” or when editing by clinic with multiple patients, the system mimics the *Non-Verified/Pending Orders* [PSJU VBW] option when cycling through the remaining selected patient(s).

Note: The Nature of Order prompt does not display for edits made to orders that are not active, e.g., orders with a status of non-verified.

3.7.8. Conditional Messages Displaying after New Start Date

Individual message prompts may or may not be presented after the new start date/time is entered for the patient. These depend on various validations that are being checked which the user may need to review or act upon. None, one, or more messages may display depending upon the entry.

3.7.8.1. New Start Date No Earlier than Now

A change to a new start date, earlier than “NOW” is not allowed. If the new start date entered is earlier than “NOW” the following prompt displays: “Start Date/Time earlier than NOW is not allowed. Re-enter start date. Enter new Start Date/Time:”

3.7.8.2. New Start Date beyond 365 Days

A change to a new Start DATE beyond 365 days is not allowed.

Example: Message Start Date Beyond 365 Days

```
Start Date cannot be more than 365 days from today. Re-enter Start Date.
Enter new Start Date/Time:
```

Note: The system cycles back to the enter new start/date prompt entry until the new start/date time is less than 365 days.

3.7.8.3. Other Orders Exist

The message below displays when orders exist for the date entered at the “new Start Date/Time:” prompt. The existing active orders also display.

Example: Message Other Orders Exist

```
* This patient has active order(s) on Jun 04, 2012. *

     PROCHLORPERAZINE                              06/01  11:11
        Give: 5 MG/1 ML IV WEEKLY

Do you want to view the profile?
```

- If the user answers “YES,” a Profile View for the selected orders for the Start Date/Time edit for the new date displays followed by the prompt to continue.

Example: Display View Profile for Selected Order

```
<begin profile display>
         VP view
     <end profile display>

The following orders have been selected for Start Date/Time edit:
    <selected orders listed>


      The Start Date/Time for the selected orders will be changed to <May 16, 2012@11:00>. Do
you want to continue? //
```

- If the user answers “YES,” the process continues.
- If the user answers “NO,” the “new Start Date/Time:” prompt to re-enter a new Start Date/Time displays.

3.7.8.4. New Start Date After One or More Stop Dates

The message below and prompt display, with no default, when the new start date is after one or more stop date(s).

Example: Display Start Date After Stop Date

```
* The new start date is after one or more stop date(s). *
  The stop date(s) will be automatically changed to reflect the new start date.

Do you want to view the profile?
```

- If the user answers "YES," the process continues.
- If the user answers "NO," the "new Start Date/Time:" prompt to re-enter a new Start Date/Time displays.

The selected changed med orders display followed by the message: "The Start Date/Time for the selected orders will now be changed to mm/dd/yy hh:mm (user entered Start Date/Time.) Are you sure?"

Example: Prompt to Confirm Changed Start Date

```
Selected Orders:                            Current Start Date/Time
-------------------------------------------------------------------------------
    < TRIHEXYPHENIDYL                                 04/09/12  07:53
         Give: 10MG PO SU-MO-TU-WE-TH-FR-SA
      BACLOFEN                                        04/19/12  11:11
         Give: 20 MG PO Q2H  >
-------------------------------------------------------------------------------


The Start Date/Time for the selected orders will
        now be changed to <6/1/2012  11:00>

Are you sure ?
```

The process returns to the "Enter a new Start Date/Time:" prompt. The existing business rule for a new order is used to calculate the med order stop date from the med start date.

3.7.9. Conditional Messages Displaying after Selection of Orders

The following individual message prompts may or may not be presented after the ES selection when selecting the clinic med order(s). These depend on various validations that are being checked, which the user may need to review or act upon. None, one, or more messages display depending upon the entry.

3.7.9.1. ON CALL Orders

ON CALL (OC) status can only be set for IV orders. If the user selects a Clinic IV order with an ON CALL status, the message: "Orders with ON CALL Status cannot be edited…" displays. ES action changes to orders with ON CALL status are not allowed.

Example: Selecting ON CALL Orders

```
Select Action:Next Screen// es  Edit Start Date
Select Orders:  (1-5): 2

Orders with ON CALL Status cannot be edited - no changes will be applied
  to any of the following orders with ON CALL status:
ON CALL Status orders:                      Current Start / Stop Dates
-----------------------------------------------------------------------
    < GENTAMICIN                                      07/18/12    07/23/12
         in   INFUSE OVER 5 MINUTES>
```

```
Press Return to continue...
```

3.7.9.2. ON HOLD Orders

If the user selects ON HOLD orders, the message: “ON HOLD orders cannot be edited...” displays. ES action changes to orders ON HOLD are not allowed.

Example: Selecting ON HOLD Orders

```
Select Action:Next Screen// es  Edit Start Date
Select Orders:  (1-3): 1-2

  ON HOLD orders cannot be edited - no changes will be applied
  to any of the following ON HOLD orders:
ON HOLD orders:                              Current Start / Stop Dates
-----------------------------------------------------------------------
     <ACETAMINOPHEN                                 07/21/12    07/26/12
         Give: 10 MG PO Q4H>

Press Return to continue...
```

3.7.9.3. Complex Orders

If the user selects complex orders, the message: “Complex Orders cannot be edited – no changes will be applied to any of the following Complex order components:…” displays. ES action changes to complex orders are not allowed.

Example: Selecting Complex Orders

```
Select Action:Next Screen// es  Edit Start Date
Select Orders:  (1-5): 2

Complex Orders cannot be edited - no changes will be applied
  to any of the following Complex order components:
Complex Component (Child) Orders:            Current Start Date/Time
-------------------------------------------------------------------------------
    <LANOLIN                                        06/01/12  17:00
        Give: 25 MG TOP 5XD>
Press Return to continue...
```

3.7.9.4. Orders for More than One Clinic

If the user selects orders for more than one clinic, the message: “You have selected orders from different clinics do you want to continue?” displays.

- If the user answers “NO,” the Clinic Order Entry profile view of order(s) for the selected patient(s) re-displays.
- If the user answers “YES,” the process continues.

3.7.9.5. Orders with different Start Date/Times

If the user selects orders for more than one Start Date/Time, the message: “You have selected orders with different Start Date/Time, do you want to proceed?” displays.

- If the user answers “NO,” the Clinic Order Entry profile view of order(s) for the selected patient(s) re-displays.
- If the user answers “YES,” the process continues.

3.7.9.6. Orders for More than one Clinic with Different Start Date/Times

If the user selects orders for more than one clinic with different Start Date/Times, the message below displays:

Example: Orders for More than One Clinic with Different Start Date/Times

```
You have selected orders from different clinics
          and with different Start Date/Times.
Do you want to continue?
     You have selected orders from different clinics
          and with different Start Date/Times.
```

- If the user answers "NO," the Clinic Order Entry profile view of order(s) for the selected patient(s) re-displays.
- If the user answers "YES," the process continues.

3.7.9.7. System Auto Adjusts the Start Time to the Current Time

The system will auto adjust the start date/time to "NOW" for pending CPRS clinic orders with a start/date time in the past.

For example, when the order was created in CPRS, the current 'NOW' Start Time was 13:02, but when the pending order is selected in Inpatient Medications, the current 'NOW' Start Time is 13:12.

3.7.9.8. Pharmacist Selecting Active Orders with Auto Verify Off

The message below, with entry prompt, displays if a pharmacist selects orders from the clinic order entry view, with auto verify off.

Example: Selecting Active Orders with Auto Verify Off

```
* ATTENTION: One or more selected orders have an ACTIVE status. *
 You may choose to have ACTIVE orders remain ACTIVE after editing, or
 you may choose to have the status of ACTIVE orders changed to NON-VERIFIED.

Should ACTIVE orders remain ACTIVE after editing?
```

- If the user answers "YES," the med order is auto verified and maintained in active status, after the Start Date/Time update.
- If the user answers "NO," the selected active order(s) is assigned to non-verified status, after the Start Date/Time update.

Example: Active Orders Assigned Non-Verify after Editing

```
All selected orders will have a status of NON-VERIFIED after editing

Enter new Start Date/Time:
```

3.7.9.9. Technician Selecting Active Orders with Auto Verify On or Off

The message below, with entry prompt, displays if a technician selects orders from the clinic order entry view, with auto verify on or off. If the technician changes the order(s) start date, the status of Active orders changes to non-verified.

Example: Selecting Active Orders with Auto Verify On or Off

```
Attention: One or more selected orders have an ACTIVE status. If you continue, the status of
ACTIVE orders will be changed to NON-VERIFIED.

Continue editing orders? ?
```

4. Maintenance Options

4.1. Unit Dose

All of the Unit Dose Maintenance Options are located on the *Unit Dose Medications* menu.

4.1.1. Edit Inpatient User Parameters [PSJ UEUP]

The *Edit Inpatient User Parameters* option allows users to edit various Inpatient User parameters. The prompts that will be encountered are as follows:

- "PRINT PROFILE IN ORDER ENTRY:"

  Enter **YES** for the opportunity to print a profile after entering Unit Dose orders for a patient.

- "INPATIENT PROFILE ORDER SORT:"

  This is the sort order in which the Inpatient Profile will show inpatient orders. The options will be sorted either by medication or by start date of order. Entering the words "**Medication Name**" (or the number **0**) will show the orders within schedule type (continuous, One-time, and then PRN) and then alphabetically by drug name. Entering the words "**Start Date of Order**" (or the number **1**) will show the order chronologically by start date, with the most recent dates showing first and then by schedule type (continuous, One-time, and then PRN).

  Note: The Profile first shows orders by status (active, non-verified, and then non-active).

- "LABEL PRINTER:"

  Enter the device on which labels are to be printed.

- "USE WARD LABEL SETTINGS:"

  Enter **YES** to have the labels print on the printer designated for the ward instead of the printer designated for the pharmacy.

  Note: Any changes made take effect immediately.

4.1.2. Edit Patient's Default Stop Date [PSJU CPDD]

This option is locked with the PSJU PL key.

The “UD DEFAULT STOP DATE/TIME:” prompt accepts the date and time entry to be used as the default value for the STOP DATE/TIME of the Unit Dose orders during order entry and renewal processes. This value is used only if the corresponding ward parameter is enabled. The order entry and renewal processes will sometimes change this date and time.

Note: If the Unit Dose order, being finished by the user, is received from CPRS and has a duration assigned, the UD DEFAULT STOP DATE/TIME is displayed as the Calc Stop date/time.

When the SAME STOP DATE ON ALL ORDERS parameter is set to yes, the module will assign a default stop date for each patient. This date is initially set when the first order is entered for the patient. A new default stop date is assigned for the patient when an order is renewed and the order’s stop date plus three days is greater than the current default stop date. This date is shown as the default value for the stop date of each order entered for the patient. However, if a day or dose limit exists for the selected Orderable Item, and the limit is less than the default stop date, the earlier stop date and time will be displayed.

4.2. IV

All of the IV Maintenance Options are located on the *IV Menu* option. Non-Standard Schedules is not an option on a menu, but is listed here for informational purposes.

4.2.1. Change Report/Label Devices (IV) [PSJI DEVICE]

The *Change Report/Label Devices (IV)* option allows the user to change the print output devices. When the user first signs into the IV module, the current default devices will be shown. This option does not change the default devices that are defined in the LABEL device or REPORT device site parameters, but will queue the report to the selected device.

This would be useful if the user wishes to print a short report to the screen. The new settings will remain unless the user changes them again or exits the system, at which time the settings will revert to the output devices defined in the site parameters.

4.2.2. Change to Another IV Room (IV) [PSJI CHANGE]

The *Change to Another IV Room (IV)* option allows the user to change from one IV room to another. This option can be selected from the main *IV Medications Menu*, which allows the user to change IV rooms, without having to leave and re-enter the IV module, while entering orders in different IV rooms. Once the new IV room has been selected, the current IV label and report devices, as defined in the site parameters, are displayed. However, if the IV label and/or report device has not been defined in the site parameters, the user must select the IV label and/or report device for the output.

5. PIck List Menu
[PSJU PLMGR]

All options under the *PIck List Menu* are locked with the PSJU PL key.

Example: Pick List Menu

```
Select Unit Dose Medications Option: PIck List Menu

Select PIck List Menu Option: ?

          ENter Units Dispensed
          EXtra Units Dispensed
          Pick List
   RRS    Report Returns
   RPL    Reprint Pick List
          Send Pick List to ATC
          Update Pick List
```

5.1. PIck List
[PSJU PL]

The *PIck List Menu* option is used to create the Pick List report. When selecting this option, the user will encounter several prompts.

- **"**WARD GROUP:" **-** the ward group for which the pick list is to be run. Only pharmacy-type ward groups are selectable.
- "START DATE/TIME:" - the start date and time of the pick list. This is the date and time the nurses will start administering the drugs from this pick list. The user is only prompted for the start date/time on the first pick list run for each ward group. For each pick list run afterwards, the *Pick List* option automatically sets the start date/time as one minute past the stop date/time of the previous pick list.
- "STOP DATE/TIME:" **-** the stop date and time of the pick list. This is the date and time the nurses will stop administering the drugs from this pick list (and start using the next one). The stop date is automatically calculated by the "LENGTH OF PICK LIST (in hours):" parameter located in the *Ward Groups* option under the *SUPervisor's Menu* option.

Each pick list is normally sorted by the following patient information:

- TEAM - The administering team (cart).
- WARD - The wards found under the selected ward group.
- ROOM-BED - The room and bed the patient is currently occupying.
- PATIENT NAME - Patients on the wards in the selected ward group.

And for each patient, the orders are sorted by:

- SCHEDULE TYPE - The schedule type of the patient's orders.

- DRUG NAME - The names of each drug in the patient's orders. If a nurse has verified an order, but it has not been verified by a pharmacist, and no Dispense Drugs have been chosen, the Orderable Item will print. Otherwise, the pick list will print the Dispense Drug.

Note: The way the pick list sorts the patient information can be manipulated for each ward. If no data is entered into the INPATIENT WARD PARAMETERS file, the pick list will not sort by TEAM. By editing the corresponding ward parameters, the supervisor can choose not to sort by WARD, to sort by BED-ROOM instead of ROOM-BED, or not to sort by either ROOM or BED.

In addition to the previous sort information, the pick list will show (for each order):

- DOSAGE ORDERED
- MED ROUTE
- SCHEDULE
- ADMIN TIMES (if entered)
- SPECIAL INSTRUCTIONS (if entered)
- START and STOP DATE/TIMES
- UNITS PER DOSE
- UNITS NEEDED
- UNITS DISPENSED

The UNITS NEEDED are calculated by the pick list. Under the "Units Needed" column for an order, the pharmacist will see a number or one of the following codes:

- HD - the order has been placed on hold.
- NV - the order has been verified by a nurse, but not by a pharmacist.
- OE - the order was being edited at the time the pick list was run.
- OI - the order is invalid because of missing or invalid data.
- SM - the order is a SELF MED.
- WS - the drug is a Ward Stock item or a Controlled Substance.

When a patient has orders that have expired or have been discontinued within 24-hours prior to the start date/time, those orders will show either before or after the active orders. This will depend on how the "PRINT NON-ACTIVE ORDERS FIRST" option is set-up in the *Ward Groups* option under the *SUPervisor's Menu*.

For each order that can be dispensed through the ATC, the words ATC will print beside the drug name. Please note that any orders that have fractional units per dose, units needed/dispensed greater than 999, or orders for which units cannot be determined, cannot be sent to the ATC.

The pick list will start a new page for each team, and if sent to a printer, will print “Filled by:” and “Checked by:” lines for signatures after each team.

As with most other Unit Dose reports, the pick list can be queued, but it has an added feature unique to the *Pick List* option. After the pick list has been queued, the “DEVICE:” prompt will be displayed; if a caret (^) or period (**.**) is entered instead of a device, the pick list will still run and compile its data but will not be printed. This is most useful if the user does not need a printout until after an update has been run. The *RPL Reprint Pick List* option may also be used to print the compiled pick list.

If the start date of the last pick list run for a ward group has not passed, the user can re-run the pick list. After selecting the ward group, the *Pick List* option will automatically ask if the pick list is to be re-run. The user will then be able to enter a new stop date. Re-running a pick list deletes all of the old data and recalculates all of the orders. The user can also update the pick list as long as the start date has not passed.

Example: Pick List Report

```
Select PIck List Menu Option:  Pick List

Select WARD GROUP NAME:    TEAM 2 GROUP PHARMACY

The PICK LIST for this WARD GROUP was last run on 02/25/01  21:55
   for 04/16/99  15:01 through 02/21/01  21:55

Start date/time for this pick list: 02/21/01  21:56
Enter STOP date/time for this pick list: FEB 23,2001@21:55// <Enter> FEB 23, 2001@21:55)

Print on DEVICE: 0;80;999999  VIRTUAL

...this may take a while...(you really should QUEUE the pick list)...

(101)                           PICK LIST REPORT                02/25/01  21:56
Ward group: TEAM 2 GROUP                                                Page: 1
                  For 02/21/01  21:56 through 02/23/01  21:55
Team: GENERAL MED ONE

Room-Bed       Patient                                              Units  Units
         Medication                              ST            U/D Needed  Disp'd
-------------------------------------------------------------------------------

================================ WARD: GEN MED ================================
 A-1         PSJPATIENT5,FIVE  (0005):

      LORAZEPAM 1MG TAB                          C               2      6   ____
          Give: 2MG ORAL TID
                                                          09-13-17
       Start: 02/20/01  17:00        Stop: 02/22/01  24:00

      ---------------------------------------------------------------------------
      METHYLDOPA 500MG TAB                       C               2      4   ____
          Give: 1000MG ORAL BID
                                                        09-17
       Start: 02/20/01  17:00        Stop: 02/22/01  24:00

      ---------------------------------------------------------------------------
      WARFARIN 2MG TABS                          C               1      1   ____
          Give: 2MG ORAL QPM
                                                              21
       Start: 02/20/01  21:00        Stop: 02/22/01  24:00
```

```
================================ WARD: GEN MED ================================
 A-2         PSJPATIENT6,SIX  (0006):

                          No orders found for this patient.

(101)                           PICK LIST REPORT                02/25/01  21:56
Ward group: TEAM 2 GROUP                                                Page: 2
                  For 02/21/01  21:56 through 02/23/01  21:55
Team: GENERAL MED TWO

Room-Bed       Patient                                              Units  Units
         Medication                             ST           U/D Needed  Disp'd
--------------------------------------------------------------------------------

================================ WARD: 1 EAST =================================
 B-12         PSJPATIENT1,ONE  (0001):

      ALLOPURINOL 100MG S.T.                    C               1      6   ____
          Give: 100MG ORAL Q6H
                                                          02-08-14-20
       Start: 02/22/01  14:00        Stop: 02/24/01  24:00

      ------------------------------------------------------------------------
      ASPIRIN BUFFERED 325MG TAB                C               1      1   ____
          Give: 325MG ORAL QDAILY
                                                             1440
       Start: 02/20/01  14:40        Stop: 02/22/01  24:00

      ------------------------------------------------------------------------
      ASPIRIN BUFFERED 325MG TAB                C               2      0   ____
          Give: 650MG PO QDAILY
                                                             1440
       Start: 02/26/01  14:40        Stop: 02/25/01  21:24
          TESTING

      ------------------------------------------------------------------------
      ASPIRIN BUFFERED 325MG TAB                C               2     HD   ____
          Give: 650MG ORAL QDAILY
                                                             1440
       Start: 02/26/01  14:40        Stop: 02/28/01  24:00

      ------------------------------------------------------------------------
      ATROPINE 0.4MG H.T.                       C               1      0   ____
          Give: 0.8MG ORAL QDAILY
                                                             1440
       Start: 02/24/01  14:40        Stop: 02/25/01  21:23

      ------------------------------------------------------------------------
      BACLOFEN 10MG TABS                        C               1      3   ____
          Give: 10MG ORAL Q12H
                                                          0900-2100
       Start: 02/22/01  21:00        Stop: 02/24/01  24:00

      ------------------------------------------------------------------------
      FLUPHENAZINE 0.5MG/ML ELIXIR (OZ)         C               1      1   ____
          Give: 1MG/2ML ORAL QDAILY
                                                             1440
       Start: 02/23/01  14:40        Stop: 02/25/01  21:23

      ------------------------------------------------------------------------
      MULTIVITAMIN TABLETS                      R               1      0   ____
          Give: 1 TABLET IV QDAILY
                                                             1440
       Start: 02/26/01  14:40        Stop: 02/28/01  24:00
```

```
================================ WARD: 1 EAST ================================
 B-1         PSJPATIENT7,SEVEN  (0007):

                           No orders found for this patient.
      ---------------------------------------------------------------------------

                          FILLED BY: ____________________

                          CHECKED BY: ___________________
```

Drug IEN and PADE Stock Item Indicator

The user can view the drug name from the drug Internal Entry Number (IEN) field in the VistA Pick List.

If the medication listed is a PADE stock item, the word “PADE” will be added to the VistA Pick List report.

Example: Pick List with Drug IEN and PADE stock item indicator

```
(106)                          PICK LIST REPORT                03/18/15  11:19
Ward group: BCMA                                                       Page: 12
                 For 03/19/15  15:01 through 03/20/15  15:00
Team: ** N/F **

Room-Bed       Patient                                                Units  Units
         Medication                              ST            U/D Needed  Disp'd
-------------------------------------------------------------------------------

================================= WARD: BCMA =================================
422-1       IAPATIENT,ONE  (1234):

ASCORBIC ACID 250MG TAB (1353)                C   PADE  ATC    1      1      1
          Give: 250MG PO DAILY
                                                              10
       Start: 03/13/15  14:02        Stop: 04/12/15  14:00

      ---------------------------------------------------------------------------
HEPARIN 5000 UNITS/ML INJ 1ML (154)           C   PADE  ATC    1     WS   ____
          Give: 5000UNIT/1ML SC Q8H
                                                           06-14-22
       Start: 03/13/15  14:01        Stop: 04/12/15  14:00

LEVOTHYROXINE 0.025MG (989)                   C         ATC    1      1   ____
          Give: 0.025MG BY MOUTH DAILY
                                                          0900
       Start: 03/18/15  10:25        Stop: 06/26/15  24:00

      ---------------------------------------------------------------------------
MORPHINE SULFATE 10MG SYRINGE (322)           P   PADE         1      2   ____
          Give: 10MG/1ML IV BID PRN
       Start: 03/18/15  10:26        Stop: 06/26/15  24:00
```

5.2. ENter Units Dispensed
[PSJU PLDP]

The *ENter Units Dispensed* option allows the pharmacist to enter units actually dispensed to the cart for each selected pick list. The pharmacist can even enter the units dispensed for a pick list that has been run, but for which the start time has not yet come.

The user can choose the length of patient profile needed to view. The long profile lists all orders, while the short profile lists only active orders. The user will be asked to select the order on which an action is to be taken.

Note: If an update is run after units dispensed are entered, the units dispensed are lost for those orders actually updated.

The user will be prompted, "DO YOU WANT TO SEE PRN MEDS ONLY?" If the user answers **YES,** only those orders that have PRN as a SCHEDULE TYPE or PRN as part of the schedule will be shown.

This report will print the orders in the sequence that they are printed in the pick list. When using this option, the pharmacist should have a printed copy of the selected pick list, marked with the units dispensed. For each order, the drug name and the number of units needed will be shown. If the units needed show as a code on the printed copy (e.g., **HD** for order placed on hold), they will show as 0 (zero) in this option.

For each order that does not have a WS or ATC or OI code, the pharmacist will be prompted to enter the actual number of units dispensed. There are a variety of ways to facilitate this process, especially if the units dispensed is the same as the units needed:

- If the units dispensed is the same as the units needed, simply press **<Enter>**. The units needed will be accepted as the units dispensed.

- If the pharmacist wants to skip over to the next patient, enter a caret <^>. If the user wants to skip to a specific patient enter a caret and the first few letters of the patient's last name **<^XXXX>**. Enter two carets <^^> to jump to the next team. Enter three carets <^^^> to jump to the end of the pick list. Any orders skipped over will use the units needed as the units dispensed when the pick list is filed away.

Once the pharmacist has reached the end of the pick list, the prompt, "ARE YOU FINISHED WITH THIS PICK LIST? YES//" will be displayed. By entering **N** here, the same pick list is displayed again, giving the pharmacist the chance to edit the data just entered. Simply press **<Enter>** at this prompt when finished with the pick list.

Once the pharmacist has finished with a pick list, the prompt, "MAY I FILE THE DATA IN THIS PICK LIST AWAY? NO//" is displayed. Enter **N** (or press **<Enter>**) if the need to enter or edit the data at a later date is desired. Enter **Y** if no more data is to be entered or edited. When a pick list is filed away, the data is placed in the respective patients' orders and in a file used for printing cost reports. If an order does not have the units dispensed entered, the units needed value is used.

Example: Enter Units Dispensed Report

```
Select PIck List Menu Option: ENter Units Dispensed

Select WARD GROUP or PICK LIST: <Enter>  TEAM 2 GROUP PHARMACY

  1  From: 05/12/96  09:01    Through: 05/14/96  09:00
  2  From: 05/14/96  09:01    Through: 05/16/96  09:00
  3  From: 05/16/96  09:01    Through: 05/18/96  09:00
  4  From: 05/18/96  09:01    Through: 05/20/96  09:00
  5  From: 05/20/96  09:01    Through: 08/27/98  06:00
  6  From: 08/27/98  06:01    Through: 08/29/98  06:00
  7  From: 08/29/98  06:01    Through: 08/31/98  06:00
  8  From: 08/31/98  06:01    Through: 04/06/99  11:17
  9  From: 04/06/99  11:18    Through: 04/08/99  11:17
 10  From: 04/08/99  11:18    Through: 04/10/99  11:17
 11  From: 04/10/99  11:18    Through: 04/12/99  11:17
 12  From: 04/12/99  11:18    Through: 04/14/99  11:17
 13  From: 04/14/99  11:18    Through: 04/14/99  15:00
 14  From: 04/14/99  15:01    Through: 04/16/99  15:00
 15  From: 04/16/99  15:01    Through: 02/21/01  21:55
 16  From: 02/21/01  21:56    Through: 02/23/01  21:55

Select 1 - 16: 16

Do you want to see PRN meds only? No//  <Enter>  (No)

TEAM: GENERAL MED ONE                   WARD: GEN MED

     ROOM-BED: A-1            PSJPATIENT5,FIVE  (0005)

LORAZEPAM 1MG TAB                         NEEDED: 6    DISPENSED:   2
METHYLDOPA 500MG TAB                      NEEDED: 4    DISPENSED:   4
WARFARIN 2MG TABS                         NEEDED: 1    DISPENSED:   1

     ROOM-BED: A-2            PSJPATIENT,SIX    (0006)

                    (NO ORDERS)

TEAM: GENERAL MED TWO                   WARD: 1 EAST

     ROOM-BED: B-4            PSJPATIENT1,ONE  (0001)

ALLOPURINOL 100MG S.T.                    NEEDED: 6    DISPENSED:   6
ASPIRIN BUFFERED 325MG TAB                NEEDED: 1    DISPENSED:   1
ASPIRIN BUFFERED 325MG TAB                NEEDED: 0    DISPENSED:   0
ASPIRIN BUFFERED 325MG TAB                NEEDED: HD   DISPENSED:   HD
ATROPINE 0.4MG H.T.                       NEEDED: 0    DISPENSED:   0
BACLOFEN 10MG TABS                        NEEDED: 3    DISPENSED:   3
FLUPHENAZINE 0.5MG/ML ELIXIR (OZ)         NEEDED: 1    DISPENSED:   1
MULTIVITAMIN TABLETS                      NEEDED: 0    DISPENSED:   0

     ROOM-BED: B-1            PSJPATIENT7,SEVEN (0007)

                    (NO ORDERS)

ARE YOU FINISHED WITH THIS PICK LIST? Yes//  <Enter>  (Yes)

MAY I FILE THE DATA IN THIS PICK LIST AWAY? No// <Enter>   (No)
```

5.3. EXtra Units Dispensed [PSJU EUD]

The *EXtra Units Dispensed* option allows the pharmacist to enter the number of extra units dispensed for an order, and is used when the nurse on the ward has medications that have been

destroyed, lost, etc. and replacements are dispensed. Any data entered here is included in the various cost reports.

The user can choose the length of patient profile needed to view. The long profile lists all orders, but the short profile lists only active orders. The user will be asked to select the order on which an action is to be taken.

If the site is using an ATC for the dispensing of Unit Dose medications, the user will be given the opportunity to use the ATC to dispense any extra units entered for medication designated for the ATC. The prompt "DO YOU WANT TO DISPENSE THESE EXTRA UNITS THROUGH THE ATC: NO//" is displayed. The default is **NO**, but the user can enter **Y** or **YES** for the drug to be dispensed through the ATC.

Note: Pick lists are filed away when the user exits this option. Please allow approximately two hours for data to be entered before running any cost reports.

Example: Extra Units Dispensed Report

```
Select PIck List Menu Option: EXtra Units Dispensed

Select PATIENT:    PSJPATIENT1,ONE      000-00-0001  08/18/20    1 EAST

SHORT, LONG, or NO Profile?  SHORT//  <Enter>  SHORT

02/25/01  22:00
                             VAMC:  ALBANY (500)
 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
 PSJPATIENT1,ONE             Ward: 1 EAST
    PID: 000-00-0001      Room-Bed: B-12            Ht(cm): ______ (________)
    DOB: 08/18/20  (80)                             Wt(kg): ______ (________)
    Sex: MALE                                     Admitted: 05/03/00
     Dx: TESTING
   CrCL: <Not Found>   (CREAT: Not Found)          BSA (m2): _______

 Allergies: No Allergy Assessment
       ADR:
 - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - -
   1     ASPIRIN TAB                             C  02/26/2001  02/28/2001  A
           Give: 650MG ORAL QDAILY
   2     MULTIVITAMINS TAB                       R  02/26/2001  02/28/2001  A
           Give: 1 TABLET IV QDAILY
 - - - - - - - -  RECENTLY DISCONTINUED/EXPIRED (LAST 24 HOURS) - - - - - - - -
   3     CEFAZOLIN INJ                           C  03/03/2001  03/09/2001  DE
           Give: 1GM/1VIAL IVPB 3ID
Select ORDERS 1-3: 1
----------------------------------------
ASPIRIN
Give: 650MG ORAL QDAILY

Dispense drug: ASPIRIN BUFFERED 325MG TAB  (U/D: 2)
EXTRA UNITS DISPENSED: 3

Select PATIENT: <Enter>
Select PIck List Menu Option:
```

5.4. Report Returns
[PSJU RET]

The *Report Returns* option allows the pharmacist to enter the number of returned units into the medication order record. Units can be returned when a patient is discharged or when the medication is discontinued, for example. Usually positive numbers are entered; however the system will allow negative numbers to be entered to allow for corrections. Any data entered here is reflected in the various cost reports.

Only active, discontinued, or expired orders are selectable. Once the user selects the patient, the system prompts to choose the length of patient profile needed to view. The profile will list the orders for that patient. The user can then select the order(s) needed to enter returns.

Example: Reporting Medication Returns

```
Select PIck List Menu Option: RRS  Report Returns

Select PATIENT:    PSJPATIENT1,ONE      000-00-0001  08/18/20    1 EAST

SHORT, LONG, or NO Profile?  SHORT// <Enter>   SHORT

                                                                  02/25/01  22:02
                             VAMC:  ALBANY (500)
 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
 PSJPATIENT1,ONE             Ward: 1 EAST
    PID: 000-00-0001      Room-Bed: B-12            Ht(cm): ______ (________)
    DOB: 08/18/20  (80)                             Wt(kg): ______ (________)
    Sex: MALE                                     Admitted: 05/03/00
     Dx: TESTING
   CrCL: <Not Found> (CREAT: Not Found)            BSA (m2): _______

 Allergies: No Allergy Assessment
       ADR:
 - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - -
   1     ASPIRIN TAB                            C  02/26/2000  02/28/2000  A
           Give: 650MG ORAL QDAILY
   2     MULTIVITAMINS TAB                      R  02/26/2000  02/28/2000  A
           Give: 1 TABLET ORAL QDAILY
- - - - - - - -  RECENTLY DISCONTINUED/EXPIRED (LAST 24 HOURS) - - - - - - - -
   3     CEFAZOLIN INJ                          C  03/03/2000  03/09/2000  DE
           Give: 1GM/1VIAL IVPB 3ID
Select ORDERS 1-2: 1

----------------------------------------
ASPIRIN
Give: 650MG ORAL QDAILY

Dispense drug: ASPIRIN BUFFERED 325MG TAB  (U/D: 2)

RETURNS: 1

Select PATIENT: <Enter>

Select PIck List Menu Option:
```

5.5. Reprint Pick List
[PSJU PLRP]

The *Reprint Pick List* option allows the pharmacist to print or reprint any pick list or pick list update previously run. This option does not recalculate any data; it simply reprints the pick list. If the pick list selected has had an update run for it, the choice of printing the entire pick list or only the last update run will be given. The entire pick list will include any data generated from an update. Any dispensed units that have been entered will also print.

Example: Reprint Pick List

```
Select PIck List Menu Option: RPL  Reprint Pick List

Select WARD GROUP or PICK LIST: <Enter> TEAM 2 GROUP PHARMACY

  1  From: 05/12/96  09:01    Through: 05/14/96  09:00
  2  From: 05/14/96  09:01    Through: 05/16/96  09:00
  3  From: 05/16/96  09:01    Through: 05/18/96  09:00
  4  From: 05/18/96  09:01    Through: 05/20/96  09:00
  5  From: 05/20/96  09:01    Through: 08/27/98  06:00
  6  From: 08/27/98  06:01    Through: 08/29/98  06:00
  7  From: 08/29/98  06:01    Through: 08/31/98  06:00
  8  From: 08/31/98  06:01    Through: 04/06/99  11:17
  9  From: 04/06/99  11:18    Through: 04/08/99  11:17
 10  From: 04/08/99  11:18    Through: 04/10/99  11:17
 11  From: 04/10/99  11:18    Through: 04/12/99  11:17
 12  From: 04/12/99  11:18    Through: 04/14/99  11:17
 13  From: 04/14/99  11:18    Through: 04/14/99  15:00
 14  From: 04/14/99  15:01    Through: 04/16/99  15:00
 15  From: 04/16/99  15:01    Through: 02/21/01  21:55
 16  From: 02/21/01  21:56    Through: 02/23/01  21:55

Select 1 - 16: 16
Select PATIENT to start from (optional): PSJPATIENT1,ONE   PSJPATIENT1,ONE    8-18-20
     ASIAN OR PACIFIC ISLANDER    000000001     YES     MILITARY RETIREE

Select PRINT DEVICE: 0;80;999999


 ...one moment, please...

 (101)                            PICK LIST REPORT                02/25/01  22:04
Ward group: TEAM 2 GROUP                                                 Page: 1
                  For 02/21/01  21:56 through 02/23/01  21:55
Team: GENERAL MED TWO

Room-Bed       Patient                                                Units  Units
         Medication                              ST            U/D Needed  Disp'd
-------------------------------------------------------------------------------

================================ WARD: 1 EAST ====================================
B-12         PSJPATIENT1,ONE  (0001):

      ALLOPURINOL 100MG S.T.                     C               1      6      6
          Give: 100MG ORAL Q6H
                                                          02-08-14-20
       Start: 02/22/01  14:00        Stop: 02/24/01  24:00

      ---------------------------------------------------------------------------
      ASPIRIN BUFFERED 325MG TAB                 C               1      1      1
          Give: 325MG ORAL QDAILY
                                                                1440
       Start: 02/20/01  14:40        Stop: 02/22/01  24:00

      ---------------------------------------------------------------------------
      ATROPINE 0.4MG H.T.                        C               1      0      0
          Give: 0.8MG ORAL QDAILY
                                                                1440
       Start: 02/24/01  14:40        Stop: 02/25/01  21:23

      ---------------------------------------------------------------------------
      BACLOFEN 10MG TABS                         C               1      3      3
          Give: 10MG ORAL Q12H
                                                          0900-2100
       Start: 02/22/01  21:00        Stop: 02/24/01  24:00

      ---------------------------------------------------------------------------
      FLUPHENAZINE 0.5MG/ML ELIXIR (OZ)          C               1      1      1
          Give: 1MG/2ML ORAL QDAILY
```

```
                                                                  1440
      Start: 02/23/01  14:40        Stop: 02/25/01  21:23

     ---------------------------------------------------------------------------
     MULTIVITAMIN TABLETS                        R                1      0      0
         Give: 1 TABLET IV QDAILY
                                                                  1440
      Start: 02/26/01  14:40        Stop: 02/28/01  24:00

================================ WARD: GEN MED ================================
 B-1         PSJPATIENT7,SEVEN  (0007):

                           No orders found for this patient.

    ---------------------------------------------------------------------------

                          FILLED BY: ____________________

                          CHECKED BY: ___________________
```

5.6. Send Pick List To ATC
[PSJU PLATCS]

The *Send Pick List To ATC* option allows the pharmacist to send pick lists to the ATC, a dispensing machine for Unit Dose medications. Once the option has been entered, the user is asked to select the ward group to activate. Once the ward group is selected, the pick list needed to send to the ATC must be chosen. The pharmacist can only send the pick lists that have not been filed away.

Note: Only those medications previously designated as ATC items will be sent to the ATC. The pharmacist can now send the Pick List to the ATC by admin date/time by going into the *SUPervisor's Menu/PARameters Edit Menu/Systems Parameters Edit* option and setting the ATC SORT PARAMETERS to ADMIN TIME or ATC MNEMONIC. Orders with a fractional units per dose, units needed/dispensed over 999, or orders for which units cannot be determined will not be sent to the ATC.

If, for whatever reason, the pick list sent to the ATC does not completely fill, the pharmacist can restart the pick list at the point in which the fill stopped. If a fill has aborted, the pharmacist will need to wait approximately 15 minutes before being able to restart the same pick list.

Note: If a site elects to send Pick Lists to the ATC machine by ADMIN TIME, the following change must be made to the ATC machine parameter: At the password screen, enter <**F8**> for system parameter. Next, select the SORT parameter. The choices will be Time or Medication. Select Medication and press <**Enter**>.

5.7. Update Pick List
[PSJU PLUP]

The *Update Pick List* option allows the pharmacist to update a pick list that has previously been run, but has not yet become active. Updating a pick list adds any new orders and any orders that have been edited since the pick list was first run.

The pharmacist will only be able to select ward groups that have a pick list for which the start date has not passed. The pharmacist can also select the pick list directly by its number, which prints in the upper left corner of every page of the pick list.

The user will enter **P** to have the entire pick list, including the updated orders, print. Enter **U** to have only the updated orders print. After the updated orders have printed, they are added to the original pick list.

If the pharmacist prints an update only, and has not queued the report, the prompt: "DO YOU NEED A REPRINT OF THIS UPDATE?" will appear. If the answer is **YES**, the report will prompt for a new device.

6. Production Options

All of the Production Options are located on the *IV Menu* option.

6.1. Ward List (IV)
[PSJI WARD]

The *Ward List (IV)* option lists all active orders by patient within a ward. The module will predict how many doses are needed for a time period that is specified.

This option will calculate the number of doses due and when the doses are due for each active IV order. The Ward List must be run before the Manufacturing List, because the Manufacturing List is compiled from the Ward List or the updated Ward List (if updating is necessary). The standard sequence is to run a Ward List, send or take the list to the wards to compare against drugs on hand, update the Ward List from information gained on the ward, and then run the Manufacturing List. If a site chooses not to update the list, the Ward List must still be run.

When the Ward List is printed, the header on the sheet will show the date of ward list, the date and time of printing, types (i.e., admixtures, piggybacks, hyperals, chemos, or syringes), coverage time for each type, and manufacturing time for each type.

The coverage time shown gives the user some important information. For each type that is chosen, the coverage time is listed.

Note: PIGGYBACKS covering from FEB 24, 2001 12:00 to FEB 25, 2001 02:59. This Ward List will compile all active piggyback orders for the time frame between 12:00 noon and 02:59 a.m.

The Ward List will determine that a patient, with a Q8H order, will need two doses for this coverage period (e.g., at 13:00 and 21:00).

```
         3         6         9        12        15        18        21        24
..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:
         ^         ^
         13:00     21:00
```

If any new orders are entered into the system after the Ward List has been run, the user will be instructed to print or suspend enough labels to get to the next coverage time since these orders were not included on this Ward List. For example, if a Q6H piggyback order was placed at 11:00 (administration times 01-07-13-19) and the Ward List shown above has been run, the labels for doses due at 1300, 1900, and 0100 are needed.

The program will check to see if the Ward List has been run and prompt the user to print or suspend three labels for those three doses.

The Ward List prints by ward and IV room, and within ward by type. It includes the patient name, room-bed, order information, stop date and time of the order, quantity needed, and the provider name.

Example: Ward List Report

```
Select IV Menu Option: Ward List (IV)

Run ward list for DATE: TODAY// <Enter> (MAR 19, 2001)

     The manufacturing times on file are:
          1  14:00   PIGGYBACKS covering 1600 to 1559.
          2  11:00   ADMIXTURES AND PRIMARIES covering 0700 to 0659.
          3  12:00   HYPERALS covering 1400 to 1359.
          4  14:00   SYRINGE covering 1400 to 1359.
          5  14:00   CHEMOTHERAPY covering 1400 to 1359.

Enter manufacturing time(s): 1,2

WARD LIST FOR IV ROOM: TST ISC ROOM AT MAR 19,2001      Printed on   : MAR 19,2001 11:32

ADMIXTURES covering from MAR 19,2001 07:00 MAR 20,2001 06:59 Manufacturing time:MAR 19,2001
11:00
PIGGYBACKS covering from MAR 19,2001 12:00 MAR 20,2001 11:59 Manufacturing time:MAR 19,2001
14:00

                                                                    Qty
Patient name        Order                   Stop date           needed    Provider/Initial
-------------------------- Ward: GEN MED ----------------------------------------------------
B-12         ACETAMINOPHEN 100 MEQ         MAR 26,2001 24:00     20      PSJPROVIDER,ONE
PSJPATIENT1,ONE 0.9% SODIUM CHLORIDE 100 ML
0001 [65]    100 ml/hr

B-12         MVI 100 ML                    MAR 20,2001 24:00      4      PSJPROVIDER,ONE
PSJPATIENT1,ONE 0.9% SODIUM CHLORIDE 1000 ML
0001 [64]    INFUSE OVER 8 HOURS.
             QDAILY (09)
```

6.2. Update Daily Ward List (IV) [PSJI UP]

The *Update Daily Ward List (IV)* option allows the pharmacist to edit the doses to be manufactured for a specific patient and order number. It is not necessary to update the Ward List if the number of labels needed does not need to be modified. Using this option, the user can change the number of labels needed, discontinue an order, renew it, or put it on hold. (Of course, any action on the order will be reflected in the Activity Log.) The user can jump to any patient within a ward by using **^[PATIENT NAME]** (^ alone means end this update).

