INPATIENT MEDICATIONS

SUPERVISOR'S USER MANUAL

Version 5.0
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Department of Veterans Affairs
Product Development

Revision History

Date	Revised Pages	Patch Number	Description
03/2023	Title, i, 58, 73	PSJ*5*407	- Added Coverage Times **Note** in the Site Parameter (IV) section - Added Coverage Times **Note** in the Glossary section - Updated Title page, Revision History, Table of Contents, Index, and Footers
09/2020	6 66 70, 73 Global	PSJ*5*319	Added CLINIC APPT DATE RANGE MIN, and CLINIC APPT DATE RANGE MAX to Clinic Definitions Added CM New Clinic Medication Entry to Order Entry examples. Also added Note describing the CM New Clinic Medication action below the example Glossary: Under **Patient/Order Action Prompts**, added CM New Clinic Medication Entry. Also added a definition of CM New Clinic Medication Entry. Updated Title Page, Footer, and Revision History <mark>REDACTED</mark>
06/2020	Title, i, 18, all	PSJ*5*394	- Added **Note: Note: Note:** - Updated Title page, Revision History, Table of Contents, Index, and Footers <mark>REDACTED</mark>
09/2018	Title Page, Revision History, and i 65 3, 43, and 45	PSJ*5*373	Updated Title Page, Footer, and Revision History Corrected date so year is displayed with four digits for Inpatient Order Entry. Orphan bullet and example titles.
02/2018	58 64 69	PSJ*5*256	Updated Section 4.8 Dosing Order Checks Updated Section 6.1 Displaying PADE Balances - Updated Patient Header Info Display Updated Error Message Table – Added System Level Error <mark>REDACTED</mark>
10/2016	i-vi 65 65 67	PSJ*5*317	Updated Revision History and Table of Contents Added section 6: Pharmacy Interface Automation Added 6.1 Displaying PADE Balances Added 6.2 Reports

Date	Revised Pages	Patch Number	Description
			<mark>REDACTED</mark>
06/2016	45-46	PSS*1*189	Added example 3 and 4 to 4.4.1 PSJI AOR showing inactivation date for IV Additives and Solutions
	50-51		Added Example 2 and 3 to 4.4.4 PSJI Patient Cost showing inactivation date for IV Additives and Solutions
			Updated Revision History and Table of Contents
			<mark>REDACTED</mark>
03/2014	All	PSJ*5*252,	Renumber all pages
	i, v-vi	PSJ*5*257	Updated Revision History & Table of Contents
	1		Added to the Related Manuals
	57		Add section 4.8 Dosing Order Checks
	63-64		Remove & update content
	6-7		Added IMO DC/EXPIRED DAY LIMIT bullet and note, and also updated screen capture
	68, 70, 73		Updated Glossary
	79-80		Update Index
			<mark>REDACTED</mark>
12/2013	i-iii, v-vi, 6a-6f, 61, 71-72	PSJ*5*279	Added Missing Dose Printer and Pre-Exchange Report Device to section 3.2., Clinic Definition.
			Added section 3.2.1., Pre-Exchange Printer for Clinic Orders.
			Updated Glossary and Index
			<mark>REDACTED</mark>
01/2013	i, iv	PSJ*5*260,	Updated Revision History
	58	PSJ*5*268	New Hidden Action for DA, OCI, & CK
	60-62		Added BSA, CrCL, & DATUP to Glossary
			<mark>REDACTED</mark>
4/2011	i	PSJ*5*181	Updated Revision History
	iii-iv		Updated Table of Contents
	5		Updated Example: Supervisor's Menu & update the Administering Team file
	6		Updated Example: Administering Teams
	6b		Updated Example: Clinic Groups and Updated Example: Management Reports Menu
	7		Updated Example2: AMIS Report with No Data
	10		New example 2: Drug (Cost and/or Amount) Report with No Data
	12-13		
	13		New Example: Provider (Cost per) Report
	14		New Example: Service (Total Cost per) Report
	15		New Example: Total Cost to Date (Current Patients) Report
	16a-b		New Example: Non-Standard Schedule Search
	17		Updated Example: Order Set Enter/Edit
	20		New Example: Parameters Edit Menu

Date	Revised Pages	Patch Number	Description
	22-23		New Example: Auto-Discontinue Set-Up
	24		New Example: Inpatient User Parameters Edit
	26-29		Added New Inpatient Ward Parameters Edit - HOURS OF RECENTLY DC/EXPIRED
	29		New Example: Inpatient Ward Parameters Edit
	30-30b		Added New Systems Parameters Edit - HOURS OF RECENTLY DC/EXPIRED
	31		New Example: Systems Parameters Edit
	34		New Example: Pick List Menu
	35		New Example: Ward Groups
	38		New Example: Supervisor's Menu (IV)
	38-38b		New Example: Auto-Discontinue Set-Up (continued)
	40		New Example: Category File (IV)
	41		New Example: Management Reports (IV)
	54		New Example: Active Order Report by Ward/Drug (IV)
	55		New Example: Recompile Stats File (IV)
	56a-d		New Example: Site Parameter (IV) (continued)
	56e-f		CPRS Order checks: How they work
	57-70		Error Messages
	71-72		Glossary
			Index
			<mark>REDACTED</mark>
02/10	i-ii, 10-11, 47-48	PSJ*5*214	Revised description of *Patients on Specific Drug(s)* option in Sections 3.4.3 and 4.4.5. <mark>REDACTED</mark>
05/07	1, 69-70	PSJ*5*120	Removed revised dates for Inpatient Medications manuals. Modified Glossary to revise definition of Stop Date/Time. <mark>REDACTED</mark>
5/06	25a-25b, 27-28 29-30 73-74	PSJ*5*154	Added the INPATIENT WARD PARAMETER, PRIORITIES FOR NOTIFICATION to section 3.8.3 description and example. Added the PHARMACY SYSTEM PARAMETERS, PRIORITIES FOR PENDING NOTIFY, and PRIORITIES FOR ACTIVE NOTIFY to section 3.9.4 description and example. <mark>REDACTED</mark>
03/05	iii, 1, 5a-5b, 6, 8, 10, 12, 13, 15, 17, 20, 23, 27, 31-33	PSJ*5*112	Updated Table of Contents with new Section 3.2, Clinic Definition; renumbered all following sections in Section 3. (p. iii) In Section 1, Introduction, updated revision dates. (p. 1) Added new Section 3.2 for the Clinic Definition [PSJ CD] option; renumbered all following sections numbers in Section 3. (p. 5a-5b, 6, 8, 10, 12, 13, 15, 17, 20, 23, 27, 31-33)

Date	Revised Pages	Patch Number	Description
	29-30, 61-70, 71-74		Added heading above and <Enter> symbols in Clinic Groups screen shot. (p. 6)
			In Section 3.8, PARameters Edit Menu, changed Clinic Stop Dates to Clinic Definition on screen shot. (p. 17)
			In Section 3.8.4., removed AUTO-DC IMO ORDERS field from bulleted list and Systems Parameters Edit screen shot; added Note about the new location of field. (p.29-30)
			In Section 5, Glossary, added definition for CLINIC DEFINITION File and reflowed text to next page. (p. 61-70)
			Updated Index to include CLINIC DEFINITION File and Option, Auto-Discontinue IMO Orders, and Inpatient Medications for Outpatients; reflowed text to remaining pages. (p. 71-74)
			<mark>REDACTED</mark>
01/05	All	PSJ*5*111	Reissued entire document to include updates for Inpatient Medication Orders for Outpatients and Non-Standard Schedules.
			<mark>REDACTED</mark>

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Table of Contents

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 Supervisor or the Automated Data Processing Application Coordinator (ADPAC). The main texts of the manual provide information to setup various function requirements needed for the basic running of the Unit Dose Medications and IV Medications modules. It also outlines options available under the Management Reports menu and 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
> Release Notes
> Release Notes (IMO – Phase I & II/ IMR – Phase II)
> 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 ward group **G**, by ward **W**, or by patient **P**.

- Text centered between arrows represents 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 blinking text on the screen.

  Example:

  ```
    (9)    Admin Times: 01-09-15-20
  *(10)       Provider: PSJPHARMACIST,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* 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 (up arrow or a circumflex) and pressing **<Enter>** can be used to exit the current option.

3. Supervisor's Menu
[PSJU FILE]

The *Supervisor's Menu* option allows the user (coordinator) to edit the various files and perform certain functions needed for the basic running of the Inpatient Medications package.

Example: Supervisor's Menu

```
Select Supervisor's Menu Option: ?