Note: An asterisk (*****) will appear after the number of labels if the original default value has been edited/changed. The user must enter the appropriate number of labels to let the system know that the user has acknowledged the change in the original default value.

Example: Update Daily Ward List Select IV Menu Option: UPdate Daily Ward List (IV)

```
Edit list for: TODAY// <Enter> (MAR 19, 2001)

     The manufacturing times on file are:
          1  14:00   PIGGYBACKS covering 1600 to 1559.
          2  11:00   ADMIXTURES AND PRIMARIES covering 0700 to 0659.
```

```
          3  12:00   HYPERALS covering 1400 to 1359.
          4  14:00   SYRINGE covering 1400 to 1359.
          5  14:00   CHEMOTHERAPY covering 1400 to 1359.

Enter manufacturing time(s): 1,2


Enter a WARD, '^OUTPATIENT' or '^ALL': ^ALL

Patient: PSJPATIENT1,ONE (000-00-0001)                  Wt (kg): ______ (________)
   Ward: 1 EAST                                         Ht (cm): ______ (________)
 Status: ACTIVE
================================================================================

*(1) Additives:                                         Type: ADMIXTURE    <DIN>
       POTASSIUM CHLORIDE 40 MEQ
*(2) Solutions:
       0.9% SODIUM CHLORIDE 1000 ML
           Duration:                              *(4) Start: 03/19/2001  11:30
*(3)  Infusion Rate: 100 ml/hr
*(5)      Med Route: IV                           *(6) Stop: 03/26/2001  24:00
*(7)       Schedule:                              Last Fill: 03/19/2001  12:06
 (8)    Admin Times:                               Quantity: 20
*(9)       Provider: PSJPROVIDER,ONE [es]         Cum. Doses: 21
 (10)   Other Print:

 (11)  Remarks :
       Entry By: PSJPROVIDER,ONE                  Entry Date: 03/19/01  11:30

# of labels  20//  <Enter>

Patient: PSJPATIENT1,ONE (000-00-0001)                  Wt (kg): ______ (________)
   Ward: 1 EAST                                         Ht (cm): ______ (________)
 Status: ACTIVE
================================================================================

*(1)  Additives:                                        Type: PIGGYBACK
       MVI 10 ML
 (2)  Solutions:
       0.9% SODIUM CHLORIDE 1000 ML
           Duration:                              *(4) Start: 03/19/2001  11:30
 (3)  Infusion Rate: INFUSE OVER 10 MIN.
*(5)      Med Route: IVPB                         *(6) Stop: 03/20/2001  24:00
*(7)       Schedule: QID                          Last Fill: 03/19/2001  12:06
 (8)    Admin Times: 09-13-17-21                   Quantity: 4
*(9)       Provider: PSJPROVIDER,ONE [es]         Cum. Doses: 7
*(10)Orderable Item: MULTIVITAMINS INJ
       Instructions:
 (11)   Other Print:

 (12)  Remarks :
       Entry By: PSJPROVIDER,ONE                  Entry Date: 03/19/01  11:30

# of labels  4// 2


Select IV Menu Option:
```

6.3. Manufacturing List (IV) [PSJI MAN]

The *Manufacturing List (IV)* option produces a listing by additive and strength or solution, of all orders due to be mixed at a scheduled manufacturing time. The option compiles the updated Ward List into a Manufacturing List to organize the IV room workload more efficiently. IVs are separated by additive (for intermittent orders) or solution (for continuous orders) to help increase

pharmacist productivity. The total number of admixtures, piggybacks, hyperals, chemotherapy, and syringes for each additive is shown, as well as how many belong to each patient.

The Ward List must be run before the Manufacturing List, because the Manufacturing List is compiled from the Ward List or the updated Ward List (if updating is necessary). The logical sequence is to run a Ward List, send or take the list to the wards to compare against drugs on hand, update the Ward List from information gained on the ward, and then run the Manufacturing List. If a site chooses not to update the Ward List, the Ward List must still be run.

Note: If the Manufacturing List is run, the scheduled labels will be printed in the order of the Manufacturing List (grouped by drug). If it is not run, the scheduled labels will be printed in the order of the Ward List.

Example: Manufacturing List

```
Select IV Menu Option: MANufacturing List (IV)

Run manufacturing list for DATE: TODAY//  <Enter>  (MAR 19, 2001)

     The manufacturing times on file are:
          1  14:00   PIGGYBACKS covering 1600 to 1559.
          2  11:00   ADMIXTURES AND PRIMARIES covering 0700 to 0659.
          3  12:00   HYPERALS covering 1400 to 1359.
          4  14:00   SYRINGE covering 1400 to 1359.
          5  14:00   CHEMOTHERAPY covering 1400 to 1359.

Enter manufacturing time(s): 1,2

MANUFACTURING LIST FOR IV ROOM: TST ISC ROOM AT MAR 19,2001
Printed on                    : MAR 19,2001 11:45
ADMIXTURE manufacturing time: MAR 19,2001 11:00

ADMIXTURES covering from MAR 19,2001 07:00 to MAR 20,2001 06:59

          Order                              Totals      Lot #'s
---------------------------------------------------------------------------

*** ADMIXTURES ***

0.9% SODIUM CHLORIDE 100 ML             Total: 20
                POTASSIUM CHLORIDE 40 MEQ                  Lot#: __________
                in
                0.9% SODIUM CHLORIDE 100 ML                Lot#: __________
  [65]  PSJPATIENT1,ONE (0001) (1 EAST)          20


                                  _______
                                Overall Total: 20

MANUFACTURING LIST FOR IV ROOM: TST ISC ROOM AT MAR 19,2001
Printed on                    : MAR 19,2001 11:45
PIGGYBACK manufacturing time: MAR 19,2001 14:00

PIGGYBACKS covering from MAR 19,2001 12:00 to MAR 20,2001 11:59

         Order                              Totals           Lot #'s
---------------------------------------------------------------------------

*** PIGGYBACKS ***
```

```
MVI 10 ML                              Total: 4
               MVI 10 ML                                Lot#: __________
               in
               0.9% SODIUM CHLORIDE 1000 ML             Lot#: __________
  [64]  PSJPATIENT1,ONE (0001) (1 EAST)         4


                                          _______
                                Overall Total: 4
```

6.4. RETurns and Destroyed Entry (IV) [PSJI RETURNS]

The *RETurns and Destroyed Entry (IV)* option will allow the pharmacist to enter the number of Recycled, Destroyed, and Cancelled IV bags per day in the IV room or satellite.

If a returned IV bag is no longer usable for any reason, it should be recorded as a Destroyed IV bag. If a returned IV bag is reusable, it should be recorded as a Recycled IV bag. If a label for an IV bag is printed but the IV bag is not made, then the IV bag should be recorded as a Cancelled IV bag.

All of the information needed to enter a Recycled, Destroyed, or Cancelled IV into the system is on the label of the IV bag. This information consists of a Bar Code ID, patient name, ward location, and order number. It should be noted that the internal order number of the order is printed on the top left corner of the label in brackets ([ ]) below the unique Bar Code ID. This number can be used to speed up the entry of returned and destroyed bags by skipping the patient profile and proceeding directly to the order view for that order number.

Example: IV Label

```
        *585V742*

[459] 0008  ONE NORTH  08/25/00
PSJPATIENT8,EIGHT  160-4

Total Volume: 1044
==============================
AMINOSYN 8.5% 500 ML
D 50 W 500 ML
SODIUM 40 MEQ
CHLORIDE 70 MEQ
POTASSIUM 43.33 MEQ
CALCIUM 4.6 MEQ
MAGNESIUM 4 MEQ
SULFATE 4 MEQ
ACETATE 2000 MG
PHOSPHATE 10 MM
MVI CONC 5 ML
==============================

Dose due at: ________
125 ml/hr
2[3]
```

In the example above, the internal number is four hundred fifty-nine (459).

Example: Entering Returns and Destroyed Medications

```
Select IV Menu Option:  RETurns and Destroyed Entry (IV)

Select PATIENT:    PSJPATIENT1,ONE      000-00-0001  08/18/20    1 EAST

Patient Information           Feb 20, 2002@15:58:02          Page:    1 of    1
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)
   Sex: MALE                                     Admitted: 05/03/00
    Dx: TESTING                            Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)           BSA (m2): _______

 Allergies/Reactions: No Allergy Assessment
 Remote:
 Adverse Reactions:
 Inpatient Narrative:
 Outpatient Narrative:


          Enter ?? for more actions
PU Patient Record Update                NO New Order Entry
DA Detailed Allergy/ADR List            IN Intervention Menu
VP View Profile                         CM New Clinic Medication Entry
Select Action: View Profile//  <Enter>  View Profile

SHORT, LONG, or NO Profile?  SHORT//  <Enter>   SHORT

IV Profile                    Feb 20, 2002@15:58:50          Page:    1 of    1
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (81)                              Wt(kg): ______ (________)
   Sex: MALE                                     Admitted: 09/10/01
    Dx: TESTING                            Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)           BSA (m2): _______

#       Additive                   Last fill        Type  Start   Stop    Stat
---------------------------------- A c t i v e ---------------------------------
   1    POTASSIUM CHLORIDE    FEB 20 15:55  #1   A   02/20/2002  02/20/2002  A
           XXXXXXXXXXX 35 MEQ
        in DEXTROSE 5% 1/2 NS 1000 ML 80 ml/
           hr

          Enter ?? for more actions
PI  Patient Information                 NO  New Order Entry
PU  Patient Record Update               CM  New Clinic Medication Entry
SO  Select Order
Select Action: Quit// 1

     ---------------------------------------------------------------------------
     Patient: PSJPATIENT1,ONE                         Status: ACTIVE

*(1) Additives:              Order number: 445          Type: ADMIXTURE
       POTASSIUM CHLORIDE XXXXXXXXXXX 35 MEQ
*(2) Solutions:
       DEXTROSE 5% 1/2 NS 1000 ML
           Duration:                              *(4) Start: 02/20/2002  15:46
*(3)  Infusion Rate: 80 ml/hr
*(5)      Med Route: IV                           *(6) Stop: 02/20/2002  24:00
BCMA ORDER LAST ACTION: 02/20/02 15:50 Infusing*
*(7)       Schedule:                              Last Fill: 02/20/2002  15:55
 (8)    Admin Times:                               Quantity: 1
*(9)       Provider: PSJPROVIDER,ONE [es]         Cum. Doses: 1
 (10)   Other Print:

 (11)  Remarks :
       Entry By: PSJPROVIDER,ONE                  Entry Date: 02/20/02  15:55

Enter RETURN to continue or '^' to exit:
```

```
Return IV Labels              Feb 20, 2002@16:06:39          Page:    1 of    0
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (81)                              Wt(kg): ______ (________)

        POTASSIUM CHLORIDE XXXXXXXXXXX 35 MEQ    C  02/20  02/20  A
        in DEXTROSE 5% 1/2 NS 1000 ML 80 ml/hr

------------------------ Labels available for reprint -------------------------
  1. 739V445    POTASSIUM CHLORIDE XXXXXXXXXXX 35 MEQ
                DEXTROSE 5% 1/2 NS 1000 ML
                80 ml/hr
                2[3]
  2. 739V446    POTASSIUM CHLORIDE XXXXXXXXXXX 35 MEQ
                DEXTROSE 5% 1/2 NS 1000 ML
                80 ml/hr
                3[3]
  3. 739V447    POTASSIUM CHLORIDE XXXXXXXXXXX 35 MEQ
                DEXTROSE 5% 1/2 NS 1000 ML
                80 ml/hr
+         Enter ?? for more actions
RC   Recycled             DT   Destroyed            CA   Cancelled
Select Item(s): Next Screen// RC   Recycled

Select from 1 - 3 or <RETURN> to select by BCMA ID: 1

Return IV Labels              Feb 20, 2002@16:07:46          Page:    1 of    0
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (81)                              Wt(kg): ______ (________)

        POTASSIUM CHLORIDE XXXXXXXXXXX 35 MEQ    C  02/20  02/20  A
        in DEXTROSE 5% 1/2 NS 1000 ML 80 ml/hr

------------------------ Labels available for reprint -------------------------
  1. 739V446    POTASSIUM CHLORIDE XXXXXXXXXXX 35 MEQ
                DEXTROSE 5% 1/2 NS 1000 ML
                80 ml/hr
                3[3]
  2. 739V447    POTASSIUM CHLORIDE XXXXXXXXXXX 35 MEQ
                DEXTROSE 5% 1/2 NS 1000 ML
                80 ml/hr
                1[3]



          Enter ?? for more actions
RC   Recycled             DT   Destroyed            CA   Cancelled
Select Item(s): Quit// DT   Destroyed

Select from 1 - 2 or <RETURN> to select by BCMA ID: <Enter>
Enter a BCMA ID: 739V446

Return IV Labels              Feb 20, 2002@16:09:41          Page:    1 of    0
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (81)                              Wt(kg): ______ (________)

        POTASSIUM CHLORIDE XXXXXXXXXXX 35 MEQ    C  02/20  02/20  A
        in DEXTROSE 5% 1/2 NS 1000 ML 80 ml/hr

------------------------ Labels available for reprint -------------------------
  1. 739V447    POTASSIUM CHLORIDE XXXXXXXXXXX 35 MEQ
                DEXTROSE 5% 1/2 NS 1000 ML
                80 ml/hr
                1[3]




          Enter ?? for more actions
```

```
RC   Recycled             DT   Destroyed            CA   Cancelled
Select Item(s): Quit// CA   Cancelled

Enter ward or ^OUTPATIENT: 1 EAST //  <Enter>

Select from 1 - 1 or <RETURN> to select by BCMA ID: <Enter>
Enter a BCMA ID: 739V447
```

Note: Only labels that have not been marked as Infusing, Given, Stopped, or Completed in BCMA may be Recycled, Cancelled, or Destroyed. Reprinted labels may be Recycled, Cancelled, or Destroyed.

6.5. Barcode ID – Return and Destroy (IV) [PSJI RETURN BY BARCODE ID]

The *Barcode ID – Return and Destroy (IV)* option allows the pharmacist to scan or enter the Bar Code ID from the specific IV label to recycle, cancel, or destroy those IV medications. This option will save the pharmacist time and assure that the correct labels are returned or destroyed.

Example: Entering Barcode ID for Returns and Destroyed Medications

```
Select IV Menu Option: Barcode ID - Return and Destroy (IV)

Enter action to take (Recycle/Cancel/Destroy): ?

Enter a code from the list.

     Select one of the following:

          R         RECYCLE
          C         CANCEL
          D         DESTROY

Enter action to take (Recycle/Cancel/Destroy): <Enter>  RECYCLE
Scan Barcode to Recycle: 730V79
...Invalid ID number.  Please try again.


Scan Barcode to Recycle: 739V81

PSJPATIENT1,ONE

POTASSIUM CHLORIDE XXXXXXXXXXX 40 MEQ
MULTIVITAMIN 10 ML
DEXTROSE 10% 1000 ML

Recycle: 739V81// <Enter>
...Done!


Scan Barcode to Recycle:
```

7. Output Options

7.1. Unit Dose

Most of the Output Options are located under the *Reports Menu* option on the *Unit Dose Medications* menu. The other reports are located directly on the *Unit Dose Medications* menu.

7.1.1. PAtient Profile (Unit Dose) [PSJU PR]

The *PAtient Profile (Unit Dose*) [PSJU PR] option allows a user to print a profile (list) of a patient's orders for the patient's current or last (if patient has been discharged) admission, by group (**G**), ward (**W**) , clinic (**C**) , or patient (**P**). When group is selected, a prompt to select by ward group (**W**) or clinic group (**C**) displays. If the user's terminal is selected as the printing device, this option will allow the user to select any of the printed orders to be shown in complete detail, including the activity logs, if any.

The *PAtient Profile (Unit Dose)* [PSJU PR] option also allows for viewing a list of clinic orders. Clinic orders are displayed separately from non-clinic orders.

Example: Patient Profile

```
Select Unit Dose Medications Option: PAtient Profile (Unit Dose)

Select by GROUP (G), WARD (W), CLINIC (C), or PATIENT (P): P  Patient <Enter>

Select PATIENT: PSJPATIENT1,ONE     000-00-0001   08/18/20   1 EAST

Select another PATIENT: <Enter>

SHORT, LONG, or NO Profile?  SHORT// <Enter>  SHORT

Show PROFILE only, EXPANDED VIEWS only, or BOTH: PROFILE// <Enter>

Select PRINT DEVICE: <Enter>  NT/Cache virtual TELNET terminal


                  U N I T   D O S E   P R O F I L E           09/13/00  16:20
                       SAMPLE HEALTHCARE SYSTEM
- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
PSJPATIENT1,ONE              Ward: 1 EAST
    PID: 000-00-0001      Room-Bed: B-12            Ht(cm): ______ (________)
    DOB: 08/18/20  (80)                             Wt(kg): ______ (________)
    Sex: MALE                                     Admitted: 05/03/00
     Dx: TESTING
   CrCL: <Not Found> (CREAT: Not Found)            BSA (m2): _______
 Allergies: No Allergy Assessment
       ADR:
 - - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - -
   1     AMPICILLIN CAP                       C  09/07/2000  09/21/2000 A NF
           Give: 500MG PO QID
- - - - - - - - - - - - - - N O N - V E R I F I E D - - - - -  - - - - - - - -
   2     CEFAZOLIN INJ                        C  03/09/2000  03/10/2000 N
           Give: 2GM/2VIAL IVPB 3ID
 - - - - - - - -  RECENTLY DISCONTINUED/EXPIRED (LAST 24 HOURS) - - -- -

   3     CEFAZOLIN INJ                     C  03/03/2000  03/09/2000 DE
           Give: 1GM/1VIAL IVPB 3ID
View ORDERS (1-3): 1
```

```
     ------------------------------------------------------------------
Patient: PSJPATIENT1,ONE                        Status: ACTIVE
Orderable Item: AMPICILLIN CAP
  Instructions:
Dosage Ordered: 500MG
      Duration:                                  Start: 09/07/2000  15:00
     Med Route: ORAL (PO)                         Stop: 09/21/2000  24:00
 Schedule Type: CONTINUOUS
      Schedule: QID
   Admin Times: 01-09-15-20
      Provider: PSJPROVIDER,ONE  [w]
                                                 Units   Units   Inactive
 Dispense Drugs                             U/D  Disp'd  Ret'd   Date
------------------------------------------------------------------
 AMPICILLIN 500MG CAP                       1    0       0

ORDER NOT VERIFIED
Self Med: NO
Entry By: PSJPROVIDER,ONE                            Entry Date: 09/07/00  13:37
```

7.1.2. Reports Menu [PSJU REPORTS]

The *Reports Menu* option contains various reports generated by the Unit Dose package. All of these reports are QUEUABLE, and it is strongly suggested that these reports be queued when run.

Example: Reports Menu

```
Select Unit Dose Medications Option: REPorts Menu

Select Reports Menu Option: ?

   7      7 Day MAR
   14     14 Day MAR
   24     24 Hour MAR
   AP1    Action Profile #1
   AP2    Action Profile #2
          AUthorized Absence/Discharge Summary
          Extra Units Dispensed Report
          Free Text Dosage Report
          INpatient Stop Order Notices
          Medications Due Worksheet
          Patient Profile (Extended)
```

7.1.2.1. 24 Hour MAR [PSJU 24H MAR]

The *24 Hour MAR* option creates a report that can be used to track the administration of a patient's medications over a 24-hour period. The 24 Hour MAR report includes:

- Date/time range covered by the MAR using a four-digit year format
- Institution Name
- Ward/Clinic*
- Patient demographic data
- Time line
- Information about each order

*For Outpatients receiving Inpatient Medication orders in an appropriate clinic.

The order information consists of:

- Order date
- Start date
- Stop date
- Schedule type (a letter code next to the administration times)
- Administration times (will be blank if an IV order does not have a schedule)
- Drug name
- Strength (if different from that indicated in drug name)
- Medication route abbreviation
- Schedule
- Verifying pharmacist's and nurse's initials

The MAR is printed by group (**G**), ward (**W**) , clinic (**C**) , or patient (**P**). When group is selected, a prompt to select by ward group (**W**) or clinic group (**C**) displays. If the user chooses to print by patient, the opportunity to select more than one patient will be given. The system will keep prompting, "Select another PATIENT:". If a caret (^) is entered, the user will return to the report menu. When all patients are entered, press **<Enter>** at this prompt to continue.

Note: If the user chooses to select by ward, administration teams may be specified and the MAR may be sorted by administration team, and then by room-bed or patient name. The default for the administration team is ALL and multiple administration teams may be entered. If selecting by ward group, the MAR may be sorted by room-bed or patient name. When the report is printed by clinic or clinic group, and the order is for an outpatient, the report leaves Room/Bed blank.

When selecting by Ward, Ward Group, Clinic, or Clinic Group, the following prompts are included. All orders for a patient are grouped together by the patient's name, regardless of location.

Select by Ward:

```
Select by GROUP (G), WARD (W), CLINIC (C), or PATIENT (P): WARD

Include Clinic Orders?
```

Entering **YES** for Clinic Orders prints both ward and clinic orders for patients on a ward.
Entering **NO** for Clinic Orders prints only the ward orders.

Select by Ward Group:

```
Select by GROUP (G), WARD (W), CLINIC (C), or PATIENT (P): GROUP
Select by WARD GROUP (W) or CLINIC GROUP (C): WARD

Include Clinic Orders?
```

Entering **YES** for Clinic Orders prints both ward and clinic orders for patients in a Ward Group.
Entering **NO** for Clinic Orders prints only the ward orders for patients in a Ward Group.

Select by Clinic:

```
Select by GROUP (G), WARD (W), CLINIC (C), or PATIENT (P): CLINIC

Include Ward Orders?
```

Entering **YES** for Ward Orders prints both clinic and ward orders for patients in a clinic. Entering **NO** for Ward Orders prints only the clinic orders.

Select by Clinic Group:

```
Select by GROUP (G), WARD (W), CLINIC (C), or PATIENT (P): GROUP
Select by WARD GROUP (W) or CLINIC GROUP (C): CLINIC

Include Ward Orders?
```

Entering **YES** for Ward Orders prints both clinic and ward orders for patients in a Clinic Group. Entering **NO** for Ward Orders prints only the clinic orders for patients in a Clinic Group.

There are six medication choices. The user may select multiple choices of medications to be printed on the 24 Hour MAR. Since the first choice is ALL Medications, the user will not be allowed to combine this with any other choices. The default choice is "Non-IV Medications only" if:

1. The MAR ORDER SELECTION DEFAULT parameter was not defined.
2. Selection by Ward group.
3. Selected by patients and patients are from different wards.

The MAR is separated into two sheets. The first sheet is for continuous medications and the second sheet is for One-time and PRN medications. When the 24 Hour MAR with orders is run, both sheets will print for each patient, even though the patient might only have one type of order. The user can also print blank MARs and designate which sheets to print. The user can print continuous medication sheets only, PRN sheets only, or both. The blank MARs contain patient demographics, but no order data. Order information can be added manually or with labels.

Each sheet of the 24 Hour MAR consists of three parts:

1. The top part of each sheet contains the patient demographics.
2. The main body of the MAR contains the order information and an area to record the medication administration.
   a. The order information prints on the left side of the main body, and is printed in the same format as on labels. Labels can be used to add new orders to this area of the MAR (Labels should <u>never</u> be placed over order information already on the MAR). Renewal dates can be recorded on the top line of each order.
   b. The right side of the main body is where the actual administration is to be recorded. It is marked in one-hour increments for simplicity.

3. The bottom of the form allows space for signatures/titles, initials for injections, allergies, injection sites, omitted doses, reason for omitted doses, and initials for omitted doses.

At the "Enter START DATE/TIME for 24 Hour MAR:" prompt, indicate the date and the time of day, in military time, the 24 Hour MAR is to start, including leading and trailing zeros. The time that is entered into this field will print on the 24 Hour MAR as the earliest time on the time line. If the time is not entered at this prompt, the time will default to the time specified in the ward parameter, "START TIME OF DAY FOR 24 HOUR MAR:". If the ward parameter is blank, then the time will default to 0:01 a.m. system time.

Please keep in mind that the MAR is designed to print on stock 8 ½" by 11" paper at 16 pitch (6 lines per inch).

Note: It is strongly recommended that this report be queued to print at a later time.

Example: 24 Hour MAR Report

```
Select Reports Menu Option: 24  24 Hour MAR
Select the MAR forms: 3// ?

     Select one of the following:
          1         Print Blank MARs only
          2         Print Non-Blank MARs only
          3         Print both Blank and Non-Blank MARs

Select the MAR forms: 3// <Enter>  Print both Blank and Non-Blank MARs

Enter START DATE/TIME for 24 hour MAR: 090700@1200  (SEP 07, 2000@12:00)

Select by GROUP (G), WARD (W), CLINIC (C), or PATIENT (P): PATIENT <Enter>

Select PATIENT:    PSJPATIENT1,ONE      000-00-0001   08/18/20   1 EAST

Select another PATIENT: <Enter>
Enter medication type(s): 2,3,6// ?

1.  All medications
2.  Non-IV medications only
3.  IVPB (Includes IV syringe orders with a med route of IV or IVPB.
          All other IV syringe orders are included with non-IV medications).
4.  LVPs
5.  TPNs
6.  Chemotherapy medications (IV)

A combination of choices can be entered here except for option 1.
e.g.  Enter 1 or 2-4,5 or 2.

Enter medication type(s): 2,3,6// 1
Select PRINT DEVICE: 0;132  NT/Cache virtual TELNET terminal
```

```
CONTINUOUS SHEET                          24 HOUR MAR          09/07/2000  12:00  through  09/08/2000  11:59
 SAMPLE HEALTHCARE SYSTEM
                                                                          Printed on   09/20/2000  16:15
     Name:  PSJPATIENT1,ONE                      Weight (kg): ______ (________)           Loc: 1 EAST
      PID:  000-00-0001  DOB: 08/18/1920  (80)      Height (cm): ______ (________)       Room-Bed: B-12
      Sex:  MALE          Dx: TESTING                                          Admitted: 05/03/2000  13:29

Allergies:  No Allergy Assessment    ADR:
                              Admin
Order  Start    Stop          Times     12 13 14 15 16 17 18 19 20 21 22 23 24 01 02 03 04 05 06 07 08 09 10 11
-------------------------------------------------------------------------------------------------------------------
      |        |

      -------------------------------------------------------------------------------------------------------------
      |        |

      -------------------------------------------------------------------------------------------------------------
      |        |

      -------------------------------------------------------------------------------------------------------------
      |        |

      -------------------------------------------------------------------------------------------------------------
      |        |

      -------------------------------------------------------------------------------------------------------------
      |        |

-------------------------------------------------------------------------------------------------------------------
|  SIGNATURE/TITLE         | INIT |  ALLERGIES   | INJECTION SITES   |  MED/DOSE OMITTED  |   REASON   | INIT |
|--------------------------|------|--------------|-------------------|--------------------|------------|------|
|--------------------------|------|--------------| Indicate RIGHT (R)|--------------------|------------|------|
|--------------------------|------|--------------| or LEFT (L)       |--------------------|------------|------|
|--------------------------|------|--------------| 1. DELTOID        |--------------------|------------|------|
|--------------------------|------|--------------| 2. ABDOMEN        |--------------------|------------|------|
|--------------------------|------|--------------| 3. ILIAC CREST    |--------------------|------------|------|
|--------------------------|------|--------------| 4. GLUTEAL        |--------------------|------------|------|
|--------------------------|------|--------------| 5. THIGH          |--------------------|------------|------|
|--------------------------|------|--------------|PRN:E=Effective    |--------------------|------------|------|
|--------------------------|------|--------------|    N=Not Effective|--------------------|------------|------|
-------------------------------------------------------------------------------------------------------------------
```

```
   PSJPATIENT1,ONE          000-00-0001  Room-Bed: B-12                                VA FORM 10-2970

ONE-TIME/PRN SHEET                          24 HOUR MAR         09/07/2000  12:00  through  09/08/2000  11:59
 SAMPLE HEALTHCARE SYSTEM                                                        Printed on   09/20/2000  16:15
     Name: PSJPATIENT1,ONE                         Weight (kg): ______ (________)           Loc: 1 EAST
     PID:  000-00-0001  DOB: 08/18/1920  (80)      Height (cm): ______ (________)       Room-Bed: B-12
     Sex:  MALE          Dx: TESTING                                                 Admitted: 05/03/2000  13:29
Allergies: No Allergy Assessment     ADR:
                                 Admin
Order  Start     Stop         Times     12 13 14 15 16 17 18 19 20 21 22 23 24 01 02 03 04 05 06 07 08 09 10 11
-------------------------------------------------------------------------------------------------------------------
       |         |

       -------------------------------------------------------------------------------------------------------------
       |         |

       -------------------------------------------------------------------------------------------------------------
       |         |

       -------------------------------------------------------------------------------------------------------------
       |         |

       -------------------------------------------------------------------------------------------------------------
       |         |

       -------------------------------------------------------------------------------------------------------------
       |         |

-------------------------------------------------------------------------------------------------------------------
|   SIGNATURE/TITLE       | INIT |  ALLERGIES   |  INJECTION SITES   |  MED/DOSE OMITTED  |   REASON   | INIT |
|-------------------------|------|--------------|--------------------|--------------------|------------|------|
|-------------------------|------|--------------| Indicate RIGHT (R) |--------------------|------------|------|
|-------------------------|------|--------------| or LEFT (L)        |--------------------|------------|------|
|-------------------------|------|--------------| 1. DELTOID         |--------------------|------------|------|
|-------------------------|------|--------------| 2. ABDOMEN         |--------------------|------------|------|
|-------------------------|------|--------------| 3. ILIAC CREST     |--------------------|------------|------|
|-------------------------|------|--------------| 4. GLUTEAL         |--------------------|------------|------|
|-------------------------|------|--------------| 5. THIGH           |--------------------|------------|------|
|-------------------------|------|--------------|PRN: E=Effective    |--------------------|------------|------|
|-------------------------|------|--------------|     N=Not Effective|--------------------|------------|------|
-------------------------------------------------------------------------------------------------------------------
```

```
   PSJPATIENT1,ONE           000-00-0001  Room-Bed: B-12                                   VA FORM 10-5568d
CONTINUOUS SHEET                                24 HOUR MAR                 09/07/2000  12:00  through  09/08/2000  11:59
 SAMPLE HEALTHCARE SYSTEM                                                                   Printed on   09/20/2000  16:15
     Name: PSJPATIENT1,ONE                                   Weight (kg): ______ (________)              Loc: 1 EAST
     PID:  000-00-0001  DOB: 08/18/1920  (80)                Height (cm): ______ (________)          Room-Bed: B-12
     Sex:  MALE          Dx: TESTING                                                              Admitted: 05/03/2000  13:29
Allergies: No Allergy Assessment     ADR:
                                          Admin
Order   Start   Stop                      Times  12 13 14 15 16 17 18 19 20 21 22 23 24 01 02 03 04 05 06 07 08 09 10 11
-----------------------------------------------------------------------------------------------------------------------------
      |           |                       |01    |
09/07 |09/07 15:00|09/21/00 24:00(A9111)  |09    |
AMPICILLIN CAP                           C|15    |         15             20             01                     09
Give: 500MG PO QID                        |20    |
                                          |      |
                        RPH: PI   RN: _____|      |
       ---------------------------------------------------------------------------------------------------------------------
      |           |                       |01    |
09/07 |09/07 15:00 |09/14/00 16:54(A9111) |09    |
AMPICILLIN 1 GM                          C|15    |         15             20             01                     09
in  0.9% NACL 100 ML                      |20    |
IVPB QID                                  |      |
See next label for continuation           |      |
       ---------------------------------------------------------------------------------------------------------------------
THIS IS AN INPATIENT IV EXAMPLE           |      |
                                          |      |
                                          |      |
                                          |      |
                                          |      |
                        RPH: PI  RN: _____ |      |
       ---------------------------------------------------------------------------------------------------------------------
      |           |                       |      |
09/07 |09/07 17:00 |09/07/00 12:00(A9111) |      |
HYDROCORTISONE CREAM,TOP                 C|17    |
Give: 1% TOP QDAILY                          |      |
                                          |      |
                        RPH: PI   RN: _____|      |
       ---------------------------------------------------------------------------------------------------------------------
      |           |                       |      |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
09/07 |09/07 17:00 |09/07/00 12:50 (A9111) |    |____|____|____|____|____|____|____|____|____|____|____|____|____|
METHYLPREDNISOLNE INJ                    C|09    |****|****|****|****|****|****|****|****|****|****|****|****|****|****|
Give: 500MG IV Q12H                       |21    |****|****|****|****|****|****|****|****|****|****|****|****|****|****|
THIS IS AN INPATIENT IV EXAMPLE           |      |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                         RPH: MLV  RN: _____|      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
       ---------------------------------------------------------------------------------------------------------------------
-
      |           |                       |      |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
09/07 |09/07 17:00 |09/07/00 12:50 (A9111) |    |____|____|____|____|____|____|____|____|____|____|____|____|____|
METHYLPREDNISOLNE INJ                    C|17    |****|****|****|****|****|****|****|****|****|****|****|****|****|****|
Give: 1000MG IV QDAILY                    |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
THIS IS AN INPATIENT IV EXAMPLE           |      |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                         RPH: MLV  RN: _____|      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
-----------------------------------------------------------------------------------------------------------------------------
|   SIGNATURE/TITLE            | INIT |  ALLERGIES   |  INJECTION SITES   |    MED/DOSE OMITTED    |     REASON     | INIT |
|------------------------------|------|--------------|--------------------|------------------------|----------------|------|
|------------------------------|------|--------------| Indicate RIGHT (R) |------------------------|----------------|------|
|------------------------------|------|--------------| or LEFT (L)        |------------------------|----------------|------|
|------------------------------|------|--------------| 1. DELTOID         |------------------------|----------------|------|
|------------------------------|------|--------------| 2. ABDOMEN         |------------------------|----------------|------|
|------------------------------|------|--------------| 3. ILIAC CREST     |------------------------|----------------|------|
|------------------------------|------|--------------| 4. GLUTEAL         |------------------------|----------------|------|
|------------------------------|------|--------------| 5. THIGH           |------------------------|----------------|------|
|------------------------------|------|--------------|PRN: E=Effective    |------------------------|----------------|------|
|------------------------------|------|--------------|     N=Not Effective|------------------------|----------------|------|
-----------------------------------------------------------------------------------------------------------------------------
```

```
   PSJPATIENT1,ONE                 000-00-0001  Room-Bed: B-12                          PAGE: 1        VA FORM 10-2970
ONE-TIME/PRN SHEET                             24 HOUR MAR          09/07/2000  12:00  through  09/08/2000  11:59
 SAMPLE HEALTHCARE SYSTEM                                                              Printed on   09/20/2000  16:15
     Name: PSJPATIENT1,ONE                     Weight (kg): ______ (________)           Loc: 1 EAST
     PID:  000-00-0001  DOB: 08/18/1920  (80)   Height (cm): ______ (________)       Room-Bed: B-12
     Sex:  MALE          Dx: TESTING                                              Admitted: 05/03/2000  13:29

Allergies: No Allergy Assessment     ADR:
                              Admin
Order  Start    Stop          Times     12 13 14 15 16 17 18 19 20 21 22 23 24 01 02 03 04 05 06 07 08 09 10 11
-------------------------------------------------------------------------------------------------------------------
       |       |

       -------------------------------------------------------------------------------------------------------------
       |       |

       -------------------------------------------------------------------------------------------------------------
       |       |

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       |       |

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       |       |

       -------------------------------------------------------------------------------------------------------------
       |       |

-------------------------------------------------------------------------------------------------------------------
|   SIGNATURE/TITLE         | INIT |  ALLERGIES  |  INJECTION SITES   |  MED/DOSE OMITTED  |   REASON   | INIT |
|---------------------------|------|-------------|--------------------|--------------------|------------|------|
|---------------------------|------|-------------| Indicate RIGHT (R) |--------------------|------------|------|
|---------------------------|------|-------------| or LEFT (L)        |--------------------|------------|------|
|---------------------------|------|-------------| 1. DELTOID         |--------------------|------------|------|
|---------------------------|------|-------------| 2. ABDOMEN         |--------------------|------------|------|
|---------------------------|------|-------------| 3. ILIAC CREST     |--------------------|------------|------|
|---------------------------|------|-------------| 4. GLUTEAL         |--------------------|------------|------|
|---------------------------|------|-------------| 5. THIGH           |--------------------|------------|------|
|---------------------------|------|-------------|PRN: E=Effective    |--------------------|------------|------|
|---------------------------|------|-------------|     N=Not Effective|--------------------|------------|------|
-------------------------------------------------------------------------------------------------------------------
   PSJPATIENT1,ONE          000-00-0001     Room-Bed: B-12                   LAST PAGE: 2    VA FORM 10-5568d
```

7.1.2.2. 7 Day MAR [PSJU 7D MAR]

The *7 Day MAR* option creates a report form that can be used to track the administration of patients' medications.

The 7 Day MAR report includes:

- Date/time range covered by the MAR using a four-digit year format
- Institution Name
- Ward/Clinic*
- Patient demographic data
- Time line
- Information about each order

*For Outpatients receiving Inpatient Medication orders in an appropriate clinic.

The order information consists of:

- Order date
- Start date
- Stop date
- Schedule type (a letter code next to the administration times)
- Administration times (will be blank if an IV order does not have a schedule)
- Drug name
- Strength (if different from that indicated in drug name)
- Medication route abbreviation
- Schedule
- Verifying pharmacist's and nurse's initials

The MAR is printed by group (**G**), ward (**W**), clinic (**C**) , or patient (**P**). When group is selected, a prompt to select by ward group (**W**) or clinic group (**C**) displays. If the user chooses to print by patient, the opportunity to select more than one patient will be given. The system will keep prompting, "Select another PATIENT:". If a caret (^) is entered, the user will return to the report menu. When all patients are entered, press **<Enter>** at this prompt to continue.

Note: If the user chooses to select by ward, administration teams may be specified and the MAR may be sorted by administration team, and then by room-bed or patient name. The default for the administration team is ALL and multiple administration teams may be entered. If selecting by ward group, the MAR may be sorted by room-bed or patient name. When the report is printed by clinic or clinic group, and the order is for an outpatient, the report leaves Room/Bed blank.

When selecting by Ward, Ward Group, Clinic, or Clinic Group, the following prompts are included. All orders for a patient are grouped together by the patient's name, regardless of location.

Select by Ward:

```
Select by GROUP (G), WARD (W), CLINIC (C), or PATIENT (P): WARD

Include Clinic Orders?
```

Entering **YES** for Clinic Orders prints both ward and clinic orders for patients on a ward. Entering **NO** for Clinic Orders prints only the ward orders.

Select by Ward Group:

```
Select by GROUP (G), WARD (W), CLINIC (C), or PATIENT (P): GROUP
Select by WARD GROUP (W) or CLINIC GROUP (C): WARD

Include Clinic Orders?
```

Entering **YES** for Clinic Orders prints both ward and clinic orders for patients in a Ward Group. Entering **NO** for Clinic Orders prints only the ward orders for patients in a Ward Group.

Select by Clinic:

```
Select by GROUP (G), WARD (W), CLINIC (C), or PATIENT (P): CLINIC

Include Ward Orders?
```

Entering **YES** for Ward Orders prints both clinic and ward orders for patients in a clinic. Entering **NO** for Ward Orders prints only the clinic orders.

Select by Clinic Group:

```
Select by GROUP (G), WARD (W), CLINIC (C), or PATIENT (P): GROUP
Select by WARD GROUP (W) or CLINIC GROUP (C): CLINIC

Include Ward Orders?
```

Entering **YES** for Ward Orders prints both clinic and ward orders for patients in a Clinic Group. Entering **NO** for Ward Orders prints only the clinic orders for patients in a Clinic Group.

There are six medication choices. The user may select multiple choices of medications to be printed on the 7 Day MAR. Since the first choice is ALL Medications, the user will not be allowed to combine this with any other choices. The default choice is “Non-IV Medications only” if:

1. The MAR ORDER SELECTION DEFAULT parameter was not defined.
2. Selection by Ward group.
3. Selected by patients and patients are from different wards.

The *7 Day MAR* option also allows the user to choose whether to print one of the two sheets, continuous, PRN, or both. The MAR is separated into two sheets. The first sheet is for continuous medications and the second sheet is for One-time and PRN medications. When the 7 Day MAR with orders is run, both sheets will print for each patient, even though the patient might only have one type of order. The user can also print blank MARs and designate which sheets to print. The user can print continuous medication sheets only, PRN sheets only, or both. The blank MARs contain patient demographics, but no order data. Order information can be added manually or with labels.

Each sheet of the 7 Day MAR consists of three parts:

1. The top part of each sheet contains the patient demographics.

2. The main body of the MAR contains the order information and an area to record the medication administration.
    a. The order information prints on the left side of the main body, printed in the same format as on labels. Labels can be used to add new orders to this area of the MAR (Labels should never be placed over order information already on the MAR). Renewal dates can be recorded on the top line of each order.
    b. The right side of the main body is where the actual administration is to be recorded. On the continuous medication sheet, the right side will be divided into seven columns, one for each day of the range of the MAR. Asterisks will print at the bottom of the columns corresponding to the days on which the medication is not to be given (e.g., Orders with a schedule of Q3D would only be given every three days, so asterisks would appear on days the medication should not be given).
3. The bottom of the form is designed to duplicate the bottom of the current CMR (VA FORM 10-2970), the back of the current PRN and ONE TIME MED RECORD CMR (VA FORM 10-5568d). The MAR is provided to record other information about the patient and his or her medication(s). It is similar to the bottom of the 24 Hour MAR, but lists more injection sites and does not allow space to list allergies.

For IV orders that have no schedule, ******* will print on the bottom of the column corresponding to the day the order is to expire. On the continuous medication sheet only, there might be additional information about each order under the column marked notes. On the first line, SM will print if the order has been marked as a self-med order. The letters HSM will print if the order is marked as a hospital supplied self-med. On the second line, WS will print if the order is found to be a ward stock item, CS will print if the item is a Controlled Substance and/or NF will print if the order is a non-formulary. If the order is printed in more than one block, the RPH and RN initial line will print on the last block.

The answer to the prompt, "Enter START DATE/TIME for 7 Day MAR:" determines the date range covered by the 7 Day MAR. The stop date is automatically calculated. Entry of time is not required, but if a time is entered with the date, only those orders that expire after the date and time selected will print. If no time is entered, all orders that expire on or after the date selected will print.

Please keep in mind that the MAR is designed to print on stock 8 ½" by 11" paper at 16 pitch (6 lines per inch).

Note: It is strongly recommended that this report be queued to print at a later time.

Example: 7 Day MAR Report

```
Select Reports Menu Option: 7  7 Day MAR
Select the MAR forms: 3// <Enter>  Print both Blank and Non-Blank MARs

Select TYPE OF SHEETS TO PRINT: BOTH// <Enter>

Enter START DATE/TIME for 7 day MAR: 090700@1200  (SEP 07, 2000@12:00:00)

Select by GROUP (G), WARD (W), CLINIC (C), or PATIENT (P): PATIENT <Enter>
```

```
Select PATIENT:    PSJPATIENT1,ONE        000-00-0001   08/18/20   1 EAST
Select another PATIENT: <Enter>
Enter medication type(s): 2,3,6// 1

Select PRINT DEVICE: 0;132  NT/Cache virtual TELNET terminal


CONTINUOUS SHEET                          7 DAY MAR                          09/07/2000  through  09/13/2000
 SAMPLE HEALTHCARE SYSTEM                                                       Printed on  09/20/2000  16:14
      Name: PSJPATIENT1,ONE                     Weight (kg): ______ (________)          Loc: 1 EAST
      PID:  000-00-0001  DOB: 08/18/1920  (80)  Height (cm): ______ (________)      Room-Bed: B-12
      Sex:  MALE          Dx: TESTING                                             Admitted: 05/03/2000  13:29
Allergies:  No Allergy Assessment    ADR:
                            Admin
Order   Start     Stop      Times    09/07    09/08    09/09    09/10    09/11    09/12    09/13      notes
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      |         |                  |________|________|________|________|________|________|________|
                                   |________|________|________|________|________|________|________|
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                                   |________|________|________|________|________|________|________|
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|  SIGNATURE/TITLE         | INIT |          INJECTION SITES           |  MED/DOSE OMITTED  |   REASON   | INIT |
|--------------------------|------|------------------------------------|--------------------|------------|------|
|--------------------------|------|   Indicate RIGHT (R) or LEFT (L)   |--------------------|------------|------|
|--------------------------|------|                                    |--------------------|------------|------|
|--------------------------|------|   (IM)                   (SUB Q)   |--------------------|------------|------|
|--------------------------|------|1.DELTOID             6. UPPER ARM |--------------------|------------|------|
|--------------------------|------|2.VENTRAL GLUTEAL     7. ABDOMEN   |--------------------|------------|------|
|--------------------------|------|3.GLUTEUS MEDIUS      8. THIGH     |--------------------|------------|------|
|--------------------------|------|4.MID(ANTERIOR) THIGH 9. BUTTOCK   |--------------------|------------|------|
|--------------------------|------|5.VASTUS LATERALIS   10. UPPER BACK|--------------------|------------|------|
|--------------------------|------|PRN: E=Effective   N=Not Effective |--------------------|------------|------|
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```

```
   PSJPATIENT1,ONE             000-00-0001  Room-Bed: B-12                                VA FORM 10-2970


 ONE-TIME/PRN SHEET                          7 DAY MAR                         09/07/2000  through  09/13/2000
     SAMPLE HEALTHCARE SYSTEM                                                    Printed on  09/20/2000  16:14
      Name: PSJPATIENT1,ONE                     Weight (kg): ______ (________)           Loc: 1 EAST
      PID:  000-00-0001  DOB: 08/18/1920  (80)   Height (cm): ______ (________)       Room-Bed: B-12
      Sex:  MALE          Dx: TESTING                                              Admitted: 05/03/2000  13:29
Allergies:  No Allergy Assessment    ADR:

Order   Start      Stop                                          Order   Start       Stop
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      |          |                        |                   |       |           |
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|  DATE  |  TIME  |  MEDICATION/DOSE/ROUTE     | INIT |      REASON       |     RESULTS       |  TIME  | INIT |
|--------|--------|----------------------------|------|-------------------|-------------------|--------|------|
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|    SIGNATURE/TITLE         | INIT |          INJECTION SITES           |      SIGNATURE/TITLE          | INIT |
|----------------------------|------|------------------------------------|-------------------------------|------|
|----------------------------|------|   Indicate RIGHT (R) or LEFT (L)   |-------------------------------|------|
|----------------------------|------|                                    |-------------------------------|------|
|----------------------------|------|   (IM)                   (SUB Q)   |-------------------------------|------|
|----------------------------|------|1. DELTOID             6. UPPER ARM |-------------------------------|------|
|----------------------------|------|2. VENTRAL GLUTEAL     7. ABDOMEN   |-------------------------------|------|
|----------------------------|------|3. GLUTEUS MEDIUS      8. THIGH     |-------------------------------|------|
|----------------------------|------|4. MID(ANTERIOR) THIGH 9. BUTTOCK   |-------------------------------|------|
|----------------------------|------|5. VASTUS LATERALIS   10. UPPER BACK|-------------------------------|------|
|----------------------------|------| PRN: E=Effective   N=Not Effective |-------------------------------|------|
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```

```
   PSJPATIENT1,ONE               000-00-0001  Room-Bed: B-12                                VA FORM 10-5568d

 CONTINUOUS SHEET                                   7 DAY MAR                                 09/07/2000  through  09/13/2000
     SAMPLE HEALTHCARE SYSTEM                                                                   Printed on  09/20/2000  16:14
     Name: PSJPATIENT1,ONE                              Weight (kg): ______ (________)                   Loc: 1 EAST
     PID:  000-00-0001  DOB: 08/18/1920  (80)           Height (cm): ______ (________)                Room-Bed: B-12
     Sex:  MALE          Dx: TESTING                                                              Admitted: 05/03/2000  13:29
Allergies: No Allergy Assessment     ADR:
                                          Admin
 Order   Start       Stop                 Times    09/07     09/08     09/09     09/10     09/11     09/12     09/13    notes
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      |            |                      |01    |*********|_________|_________|_________|_________|________|_________|
09/07 |09/07 15:00 |09/21/00 24:00(A9111) |09 |******|_________|_________|_________|_________|_________|_________|
AMPICILLIN CAP                           C|15    |_________|_________|_________|_________|_________|________|_________|
Give: 500MG PO QID                        |20    |_________|_________|_________|_________|_________|________|_________|
                                          |      |_________|_________|_________|_________|_________|________|_________|
                        RPH: PI   RN: _____|      |         |         |         |         |         |        |         |
      -------------------------------------------------------------------------------------------------------------------------
      |            |                      |01    |*********|_________|_________|_________|_________|________|_________|
09/07 |09/07 15:00 |09/14/00 16:54(A9111) |09 |******|_________|_________|_________|_________|_________|_________|
AMPICILLIN 1 GM                          C|15    |_________|_________|_________|_________|_________|_________|_________|
in  0.9% NACL 100 ML                      |20    |_________|_________|_________|_________|_________|_________|_________|
IVPB QID                                  |      |_________|_________|_________|_________|_________|_________|_________|
See next label for continuation           |      |         |         |         |         |         |         |         |
       ------------------------------------------------------------------------------------------------------------------------
THIS IS AN INPATIENT IV EXAMPLE           |      |_________|_________|_________|_________|_________|_________|_________|
                                          |      |_________|_________|_________|_________|_________|_________|_________|
                                          |      |_________|_________|_________|_________|_________|_________|_________|
                                          |      |_________|_________|_________|_________|_________|_________|_________|
                                          |      |_________|_________|_________|_________|_________|_________|_________|
                        RPH: PI  RN: _____ |      |         |         |         |         |         |         |         |
      -------------------------------------------------------------------------------------------------------------------------
      |            |                      |      |_________|_________|_________|_________|_________|_________|_________|
09/07 |09/07 17:00 |09/07/00 12:34(A9111) ||_________|         |         |         |         |         |         |
HYDROCORTISONE CREAM,TOP                 C|17    |*********|*********|*********|*********|*********|*********|********|
Give: 1% 0 QDAILY                         |      |_________|_________|_________|_________|_________|_________|_________|
                                          |      |_________|_________|_________|_________|_________|_________|_________|
                        RPH: MLV  RN: _____|      |         |         |         |         |         |         |         |
      -------------------------------------------------------------------------------------------------------------------------
      |            |                       |      |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
09/07 |09/07 17:00 |09/07/00 12:50 (A9111) ||___|____|____|____|____|____|____|____|____|____|____|____|____|____|
METHYLPREDNISOLNE INJ                    C|09    |****|****|****|****|****|****|****|****|****|****|****|****|****|****|
Give: 500MG IV Q12H                       |21    |****|****|****|****|****|****|****|****|****|****|****|****|****|****|
THIS IS AN INPATIENT IV EXAMPLE           |      |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                         RPH: MLV  RN: _____|      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
      -------------------------------------------------------------------------------------------------------------------------
      |            |                       |      |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
09/07 |09/07 17:00 |09/07/00 12:50 (A9111) ||___|____|____|____|____|____|____|____|____|____|____|____|____|____|
METHYLPREDNISOLNE INJ                    C|17    |****|****|****|****|****|****|****|****|****|****|****|****|****|****|
Give: 1000MG IV QDAILY                    |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
THIS IS AN INPATIENT IV EXAMPLE           |      |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                         RPH: MLV  RN: _____|      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
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|  SIGNATURE/TITLE           |  INIT  |          INJECTION SITES           |    MED/DOSE OMITTED    |     REASON     |  INIT   |
|----------------------------|--------|------------------------------------|------------------------|----------------|---------|
|----------------------------|--------|   Indicate RIGHT (R) or LEFT (L)   |------------------------|----------------|---------|
|----------------------------|--------|                                    |------------------------|----------------|---------|
|----------------------------|--------|   (IM)                   (SUB Q)   |------------------------|----------------|---------|
|----------------------------|--------|1. DELTOID             6. UPPER ARM |------------------------|----------------|---------|
|----------------------------|--------|2. VENTRAL GLUTEAL     7. ABDOMEN   |------------------------|----------------|---------|
|----------------------------|--------|3. GLUTEUS MEDIUS      8. THIGH     |------------------------|----------------|---------|
|----------------------------|--------|4. MID(ANTERIOR) THIGH 9. BUTTOCK   |------------------------|----------------|---------|
|----------------------------|--------|5. VASTUS LATERALIS   10. UPPER BACK|------------------------|----------------|---------|
|----------------------------|--------| PRN: E=Effective   N=Not Effective |------------------------|----------------|---------|
-------------------------------------------------------------------------------------------------------------------------------
   PSJPATIENT1,ONE               000-00-0001  Room-Bed: B-12                    LAST PAGE: 1              VA FORM 10-2970
```

7.1.2.3. **14 Day MAR [PSJU 14D MAR]**

The *14 Day MAR* option is a report form that can be used to track the administration of patients' medications.

The 14 Day MAR includes:

- Date/time range covered by the MAR using a four-digit year format
- Institution Name
- Ward/Clinic*
- Patient demographic data
- Time line
- Information about each order

*For Outpatients receiving Inpatient Medication orders in an appropriate clinic.

The order information consists of:

- Order date
- Start date
- Stop date
- Schedule type (a letter code next to the administration times)
- Administration times (will be blank if an IV order does not have a schedule)
- Drug name
- Strength (if different from that indicated in drug name)
- Medication route abbreviation
- Schedule
- Verifying pharmacist's and nurse's initials

The MAR is printed by group (**G**), ward (**W**), clinic (**C**) , or patient (**P**). When group is selected, a prompt to select by ward group (**W**) or clinic group (**C**) displays. If the user chooses to print by patient, the opportunity to select more than one patient will be given. The system will keep prompting, "Select another PATIENT:". If a caret (^) is entered, the user will return to the report menu. When all patients are entered, press **<Enter>** at this prompt to continue.

Note: If the user chooses to select by ward, administration teams may be specified and the MAR may be sorted by administration team, and then by room-bed or patient name. The default for the administration team is ALL and multiple administration teams may be entered. If selecting by ward group, the MAR may be sorted by room-bed or patient name. When the report is printed by clinic or clinic group, and the order is for an outpatient, the report leaves Room/Bed blank.

When selecting by Ward, Ward Group, Clinic, or Clinic Group, the following prompts are included. All orders for a patient are grouped together by the patient's name, regardless of location.

```
Select by Ward:

Select by GROUP (G), WARD (W), CLINIC (C), or PATIENT (P): WARD

Include Clinic Orders?
```

Entering **YES** for Clinic Orders prints both ward and clinic orders for patients on a ward. Entering **NO** for Clinic Orders prints only the ward orders.

Select by Ward Group:

```
Select by GROUP (G), WARD (W), CLINIC (C), or PATIENT (P): GROUP
Select by WARD GROUP (W) or CLINIC GROUP (C): WARD

Include Clinic Orders?
```

Entering **YES** for Clinic Orders prints both ward and clinic orders for patients in a Ward Group. Entering **NO** for Clinic Orders prints only the ward orders for patients in a Ward Group.

Select by Clinic:

```
Select by GROUP (G), WARD (W), CLINIC (C), or PATIENT (P): CLINIC

Include Ward Orders?
```

Entering **YES** for Ward Orders prints both clinic and ward orders for patients in a clinic. Entering **NO** for Ward Orders prints only the clinic orders.

Select by Clinic Group:

```
Select by GROUP (G), WARD (W), CLINIC (C), or PATIENT (P): GROUP
Select by WARD GROUP (W) or CLINIC GROUP (C): CLINIC

Include Ward Orders?
```

Entering **YES** for Ward Orders prints both clinic and ward orders for patients in a Clinic Group. Entering **NO** for Ward Orders prints only the clinic orders for patients in a Clinic Group.

There are six medication choices. The user may select multiple choices of medications to be printed on the 14 Day MAR. Since the first choice is ALL Medications, the user will not be allowed to combine this with any other choices. The default choice is "Non-IV Medications only" if:

1. The MAR ORDER SELECTION DEFAULT parameter was not defined.
2. Selection by Ward group.
3. Selected by patients and patients are from different wards.

The *14 Day MAR* option allows the user to choose whether to print continuous, PRN, or both. The MAR is separated into two sheets. The first sheet is for continuous medications and the second sheet is for One-time and PRN medications. When the 14 Day MAR with orders is run, both sheets will print for each patient, even though the patient might only have one type of order. The user can also print blank MARs and designate which sheets to print. The user can print continuous medication sheets only, PRN sheets only, or both. The blank MARs contain patient demographics, but no order data. Order information can be added manually or with labels.

Each sheet of the MAR consists of three parts:

1. The top part of each sheet contains the patient demographics.
2. The main body of the MAR contains the order information and an area to record the medication administration.
    a. The order information prints on the left side of the main body, printed in the same format as on labels. Labels can be used to add new orders to this area of the MAR (Labels should <u>never</u> be placed over order information already on the MAR). Renewal dates can be recorded on the top line of each order.

b. The right side of the main body is where the actual administration is to be recorded. On the continuous medication sheet, the right side will be divided into 14 columns, one for each day of the range of the MAR. Asterisks will print at the bottom of the columns corresponding to the days on which the medication is not to be given (e.g., Orders with a schedule of Q3D would only be given every three days, so asterisks would appear on two days out of three).

3. The bottom of the MAR is provided to record other information about the patient and his or her medication(s). It is similar to the bottom of the 24-hour MAR, but lists more injection sites.

For IV orders that have no schedule, **** will print on the bottom of the column corresponding to the day the order is to expire. On the continuous medication sheet only, there might be additional information about each order under the column marked notes. On the first line, SM will print if the order has been marked as a self-med order. The letters HSM will print if the order is marked as a hospital supplied self-med. On the second line, WS will print if the order is found to be a ward stock item, CS will print if the item is a Controlled Substance and/or NF will print if the order is a non-formulary. If the order is printed in more than one block, the RPH and RN initial line will print on the last block.

The answer to the prompt, “Enter START DATE/TIME for 14 Day MAR:” determines the date range covered by the 14 Day MAR. The stop date is automatically calculated. Entry of time is not required, but if a time is entered with the date, only those orders that expire after the date and time selected will print. If no time is entered, all orders that expire on or after the date selected will print.

Please keep in mind that the MAR is designed to print on stock 8 ½” by 11” paper at 16 pitch (6 lines per inch).

Note: It is strongly recommended that this report be queued to print at a later time.

Example: 14 Day MAR Report

```
Select Reports Menu Option:  14 Day MAR
Select the MAR forms: 3// <Enter>  Print both Blank and Non-Blank MARs

Select TYPE OF SHEETS TO PRINT: BOTH// <Enter>

Enter START DATE/TIME for 14 day MAR: 090700@1200  (SEP 07, 2000@12:00:00)

Select by GROUP (G), WARD (W), CLINIC (C), or PATIENT (P): PATIENT <Enter>

Select PATIENT:    PSJPATIENT1,ONE     000-00-0001   08/18/20   1 EAST
Select another PATIENT: <Enter>
Enter medication type(s): 2,3,6// 1
Select PRINT DEVICE: 0;132    NT/Cache virtual TELNET terminal
```

```
 CONTINUOUS SHEET                          14 DAY MAR                        09/07/2000  through
09/20/2000
     SAMPLE HEALTHCARE SYSTEM                                                  Printed on  09/20/2000
16:11
      Name: PSJPATIENT1,ONE                      Weight (kg): ______ (________)          Loc: 1 EAST
      PID:  000-00-0001  DOB: 08/18/1920  (80)    Height (cm): ______ (________)       Room-Bed: B-12
      Sex:  MALE          Dx: TESTING                                              Admitted: 05/03/2000
13:29
Allergies:  No Allergy Assessment    ADR:
                              Admin   SEP
Order   Start     Stop      Times   07   08   09   10   11   12   13   14   15   16   17   18   19   20  notes
-----------------------------------------------------------------------------------------------------------------
      |         |                 |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                                  |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                                  |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                                  |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                                  |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
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      |         |                 |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                                  |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                                  |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                                  |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                                  |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
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      |         |                 |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                                  |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                                  |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                                  |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                                  |____|____|____|____|____|____|____|____|____|____|____|____|____|____|------
-----------------------------------------------------------------------------------------------------------------
      |         |                 |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                                  |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                                  |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                                  |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                                  |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
-----------------------------------------------------------------------------------------------------------------
      |         |                 |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                                  |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                                  |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                                  |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                                  |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
-----------------------------------------------------------------------------------------------------------------
      |         |                 |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                                  |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                                  |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                                  |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                                  |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
-----------------------------------------------------------------------------------------------------------------
|     SIGNATURE/TITLE     | INIT |          INJECTION SITES           |  MED/DOSE OMITTED  |   REASON   | INIT
|
|-------------------------|------|------------------------------------|--------------------|------------|------
|
|-------------------------|------|   Indicate RIGHT (R) or LEFT (L)   |--------------------|------------|------
|
|-------------------------|------|                                    |--------------------|------------|------
|
|-------------------------|------|   (IM)                   (SUB Q)   |--------------------|------------|------
|
|-------------------------|------|1. DELTOID             6. UPPER ARM |--------------------|------------|------
|
|-------------------------|------|2. VENTRAL GLUTEAL     7. ABDOMEN   |--------------------|------------|------
|
|-------------------------|------|3. GLUTEUS MEDIUS      8. THIGH     |--------------------|------------|------
|
|-------------------------|------|4. MID(ANTERIOR) THIGH 9. BUTTOCK   |--------------------|------------|------
|
|-------------------------|------|5. VASTUS LATERALIS   10. UPPER BACK|--------------------|------------|------
|
|-------------------------|------| PRN: E=Effective   N=Not Effective |--------------------|------------|------
|
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```
   PSJPATIENT1,ONE            000-00-0001  Room-Bed: B-12                                VA FORM 10-2970

 ONE-TIME/PRN SHEET                              14 DAY MAR                     09/07/2000  through  09/20/2000
     SAMPLE HEALTHCARE SYSTEM                                                     Printed on  09/20/2000  16:11
      Name: PSJPATIENT1,ONE                      Weight (kg): ______ (________)           Loc: 1 EAST
      PID:  000-00-0001  DOB: 08/18/1920  (80)   Height (cm): ______ (________)       Room-Bed: B-12
      Sex:  MALE          Dx: TESTING                                              Admitted: 05/03/2000  13:29
Allergies:  No Allergy Assessment    ADR:
Order   Start       Stop                                     Order   Start       Stop
-------------------------------------------------------------------------------------------------------------
      |           |                    |                    |       |           |
                                       |                    |
                                       |                    |
                                       |                    |
                                       |                    |
-------------------------------------------------------------------------------------------------------------
      |           |                    |                    |       |           |
                                       |                    |
                                       |                    |
                                       |                    |
                                       |                    |
-------------------------------------------------------------------------------------------------------------
|  DATE  |  TIME  |     MEDICATION/DOSE/ROUTE     | INIT |      REASON      |    RESULTS      |  TIME  | INIT |
|--------|--------|-------------------------------|------|------------------|-----------------|--------|------|
```

```
   PSJPATIENT1,ONE             000-00-0001  Room-Bed: B-12                                VA FORM 10-5568d

 CONTINUOUS SHEET                                        14 DAY MAR                          09/07/2000  through  09/20/2000
     SAMPLE HEALTHCARE SYSTEM                                                                  Printed on  09/20/2000  16:11
     Name:  PSJPATIENT1,ONE                                   Weight (kg): ______ (________)            Loc: 1 EAST
      PID:  000-00-0001  DOB: 08/18/1920  (80)                Height (cm): ______ (________)         Room-Bed: B-12
      Sex:  MALE          Dx: TESTING                                                            Admitted: 05/03/2000  13:29
Allergies:  No Allergy Assessment    ADR:
                                                  Admin   SEP
 Order   Start       Stop                         Times   07   08   09   10   11   12   13   14   15   16   17   18   19   20   notes
-------------------------------------------------------------------------------------------------------------------------------------
      |            |                              |01    |****|____|____|____|____|____|____|____|____|____|____|____|____|____|
09/07 |09/07 15:00 |09/21/00 24:00 (A9111)|09 |**|____|____|____|____|____|____|____|____|____|____|____|____|____|____|
AMPICILLIN CAP                                   C|15    |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
Give: 500MG PO QID                               |20    |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                                                 |      |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                          RPH: PI   RN: _____|      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
      ---------------------------------------------------------------------------------------------------------------------------
      |            |                              |01    |****|____|____|____|____|____|____|____|****|****|****|****|****|****|
09/07 |09/07 15:00 |09/14/00 16:54 (A9111) |09 |*|____|____|____|____|____|____|____|****|****|****|****|****|****|
AMPICILLIN 1 GM                                  C|15    |____|____|____|____|____|____|____|____|****|****|****|****|****|****|
in  0.9% NACL 100 ML                             |20    |____|____|____|____|____|____|____|****|****|****|****|****|****|****|
IVPB QID                                         |      |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
See next label for continuation                  |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
      ---------------------------------------------------------------------------------------------------------------------------
THIS IS AN INPATIENT IV EXAMPLE                  |      |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                                                 |      |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                                                 |      |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                                                 |      |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                                                 |      |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                          RPH: PI  RN: _____ |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
      ---------------------------------------------------------------------------------------------------------------------------
      |            |                              |      |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
09/07 |09/07 17:00 |09/07/00 12:34 (A9111)  |____|____|____|____|____|____|____|____|____|____|____|____|____|____|____|
HYDROCORTISONE CREAM,TOP                         C|17    |****|****|****|****|****|****|****|****|****|****|****|****|****|****|
Give: 1% 0 QDAILY                                |      |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                                                 |      |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                          RPH: MLV  RN: _____|      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
      ---------------------------------------------------------------------------------------------------------------------------
      |            |                              |      |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
09/07 |09/07 17:00 |09/07/00 12:50 (A9111)  |____|____|____|____|____|____|____|____|____|____|____|____|____|____|____|
METHYLPREDNISOLNE INJ                            C|09    |****|****|****|****|****|****|****|****|****|****|****|****|****|****|
Give: 500MG IV Q12H                              |21    |****|****|****|****|****|****|****|****|****|****|****|****|****|****|
THIS IS AN INPATIENT IV EXAMPLE                  |      |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                          RPH: MLV  RN: _____|      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
      ---------------------------------------------------------------------------------------------------------------------------
      |            |                              |      |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
09/07 |09/07 17:00 |09/07/00 12:50 (A9111)  |____|____|____|____|____|____|____|____|____|____|____|____|____|____|____|
METHYLPREDNISOLNE INJ                            C|17    |****|****|****|****|****|****|****|****|****|****|****|****|****|****|
Give: 1000MG IV QDAILY                           |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
THIS IS AN INPATIENT IV EXAMPLE                  |      |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
                          RPH: MLV  RN: _____|      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
-------------------------------------------------------------------------------------------------------------------------------------
|      SIGNATURE/TITLE           | INIT |          INJECTION SITES           |    MED/DOSE OMITTED    |     REASON     |  INIT  |
|--------------------------------|------|------------------------------------|------------------------|----------------|--------|
|--------------------------------|------|   Indicate RIGHT (R) or LEFT (L)   |------------------------|----------------|--------|
|--------------------------------|------|                                    |------------------------|----------------|--------|
|--------------------------------|------|   (IM)                   (SUB Q)   |------------------------|----------------|--------|
|--------------------------------|------|1. DELTOID             6. UPPER ARM |------------------------|----------------|--------|
|--------------------------------|------|2. VENTRAL GLUTEAL     7. ABDOMEN   |------------------------|----------------|--------|
|--------------------------------|------|3. GLUTEUS MEDIUS      8. THIGH     |------------------------|----------------|--------|
|--------------------------------|------|4. MID(ANTERIOR) THIGH 9. BUTTOCK   |------------------------|----------------|--------|
|--------------------------------|------|5. VASTUS LATERALIS   10. UPPER BACK|------------------------|----------------|--------|
|--------------------------------|------| PRN: E=Effective   N=Not Effective |------------------------|----------------|--------|
-------------------------------------------------------------------------------------------------------------------------------------
   PSJPATIENT1,ONE             000-00-0001  Room-Bed: B-12                    LAST PAGE: 1          VA FORM 10-2970
```

7.1.2.4. **Action Profile #1 [PSJU AP-1]**

The *Action Profile #1* [PSJU AP-1] option creates a report form that contains all of the active inpatient medication orders for one or more patients. These patients may be selected by ward group (**G**), ward (**W**) , or patient (**P**). If selection by ward is chosen, the administration teams may be specified. The default for the administration team is ALL and multiple administration teams may be entered. If selecting by ward or ward group, the profile may be sorted by patient name or room-bed. Entering a Ward Group of ^OTHER will automatically sort by patient and print a report for Outpatients that are receiving Inpatient Medications and that meet the report parameters. If the user chooses to run this option by patient, the opportunity is given to select as many patients as needed, but only those that have <u>active</u> orders will print.

The *Action Profile #1* [PSJU AP-1] option also allows for viewing a list of clinic orders. Clinic orders are displayed separately from non-clinic orders.

There are six medication choices. The user may select multiple choices of medications to be printed on the Action Profile #1 report. Since the first choice is ALL Medications, the user will not be allowed to combine this with any other choices. The default choice is “Non-IV Medications only” if:

1. The MAR ORDER SELECTION DEFAULT parameter was not defined.
2. Selection by Ward group.
3. Selected by patients and patients are from different wards.

The form is printed so the attending provider will have a method of periodically reviewing these active medication orders.

Also on this profile, the provider can renew, discontinue, or not take any action regarding the active orders for each patient. A new order will be required for any new medication prescribed or for any changes in the dosage or directions of an existing order. If no action is taken, a new order is not required.

It is recommended that the action profiles be printed on two-part paper, if possible. Using two-part paper allows a copy to stay on the ward and the other copy to be sent to the pharmacy.

Note: This report uses a four-digit year format.

Example: Action Profile #1 Report

```
Select Reports Menu Option: AP1  Action Profile #1

Select by WARD GROUP (G), WARD (W), or PATIENT (P): Patient <Enter>

Select PATIENT: PSJPATIENT1,ONE      000-00-0001   08/18/20   1 EAST
Select another PATIENT: <Enter>
Enter medication type(s): 2,3,6// 1
...this may take a few minutes...(you should QUEUE this report)...
Select PRINT DEVICE: <Enter>  NT/Cache virtual TELNET terminal

Enter RETURN to continue or '^' to exit: <Enter>

                          UNIT DOSE ACTION PROFILE #1         09/11/2000  11:01
                           SAMPLE HEALTHCARE SYSTEM
                       (Continuation of VA FORM 10-1158)                Page: 1
-------------------------------------------------------------------------------
   This form is to be used to REVIEW/RENEW/CANCEL existing active medication
 orders for inpatients.  Review the active orders listed and beside each order
 circle one of the following:
                              R - to RENEW the order
                              D - to DISCONTINUE the order
                              N - to take NO ACTION (the order will remain
                                  active until the stop date indicated)

   A new order must be written for any new medication or to make any changes
 in dosage or directions on an existing order.
-------------------------------------------------------------------------------
 PSJPATIENT1,ONE              Ward: 1 EAST
    PID: 000-00-0001      Room-Bed: B-12             Ht(cm): ______ (________)
    DOB: 08/18/1920  (80)                            Wt(kg): ______ (________)
```

```
    Sex: MALE                                      Admitted: 05/03/2000
     Dx: TESTING   CrCL: <Not Found> (CREAT: Not Found)           BSA (m2): __________
                     Allergies: No Allergy Assessment
       ADR:
-------------------------------------------------------------------------------
 No. Action     Drug                                ST Start Stop  Status/Info
 - - - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - - -
1  R D N AMPICILLIN 1 GM                            C  09/07 09/14 A
          in 0.9% NACL 100 ML QID
          Special Instructions: THIS IS AN INPATIENT IV EXAMPLE

  2  R D N AMPICILLIN CAP                           C  09/07 09/21 A
          Give: 500MG PO QID

  3  R D N HYDROCORTISONE CREAM,TOP                 C  09/07 09/21 A
          Give: 1% TOP QDAILY
  4  R D N MULTIVITAMINS 5 ML                       C  09/07 09/12 A
          in 0.9% NACL 1000 ML 20 ml/hr

  5  R D N PROPRANOLOL 10MG U/D                     C  09/07 09/21 A
          Give:  PO QDAILY


               _________________      ______________________________________
               Date AND Time          PHYSICIAN'S SIGNATURE


         MULTIDISCIPLINARY REVIEW
               (WHEN APPROPRIATE)     ______________________________________
                                      PHARMACIST'S SIGNATURE

                                      ______________________________________
                                      NURSE'S SIGNATURE


   ADDITIONAL MEDICATION ORDERS:

-------------------------------------------------------------------------------

-------------------------------------------------------------------------------

-------------------------------------------------------------------------------

-------------------------------------------------------------------------------

-------------------------------------------------------------------------------

               _________________      ______________________________________
               Date AND Time          PHYSICIAN'S SIGNATURE

  PSJPATIENT1,ONE                 000-00-0001                 08/18/1920
```

7.1.2.5. Action Profile #2 [PSJU AP-2]

The *Action Profile #2* [PSJU AP-2] option is similar to the *Action Profile #1* option (see previous report) with the added feature that the pharmacist can show only expiring orders, giving in effect, stop order notices (see *INpatient Stop Order Notices*).

The *Action Profile #2* [PSJU AP-2] option also allows for viewing a list of clinic orders. Clinic orders are displayed separately from non-clinic orders.

The user can run the *Action Profile #2* [PSJU AP-2] option by group (**G**), ward (**W**) , clinic (**C**), or patient (**P**). When group is selected, a prompt to select by ward group (**W**) or clinic group (**C**)

displays. If this option is run by patient, the opportunity to select as many patients as desired is given, but the user will not get a report if the patient has no active orders.

If the option for a ward or a ward group is chosen, a prompt to choose the ward or ward group for which the user wants to run the option is displayed. The user will then be asked to sort (print) Action Profiles by team (**T**) or treating provider (**P**). If Ward Group of ^OTHER is entered, the user will not be given a sort (print) option; it will automatically sort by treating provider and print a report of Outpatients that are receiving Inpatient Medications and that meet the report parameters.

Start and stop dates will be prompted next. Only those patients with at least one active order that has a stop date between the dates chosen will print. If entered, the start and stop dates must be in the future (**NOW** is acceptable). Time is required only if the current date of **TODAY** or **T** is entered. A future date does not require time to be entered.

At the "Print (**A**)ll active orders, or (**E**)xpiring orders only? A//" prompt, the user can choose to print all active orders for the patient(s) selected, or print only orders that will expire within the date range selected for the patient(s) selected.

There are six medication choices. The user may select multiple choices of medications to be printed on the Action Profile #2 report. Since the first choice is ALL Medications, the user will not be allowed to combine this with any other choices.

It is recommended that the action profiles be printed on two-part paper, if possible. Using two-part paper allows a copy to stay on the ward and the other copy to be sent to the pharmacy.

Note: This report uses a four-digit year format.

Example: Action Profile #2 Report

```
Select Reports Menu Option: AP2  Action Profile #2

Select by GROUP (G), WARD (W), CLINIC (C), or PATIENT (P): PATIENT <Enter>

Select PATIENT: PSJPATIENT1,ONE        000-00-0001   08/18/20   1 EAST

Select another PATIENT: <Enter>
Enter START date/time: NOW// <Enter>  (SEP 11, 2000@11:02)
Enter STOP date/time: SEP 11,2000@11:02// T+7  (SEP 18, 2000)

Print (A)ll active orders, or (E)xpiring orders only? A// <Enter>  (ALL)


Enter medication type(s): 2,3,6// 1

Select PRINT DEVICE: <Enter>   NT/Cache virtual TELNET terminal

...this may take a few minutes...(you really should QUEUE this report)...
Enter RETURN to continue or '^' to exit: <Enter>


                          UNIT DOSE ACTION PROFILE #2         09/11/2000  11:03
                           SAMPLE HEALTHCARE SYSTEM
                       (Continuation of VA FORM 10-1158) Page: 1
-------------------------------------------------------------------------------
   A new order must be written for any new medication or to make any changes
 in dosage or directions on an existing order.
```

```
--------------------------------------------------------------------------------
                                Team: NOT FOUND
 PSJPATIENT1,ONE                Ward: 1 EAST
    PID: 000-00-0001        Room-Bed: B-12           Ht(cm): ______ (________)
    DOB: 08/18/1920  (80)                            Wt(kg): ______ (________)
    Sex: MALE                                      Admitted: 05/03/2000
     Dx: TESTING
   CrCL: <Not Found> (CREAT: Not Found)            BSA (m2): __________

Allergies: No Allergy Assessment
       ADR:
--------------------------------------------------------------------------------
No. Action      Drug                          ST Start Stop  Status/Info
 - - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - -
1  AMPICILLIN 1 GM                            C  09/07 09/14 A
     in 0.9% NACL 100 ML QID
     Special Instructions: THIS IS AN INPATIENT IV EXAMPLE

     __TAKE NO ACTION     __DISCONTINUE     __RENEW   COST/DOSE: 1.32
  ------------------------------------------------------------------------------

2  AMPICILLIN CAP                             C  09/07 09/21 A
     Give: 500MG PO QID

     __TAKE NO ACTION     __DISCONTINUE     __RENEW   COST/DOSE: 0.731
  ------------------------------------------------------------------------------

3  HYDROCORTISONE CREAM,TOP                   C  09/07 09/21 A
     Give: 1% TOP QDAILY

     __TAKE NO ACTION     __DISCONTINUE     __RENEW   COST/DOSE: 0.86
  ------------------------------------------------------------------------------

4  MULTIVITAMINS 5 ML                         C  09/07 09/12 A
     in 0.9% NACL 1000 ML 20 ml/hr


     __TAKE NO ACTION     __DISCONTINUE     __RENEW   COST/DOSE: 468.795
  ------------------------------------------------------------------------------


                _________________      ___________________________________________
                Date AND Time          PHYSICIAN'S SIGNATURE


          MULTIDISCIPLINARY REVIEW
                (WHEN APPROPRIATE)      ___________________________________________
                                        PHARMACIST'S SIGNATURE

                                        ___________________________________________
                                        NURSE'S SIGNATURE

   ADDITIONAL MEDICATION ORDERS:

--------------------------------------------------------------------------------

--------------------------------------------------------------------------------

--------------------------------------------------------------------------------

--------------------------------------------------------------------------------

--------------------------------------------------------------------------------


                _________________      ___________________________________
                Date AND Time          PHYSICIAN'S SIGNATURE

  PSJPATIENT1,ONE                000-00-0001                08/18/1920
```

7.1.2.6. AUthorized Absence/Discharge Summary [PSJU DS]

The *AUthorized Absence/Discharge Summary* option creates a report to allow the user to determine what action to take on a patient's Unit Dose orders if the patient is discharged from the hospital or will leave the hospital for a designated period of time (authorized absence). The form is printed so that the provider can place the active orders of a patient on hold, not take any action on the order, or continue the order upon discharge or absence. If the provider wishes to continue the order upon discharge, then he or she can identify the number of refills, the quantity, and the number of days for the order to remain active. If no action is taken on the order, it will expire or be discontinued.

The user can run the Authorized Absence Discharge Summary by ward group, ward, or by patient. If the user chooses to run this report by patient, the opportunity is given to select as many patients as desired, but only patients with active orders will print.

If the option by ward or ward groups is chosen, the user will be prompted for start and stop date. Entry of these dates is not required, but if a start and stop date is entered, a discharge summary will print only for those patients that have at least one order that will be active between those dates. If the user does not enter a start date, all patients with active orders will print (for the ward or ward group chosen). If a clinic visit has been scheduled, the date will print. If more than one has been scheduled, only the first one will print. It is recommended that this report be queued to print when user demand for the system is low.

For co-payment purposes, information related to the patient's service connection is shown on the first page of the form (for each patient). If the patient is a service-connected less than 50% veteran, the provider is given the opportunity to mark each non-supply item order as either SERVICE CONNECTED (SC) or NON-SERVICE CONNECTED (NSC).

Note: This report uses a four-digit year format.