      Administering Teams
         Clinic Groups
   MANagement Reports Menu ...
   Non-Standard Schedule Report
   Non-Standard Schedule Search
   Order Set Enter/Edit
   PARameters Edit Menu ...
   PATient Order Purge
    **> Out of order:  TEMPORARILY UNAVAILABLE
   PIck List Menu ...
   Ward Groups

Select Supervisor's Menu Option:
```

3.1. Administering Teams
[PSJU AT]

The *Administering Teams* option allows the supervisor to add and edit the names and room-bed numbers associated with the administering teams (carts) on each ward. Since a number of teams might be required to administer medications to one ward, depending on the size of the ward and the shift, this option provides a way of defining these teams. The MEDICATION ADMINISTERING TEAM file (#57.7) contains this information.

It would be helpful to have lists of all wards and associated beds from Medical Administration Service (MAS). These lists will allow the user to easily breakdown wards by room-bed numbers for team assignment.

Note: The user will not be able to enter a room-bed number into more than one team.

Example: Administering Teams

```
Select Supervisor's Menu Option:  Administering Teams
Select WARD: 1
     1   1  GEN MED
     2   1  MIKE'S IP WARD                 *** INACTIVE ***
CHOOSE 1-2: 1  GEN MED
Select TEAM: GENERAL MED TWO// <Enter>
  TEAM: GENERAL MED TWO// <Enter>  Select ROOM-BED: B-5// B-4
    ROOM-BED: B-4// <Enter>
  Select ROOM-BED: <Enter>
Select TEAM: <Enter>
Select WARD:
```

3.2. Clinic Definition

> **[PSJ CD]**

This *Clinic Definition* option allows sites to define the behavior of Inpatient Medications for Outpatients (IMO) orders on a clinic-by-clinic basis. Users can define the following parameters, by clinic:

- **NUMBER OF DAYS UNTIL STOP:** The number of days to be used to calculate the stop date for orders placed in the specified clinic.

- **AUTO-DC IMO ORDERS:** Whether to auto-dc IMO orders upon patient movement, such as admission, discharge, ward transfer, and treating specialty change.

- **SEND TO BCMA?**: Whether to transmit IMO orders to BCMA.

- **MISSING DOSE PRINTER:** This printer is used to print Missing Dose Requests for this clinic, if defined, or will use the BCMA Site Parameters value for Clinic Missing Dose Request Printer. If that field is blank, it will use the BCMA Site Parameters value for Inpatient Missing Dose Request Printer.

- **PRE-EXCHANGE REPORT DEVICE:** This device will be used as the default device for the Pre-Exchange report for this clinic.

- **IMO DC/EXPIRED DAY LIMIT:** Enter number of days that DC/Expired clinic orders will be included in the enhanced order checks for drug interaction and therapeutic duplications. If this field is left blank, a default value of 30 days will be used. Otherwise, sites can define this field to be a number from 1–120 to represent the number of days that DC/EXPIRED IMO orders should be included in Order Checks.

  If an Inpatient Medications for Outpatients (IMO) order is created in CPRS for a clinic that is not defined in the CLINIC DEFINITION (#53.46) file, a message is sent to the PSJ CLINIC DEFINITION mail group indicating the order will not display in BCMA unless the clinic is defined in the CLINIC DEFINITION (#53.46) file, and the SEND TO BCMA? (#3) field is set to YES.

- **CLINIC APPT DATE RANGE MIN**: The number of days to search for past appointments when entering a clinic order. If not specified, the default period of 90 days (3 months) will be used. Appointments will display with dates between CLINIC APPT DATE RANGE MIN and CLINIC APPT DATE RANGE MAX.

- **CLINIC APPT DATE RANGE MAX**: The number of days to search for future appointments when entering a clinic order. If not specified, the default period of 365 days (1 year) will be used. Appointments will display with dates between CLINIC APPT DATE RANGE MIN and CLINIC APPT DATE RANGE MAX.

Note: For detailed descriptions of the above parameters, please see "Fields from the CLINIC DEFINITION File (#53.46)" in the Inpatient Medications V. 5.0. Technical Manual/Security Guide.

Note: The *Clinic Stop Dates* [PSJ CSD] option has been removed, and the *Clinic Definition* [PSJ CD] option has been added under the *PARameters Edit Menu* [PSJ PARAM EDIT MENU] option.

Note: The AUTO-DC IMO ORDERS field is only used if the auto-dc parameters in Inpatient Medications are controlling the movement actions. Otherwise, this field would be ignored.

Note: The IMO DC/EXPIRED DAY LIMIT field is used to define the number of days expired and discontinued clinic orders are displayed for drug interaction and therapeutic duplications.

Example: Clinic Definition

```
Select OPTION NAME: PSJ CD     Clinic Definition
Clinic Definition
Select CLINIC: CLINIC (45)
       ...OK? Yes//  <Enter>


NUMBER OF DAYS UNTIL STOP: 10// <Enter>
AUTO-DC IMO ORDERS: YES// <Enter>
SEND TO BCMA?: NO// <Enter>
MISSING DOSE PRINTER:
PRE-EXCHANGE REPORT DEVICE:
IMO DC/EXPIRED DAY LIMIT: 30 <Enter>
```

3.2.1.   Pre-Exchange Printer for Clinic Orders

A modified version of the pre-exchange report is available allowing the user to print pre-exchange reports to devices associated with each clinic.

If any Inpatient orders were processed/verified with clinic orders, you will be prompted for the Ward Pre-Exchange Report device prior to receiving a prompt for any clinic location Pre-Exchange Report device.

You will be prompted separately, (and a different report will print), for all orders for each different clinic for which you have edited orders.

If you have defined a default report device at the *Clinic Definition* [PSJ CD] option, press Enter to accept the default and print the Pre-Exchange Units Report.

- The use of the existing next pick list / cart exchange process for clinic orders is not supported.

- An additional prompt is added to the *Clinic Definition* [PSJ CD] option when entering the clinic default printer device for a clinic defined in the CLINIC DEFINITION (#53.46) file.

Example: Pre-Exchange Printer Prompt

```
Select OPTION NAME: CLINIC DEFINITION  PSJ CD     Clinic Definition
Select CLINIC: CLINIC (60)
         ...OK? Yes//    (Yes)
NUMBER OF DAYS UNTIL STOP: 7
AUTO-DC IMO ORDERS: NO//
SEND TO BCMA?: YES// Y  YES
MISSING DOSE PRINTER:
PRE-EXCHANGE REPORT DEVICE: L9150$PRT
```

- The last inpatient location is no longer used in determining the default pre-exchange printer.

- If no default device is defined in the CLINIC DEFINITION (#53.46) file, "Home" defaults as the pre-exchange printer.

Example: Select HOME as Default Printer

```
Select DEVICE for PRE-EXCHANGE UNITS Report: HOME//      Right Margin: 80//
```

- The user may select the default device when printing the Pre-Exchange report, upon finishing new orders.

Example: Selecting Default Printer upon Finishing New Order

```
Select DEVICE for PRE-EXCHANGE UNITS Report for CLINIC (60): PRINTER2// <return>   Right
Margin: 80//

Keep PRINTER2 as the PRE-EXCHANGE REPORT DEVICE for CLINIC (60)this session? Y
```

Pre-Exhange Units Report

The Pre-Exchange Units Report for non inpatients displays the Clinic name in the header and detail rather than Ward.

If any Inpatient orders were processed/verified with clinic orders, you will be prompted for the Ward Pre-Exchange Report device prior to receiving a prompt for any clinic location Pre-Exchange Report device.

You will be prompted separately, (and a different report will print), for all orders for each different clinic for which you have edited orders.

If you have defined a default report device at the *Clinic Definition* [PSJ CD] option, press Enter to accept the default and print the Pre-Exchange Units Report.

Viewing the Pre-Exchange Units report:

Use existing functionality to either enter a report device or '??' to display, and then select from a list, and then press **Enter**.

If a default report device has not been defined and you do not enter a Pre-Exchange Units Report device at the prompt, the report will print to the screen with the following information:

- Report Heading with Date and Time

- Clinic or Ward (with Room-Bed if a Ward), Patient, Order, Dispense Drug, U/D (Unit Dose), and Needs Headings

Example: Pre-Exchange Units Report

For a Clinic:

```
                    PRE-EXCHANGE UNITS REPORT - 12/09/12  19:38

Clinic                         Room-bed
Patient
    Order
                    Dispense Drug                          U/D    Needs
-------------------------------------------------------------------------------