Example: Authorized Absence/Discharge Summary Report

```
Select Reports Menu Option: AUthorized Absence/Discharge Summary

Print BLANK Authorized Absence/Discharge Summary forms? NO// <Enter>

Select by WARD GROUP (G), WARD (W), or PATIENT (P): Patient <Enter>

Select PATIENT: PSJPATIENT2,TWO     000-00-0002   02/22/42   1 West

Select another PATIENT: <Enter>
...this may take a few minutes...(you should QUEUE this report)...

Select PRINT DEVICE: <Enter>  TELNET
```

```
                      AUTHORIZED ABSENCE/DISCHARGE ORDERS     09/19/2000  12:43
                             VAMC:  REGION 5 (660)
 VA FORM: 10-7978M
 Effective Date:                                                        Page: 1
================================================================================
Instructions to the physician:
    A. A prescription blank (VA FORM 10-2577F) must be used for:
         1. all class II narcotics
         2. any medications marked as 'nonrenewable'
         3. any new medications in addition to those entered on this form.
    B. If a medication is not to be continued, mark "TAKE NO ACTION".
    C. To continue a medication, you MUST:
         1. enter directions, quantity, and refills
         2. sign the order, enter your DEA number, and enter the date AND time.
================================================================================
PATIENT, IN                          Ward: NHCU
    PID: 666-00-9999      Room-Bed: * NF *           Ht(cm): ______ (________)
    DOB: 12/31/1962  (49)                            Wt(kg): ______ (________)
    Sex: MALE                                      Admitted: 04/08/2003
     Dx: NEEDS NHCU
   CrCL: <Not Found> (CREAT: Not Found)            BSA (m2): _________
 Allergies: CARAMEL, CN900, LOMEFLOXACIN, PENTAMIDINE, PENTAZOCINE, CHOCOLATE,
            NUTS, STRAWBERRIES, DUST
 NV Aller.: AMOXICILLIN, AMPICILLIN, TAPE, FISH, FLUPHENAZINE DECANOATE
       ADR:

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

                  *** THIS PATIENT HAS NON-VERIFIED ORDERS. ***

    ___ AUTHORIZED ABSENCE <96 HOURS    ___ AUTHORIZED ABSENCE >96 HOURS
        NUMBER OF DAYS: _____   (NO REFILLS allowed on AA/PASS meds)

    ___ REGULAR DISCHARGE   ___ OPT NSC   ___ SC

       SC Percent: %
     Disabilities: NONE STATED

        Next scheduled clinic visit:
================================================================================
                                                        Schedule        Cost per
No.      Medication                                    Type            Dose
--------------------------------------------------------------------------------
  1 ACETAMINOPHEN 650 MG SUPP                            CONTINUOUS      0.088
    Inpt Dose: 650MG RECTALLY QDAILY

    ___ TAKE NO ACTION (PATIENT WILL NOT RECEIVE MEDICATION)

    Outpatient Directions: ____________________________________________________

    ___SC  ___NSC   Qty: _____   Refills:  0  1  2  3  4  5  6  7  8  9  10  11

    ____________________________________ _____________ ___________________________
    Physician's Signature               DEA #          Date AND Time

Enter RETURN to continue or '^' to exit:

                      AUTHORIZED ABSENCE/DISCHARGE ORDERS               Page: 2
                             VAMC:  REGION 5 (660)
 VA FORM: 10-7978M
 PSJPATIENT2,TWO                       000-00-0002         02/22/1942
--------------------------------------------------------------------------------
                                                        Schedule        Cost per
 No.      Medication                                    Type            Dose
--------------------------------------------------------------------------------
  2 BENZOYL PEROXIDE 10% GEL (2OZ)                       CONTINUOUS      3.78
    Inpt Dose: APPLY SMALL AMOUNT TOP QDAILY
    Special Instructions: TEST

    ___ TAKE NO ACTION (PATIENT WILL NOT RECEIVE MEDICATION)
```

```
    Outpatient Directions: ____________________________________________________

    ___SC  ___NSC   Qty: _____   Refills:  0  1  2  3  4  5  6  7  8  9  10  11

    ___________________________________ _____________ ___________________________
    Physician's Signature               DEA #         Date AND Time
-------------------------------------------------------------------------------
  3 RANITIDINE 150MG                                   CONTINUOUS      0.5
    Inpt Dose: 150MG PO BID

    ___ TAKE NO ACTION (PATIENT WILL NOT RECEIVE MEDICATION)

    Outpatient Directions: ____________________________________________________

    ___SC  ___NSC   Qty: _____   Refills:  0  1  2  3  4  5  6  7  8  9  10  11

    ___________________________________ _____________ ___________________________
    Physician's Signature               DEA #         Date AND Time
-------------------------------------------------------------------------------
  4 THEO-24 200MG                                      CONTINUOUS      0.086
    Inpt Dose: 400MG PO QID
    Special Instructions: TESTING DO

    ___ TAKE NO ACTION (PATIENT WILL NOT RECEIVE MEDICATION)

    Outpatient Directions: ____________________________________________________

    ___SC  ___NSC   Qty: _____   Refills:  0  1  2  3  4  5  6  7  8  9  10  11

    ___________________________________ _____________ ___________________________
    Physician's Signature               DEA #         Date AND Time
===============================================================================
    OTHER MEDICATIONS:

  5 Medication: ______________________________________________________________

    Outpatient Directions: ____________________________________________________

    ___SC  ___NSC   Qty: _____   Refills:  0  1  2  3  4  5  6  7  8  9  10  11

    ___________________________________ _____________ ___________________________
    Physician's Signature               DEA #         Date AND Time
-------------------------------------------------------------------------------

  6 Medication: ______________________________________________________________

    Outpatient Directions: ____________________________________________________

    ___SC  ___NSC   Qty: _____   Refills:  0  1  2  3  4  5  6  7  8  9  10  11

    ___________________________________ _____________ ___________________________
    Physician's Signature               DEA #         Date AND Time

Enter RETURN to continue or '^' to exit: <Enter>

                   AUTHORIZED ABSENCE/DISCHARGE INSTRUCTIONS  09/19/2000  12:43
                             VAMC:  REGION 5 (660)
 VA FORM: 10-7978M
 Effective Date:
===============================================================================
 PSJPATIENT2,TWO              Ward: 1 West
    PID: 000-00-0002      Room-Bed: A-6            Ht(cm): 167.64 (04/21/1999)
    DOB: 02/22/1942  (58)     Team: * NF *         Wt(kg):  85.00 (04/21/1999)
    Sex: MALE                                     Admitted: 09/16/1999
     Dx: TEST PATIENT
   CrCL: <Not Found> (CREAT: Not Found)            BSA (m2): __________

 Allergies: CARAMEL, CN900, LOMEFLOXACIN, PENTAMIDINE, PENTAZOCINE, CHOCOLATE,
            NUTS, STRAWBERRIES, DUST
 NV Aller.: AMOXICILLIN, AMPICILLIN, TAPE, FISH, FLUPHENAZINE DECANOATE
       ADR:
```

```
================================================================================

        Next scheduled clinic visit:
================================================================================
 DIETARY INSTRUCTIONS: (Check One)
 __ NO RESTRICTIONS __ RESTRICTIONS (Specify) ___________________________________

 ________________________________________________________________________________

 ________________________________________________________________________________

================================================================================
 PHYSICAL ACTIVITY LIMITATIONS: (Check One)
 __ NO RESTRICTIONS __ RESTRICTIONS (Specify) ___________________________________

 ________________________________________________________________________________

 ________________________________________________________________________________

================================================================================
 SPECIAL INSTRUCTIONS: (list print information, handouts, or other
 instructions pertinent to patient's condition)___________________________________

 ________________________________________________________________________________

 ________________________________________________________________________________

================================================================================
 DIAGNOSES: _____________________________________________________________________

 ________________________________________________________________________________

 ________________________________________________________________________________

Enter RETURN to continue or '^' to exit: <Enter>

                   AUTHORIZED ABSENCE/DISCHARGE INSTRUCTIONS  09/19/2000  12:43
                             VAMC:  REGION 5 (660)
 VA FORM: 10-7978M
 Effective Date:
================================================================================
 PSJPATIENT2,TWO             Ward: 1 West
    PID: 000-00-0002      Room-Bed: A-6             Ht(cm): 167.64 (04/21/1999)
    DOB: 02/22/1942  (58)     Team: * NF *          Wt(kg):  85.00 (04/21/1999)
    Sex: MALE                                     Admitted: 09/16/1999
     Dx: TEST PATIENT
   CrCL: <Not Found> (CREAT: Not Found)            BSA (m2): __________

 Allergies: CARAMEL, CN900, LOMEFLOXACIN, PENTAMIDINE, PENTAZOCINE, CHOCOLATE,
            NUTS, STRAWBERRIES, DUST
 NV Aller.: AMOXICILLIN, AMPICILLIN, TAPE, FISH, FLUPHENAZINE DECANOATE
       ADR:


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

        Next scheduled clinic visit:


                   ___________________________________ ___________________________
                   Nurse's Signature                   Date AND Time

                   ___________________________________ ___________________________
                   Physician's Signature               Date AND Time


                   ==========================================
                   >>>>> I HAVE RECEIVED AND UNDERSTAND <<<<<
                   >>>>> MY DISCHARGE INSTRUCTIONS      <<<<<
                   ==========================================
```

```
                  ___________________________________ ______________________
                  Patient's Signature                 Date And Time


PSJPATIENT2,TWO                       000-00-0002                 02/22/1942
```

7.1.2.7. Extra Units Dispensed Report [PSJU EUDD]

The *Extra Units Dispensed Report* option allows the user to print a report showing the amounts, date dispensed, and the initials of the person who entered the dispensed drug. This can be printed by ward group, ward, or patient. If the user chooses to select by ward, the administration teams may be specified. The default for the administration team is ALL and multiple administration teams may be entered. If selecting by ward or ward group, the profile may be sorted by patient name or room-bed.

Example: Extra Units Dispensed Report

```
Select Reports Menu Option: EXtra Units Dispensed Report


Enter Start Date and Time:  T@1000  (SEP 19, 2000@10:00)
Enter Ending Date and Time: T@2400  (SEP 19, 2000@24:00)


Select by WARD GROUP (G), WARD (W), or PATIENT (P): Patient <Enter>

Select PATIENT:    PSJPATIENT2,TWO   2-22-42    000000002     YES     ACTIVE DUTY


Select another PATIENT: <Enter>
Select output device: 0;80  TELNET

this may take a while...(you should QUEUE the Extra Units Dispensed report)


                            EXTRA UNITS DISPENSED REPORT          PAGE: 1
                 REPORT FROM: 09/19/00  10:00 TO: 09/19/00  24:00


PSJPATIENT2,TWO                       Room_Bed: A-6
000-00-0002                               Ward: 1 West


DRUG NAME                                      UNIT  DATE            DISP.
                                                     DISPENSED       BY

ACETAMINOPHEN 650 MG SUPP                         3  09/19/00  12:54 MV
                                                  5  09/19/00  12:54 MV
    ..........................................    8

BENZOYL PEROXIDE 10% GEL (2OZ)                    2  09/19/00  12:58 PM
    ..........................................    2

RANITIDINE 150MG                                  3  09/19/00  12:54 MV
                                                  3  09/19/00  12:58 PM

    ..........................................    6

  TOTAL FOR PSJPATIENT2,TWO...................   16


Press Return to continue...
```

7.1.2.8. Free Text Dosage Report [PSJU DOSAGE REPORT]

The *Free Text Dosage Report* option creates a report to track commonly ordered free text dosages over a date range. This report evaluates Unit Dose orders that were active during the specified dates against the DISPENSE DRUG file. If the applicable Possible Dosages or Local Possible Dosages do not match the Dosage Ordered, then this is considered a Free Text Dosage Entry and is contained in this report. This report includes the:

- Dispense Drug
- Free Text Dosage Entry
- Total number of occurrences of each Free Text Dosage Entry
- Number of occurrences by the Provider Name

Each entry in the Free Text Dosage Report consists of at least two lines of display. The first line shows the Dispense Drug name, followed by the drug internal entry number in parentheses. The first line continues with the Free Text Dosage Entry and the total number of occurrences of this entry. The second line shows the name of the Providers that used this Free Text Dosage Entry during the requested date range, and the number of times Providers used this free text dosage. Since all Providers are listed, multiple lines will be displayed.

Unit Dose orders that were active during the specified date range and have free text dosages are included in this report. The user is prompted to enter the "Beginning Date:" and an "Ending Date:" for the report to print. If no value is entered in either of the two prompts, the report will not print. The date range will be listed in the "Period:" section of the report header with the beginning date appearing as the first date and the ending date appearing as the second date.

It is strongly recommended that this report be queued to print at a later time.

Example: Free Text Dosage Report

```
Select Reports Menu Option: FREE Text Dosage Report

Beginning Date: T-100  (SEP 29, 2001)

Ending Date: T  (JAN 07, 2002)
DEVICE: HOME// 0;80  NT/Cache virtual TELNET terminal


Working - please wait..........................

                                                                    Page 1
               Inpatient Free Text Dosage Entry Report
                 Period: Sep 29, 2001 to Jan 07, 2002
Drug                                   Free Text Entry                  Count
    Provider:Count
-------------------------------------------------------------------------------

A-METHYL-PARA-TYROSINE CAPS,25 (5098)   100MG                             1
    PSJPROVIDER,ONE:1

ACETAMINOPHEN 325MG C.T. (263)          1000MG                            1
    PSJPROVIDER,TWO:1
                                        100MG                             2
```

```
    PSJPROVIDER,THREE:1   PSJPROVIDER,FOUR:1
                                      100mg                              1
    PSJPROVIDER,FOUR:1
                                      300MG                              1
    PSJPROVIDER,TWO:1
                                      325MG                              7
    PSJPROVIDER,ONE:1   PSJPROVIDER,TWO:4
    PSJPROVIDER,FIVE:2

 Press Return to Continue or ^ to Exit:
```

7.1.2.9. INpatient Stop Order Notices [PSJ EXP]

The *INpatient Stop Order Notices* option produces a list of patients' medication orders that are about to expire. Action must be taken (using VA FORM 10-1158) if these medications are to be re-ordered.

The next prompt allows the pharmacist to select by group (**G**), ward (**W**), clinic (**C**), or patient (**P**). When group is selected, a prompt to select by ward group (**W**) or clinic group (**C**) displays.

Start and stop dates will be prompted next.

This option will list both Unit Dose orders and IV orders. The user may choose to print All, which is the default, or either the Unit Dose or IV orders

Special Instructions for Unit Dose orders and Other Print Information for IV orders are listed on the report. IV orders are sorted by the Orderable Item of the first additive or solution in the order. The Orderable Item with each additive and solution is displayed along with the strength/volume specified. The schedule type for all IV orders is assumed to be continuous.

If the user chooses to print by ward, the selection to sort by administration teams is displayed. ALL teams, which is the default, multiple teams, or one administration team may be chosen.

Example: Inpatient Stop Order Notices

```
Select Reports Menu Option: INpatient Stop Order Notices

Select by GROUP (G), WARD (W), CLINIC (C), or PATIENT (P): PATIENT <Enter>

Select PATIENT:    PSJPATIENT2,TWO   000-00-0002   02/22/42   1 West

Enter start date: T  (SEP 19, 2000)

Enter stop date: T+7  (SEP 26, 2000)

List IV orders, Unit Dose orders, or All orders: ALL// <Enter>

Select PRINT DEVICE: 0;80  TELNET

...this may take a few minutes...
                        ...you really should QUEUE this report, if possible..
Enter RETURN to continue or '^' to exit: <Enter>

AS OF: 09/19/00  13:14                                          Page: 1
```

```
                    THE FOLLOWING MEDICATIONS WILL EXPIRE
                 FROM 09/19/00  00:01 THROUGH 09/26/00  24:00
          TO CONTINUE MEDICATIONS, PLEASE REORDER ON VA FORM 10-1158.

 PSJPATIENT2,TWO              Ward: 1 West
    PID: 000-00-0002      Room-Bed: A-6              Ht(cm): 167.64 (04/21/99)
    DOB: 02/22/42  (58)                              Wt(kg):  85.00 (04/21/99)
    Sex: MALE                                     Admitted: 09/16/99
     Dx: TEST PATIENT
   CrCL: <Not Found> (CREAT: Not Found)            BSA (m2): 1.95
 Allergies: CARAMEL, CN900, LOMEFLOXACIN, PENTAMIDINE, PENTAZOCINE, CHOCOLATE,
            NUTS, STRAWBERRIES, DUST
 NV Aller.: AMOXICILLIN, AMPICILLIN, TAPE, FISH, FLUPHENAZINE DECANOATE
       ADR:


 Medication                                ST Start  Stop           Status/Info
   Dosage                                                           Provider
-----------------------------------------------------------------------------

 AMPICILLIN 1 GM                           C  09/19  09/22/00  18:00 A
   in 0.45% NACL 100 ML QID                                PSJPROVIDER,ONE
 IV

 PENTAMIDINE ISETHIONATE 1 MG              C  09/19  09/22/00  18:00 A
   in 0.45% NACL 1000 ML 8 MG/HR                           PSJPROVIDER,ONE
 IV  8 MG/HR@1

 ACETAMINOPHEN 300/CODEINE 30 TAB          C  09/16  09/22/00  22:00 A
 Give: 2TABS PO QDAILY                                   PSJPROVIDER,ONE

 BENZOYL PEROXIDE GEL,TOP                  C  09/19  09/22/00  22:00 A
 Give: APPLY SMALL AMOUNT TOP QDAILY                     PSJPROVIDER,ONE
     Special Instructions: TEST

 RANITIDINE TAB                            C  09/18  09/22/00  22:00 A
 Give: 150MG PO BID                                      PSJPROVIDER,ONE

 THEOPHYLLINE CAP,SA                       C  09/18  09/22/00  22:00 A
 Give: 400MG PO QID                                      PSJPROVIDER,ONE
     Special Instructions: TESTING



PSJPATIENT2,TWO                 000-00-0002   1 West           A-6
```

7.1.2.10. Medications Due Worksheet [PSJ MDWS]

The *Medications Due Worksheet* option creates a report that lists active medications (Unit Dose and IV) that are due within a selected 24-hour period. The user will be able to select by ward group, ward, or individual patients. If the user chooses to select by ward, the administration teams may be specified. The default for the administration team is ALL and multiple administration teams may be entered. If selecting by ward or ward group, the Medications Due Worksheet may be sorted by administration time, room-bed, or patient name. However, if the user chooses to select by patient, multiple patients can be entered.

Note: If you specify ^OTHER as the ward group, it will select orders for outpatients in clinics that allow inpatient medication orders.

For IV orders that have no schedule, the projected administration times will be calculated based on the order's volume, flow rate, and start time. An asterisk (*****) will be printed for the administration times instead of the projected administration times.

If the MAR ORDER SELECTION DEFAULT prompt for the ward parameter is defined, the default will be displayed at the "Enter medication type(s):" prompt.

The default choice is 2 or Non-IV Medications only if:

1. The MAR ORDER SELECTION DEFAULT parameter was not defined.
2. Selection by Ward group.
3. Selected by patients and patients are from different wards.

The PRN medication orders will be printed if the user enters **YES** at the "Would you like to include PRN Medications (Y/N)? NO//" prompt. PRN orders will be listed after all continuous and one-time orders are printed.

Example: Medications Due Worksheet

```
Select Reports Menu Option: MEDications Due Worksheet

Would you like to include PRN Medications (Y/N)? NO// YES

Enter Start Date and Time:  T@1000  (SEP 19, 2000@10:00)

Enter Ending Date and Time: T@2400  (SEP 19, 2000@24:00)

Select by WARD GROUP (G), WARD (W), or PATIENT (P): Patient <Enter>

Select PATIENT:    PSJPATIENT2,TWO  2-22-42    000000002     YES     ACTIVE DUTY

Select another PATIENT: <Enter>
Enter medication type(s): 2// 1
Select output device: 0;80  TELNET

MEDICATIONS DUE WORKSHEET For: PSJPATIENT2,TWO                    Page: 1
Report from: 09/19/00  10:00 to: 09/19/00  24:00           Report Date: 09/19/00
Continuous/One time Orders for: ALL MEDS

For date: 09/19/00

PSJPATIENT2,TWO    A-6    12:00 09/18 | 09/18  12:00 | 09/22/00  22:00
000-00-0002                            RANITIDINE TAB
1 West                                 Give: 150MG PO BID
                                       RN/LPN Init: ________

                                09/18 | 09/18  12:00 | 09/22/00  22:00
                                       THEOPHYLLINE CAP,SA
                                       Give: 400MG PO QID
                                       TESTING
                                       RN/LPN Init: ________

                              *        09/19 | 09/19  12:00 | 09/22/00  18:00
                                       AMPICILLIN 1 GM
                                       in
                                       0.45% NACL 1000 ML QID
                                       IV  QID
                                       RN/LPN Init: ________

                                 15:00 09/18 | 09/18  12:00 | 09/22/00  22:00
                                       RANITIDINE TAB
                                       Give: 150MG PO BID
                                       RN/LPN Init: ________
```

```
                                    09/18 | 09/18  12:00 | 09/22/00  22:00
                                    THEOPHYLLINE CAP,SA
                                    Give: 400MG PO QID
                                    TESTING
                                    RN/LPN Init: ________

                              20:00 09/18 | 09/18  12:00 | 09/22/00  22:00
                                    RANITIDINE TAB
                                    Give: 150MG PO BID
                                    RN/LPN Init: ________

                                    09/18 | 09/18  12:00 | 09/22/00  22:00
                                    THEOPHYLLINE CAP,SA
                                    Give: 400MG PO QID
                                    TESTING
                                    RN/LPN Init: ________



* Projected admin. times based on order's volume, flow rate, and start time.

Enter RETURN to continue or '^' to exit:
```

7.1.2.11. Patient Profile (Extended) [PSJ EXTP]

The *Patient Profile (Extended)* option creates a report to allow the viewing of all the orders on file for a patient. The user can view all of the orders that have not been purged or enter a date to start searching from.

Example: Extended Patient Profile Report

```
Select Reports Menu Option: PATient Profile (Extended)

Select PATIENT:    PSJPATIENT1,ONE        000-00-0001  08/18/20    1 EAST

Date to start searching from (optional):  083101

Select another PATIENT: <Enter>

Show PROFILE only, EXPANDED VIEWS only, or BOTH: PROFILE// BOTH

Show SHORT, LONG, or NO activity log?  NO// SHORT

Select PRINT DEVICE: <Enter>  DECSERVER

               I N P A T I E N T   M E D I C A T I O N S      02/28/02  14:12
                          VAMC:  ALBANY, NY (500)
 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
PSJPATIENT1,ONE                Ward: 1 EAST
   PID: 000-00-0001        Room-Bed: B-12         Ht(cm): ______ (________)
   DOB: 08/18/20  (81)                            Wt(kg): ______ (________)
   Sex: MALE                                   Admitted: 05/03/00
    Dx: TESTING                           Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)           BSA (m2): _______
 Allergies: No Allergy Assessment
       ADR:
 - - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - -
   1     MULTIVITAMINS 5 ML                       C  02/28/2002  03/30/2002  A
         in 0.9% SODIUM CHLORIDE 1000 ML Q8H
   2     BACLOFEN TAB                             C  02/20/2002  03/06/2002  A
           Give: 10MG PO QDAILY
           PATIENT SPITS OUT MEDICINE
   3     PREDNISONE TAB                           C  02/25/2002  03/11/2002  A
           Give: 5MG PO TU-TH-SA@09
```

```
   4     RESERPINE TAB                          C  02/20/2002  03/06/2002  A
           Give: 1MG PO QDAILY
   5     PANCREATIN CAP,ORAL                    O  02/21/2002  03/23/2002  A
           Give: 1 CAPSULE PO ONCE
 - - - - - - - - - - - - - - N O N - V E R I F I E D - - - - - - - - - - - - - -
   6     CEFTAZIDIME INJ                        ?  ********    ********    N
           Give: 1 GM IV QDAILY
   7     TRACE ELEMENTS INJ                     ?  ********    ********    N
           Give: 1 ML IV QDAILY
 - - - - - - - - - - - - - - - N O N - A C T I V E - - - - - - - - - - - - - - -
   8     CEFAZOLIN 1 GM                         C  11/02/2001  12/07/2001  E
         in 5% DEXTROSE 1000 ML QID
   9     zC2TESTDRUG 1 LITER                    C  12/14/2001  12/21/2001  E
         in 5% DEXTROSE 1000 ML QDAILY
Enter RETURN to continue or '^' to exit:  <Enter>

     Patient: PSJPATIENT1,ONE                        Status: ACTIVE

*(1)  Additives:             Order number: 29           Type: PIGGYBACK
       MULTIVITAMINS 5 ML
 (2)  Solutions:
       0.9% SODIUM CHLORIDE 1000 ML
           Duration:                              *(4) Start: 02/28/2002  13:56
 (3)  Infusion Rate: INFUSE OVER 8 HOURS.
*(5)      Med Route: IV                           *(6) Stop: 03/30/2002  24:00
*(7)       Schedule: QDAILY                       Last Fill: ********
 (8)    Admin Times: 09-13-17-21                   Quantity: 0
*(9)       Provider: PSJPROVIDER,ONE  [w]         Cum. Doses:
*(10)Orderable Item: MULTIVITAMINS INJ
       Instructions:
 (11)   Other Print:

 (12)  Remarks :
       Entry By: PSJPROVIDER,ONE                  Entry Date: 02/28/02  13:56

ACTIVITY LOG:
#  DATE       TIME      REASON                    USER
==============================================================================
1  FEB 28,2002 13:58:30 VERIFY                    PSJPHARMACIST,ONE
   Comment: ORDER VERIFIED BY PHARMACIST

     ----------------------------------------------------------------------
Patient: PSJPATIENT1,ONE                      Status: ACTIVE
Orderable Item: BACLOFEN TAB
  Instructions:
Dosage Ordered: 10MG
      Duration:                                 Start: 02/20/2002  15:20
     Med Route: ORAL (PO)                        Stop: 03/06/2002  24:00
 Schedule Type: CONTINUOUS
      Schedule: QDAILY
   Admin Times: 1440
      Provider: PSJPROVIDER,ONE [w]
Special Instructions: PATIENT SPITS OUT MEDICINE
                                              Units   Units   Inactive
 Dispense Drugs                            U/D  Disp'd  Ret'd   Date
-------------------------------------------------------------------------------
 BACLOFEN 10MG TABS                        1    0       0

Entry By: PSJPROVIDER,ONE                          Entry Date: 02/20/02  15:20

ACTIVITY LOG:
#  DATE       TIME      REASON                    USER
==============================================================================

   (THE ORDERABLE ITEM IS CURRENTLY LISTED AS INACTIVE.)

    Date: 02/20/02  15:20     User: PSJPHARMACIST,ONE
Activity: ORDER ENTERED AS ACTIVE BY PHARMACIST

     ----------------------------------------------------------------------
Patient: PSJPATIENT1,ONE                      Status: ACTIVE
Orderable Item: PREDNISONE TAB
  Instructions:
Dosage Ordered: 5MG
      Duration:                                 Start: 02/25/2002  10:58
```

```
     Med Route: ORAL (PO)                        Stop: 03/11/2002  24:00
 Schedule Type: CONTINUOUS
      Schedule: TU-TH-SA@09
   Admin Times: 09
      Provider: PSJPROVIDER,ONE [w]
                                                 Units   Units   Inactive
 Dispense Drugs                             U/D  Disp'd  Ret'd   Date
-------------------------------------------------------------------------------
 PREDNISONE 5MG TAB                         1    0       0
Self Med: NO
Entry By: PSJPROVIDER,ONE                           Entry Date: 02/25/02  10:58

ACTIVITY LOG:
#  DATE       TIME      REASON                    USER
==============================================================================
    Date: 02/25/02  10:58     User: PSJPHARMACIST,ONE
Activity: ORDER VERIFIED BY PHARMACIST
```

7.1.3. Align Labels (Unit Dose) [PSJU AL]

The *Align Labels (Unit Dose)* option allows the user to align the label stock on a printer so that Unit Dose order information will print within the physical boundaries of the label.

Example: Align Labels (Unit Dose)

```
Select Unit Dose Medications Option: ALIGn Labels (Unit Dose)

Select LABEL PRINTER: <Enter>  TELNET
\------------- FIRST LINE OF LABEL ------------/
<                                             >
<------------- LABEL BOUNDARIES --------------->
<                                             >
/--------------LAST LINE OF LABEL--------------\

 XX/XX | XX/XX | XX/XX/XX  XX:XX  (PXXXX)  | A T    PATIENT NAME
       ROOM-BED
 DRUG NAME                    SCHEDULE TYPE| D I    XXX-XX-XXXX       DOB (AGE)
           TEAM
 DOSAGE ORDERED   MED ROUTE   SCHEDULE     | M M    SEX          DIAGNOSIS
 SPECIAL INSTRUCTIONS                      | I E    ACTIVITY DATE/TIME  ACTIVITY
 WS HSM NF               RPH:_____ RN:_____| N S    WARD GROUP
           WARD



 Are the labels aligned correctly? Yes// Y  (Yes)
```

7.1.4. Label Print/Reprint
[PSJU LABEL]

The *Label Print/Reprint* option allows the user to print new unprinted labels and/or reprint the latest label for any order containing a label record. When entering this option, the pharmacist will be informed if there are any unprinted new labels from auto-cancelled orders (i.e., due to ward or service transfers). The pharmacist will be shown a list of wards to choose from if these labels are to be printed at this time. The pharmacist can delete these auto-cancel labels; however, deletion will be for all of the labels.

Next, the pharmacist will be instructed if there are any unprinted new labels. The pharmacist can then decide whether to print them now or later.

The pharmacist can choose to print the labels for a group (**G**), ward (**W**), clinic (**C**), or patient (**P**). When group is selected, a prompt to select by ward group (**W**) or clinic group (**C**) displays. If ward, ward group, clinic, or clinic group is chosen, the label start date will be entered and the labels will print on the specified printer device. When the option to print by individual patient is chosen, an Inpatient Profile will be displayed and the pharmacist can then choose the labels from the displayed Unit Dose and IV orders to be printed on a specified printer.

7.1.5. Patients on Specific Drug(s)
[PSJ PDV]

The *Patients on Specific Drug(s)* option creates a report that lists patients on specific Orderable Item(s), Dispense Drug(s), or Veterans Affairs (VA) class(es) of drugs. When more than one of these drugs is chosen, the user will have the option to only display patients with orders containing ALL of the selected drugs or classes. The default behavior will be to display patients with orders of ANY of the selected drugs or classes.

This option can be found under the *Supervisor's* menu or may have been added to a locally created pharmacist's menu.

The user will be prompted for the start and stop dates. Orders that are active between these two dates will be listed on the report. The user then has the choice to see only IV orders, Unit Dose orders, or both types of orders. These orders may be sorted by patient name or by the start date of the orders. The user will choose to sort by Orderable Items, Dispense Drug, or VA class of drugs and then choose one or multiple drugs or classes. If a single drug or class is chosen, the orders for that drug or class will be listed. If multiple matches for drugs or classes are designated, the report will only include patients for whom orders are found meeting the designated number of matches to drugs or classes. By using the "Select number of matches" prompt, the user may select how many of the items entered must be on the patient's record in order for the patient to be displayed in the report.

For example: Patient A has an order for ACETAMINOPHEN TAB, patient B has an order for ASPIRIN TAB, and patient C has orders for both. If the user chooses two Orderable Items (ACETAMINOPHEN TAB and ASPIRIN TAB), and enters '1' (default) on the number of

matches screen, the orders of all three patients will print. If the user chooses two Orderable Items and enters ‘2’ on the number of matches screen, only patient C’s orders will print.

Selecting a parent VA class will function as if the user had selected all of its children classes manually. Users will also be able to select one or more divisions and/or wards, which will limit the results to print only patients from the locations entered. When selecting all divisions and all wards, an additional prompt is shown to allow selection of one pharmacy ward group for selected locations.

Example: Patients on Specific Drug(s) Report

```
Select MANagement Reports Menu Option:  Patients on Specific Drug(s)

Enter start date: T-9  (JAN 30, 2001)

Enter stop date: T  (FEB 08, 2001)

List IV orders, Unit Dose orders, or All orders: ALL// <Enter>

Do you wish to sort by (P)atient or (S)tart Date: Patient// <Enter>

List by (O)rderable Item, (D)ispense Drug, or (V)A Class of Drugs: Orderable Item

Select PHARMACY ORDERABLE ITEM NAME: WARFARIN    TAB

Dispense Drugs for WARFARIN are:
WARFARIN 10MG U/D
WARFARIN 5MG U/D
WARFARIN 2.5MG U/D
WARFARIN 2MG U/D
WARFARIN 5MG
WARFARIN 7.5MG U/D
WARFARIN 2.5MG
WARFARIN 2MG
WARFARIN 7.5MG
WARFARIN 10MG

Select PHARMACY ORDERABLE ITEM NAME: <Enter>
Select number of matches: 1// <Enter>

Select division: ALL// <Enter>
Select ward: ALL// <Enter>

You may optionally select a ward group...

Select a Ward Group: <Enter>


Select PRINT DEVICE:   NT/Cache virtual TELNET terminal

...this may take a few minutes...
                        ...you really should QUEUE this report, if possible...
Press RETURN to continue "^" to exit: <Enter>

02/08/01                                                              PAGE: 1

         LISTING OF PATIENTS WITH ORDERS CONTAINING ORDERABLE ITEM(S):

                                   WARFARIN

                    FROM 01/30/01  00:01 TO 02/08/01  24:00

-------------------------------------------------------------------------------
                                                                  Start  Stop
Patient                         Order                             Date   Date
-------------------------------------------------------------------------------
```

```
PSJPATIENT,ONE                  WARFARIN TAB                    01/30  01/31
000-00-0001                     Give: 5MG PO QPM PRN
1 EAST


                                WARFARIN TAB                    01/30  01/31
                                Give: 5MG PO QPM PRN
```

7.2. IV

All of the IV Output Options are located under the specified menus on the *IV Menu* option.

7.2.1. Label Menu (IV)
[PSJI LBLMENU]

The *Label Menu (IV)* option allows the printing or reprinting of labels for all IV orders. All labels will have a unique Bar Code ID. This ID number is comprised for the patient internal entry number (IEN), a "V" as a delimiter, and the label sequetial number for the patient (not the order). Orders suspended for a particular delivery time; however, cannot be printed from here, but must be printed from the suspense functions. This option contains five sub-options.

Example: IV Label Menu

```
Select IV Menu Option: LABel Menu (IV)

Select Label Menu (IV) Option: ?

          Align Labels (IV)
          Individual Labels (IV)
          Scheduled Labels (IV)
          Reprint Scheduled Labels (IV)
          Test Control Codes (IV)
```

7.2.1.1. Align Labels (IV)
[PSJI ALIGNMENT]

The *Align Labels (IV)* option allows the user to align the labels on the Label printer. It will always print three test labels which display a generic Bar Code ID.

Example: IV Align Labels

```
Select Label Menu (IV) Option: Align Labels (IV)

  (Please make any initial adjustments before selecting the label device.)

Print labels on DEVICE: VIRTUAL TELNET//  <Enter>  VIRTUAL

      *nnnVnnn*
_____________________________________
_____________________________________
_____________________________________
_____________________________________
_____________________________________
_____________________________________
_____________________________________
_____________________________________
_____________________________________
_____________________________________
```

```
_____________________________________

      *nnnVnnn*

_____________________________________
_____________________________________
_____________________________________
_____________________________________
_____________________________________
_____________________________________
_____________________________________
_____________________________________
_____________________________________
_____________________________________
_____________________________________
_____________________________________
_____________________________________

      *nnnVnnn*

_____________________________________
_____________________________________
_____________________________________
_____________________________________
_____________________________________
_____________________________________
_____________________________________
_____________________________________
_____________________________________
_____________________________________
_____________________________________
_____________________________________
_____________________________________

Is the label alignment correct? Yes// <Enter>  (Yes)
```

7.2.1.2. Individual Labels (IV) [PSJI LBLI]

The *Individual Labels (IV)* option allows the printing of labels for a patient's order. The pharmacist can choose whether or not the labels are to be counted as daily usage. This is often used for On-call orders or those not automatically delivered.

Once an order is selected from the patient profile, all of the printed labels that have not been marked as Completed or Given by BCMA, or have not been Reprinted, Recycled, Cancelled, or Destroyed, display on the order view. The pharmacist can select to print new labels or reprint IV labels.

Example: IV Individual Labels

```
Patient Information          Apr 19, 2010@09:05:03          Page:    1 of    1
BCMA,ONE HUNDRED-PATIENT         Ward: BCMA                          A
   PID: 666-33-0100          Room-Bed: 14-C          Ht(cm): ______ (________)
   DOB: 04/07/35 (75)                                Wt(kg): ______ (________)
   Sex: FEMALE                                   Admitted: 02/08/02
    Dx: SEVERA ANEMIA                    Last transferred: ********
```

```
  CrCL: <Not Found> (CREAT: Not Found)           BSA (m2): _______

Allergies - Verified: STRAWBERRIES
        Non-Verified:
   Adverse Reactions:
 Inpatient Narrative:
Outpatient Narrative:




          Enter ?? for more actions
PU Patient Record Update                NO New Order Entry
DA Detailed Allergy/ADR List            IN Intervention Menu
VP View Profile                         CM New Clinic Medication Entry
Select Action: View Profile// View Profile

SHORT, LONG, or NO Profile?  SHORT//   SHORT

IV Profile                    Apr 19, 2010@09:05:31          Page:    1 of    1
BCMA,ONE HUNDRED-PATIENT          Ward: BCMA                            A
   PID: 666-33-0100           Room-Bed: 14-C          Ht(cm): ______ (________)
   DOB: 04/07/35 (75)                                 Wt(kg): ______ (________)
   Sex: FEMALE                                   Admitted: 02/08/02
    Dx: SEVERA ANEMIA                     Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)           BSA (m2): _______

#   Additive                    Last fill        Type  Start   Stop  Stat Renew
---------------------------------- A c t i v e ---------------------------------
   1 CALCIUM GLUCONATE 5 GM (1) **   N/P  **  #0   H  04/19/2002  04/22/2002  A
     MAGNESIUM SULFATE 8 GM (2)
     POTASSIUM CHLORIDE 20 MEQ
     in DEXTROSE 10% IN WATER 1000 ML 150
        ml/hr

          Enter ?? for more actions
PI  Patient Information                 NO  New Order Entry
PU  Patient Record Update               CM  New Clinic Medication Entry
SO  Select Order
Select Action: Quit// 1

     ---------------------------------------------------------------------
     Patient: BCMA,ONE HUNDRED-PATIENT                Status: ACTIVE

*(1) Additives:              Order number: 9            Type: HYPERAL
       CALCIUM GLUCONATE 5 GM 1
       MAGNESIUM SULFATE 8 GM 2
       POTASSIUM CHLORIDE 20 MEQ
*(2) Solutions:
       DEXTROSE 10% IN WATER 1000 ML
           Duration:                              *(4) Start: 04/19/2010  13:30
*(3)  Infusion Rate: 150 ml/hr
*(5)      Med Route: IV                           *(6) Stop: 04/22/2010  24:00
*(7)       Schedule:                             Last Fill: ********
 (8)    Admin Times:                              Quantity: 0
*(9)       Provider: PHARMACIST,SEVENTEEN [w]     Cum. Doses:
 (10)   Other Print:

 (11)  Remarks :
        IV Room: ONE BCMA
       Entry By: PHARMACIST,SEVENTE               Entry Date: 04/19/10  07:30


Enter RETURN to continue or '^' to exit:
```

Example: IV Individual Labels (Print New Labels)

```
Individual IV Labels          Apr 19, 2010@09:06:27          Page:    1 of    1
BCMA,ONE HUNDRED-PATIENT          Ward: BCMA                            A
   PID: 666-33-0100           Room-Bed: 14-C          Ht(cm): ______ (________)
   DOB: 04/07/35 (75)                                 Wt(kg): ______ (________)
```

```
        CALCIUM GLUCONATE 5 GM (1)               C  04/19/2010  04/22/2010 A
        MAGNESIUM SULFATE 8 GM (2)
        POTASSIUM CHLORIDE 20 MEQ
        in DEXTROSE 10% IN WATER 1000 ML 150 ml/
           hr

------------------------ Labels available for reprint -------------------------




          Enter ?? for more actions
NL   Print New Labels                    RL   Reprint IV Labels
Select Item(s): Quit// NL   Print New Labels

Number of labels to print: 8
Count as daily usage? Yes//   (Yes)
```

Note: This order needs four bags per day. In this example, printing eight labels will cover two days of usage. The usage count is stored in the order and is part of the calculation for placing the correct additive(s) in the appropriate bag(s).

```
Labels for Day 1


100115V56
[9] 0100  BCMA  04/19/10
BCMA,ONE HUNDRED-PATIENT  14-C

==========================================
DEXTROSE 10% IN WATER 1000 ML
CALCIUM GLUCONATE 5 GM
POTASSIUM CHLORIDE 20 MEQ
==========================================

ROUTE: INTRAVENOUS
150 ml/hr
Fld by:_____Chkd by:_____
1[8]
```

Note: Label 1[8] showed only two additives and a solution. The reason for this was CALCIUM GLUCONATE 5 GM was specified for bottle (bag) 1 only. POTASSIUM CHLORIDE 20 MEQ appeared on all of the labels because it supposed to be included in all of the bags.

```
100115V57
[9] 0100  BCMA  04/19/10
BCMA,ONE HUNDRED-PATIENT  14-C

==========================================
DEXTROSE 10% IN WATER 1000 ML
MAGNESIUM SULFATE 8 GM
POTASSIUM CHLORIDE 20 MEQ

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

ROUTE: INTRAVENOUS
150 ml/hr
Fld by:_____Chkd by:_____
2[8]
```

Note: Label 2[8] showed only two additives and a solution. The reason for this was MAGNESIUM SULFATE 8 GM was specified for bottle (bag) 2 only. The POTASSIUM CHLORIDE 20 MEQ appeared on all of the labels because it supposed to be included in all of the bags. CALCIUM GLUCONATE 5 GM was omitted since it was not to be added to the second bag.

```
100115V58
[9] 0100  BCMA  04/19/10
BCMA,ONE HUNDRED-PATIENT  14-C

==========================================
DEXTROSE 10% IN WATER 1000 ML
POTASSIUM CHLORIDE 20 MEQ
==========================================

ROUTE: INTRAVENOUS
150 ml/hr
Fld by:_____Chkd by:_____
3[8]

100115V59
[9] 0100  BCMA  04/19/10
BCMA,ONE HUNDRED-PATIENT  14-C

==========================================
DEXTROSE 10% IN WATER 1000 ML
POTASSIUM CHLORIDE 20 MEQ
==========================================

ROUTE: INTRAVENOUS
150 ml/hr
Fld by:_____Chkd by:_____
4[8]
```

Note: Label 3[8] and 4[8] show only one additive and a solution. The POTASSIUM CHLORIDE 20 MEQ appeared on the label because it supposed to be included in all of the bags. The CALCIUM GLUCONATE 5 GM and MAGNESIUM SULFATE 8 GM were omitted since they were not specified to be added to the third or fourth bag.

```
Labels for Day 2:

100115V60
[9] 0100  BCMA  04/19/10
BCMA,ONE HUNDRED-PATIENT  14-C

==========================================
DEXTROSE 10% IN WATER 1000 ML
CALCIUM GLUCONATE 5 GM
POTASSIUM CHLORIDE 20 MEQ
==========================================

ROUTE: INTRAVENOUS
150 ml/hr
Fld by:_____Chkd by:_____
5[8]

100115V61
[9] 0100  BCMA  04/19/10
BCMA,ONE HUNDRED-PATIENT  14-C
```

```
==========================================
DEXTROSE 10% IN WATER 1000 ML
MAGNESIUM SULFATE 8 GM
POTASSIUM CHLORIDE 20 MEQ
==========================================

ROUTE: INTRAVENOUS
150 ml/hr
Fld by:_____Chkd by:_____
6[8]

100115V62
[9] 0100  BCMA  04/19/10
BCMA,ONE HUNDRED-PATIENT  14-C

==========================================
DEXTROSE 10% IN WATER 1000 ML
POTASSIUM CHLORIDE 20 MEQ
==========================================

ROUTE: INTRAVENOUS
150 ml/hr
Fld by:_____Chkd by:_____
7[8]

100115V63
[9] 0100  BCMA  04/19/10
BCMA,ONE HUNDRED-PATIENT  14-C

==========================================
DEXTROSE 10% IN WATER 1000 ML
POTASSIUM CHLORIDE 20 MEQ
==========================================

ROUTE: INTRAVENOUS
150 ml/hr
Fld by:_____Chkd by:_____
8[8]
```

Example: IV Individual Labels (Reprint IV Labels)

```
IV Profile                    Apr 19, 2010@09:30:16          Page:    1 of    1
BCMA,ONE HUNDRED-PATIENT          Ward: BCMA                           A
   PID: 666-33-0100           Room-Bed: 14-C          Ht(cm): ______ (________)
   DOB: 04/07/35 (75)                                 Wt(kg): ______ (________)
   Sex: FEMALE                                   Admitted: 02/08/02
    Dx: SEVERA ANEMIA                     Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)           BSA (m2): _______

#   Additive                   Last fill        Type  Start   Stop  Stat Renew
---------------------------------- A c t i v e -------------------------------
   1 CALCIUM GLUCONATE 5 GM (1) APR 19 09:07  #8   H  04/19/2002  04/22/2002  A
     MAGNESIUM SULFATE 8 GM (2)
     POTASSIUM CHLORIDE 20 MEQ
     in DEXTROSE 10% IN WATER 1000 ML 150
        ml/hr

          Enter ?? for more actions
PI  Patient Information                 NO  New Order Entry
PU  Patient Record Update               CM  New Clinic Medication Entry
SO  Select Order
Select Action: Quit// 1
     ---------------------------------------------------------------------
     Patient: BCMA,ONE HUNDRED-PATIENT                Status: ACTIVE

*(1) Additives:              Order number: 9            Type: HYPERAL
       CALCIUM GLUCONATE 5 GM 1
       MAGNESIUM SULFATE 8 GM 2
       POTASSIUM CHLORIDE 20 MEQ
```

```
*(2) Solutions:
       DEXTROSE 10% IN WATER 1000 ML
           Duration:                                *(4) Start: 04/19/2010  13:30
*(3)  Infusion Rate: 150 ml/hr
*(5)      Med Route: IV                             *(6) Stop: 04/22/2010  24:00
*(7)       Schedule:                                Last Fill: 04/19/10  09:07
 (8)    Admin Times:                                 Quantity: 8
*(9)       Provider: PHARMACIST,SEVENTEEN [w]     Cum. Doses: 8
 (10)   Other Print:

 (11)  Remarks :
        IV Room: ONE BCMA
       Entry By: PHARMACIST,SEVENTE               Entry Date: 04/19/10  07:30

Individual IV Labels          Apr 19, 2010@09:30:57          Page:    1 of    3
BCMA,ONE HUNDRED-PATIENT          Ward: BCMA                            A
   PID: 666-33-0100           Room-Bed: 14-C          Ht(cm): ______ (________)
   DOB: 04/07/35 (75)                                 Wt(kg): ______ (________)

        CALCIUM GLUCONATE 5 GM (1)               C  04/19/2010  04/22/2010 A
        MAGNESIUM SULFATE 8 GM (2)
        POTASSIUM CHLORIDE 20 MEQ
        in DEXTROSE 10% IN WATER 1000 ML 150 ml/
           hr

------------------------ Labels available for reprint -------------------------
  1. 100115V56    CALCIUM GLUCONATE 5 GM (1)
                  POTASSIUM CHLORIDE 20 MEQ
                  DEXTROSE 10% IN WATER 1000 ML
                  150 ml/hr
                  1[8]
  2. 100115V57    MAGNESIUM SULFATE 8 GM (2)
                  POTASSIUM CHLORIDE 20 MEQ
                  DEXTROSE 10% IN WATER 1000 ML
+         Enter ?? for more actions
NL   Print New Labels                   RL   Reprint IV Labels


Select Item(s): Next Screen// RL Reprint IV Labels

Count as daily usage? Yes// NO  (No)

Select from 1 - 8 or <RETURN> to select by BCMA ID: 1

100115V64
[9] 0100  BCMA  04/19/10
BCMA,ONE HUNDRED-PATIENT  14-C

==========================================
DEXTROSE 10% IN WATER 1000 ML
CALCIUM GLUCONATE 5 GM
POTASSIUM CHLORIDE 20 MEQ
==========================================

ROUTE: INTRAVENOUS
150 ml/hr
Fld by:_____Chkd by:_____
1[8]
```

Note: This label is an exact copy of the one printed in the ‘Print New Labels’ above for Label 1 with the exception of the barcode ID.