BECKY'S CLINIC
BCMACOIM,FIFTEEN  (9015)
    ACETAMINOPHEN 10 MG PO Q4H

                    THIORIDAZINE 30MG/ML CONC.              1        1
    DIGITOXIN 25MG PO Q4H
                    DIGITOXIN 0.1MG S.T.                    1        4
    FLUCYTOSINE 500 MG PO BID-AM
                    FLUCYTOSINE 500MG CAP                   1        2
    FUROSEMIDE 20 MG PO QID
                    FUROSEMIDE 20 MG                        1        1
    METOPROLOL 50 MG PO BID-NOON
                    METOPROLOL 50MG S.T.                    1        2
```

For a Ward:

```
                    PRE-EXCHANGE UNITS REPORT - 12/09/12  19:34

Ward                           Room-bed
Patient
    Order
                    Dispense Drug                          U/D    Needs
-------------------------------------------------------------------------------

GEN MED                        B-3
BCMACOIM,FIFTEEN  (9015)
    DIGITOXIN 25MG PO Q4H
                    DIGITOXIN 0.1MG S.T.                    1        4
    FUROSEMIDE 20 MG PO QID
                    FUROSEMIDE 20 MG                        1        1
    METOPROLOL 50 MG PO BID-NOON
                    METOPROLOL 50MG S.T.                    1        2
```

3.3. Clinic Groups

[PSJU ECG]

The *Clinic Groups* option is used to group clinics into entities for sorting and reporting functions. The primary purpose of Clinic Groups is for use with Inpatient Medications for Outpatients functionality.

Example: Clinic Groups

```
Select Supervisor's Menu Option: Clinic Groups

Select CLINIC GROUP NAME: SHOT CLINIC GROUP
  Are you adding 'SHOT CLINIC GROUP' as a new CLINIC GROUP (the 1ST)? No// Y
  (Yes)
NAME: SHOT CLINIC GROUP// <Enter>
```

```
Select CLINIC: CLINIC
     1   CLINIC (45)
     2   CLINIC (PAT)
     3   CLINIC PATTERN
     4   CLINIC PATTERN (MAIN)
     5   CLINIC PATTERN 45
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 1  CLINIC (45)
  Are you adding 'CLINIC (45)' as a new CLINIC (the 1ST for this CLINIC GROUP)?
No// Y  (Yes)
Select CLINIC: <Enter>

Select CLINIC GROUP NAME: SHOT CLINIC GROUP
NAME: SHOT CLINIC GROUP// <Enter>
Select CLINIC: CLINIC (45)// <Enter>

Select CLINIC GROUP NAME:
```

3.4. MANagement Reports Menu
[PSJU MNGMT REPORTS]

The *MANagement Reports Menu* option is used to print various reports using data generated by
the Unit Dose software module. There are six reports that can be printed using this option. All of
the reports are printed in an 80-column format. It is advisable to queue these reports whenever
possible.

Example: Management Reports Menu

```
Select Supervisor's Menu Option: MANagement Reports Menu


        AMIS (Cost per Ward)
        Drug (Cost and/or Amount)
  PSD   Patients on Specific Drug(s)
        PRovider (Cost per)
        Service (Total Cost per)
        Total Cost to Date  (Current Patients)

Select MANagement Reports Menu Option:
```

3.4.1.   AMIS (Cost per Ward)
[PSJU AMIS]

The *AMIS (Cost per Ward)* option will produce an Automated Management Information System
(AMIS) report to show the dispensing cost of the pharmacy by ward. Only those wards with a
dispensing amount or cost are shown.

The user can enter the start and stop dates of the time span covered by this AMIS report. The
start and stop dates can be the same, thus producing a one-day report. The stop date cannot come
before the start date.

Note: If there are any pick lists that need to be filed away for this report to be accurate,
there will be a warning on the screen, after the user enters the dates, listing the pick lists.

Example 1: AMIS Report

```
Select MANagement Reports Menu Option: AMIS (Cost per Ward)
```

```
Enter START DATE: T-3  (FEB 05, 2001)

Enter STOP DATE: T  (FEB 08, 2001)

                            *** WARNING ***
PICK LISTS need to be filed away for the following ward groups, or this AMIS
report will not be accurate for the date range asked for.
   WEST WING
   SOUTH WING

Select PRINT DEVICE: 0;80;999  NT/Cache virtual TELNET terminal

UNIT DOSE AMIS REPORT             02/08/01  22:10
                    FROM 02/05/01 THROUGH 02/08/01


                              TOTAL UNITS         TOTAL      AVERAGE COST
          WARD                  DISPENSED         COST        PER UNIT
-------------------------------------------------------------------------------

  1 EAST                            16              0.63         0.04


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

              TOTALS =>            16              0.63         0.04
```

Example 2: AMIS Report with No Data

```
UNIT DOSE AMIS REPORT             02/08/01  22:10
                    FROM 02/05/01 THROUGH 02/08/01

                              TOTAL UNITS         TOTAL      AVERAGE COST
          WARD                  DISPENSED         COST        PER UNIT
-------------------------------------------------------------------------------



                        *** NO AMIS DATA FOUND ***




AMIS (Cost per Ward)
        Drug (Cost and/or Amount)
  PSD   Patients on Specific Drug(s)
        PRovider (Cost per)
        Service (Total Cost per)
        Total Cost to Date  (Current Patients)

Select MANagement Reports Menu Option:
```

3.4.2. Drug (Cost and/or Amount)
[PSJU DCT]

The *Drug (Cost and/or Amount)* option creates a report that calculates the total cost for all or selected drugs dispensed over a specific time frame of at least one calendar day. The information from this report can be sorted alphabetically by drug name, by descending order of total cost, or by descending order of total amount dispensed. The information for the report can be limited by a minimum total cost and a minimum amount dispensed.

The start and stop dates are required to run this report. The start and stop dates can be the same, thus producing a one-day report. Non-formulary items will be designated on the report by two asterisks (**) preceding the dispense drugs.

The user will also encounter the following prompts:

- "Select by Ward? (Y/N): NO//"
  A **YES** answer will include dispensing amounts and cost by ward.

- "Select drugs by DISPENSE DRUG, ORDERABLE ITEM, or VA CLASS:"
  The user will enter the category, (**D**) Dispense Drug, (**O**) Orderable Item, or (**V**) VA Class, to indicate how the report will be sorted.

- "Select <PREVIOUSLY SELECTED SORT CATEGORY> drug: ALL//"
  The user can enter **A** (or press <**Enter**>) to show all drugs on this report. An **S** can be entered to specify which drugs to show on this report. If an **S** is entered, the user will not be prompted for lower limits for cost or dispensed units.

- "Sort drugs by <PREVIOUSLY SELECTED SORT CATEGORY>, COST, or AMOUNT DISPENSED:"
  What is shown here as <PREVIOUSLY SELECTED SORT CATEGORY> will show on the screen as DISPENSED DRUG, ORDERABLE ITEM, or VA CLASS, depending on the selected answer to the earlier prompt in this list. Enter **D**, **O**, or **V** to have this report print the drugs in alphabetical order of the Dispensed Drug name, Orderable Item name, or VA Class. Enter **C** to have this report print the drugs in descending order of Total Cost; or enter **A** to have this report print the drugs in descending order of the Amount Dispensed (in units).

- "Print all drugs costing at least?"
  Enter a number, representing a dollar amount, to be the lower limit for this report. This number can be zero (0) to include all drugs with a positive cost. A null response will include all drugs.

- "Print all drugs with a dispensing amount of at least?"
  Enter a number to be the lower dispensing limit (inclusive) for this report. This number can be zero (0) to include all drugs with a positive dispensing amount. A null response will include all drugs.

Example 1: Drug (Cost and/or Amount) Report

```
Select MANagement Reports Menu Option:  Drug (Cost and/or Amount)

Enter START DATE: T-3  (FEB 05, 2001)

Enter STOP DATE: T  (FEB 08, 2001)
Select by Ward? (Y/N):? NO// <Enter>

Select drugs by DISPENSE DRUG, ORDERABLE ITEM, or VA CLASS: DISPENSE DRUG


Select Dispensed Drug: ALL// <Enter>
Sort drugs by DISPENSED DRUG, COST, or AMOUNT DISPENSED: ?

Enter a code from the list.

    Select one of the following:

        1           DISPENSED DRUG
        2           COST
```

```
            3          AMOUNT DISPENSED

Sort drugs by DISPENSED DRUG, COST, or AMOUNT DISPENSED: 1  DISPENSED DRUG

Print all drugs costing at least? ?

  Enter a number (dollar amount) to be the lower limit for this report.  This
number may be zero (0) to include all drugs with a positive cost.  A NULL
response will include all drugs.  Enter an '^' to terminate  this report.