7.2.1.3. Scheduled Labels (IV) [PSJI LBLS]

The *Scheduled Labels (IV)* option prints labels for a particular scheduled manufacturing time. Usually a Manufacturing List has been run prior to the printing of the labels. If this has been done, the labels will print immediately and in the same order as on the Manufacturing List. The use of this option also causes workload counts in the IV STATS file the first time they are printed. If they are printed a second time (e.g., due to a paper jam), the system knows they have been previously counted and will not count them in workload counts again. However, if the Ward List is re-run, and scheduled labels are printed again, the labels will be counted again in the workload.

This option displays the unique Bar Code ID for each label printed.

Example: IV Scheduled Labels

```
Select Label Menu (IV) Option:  Scheduled Labels (IV)

Schedule labels for DATE: TODAY// <Enter> (MAR 19, 2002)

     The manufacturing times on file are:
          1  14:00   PIGGYBACKS covering 1600 to 1559.
          2  11:00   ADMIXTURES AND PRIMARIES covering 0700 to 0659.
          3  12:00   HYPERALS covering 1400 to 1359.
          4  14:00   SYRINGE covering 1400 to 1359.
          5  14:00   CHEMOTHERAPY covering 1400 to 1359.

Enter manufacturing time(s): 1


     *739V744*

 [64] 0001  1 EAST 03/19/02
 PSJPATIENT1,ONE   B-12

 MVI 10 ML
 0.9% SODIUM CHLORIDE 1000 ML

 Dose due at: 03/19/02 1300
 INFUSE OVER 8 HOURS.
 QDAILY
 09-
 Fld by: ____  Chkd by: ____
 1[4]


      *739V745*

 [64] 0001  1 EAST 03/19/02
 PSJPATIENT1,ONE   B-12

 MVI 10 ML
 0.9% SODIUM CHLORIDE 1000 ML

 Dose due at: 03/19/02 1700
 INFUSE OVER 8 HOURS.
 QDAILY
 09
 Fld by: ____  Chkd by: ____
 2[4]
```

```
*739V746*

[64] 0001  1 EAST 03/19/02
PSJPATIENT1,ONE   B-12

MVI 10 ML
0.9% SODIUM CHLORIDE 1000 ML

Dose due at: 03/19/02 2100
INFUSE OVER 8 HOURS.
QDAILY
09
Fld by: ____  Chkd by: ____
3[4]

*739V747*

[64] 0001  1 EAST 03/19/02
PSJPATIENT1,ONE   B-12

MVI 10 ML
0.9% SODIUM CHLORIDE 1000 ML

Dose due at: 03/20/02 0900
INFUSE OVER 8 HOURS.
QDAILY
09 Fld by: ____  Chkd by: ____
4[4]
```

7.2.1.4. Reprint Scheduled Labels (IV) [PSJI LBLR]

The *Reprint Scheduled Labels (IV)* option allows scheduled labels to be reprinted in case of printer problems, or other occurrences, in which a portion of the scheduled labels failed to print. Labels printed with the reprint option will only be counted as usage if they were not counted during the original printing of scheduled labels. Each IV label will contain a unique Bar Code ID printed as the first line of the label.

Once a date has been selected, only manufacturing times for which scheduled labels have been attempted will be displayed for reprinting. The pharmacist is prompted for the patient's name(s) and the order number of the last and next usable labels. If **??** is entered at a prompt for order number, a profile will be displayed showing only orders for that patient which are on the current ward list. If no entry is made for the patient's name and order number on the "NEXT usable label:" prompt, labels will be printed from the "LAST usable label" selected, to the end.

Note: The *Ward List (IV)* and *Scheduled Labels (IV)* options MUST be run for the chosen date before the user can use this option.

This option also checks the status of the order. If the order has been documented as Completed or Given by BCMA, the label will not be re-printed.

7.2.1.5. Test Control Codes (IV) [PSJI CONTROL CODES]

The *Test Control Codes (IV)* option allows the user to print an IV label for the purpose of verifying the control code definitions. These control code definitions are needed for the Zebra printers and are input by IRM into the TERMINAL TYPE file. An entire label is not printed, just a Bar Code ID and one line of underscores.

Example: Testing Control Codes

```
Select Label Menu (IV) Option:  TEStt Control Codes (IV)
Select IV ROOM NAME: <Enter>   TST ISC ROOM

You are signed on under the TST ISC ROOM IV ROOM

Current IV LABEL device is: <Enter>  ZEBRA 1

Current IV REPORT device is: <Enter>  NT TELNET TERMINAL

  (Please make any initial adjustments before selecting the label device.)

Print labels on DEVICE: ZEBRA 1// <Enter>  Zebra Barcode Printer
```

```
      *nnnVnnn*
 _______




Is the label alignment correct? Yes//
```

7.2.2. REPorts (IV) [PSJI REPORTS]

The *REPorts (IV)* option leads to the selection of one of the pre-set reports of the IV module. This option contains five sub-options.

Example: IV Reports

```
Select IV Menu Option: REPorts (IV)

Select REPorts (IV) Option: ?

          Active Order List (IV)
          INpatient Stop Order Notices
          IV Drug Formulary Report (IV)
          Patient Profile Report (IV)
          Renewal List (IV)
```

7.2.2.1. Active Order List (IV) [PSJI ACTIVE]

The *Active Order List (IV)* creates a report to show all orders that are active at the time that this report is run. This report is similar to the *Ward List (IV)* option, since the Ward List report also contains all active orders when it is run; however, this report maintains the following attributes:

- Can be run at any time rather than only at a start of coverage time
- Will not affect the calculation of number of labels needed after order entry (Running the *Ward List (IV)* affects the count of labels needed in label prompt, Action (PBS))
- Will contain all types of IV orders (hyperals, admixtures, piggybacks, chemos, and syringes)
- Can be run for specific ward(s)

Note: At the "Start at WARD:" or "Stop at WARD:" prompts, the user can enter **^OUTPATIENT** to get reports for Outpatient IVs. The user can enter ward location, synonym, or name of service. The IV module prints this report in alphabetical order. Therefore, the user should carefully select the beginning and ending wards to make sure the beginning ward is alphabetically before the ending ward.

Example: IV Active Order List

```
Select REPorts (IV) Option:  Active Order List (IV)
Start at WARD: BEG// ?

Press <RETURN> to start from the first ward
or enter "^Outpatient" for Outpatient IV
or enter any ward.

Start at WARD: BEG//    1 EAST
Stop at WARD: END// ?

Press <RETURN> to stop at the last ward
or enter "^Outpatient" for Outpatient IV
or enter any ward.

Stop at WARD: END//    1 EAST

Active order list
Printed on: MAR 19,2001 13:51

Patient name                  Order             Stop date             Provider
-------------------------------------------------------------------------------------------
                                 **** Ward: 1 EAST ****

B-12             MVI 10 ML                     MAR 20,2001 24:00     PSJPROVIDER,ONE
PSJPATIENT1,ONE  0.9% SODIUM CHLORIDE 1000 ML
0001 [64]        INFUSE OVER 8 HOURS.
                 QDAILY (09)

B-12             POTASSIUM CHLORIDE 40 MEQ     MAR 26,2001 24:00     PSJPROVIDER,ONE
PSJPATIENT1,ONE  0.9% SODIUM CHLORIDE 1000 ML
0001 [65]        100 ml/hr


Select REPorts (IV) Option:
```

7.2.2.2. INpatient Stop Order Notices [PSJ EXP]

The *INpatient Stop Order Notices* option produces a list of patients' medication orders that are about to expire. Action must be taken (using VA FORM 10-1158) if these medications are to be re-ordered.

The next prompt allows the pharmacist to select by group (**G**), ward (**W**), clinic (**C**), or patient (**P**). When group is selected, a prompt to select by ward group (**W**) or clinic group (**C**) displays. If the user chooses to print by ward, the selection to sort by administration teams is displayed. ALL teams (default selection), multiple teams, or one administration team may be chosen.

Start and stop dates will be prompted next.

This option will list both Unit Dose orders and IV orders. The user may choose to print All, which is the default, or either the Unit Dose or IV orders.

Special Instructions for Unit Dose orders and Other Print Information for IV orders are listed on the report. IV orders are sorted by the Orderable Item of the first additive or solution in the order. The Orderable Item with each additive and solution is displayed along with the strength/volume specified. The schedule type for all IV orders is assumed to be continuous.

Example: Inpatient Stop Order Notices

```
Select Reports Menu Option: INpatient Stop Order Notices

Select by GROUP (G), WARD (W), CLINIC (C), or PATIENT (P): PATIENT <Enter>

Select PATIENT:    PSJPATIENT2,TWO   000-00-0002   02/22/42   1 West

Enter start date: T  (SEP 19, 2000)

Enter stop date: T+7  (SEP 26, 2000)

List IV orders, Unit Dose orders, or All orders: ALL// <Enter>

Select PRINT DEVICE: 0;80  TELNET

...this may take a few minutes...
                         ...you really should QUEUE this report, if possible..
Enter RETURN to continue or '^' to exit: <Enter>

AS OF: 09/19/00  13:14                                              Page: 1


                    THE FOLLOWING MEDICATIONS WILL EXPIRE
                 FROM 09/19/00  00:01 THROUGH 09/26/00  24:00
          TO CONTINUE MEDICATIONS, PLEASE REORDER ON VA FORM 10-1158.

 PSJPATIENT2,TWO              Ward: 1 West
    PID: 000-00-0002      Room-Bed: A-6              Ht(cm): 167.64 (04/21/99)
    DOB: 02/22/42  (58)                              Wt(kg):  85.00 (04/21/99)
    Sex: MALE                                     Admitted: 09/16/99
     Dx: TEST PATIENT
   CrCL: <Not Found> (CREAT: Not Found)            BSA (m2): 1.95
 Allergies: CARAMEL, CN900, LOMEFLOXACIN, PENTAMIDINE, PENTAZOCINE, CHOCOLATE,
            NUTS, STRAWBERRIES, DUST
 NV Aller.: AMOXICILLIN, AMPICILLIN, TAPE, FISH, FLUPHENAZINE DECANOATE
```

```
      ADR:


 Medication                                ST Start  Stop          Status/Info
   Dosage                                                          Provider
-------------------------------------------------------------------------------

 AMPICILLIN 1 GM                           C  09/19 09/22/00  18:00 A
   in 0.45% NACL 100 ML QID                              PSJPROVIDER,ONE
 IV  QID

 PENTAMIDINE ISETHIONATE 1 MG              C  09/19 09/22/00  18:00 A
   in 0.45% NACL 1000 ML 8 MG/HR                         PSJPROVIDER,ONE
 IV  8 MG/HR@1

 ACETAMINOPHEN 300/CODEINE 30 TAB          C  09/16 09/22/00  22:00 A
 Give: 2 TABS PO QDAILY                                PSJPROVIDER,ONE

 BENZOYL PEROXIDE GEL,TOP                  C  09/19 09/22/00  22:00 A
 Give: APPLY SMALL AMOUNT TOP QDAILY                   PSJPROVIDER,ONE
     Special Instructions: TEST

 RANITIDINE TAB                            C  09/18 09/22/00  22:00 A
 Give: 150MG PO BID                                    PSJPROVIDER,ONE

 THEOPHYLLINE CAP,SA                       C  09/18 09/22/00  22:00 A
 Give: 400MG PO QID                                    PSJPROVIDER,ONE
     Special Instructions: TESTING


PSJPATIENT2,TWO             000-00-0002   1 West           A-6
```

7.2.2.3. IV Drug Formulary Report (IV) [PSJI DRUG FORM]

The *IV Drug Formulary Report (IV)* option creates a report to allow the user to print out all information on any of the defined IV drugs. It is a VA FileMan report; therefore, the user can choose which fields to print.

Example: IV Drug Formulary Report

```
Select REPorts (IV) Option:  IV Drug Formulary Report (IV)

Are you printing drug information from ...
the IV ADDITIVE file or IV SOLUTION file ?  ADDITIVE//  <Enter>   ADDITIVE
SORT BY: PRINT NAME//   <Enter>
START WITH PRINT NAME: FIRST// <Enter>
FIRST PRINT FIELD: ??

   Choose from:
   .01          PRINT NAME
   1            GENERIC DRUG
   2            DRUG UNIT
   3            NUMBER OF DAYS FOR IV ORDER
   4            USUAL IV SCHEDULE
   5            ADMINISTRATION TIMES
   6            QUICK CODE  (multiple)
   7            AVERAGE DRUG COST PER UNIT
   8            ELECTROLYTES  (multiple)
   9            SYNONYM  (multiple)
   10           DRUG INFORMATION  (word-processing)
   11           *STATUS
   12           INACTIVATION DATE
   13           CONCENTRATION
   14           MESSAGE
   15           PHARMACY ORDERABLE ITEM
   16           *PRIMARY DRUG
```

```
   17          USED IN IV FLUID ORDER ENTRY

     TYPE '&' IN FRONT OF FIELD NAME TO GET TOTAL FOR THAT FIELD,
        '!' TO GET COUNT, '+' TO GET TOTAL & COUNT, '#' TO GET MAX & MIN,
        ']' TO FORCE SAVING PRINT TEMPLATE
     TYPE '[TEMPLATE NAME]' IN BRACKETS TO USE AN EXISTING PRINT TEMPLATE
     YOU CAN FOLLOW FIELD NAME WITH ';' AND FORMAT SPECIFICATION(S)
FIRST PRINT FIELD: .01  PRINT NAME
THEN PRINT FIELD: DRUG INFORMATION  (word-processing)
THEN PRINT FIELD: <Enter>
DEVICE:   VIRTUAL    Right Margin: 80// <Enter>


IV ADDITIVES LIST                              MAR 19,2001  13:54    PAGE 1
PRINT NAME                     DRUG INFORMATION
-------------------------------------------------------------------------------

10% DEXTROSE
10% DEXTROSE
5% DEXTROSE
5-FLUOURACIL
50% DEXTROSE
ACETAMINOPHEN

AMPICILLIN                     Trade Name: Polycillin-N   Omnipen-N Fluid
                               Compatibility:  D5W,    NS Stability:  In NS
                               8 hrs. at room temp., 72 hrs. refrigerated In
                               D5W 2 hrs. at room temp., 4 hrs. refrigerated
                               Administration: iGM or less in 50ML over 30
                               minutes Over iGM in 100ML over 60 minutes
AMPICILLIN
C2TESTDRUG
CEFAMANDOLE
CEFAZOLIN

IV ADDITIVES LIST                              MAR 19,2001  13:54    PAGE 2
PRINT NAME                     DRUG INFORMATION
-------------------------------------------------------------------------------

CEFOXITIN
CEFTRIAXONE
CEPHAPIRIN
CIMETIDINE
FUROSEMIDE
FUROSEMIDE
GENTAMICIN
GENTAMYCIN
HEPARIN
KCL
MVI
OXACILLIN
PENICILLIN G
POTASSIUM CHLORIDE XXXXXXXXXXX
PROLEUKIN
```

7.2.2.4. Patient Profile Report (IV) [PSJI PROFILE REPORT]

The *Patient Profile Report (IV)* option will allow a patient profile to be printed. With each profile printed, a view of each order within the profile can also be printed. Additionally, with each view the user can choose to have the activity log and the label log printed.

Example: IV Patient Profile Report

```
Select REPorts (IV) Option:  Patient Profile Report (IV)
View each order in the profile? Yes//  <Enter> (Yes)
View each activity log in the profile? Yes//  <Enter> (Yes)
```

```
View the label log in the profile? Yes//  <Enter> (Yes)

Select PATIENT:    PSJPATIENT1,ONE         000-00-0001  08/18/20    1 EAST

I V  P A T I E N T  P R O F I L E           03/19/01  14:35
                           VAMC:  ALBANY (500)
 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
 PSJPATIENT1,ONE              Ward: 1 EAST
    PID: 000-00-0001      Room-Bed: B-12            Ht(cm): ______ (________)
    DOB: 08/18/20  (80)                             Wt(kg): ______ (________)
    Sex: MALE                                     Admitted: 05/03/00
     Dx: TESTING
   CrCL: <Not Found> (CREAT: Not Found)            BSA (m2): _______
 Pharmacy Narrative:
 Allergies: No Allergy Assessment
       ADR:
#   Additive                        Last fill       Type  Start       Stop       Stat
---------------------------------- A c t i v e -------------------------------
1  POTASSIUM CHLORIDE 40 MEQ      MAR 19 12:06  #2   A   03/19/2001  03/26/2001  A
   in 0.9% SODIUM CHLORIDE 1000 ML 100
      ml/hr
2  MVI 10 ML                     MAR 19 12:06  #4   P   03/19/2001  03/20/2001  A
   in 0.9% SODIUM CHLORIDE 1000 ML 125 ml/hr
3  CEFAMANDOLE 1 GM               **   N/P  ** #0   A   02/15/2001  02/22/2001  H
   in 0.9% SODIUM CHLORIDE 100 ML QID ON CALL
---------------------------------- P e n d i n g -----------------------------
4  FLUOROURACIL INJ,SOLN          **   N/P  ** #0       *****       *****       P R
     Give: 100MG/2ML PO QDAILY
5  TIMOLOL SOLN,OPH               **   N/P  ** #0   P   *****       *****       P
     Give:  OU Q12H
---------------------------------- N o t   A c t i v e -----------------------
6  MVI 5 ML                       MAR 15 12:47  #3  P   03/15/2001  03/16/2001  E
   in 0.9% SODIUM CHLORIDE 500 ML QDAILY
7  MVI 10 ML                      MAR 15 12:40  #1  P   03/15/2001  03/15/2001  D
   in NORMAL SALINE 1000 ML QDAILY
8  C2TESTDRUG 1 LITER             **   N/P  **  #0  C   03/02/2001  03/03/2001  E
   in 0.9% SODIUM CHLORIDE 100 ML QDAILY

     ---------------------------------------------------------------------
     Patient: PSJPATIENT1,ONE                          Status: ACTIVE

*(1) Additives:              Order number: 65           Type: ADMIXTURE    <DIN>
       POTASSIUM CHLORIDE 40 MEQ
*(2) Solutions:
       0.9% SODIUM CHLORIDE 1000 ML
           Duration:                              *(4) Start: 03/19/2001  11:30
*(3)  Infusion Rate: 100 ml/hr
*(5)      Med Route: IV                           *(6) Stop: 03/26/2001  24:00
*(7)       Schedule:                              Last Fill: 03/19/2001  12:06
 (8)    Admin Times:                               Quantity: 20
*(9)       Provider: PSJPROVIDER,ONE [es]         Cum. Doses: 21
 (10)   Other Print:

 (11)  Remarks :
       Entry By: PSJPROVIDER,ONE                 Entry Date: 03/19/01  11:30


ACTIVITY LOG:
#  DATE       TIME      REASON                    USER
==============================================================================

No activity LOG to report.

LABEL LOG:

#  DATE/TIME      ACTION       USER                      #LABELS      TRACK          COUNT
=================================================================================================

1  MAR 19,2001@11:31:23
                  SUSPENDED    PSJPHARMACIST,ONE            20     ORDER ACTION
```

```
2  MAR 19,2001@11:47:58
                  DISPENSED    PSJPHARMACIST,ONE            2      INDIVIDUAL        YES

3  MAR 19,2001@11:50:12
                  RECYCLED     PSJPHARMACIST,ONE            2

4  MAR 19,2001@12:05:35
                  DISPENSED    PSJPHARMACIST,ONE            1      INDIVIDUAL        YES

5  MAR 19,2001@12:06:28
                  DISPENSED    PSJPHARMACIST,ONE            20       SCHEDULED        YES

6  MAR 19,2001@13:45:31
                  DISPENSED    PSJPHARMACIST,ONE            20       SCHEDULED         NO


Enter RETURN to continue or '^' to exit: ^



Select REPorts (IV) Option:
```

7.2.2.5. Renewal List (IV) [PSJI RNL]

The *Renewal List (IV)* option prints a list of all orders that need to be renewed on the date the user has specified. These orders will expire on the given date if they are not renewed.

The user will enter the beginning date and ending date of the renewal list. For example, if the user wants to know what orders will expire from noon today to noon tomorrow, **T@1200** can be entered as the beginning date and **T+1@1200** can be entered as the ending date.

Note: At the "Start at WARD:" or "Stop at WARD:" prompts, the user can enter **^OUTPATIENT** to get reports for Outpatient IVs.

Example: IV Renewal List

```
Select REPorts (IV) Option:  Renewal List (IV)

Enter beginning date:  T@0001// <Enter>  3/20@0001  (MAR 20, 2001@00:01)

Enter ending date:  T@2400// <Enter>  3/20@2400  (MAR 20, 2001@24:00)
Start at WARD: BEG//    1 EAST
Stop at WARD: END//    1 EAST

Renewal list from MAR 20,2001 00:01 to MAR 20,2001 24:00
Printed on: MAR 19,2001 14:44

Patient name                  Order             Stop date             Provider
-----------------------------------------------------------------------------------------
                                 **** Ward: 1 EAST ****

B-12                MVI 10 ML                   MAR 20,2001 24:00    PSJPROVIDER,ONE
PSJPATIENT1,ONE     0.9% SODIUM CHLORIDE 1000 ML
0001 [64]           INFUSE OVER 8 HOURS.
                    QDAILY (09-)


Select REPorts (IV) Option:
```

7.2.3. SUSpense Functions (IV) [PSJI SUSMENU]

The *SUSpense Functions (IV)* menu option will allow the user to choose from the available suspense options within the IV module. This option contains six sub-options.

Example: IV Suspense Functions Menu

```
Select IV Menu Option: SUSpense Functions (IV)

Select SUSpense Functions (IV) Option: ?

          Delete Labels from Suspense (IV)
          Individual Order Suspension (IV)
          Labels from Suspense (IV)
          Manufacturing Record for Suspense (IV)
          Reprint Labels from Suspense (IV)
          Suspense List (IV)
```

7.2.3.1. Delete Labels from Suspense (IV) [PSJI SUSLBDEL]

The *Delete Labels from Suspense (IV)* option allows the user to delete labels for orders that have been placed on suspense. The order is not affected by this option, only the labels are deleted.

Example: Delete IV Labels from Suspense

```
Select SUSpense Functions (IV) Option: DELete Labels from Suspense (IV)

Select PATIENT:    PSJPATIENT1,ONE     000-00-0001  08/18/20    1 EAST
   ...one moment, please...


Patient Name PSJPATIENT1,ONE  (1 EAST)
Order Number                  Order                                   Suspended
-------------------------------------------------------------------------------
64                                                 4 labels   MAR 19,2001 11:30:49
                              MVI 10 ML
                              0.9% SODIUM CHLORIDE 1000 ML
                              INFUSE OVER 8 HOURS.
                              QDAILY (09)

65                                                20 labels   MAR 19,2001 11:31:21
                              POTASSIUM CHLORIDE 40 MEQ
                              0.9% SODIUM CHLORIDE 1000 ML
                              100 ml/hr

Select Order Number: 64
Deleted.


Select SUSpense Functions (IV) Option:
```

7.2.3.2. Individual Order Suspension (IV) [PSJI INDIVIDUAL SUSPENSE]

The *Individual Order Suspension (IV)* option allows the user to suspend labels for a specific active order. The user can only suspend ten labels at a time.

These labels will then be available for the IV room to release for doses due within the present coverage interval or for the next coverage interval if the Ward List for that batch has already been run.

Example: IV Individual Order Suspension

```
Select SUSpense Functions (IV) Option:  Individual Order Suspension (IV)

Select PATIENT:    PSJPATIENT1,ONE        000-00-0001  08/18/20    1 EAST

Patient Information           Mar 19, 2001@14:55:29          Page:    1 of    1
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)
   Sex: MALE                                     Admitted: 05/03/00
    Dx: TESTING                            Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)            BSA (m2): _______

 Allergies/Reactions: No Allergy Assessment
 Remote:
 Adverse Reactions:
 Inpatient Narrative:
 Outpatient Narrative:




          Enter ?? for more actions
PU Patient Record Update                NO New Order Entry
DA Detailed Allergy/ADR List            IN Intervention Menu
VP View Profile                         CM New Clinic Medication Entry
Select Action: View Profile//  <Enter>  View Profile

SHORT, LONG, or NO Profile?  SHORT//  <Enter>  SHORT

IV Profile                    Mar 19, 2001@14:55:57          Page:    1 of    1
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)
   Sex: MALE                                     Admitted: 05/03/00
    Dx: TESTING                            Last transferred: ********
  CrCL: <Not Found> (CREAT: Not Found)            BSA (m2): _______

#   Additive                        Last fill      Type  Start      Stop        Stat
---------------------------------- A c t i v e -----------------------------------
1  POTASSIUM CHLORIDE 40 MEQ    MAR 19 12:06   #2 A    03/19/2000  03/26/2000  A
   in 0.9% SODIUM CHLORIDE 1000 ML 100
      ml/hr
2  MVI 10 ML                    MAR 19 12:06   #4 P    03/19/2000  03/20/2000  A
   in 0.9% SODIUM CHLORIDE 1000 ML QDAILY
---------------------------------- P e n d i n g ---------------2---------------
3  FLUOROURACIL INJ,SOLN           **   N/P ** #0      *****       *****       P R
     Give: 100MG/2ML PO QDAILY
4  TIMOLOL SOLN,OPH                **   N/P ** #0 P    *****       *****       P
     Give:  OU Q12H
          Enter ?? for more actions
PI  Patient Information                 NO  New Order Entry
PU  Patient Record Update               CM  New Clinic Medication Entry
SO  Select Order
Select Action: Quit// 2

Number of labels to suspend: 2 ..... 2 Labels suspended !
```

7.2.3.3. Labels from Suspense (IV) [PSJI SUSLBLS]

The *Labels from Suspense (IV)* option prints all labels that have been suspended since the last print of labels from suspense. Once labels have been printed, they are erased from this file and may not be printed again using this option. Use the *Reprint Labels from Suspense (IV)* option if the labels need to be reprinted.

Example: Printing IV Labels from Suspense

```
Select SUSpense Functions (IV) Option: LAbels from Suspense (IV)

     *389V128*

 [3] 9678  7A SURG  03/19/02
 PSJPATIENT9,NINE  724-A

 CEFTRIAXONE 10 GM
 KCL 20MEQ/D5/NACL 0.9% 1000 ML
    KCL 20MEQ/D5/NACL {2}
 In Syringe: 10

 Dose due at: 01/12/02 0924
 FOR I.M. IJECTION
 START NOW
 ONCE
 Fld by: ____  Chkd by: ____
 1[1]

       *739V141*

 [64] 0001  1 EAST  03/19/02
 PSJPATIENT1,ONE    B-12

 MVI 10 ML
 0.9% SODIUM CHLORIDE 1000 ML

 Dose due at: ________
 INFUSE OVER 8 HOURS.
 QDAILY
 09
 Fld by: ____  Chkd by: ____
 1[2]


      *739V142*

 [64] 0001  1 EAST  03/19/02
 PSJPATIENT1,ONE    B-12

 MVI 10 ML
 0.9% SODIUM CHLORIDE 1000 ML

 Dose due at: ________
 INFUSE OVER 8 HOURS.
 QDAILY
 09- Fld by: ____  Chkd by: ____
 2[2]
```

7.2.3.4. Manufacturing Record for Suspense (IV) [PSJI SUSMAN]

The *Manufacturing Record for Suspense (IV)* option will compile all orders that are on suspense and print a Manufacturing List similar to the list produced by the *Manufacturing List (IV)* option. If the IV room fills a large number of IV orders from suspense, the user might want to use this Manufacturing Record to help organize this workload.

Example: Manufacturing Record for Suspense

```
Select SUSpense Functions (IV) Option: MANufacturing Record for Suspense (IV)


MANUFACTURING LIST FROM SUSPENSE
Printed on                    : MAR 19,2001 15:01
--------------------------------------------------------------------------------

*** PIGGYBACKS ***

MVI 100 ML                                      Total: 4
                MVI 10 ML                                       Lot#: __________
                in
                0.9% SODIUM CHLORIDE 1000 ML                    Lot#: __________
    [64]  PSJPATIENT1,ONE  (0001) (1 EAST)               1


                                                   _______
                                          Overall Total: 1
```

7.2.3.5. Reprint Labels from Suspense (IV) [PSJI SUSREP]

The *Reprint Labels from Suspense (IV)* option will allow suspended labels that have been printed to be reprinted (e.g., if IV label printer was off line during initial printing). Each time labels are printed from suspense, they are assigned a batch number. When a batch of labels has to be reprinted, that batch number is entered and the labels reprinted. The default will always be the most recent batch number.

Example: Reprint IV Labels from Suspense

```
Select SUSpense Functions (IV) Option: REprint Labels from Suspense (IV)
     1) Labels printed on: MAR 19,2002 14:57:26

Reprint batch # 1//    Labels printed on MAR 19,2002 14:57:26

      *389V128*

 [3] 9678  7A SURG  03/19/02
 PSJPATIENT9,NINE    724-A

 CEFTRIAXONE 10 GM
 KCL 20MEQ/D5/NACL 0.9% 1000 ML
    KCL 20MEQ/D5/NACL {2}
 In Syringe: 10

 Dose due at: 01/12/02 0924
 FOR I.M. IJECTION
 START NOW
 ONCE
 Fld by: ____  Chkd by: ____
 1[1]
```

```
     *739V141*

 [64] 0001  1 EAST  03/19/02
 PSJPATIENT1,ONE    B-12

 MVI 100 ML
 0.9% SODIUM CHLORIDE 1000 ML

 Dose due at: ________
 INFUSE OVER 8 HOURS.
 QDAILY
 09 Fld by: ____  Chkd by: ____
 1[2]
```

7.2.3.6. Suspense List (IV) [PSJI SUSLIST]

The *Suspense List (IV)* option allows the user to view the future workload of orders that have been placed on suspense (to help plan and organize the IV workload). This list can be viewed on the computer screen, or printed on the report printer device. Multiple printings of this list do not affect the suspense Manufacturing Record or suspense labels.

Example: IV Suspense List

```
Select SUSpense Functions (IV) Option: SUSpense List (IV)


Suspense list for: MAR 19,2002 15:04
Patient name                  Order                                   Suspended
-------------------------------------------------------------------------------
PSJPATIENT1,ONE  (1 EAST)                        3 labels   MAR 19,2002 15:00:35
0001 [64]                     MVI 10 ML
                              0.9% SODIUM CHLORIDE 1000 ML
                              INFUSE OVER 8 HOURS.
                              QDAILY (09)

PSJPATIENT1,ONE  (1 EAST)                        1 label   MAR 19,2002 15:01:37
0001 [64]                     MVI 10 ML
                              0.9% SODIUM CHLORIDE 1000 ML
                              INFUSE OVER 8 HOURS.
                              QDAILY ()


      *739V142*

 [64] 0001  1 EAST  03/19/02
 PSJPATIENT1,ONE    B-12

 MVI 10 ML
 0.9% SODIUM CHLORIDE 1000 ML

 Dose due at: ________
 INFUSE OVER 8 HOURS.
 QDAILY
 09
 Fld by: ____  Chkd by: ____
 2[2]
```

8. Inquiries Options

8.1. Unit Dose

All of the Inquiries Options are located under the *INQuiries Menu* option on the *Unit Dose Medications* menu.

8.1.1. INQuiries Menu
[PSJU INQMGR]

The *INQuiries Menu* option allows the user to view information concerning standard schedules and drugs. No information in this option can be edited, so there is no danger of disrupting the Unit Dose Medications module's operation. The *INQuiries Menu* contains the following sub-options:

Example: Inquiries Menu

```
Select Unit Dose Medications Option: INQuiries Menu

Select INQuiries Menu Option: ?

          Dispense Drug Look-Up
          Standard Schedules
```

8.1.2. Dispense Drug Look-Up
[PSJU INQ DRUG]

The *Dispense Drug Look-Up* option allows the pharmacist to see what drugs are in the DRUG file, and any Unit Dose information pertaining to them.

At the "Select DRUG:" prompt, the pharmacist can answer with drug number, quick code, or VA drug class code (for IV, solution print name, or additive print name). Information about the selected drug will be displayed.

Example: Dispense Drug Look-Up

```
Select Unit Dose Medications Option: INQuiries Menu

Select INQuiries Menu Option: DIspense Drug Look-Up

Select DRUG: ASP
     1   ASPIRIN 10 GRAIN SUPPOSITORIES           CN103       02-18-98     INPATIENT
     2   ASPIRIN 325MG           CN103     N/F       *90-DAY FILL*
     3   ASPIRIN 325MG E.C.           CN103         *90-DAY FILL*
     4   ASPIRIN 325MG E.C. U/D           CN103     N/F       TAB
     5   ASPIRIN 325MG U/D           CN103
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 5  ASPIRIN 325MG U/D         CN103
FORMULARY ITEM
 A UNIT DOSE DRUG

  DAY (nD) or DOSE (nL) LIMIT:
          UNIT DOSE MED ROUTE:
      UNIT DOSE SCHEDULE TYPE:
           UNIT DOSE SCHEDULE:
CORRESPONDING OUTPATIENT DRUG:
                 ATC MNEMONIC:
                 ATC CANISTER: WEST WING                12
```

```
                                SOUTH WING                12
                                JUNK ONE                  12
                                TESSS                     12
                                11;PS(57.5,               12
                                13;PS(57.5,               12
                                14;PS(57.5,               12
                                15;PS(57.5,               12
                                16;PS(57.5,               12
                                17;PS(57.5,               12
                                18;PS(57.5,               12
                                21;PS(57.5,               12
                                22;PS(57.5,               12

Select DRUG:
```

8.1.2.1. Standard Schedules [PSJU INQ STD SCHD]

It is extremely important for all users to know the method of schedule input. When the user enters a standard schedule, the system will echo back the corresponding Administration times.

At the "Select STANDARD SCHEDULE:" prompt, enter an administration schedule abbreviation to view information pertaining to that schedule. An explanation of the selected schedule will be displayed. To view a list of the available administration schedule abbreviations, enter a question mark (**?**) at the prompt "Select STANDARD SCHEDULE:".

Example: Standard Schedules

```
Select INQuiries Menu Option: STandard Schedules

Select STANDARD SCHEDULE: q4H      01-05-09-13-17-21

  Schedule: Q4H                                          Type: CONTINUOUS
  Standard Admin Times: 01-05-09-13-17-21

Select STANDARD SCHEDULE:
```

8.2. IV

The *Drug Inquiry (IV)* option is located under the *IV Menu* option.

8.2.1. Drug Inquiry (IV) [PSJI DRUG INQUIRY]

By means of the *Drug Inquiry (IV)* option, pharmacists and nurses on the wards will have pertinent information concerning IV additives and solutions at their fingertips. At the "Select PRINT NAME:" prompt, the user can enter the print name, synonym, or quick code. If there is no information in the DRUG INFORMATION field of these files, the following message will be displayed:

Example 1: IV Drug Inquiry with No Information

```
------------------------------------------------------------------------------
Drug information on: 5-FLUOURACIL
       Last updated: N/A


*** No information on file. ***
------------------------------------------------------------------------------
```

If there is information, the system displays the date when the drug information was last updated and the drug information on file for the additive or solution chosen. This information originates from a field called DRUG INFORMATION in both the IV ADDITIVES file and the IV SOLUTIONS file. Data entered may include recommended diluent, concentration, rate of administration, stability, compatibility, precautions, cost, or other current drug information.

Example 2: IV Drug Inquiry with Information

```
Select IV Menu Option:  Drug Inquiry (IV)

Are you inquiring on

... an IV ADDITIVE or IV SOLUTION (A/S):  ADDITIVE//   <Enter>  ADDITIVE

Select IV ADDITIVES PRINT NAME:    AMPICILLIN

--------------------------------------------------------------------------------
Drug information on: AMPICILLIN
       Last updated: APR 13,1998


Trade Name: Polycillin-N   Omnipen-N
Fluid Compatibility:  D5W,    NS
Stability:  In NS 8 hrs. at room temp., 72 hrs. refrigerated
In D5W 2 hrs. at room temp., 4 hrs. refrigerated
Administration: iGM or less in 50ML over 30 minutes
Over iGM in 100ML over 60 minutes
--------------------------------------------------------------------------------

Select IV ADDITIVES PRINT NAME:
```

Note: Drug Inquiry is allowed during order entry by entering two question marks (**??**) at the STRENGTH field of the "Select ADDITIVE:" prompt.

Example 3: IV Additives Lookup

```
Select OPTION NAME: PSJI DRUG INQUIRY       Drug Inquiry (IV)
Drug Inquiry (IV)

Are you inquiring on

... an IV ADDITIVE or IV SOLUTION (A/S):  ADDITIVE//     ADDITIVE

Select IV ADDITIVES PRINT NAME: PIP
  1   PIPERACILLIN/TAZOBACTAM         12-03-15     Additive Strength: 3.375 GM
  2   PIPERACILLIN/TAZOBACTAM           Additive Strength: 2.25 GM
  3   PIPERACILLIN/TAZOBACTAM           Additive Strength: 4.5 GM


Note:  Additive #1 has an "inactivation date" of 12-03-15
```

Example 4: IV Solutions Lookup

```
Select OPTION NAME: PSJI DRUG INQUIRY
Drug Inquiry (IV)

Are you inquiring on

... an IV ADDITIVE or IV SOLUTION (A/S):  ADDITIVE//     SOLUTION

Select IV SOLUTIONS PRINT NAME: DEXTROSE 5% / NACL
    1   DEXTROSE 5% / NACL 0.2%             1000 ML
```

```
    2   DEXTROSE 5% / NACL 0.33%            1000 ML
    3   DEXTROSE 5% / NACL 0.45%            1000 ML     12-03-15
    4   DEXTROSE 5% / NACL 0.9%             1000 ML



Note:  Solution #3 has an "inactivation date" of 12-03-15
```

9. CPRS Order Checks – How They Work

In CPRS, Order Checks occur by evaluating a requested order against existing patient data. Most order checks are processed via the CPRS Expert System. A few are processed within the Pharmacy, Allergy Tracking System, and Order Entry packages. Order Checks are a real-time process that occurs during the ordering session and is driven by responses entered by the ordering provider. Order Check messages are displayed interactively in the ordering session.

Order Checks review existing data and current events to produce a relevant message, which is presented to patient caregivers. Order Checks use the CPRS Expert System (OCX namespace), to define logical expressions for this evaluation and message creation. In addition to the expert system, Order Checks have some hard-coded algorithms. For example, the drug-drug interaction order check is made via an entry point in the pharmacy package whereas Renal Functions for Patients Over 65 is defined as a rule in the CPRS Expert System.

9.1. Order Check Data Caching

Data caching was recently added to improve the speed of order checks. Before data caching, order checks could be slow because each order check retrieved data from the other VISTA packages—even if the order checks used the same data. With data caching, the first order check in an ordering session retrieves data from other VISTA packages, uses the data to evaluate whether it should display a warning, and then stores the retrieved data in the `^XTMP("OCXCACHE"` global for five minutes. The order checks that occur in the next five minutes can use the cached data, if it is the appropriate data, instead of retrieving data from the other packages. After five minutes, the cached data expires, and order checks must retrieve new data from the VISTA packages.

For example, before data caching was implemented, if an order check took 3 seconds to retrieve data from other VISTA packages, and there were 12 order checks, clinicians might wait 36 seconds to sign orders. With data caching, the first order check might take 3 seconds to retrieve the data, but subsequent order checks could use the cache and might take only .03 seconds each. That would be 3.33 seconds compared to 36 seconds. The numbers in this example are for illustration only and do not reflect real system speed. However, data caching should speed up order checks.

To avoid using all available disk space for storing data from order checks, there are several ways to clear the `^XTMP("OCXCACHE"` global. `ORMTIME` removes data from the global when it runs. The suggested frequency for running `ORMTIME` is every 30 minutes, but not every site runs it that frequently. Kernel clean up utilities also remove data from the cache when they run, which is usually every 24 hours. If needed, users that have access to the programmer's prompt can manually clear the cache from that prompt by using `PURGE^OCXCACHE`.

(*This page included for two-sided copying.)*

10. Error Messages

10.1. Error Information

The text in the error message and reason column will be displayed to the user. The type of error is displayed in Column 1.