Print all drugs costing at least? .5

Print all drugs with a dispensing amount of at least? ?

  Enter a number to be the lower dispensing limit (inclusive) for this report.
This number may be zero (0) to include all drugs with a positive dispensing
amount.  A NULL response will include all drugs.  Enter an '^' to
terminate this report.

Print all drugs with a dispensing amount of at least? 0

Select PRINT DEVICE: 0;80;99  NT/Cache virtual TELNET terminal

UNIT DOSE DRUG COST REPORT         02/08/01  22:22
                    FROM 01/30/01 THROUGH 02/08/01


                                          TOTAL UNITS          TOTAL
DISPENSED DRUG                             DISPENSED            COST
--------------------------------------------------------------------------------

**CEFACLOR 250MG CAPS                         3.000            3.2550
**HALCINONIDE 0.1% CREAM 30GM                 3.000           45.9300
**MASOPROCOL 10% CREAM 30GM                   1.000           20.0600
**NITROFURANTOIN 50MG                         1.000            0.3150
  POTASSIUM CHLORIDE 10 mEq U/D TABLET        3.000            0.0360
**RESERPINE 0.25MG                           10.000            0.3500
  TEMAZEPAM 15MG U/D                          6.000            0.2820
                                          -------------------------
                               Total:        27.000           70.2280
```

Example 2: Drug (Cost and/or Amount) Report with No Data

```
UNIT DOSE DRUG COST REPORT         02/08/01  22:19
                    FROM 02/05/01 THROUGH 02/08/01


                                          TOTAL UNITS          TOTAL
DISPENSED DRUG                             DISPENSED            COST
--------------------------------------------------------------------------------
                     *** NO DRUG COST DATA FOUND ***


AMIS (Cost per Ward)
        Drug (Cost and/or Amount)
  PSD   Patients on Specific Drug(s)
        PRovider (Cost per)
        Service (Total Cost per)
        Total Cost to Date  (Current Patients)

Select MANagement Reports Menu Option:
```

3.4.3. 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 for ANY of the selected drugs or classes.

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
```

3.4.4.   PRovider (Cost per)
[PSJU PRVR]

The *PRovider (Cost per)* option will create a report to print the cost of all drugs dispensed within a user-specified length of time, grouped together by provider. The user will be prompted to enter the start and stop dates for this Provider report. The report will show a sub-total for each provider and the total cost for all providers at the end of the report. A report can be printed for one or more specific providers or for all providers. Also, the user can select to start a new page for each provider.

Example: Provider (Cost per) Report

```
Select MANagement Reports Menu Option:  PRovider (Cost per)

Enter START DATE: T-9  (JAN 30, 2001)

Enter STOP DATE: T  (FEB 08, 2001)

Show ALL or SELECTED providers? ALL//  <Enter> (ALL)

Do you want to start a new page for each provider? No// <Enter>  (No)

Select PRINT DEVICE: 0;80;999  NT/Cache virtual TELNET terminal

 02/08/01  22:30       UNIT DOSE COST PER PROVIDER REPORT            Page: 1
                     FROM 01/30/01 TO 02/08/01

 PROVIDER                                    TOTAL UNITS       TOTAL
       DRUG                                   DISPENSED        COST
```

```
--------------------------------------------------------------------------------

PSJPHARMACIST,ONE
   ** HALCINONIDE 0.1% CREAM 30GM                            3              45.93

      POTASSIUM CHLORIDE 10 mEq U/D TABLET                   2               0.02
                                                      ---------      ------------
-----  AVG. COST/UNIT: 9.19                                 5              45.95


PSJPROVIDER,ONE
   ** CEFACLOR 250MG CAPS                                    3               3.26

   ** MASOPROCOL 10% CREAM 30GM                              1              20.06

   ** NITROFURANTOIN 50MG                                    1               0.32

      POTASSIUM CHLORIDE 10 mEq U/D TABLET                   1               0.01

   ** RESERPINE 0.25MG                                      10               0.35

      TEMAZEPAM 15MG U/D                                     6               0.28
                                                      ---------      ------------
-----  AVG. COST/UNIT: 1.10                                22              24.27


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

    TOTALS =>   AVG. COST/UNIT: 2.60                       27              70.23


                              *** DONE ***
          AMIS (Cost per Ward)
          Drug (Cost and/or Amount)
    PSD    Patients on Specific Drug(s)
          PRovider (Cost per)
          Service (Total Cost per)
          Total Cost to Date  (Current Patients)

Select MANagement Reports Menu Option:
```

3.4.5. Service (Total Cost per)
   [PSJU SCT]

The *Service (Total Cost per)* option creates a report of the total cost of dispensed medications for ward services (medicine, surgery, etc.) over a user-specified time frame. The report provides the total number of units dispensed, the total cost of those units dispensed, and the average cost of each unit dispensed on a service-by-service basis.

Note: The software looks in the WARD LOCATION file (#42) to determine which service a ward is assigned. If a ward has Unit Dose cost and/or amount but is not assigned to a service, that ward will print at the end of the report.

Example: Service (Total Cost per) Report

```
Select MANagement Reports Menu Option: SERvice (Total Cost per)

Enter START DATE: T-9   (JAN 30, 2001)

Enter STOP DATE: T   (FEB 08, 2001)

Select PRINT DEVICE: 0;80;999  NT/Cache virtual TELNET terminal
```

```
                    UNIT DOSE COST PER SERVICE REPORT       02/08/01  22:31
                    FROM 01/30/01 THROUGH 02/08/01

                                 TOTAL UNITS        TOTAL        AVERAGE COST
               SERVICE           DISPENSED          COST         PER UNIT
-----------------------------------------------------------------------------

INTERMEDIATE MED                     22             24.27           1.10

MEDICINE                              5             45.95           9.19

        *** A SERVICE COULD NOT BE FOUND FOR THE FOLLOWING WARD(S) ***

999Z                                 26              6.11           0.24


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

           TOTALS =>                 27             70.23           2.60
```

3.4.6.   Total Cost to Date (Current Patients)
[PSJU TCTD]

The *Total Cost to Date (Current Patients)* option creates a report of the total cost of the Unit Dose dispensed items for patients that are currently admitted at the medical center. The user can generate this report by ward groups, wards, or individual patients. If the user chooses to print this report for individual patients, then an unlimited number of patients can be selected.

Example: Total Cost to Date (Current Patients) Report

```
Select MANagement Reports Menu Option: TOtal Cost to Date  (Current Patients)

Select by WARD GROUP (G), WARD (W), or PATIENT (P): PATIENT

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

Select another PATIENT: <Enter>

Select PRINT DEVICE: 0;80;999  NT/Cache virtual TELNET terminal

TOTAL COST TO DATE REPORT              02/08/01  22:32
                              (BY PATIENT)

     Patient                               Admitting Date
                                                       Admitting Diagnosis
         Drug                                 Dispensed       Cost
--------------------------------------------------------------------------------

 PSJPATIENT,ONE (0001)                     11/07/00  11:25
                                                                  TEST

     AMPICILLIN 500MG CAP                            15          10.97

  ** CEFACLOR 250MG CAPS                              3           3.26

  ** DANOCRINE 200MG                                 35          52.33

  ** NITROFURANTOIN 50MG                              1           0.32

  ** RESERPINE 0.25MG                                10           0.35

     TEMAZEPAM 15MG U/D                               6           0.28

  ** THEOPHYLLINE 100MG                               1           0.17
```

```
         THEOPHYLLINE 400MG/DEXTROSE 5%                       4              13.14

         WARFARIN 2.5MG U/D                                   1               0.00
                                                        ---------     ------------
-----  AVG. COST/UNIT: 1.06                                  76              80.81


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

    TOTALS =>   AVG. COST/UNIT: 1.06                         76              80.81


         AMIS (Cost per Ward)
         Drug (Cost and/or Amount)
  PSD    Patients on Specific Drug(s)
         PRovider (Cost per)
         Service (Total Cost per)
         Total Cost to Date  (Current Patients)

Select MANagement Reports Menu Option:
```

Note: The Medication Status Check option which is located in the PSO Supervisor menu will search for inpatient medication and IV orders as well as outpatient orders. This option searches for discontinued and expired medication orders, which are still active in the ORDERS (#100) file.

For more information, see Chapter 27 in the Outpatient Pharmacy (PSO) Manager's User Manual.

3.5. Non-Standard Schedule Report
[PSJU NSS REPORT]

The *Non-Standard Schedule Report* option allows the user to list out the non-standard schedules identified by running the *Non-Standard Schedule Search*.

3.6. Non-Standard Schedule Search
[PSJU NSS SEARCH]

The *Non-Standard Schedule Search* option allows users to identify non-standard schedules that are currently in use. This option will search through Order Sets, Quick Codes, the ADMINISTRATION SCHEDULE file, the PHARMACY ORDERABLE ITEM file, and all orders for the timeframe specified by the user. The person running the option will receive a series of email messages identifying the non-standard schedules. The email message subjects will be: ADMIN SCHEDULES, ADMIN SCHEDULES NOT IN 51.1, NON-STANDARD SCHEDULES IN QUICK CODES, NON-STANDARD SCHEDULES IN ORDER SETS, and NON-STANDARD SCHEDULES IN ORDERABLE ITEMS. The search routine can be run multiple times. This can be used to help show the progress being made in correcting issues. In addition, the report will show active orders in the search period. Please note: the default schedules in the PHARMACY ORDERABLE ITEM file are for both inpatient and outpatient orders.

Example: Non-Standard Schedule Search

```
Select Supervisor's Menu Option: ?

          Administering Teams
          Clinic Groups
          MANagement Reports Menu ...
          Non-Standard Schedule Report
          Non-Standard Schedule Search
          Order Set Enter/Edit
          PARameters Edit Menu ...
          PATient Order Purge
             **> Out of order:  TEMPORARILY UNAVAILABLE
          PIck List Menu ...
          Ward Groups

Select Supervisor's Menu Option: Non-Standard Schedule Search
NUMBER OF DAYS: 365// <Enter>
Requested Start Time: NOW// <Enter> (FEB 24, 2010@14:20:08)

The check of Pharmacy orders is queued
 (to start NOW).

YOU WILL RECEIVE A MAILMAN MESSAGE WHEN TASK #1285255 HAS COMPLETED.
```

3.7. Order Set Enter/Edit

[PSJU OSE]

The *Order Set Enter/Edit* option allows the supervisor to create and edit order sets. An order set is a group of any number of pre-written orders. The maximum number of orders is unlimited.

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

- A pre-operative series of drugs administered to all patients that are to undergo 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 are treated for a certain medical ailment or emergency

The rapid entering of this repetitive information using order sets will expedite the whole order entry process. Experienced users might want to set up their more common orders as individual order sets to expedite the order entry process.

Once the orders have been entered through an order set, they are treated as individual orders, and can only be acted upon as such.

> **Note:** The VA FileMan convention of enclosing the duplicate entry name in double quotes can be used to enter the same Orderable Item more than once. An example would be to add ACETAMINOPHEN to an order set already containing that drug.

Example: Order Set Enter/Edit

```
Select Supervisor's Menu Option:  Order Set Enter/Edit
```

```
Select ORDER SET: ASPIRIN
  Are you adding 'ASPIRIN' as a new UNIT DOSE ORDER SET (the 6TH)? No// Y  (Yes)
NAME: ASPIRIN// <Enter>
Select ORDERABLE ITEM: AS
     1   ASCORBIC ACID        TAB     03-25-1996
     2   ASCORBIC ACID/FERROUS SULFATE/FOLIC ACID       TAB,SA
     3   ASPIRIN        SUPP,RTL
     4   ASPIRIN        TAB
     5   ASPIRIN        TAB,CHEWABLE
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 4  ASPIRIN     TAB
  Are you adding 'ASPIRIN' as a new ORDERABLE ITEM? No// Y  (Yes)
  DOSAGE ORDERED: 325MG
  DAY (nD) OR DOSE (nL) LIMIT: ?
     Answer must be a number followed by a 'D" (for DAY LIMIT), or a number
     followed by an 'L' (for DOSE LIMIT).
  DAY (nD) OR DOSE (nL) LIMIT: 7D
  START DAY AND TIME: ?
     Examples of Valid Dates:
        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.
     You may enter a time, such as NOON, MIDNIGHT or NOW.
     You 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.
     Enter the day and time after the order is selected that this order should
     start.

  START DAY AND TIME: <Enter>
  MED ROUTE: PO  ORAL  <Enter>     PO
  SCHEDULE TYPE: C  CONTINUOUS
  SCHEDULE: QID
     1   QID     01-09-15-20
     2   QID PC FAR    09-13-17-21
CHOOSE 1-2: 1      01-09-15-20
  SPECIAL INSTRUCTIONS: TESTING
  Select DISPENSE DRUG: ASPIRIN 325MG U/D           CN103
  Are you adding 'ASPIRIN 325MG U/D' as a new DISPENSE DRUG (the 1ST for this
ORDERABLE ITEM)? No// Y  (Yes)
     UNITS PER DOSE: 2
  Select DISPENSE DRUG: <Enter>
Select ORDERABLE ITEM: <Enter>

Select ORDER SET:
```

3.8. PARameters Edit Menu

[PSJ PARAM EDIT MENU]

The *PARameters Edit Menu* option is used to edit various parameters within the Unit Dose
software module.

Example: Parameters Edit Menu

```
Select PARameters Edit Menu Option: ?

        AUto-Discontinue Set-Up
  IUP    Inpatient User Parameters Edit
  IWP    Inpatient Ward Parameters Edit
        Clinic Definition
        Systems Parameters Edit
```

```
Enter ?? for more options, ??? for brief descriptions, ?OPTION for help text.

Select PARameters Edit Menu Option:
```

3.8.1. AUto-Discontinue Set-Up
[PSJ AC SET-UP]

The *AUto-Discontinue Set-Up* option allows the site to determine if a patient's Inpatient
Medications (Unit Dose and IV) orders are to be automatically d/c'd (discontinued) or held when
the patient is transferred between wards, between services or to authorized absence.

The decision to discontinue Inpatient Medications orders is determined by the site, on a ward-by-
ward and/or service-by-service basis. While this process will entail extra set up on the site's part
initially, it will allow the site almost complete control of the auto-discontinue process.

The set up for this process involves three main steps:

1. Auto-Discontinue for all wards: If the site wants to have Inpatient Medications orders
   discontinued on all or most ward transfers, the supervisor can have the module
   automatically set up all wards as 'from' and 'to' wards, saving some time. When this
   option is chosen, wards currently marked as inactive will also be included. The user can
   still delete, edit, or add 'from' and 'to' wards at any time. See step 2C for further
   information.

2. Ward transfers: The supervisor will select a 'from' ward. This is a ward from which a
   patient may be transferred. For each 'from' ward, the user can:

   A. Select an 'On Pass' action. This is the action the Inpatient Medications package will
      take on a patient's orders whenever the patient is transferred from the selected 'from'
      ward to authorized absence Uless than 96 hours (known as 'On Pass'). The possible
      actions are:

      - Discontinue the orders
      - Place the orders on hold
      - Take no action

   B. Select an 'Authorized Absence' action. This is the action the Inpatient Medications
      package will take on a patient's orders whenever the patient is transferred from the
      selected 'from' ward to authorized absence greater than 96 hours. The possible
      actions are:

      - Discontinue the orders
      - Place the orders on hold
      - Take no action

   C. Select an 'Unauthorized Absence' action. This is the action the Inpatient Medications
      package will take on a patient's orders whenever the patient is transferred from the
      selected 'from' ward to unauthorized absence greater than 96 hours. The possible
      actions are:

- Discontinue the orders
- Place the orders on hold
- Take no action

D. Select the 'To' wards. Whenever a patient is transferred from the selected 'from' ward to any of the selected 'to' wards, the patient's IV and Unit Dose orders will be discontinued. For example, if 1 NORTH is selected as a 'from' ward and 1 SOUTH is selected as a 'to' ward, any time a patient is transferred FROM 1 NORTH TO 1 SOUTH, the patient's Inpatient Medications orders will be discontinued.

This process is one way only. For example, if the site also wants orders to be discontinued whenever a patient is transferred FROM 1 SOUTH TO 1 NORTH, the user will have to enter 1 SOUTH as a 'from' ward and then enter 1 NORTH as one of its 'to' wards.

3. Service transfers: The supervisor will select a 'from' service. This is a service from which a patient may be transferred. For each 'from' service, the user can select the 'to' services. Whenever a patient is transferred from the selected 'from' service to any of the selected 'to' services, the patient's IV and Unit Dose orders will be discontinued. For example, if Medicine is selected as a 'from' service and SURGERY is selected as a 'to' service, any time a patient is transferred FROM MEDICINE TO SURGERY, the patient's Inpatient Medications orders will be discontinued.
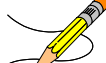
This process is also one way only. For example, if the site also wants orders to be discontinued whenever a patient is transferred FROM SURGERY TO MEDICINE, the user will have to enter SURGERY as a 'from' service and then enter MEDICINE as one of its 'to' services.