There are three levels of error messages:

System	When such an error occurs, no Drug Interaction, Duplicate Therapy, or Dosing order checks will be performed. Other order checks that do not use the COTS database (FDB) will still be performed such as allergy/ADRs, duplicate drug (for outpatient only) and new CPRS order checks, etc.
Drug	The second error level is for the drug and no Drug Interaction, Duplicate Therapy, or Dosing order checks will be performed for a specific drug. Drug level errors can occur for the prospective drug (drug being processed) or the profile drug. If a drug level error occurs on the prospective drug, no profile drug errors will be displayed. The only exception to this is when you are processing an IV order with multiple prospective drugs (i.e. multiple IV Additives). Profile drug level errors will only be shown once per patient session. There are two reasons that a drug level error is generated; the drug is not matched to NDF or the drug is matched to NDF, but the VA Product to which it is matched does not have a GCNSEQNO assigned or the GCNSEQNO assigned does not match up to the GCNSEQNO in the COTS database. The latter (GCNSENO mismatch) is rare.
Order	The third error level is for the order. Order level errors will only occur with dosing order checks. Please see the *Dosing Order Check User Manual* for more information.

Error Level	Error Message	Reason	Why message is being displayed
System	No Enhanced Order Checks can be performed.	Vendor Database cannot be reached.	The connectivity to the vendor database has gone down. A MailMan message is sent to the G. PSS ORDER CHECKS mail group when the link goes down and when it comes back up.
System	No Enhanced Order Checks can be performed.	The connection to the vendor database has been disabled.	A user has executed the Enable/Disable Vendor Database Link [PSS ENABLE/DISABLE DB LINK] option and disabled the interface.

System	No Enhanced Order Checks can be performed	Vendor database updates are being processed	The vendor database (custom and standard data) is being updated using the DATUP (Data Update) process.
System	No Enhanced Order Checks can be performed	An unexpected error has occurred	There is a system network problem and the vendor database cannot be reached or a software interface issue.
System	No Dosing Order Checks can be performed	Dosing Order Checks are disabled	A user has executed the *Enable/Disable Dosing Order Checks* [PSS Dosing Order Checks] option.
Drug	Enhanced Order Checks cannot be performed for Local or Local Outpatient Drug: <DRUG NAME>	Drug not matched to NDF	The local drug being ordered/ or on profile has not been matched to NDF. Matching the drug to a VA Product will eliminate this message.
Drug	Order Checks could not be done for Remote Drug: <DRUG NAME>, please complete a manual check for Drug Interactions and Duplicate Therapy. Remote order indicator.		If this error message is displayed, it means that the VA product that the local or remote drug being ordered/or on the local or remote profile does not have a GCNSEQNO or in rare cases, the GCNSEQNO assigned to the VA Product does not match up with a GCNSEQNO in the vendor database.
Drug	Enhanced Order Checks cannot be performed for Orderable Item: <OI NAME>	No active Dispense Drug found	Highly unlikely that this error would be seen. At the time the order check was being performed the orderable item did not have an active dispense drug associated.

11. Controlling the Dispensing of Clozapine

This chapter describes the options available through Inpatient Pharmacy for dispensing clozapine.

11.1. Clozapine Inpatient Medications Manager
[PSJL MANAGER]

This option requires a security key, PSOLOCKCLOZ.

11.2. Clozapine Inpatient Medications Manager
The new inpatient Pharmacy Manager menu includes the following menu options and is accessible from the Inpatient Medications pharmacy:

- *Register Clozapine Patient*
- *Display Lab Tests and Results*
- *List of Override Prescriptions*
- *Edit Data for a Patient in the Clozapine Program*

Register Clozapine Patient	This option allows the pharmacist to register both clozapine Inpatients and Outpatients in the local system' s files (Files #603.01 and #55). Patients registered in this program must have a ZIP code, date of birth, race, and sex entered in the PATIENT file. A patient is required to have an NCCC authorization number before this option can be utilized.
Display Inpatient Lab Tests and Results	This option prompts the user to enter filtering information to retrieve Inpatient results: • Beginning fill date • Ending last fill date • Earliest date for lab results • Keyword for drug name: (e.g. Clozapine) • Laboratory Test Name: (e.g., NEUTROPHILS ABSOLUTE) • Specimen Used (e.g., serum, plasma, blood)

```
Patients receiving CLOZAPINE with fills between FEB 27,2016 and APR 12,2016
 with date of collection and results for lab test WBC after FEB 27,2016

Name                        ID#                Fill Date    Lab Date        Results
 Order Provider
                             Type
                                        Page 1
-------------------------------------------------------------------------------

 SLYIDTXY,JLUZHAL Z                            MAR 1,2016@09:00MAR 31,20163.0 K/cmm
 DOCTOR,ALPHAMAN P
                             NONE
```

Sample screen for Inpatient Lab Tests and Results

List Inpatient Clozapine Overrides	This option prompts the user to enter filtering information to retrieve Inpatient results: • Beginning fill date: • Ending last fill date: **Note:** The Inpatient Clozapine Overrides results displays the Inpatient ORDER #. For Outpatient, is labeled RX #.

```
LIST OF ORDERS WRITTEN FOR CLOZAPINE OVERRIDING LOCKOUT
     FOR THE DATE RANGE 02/27/16 THROUGH 04/12/16

Date : 03/10/16        ORDER # : 5587776   Patient : BADSJE,TLRA Z
DRUG : CLOZAPINE (FAZACLO) 25MG DISINT TAB
Entered by : DOCTOR,ALPHAMAN P
Approved by : WIPERT,RANDY T
Lockout Reason : MILD NEUTROPENIA PRESCRIBER APPROVED
Comments : TEST 8 MAIL


Date : 03/15/16        ORDER # : 5587807   Patient : BADSJE,TLRA Z
DRUG : CLOZAPINE (FAZACLO) 25MG DISINT TAB
Entered by : DOCTOR,ALPHAMAN P
Approved by : WIPERT,RANDY T
Lockout Reason : MILD NEUTROPENIA PRESCRIBER APPROVED
Comments : TESTING SCRIPT 2
```

Sample Screen for Inpatient Clozapine Overrides

Edit Data for a Patient in the Clozapine Program	The Pharmacy Manager can select an active or discontinued patient name and edit data for a previously enrolled Outpatient Pharmacy or Inpatient Medications patient in the Clozapine treatment program.

	Note: This is typically used to re-register a patient whose treatment has been suspended and who has rejoined the program.

The manufacturer requires dispensing information for clozapine patients. All members of the clozapine treatment team must be entered as users on the local system and must be given the key, PSOLOCKCLOZ. All pharmacists who have the ability to override the lockouts in this option must also hold the key. These pharmacists should be identified by the pharmacy service representative of the clozapine treatment team.

The following step must be taken before an order for clozapine can be entered. If this information is missing, clozapine orders cannot be entered.

Any physician writing an order for clozapine must have a DEA number or VA number entered in the NEW PERSON file. These can be added through the *Add New Providers* option on the *SUPERVISOR'S MENU PSJU FILE*. This must be done before the order is entered. The DEA or VA number cannot be entered during the new order entry process. With the release of YS*5.01*90, providers must also hold the YSCL AUTHORIZED security key.

When an order is placed, the system checks for the provider's DEA number or VA number first. CPRS has implemented an expiration field for the Provider DEA number. If the active DEA license expires, the Provider will be prevented from ordering clozapine until the Provider DEA# is reactivated. Licenses are active for 2 years. There is no message that indicates the DEA number has expired. The user may need to check this file. If the provider is not authorized, the pharmacist will receive the applicable message:

```
Provider must have a DEA# or VA# to write prescriptions for this drug.
--OR--
Provider must hold YSCL AUTHORIZED key to write prescriptions for clozapine
```

11.2.1. FDA Guidelines for Lab Results / Monitoring

Enhanced and new functionality includes updated FDA guidelines for using ANC lab results exclusively for treating and monitoring patients taking clozapine, as shown in the following table. The new guidelines replace previous requirements, which included both white blood cell (WBC) count and ANC lab results.

The Mental Health software's code replaces the WBC/ANC results combination and supports ANC values solely as the lab value of choice.

Note: FDA REMS prescribed dosage and monitoring is based on the ANC value only; however, VA **requires** a matching WBC, indicating the WBC is from the same draw date/time as the ANC.

Table 1: FDA ANC Levels and Monitoring Guidelines

ANC Level	ANC Monitoring	Frequency of ANC lab tests
Normal range	ANC ≥ 1500 cmm	Weekly (W) for patients 1 – 6 months on therapy Bi-weekly (B) for patients 6 – 12 months on therapy Monthly (M) for patients >12 months on therapy
Mild neutropenia	1000 – 1499 cmm	ANC labs 3 times weekly until ANC stabilizes to 1500 cmm or greater
Moderate neutropenia	500 – 999 cmm	ANC labs Daily until ANC stabilizes to 1000 cmm or greater, then 3 times weekly until ANC stabilizes to 1500 cmm or greater
Severe neutropenia	< 500 cmm	ANC labs Daily until ANC stabilizes to 1000 cmm or greater, then 3 times weekly until ANC stabilizes to 1500 cmm or greater

Note: The ANC unit of measure is expressed as cells per cubic millimeter (cmm) which is equivalent to cu mm, mm^3 or µL.

11.3. Hierarchy for Addressing Clozapine Patient Override Conditions

The system determines which condition to address first when more than one override condition is presented to the provider and the pharmacist:

1. If the patient is not actively registered, the system will first require that the patient have an active registration number, which is either temporary or permanent. Patient registration must be addressed first in ***all*** scenarios; if the patient is not actively registered, the system will not return lab results. In the event of an emergency, the Emergancy Registration Override—Overview addresses assigning a temporary local authorization number.

An Emergency registration requires that the patient have a Normal ANC of 1500 cmm or greater in the last 7 days with a matching WBC. Otherwise, NCCC will need to be contacted to assign a permanent number before any other overrides can be processed.

2. All clozapine treatment is based on the presence of an ANC result in the last 7 days with a matching WBC – if there are no ANC results, this condition must be addressed next before any other condition and requires an override. See No ANC Results – Overview
3. The next condition that must be addressed is if there is an ANC result in the last 7 days but no matching WBC. For example, if the system detects mild or moderate to severe neutropenia (ANC is present but no matching WBC is found), the system will require the No Matching WBC condition process flow be followed. An override is required. See No Matching WBC (ANC present) - Overview.

A Matching WBC result is collected at the same draw date/time as the ANC.

The following table illustrates the combinations of conditions and which must be addressed first.

Hierarchy for Addressing Clozapine Patients

Condition	ANC Present?	Matching WBC?	Action
*No active registration	Yes	Yes	Address no active registration. **REQUIRES** Normal ANC result in last 7 days with matching WBC
Normal ANC result	Yes	Yes	No override needed
Normal ANC result	Yes	No	Address 'No WBC'
Mild Neutropenia	Yes	Yes	Address 'Mild neutropenia'
Mild Neutropenia	Yes	No	Address 'No WBC'
Moderate to Severe	Yes	Yes	Address 'Moderate/Severe neutropenia'
Moderate to Severe	Yes	No	Address 'No WBC'
No ANC	No	No/Yes	Address 'No ANC'

*This condition must be addressed first in ***all*** situations. If there is no registration, no labs can be displayed.

Two override conditions cannot be combined into a single flow. There cannot be two override reason codes in one session.

The following highlighted sections illustrate new features for treating/managing patients taking clozapine.

11.4. Clozapine Patient Authorization

Patients treated with clozapine must be enrolled in the clozapine treatment program at the NCCC and receive a valid authorization number with a status of Active. If the patient's status changes from Active to Discontinued, a lockout will prevent being able to order clozapine.

There are only two applicable statuses for a patient: Active (A) or Discontinued (D). Previously Pre-Treatment (P) and On-Hold (H) statuses were used but are now obsolete.

The option to override the condition when a patient is not actively registered is described in Emergency Registration Override – Overview. A temporary local authorization number is assigned in the event the patient has never been registered in the local VistA system or has been registered and is now on discontinued status. A patient that is discontinued due to inactivity in the program must be registered again and receive a new Clozapine Registration ID.

Inpatient enrollment with NCCC	Patients are registered at the local facility where they are being treated. NCCC assigns a valid Authorization number indicating the patient status as 'Active'. See Clozapine Patient Authorization.
28 day trigger	If the patient is new to the program, the NCCC Patient Authorization status automatically changes to Discontinued if there is no active clozapine order in the first 28 days.
56 day trigger	If the patient is currently Active and an inpatient order or outpatient prescription has been activated, but there have been no new active clozapine prescriptions or orders within the past 56 days, the NCCC Patient Authorization status is automatically changed to Discontinued.
Temporary authorization number expiration trigger	If the patient has been assigned a temporary local authorization number, it will expire after the 4-day active period and if the NCCC has not yet issued a permanent Clozapine Authorization Number, the status automatically changes to Discontinued.

Note: All status changes are automatic based on triggers. Pharmacists are not permitted to make manual changes from Active to Discontinued status.

Nightly data transmission	The VistA system automatically notifies the NCCC of all status changes in the past 24

	hours in the nightly data transmission and includes: site ID, patient name, last 4 of SSN, and trigger. See VistA Daily Clozapine Transmission description.

11.5. Safety Checks and Overrides

Safety checks, overrides, and data reporting using new ANC Lab values and monitoring guidelines are required for each new, edited or copied order. For a Pending Order to make it to the Inpatient Medications pharmacy, the system performed safety checks in CPRS.

Menu options for Pending Orders	When the order originates in CPRS, the pharmacist processes the Pending Order from the following menu options: • Inpatient Order Entry (PSJ OE) • Non-Verified Pending Orders (PSJU VBW) • Order Entry (PSJU NE)
Menu options for written orders	When the order originates from a written order, the pharmacist processes the written order from the following menu options: • Inpatient Order Entry (PSJ OE) • Order Entry (PSJU NE)
Safety checks a second time for Pending Orders	Pending Orders from CPRS are required to pass the same safety checks a **second time**. The software validates that the patient is actively registered and the provider is authorized to prescribe/order clozapine.
Safety check requirements for written orders	Written clozapine orders in VistA Backdoor Pharmacy perform safety checks once.
Is patient actively registered?	The patient must be actively registered. This is the first safety check. If the patient is not actively registered, the option to bypass registration is outlined in Emergency Registration Override – Overview.

Is provider authorized?	If the provider is not authorized, the pharmacist will receive the applicable message: Provider must have a DEA# or VA# to write prescriptions for this drug. --OR-- Provider must hold YSCL AUTHORIZED key to write prescriptions for clozapine

CPRS has implemented an expiration field for the provider DEA#. If the active DEA license expires, the provider will be prevented from ordering clozapine until the provider DEA# is reactivated. Licenses are active for 2 years. There is no message that indicates the DEA# has expired. The user may need to check the File 200/New Person File.

11.6. Authorized Pharmacist with PSOLOCKCLOZ key

Any clozapine order that requires either a National or Local Override requires the pharmacist to have the PSOLOCKCLOZ key. For clozapine orders, the only time a pharmacist is not required to have the PSOLOCKCLOZ key is when the ANC results are Normal within the last 7 days (equal to or greater than 1500 cmm) with a matching WBC.

When is PSOLOCKCLOZ key required?	The following conditions require the primary pharmacist and an Approving member of the clozapine team to both have the PSOLOCKCLOZ key: • **Mild neutropenia** – Local Override • **Moderate to Severe neutropenia** – National Override • **No ANC Results** – National Override or Special Conditions Local Override • **ANC with No Matching WBC** – National Override • **Unregistered Patient** – Emergency Registration Local Override with written order
Verify pharmacist is authorized with PSOLOCKCLOZ key	When the pharmacist, who is processing the Pending or Written Order that includes an

	override, does not hold the PSOLOCKCLOZ key, this message displays: You Are Not Authorized to Override! See Clozapine Manager with PSOLOCKCLOZ key. Pending Orders return to pending status and written orders issue a hard stop and the order is deleted and not processed.

The PSOLOCKCLOZ key is required for overrides in Inpatient Medications serving as the security key for all clozapine overrides. There is no separate PSJLOCKCLOZ key.

11.7. Approving Member with PSOLOCKCLOZ key

The authorized pharmacist is required to select an Approving Member of the clozapine team when an override is required. The Approving Member must have an active PSOLOCKCLOZ key but does not need to be a pharmacist. The primary pharmacist will select an Approving Member from a list before the order can be dispensed.

The Approving Member may or may not be aware their name was selected as an Approving Member. An auto-notification is sent via VistA Alerts when the override order is dispensed to inform them. Refer to Auto-Notify Provider and Approving Member.

Approving Member of the clozapine team	During processing of the order, the primary pharmacist will be prompted with the following message: Approving member of the clozapine team The pharmacist is required to select from a list of approved members with the PSOLOCKCLOZ key by entering a partial name or entering "??".

When searching for an Approving Member, two '??' must be entered. If only one '?' is entered, the system returns information that is not related and is out of the control of the pharmacy application.

11.8. Auto-Notify Provider and Approving Member

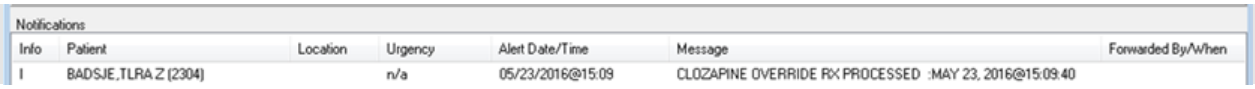
When a clozapine order is verified, an auto-notification that the override order is completed is sent to the Provider and the Approving Member via VistA Alerts. The VistA Alert displays in both GUI and VistA Backdoor Pharmacy.

The alert is a non-actionable information alert. When the Provider or Approving Member clicks on the alert, it is automatically deleted from the view.

The VistA Alert message includes:

- Patient name [concatenated] and last 4 of SSN
- Alert Date/Time
- Message: CLOZAPINE OVERRIDE RX PROCESSED with the Alert Date/Time attached at the end

Auto-notification via VistA Alerts	An auto-notification is sent when any National or Local Override is required to process the clozapine order. **Note:** It is possible that an Approving Member of the clozapine team may not be aware that their name was used for the override. The alert is viewable in both GUI and VistA Backdoor Pharmacy.
Non-actionable alert	Once the alert is viewed, the user clicks on the alert and it is deleted from the view. No other action is needed.
Sample GUI VistA Alert	The GUI VistA Alert is accessed through CPRS. A sample screen is shown in the figure below.



Notifications

Info	Patient	Location	Urgency	Alert Date/Time	Message	Forwarded By/When
I	BADSJE,TLRA Z (2304)		n/a	05/23/2016@15:09	CLOZAPINE OVERRIDE RX PROCESSED :MAY 23, 2016@15:09:40	

11.9. Edit Order (ED) – Safety Checks for New Order

11.9.1. Editable fields in Pharmacy

During pharmacy processing, several fields are editable. Those fields are delineated by an asterisk (*). When fields with an * are edited, the system will discontinue the current order and create a new order.

New clozapine orders that are created through Edit Order will perform order and safety checks when the new order is created.

```
ACTIVE UNIT DOSE              Jun 17, 2016@14:21:10          Page:    1 of    2
PXAHB,HIZRYI P                    Ward: C MEDIC                     WAD
   PID: 000-00-0000           Room-Bed: 333-1          Ht(cm): 180.34 (12/14/10)
   DOB: 00/00/00 (xx)                                  Wt(kg): 72.68 (03/08/11)
------------------------------------------------------------------------------
*(1)Orderable Item: CLOZAPINE (MYLAN) TAB                                <DIN>
      Instructions: 100MG
*(2)Dosage Ordered: 100MG
          Duration:                                  *(3)Start: 06/10/16  14:00
*(4)     Med Route: ORAL (BY MOUTH)
                                                     *(5) Stop: 07/13/16  18:00
 (6) Schedule Type: CONTINUOUS
*(8)      Schedule: ONCE DAILY
 (9)   Admin Times: 09
*(10)     Provider: DOCTOR,ALPHAMAN P [es]
  (11) Special Instructions:

(12) Dispense Drug                                  U/D        Inactive Date
      CLOZAPINE 100MG (MYLAN) TAB                    1
+         Enter ?? for more actions
DC  Discontinue           ED  Edit                  AL  Activity Logs
HD  Hold                  RN  Renew
FL  Flag                  VF  (Verify)
Select Item(s): Next Screen//
```

: Sample Screen of Editable Fields (*)

11.9.2. Default Stop Dates

11.9.2.1. Default Stop Date Management for Doses of Clozapine

When a patient is on a management dose of clozapine, the system defaults the stop date for the following:

- 7 days default for a patient on weekly dispense frequency (W) can be edited to less than the default 7 days
- 14 days default for a patient on bi-weekly dispense frequency (B) can be edited to less than the default 14 days
- 28 days default for a patient on monthly dispense frequency (M) can be edited to less than the default 28 days

11.9.2.2. Default Stop Date for Emergency 4-day Supply of Clozapine (Inpatient)

- When an emergency 4-day supply is dispensed to the patient, the system defaults the stop date to 4 days. The limit of 4 days cannot be exceeded; however, clozapine can be dispensed for less than 4 days.

11.10. Copy Order (CO) – Safety Checks for New Order

The pharmacist may use the Copy Order option to copy patient and medication information to create a new clozapine order. This has no effect on the original order. The copy function can be from an active, discontinued, or expired order.

New clozapine orders that are created through Copy Order will perform order and safety checks when the new order is created.

Copy Order (CO) access in VistA Backdoor	The pharmacist may locate this hidden menu by entering two '??'.

```
      CLOZAPINE (FAZACLO) 150MG DISINT TAB          2
+          Enter ?? for more actions
FL  Flag                  VF  (Verify)

Enter RETURN to continue or '^' to exit:

The following actions are also available:
+    Next Screen          RD   Re Display Screen     JP   Jump to a Patient
-    Previous Screen      PS   Print Screen          CO   Copy
UP   Up a Line            PT   Print List            N    Mark Not to be Given
DN   Down a Line          SL   Search List           I    Mark Incomplete
>    Shift View to Right  Q    Quit                  DIN  Drug Restr/Guide
<    Shift View to Left   ADPL Auto Display(On/Off) DA   Display Drug Allergies
FS   First Screen         MAR  MAR Menu             OCI  Overrides/Interventions
LS   Last Screen          LBL  Label Print/Reprint  IN   Intervention Menu
GO   Go to Page           OTH  Other Pharmacy Options

Enter RETURN to continue or '^' to exit:
```

Sample Screen of Copy Order

For complex orders, Copy Order is not typically used by the pharmacist. However, if Copy Order is used for a complex order, the pharmacist can only copy the child orders.

11.10.1. Renew Order – Blocked in IP

The Renew order option (RN) is blocked and is not functional in Inpatient Medications. In addition, the provider is unable to renew an order in CPRS.

Inpatient Medications Renew Order (RN) blocked in VistA Backdoor	The Renew (RN) function displays on the menu to the IP pharmacist. If the IP pharmacist enters RN to renew an order, the following messages displays: Clozapine orders cannot be renewed

11.11. Override Reason Codes

The system generates override reason codes that are presented to the pharmacist when processing an order that requires an override to dispense clozapine. Prior override reason codes have been retired and are no longer applicable, except #7 NCCC AUTHORIZED.

Code	Short Description	Long Description
7	NCCC AUTHORIZED	NCCC Authorized National Override in effect allowing the prescription to proceed without valid, safe (normal or mild neutropenia) blood test results. (Added in 2006 software update).
8	REGISTER NON-DUTY HR/WEEKEND (MAX4DAY)	Emergency Registration Local Override allows patient without a local clozapine registration to continue clozapine treatment during non-duty hours/weekends (not to exceed 4 days) until the provider can register him on the next NCCC duty day.
9	PRESCRIBER APPROVED 4 DAY SUPPLY	Special Conditions Local Override to dispense a 4-day supply to a patient without ANC lab results in the last 7 days.
10	MILD NEUTROPENIA PRESCRIBER APPROVED	Mild Neutropenia Local Override for patients with ANC 1000 - 1499 cmm.

11.11.1. Request for Override of Pharmacy Lockout Form

Whenever a National Override is required for clozapine, the Request for Override of Pharmacy Lockout form must be completed and the hard copy sent to NCCC before the NCCC can approve the National Override. This form gives the pertinent information to the NCCC for them to determine if the National Override should be approved. See the following Request For Override Pharmacy Lockout Form:

Department of Veterans Affairs **VHA Handbook 1160.02**
National Clozapine Coordinating Center (NCCC)
FTS/COMM 214-857-0068 FAX 214-857-0339

REQUEST FOR OVERRIDE OF PHARMACY LOCKOUT

CLOZAPINE PATIENT IDENTIFICATION

LAST NAME	FIRST NAME	FULL SOCIAL SECURITY	DATE OFBIRTH	VA FACILITY CODE

1. OVERRIDE FOR CLINICAL REASONS For lockout due to FDA safety limits. Requires action by VA authorized clozapine provider

Pharmacy Lockout has prevented dispense of clozapine because:

☐ White Blood Cell Count and Absolute Neutrophil Count are greater that 7 days from blood draw and dispense.
☐ White Blood Cell Count is less than 3000/mm^3 OR Absolute Neutrophil Count is less than 1500/mm^3.

DATE OF LAST THREE BLOOD TESTS	WHITE BLOOD CELL COUNT	ABSOLUTE NEUTROPHIL COUNTS

Patient has been using clozapine for _____ (circle one) weeks months years

Current blood monitor interval is (circle one) 7 14 28 Days

Justification for clinical override of FDA safety limits (faxed to the NCCC at 214-857-0339) must include:

Document justification in a signed Progress Note (with special monitoring procedures if appropriate)

Patient signed informed consent for Unlabeled Use of Clozapine.

FOR NCCC USE ☐ Special Protocol / Signed Informed Consent ☐ Review by Director NCCC ☐ Special Protocol Authorization No.

_____

2. OVERRIDE FOR ADMINISTRATIVE REASONS For lockout due to clozapine program errors or non-medical administrative issues. Requires action by pharmacist, nurse, or clozapine administrator)

Pharmacy Lockout has prevented dispense of clozapine because:

☐ Dispense of the prescription was delayed more than 7 days from the blood test
☐ Another blood test without Neutrophil result was performed after the clozapine qualifying blood test.
☐ Blood test by contracted / remote lab not entered into the local laboratory computer system as required by VA protocol.
☐ Manual differential was performed and "COMMENTS" was entered into the WBC or ANC field.
☐ Time stamp on the WBC or ANC result in the computer is "00:00" (HH:MM).
☐ New prescription was written for titration or transfer between outpatient/inpatient, inpatient/inpatient or discharge

OTHER (specify or note "SPECIAL PROTOCOL")_____

DATE OF BLOOD TEST	WHITE BLOOD CELL COUNT	ABSOLUTE NEUTROPHIL COUNT

By signing I verify that the White Blood Cell count and Absolute Neutrophil count are within FDA safety limits OR are within the parameters of the SPECIAL PROTOCOL outlined on the patient signed informed consent AND are either scanned into the patient record on this form or shown in a progress note.

REQUESTORS NAME	REQUESTORS SIGNATURE	REQUESTOR'S PHONE	DATE	NCCC APPROVAL

11.12. Total Daily Dose

The Total Daily dose (mg/day) identifies the currently prescribed total daily dose for a patient across all active Outpatient prescriptions and Inpatient orders. It is not intended as a reflection of a patient's doses taken or administered.

Like Outpatient Pharmacy, which prompts the pharmacist to manually calculate the total daily dose in mg/day across all active orders and enter the total when a clozapine prescription is entered, the Inpatient Medications pharmacy likewise includes this functionality with the same prompt when a clozapine order is entered.

Note: Order transactions that will issue this prompt to the IP pharmacist include: New Order (NO), Copy Order (CO), and Edit order (ED). *Renew order (RN) is not available.

Pharmacist prompted to manually calculate and enter total daily dose	When there is a new inpatient order for clozapine, the pharmacist is prompted to manually calculate and enter the required total daily dose (mg/day) at this prompt: CLOZAPINE dosage (mg/day) ? :

```
Now doing Clozapine Order checks.  Please wait...

*** Most recent NEUTROPHILS ABSOLUTE (ANC) results ***
     performed on MAY 25,2016 are:

     WBC: 5000
     ANC: 2500

CLOZAPINE dosage (mg/day) ? :  (12.5-3000):
```

Calculations may be simple or include levels of complexity. The mg/day calculation is based on Active prescriptions and orders across IP and OP at the time the manual calculation is requested. Listed below are sample scenarios for calculating Total Daily Dose (mg/day):

#1 Inpatient Medications - Patient is admitted to hospital as an inpatient

When a new order for an inpatient is entered, the pharmacist will calculate the prescribed active order(s). This scenario has only active IP prescriptions.

Calculating the Total Daily Dose:

25 mg AM dose – Active IP order
50 mg PM dose – Active IP order
75 mg Total Daily Dose

#2 Inpatient Medication dose changes during the day

When the prescribed IP dose changes during the day, the current order is Discontinued and a new order is processed and becomes the Active order.

Calculating the Total Daily Dose:

25 mg AM dose – Active IP order - *Discontinued*
50 mg AM dose – Changed 25 mg to 50 mg
75 mg PM dose – New Active IP order/dose

125 mg Total Daily Dose

#3 Inpatient orders put on "Hold" when patient goes on leave as an Outpatient

When an inpatient goes on authorized leave – all current inpatient meds are put on "hold" status, but the patient is still considered an inpatient in the VistA system. With the "hold" status, the med is still "active" but the VistA BCMA blocks a nurse from administering an inpatient dose while the patient is on leave (pass).

The patient will not be consuming the inpatient dose while on pass, but only the outpatient dose. The pharmacist will not add both the inpatient and outpatient doses into this calculation for Total Daily Dose.

Calculating the Total Daily Dose:

50 mg AM dose – Active "hold" IP order – not taken while on leave
50 mg AM dose – Active OP order
75 mg PM dose – Active "hold" IP order – not taken while on leave
75 mg PM dose – Active OP order

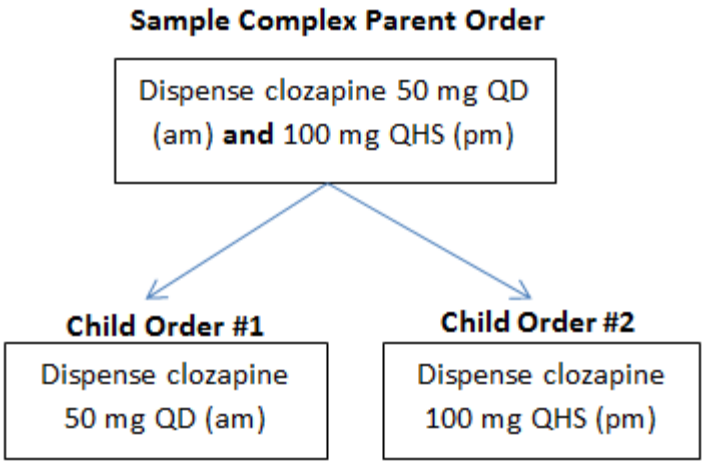
125 mg Total Daily Dose

11.12.1. Complex Clozapine Orders

A complex order must be ordered by the provider in CPRS which will create a "complex" Pending Order (parent order) to be processed by the pharmacist. The system manages the complex order by using the parent order which is broken out into child orders for each dose/dispense instruction.

If the clozapine order is not received as a Pending Order, e.g., a written order is given to the pharmacist, the system treats this as two (or more) different orders and does not organize them as a complex order.

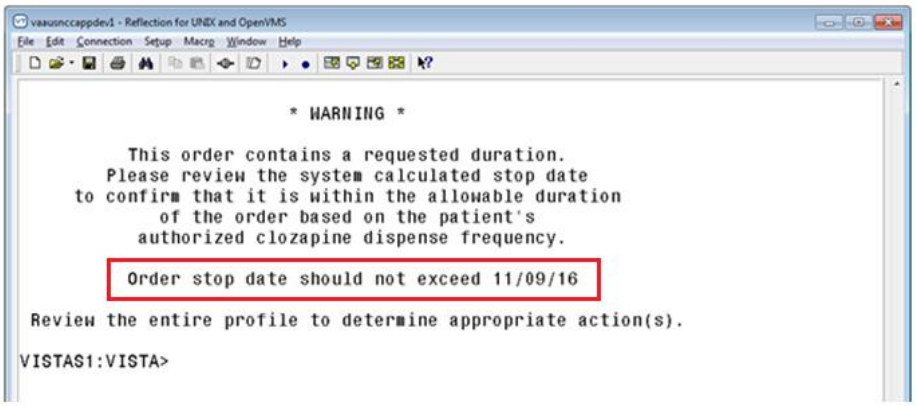
Complex clozapine orders consist of one or more conjunctions of "and" or "then" or both. For example, a parent order may be 50 mg QD (am) ***and*** 100 mg QHS (pm). The figure below illustrates how the parent order is then broken out into Child Order #1 and Child Order #2.



Sample Complex Parent Order

It has been noted that complex orders – regardless of whether they are clozapine or not – have issues with the start and stop dates calculating correctly. For clozapine orders, an interim solution will be a warning message to alert the pharmacist that the stop date of the child orders may be incorrect. New code will correctly calculate the stop date and display it to the pharmacist in a warning message. If the final child order stop date exceeds the date noted in the warning message, the pharmacist can edit the stop date to match what is in the warning message. This issue will be fixed in a future version of CPRS.

The Inpatient Medication pharmacist will process the Pending Complex order which will start with Child Order #1 then move to Child Order #2 and so on. The warning message displays immediately after the parent complex order is selected from the Pending Complex list, as illustrated in the figure below.



Warning Message for Complex Orders

If the order is noted by the pharmacist to exceed the parameters of the current patient dispense frequency, e.g., more than 7 days for a patient on a 7-day frequency, it is recommended that the pharmacist cancel the order and contact the provider to reenter the order correctly.

The pharmacist needs to make note of the calculated stop date in the warning message so that the final child order stop date in the complex order group can be edited if it exceeds the stop date noted in the warning message.
The calculated stop date is based on the CPRS order date + the patient's current dispense frequency:

- If the patient is on a weekly (W) dispense frequency, the stop date cannot exceed 7 days from the CPRS order date.
- If the patient is on a bi-weekly (B) dispense frequency, the stop date cannot exceed 14 days from the CPRS order date.
- If the patient is on a monthly (M) dispense frequency, the stop date cannot exceed 28 days from the CPRS order date.

11.12.1.1. Calculating Total Daily Dose in Complex Orders

The pharmacist is prompted to calculate and enter the Total Daily Dose for each child order. Complex orders consisting of the 'and' conjunction within the complex orders (e.g., 50 mg in the morning **and** 100 mg at bedtime) where the child orders are on the same day, then both child orders would have a Total Daily Dose of 150 mg.

While this may not be optimum, NCCC will review the Total Daily Doses before sending to the FDA.

When the complex order consists of 'then' conjunctions (e.g., 50 mg QD x 2 ***then*** 100 mg QD), each of the orders are on different days and the Total Daily Dose would be accurately entered. When the complex order uses a combination of 'and' and 'then' conjunctions, the pharmacist will calculate the Total Daily Dose by adding the child orders that are applicable. For example, if the patient is on a Weekly (W) frequency (7 days), the following table illustrates how the Total Daily Dose is calculated:

Calculating Total Daily Dose for Complex Orders

Start Date	Child Order #1	Child Order #2	Child Order #3	Total Daily Dose
11/08/16	50 mg QD x 2 days	***and*** 100 mg QHS (pm) for 7 days total		Add up the orders with ***and*** conjunction for the same day: 50 mg + 100 mg = **150 mg**. Calculate/enter this for Child #1 and Child #2 Total Daily Dose.
11/10/16		100 mg QHS for 7 days total	***then*** 100 mg QD (for 5 days)	Add up the orders for Child #2 and Child #3: 100 mg QHS + 100 mg QD = **200 mg** Calculate/enter this for Child #3 for Total Daily Dose

11.12.1.2. Auto-Verification of Orders

If the pharmacist account is set to auto-verify orders, when each child order is Accepted (AC), it is also verified at that moment.

11.12.1.3. Stop Processing Child Orders

During processing of each child order and where an override is required, the pharmacist is prompted to override the order by selecting 'Yes' or 'No.' If the user exits out ('^') at any time before the last child order is accepted, all child orders are returned to Pending status.

11.12.1.4. Complex Clozapine Orders with National Override in Effect

In the event a complex clozapine order is received and a National Override is in effect and no associated lab date within the past 7 days, the warning message illustrated previously will not display (the stop date for complex clozapine orders is based on the CPRS order date + patient current dispense frequency).

11.13. Normal ANC – Overview

The FDA defines Normal – sometimes referred to as "safe" or "passing" ANC results – as equal to or greater than 1500 cmm. When the system identifies that the ANC results are Normal and a matching WBC is present, the provider completes the order which is sent as a Pending Order to pharmacy.

If a matching WBC result is not present, the system will alert the provider with a message that requires a National Override. See No Matching WBC (ANC present) – Overview.

11.13.1. Normal ANC – Pharmacy

When ANC results are normal, the pharmacist will verify the order and dispense the clozapine.
*This flow assumes the patient is actively registered and the provider is authorized.

Normal ANC – Results display	When the pharmacist receives a Pending or written order and the ANC results are normal with a matching WBC, the system displays the following: *** Most recent WBC and NEUTROPHILS ABSOLUTE (ANC) results *** performed on MonthXX,XXXX are: WBC: XXXX ANC: XXXX
Pharmacist does not require PSOLOCKCLOZ key	The pharmacist is not required to have the PSOLOCKCLOZ key to process a clozapine order when the ANC results are normal.

11.14. Mild Neutropenia – Overview

The FDA defines Mild neutropenia as an ANC result from 1000 to 1499 cmm. New ANC lab test monitoring guidelines for Mild neutropenia are:

Test ANC labs 3x weekly until levels stabilize to greater than or equal to 1500 cmm.

With this condition, a Local Override is required. In the event a matching WBC result is not present with the ANC, the system will alert the provider with a message that will require a National Override. See No Matching WBC (ANC present) – Overview.

11.15. Mild Neutropenia – Pharmacy

When ANC results indicate Mild neutropenia (ANC is from 1000-1499 cmm), either a Pending or written order is received. Mild Neutropenia requires a Local Override.

New guidelines are to test ANC labs 3x weekly until levels stabilize to greater than or equal to 1500 cmm. Both the provider and pharmacist are alerted.

*This flow assumes the patient is actively registered and the provider is authorized.

Pharmacist not authorized – Pending or written order	If the pharmacist is not authorized with the PSOLOCKCLOZ key, this message displays: You Are Not Authorized to Override! See Clozapine Manager with PSOLOCKCLOZ key. For a Pending Order, a hard stop is issued and the order is sent back to Pending status. For a written order, the system issues a hard stop and the order is deleted and not processed.
Lab results returned	Lab results are returned to the pharmacist in the following message: Now doing clozapine Order checks. Please wait... *** Last xx WBC (EFF. mm-dd-yyyy) and ANC results were: *** WBC ANC mm/dd/yyyy@hh:mm Results: xxxx xxxx mm/dd/yyyy@hh:mm Results: xxxx xxxx *<Displays **up to last four results** in the last 30 days>*

Mild neutropenia override prompt	After the labs are displayed, the pharmacist is prompted to override the abnormal ANC results with this message: Override reason: MILD NEUTROPENIA PRESCRIBER APPROVED Test ANC labs 3x weekly until levels stabilize to greater than or equal to 1500. Do you want to override and issue this order? Y/N.
Pharmacist does not want to override	In the event the pharmacist selects 'No' and does not want to override the order: For a Pending Order, a hard stop is issued and the order is sent back to Pending status. For a written order, the system issues a hard stop and the order is deleted and not processed.
Pharmacist prompted to enter Approving Member	When 'Yes' is entered, the pharmacist is prompted to enter the name of an Approving Member of the clozapine team. The list of authorized users with the PSOLOCKCLOZ key is retrieved by entering a partial name or entering '??' Approving member
Pharmacist enters Remarks/Special Instructions	The pharmacist is required to enter free text in the Remarks/Special Instructions field with a limit of 200 characters. Remarks/Special Instructions
Dispense clozapine	The pharmacist is prompted to verify the override order and dispense the clozapine.
Auto-notification to Provider and Approving Member	When the clozapine override order is complete, the system sends an auto notification to the provider and Approving Member via VistA Alerts. See Auto-Notify Provider and Approving Member.
Store and transmit patient data	Patient data is stored in the long-term temporary global and transmitted to the National Clozapine data files nightly, including the override reason code:

	(10) MILD NEUTROPENIA PRESCRIBER APPROVED See VistA Daily Clozapine Transmission.

11.16. Moderate to Severe Neutropenia – Overview

FDA defines Moderate neutropenia as ANC 500-999 cmm and severe neutropenia as ANC less than 500 cmm. Both Moderate and Severe neutropenia require the same lab test monitoring guidelines as they are both less than 1000 cmm:

Test ANC labs daily until levels stabilize to equal to or greater than 1000 cmm, then Test ANC labs 3x weekly until levels stabilize to greater than or equal to 1500 cmm.

When there is Moderate to Severe neutropenia with a matching WBC result present, a **National Override** is required. If a matching WBC result is not present, the system will alert the provider that the system will address the 'No Matching WBC' issue first. See No Matching WBC (ANC present) – Overview.

11.16.1. Moderate to Severe Neutropenia – Pharmacy (National Override expired)

When a National Override is approved by the NCCC and expires before the pharmacist processes the Pending or written order, the order is no longer valid.

Once a National Override is in effect for *any* order, the pharmacist must complete the order before midnight of the day it was approved by NCCC, or the approval expires.

*This flow assumes the patient is actively registered and the provider is authorized.

National Override approval expired at midnight of day it was approved	If the NCCC approval expires before the clozapine order is processed, the following message displays to the pharmacist: National Override expired at midnight on <*Jun 29, 2016*> *** Last xx WBC and ANC results were: *** WBC ANC mm/dd/yyyy@hh:mm Results: xxxx xxxx mm/dd/yyyy@hh:mm Results: xxxx xxxx <*Displays **up to last four results** in the last 30 days*> Permission to dispense clozapine has been denied. If the results of the latest Lab Test drawn in the past 7 days show ANC below 1000/mm3 and you wish to dispense outside the FDA and VA protocol ANC limits, document your request to Request for

	Override of Pharmacy Lockout (from VHA Handbook 1160.02) Director of the VA National Clozapine Coordinating Center (Phone: 214-857-0068 Fax: 214-857-0339) for a one-time override permission. A CBC/Differential including ANC Must Be Ordered and Monitored on a Daily basis until the ANC above 1000/mm3 with no signs of infection. If ANC is between 1000-1499, therapy can be continued but physician must order lab test three times weekly. Also make sure that the LAB test, ANC is set up correctly in the Mental Health package using the CLOZAPINE MULTI TEST LINK option.
Hard stop	If a National Override is not in effect, the system issues a hard stop. **Note:** When the NCCC issues a National Override approval, the date is recorded in the local VistA system indicating approval until midnight of that date.