If all of the wards are set for auto d/c, it is not necessary to enter services.

If there is a specific ward or service for which the site does not want Inpatient Medications orders d/c'd, then the supervisor only needs to delete the 'to' ward or service.

Inpatient Medications orders are always automatically d/c'd whenever the patient is admitted, discharged, or transferred to unauthorized absence.

	Note: Pending orders that are auto-discontinued will NEVER be re-instated.

	Note: When the Patient Information Management System (PIMS) deletes a patient movement, the medication orders that were discontinued due to the movement are automatically reinstated. There are checks included to prevent the reinstatement of an order if a new duplicate order has been added.

A mail message is sent to the PSJ-ORDERS-REINSTATED mail group when the medication orders are automatically reinstated due to the deletion of a patient movement. This message contains the patient's name, last four digits of the patient's social security number, current

ward location, reason the orders were reinstated, and a list of the orders that were reinstated. The orders will be listed in the mail message in the same format as a patient profile. This notification also includes any orders that could not be reinstated due to duplicates existing on the system.

Example: Auto-Discontinue Set-Up

```
Select PARameters Edit Menu Option: AUto-Discontinue Set-Up

Do you want the instructions for auto-discontinue set-up? Yes//  N  (No)

Do you want the package to set-up all of your wards for auto-discontinue? No// <Enter>   (No)

(Action on WARD transfer)
Select FROM WARD: 1 EAST// <Enter>
  FROM WARD: 1 EAST//
  'ON PASS' ACTION: DISCONTINUE ORDERS// <Enter>
  ACTION ON AUTHORIZED ABSENCE: DISCONTINUE ORDERS         // <Enter>
  ACTION ON UNAUTHORIZED ABSENCE: DISCONTINUE ORDERS       // <Enter>
  Select TO WARD: 2 EAST// <Enter>
Select FROM WARD: <Enter>
(Action on SERVICE transfer)
Select FROM SERVICE: PSYCHIATRY// <Enter>
  FROM SERVICE: PSYCHIATRY// <Enter>
  Select TO SERVICE: NHCU//  <Enter>
Select FROM SERVICE: <Enter>


         AUto-Discontinue Set-Up
   IUP   Inpatient User Parameters Edit
   IWP   Inpatient Ward Parameters Edit
         Clinic Definition
         Systems Parameters Edit

Select PARameters Edit Menu Option:
```

3.8.2.   Inpatient User Parameters Edit
[PSJ SEUP]

The *Inpatient User Parameters Edit* option allows the supervisor to edit Inpatient User parameters that cannot be edited by the user, pharmacist, nurse, etc. The supervisor can allow auto-verification for individual nurses and pharmacists, choose the users that can select Dispense Drugs (instead of just Orderable Items), choose which pharmacy technicians or ward clerks can renew, hold or discontinue orders, and select the order entry process for each user (regular, abbreviated, or ward).

The prompts that appear for each user are dependent on which of the following security keys the user holds:

PSJ RPHARM   identifies the user as a pharmacist
PSJ RNURSE   identifies the user as a nurse
PSJ PHARM TECH identifies the user as a pharmacy technician using the Unit Dose Medications module
PSJI PHARM TECH   identifies the user as a pharmacy technician using the IV module

Users who do not hold any of these keys are seen as ward clerks. If a user is assigned more than one of these keys, the pharmacist key supersedes the other keys; the nurse key supersedes the pharmacy technician key.

A user's status as a provider does not affect this option. The prompts shown for a provider will be based on which of the above security keys he/she holds. For example, if a provider is also a nurse, the prompts that appear will be those for a nurse.

All Users

The supervisor will see the "ORDER ENTRY PROCESS:" prompt for all users. This is the type of order entry process to be used by this user. Selections available are Regular, Abbreviated, or Ward order entry.

- Regular order entry is the full set of prompts for the entry of an order, after which the user is shown a full view of the order and is allowed to take immediate action on the order.

- Abbreviated order entry gives the user fewer prompts for the entry of an order, after which the user is shown a full view of the order and is allowed to take immediate action on the order.

- Ward order entry gives the user the same prompts as the Abbreviated order entry.

If no entry is made here, it will be interpreted as Regular order entry.

Pharmacist

In addition to the "ORDER ENTRY PROCESS:" prompt, the supervisor will see the following prompt for pharmacists:

- "ALLOW AUTO-VERIFY FOR USER:"

  If this parameter is **YES,** when the user enters an order, the order is automatically entered as ACTIVE.

Nurse

Since the nurse is not automatically given authority to select the strength and dose form of the medication to be dispensed, the supervisor will see the following prompt, for nurses, in addition to the "ORDER ENTRY PROCESS:" and "ALLOW AUTO-VERIFY FOR USER:" prompts given for pharmacists:

- "MAY SELECT DISPENSE DRUGS:"

  If this is set to **YES**, the user can select the Dispense Drug for an order. If this is set to **NO** (or not set), the user can only select the Orderable Item.

Pharmacy Technician or Ward Clerk

The PSJ PHARM TECH key does not affect the prompts of this option. The supervisor will see the same prompts for a pharmacy technician as for a ward clerk. Since the pharmacy technician and ward clerk are not given authority to verify orders, the supervisor will not see the "ALLOW AUTO-VERIFY FOR USER:" prompt. The following three prompts will be shown in addition to "MAY SELECT DISPENSE DRUGS:" and "ORDER ENTRY PROCESS:". These prompts strictly apply to Unit Dose orders.

- "ALLOW USER TO RENEW ORDERS:"

  If this is set to **YES**, the user can actually renew orders. If this is set to **NO** (or not set), the user can only mark orders to be renewed by someone else.

- "ALLOW USER TO HOLD ORDERS:"

  If this is set to **YES**, the user can actually hold/un-hold orders. If this is set to **NO** (or not set), the user can only mark orders for hold/un-hold.

- "ALLOW USER TO D/C ORDERS:"

  If this is set to **YES**, the user can actually discontinue orders. If this is set to **NO** (or not set), the user can only mark orders to be discontinued by someone else.

Note: Any changes made in the *Inpatient User Parameters Edit* option will not take effect for the corresponding users until those users completely exit and re-enter the system.

Example: Inpatient User Parameters Edit

```
Select PARameters Edit Menu Option: IUP  Inpatient User Parameters Edit

Select INPATIENT USER:    PSJPHARMACIST,ONE

This user is a PHARMACIST and a PROVIDER.

ALLOW AUTO-VERIFY FOR USER: NO// ?
     Answer 'YES' if verification can be automatic when this user enters
     orders.
     Choose from:
       1         YES
       0         NO
ALLOW AUTO-VERIFY FOR USER: NO// <Enter>
ORDER ENTRY PROCESS: REGULAR// ?
     Enter the type of Unit Dose order entry to be used by this user.
     Choose from:
       0         REGULAR
       1         ABBREVIATED
       2         WARD
ORDER ENTRY PROCESS: REGULAR//  <Enter>

Select INPATIENT USER: <Enter>

PLEASE NOTE: Any changes made will not take effect for the corresponding users
until those users completely exit and re-enter the system.
```

```
            AUto-Discontinue Set-Up
    IUP     Inpatient User Parameters Edit
    IWP     Inpatient Ward Parameters Edit
            Clinic Definition
            Systems Parameters Edit

Select PARameters Edit Menu Option:
```

3.8.3. Inpatient Ward Parameters Edit
[PSJ IWP EDIT]

The *Inpatient Ward Parameters Edit* option allows the supervisor to edit the Inpatient Ward parameters. These parameters determine how the Inpatient Medications package will act, depending on the ward where the patient resides. The supervisor will encounter the following prompts in this option:

- "DAYS UNTIL STOP DATE/TIME:"

  Enter the number of days (1-100) that an order will last.

- "DAYS UNTIL STOP FOR ONE-TIME:"

  Enter the number of days a one-time order should last. The number can be from 1-100, however; it cannot exceed the number of days that standard orders last (DAYS UNTIL STOP DATE/TIME).

- "SAME STOP DATE ON ALL ORDERS:"

  Answer **YES** (or **1**) if all of a patient's orders are to stop on the same date/time.

- "TIME OF DAY THAT ORDERS STOP:"

  Enter the time of day that orders stop for this ward (military time).

- "DEFAULT START DATE CALCULATION:"

  Enter any of the following codes to select the default start time for orders. When there is no entry for this prompt, NOW will be assumed.

    0   Use CLOSEST ADMIN TIME as Default
    1   Use NEXT ADMIN TIME as Default
    2   Use NOW as Default

- "START TIME FOR 24 HOUR MAR:"

  Enter the time of day (0001-2400) that the 24 Hour MAR is to start. Please use military time with leading and trailing zeros.

- HOURS OF RECENTLY DC/EXPIRED: 31//

  This parameter allows the site to specify the time frame for recently discontinued/expired orders to display on the patient profiles. The value defined in this field will take precedence over the Inpatient System parameter.

- "LABEL FOR WARD STAFF:"

  Enter any of the following codes to select when labels will print for ward staff:

0	No Labels
1	First Label On Order Entry/Edit
2	Label On Entry/Edit and Verification
3	First Label On Nurse Verification

  If a **0** is entered, labels will only be printed at the end of order entry. No label record will be created, so the user will not be able to print or reprint labels later.

- "WARD LABEL PRINTER POINTER:"

  Enter the device to which labels created by ward staff will be printed. If no device is entered, labels will not print automatically, but as long as a label record is created (see previous prompt) labels can be manually printed using the *Label Print/Reprint* option.

- "LABEL FOR PHARMACY POINTER:"

  Enter any of the following codes to select when labels will print for pharmacy staff:

0	No Labels
1	First Label On Order Entry/Edit
2	Label On Entry/Edit and Verification
3	First Label On Pharmacist Verification

  If a **0** is entered, labels will only be printed at the end of order entry. No label record will be created, so the user will not be able to print or reprint labels later.

- "PHARMACY LABEL PRINTER:"

  Enter the device to which labels created by pharmacy staff will be printed. If no device is entered, labels will not print automatically, but as long as a label record is created (see previous prompt) labels can be manually printed using the *Label Print/Reprint* option.

- "LABEL ON AUTO-DISCONTINUE:"

  Answer **YES** to have labels created when this ward's patients' orders are auto-discontinued.

- "MAR HEADER LABELS:"

  Enter **YES** if MAR header labels should be generated for this ward.

- "DAYS NEW LABELS LAST:"

  Any new labels older than the number of days specified here will automatically be purged. Enter a whole number between **0** and **35**.

- "MAR ORDER SELECTION DEFAULT:"

Enter the number corresponding to the type of orders to be included on MARs and the Medications Due Worksheet printed for this ward.

1   All Medications
2   Non-IV Medications only
3   IV Piggybacks
4   LVPs
5   TPNs
6   Chemotherapy Medications (IV)

Multiple order types (except 1) may be selected using the hyphen (-) or the comma (,). Example: 2-4 or 2,3,4

- "PRINT PENDING ORDERS ON MAR:"

Enter **YES** to include the pending orders that were acknowledged by a nurse on the MARs and the Medication Due Worksheet.

- " 'SELF MED' IN ORDER ENTRY:"

Answer **YES** to have the prompts for patient self-medication included in the order entry process.

- "PRE-EXCHANGE REPORT DEVICE:"

Enter a device on which the Pre-Exchange Report may be printed. Answer with DEVICE NAME, or LOCAL SYNONYM, or $I, or VOLUME SET(CPU), or SIGN-ON/SYSTEM DEVICE, or FORM CURRENTLY MOUNTED.

- "STAT NOW MAIL GROUP:"

Enter the name of the mail group to be used for sending STAT/NOW active order notifications.

- "PRIORITIES FOR NOTIFICATION:"

Select the priorities / schedules for notifications to be sent to the mail group defined in the "STAT NOW MAIL GROUP" parameter above.

If this parameter is empty / not defined, the priority set in the PRIORITIES FOR PENDING NOTIFY parameter via the SYSTEMS PARAMETERS EDIT [PSJ SYS EDIT] option will be used (if defined).

If the PRIORITIES FOR PENDING NOTIFY and PRIORITIES FOR ACTIVE NOTIFY parameters of the SYSTEMS PARAMETERS EDIT [PSJ SYS EDIT] option, and the PRIORITIES FOR NOTIFICATION parameter of the INPATIENT WARD PARAMETERS EDIT [PSJ IWP EDIT] option are all empty / not defined then notifications will be sent for priorities of STAT and ASAP, and schedules of NOW and STAT.

Example: Inpatient Ward Parameters Edit

```
Select PARameters Edit Menu Option: IWP  Inpatient Ward Parameters Edit
Select WARD:    2 NORTH
DAYS UNTIL STOP DATE/TIME: 8// ?
     Enter the number (1-100) of days that an order will last.
DAYS UNTIL STOP DATE/TIME: 8// <Enter>
DAYS UNTIL STOP FOR ONE-TIME: ?
     Enter the number of days a one-time order should last.  The number can be
     from 1-100, however, it cannot exceed the number of days that standard
     orders last (DAYS UNTIL STOP DATE/TIME).
DAYS UNTIL STOP FOR ONE-TIME: <Enter>
SAME STOP DATE ON ALL ORDERS: YES// ?
     Answer 'YES' (or '1') if all of a patient's orders are to stop on the same
     date/time.
     Choose from:
       1        YES
       0        NO
SAME STOP DATE ON ALL ORDERS: YES// <Enter>
TIME OF DAY THAT ORDERS STOP: 2400// ?
     Enter the time of day that orders stop for this ward (military time).
ENTER A NUMBER BETWEEN 0001 AND 2400.  THE ZEROS ARE NEEDED.
TIME OF DAY THAT ORDERS STOP: 2400// <Enter>
DEFAULT START DATE CALCULATION: USE NEXT ADMIN TIME AS DEFAULT          // ?
     Enter "0" to use the closest admin time, "1" to use the next admin time,
     or "2" to use "now" as the default start time for orders.
     Choose from:
       0        USE CLOSEST ADMIN TIME AS DEFAULT
       1        USE NEXT ADMIN TIME AS DEFAULT
       2        USE NOW AS DEFAULT
DEFAULT START DATE CALCULATION: USE NEXT ADMIN TIME AS DEFAULT          // <Enter>
START TIME FOR 24 HOUR MAR: ?
     Enter the time of day (0001-2400) that the 24 MAR is to start.
PLEASE USE MILITARY TIME WITH LEADING AND TRAILING ZEROS.
START TIME FOR 24 HOUR MAR: <Enter>
HOURS OF RECENTLY DC/EXPIRED: ?
     Enter a number between 1 and 120.  Any orders discontinued/expired within
     the hours specified here will be displayed on the patient profile.
HOURS OF RECENTLY DC/EXPIRED: 24
LABEL FOR WARD STAFF: ?
     Choose from:
       0        NO LABELS
       1        FIRST LABEL ON ORDER ENTRY/EDIT
       2        LABEL ON ENTRY/EDIT AND VERIFICATION
       3        FIRST LABEL ON NURSE VERIFICATION
LABEL FOR WARD: <Enter>
WARD LABEL PRINTER POINTER: <Enter>
LABEL FOR PHARMACY: ?
     Choose from:
       0        NO LABELS
       1        FIRST LABEL ON ORDER ENTRY/EDIT
       2        LABEL ON ENTRY/EDIT AND VERIFICATION
       3        FIRST LABEL ON PHARMACIST VERIFICATION
LABEL FOR PHARMACY: <Enter>
PHARMACY LABEL PRINTER POINTER: <Enter>
LABEL ON AUTO-DISCONTINUE: ?
     Answer 'YES' to have labels created when this ward's patients' orders are
     auto-discontinued.
     Choose from:
       1        YES
       0        NO
LABEL ON AUTO-DISCONTINUE: <Enter>
MAR HEADER LABELS: ?
     Enter "YES" if MAR header labels should be generated for this ward.
     Choose from:
       1        YES

MAR ORDER SELECTION DEFAULT: ?
     Answer must be 1-10 characters in length.
Enter the number corresponding to the type of orders to be included on
MARs printed for this ward. Multiple types (except 1) may be selected
```

```
using "-" or "," as delimiters.
Choose from:
            1 - All Medications
            2 - Non-IV Medications only
            3 - IV Piggybacks
            4 - LVPs
            5 - TPNs
            6 - Chemotherapy Medications (IV)
MAR ORDER SELECTION DEFAULT: 1      1 - All Medications
PRINT PENDING ORDERS ON MAR: ?
'SELF MED' IN ORDER ENTRY: ?
     Answer 'YES' to have the prompts for patient self-medication included in
     the order entry process.
     Choose from:
       1        YES
       0        NO
'SELF MED' IN ORDER ENTRY: <Enter>
PRE-EXCHANGE REPORT DEVICE: ?
     Enter a device on which the Pre-Exchange Report may be printed.
 Answer with DEVICE NAME, or LOCATION OF TERMINAL, or LOCAL SYNONYM, or
     $I, or VOLUME SET(CPU), or DEFAULT SUBTYPE, or
     FORM CURRENTLY MOUNTED, or *PHYSICAL AREA
 Do you want the entire DEVICE List?
 PRE-EXCHANGE REPORT DEVICE:

STAT NOW MAIL GROUP: <Enter>
PRIORITIES FOR NOTIFICATION: ?
     Choose from:
       S        STAT
       SA       STAT/ASAP
       SAN      STAT/ASAP/NOW
       A        ASAP
       AN       ASAP/NOW
       N        NOW
       SN       STAT/NOW
PRIORITIES FOR NOTIFICATION: <Enter>

Select WARD: <Enter>


        AUto-Discontinue Set-Up
  IUP   Inpatient User Parameters Edit
  IWP   Inpatient Ward Parameters Edit
        Clinic Definition
        Systems Parameters Edit

Select PARameters Edit Menu Option:
```

3.8.4.   Systems Parameters Edit
[PSJ SYS EDIT]

The PHARMACY SYSTEM file allows a hospital to tailor various aspects of the Unit Dose Medications module that affect the entire medical center. Currently the following fields can be edited by using the *Systems Parameters Edit* option.