11.16.2. Moderate to Severe – Pharmacy (National Override in Effect)

When a National Override is in effect and the local VistA system date updated in File #603.01, the pharmacist can proceed with processing the Pending or written order.

Both Moderate and Severe neutropenia have the same REMS treatment protocol since both have ANC results less than 1000 cmm.

*This flow assumes the patient is actively registered and the provider is authorized.

National Override in effect	When the National Override has been authorized by NCCC, the Pending or written order is available to process.
Pharmacist not authorized	If the pharmacist is not authorized with the PSOLOCKCLOZ key, this message is displayed: You Are Not Authorized to Override! See Clozapine Manager with PSOLOCKCLOZ key. For a Pending Order, a hard stop is issued and the order is sent back to Pending status. For a

	written order, the system issues a hard stop and the order is deleted and not processed.
Moderate to Severe override prompt	The pharmacist is prompted to override the Moderate to Severe condition. This message displays to the pharmacist: Now doing clozapine Order checks. Please wait... Permission to dispense clozapine has been authorized by NCCC Test ANC labs Daily until levels stabilize to ANC greater than or equal to 1000 Override reason: NCCC AUTHORIZED Do you want to override and issue this order? Y/N

Once the ANC levels stabilize to greater than or equal to 1000 cmm, the testing continues at 3x weekly until the ANC stabilizes to equal to or greater than 1500 cmm.

Pharmacist does not want to override	If the pharmacist selects 'No' and does not want to override the Moderate to Severe condition, a hard stop is issued and it is returned to Pending status or in the case of a written order, the order is deleted and not processed.
Pharmacist prompted to enter Approving Member	The pharmacist is prompted to enter the name of an Approving Member of the clozapine team. The list of authorized users with the PSOLOCKCLOZ key is retrieved with entering a partial name or entering ?? Approving member
Pharmacist enters Remarks/Special Instructions	The pharmacist is required to enter free text in the Remarks/Special Instructions field with a limit of 200 characters. Remarks/Special Instructions
Dispense clozapine	The pharmacist is prompted to verify the order and dispense the clozapine.

Auto-notification to Provider and Approving Member	The system sends an auto notification to the provider and Approving Member via VistA Alerts that the order has been dispensed. See Auto-Notify Provider and Approving Member.
Store and transmit patient data	Patient data is stored in the long-term temporary global and transmitted to the National Clozapine data files nightly, including the override reason code: (7) NCCC AUTHORIZED See VistA Daily Clozapine Transmission.

11.17. No ANC Results – Overview

The system relies on the presence of an ANC result in order to treat patients receiving clozapine, with exceptions as noted to override in certain conditions. The system requires an ANC within the last 7 days. See Hierarchy for Addressing Clozapine Patient Override Conditions for treating clozapine patients based on lab results.

For registered patients with a **history of normal ANC results**, the requirement for a normal ANC result in the last 7 days may be bypassed in order to meet an urgent need under special conditions.

In CPRS, when the provider is notified that there are no ANC results in the last seven days, they will make a decision based on the following:

1. **Non-emergency**

   If this is **not an emergency**, the provider will request a National Override to dispense the clozapine at the **patient's normal frequency**. When the National Override is authorized and recorded in the local VistA system, the provider reenters the order and a Pending order to dispense clozapine at the patient's normal frequency is sent.

   For example, this may be used when:

   a. The patient's last blood test was done at another facility and isn't in the local VistA system but the provider has seen the results

   b. The provider feels it is unnecessary – perhaps the patient is at end of life or some other medical condition – and there is no need to keep drawing blood

2. **Emergency 4-day supply**

   In an **emergency where a 4-day supply is needed**, the provider may choose to use a Special Conditions Local Override which optionally allows a **one-time 4-day emergency supply** to be dispensed for specific prescriber-approved reasons.

A written prescription or order is *required*. Special Conditions Local Override is not supported in CPRS – no Pending Order is available.

If the patient is an **Inpatient**, the prescriber-approved reason will be:

a. IP Order Override with Outside Lab Results

11.17.1. No ANC – Non-emergency Pending Order

Scenario 1 – When there is a Pending Order from CPRS or the Inpatient Medications Pharmacist receives a written order, it indicates the provider has requested a National Override to dispense clozapine at the patient's normal frequency. This is for a non-emergency condition only. A National Override must be in effect.

*This flow assumes the patient is actively registered and the provider is authorized.

Pending Order – National Override in effect	When there is a National Override in effect for No ANC results in the last 7 days, the pharmacist receives a pending order a written order to dispense at the patient's normal frequency.
Pharmacist not authorized	If the pharmacist is not authorized with the PSOLOCKCLOZ key, this message is displayed: You Are Not Authorized to Override! See Clozapine Manager with PSOLOCKCLOZ key. A Pending Order is returned to pending status, while a written order issues a hard stop and the order is deleted and not processed.
Prompt to override for No ANC results	After the labs are displayed, the pharmacist is prompted to override the No ANC condition with this message: Now doing clozapine Order checks. Please wait… Permission to dispense clozapine has been authorized by NCCC Override reason: NCCC AUTHORIZED Do you want to override and issue this order? Y/N.
Pharmacist elects not to override	If the pharmacist selects 'No' and does not want to override, a hard stop is issued and the Pending Order is returned to pending status.

Pharmacist prompted to enter Approving Member	The pharmacist is prompted to enter the name of an Approving Member of the clozapine team. The list of authorized users with the PSOLOCKCLOZ key is retrieved by entering a partial name or entering '??' Approving member
Pharmacist enters Remarks/Special Instructions	The pharmacist is required to enter free text in the Remarks field with a limit of 200 characters. Remarks/Special Instructions
Dispense clozapine at patient's normal frequency	The pharmacist is prompted to verify the order and dispense the patient's **normal frequency** of clozapine.
Auto-notification to Provider and Approving Member	The system sends an auto notification to the provider and Approving Member via VistA Alerts that the order has been dispensed. See Auto-Notify Provider and Approving Member.
Store and transmit patient data	Patient data is stored in the long-term temporary global and transmitted to the National Clozapine data files nightly, including the override reason code: (7) NCCC APPROVED See VistA Daily Clozapine Transmission.

11.18. No ANC Special Conditions for Emergency – Overview

The Special Conditions Local Override is for **emergency conditions** when there are No ANC results in the last 7 days and a one-time 4-day emergency supply is needed. A **history of normal ANC** values is required. A **written order** from the provider is the only way to use the Special Conditions Local Override in the VistA Backdoor Pharmacy.

Note: When a one-time 4-day supply is dispensed, the system will not block the provider or pharmacist from using the Special Conditions override more than once; however, notification to NCCC is provided when an emergency supply is dispensed to discourage abuse of using this option except in cases of emergency.

Inpatient Special Conditions

When the patient is an inpatient, the provider who wishes to dispense an emergency supply will be required to document the following reason in the written order for the pharmacist:

(4) IP Order Override with Outside Lab Results

Note: In VistA Backdoor Pharmacy, the pharmacist is required to record the ANC results from another facility, including date/time, in the Remarks/Special Instructions field. VACO has indicated that documentation of the ANC lab result from an outside system is **mandatory**. NCCC requires a provider/prescriber signed document which *should* be scanned into the medical record but is always placed in the patient file.

Provider Decision

The FDA REMS supports the clinical medical decisions of the provider to determine when to prescribe clozapine – even if the ANC is null. Providers often feel that subjecting a clozapine patient to more blood testing in excess of what is required by the FDA regulation is usually due to administrative barriers and is considered unnecessary. The option to have a Special Conditions Local Override allows the provider to make that decision and also meet documentation requirements.

If the Special Conditions event should happen during the week, the NCCC requires written documentation of the ANC and Date of Testing before they will input codes for a National Override. VACO has mandated that NCCC have a written record of all override requests submitted by the facility and that the ANC is recorded on that request. See No ANC – Emergency IP Special Conditions

11.19. No ANC – Emergency IP Special Conditions

*This flow assumes the patient is actively registered and the provider is authorized.

Note: In this scenario, a National Override is NOT in effect because this situation requires a written order from the provider to the Inpatient Medications Pharmacist, as well as a Local Override.

Written order – Inpatient Special Conditions Local Override	When the Inpatient pharmacist receives a written order for an **Inpatient** Special Conditions Local Override, the clozapine order is entered into VistA Backdoor Pharmacy. This is the message displayed to the pharmacist: *<Displays up to the last 4 results within the past 30 days, if applicable>* *** Permission to dispense clozapine has been denied based on the available lab tests related to the clozapine treatment program. *** For a National Override to dispense at the patient's normal frequency, please contact the VA National Clozapine Coordinating Center to request an Override of Pharmacy Lockout (from VHA Handbook 1160.02) (Phone: 214-857-0068 Fax: 214-857-0339). A Special Conditions Local Override for Inpatients can be approved for (4) IP Override Order with Outside Lab Results. With provider's documentation of approval, you may dispense a one-time supply not to exceed 4 days. The ANC from another facility must be recorded in the Progress note/comments in pharmacy. **Note:** The pharmacist must record the outside ANC result in Special Instructions.
Inpatient Pharmacist not authorized	If the Inpatient pharmacist is not authorized with the PSOLOCKCLOZ key, this message displays: You Are Not Authorized to Override! See Clozapine Manager with PSOLOCKCLOZ key. The system issues a hard stop and the written order is deleted and not processed.
Prompted to override for Inpatient Special Conditions	The authorized pharmacist receives additional information and is prompted to override with a Special Conditions Local Override. This message displays to the Inpatient pharmacist:

	Override reason: PRESCRIBER APPROVED 4 DAY SUPPLY Do you want to override and issue this order? Y/N
Inpatient Pharmacist does not want to override	If the Inpatient pharmacist selects 'No' and does not want to override for Inpatient Special Conditions, a hard stop is issued and the written order is deleted and not processed.
Provider approved reason	For an Inpatient Special Conditions override, the system defaults and displays the provider-approved reason: IP Order Override with Outside Lab Results
Inpatient Pharmacist prompted to enter Approving Member	The Inpatient pharmacist is prompted to enter the name of an Approving Member of the clozapine team. The list of authorized users with the PSOLOCKCLOZ key is retrieved with entering a partial name or entering ?? Approving member

Special Instructions pre-populated	The Special Instructions field is **pre-populated** with the following: IP Order Override with Outside Lab Results ***plus*** The Inpatient pharmacist may enter additional free text up to 200 characters. **Note:** The pharmacist **must** record the outside ANC results date/time as additional free text in this field.
Dispense one-time 4-day supply	The Inpatient pharmacist is prompted to verify the order and dispense a one-time supply not to exceed 4 days total.

	Note: While the system will not enforce a one-time supply, it is incumbent on the provider and pharmacist to use the Special Conditions override only in emergencies.
Auto-notification to Provider and Approving Member	When the Inpatient Special Conditions order is complete, the system sends an auto notification to the provider and Approving Member via VistA Alerts.
Store and transmit Inpatient data	The Inpatient data is stored in the long-term temporary global and in VistA File #53.8 and transmitted to the National Clozapine data files nightly, including the override reason code: (9) PRESCRIBER APPROVED 4 DAY SUPPLY + Provider approved reason. The figure below shows what is stored in VistA File #53.8.

```
NUMBER: 66                                DATE TIME: AUG 31, 2016@09:24:20
  ORDER NUMBER: 5589012                   USER ENTERING: FRIEDMAN,MARVIN H
  APPROVING TEAM MEMBER: ZZKAURS,PROVIDER
  REASON FOR OVERRIDE: PRESCRIBER APPROVED 4 DAY SUPPLY
  COMMENTS: IP Order Override with Outside Lab Results: 8/30/16 WBC(3200) ANC(16
00)
  SECOND APPROVING TEAM MEMBER: DOCTOR,CLOZMD
```

VistA File #53.8

Provider approved reason for Inpatient	There is only one provider-approved reason for an Inpatient Special Condition override: IP Order Override with Outside Lab Results (4) This is appended to Override Reason Code (9). PRESCRIBER APPROVED 4 DAY SUPPLY: 9 + 4 = 94 (which is transmitted and stored in the National Clozapine files.

Note: In the case of an Inpatient, when there is an outside ANC result, it **must** be recorded by the provider in CPRS and also by the pharmacist in VistA Backdoor Pharmacy.

11.20. No Matching WBC (ANC present) – Overview

When there is an ANC result in the last 7 days but no matching WBC, regardless of whether it is a normal result or indicates mild or moderate to severe neutropenia, the system will address the 'No Matching WBC' condition first. A warning message to the provider will require a National Override in order to dispense clozapine. Remember that the system can only address one condition at a time following this hierarchy. See Hierarchy for Addressing Clozapine Patient Override Conditions to determine which condition is addressed first.

Note: A Matching WBC result is collected at the same draw date/time as the ANC.

11.20.1. No Matching WBC – Pharmacy (National Override in Effect)

Pharmacist not authorized	If the pharmacist is not authorized with the PSOLOCKCLOZ key, this message is displayed: You Are Not Authorized to Override! See Clozapine Manager with PSOLOCKCLOZ key. A Pending Order is returned to pending status, while a written order issues a hard stop and the order is deleted and not processed.
Prompt to override	After the labs are displayed, the pharmacist is prompted to override the 'No Matching WBC' condition with this message: Now doing clozapine Order checks. Please wait… Permission to dispense clozapine has been authorized by NCCC Override reason: NCCC AUTHORIZED Do you want to override and issue this order? Y/N.
Pharmacist does not want to override	In the event the pharmacist selects 'No' and does not want to override the order, a hard stop is issued. A Pending Order is returned to pending status, while a written order issues a hard stop and the order is deleted and not processed.

Pharmacist prompted to enter Approving Member	The pharmacist is prompted to enter the name of an Approving Member of the clozapine team. The list of authorized users with the PSOLOCKCLOZ key is retrieved by entering a partial name or entering '??' Approving member
Pharmacist enters Remarks/Special Instructions	The pharmacist is required to enter free text in the Remarks/Special Instructions field with a limit of 200 characters. Remarks/Special Instructions
Dispense clozapine	The pharmacist is prompted to verify the override order and dispense the clozapine.
Auto-notification to Provider and Approving Member	When the clozapine override order is complete, the system sends an auto notification to the provider and Approving Member via VistA Alerts. See Auto-Notify Provider and Approving Member.
Store and transmit patient data	Patient data is stored in the long-term temporary global and transmitted to the National Clozapine data files nightly, including the override reason code: #7 – NCCC AUTHORIZED

11.20.2. No Matching WBC – Pharmacy (No National Override)

The pharmacist will be able to complete an order when there is No Matching WBC with the ANC *only* when a National Override is in effect.
*This flow assumes the patient is actively registered and the provider is authorized.

No Matching WBC – No National Override in Effect	In the event there is No National Override in effect with No Matching WBC, this is the message that displays before the hard stop: Now doing clozapine Order checks. Please wait... *<Displays up to the last 4 results within the last 30 days, if available>* Permission to dispense clozapine has been denied. The result of the latest Lab Test drawn in the past 7 days shows ANC results

	but No Matching WBC. If you wish to dispense outside the FDA and VA protocol ANC limits, document your request to Request for Override of Pharmacy Lockout (from VHA Handbook 1160.02) Director of the VA National Clozapine Coordinating Center (Phone: 214-857-0068 Fax: 214-857-0339) for a one-time override permission.
No Matching WBC – Must request a National Override to proceed	In order to proceed when a National Override is not in effect and there is No Matching WBC, an approval from NCCC must be requested. Once NCCC gives approval, the pharmacist can continue processing the order.

11.21. Emergency Registration Override – Overview

When an authorized provider enters an order in CPRS and the patient is not actively registered, the provider is notified to either request a permanent number be assigned by the NCCC (non-emergency) or a temporary local authorization number be assigned through the VistA Backdoor Pharmacy (emergency).

When there is an urgent need to dispense clozapine before the NCCC can assign a permanent number, to avoid interrupting therapy, the provider can authorize a limited supply to be dispensed – not to exceed 4 days – with a temporary local authorization number.

Note: In order to use the Emergency Registration Override, the patient must have a Normal ANC result (equal to or greater than 1500 cmm) with a matching WBC in the last 7 days.

11.21.1. Valid reasons for an Emergency Registration Override:

An Emergency Registration Override is typically warranted for the following reasons:

1. The patient has a current NCCC registration at another VistA facility
2. Inpatient transferred from another facility
3. Outpatient from another facility becomes an inpatient
4. The patient has never been registered at the local facility
5. The patient status has changed from Active to Discontinued
6. An Outpatient with a prescription that had previously been filled outside of the VA or at another VA facility arrives during NCCC non-duty hours

Note: A Clozapine Authorization Number is only valid for a patient at the facility where they were registered. When a Clozapine patient arrives at a new facility, they need to be re-registered with a new Clozapine Authorization Number before the facility's CPRS and Pharmacy applications will allow a Clozapine order to be processed.

11.21.2. Emergency Registration Override – VistA Backdoor Pharmacy

Using VistA Backdoor Pharmacy, the Inpatient pharmacist must receive a written order from the provider to assign a **temporary local authorization number** when the patient is not actively registered and there is an urgent need to dispense up to a 4-day supply.

Note: CPRS currently does not support a Pending Order for an Emergency Registration Override. It must be processed as a written order.

11.21.3. Temporary number

A unique sequential seven character temporary tag is assigned, for example: 'Z442001', where:

Temporary tag = Z + 3 digit facility code = XXX (for example, 442) + 3 digit unique number = 001-999

In the event all the 999 numbers linked to the temporary tag 'Z' are used, the system will move up the alphabet to 'Y' and assign the next set of numbers 001-999 with a 'Y' temporary tag, and so on. Only upper case letters are supported.

11.21.4. Pharmacist Flow

The pharmacist has received a written clozapine order from the provider to assign a temporary local authorization number:

Patient not actively registered	When the patient is not actively registered, the system displays this message: *** This patient has no clozapine registration number ***
Pharmacist not authorized	If the pharmacist is not authorized with the PSOLOCKCLOZ key, the system displays this message: You Are Not Authorized to Override! See Clozapine Manager with PSOLOCKCLOZ key. The system issues a hard stop and the written order is deleted and not processed
Prompt to register patient	The authorized pharmacist is prompted to register the patient with a temporary local authorization number: Do you want to register this patient with a temporary local authorization number in the Clozapine registry? Y/N

Pharmacist does not want to override	In the event the pharmacist selects 'No' and does not want to register the patient, the order is deleted and not processed.
Prompt to enter Provider	The system prompts the pharmacist to enter the name of the provider. Provider Responsible The pharmacist will continue to be prompted until an authorized provider name is entered or the pharmacist enters ^ to stop the order.
Provider not authorized	If the selected provider is not authorized to prescribe clozapine, this message displays to the pharmacist: Provider must have a DEA# or VA# to write prescription for clozapine. --OR-- Provider must hold YSCL AUTHORIZED key to write prescriptions for clozapine. **Note:** Remember to check the license expiration date if the provider is not authorized.
Assign temporary local authorization number	The authorized pharmacist is prompted to register the patient with a temporary local authorization number in the Clozapine registry. This message displays to the pharmacist: Would you like to override the registration requirement and assign a temporary local authorization number for <LASTNAME,FIRSTNAME> <last 4 digits of SSN> <Z224001>? Y/N
Pharmacist does not want to override	In the event the pharmacist selects 'No' and does not want to override the registration requirement, the order is deleted and not processed.

Error message if conditions not met	In the event any of the following are true: (1) the ANC result in the last 7 days is less than 1500 cmm, (2) there is no ANC result, or (3) the ANC does not have a matching WBC, the system displays this message and the order is deleted and not processed: Emergency Registration Local Override for non-registered clozapine patients requires ANC levels greater than or equal to 1500.
Results display if ANC Normal and prompt to override	When the pharmacist selects 'Yes' to override, the new temporary local authorization number is accepted. This message displays when the ANC is 1500 cmm or greater: *** Most recent WBC and NEUTROPHILS ABSOLUTE (ANC) results *** performed on are: MonthXX,XXXX WBC: XXXX ANC: XXXX Override reason: REGISTER NON-DUTY HR/WEEKEND (MAX 4DAY) Do you want to override and issue this order? Y/N
Pharmacist does not want to override	In the event the pharmacist selects 'No' and does not want to override the order, it is deleted and not processed.
Pharmacist prompted to enter Approving Member	The pharmacist is prompted to enter the name of an Approving Member of the clozapine team. The list of authorized users with the PSOLOCKCLOZ key is retrieved by entering a partial name or entering '??' Approving member
Pharmacist enters Remarks/Special Instructions	The pharmacist is required to enter free text in the Remarks/Special Instructions field with a limit of 200 characters. Remarks/Special Instructions
Real-time notification of temporary local authorization number to NCCC MailMan Group	Once the order is complete and dispensed, the system sends a **real-time** message to the

	NCCC MailMan Group which contains this information: Current date/time Add From Temporary local authorization number (e.g., Z442001) Station #. Social Security Number Dispense frequency (W) **Note:** The only valid response for dispense frequency is W (Weekly)
Auto-notification to Provider and Approving Member	When the clozapine order is complete, the system sends an auto notification to the provider and Approving Member via VistA Alerts that the order has been dispensed. See Auto-Notify Provider and Approving Member.
Store and transmit patient data	Patient data is stored in the long-term temporary global and transmitted to the National Clozapine data files nightly, including the override reason code: (8) REGISTER NON-DUTY HR/WEEKEND (MAX4DAY) See VistA Daily Clozapine Transmission.

The temporary local authorization number is valid for 4 days. If the pharmacist chooses to create a number but does not finish the order process, either because of choosing not to complete the order or lack of an ANC of 1500 cmm or greater, the pharmacist may restart the order with the already-created temporary local authorization number until that number expires at midnight of the 4th day.

11.22. Other Scenarios

Additional potential scenarios may exist. The following can be adapted for other potential lab conditions besides Mild neutropenia.

11.22.1. National Override in Effect – Takes Precedence

Scenario 1 – The Provider sends a Pending Order for mild neutropenia based on lab results at the time of the order. However, sometime during the day, a National Override was authorized for this patient, which is still in effect until midnight of the day it was authorized. In this scenario, if

the system sees that a National Override is in effect, even though the labs indicate Mild neutropenia, the reason code returned to the pharmacist will be NCCC AUTHORIZED.

*This flow assumes the patient is actively registered and the provider is authorized.

Pending Order – Mild Neutropenia	The authorized pharmacist reviews the Pending Order. If the system detects a National Override is in effect, even though the lab results indicate Mild neutropenia, which does not require a National Override, the system will return the reason code to the pharmacist: NCCC AUTHORIZED rather than MILD NEUTROPENIA PRESCRIBER APPROVED. **Note:** When a National Override is in effect, it takes precedence over any other condition.
Pharmacist not authorized	If the pharmacist is not authorized with the PSOLOCKCLOZ key, this message is displayed: You Are Not Authorized to Override! See Clozapine Manager with PSOLOCKCLOZ key. A Pending Order is returned to pending status, while a written order issues a hard stop and the order is deleted and not processed.
Lab results returned	Lab results are returned to the pharmacist in the following message: Now doing clozapine Order checks. Please wait... *<Displays up to last four results in the last 30 days>*
Override prompt	After the labs are displayed, the pharmacist is prompted to override the abnormal ANC results with this message: Override reason: NCCC AUTHORIZED Do you want to override and issue this order? Y/N.

Pharmacist does not want to override	In the event the pharmacist selects 'No' and does not want to override the order: For a Pending Order, a hard stop is issued and the order is sent back to Pending status. For a written order, the system issues a hard stop and the order is deleted and not processed.
Pharmacist prompted to enter Approving Member	When 'Yes' is entered, the pharmacist is prompted to enter the name of an Approving Member of the clozapine team. The list of authorized users with the PSOLOCKCLOZ key is retrieved by entering a partial name or entering '??' Approving member
Pharmacist enters Remarks/Special Instructions	The pharmacist is required to enter free text in the Remarks/Special Instructions field with a limit of 200 characters. Remarks/Special Instructions
Dispense clozapine	The pharmacist is prompted to verify the override order and dispense the clozapine.
Auto-notification to Provider and Approving Member	When the clozapine override order is complete, the system sends an auto notification to the provider and Approving Member via VistA Alerts. See Auto-Notify Provider and Approving Member.
Store and transmit patient data	Patient data is stored in the long-term temporary global and transmitted to the National Clozapine data files nightly, including the override reason code: (7) NCCC AUTHORIZED See VistA Daily Clozapine Transmission.

11.22.2. Managing a Complex Clozapine Order

Scenario 2 – Complex clozapine orders are only applicable in the Inpatient Medication pharmacy and must be received as a Pending Order *from the provider* originating in CPRS.

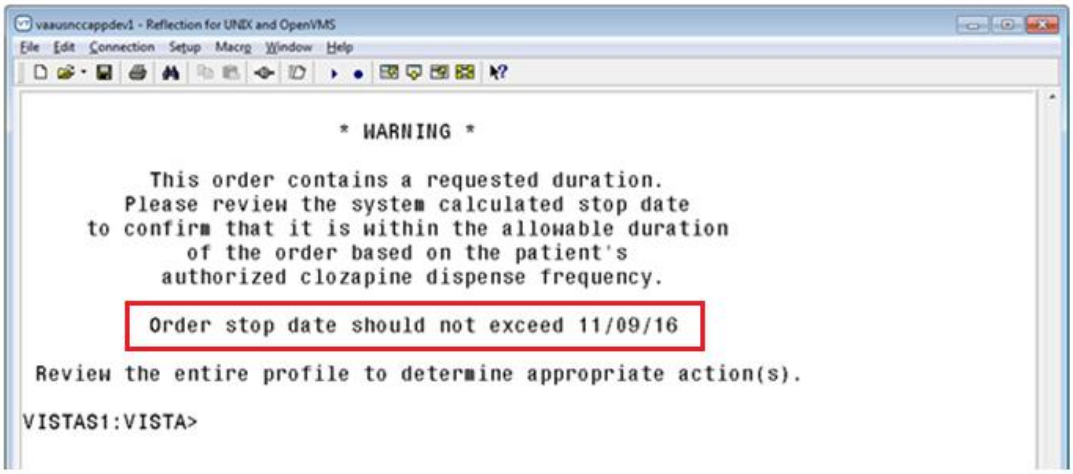
Complex orders have more than one dose/dispense set of instructions and are separated by conjunctions (“and”, “then”, or a combination of both). See Complex Clozapine Orders.

*This flow assumes the patient is actively registered and the provider is authorized.

Complex Pending Order	When the Inpatient Medication pharmacist receives a complex clozapine Pending Order from CPRS, the system creates a separate child order for each dose and dispense instruction. The pharmacist will process each child order separately.
Pharmacist not authorized	If the pharmacist is not authorized with the PSOLOCKCLOZ key to process an override, this message is displayed and the Pending Order cannot be processed: You Are Not Authorized to Override! See Clozapine Manager with PSOLOCKCLOZ key.
Select Child Order #1 from PENDING COMPLEX list – New Order (NO)	The pharmacist will select the parent order from the Pending Complex orders list to begin processing, as shown in the following figure.
c	

```
- - - - - - - - - - - - - - P E N D I N G   C O M P L E X - - - - - - - - - - - -
  3    CLOZAPINE (MYLAN) TAB                          ?  *****  ***** P
         Give: 50MG PO QHS (BEDTIME)
       CLOZAPINE (MYLAN) TAB                          ?  *****  ***** P
         Give: 100MG PO ONCE DAILY
```

Warning Message to Inpatient Medication pharmacist	Immediately upon selection of the parent order, the following warning message in the following figure displays to alert the pharmacist to review and make note of the calculated stop date.



Note: If any of the child orders (prior to the final child order) exceed the warning message stop date, the entire complex order is cancelled and the prescriber is contacted to reenter the order correctly.

Review each child order, including the stop date	The pharmacist reviews each child order, making note of the stop date in Field 5. If the stop date in any child order exceeds the calculated stop date in the warning message, the pharmacist will **cancel the order** and contact the provider to reenter the order with the correct stop date. Assuming all the other child orders in the complex do not exceed the stop date, but the **final child order exceeds the warning message stop date in Field 5**, the pharmacist would then edit the stop date of the final child order to match what is in the warning message.
Pharmacist finishes Child Order #1 – Finish (FN)	If the stop date (Field 5) for Child Order #1 does not exceed the stop date in the warning message, the pharmacist selects Finish (FN) to finish the first child order.

If the stop date for Child Order #1 exceeds the calculated stop date	In the event the stop date for Child Order #1 (Field 5) exceeds the calculated stop date, the pharmacist will cancel the order and contact the provider to reenter the order correctly.
Pharmacist accepts Child Order #1 – Accept (AC)	The pharmacist Accepts (AC) Child Order #1 and continues processing the order.
Calculate Total Daily Dose for Child Order #1	The pharmacist is prompted to calculate and enter the required Total Daily Dose. See Total Daily Dose for complex child orders.
Labs returned and Order Checks started	Lab results are returned to the pharmacist in the following message: Now doing clozapine Order checks. Please wait... *<Displays up to last four results in the last 30 days>*

Note: Depending on the underlying ANC result, the system will display the appropriate screens to the pharmacist for processing the order. In this example, the patient has Mild Neutropenia and the screens appropriate to Mild Neutropenia will be displayed.

Local Override prompt for Mild Neutropenia	After the labs are displayed, the pharmacist is prompted to override the order and continue processing: Override reason: MILD NEUTROPENIA PRESCRIBER APPROVED Test ANC labs 3x weekly until levels stabilize to greater than or equal to 1500. Do you want to override and issue this order? Y/N.
Pharmacist does not want to override Order #1	In the event the pharmacist selects 'No' and does not want to override the order, a hard stop is issued and the complex order is sent back to Pending Order status.

Pharmacist prompted to enter Approving Member	When 'Yes' is entered, the pharmacist is prompted to enter the name of an Approving Member of the clozapine team. The list of authorized users with the PSOLOCKCLOZ key is retrieved by entering a partial name or entering '??' Approving member
Pharmacist enters Remarks	The pharmacist is required to enter free text in the Remarks field with a limit of 200 characters. Remarks
Auto-notification to Provider and Approving Member for Child Order #1	When Child Order #1 override is complete, the system sends an auto notification to the provider and Approving Member via VistA Alerts. See Auto-Notify Provider and Approving Member
Store and transmit patient data	Patient data from Child Order #1 is stored in the long-term temporary global and transmitted to the National Clozapine data files nightly. See VistA Daily Clozapine Transmission.

After Child Order #1 is processed to this point, the system will automatically move to processing Child Order #2 and follows the same steps as above; then moves to Child Order #3, etc. until all child orders have been processed.

Final verification of child orders	When all the child orders have been processed, as above, a final verification is needed. For this scenario, manual verification is used, as illustrated in Auto-Verification of Orders.If the orders were set to auto-verify, the parent order would not display on the list of Non-Verified Complex orders.

```
- - - - - - - - - - -  N O N - V E R I F I E D  C O M P L E X - - - - - - - - - -
  3    CLOZAPINE (MYLAN) TAB                    C  11/08  11/10 N
         Give: 50MG PO ONCE DAILY
       CLOZAPINE (MYLAN) TAB                    C  11/08  11/10 N
         Give: 100MG PO QHS (BEDTIME)
```


Manual verification (VF) of all child orders	The pharmacist will select the parent order from the Non-Verified Complex order list and each child order will display so the pharmacist can manually Verify (VF).
Pre-Exchange Doses for each child order	Following each manual child order verification, the system prompts the Inpatient Medication pharmacist to enter the number of doses for the child order that will be sent to the nursing floor so the patient will have their medication before the next cart exchange, which is typically sent daily. Pre-Exchange DOSES: **Note:** If this is set to auto-verify, Pre-Exchange Doses will display one after the other.
All child orders are activated	Following final verification, the complex child orders are listed individually as Active. In this example, you see orders 3, 4 and 5 as separate clozapine orders.

```
- - - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - - -
  1    ASPIRIN TAB,CHEWABLE                      C  10/18  12/12 A
         Give: 40.5MG PO ONCE DAILY
  2    BACITRACIN/NEOMYCIN/POLYMYXIN B           C  10/18  11/17 A
           OINT,OPH
         Give: SMALL AMOUNT OPHTH TOP Q3H
  3    CLOZAPINE (MYLAN) TAB                     C  11/08  11/10 A
         Give: 50MG PO ONCE DAILY
  4    CLOZAPINE (MYLAN) TAB                     C  11/08  11/10 A
         Give: 100MG PO QHS (BEDTIME)
  5    CLOZAPINE (MYLAN) TAB                     C  11/10  11/17 A
```

Complex Clozapine Orders Activated

Note: The date shown in the image is not reflective of the four digit date in use.

11.22.3. Lab Changes after Pending Order Sent

Scenario 3 – The Provider sends a Pending Order for mild neutropenia (or other condition) based on lab results at the time of the order. Before the pharmacist processes the Pending Order, the lab results change and a new lab is added. For this scenario, a standalone WBC result is

recorded. When the safety check is performed at the time the pharmacist processes the order, the system safety check will indicate that a National Override is required for a missing ANC result and the reason code will be NCCC AUTHORIZED rather than MILD NEUTROPENIA PRESCRIBER APPROVED.

*This flow assumes the patient is actively registered and the provider is authorized.

Pending Order	The authorized pharmacist reviews the Pending Order. If the system finds that the most recent lab results require a National Override – for instance, the latest lab results are a standalone WBC – the system will require a National Override to be authorized because there is a WBC result with no matching ANC.
Pharmacist requests National Override for Administrative Reasons	The pharmacist can request the National Override for Administrative Reasons by completing the Override Lockout Form and submitting to NCCC. **Note:** The NCCC will review the standalone WBC and previous results and the circumstances prior to approval. Once the National Override is authorized, the pharmacist will continue processing the pending order.
Pharmacist not authorized	If the pharmacist is not authorized with the PSOLOCKCLOZ key, this message is displayed: You Are Not Authorized to Override! See Clozapine Manager with PSOLOCKCLOZ key. A Pending Order is returned to pending status, while a written order issues a hard stop and the order is deleted and not processed.
Lab results returned	Lab results are returned to the pharmacist in the following message: Now doing clozapine Order checks. Please wait...

	<Displays up to last four results in the last 30 days> For example: WBC ANC 06/22/2016@08:00 Results: 2100 1000 07/07/2016@11:41 Results: 3000 10 07/13/2016@15:56 Results: 3000 1499 07/14/2016@09:31 Results: 2500
National Override prompt	With a National Override in effect, the pharmacist is prompted to override the results with this message: Override reason: NCCC AUTHORIZED Do you want to override and issue this order? Y/N.
Pharmacist does not want to override	In the event the pharmacist selects 'No' and does not want to override the order: For a Pending Order, a hard stop is issued and the order is sent back to Pending status. For a written order, the system issues a hard stop and the order is deleted and not processed.
Pharmacist prompted to enter Approving Member	When 'Yes' is entered, the pharmacist is prompted to enter the name of an Approving Member of the clozapine team. The list of authorized users with the PSOLOCKCLOZ key is retrieved by entering a partial name or entering '??' Approving member
Pharmacist enters Remarks/Special Instructions	The pharmacist is required to enter free text in the Remarks/Special Instructions field with a limit of 200 characters. Remarks/Special Instructions
Dispense clozapine	The pharmacist is prompted to activate the override order and dispense the clozapine.
Auto-notification to Provider and Approving Member	When the clozapine override order is complete, the system sends an auto notification to the provider and Approving Member via VistA

	Alerts. See Auto-Notify Provider and Approving Member.
Store and transmit patient data	Patient data is stored in the long-term temporary global and transmitted to the National Clozapine data files nightly, including the override reason code: (7) NCCC AUTHORIZED See VistA Daily Clozapine Transmission.

11.22.4. VistA Daily Clozapine Transmission

The VistA Daily Clozapine Transmission [YSCL DAILY TRANSMISSION] option is designed to transmit the clozapine dispensing, lab data and demographics information for all Inpatient and Outpatient Clozapine dispenses from the previous day's dispenses to the RUCL server currently located at Hines, IL and has been designed to send the data only once a day. In addition to the server-to-server messages, there are also notifications of the transmissions sent to local and remote mail groups. During normal operations dispensing information will be sent to S.RUCLRXLAB@FO-HINES.MED.VA.GOV and courtesy mail notifications are sent to the local mail group PSOCLOZ and the G.CLOZAPINE ROLL-UP mail group at FORUM.VA.GOV.

Similarly, demographics information will be sent to S.RUCLDEM@FO-HINES.MED.VA.GOV and courtesy mail notifications are sent to the local mail group PSOCLOZ and the G.CLOZAPINE ROLL-UP mail group at FORUM.VA.GOV.

VistA Daily Clozapine Transmission [YSCL DAILY TRANSMISSION]

The VistA Daily Clozapine Transmission [YSCL DAILY TRANSMISSION] option should be queued to run after midnight via Taskman, but can be run manually via VistA if needed.

```
                    Edit Option Schedule
Option Name: YSCL DAILY TRANSMISSION
Menu Text: Daily Clozapine Transmission              TASK ID: 362874
------------------------------------------------------------------------
  QUEUED TO RUN AT WHAT TIME: MAY 12,2017@03:00

DEVICE FOR QUEUED JOB OUTPUT:

QUEUED TO RUN ON VOLUME SET:

      RESCHEDULING FREQUENCY: 24H

             TASK PARAMETERS:

            SPECIAL QUEUEING:

------------------------------------------------------------------------
```

When this option runs, it sends a Mailman message to mail group:
Clozapine Discontinued Patient - CLOZAPINE ROLL-UP@FORUM.VA.GOV

The Mailman message to NCCC contains the Patients' SSN, Name and reason for why the patient has been discontinued.

Example: Discontinued Clozapine Patient Mailman message to NCC

```
Subj: Facility Discontinued Status  [#228489] 02/03/17@10:16  7 lines
From: CLOZAPINE MONITOR  In 'IN' basket.   Page 1  *New*
-------------------------------------------------------------------------------
GHAAHU,JLUASXY W CU (2501)
The patient status has changed to 'Discontinued' because the new clozapine
patient has not filled the prescription/order within 28 days of being marked
'Active'.

KHLSH,INALY U (2700)
The patient status has changed to 'Discontinued' because the temporary local
authorization number assigned has expired and NCCC has not issued a new
authorization number.

MHIERT,LIXAGX U (5537)
The patient status has changed to 'Discontinued' because the active clozapine
patient has not filled the prescription/order within 56 days of being
prescribed/ordered.
```

Mailman message to mail group:
Clozapine demographics - RUCLDEM@FO-DALLAS.MED.VA.GOV
This message contains the Patients' SSN and Name

Example: Clozapine demographics - Mailman message to NCC

```
Subj: Clozapine demographics [#228491] 02/03/17@10:28  14 lines
From: CLOZAPINE MONITOR In 'IN' basket.   Page 1  *New*
-------------------------------------------------------------------------------
Clozapine demographic data was transmitted, 4 records were sent.
For the following patients, one or more of the required data
elements (race, sex, ZIP code) were missing.
Please have this information entered.
The available data was transmitted.

101086586   LDAN,AHPDT H (RACE, NEW FORMAT) (ETHNICITY)
NOTE: Race and Ethnicity may be entered if permission is obtained in the informed
Consent document. See VHA Directive 99-035.
101039337   AAA,AXRDH Z (RACE, NEW FORMAT) (ETHNICITY)
NOTE: Race and Ethnicity may be entered if permission is obtained in the informed
Consent document. See VHA Directive 99-035.
```

Mailman message to mail group:
Clozapine lab data - RUCLRXLAB@FO-DALLAS.MED.VA.GOV

This message contains the number of records transmitted to the NCCC Server.
SSN, Name, Lab result date, WBC date and the Neutrophil date.

Example: Clozapine lab data - Mailman message to NCC

```
Subj: Clozapine lab data @ CHEYENNE VAMC on 3170111 at 02  [#216721]
01/11/17@02:00  12 lines
From: CLOZAPINE MONITOR  In 'IN' basket.   Page 1  *New*
-------------------------------------------------------------------------------
Clozapine lab data was transmitted, 11 records were sent

In message # 216720
101074507   AAADTSXY,QLYJH U  (R) Jan 10, 2017 (W) Jan 10, 2017 (N) Jan 10, 2017
101028121   ZXUY,QLYJH K  (R) Jan 10, 2017 (W) Jan 09, 2017 (N) Jan 09, 2017
101039337   AAA,AXRDH Z  (R) Jan 10, 2017 (W) Jan 10, 2017 (N) NO NEUT
101039337   AAA,AXRDH Z  (R) Jan 10, 2017 (W) Jan 10, 2017 (N) NO NEUT
101040657   AJXJB,TLRA HIPLUI  (R) Jan 04, 2017 (W) Jan 10, 2017 (N) Jan 10, 2017
101040657   AJXJB,TLRA HIPLUI  (R) Jan 10, 2017 (W) Jan 10, 2017 (N) Jan 10, 2017
101049185   GALI,LKHA A  (R) Jan 10, 2017 (W) Jan 05, 2017 (N) Jan 05, 2017
101077432   BXADLY,TXY A  (R) Jan 10, 2017 (W) Jan 10, 2017 (N) NO NEUT
101077432   BXADLY,TXY A  (R) Jan 10, 2017 (W) Jan 10, 2017 (N) NO NEUT
```

VistA Retransmit Clozapine Roll-up Data [YSCL RETRANSMIT DATA]
The VistA Retransmit Clozapine Roll-up Data [YSCL RETRANSMIT DATA] option has been added to in the event the NCCC needs to a the Clozapine Data sent to the NCCC Server.
This option has the ability to send single days transactions, or multiples consecutive days of data.
This option must be run manually via VistA.

Once the user run the option, the user will need to provide the Start Date and the Ending date.
The system will then create and send the Clozapine lab data - Mailman message to NCC.

Example: Retransmit Clozapine Roll-up Data

```
VISTAS1:VISTA>

VISTAS1:VISTA>

VISTAS1:VISTA>

VISTAS1:VISTA>d ^XUP

Setting up programmer environment
This is a TEST account.

Terminal Type set to: C-VT320

You have 247 new messages.
Select OPTION NAME: YSCL RETRANSMIT DATA       Retransmit Clozapine Roll-up Data
Retransmit Clozapine Roll-up Data
Are you sure you wish to retransmit lab data? YES
Enter the starting date:  T-2
Enter the ending date:  T-1
VISTAS1:VISTA>

VISTAS1:VISTA>

VISTAS1:VISTA>
```

The VistA Weekly Clozapine Report [YSCL WEEKLY TRANSMISSION] and the Transmit Clozapine Demographics [YSCL TRANSMIT DEMOGRAPHICS] options have been marked Out Of Service and displays Replaced by the Daily Clozapine Transmission message.

12. Glossary

Action Prompts	There are three types of Inpatient Medications "Action" prompts that occur during order entry: ListMan, Patient/Order, and Hidden action prompts.	
ListMan Action Prompts	+	Next Screen
	-	Previous Screen
	UP	Up a Line
	DN	Down a Line
	>	Shift View to Right
	<	Shift View to Left
	FS	First screen
	LS	Last Screen
	GO	Go to Page
	RD	Re Display Screen
	PS	Print Screen
	PT	Print List
	SL	Search List
	Q	Quit
	ADPL	Auto Display (on/off)
Patient/Order Action Prompts	PU	Patient Record Updates
	DA	Detailed Allergy/ADR List
	VP	View Profile
	NO	New Orders Entry
	CM	New Clinic Medication Entry
	IN	Intervention Menu
	PI	Patient Information
	SO	Select Order
	DC	Discontinue
	ED	Edit
	FL	Flag
	VF	Verify
	HD	Hold
	RN	Renew
	AL	Activity Logs
	OC	On Call
	NL	Print New IV Labels
	RL	Reprint IV Labels
	RC	Recycled IV
	DT	Destroyed IV
	CA	Cancelled IV
Hidden Action Prompts	LBL	Label Patient/Report

	JP Jump to a Patient OTH Other Pharmacy Options MAR MAR Menu DC Speed Discontinue RN Speed Renew SF Speed Finish SV Speed Verify CO Copy N Mark Not to be Given I Mark Incomplete DIN Drug Restr/Guide DA Display Drug Allergies OCI Overrides/Interventions CK Check Interactions
Active Order	Any order which has not expired or been discontinued. Active orders also include any orders that are on hold or on call.
Activity Reason Log	The complete list of all activity related to a patient order. The log contains the action taken, the date of the action, and the user who took the action.
Activity Ruler	The activity ruler provides a visual representation of the relationship between manufacturing times, doses due, and order start times. The intent is to provide the on-the-floor user with a means of tracking activity in the IV room and determining when to call for doses before the normal delivery. The activity ruler can be enabled or disabled under the *SIte Parameters (IV)* option.
Additive	A drug that is added to an IV solution for the purpose of parenteral administration. An additive can be an electrolyte, a vitamin or other nutrient, or an antibiotic. Only electrolyte or multivitamin type additives can be entered as IV fluid additives in CPRS.
ADMINISTRATION SCHEDULE file	File #51.1. This file contains administration schedule names and standard dosage administration times. The name is a common abbreviation for an administration schedule type (e.g., QID, Q4H, PRN). The administration time entered is in military time, with each time separated from the next by a dash, and times listed in ascending order.
Administering Teams	Nursing teams used in the administration of medication to the patients. There can be a number of teams assigned to take care of one ward, with specific rooms and beds assigned to each team.
Admixture	An admixture is a type of intravenously administered medication comprised of any number of additives (including zero) in one solution. It is given at a specified flow rate; when one bottle or bag is empty, another is hung.

Allergy/ADR Order Check	The screening of a patient's documented allergies or adverse reactions against a medication ordered by a provider.
APSP INTERVENTION file	File #9009032.4. This file is used to enter pharmacy interventions. Interventions in this file are records of occurrences where the pharmacist had to take some sort of action involving a particular prescription or order. A record would record the provider involved, why an intervention was necessary, what action was taken by the pharmacists, etc.
Average Unit Drug Cost	The total drug cost divided by the total number of units of measurement.
BCMA	A VistA computer software package named Bar Code Medication Administration. This package validates medications against active orders prior to being administered to the patient.
BSA	Body Surface Area. The Dubois formula is used to calculate the Body Surface Area using the following formula: $BSA\ (m^2) = 0.20247 \times Height\ (m)^{0.725} \times Weight\ (kg)^{0.425}$ The equation is performed using the most recent patient height and weight values that are entered into the vitals package. The calculation is not intended to be a replacement for independent clinical judgment.
Calc Start Date	Calculated Start Date. This is the date that would have been the default Start Date/Time for an order if no duration was received from CPRS. Due to the existence of a duration, the default Start Date/Time of the order becomes the expected first dose.
Calc Stop Date	Calculated Stop Date. This is the date that would have been the default Stop Date/Time for an order if no duration was received from CPRS. Due to the existence of a duration, the default Stop Date/Time of the order becomes the expected first dose plus the duration.
Chemotherapy	Chemotherapy is the treatment or prevention of cancer with chemical agents. The chemotherapy IV type administration can be a syringe, admixture, or a piggyback. Once the subtype (syringe, piggyback, etc.) is selected, the order entry follows the same procedure as the type that corresponds to the selected subtype (e.g., piggyback type of chemotherapy follows the same entry procedure as regular piggyback IV).
Chemotherapy "Admixture"	The Chemotherapy "Admixture" IV type follows the same order entry procedure as the regular admixture IV type. This type is in use when the level of toxicity of the chemotherapy drug is high and is to be administered continuously over an extended period of time (e.g., seven days).

Chemotherapy "Piggyback"	The Chemotherapy "Piggyback" IV type follows the same order entry procedure as the regular piggyback IV type. This type of chemotherapy is in use when the chemotherapy drug does not have time constraints on how fast it must be infused into the patient. These types are normally administered over a 30 - 60 minute interval.
Chemotherapy "Syringe"	The Chemotherapy "Syringe" IV type follows the same order entry procedure as the regular syringe IV type. Its administration may be continuous or intermittent. The pharmacist selects this type when the level of toxicity of the chemotherapy drug is low and needs to be infused directly into the patient within a short time interval (usually 1-2 minutes).
Child Orders	One or more Inpatient Medication Orders that are associated within a Complex Order and are linked together using the conjunctions AND OR to create combinations of dosages, medication routes, administration schedules, and order durations.
CLINIC DEFINITION File	File #53.46. This file is used in conjunction with Inpatient Medications for Outpatients (IMO) to give the user the ability to define, by clinic, default stop dates, whether to auto-dc IMO orders, and whether to send IMO orders to BCMA. Users may define a Missing Dose Request printer and a Pre-Exchange Report printer.
Clinic Group	A clinic group is a combination of outpatient clinics that have been defined as a group within Inpatient Medications to facilitate processing of orders.
Clinical Reminder Order Checks (CROC)	CPRS Order Checks that use Clinical Reminder functionality, both reminder terms and reminder definitions, to perform checks for groups of orderable items.
Complex Order	An order that is created from CPRS using the Complex Order dialog and consists of one or more associated Inpatient Medication orders, known as "child" orders. Inpatient Medications receives the parent order number from CPRS and links the child orders together. If an action of FN (Finish), VF (Verify), DC (Discontinue), or RN (Renew) is taken on one child order, the action must be taken on all of the associated child orders. For example: • If one child order within a Complex Order is made active, all child orders in the Complex Order must be made active. • If one child order within a Complex Order is discontinued, all child orders in the Complex Order must be discontinued. • If one child order within a Complex Order is renewed, all child orders in the Complex Order must be renewed.
Continuous IV Order	Inpatient Medications IV order not having an administration schedule. This includes the following IV types: Hyperals,

	Admixtures, Non-Intermittent Syringe, and Non-Intermittent Syringe or Admixture Chemotherapy.
Continuous Syringe	A syringe type of IV that is administered continuously to the patient, similar to a hyperal IV type. This type of syringe is common used on outpatients and administered automatically by an infusion pump.
Coverage Times	The start and end of coverage period designates administration times covered by a manufacturing run. There must be a coverage period for all IV types: admixtures and primaries, piggybacks, hyperals, syringes, and chemotherapy. For one type, admixtures for example, the user might define two coverage periods; one from 1200 to 0259 and another from 0300 to 1159 (this would mean that the user has two manufacturing times for admixtures).
CPRS	A VistA computer software package called Computerized Patient Record Systems. CPRS is an application in VistA that allows the user to enter all necessary orders for a patient in different packages from a single application. All pending orders that appear in the Unit Dose and IV modules are initially entered through the CPRS package.
CrCL	Creatinine Clearance. The CrCL value which displays in the pharmacy header is identical to the CrCL value calculated in CPRS. The formula approved by the CPRS Clinical Workgroup is the following: `Modified Cockcroft-Gault equation using Adjusted Body Weight in kg (if ht > 60in)` This calculation is not intended to be a replacement for independent clinical judgment.
Critical Drug-Drug Interaction	One of two types of drug-drug interactions identified by order checks. The other type is a “significant” drug-drug interaction
Cumulative Doses	The number of IV doses actually administered, which equals the total number of bags dispensed less any Recycled, Destroyed, or Cancelled bags.
DATUP	Data Update (DATUP). Functionality that allows the Pharmacy Enterprise Customization System (PECS) to send out VA custom and standard commercial-off-the-shelf (COTS) vendor database changes to update the production and pre-production centralized MOCHA databases at Austin and Philadelphia.
Default Answer	The most common answer, predefined by the system to save time and keystrokes for the user. The default answer appears before the two slash marks (//) and can be selected by the user by pressing <**Enter**>.

Dispense Drug	The Dispense Drug name has the strength attached to it (e.g., Acetaminophen 325 mg). The name alone without a strength attached is the Orderable Item name.
Delivery Times	The time(s) when IV orders are delivered to the wards.
Dosage Ordered	After the user has selected the drug during order entry, the dosage ordered prompt is displayed.
DRUG ELECTROLYTES File	File #50.4. This file contains the names of anions/cations, and their concentration units.
DRUG File	File #50. This file holds the information related to each drug that can be used to fill a prescription.
Duration	The length of time between the Start Date/Time and Stop Date/Time for an Inpatient Medications order. The default duration for the order can be specified by an ordering clinician in CPRS by using the Complex Dose tab in the Inpatient Medications ordering dialog.
Electrolyte	An additive that disassociates into ions (charged particles) when placed in solution.
Enhanced Order Checks	Drug–Drug Interaction, Duplicate Therapy, and Dosing order checks that are executed utilizing FDB's MedKnowledge Framework APIs and database.
Entry By	The name of the user who entered the Unit Dose or IV order into the computer.
Hospital Supplied Self Med	Self med which is to be supplied by the Medical Center's pharmacy. Hospital supplied self med is only prompted for if the user answers Yes to the SELF MED prompt during order entry.
Hyperalimentation (Hyperal)	Long term feeding of a protein-carbohydrate solution. Electrolytes, fats, trace elements, and vitamins can be added. Since this solution generally provides all necessary nutrients, it is commonly referred to as Total Parenteral Nutrition (TPN). A hyperal is composed of many additives in two or more solutions. When the labels print, they show the individual electrolytes in the hyperal order.
Infusion Rate	The designated rate of flow of IV fluids into the patient.
INPATIENT USER PARAMETERS file	File #53.45. This file is used to tailor various aspects of the Inpatient Medications package with regards to specific users. This file also contains fields that are used as temporary storage of data during order entry/edit.
INPATIENT WARD PARAMETERS file	File #59.6. This file is used to tailor various aspects of the Inpatient Medications package with regards to specific wards.
Intermittent Syringe	A syringe type of IV that is administered periodically to the patient according to an administration schedule.
Internal Order Number	The number on the top left corner of the label of an IV bag in brackets ([ ]). This number can be used to speed up the entry of returns and destroyed IV bags.

IV ADDITIVES file	File #52.6. This file contains drugs that are used as additives in the IV room. Data entered includes drug generic name, print name, drug information, synonym(s), dispensing units, cost per unit, days for IV order, usual IV schedule, administration times, electrolytes, and quick code information.
IV CATEGORY file	File #50.2. This file allows the user to create categories of drugs in order to run "tailor-made" IV cost reports for specific user-defined categories of drugs. The user can group drugs into categories.
IV Duration	The duration of an order may be entered in CPRS at the IV DURATION OR TOTAL VOLUME field in the IV Fluids order dialog. The duration may be specified in terms of volume (liters or milliliters), or time (hours or days). Inpatient Medications uses this value to calculate a default stop date/time for the order at the time the order is finished.
IV Label Action	A prompt, requesting action on an IV label, in the form of "Action ( )", where the valid codes are shown in the parentheses. The following codes are valid: P – Print a specified number of labels now. B – Bypass any more actions. S – Suspend a specified number of labels for the IV room to print on demand.
IV Room Name	The name identifying an IV distribution area.
IV SOLUTIONS file	File #52.7. This file contains drugs that are used as primary solutions in the IV room. The solution must already exist in the DRUG file (#50) to be selected. Data in this file includes: drug generic name, print name, status, drug information, synonym(s), volume, and electrolytes.
IV STATS file	File #50.8. This file contains information concerning the IV workload of the pharmacy. This file is updated each time the *COmpile IV Statistics* option is run and the data stored is used as the basis for the AMIS (IV) report.
Label Device	The device, identified by the user, on which computer-generated labels will be printed.
Local Possible Dosages	Free text dosages that are associated with drugs that do not meet all of the criteria for Possible Dosages.
LVP	Large Volume Parenteral — Admixture. A solution intended for continuous parenteral infusion, administered as a vehicle for additive(s) or for the pharmacological effect of the solution itself. It is comprised of any number of additives, including zero, in one solution. An LVP runs continuously, with another bag hung when one bottle or bag is empty.

Manufacturing Times	The time(s) that designate(s) the general time when the manufacturing list will be run and IV orders prepared. This field in the *SIte Parameters (IV)* option (IV ROOM file, (#59.5)) is for documentation only and does not affect IV processing.
MEDICATION ADMINISTERING TEAM file	File #57.7. This file contains wards, the teams used in the administration of medication to that ward, and the rooms/beds assigned to that team.
MEDICATION INSTRUCTION file	File #51. This file is used by Outpatient Pharmacy and Unit Dose Special Instructions. (Not used by IV Other Print Info.) It contains the medication instruction name, expansion and intended use.
MEDICATION ROUTES file	File #51.2. This file contains medication route names. The user can enter an abbreviation for each route to be used at their site. The abbreviation will most likely be the Latin abbreviation for the term.
Medication Routes/ Abbreviations	Route by which medication is administered (e.g., oral). The MEDICATION ROUTES file (#51.2) contains the routes and abbreviations, which are selected by each VAMC. The abbreviation cannot be longer than five characters to fit on labels and the MAR. The user can add new routes and abbreviations as appropriate.
Non-Formulary Drugs	The medications that are defined as commercially available drug products not included in the VA National Formulary.
Non-VA Meds	Term that encompasses any Over-the-Counter (OTC) medications, Herbal supplements, Veterans Health Administration (VHA) prescribed medications but purchased by the patient at an outside pharmacy, and medications prescribed by providers outside VHA. All Non-VA Meds must be documented in patients' medical records.
Non-Verified Orders	Any order that has been entered in the Unit Dose or IV module that has not been verified (made active) by a nurse and/or pharmacist. Ward staff may not verify a non-verified order.
Orderable Item	An Orderable Item name has no strength attached to it (e.g., Acetaminophen). The name with a strength attached to it is the Dispense Drug name (e.g., Acetaminophen 325mg).
Order Check	Order checks (drug-allergy/ADR interactions, drug-drug interactions, duplicate drug, and duplicate therapy, and dosing) are performed when a new medication order is placed through either the CPRS or Inpatient Medications applications. They are also performed when medication orders are renewed, when Orderable Items are edited, or during the finishing process in Inpatient Medications. This functionality will ensure the user is alerted to possible adverse drug reactions and will reduce the possibility of a medication error.

Order Sets	An Order Set is a set of N pre-written orders. (N indicates the number of orders in an Order Set is variable.) Order Sets are used to expedite order entry for drugs that are dispensed to all patients in certain medical practices and procedures.
Order View	Computer option that allows the user to view detailed information related to one specific order of a patient. The order view provides basic patient information and identification of the order variables.
Parenteral	Introduced by means other than by way of the digestive track.
Patient Profile	A listing of a patient's active and non-active Unit Dose and IV orders. The patient profile also includes basic patient information, including the patient's name, social security number, date of birth, diagnosis, ward location, date of admission, reactions, and any pertinent remarks.
PECS	Pharmacy Enterprise Customization System. A Graphical User Interface (GUI) web-based application used to research, update, maintain, and report VA customizations of the commercial-off-the-shelf (COTS) vendor database used to perform Pharmacy order checks such as drug-drug interactions, duplicate therapy, and dosing.
Pending Order	A pending order is one that has been entered by a provider through CPRS without Pharmacy or Nursing finishing the order. Once Pharmacy or Nursing has finished and verified the order, it will become active.
PEPS	Pharmacy Enterprise Product System. A re-engineering of pharmacy data and its management practices developed to use a commercial off-the-shelf (COTS) drug database, currently First DataBank (FDB) MedKnowledge, to provide the latest identification and safety information on medications.
Pharmacist Intervention	A recommendation provided by a pharmacist through the Inpatient Medications system's Intervention process acknowledging the existence of a critical drug-drug interaction and/or allergy/ADR interaction, and providing justification for its existence. There are two ways an intervention can be created, either via the Intervention Menu, or in response to Order Checks.
PHARMACY SYSTEM file	File # 59.7. This file contains data that pertains to the entire Pharmacy system of a medical center, and not to any one site or division.
Piggyback	Small volume parenteral solution for intermittent infusion. A piggyback is comprised of any number of additives, including zero, and one solution; the mixture is made in a small bag. The piggyback is given on a schedule (e.g., Q6H). Once the medication flows in, the piggyback is removed; another is not hung until the administration schedule calls for it.

Possible Dosages	Dosages that have a numeric dosage and numeric dispense units per dose appropriate for administration. For a drug to have possible dosages, it must be a single ingredient product that is matched to the VA PRODUCT file (#50.68). The VA PRODUCT file (#50.68) entry must have a numeric strength and the dosage form/unit combination must be such that a numeric strength combined with the unit can be an appropriate dosage selection.
Pre-Exchange Units	The number of actual units required for this order until the next cart exchange.
Primary Solution	A solution, usually an LVP, administered as a vehicle for additive(s) or for the pharmacological effect of the solution itself. Infusion is generally continuous. An LVP or piggyback has only one solution (primary solution). A hyperal can have one or more solutions.
Print Name	Drug generic name as it is to appear on pertinent IV output, such as labels and reports. Volume or Strength is not part of the print name.
Print Name{2}	Field used to record the additives contained in a commercially purchased premixed solution.
Profile	The patient profile shows a patient's orders. The Long profile includes all the patient's orders, sorted by status: active, non-verified, pending, and non-active. The Short profile will exclude the patient's discontinued and expired orders.
Prompt	A point at which the system questions the user and waits for a response.
Provider	Another term for the physician/clinician involved in the prescription of an IV or Unit Dose order for a patient.
Provider Override Reason	A reason supplied by a provider through the CPRS system, acknowledging a critical drug-drug interaction and/or allergy/ADR interaction and providing justification for its existence.
PSJI MGR	The name of the *key* that allows access to the supervisor functions necessary to run the IV medications software. Usually given to the Inpatient package coordinator.
PSJI PHARM TECH	The name of the *key* that must be assigned to pharmacy technicians using the IV module. This key allows the technician to finish IV orders, but not verify them.
PSJI PURGE	The key that must be assigned to individuals allowed to purge expired IV orders. This person will most likely be the IV application coordinator.
PSJI RNFINISH	The name of the *key* that is given to a user to allow the finishing of IV orders. This user must also be a holder of the PSJ RNURSE key.
PSJI USR1	The primary menu option that may be assigned to nurses.
PSJI USR2	The primary menu option that may be assigned to technicians.

PSJU MGR	The name of the *primary menu option* and of the *key* that must be assigned to the pharmacy package coordinators and supervisors using the Unit Dose Medications module.
PSJU PL	The name of the *key* that must be assigned to anyone using the *Pick List Menu* options.
PSJ PHARM TECH	The name of the *key* that must be assigned to pharmacy technicians using the Unit Dose Medications module.
PSJ RNFINISH	The name of the *key* that is given to a user to allow the finishing of a Unit Dose order. This user must also be a holder of the PSJ RNURSE key.
PSJ RNURSE	The name of the *key* that must be assigned to nurses using the Unit Dose Medications module.
PSJ RPHARM	The name of the *key* that must be assigned to a pharmacist to use the Unit Dose Medications module. If the package coordinator is also a pharmacist he/she must also be given this key.
Quick Code	An abbreviated form of the drug generic name (from one to ten characters) for IV orders. One of the three drug fields on which lookup is done to locate a drug. Print name and synonym are the other two. Use of quick codes will speed up order entry, etc.
Report Device	The device, identified by the user, on which computer-generated reports selected by the user will be printed.
Schedule	The frequency of administration of a medication (e.g., QID, QDAILY, QAM, STAT, Q4H).
Schedule Type	Codes include: **O** - one time (i.e., STAT - only once), **P** - PRN (as needed; no set administration times). **C**- continuous (given continuously for the life of the order; usually with set administration times). **R** - fill on request (used for items that are not automatically put in the cart - but are filled on the nurse's request. These can be multidose items (e.g., eye wash, kept for use by one patient and is filled on request when the supply is exhausted). And **OC** - on call (one time with no specific time to be given, e.g., 1/2 hour before surgery).
Scheduled IV Order	Inpatient Medications IV order having an administration schedule. This includes the following IV Types: IV Piggyback, Intermittent Syringe, IV Piggyback Chemotherapy, and Intermittent Syringe Chemotherapy.
Self Med	Medication that is to be administered by the patient to himself.
Standard Schedule	Standard medication administration schedules stored in the ADMINISTRATION SCHEDULE file (#51.1).
Start Date/Time	The date and time an order is to begin.

Status	**A** - active, **E** - expired, **R** - renewed (or reinstated), **D** - discontinued, **H** - on hold, **I** - incomplete, or **N** - non-verified, **U** – unreleased, **P** – pending, **O** – on call, **DE** – discontinued edit, **RE** – reinstated, **DR** – discontinued renewal, DP- discontinued by provider through CPRS, DE- discontinued due to edit via backdoor pharmacy (unit Dose orders only), DF- discontinued due to edit by provider through CPRS, DD- auto discontinued due to death, DA- auto discontinued due to patient movements, HP- placed on hold due to provider CPRS
Stop Date/Time	The date and time an order is to expire.
Stop Order Notices	A list of patient medications that are about to expire and may require action.
Syringe	Type of IV that uses a syringe rather than a bottle or bag. The method of infusion for a syringe-type IV may be continuous or intermittent.
Syringe Size	The syringe size is the capacity or volume of a particular syringe. The size of a syringe is usually measured in number of cubic centimeters (ccs).
TPN	Total Parenteral Nutrition. The intravenous administration of the total nutrient requirements of the patient. The term TPN is also used to mean the solution compounded to provide those requirements.
Units per Dose	The number of Units (tablets, capsules, etc.) to be dispensed as a Dose for an order. Fractional numbers will be accepted.
VA Drug Class Code	A drug classification system used by VA that separates drugs into different categories based upon their characteristics. IV cost reports can be run for VA Drug Class Codes.
VDL	Virtual Due List. This is a Graphical User Interface (GUI) application used by the nurses when administering medications.
Ward Group	A ward group indicates inpatient nursing units (wards) that have been defined as a group within Inpatient Medications to facilitate processing of orders.
WARD GROUP file	File #57.5. This file contains the name of the ward group, and the wards included in that group. The grouping is necessary for the pick list to be run for specific carts and ward groups.
Ward Group Name	A field in the WARD GROUP file (#57.5) used to assign an arbitrary name to a group of wards for the pick list and medication cart.
WARD LOCATION file	File #42. This file contains all of the facility ward locations and their related data, e.g., Operating beds, Bedsection, etc. The wards are created/edited using the *Ward Definition* option of the ADT module.

13. Index

1

14 Day MAR, 252, 254, 255
14 Day MAR Report Example, 256

2

24 Hour MAR, 239, 241, 242, 249
24 Hour MAR Report Example, 242

7

7 Day MAR, 246, 247, 248, 249
7 Day MAR Report Example, 249

A

Abbreviated Order Entry, 28, 30
Action Area, 6, 17, 23, 27, 56, 89, 91, 112, 113
Action Profile #1, 259, 261
Action Profile #1 Report Example, 260
Action Profile #2, 261
Action Profile #2 Report Example, 262
Active Order List (IV), 288
Active Order List (IV) Example, 288
Activity Log, 56, 60, 64, 72, 80, 84, 113, 127, 134, 144, 149, 154, 231, 238, 291
Activity Log Example, 73, 134
Activity Ruler, 103, 359
Additive, 93, 94, 119, 127, 142, 143, 146, 147, 148, 149, 156, 232, 233, 270, 289, 299, 301, 359, 363, 364, 367
administration history, 9
Administration Schedule, 35, 62, 97, 124
Administration Team, 82, 152, 240, 247, 253, 259, 268, 270, 271, 289
Administration Times, 36, 41, 59, 66, 69, 70, 79, 96, 98, 99, 115, 128, 130, 131, 141, 142, 149, 219, 228, 230, 240, 247, 253, 271, 272, 359, 362, 364, 368
Admixture, 93, 94, 145, 146, 147, 148, 149, 230, 233, 288, 359, 360, 362, 364
Adverse Reaction Tracking (ART) Package, 45, 103
Align Labels (IV), 278
Align Labels (IV) Example, 278
Align Labels (Unit Dose), 275
Align Labels (Unit Dose) Example, 275
Allergy Order Checks, 161
Allergy/ADR Example Order Checks, 184
Asterisk, 56, 58, 60, 103, 112, 115, 231, 272
ATC, 219, 223, 225, 228
Authorized Absence, 264
Authorized Absence/Discharge Summary, 264
Authorized Absence/Discharge Summary Report Example, 264
Auto-Verify, 61, 62, 123, 124, 127

B

Bar Code ID, 234, 237, 278, 285, 286, 287
Barcode ID – Return and Destroy (IV), 237
Barcode ID – Return and Destroy (IV) Example, 237
BCMA, 1, 32, 33, 40, 56, 61, 98, 112, 123, 237, 279, 286
BCMA Units Per Dose, 32, 33
BCMA Virtual Due List (VDL), 61, 123
BOTTLE, 94

C

Change Report/Label Devices (IV), 217
Change to Another IV Room (IV), 217
Check Drug Interactions, 200
Chemotherapy, 93, 148, 149, 230, 233, 288, 360, 361, 362
Clinic, 18, 19, 238, 240, 247, 253, 270, 276, 289
CLINIC DEFINITION file, 145, 146, 361
Clinic Group, 18, 19, 238, 240, 247, 253, 261, 270, 276, 289, 361
Clinic Location, 100
Clinic orders, 177
Clinical Reminder Order Checks, 172
Clozapine, 307
Clozapine Pharmacy Manager, 307
Complex Orders, 70
  Active Complex Order, 53
  Non-Verified Complex Order, 53, 108, 109
  Pending Complex Order, 52, 108, 109
Controlled Substance, 219, 249, 255
Coverage Times, 103
CPRS, 1, 18, 35, 42, 56, 61, 64, 73, 79, 80, 98, 100, 112, 123, 127, 135, 142, 144, 156, 359, 362, 366
CPRS Med Order, 41, 99
CPRS Order Checks – How They Work, 303
CPRS Provider Overrides, 31
Critical Drug-Drug Interaction, 362
CWAD Indicator, 6

D

Default Start Date Calculation, 41, 99, 141, 145, 146, 147
  Default Start Date Calculation = CLOSEST, 41, 99, 145, 146, 147
  Default Start Date Calculation = NEXT, 41, 99, 145, 146, 147
  Default Start Date Calculation = NOW, 28
  Default Start Date Calculation = NOW, 41
  Default Start Date Calculation = NOW, 93
  Default Start Date Calculation = NOW, 93
  Default Start Date Calculation = NOW, 99
  Default Start Date Calculation = NOW, 99

Default Start Date Calculation = NOW, 145
Default Start Date Calculation = NOW, 146
Default Start Date Calculation = NOW, 147
Default Start Date Calculation = NOW, 262
Default Start Date/Time, 99
Default Stop Date, 27, 28, 92, 99, 205, 217
Default Stop Date/Time, 99
Delete Labels from Suspense (IV), 294
Delete Labels from Suspense (IV) Example, 294
Detailed Allergy/ADR List, 45, 103, 358
Discharge, 264
Discontinue All of a Patient's Orders, 81
Discontinue an Order, 16, 24, 50, 56, 58, 81, 87, 89, 108, 112, 113, 115, 144, 145, 149, 219, 226, 231, 260, 264, 359, 367, 369
Discontinue an Order Example, 56, 113
Discontinuing a Pending Renewal, 133
Discontinuing Duplicate Inpatient Orders, 182
Dispense Drug, 29, 30, 31, 32, 33, 60, 63, 64, 79, 93, 94, 119, 125, 127, 142, 143, 156, 219, 276, 277, 363, 365
Dispense Drug Look-Up, 299
Dispense Drug Look-Up Example, 299
Dispense Log, 73
Dispense Units Per Dose, 32, 33
DONE Order, 41, 99, 126
Dosage Ordered, 29, 31, 32, 33, 35, 36, 60, 219, 363
Dosing Order Checks, 200
Drug File, 29, 79, 143, 299
Drug Inquiry (IV), 300
Drug Inquiry (IV) With Information Example, 301
Drug Inquiry (IV) With No Information Example, 300
Drug Name, 219
Drug Prompt, 3, 28, 29, 30, 93, 299
Drug Text Indicator, 30, 93, 94

E

Edit an Order, 58, 115
Edit an Order and Create a New Order Example, 117
Edit an Order Example, 58, 59, 115, 116
Edit Inpatient User Parameters, 216
Edit Patient's Default Stop Date, 216
Enter Units Dispensed, 222
Enter Units Dispensed Report Example, 224
Enter/Edit Allergy/ADR Data, 45, 103
Entering Barcode ID for Returns and Destroyed Medications Example, 237
Entering Returns and Destroyed Medications Example, 235
Error Information, 305
Error Messages, 305
Expected First Dose, 79, 142
Extra Units Dispensed, 224
Extra Units Dispensed Report, 268
Extra Units Dispensed Report Example, 225, 268

F

Finish an Order, 61, 73, 79, 123, 135, 143
Finish an Order Example, 77, 78
Finish an Order With a Duration Example, 139
Finish an Order Without a Duration Example, 137
Flag, 144
Flag an Order Example, 80, 144
Free Text Dosage, 269
Free Text Dosage Report, 269
Free Text Dosage Report Example, 269

G

Glossary, 358

H

Header Area, 6
Hidden Actions, 4, 7
History Log, 58, 72, 73, 115, 134
Hold, 3, 16, 24, 46, 64, 65, 81, 82, 87, 89, 127, 135, 149, 219, 223, 231, 264, 359, 369
Hold All of a Patient's Orders, 81
Hold All of a Patient's Orders Example, 81
Hold an Order, 64
Hold an Order Example, 64, 65, 127
Take All of a Patient's Orders Off of Hold Example, 82
Hyperal, 93, 94, 147, 149, 230, 233, 288, 362, 363, 367

I

Individual Labels (IV), 279
Individual Labels (IV) Example, 279, 280, 283
Individual Order Suspension (IV), 294
Individual Order Suspension (IV) Example, 295
Infusion Rate, 94, 96, 143, 149, 363
INFUSION RATE, 94
Inpatient Duplicate Therapy Warning, 181
Inpatient Medication Orders for Outpatients, 145, 146, 147, 239, 247, 253, 259, 262, 288, 293
Inpatient Order Entry, 15, 16, 24, 25, 28, 50, 79, 86, 87, 89, 93, 108, 143
Inpatient Order Entry Example, 25, 89
Inpatient Profile, 82, 152, 276
Inpatient Profile Example, 84, 154
Inpatient Stop Order Notices, 261, 270, 289
Inpatient Stop Order Notices Example, 270, 289
Inpatient User Parameters, 28, 52, 62, 81, 109, 124
Inpatient Ward Parameters, 36, 41, 42, 99, 145, 146, 147, 219
Inquiries Menu, 299
Inquiries Menu Example, 299
Inquiries Options, 299
Intermittent Syringe, 97, 148
Internal Order Number, 234
Intervention, 46, 103, 360
Intervention Menu, 46, 103, 358
Delete an Intervention Example, 48, 106
Edit an Intervention Example, 47, 105
New Intervention Example, 46, 104

Print an Intervention Example, 49, 107
View an Intervention Example, 49, 106
Introduction, 1
IRMS, 93
IV Additives, 93, 99, 145, 146, 147, 300, 301, 364
IV Bag, 8, 234, 363
IV Drug Formulary Report (IV), 290
IV Drug Formulary Report (IV) Example, 290
IV Duration, 364
IV Flag, 79, 143
IV Fluid Orders, 143
IV Label Example, 234
IV Label Menu Example, 278
IV Menu, 86, 87, 217, 230, 278, 300
IV Menu Example, 86
IV Order
Continuous Type, 99
Intermittent Type, 99
IV Room, 25, 82, 89, 99, 103, 149, 152, 217, 231, 232, 234, 295, 297, 359, 364
IV Solution, 94, 300, 301, 359
IV Stats File, 285
IV Type, 93, 94, 99, 145

L

Label Log, 134, 149, 291
Label Menu (IV), 278
Label Print/Reprint, 276
Labels from Suspense (IV), 295
Labels from Suspense (IV) Example, 296
Large Volume Parenteral (LVP), 93, 145, 364
List Area, 6
List Manager, 5, 6, 7, 27, 56, 91, 113
Local Possible Dosages, 31, 32, 33, 35, 36, 364
Local Possible Dosages Example, 31

M

Maintenance Options, 216
Maintenance Options - IV, 217
Maintenance Options – Unit Dose, 216
Manufacturing List, 230, 233, 285, 297
Manufacturing List (IV), 232
Manufacturing List Example, 233
Manufacturing Record for Suspense (IV), 296
Manufacturing Record for Suspense (IV) Example, 297
MED ROUTE, 96
Medication Administration Records (MARs), 1
Medication Routes, 34, 79, 143, 149, 219, 365
Medications Due Worksheet, 271
Medications Due Worksheet Example, 272
Medications Requiring Removal, 36
Menu Tree
IV Menu Tree, xvi
Unit Dose Menu Tree, xv
Message Window, 6

N

Nature of Order, 30, 42, 100
New Order Entry, 28, 93
New IV Order Entry Example, 101
New Unit Dose Order Entry Example, 43, 75
Non-Formulary Status, 30, 60, 63, 64, 79, 94, 119, 125, 127, 142
Non-Standard Schedules, 217
Non-Verified/Pending Orders, 15, 17, 23, 27, 28, 50, 82, 92, 108
Non-Verified/Pending Orders Example, 18
NUMBER OF DAYS UNTIL STOP, 145, 146, 147

O

OCI, 13
OCXCACHE, 303
On Call, 144
Order Actions, 56, 113
Order check
data caching, 303
OCXCACHE, 303
XTMP, 303
Order Check, 156, 365
Drug-Allergy Interactions, 155, 156
Drug-Drug Interactions, 155, 156
Duplicate Class, 155, 156
Duplicate Drug, 156
Order Check Data Caching, 303
Order Check/Interventions, 13
Order Checks, 29, 155
Drug-Allergy Interactions, 29
Drug-Drug Interactions, 29
Duplicate Class, 29
Order Checks/Interventions (OCI) indicator, 30
Order Entry, 3, 6, 7, 15, 16, 28, 82, 86, 87
Order Lock, 15, 87
Order Options, 15
Order Set, 28, 30, 366
Orderable Item, 29, 30, 34, 35, 36, 60, 63, 64, 79, 93, 94, 97, 119, 125, 127, 142, 217, 219, 270, 276, 289, 363, 365
Orientation, 3
Other Print Info, 98, 99
Output Options, 238

P

Parenteral, 93, 145, 146, 359, 364, 366
Patient Action, 17, 23, 27, 89, 91
Patient Information, 6, 17, 26, 54, 87, 91, 95, 110, 358
Patient Information Example, 17, 54, 88, 91, 110, 111
Patient Lock, 15, 28, 87, 93
Patient Profile (Extended), 273
Patient Profile (Extended) Report Example, 273
Patient Profile (Unit Dose), 148, 238
Patient Profile (Unit Dose) Example, 238

Patient Profile Report (IV), 148, 291
Patient Profile Report (IV) Example, 291
Patient Profiles, 15, 86
Patient Record Update, 27, 91
Patient Record Update Example, 27, 91
Patients on Specific Drug(s), 276
Patients on Specific Drug(s) Report Example, 277
Pharmacist Intervention, 366
Pick List, 1, 61, 123, 218, 219, 220, 223, 225, 226, 228, 229, 369
PIck List, 218
Pick List Menu, 3, 218
Pick List Menu Example, 204, 205, 218
Pick List Report, 218
Pick List Report Example, 220
Piggyback, 93, 94, 97, 146, 147, 148, 149, 230, 233, 288, 360, 361, 362, 366, 367
Possible Dosages, 31, 32, 33, 364, 367
Possible Dosages Example, 31
Pre-Exchange Units Report, 64
Priority, 19
Production Options, 230
Profile (IV), 87, 148
Profile Report Example, 151
Provider, 30, 42, 144, 367
Provider Comments, 41, 99
PSJ RNFINISH Key, 80, 144
PSJ RPHARM Key, 23, 46, 103, 135
PSJI PHARM TECH Key, 135
PSJU CA, 81
PSJU PL Key, 3, 216, 218

Q

Quick Code, 93, 147, 148, 299, 300, 364, 368

R

Regular Order Entry, 28, 30
Renew an Order, 66, 128
  Active Orders, 68, 129
  Complex Orders, 70
  Discontinued Orders, 69, 130
  Expired Continuous IV Orders, 70, 131
  Expired Scheduled IV Orders, 69, 130
  Expired Unit Dose Orders, 69, 130
  Viewing Renewed Orders, 72
  Viewing Renewed Orders, 71
  Viewing Renewed Orders, 132
Renewal List (IV), 293
Renewal List (IV) Example, 293
Renewing Orders
  with CPRS Overrides/Pharmacist Interventions, 66, 128
Report Returns, 225
Reporting Medication Returns Example, 226
Reports (IV), 287
Reports (IV) Example, 287
Reports Menu, 238, 239
Reports Menu Example, 239
Reprint Labels from Suspense (IV), 296, 297
Reprint Labels from Suspense (IV) Example, 297
Reprint Pick List, 226
Reprint Pick List Example, 227
Reprint Scheduled Labels (IV), 286
Requested Start Date/Time, 79, 139, 142
Returns and Destroyed Entry (IV), 234
Revision History, i

S

Sample Drug/Drug Interactions, 191
Sample Therapeutic Order Check Displays, 195
Schedule, 35, 36, 97, 149, 219, 240, 247, 253, 368
Schedule Type, 35, 108, 218, 223, 270, 289, 359, 368
Scheduled Labels (IV), 285, 286
Scheduled Labels (IV) Example, 285
Screen Title, 6
Select Action, 6, 7, 17, 23, 27, 73, 89, 91
Select Allergy, 46, 103
Select Order, 52, 54, 109, 111, 358
Select Order Example, 54, 111
Self Med, 42
Send Pick List To ATC, 228
Service Connection, 264
Solution, 93, 94, 119, 127, 142, 143, 145, 146, 147, 148, 149, 156, 232, 270, 289, 299, 301, 359, 360, 363, 364, 366, 367, 369
Special Instructions, 40, 41, 270, 289
Speed Actions, 80, 81, 145
  Speed Discontinue, 81, 145, 359
  Speed Finish, 73, 81, 359
  Speed Renew, 81, 359
  Speed Verify, 81, 359
Standard Schedule, 300, 368
Standard Schedule Example, 300
Start Date/Time, 41, 56, 60, 99, 113, 145, 146, 147, 218, 219, 276, 368
Stop Date/Time, 27, 41, 56, 58, 60, 73, 74, 92, 99, 100, 113, 115, 146, 147, 217, 218, 219, 369
Strength, 33, 93, 149, 232, 270, 289, 301, 363, 365, 367
Suspense Functions (IV), 294
Suspense Functions (IV) Menu Example, 294
Suspense List (IV), 298
Suspense List (IV) Example, 298
Syringe, 93, 119, 147, 148, 149, 230, 233, 288, 360, 361, 362, 363, 369
Syringe Size, 148

T

Table of Contents, x
Team, 218
Test Control Codes (IV), 287
Test Control Codes (IV) Example, 287
Three levels of error messages, 305
Topic Oriented Section, xv, xvi

Total Parenteral Nutrition (TPN), 147, 363

U

Unit Dose Medications, 3, 15, 16, 216, 238, 299
Unit Dose Menu Example, 15
Units Dispensed, 219, 223
Units Needed, 219
Units Per Dose, 32, 33, 35, 36, 219, 228, 367
Update Daily Ward List (IV), 231
Update Daily Ward List Example, 231
Update Pick List, 228

V

VA Class, 276
VA Drug Class Code, 299
VA FORM 10-1158, 260, 262, 270, 289
VA FORM 10-2970, 249
VA FORM 10-5568d, 249
VDL, 40, 61, 98, 123
Verify a DONE Order (CPRS Med Order) Example, 126
Verify an Order, 61, 123
Verify an Order Example, 63, 125
View Profile, 17, 27, 50, 89, 91, 108, 358
View Profile Example, 50, 108
V*IST***A**, 15, 28, 87, 93, 362
Volume, 93, 94, 119, 143, 146, 147, 148, 149, 270, 272, 289, 364, 366, 369
Change the Volume of a Solution Example, 119

W

Ward, 19, 82, 152, 218, 238, 240, 259, 261, 268, 270, 271, 276, 289
Ward Group, 18, 19, 82, 152, 218, 219, 220, 228, 238, 240, 247, 253, 259, 261, 262, 264, 268, 270, 271, 276, 289, 369
Ward Group File, 369
Ward Group Sort
^OTHER, 18, 21, 259, 262
Ward List, 86, 103, 230, 231, 232, 233, 285, 295
Ward List (IV), 230, 286, 288
Ward List Report Example, 231
Ward Stock, 219, 249, 255

X

XTMP, 303