- "NON-FORMULARY MESSAGE:"

  This is a message that will be shown to non-pharmacist users when ordering a non-formulary drug for a patient (a drug that is not currently stocked by the pharmacy). This is typically a warning and/or a procedure the non-pharmacist users must follow before the pharmacy will dispense the non-formulary drug. The message will show exactly as entered here.

- "EDIT Option:"

This field is used to edit the non-formulary message displayed above.

- "PRINT 6 BLOCKS FOR THE PRN MAR:"

This field is used to indicate if 4 or 6 blocks are to be used for ONE-TIME/PRN orders on the 7/14 DAY MAR ONE-TIME/PRN SHEET. The 7/14 DAY MAR ONE-TIME/PRN SHEET will print 4 blocks if this field is not set to **YES**.

- "PRINT DIET ABBR LABEL ON MAR:"

If this field contains a **1** or **YES**, the Dietetics Abbreviated Label will be printed on the MAR.

- "MAR SORT:"

This parameter allows the sorting of the MAR by the order's schedule type or alphabetically by the medication names.

CHOOSE FROM:
  0 Sort by order's Schedule Type and then by Medication Names
  1 Sort by order's Medication Names

- "ATC SORT PARAMETER:"

This parameter allows sending of the Pick List to the ATC machine by ATC mnemonic within Patient (as in Inpatient Medications versions up to 4.0), or else by admin time within patient.

CHOOSE FROM:
  0 ATC MNEMONIC
  1 ADMIN TIME

- "CALC UNITS NEEDED PRN ORDERS:"

This parameter controls whether or not the Units Needed will be calculated for the orders with PRN in the schedule field on the Pick List.

- "DAYS UNTIL STOP FOR ONE-TIME:"

This parameter indicates the number of days a one-time order should last if there is no ward parameter defined. This number can be between 1 and 30.

- "ROUND ATC PICK LIST UNITS:"

This parameter allows the site to decide whether or not fractional units per dose will be rounded to the next whole number before the pick list is sent to the ATC.

- HOURS OF RECENTLY DC/EXPIRED: 1//

This parameter allows the site to specify the time frame for recently discontinued/expired orders to display on the patient profiles.

- "EXPIRED IV TIME LIMIT:"

Type the Number of Hours between 0 and 24 that continuous IV orders may be   renewed after expiring.

- "PRIORITIES FOR PENDING NOTIFY:"

Select the priorities / schedules for notifications to be sent to the PSJ STAT NOW PENDING ORDER mail group.

If the PRIORITIES FOR PENDING NOTIFY and PRIORITIES FOR ACTIVE NOTIFY parameters of the SYSTEMS PARAMETERS EDIT [PSJ SYS EDIT] option, and the PRIORITIES FOR NOTIFICATION parameter of the INPATIENT WARD PARAMETERS EDIT [PSJ IWP EDIT] option are all empty / not defined then notifications will be sent for priorities of STAT and ASAP, and schedules of NOW and STAT.

- "PRIORITIES FOR ACTIVE NOTIFY:"

Select the priorities / schedules for notifications to be sent to the PSJ STAT NOW ACTIVE ORDER mail group.

If this parameter is empty / not defined, the priority set in the PRIORITIES FOR PENDING NOTIFY parameter via the SYSTEMS PARAMETERS EDIT [PSJ SYS EDIT] option will be used (if defined).

If the PRIORITIES FOR PENDING NOTIFY and PRIORITIES FOR ACTIVE NOTIFY parameters of the SYSTEMS PARAMETERS EDIT [PSJ SYS EDIT] option, and the PRIORITIES FOR NOTIFICATION parameter of the INPATIENT WARD PARAMETERS EDIT [PSJ IWP EDIT] option are all empty / not defined then notifications will be sent for priorities of STAT and ASAP, and schedules of NOW and STAT.

> **Note:** The "AUTO-DC IMO ORDERS:" field has been moved from the PHARMACY SYSTEM file to the CLINIC DEFINITION file. To access this field, use the *Clinic Definition* [PSJ CD] option under the *PARameters Edit Menu* [PSJ PARAM EDIT MENU] option.

Example: Systems Parameters Edit

```
Select PARameters Edit Menu Option: SYStems Parameters Edit

NON-FORMULARY MESSAGE:
  1>This is the Non formulary message!!!
EDIT Option: ?
     Choose, by first letter, a Word Processing Command
     or type a Line Number to edit that line.
EDIT Option: ^
PRINT 6 BLOCKS FOR THE PRN MAR: ?
     Enter 1 to allow 6 blocks to be printed for the ONE-TIME/PRN orders on the
     7/14 DAY MAR ONE-TIME/PRN SHEET.
     Choose from:
```

```
          1         YES
PRINT 6 BLOCKS FOR THE PRN MAR:  <Enter>
PRINT DIET ABBR LABEL ON MAR: ?
     Enter 1 or Yes, the Dietetics Abbreviated Label will print on the MAR
     Choose from:
          1         YES
PRINT DIET ABBR LABEL ON MAR: <Enter>
MAR SORT: Sort by order's Medication Names.// ?
     Choose from:
          0         Sort by order's Schedule Type and then Medication Names.
          1         Sort by order's Medication Names.
MAR SORT: Sort by order's Medication Names.// <Enter>
ATC SORT PARAMETER: ATC MNEMONIC// ?
     Enter '0' to send Pick List to ATC by drug, '1' for admin time.
     Choose from:
          0         ATC MNEMONIC
          1         ADMIN TIME
ATC SORT PARAMETER: ATC MNEMONIC// <Enter>
CALC UNITS NEEDED PRN ORDERS: YES// ?
     Enter a 1 if you would like to have the UNITS NEEDED calculated for PRN
     orders on the Pick List.
     Choose from:
          1         YES
CALC UNITS NEEDED PRN ORDERS: YES// <Enter>
DAYS UNTIL STOP FOR ONE-TIME: ?
     Type a Number between 1 and 30, indicating the number of days a one-time
     order should last if there is no ward parameter defined.
DAYS UNTIL STOP FOR ONE-TIME: <Enter>
ROUND ATC PICK LIST UNITS: YES// ?
       The purpose of this field is to allow rounding of fractional doses to be
       sent by the pick list to the ATC.
ROUND ATC PICK LIST UNITS: <Enter>
HOURS OF RECENTLY DC/EXPIRED: ?
     Enter a number between 1 and 120.  Any orders discontinued/expired within
     the hours specified here will be displayed on the patient profile.
HOURS OF RECENTLY DC/EXPIRED: <Enter>
EXPIRED IV TIME LIMIT: ?
     Type the Number of Hours between 0 and 24 that continuous IV orders may be
     renewed after expiring
EXPIRED IV TIME LIMIT: <Enter>
PRIORITIES FOR PENDING NOTIFY: ?
     Choose from:
       S         STAT
       SA        STAT/ASAP
       SAN       STAT/ASAP/NOW
       A         ASAP
       AN        ASAP/NOW
       N         NOW
       SN        STAT/NOW
PRIORITIES FOR ACTIVE NOTIFY: ?
     Choose from:
       S         STAT
       SA        STAT/ASAP
       SAN       STAT/ASAP/NOW
       A         ASAP
       AN        ASAP/NOW
       N         NOW
       SN        STAT/NOW
PRIORITIES FOR ACTIVE NOTIFY: <Enter>


          AUto-Discontinue Set-Up
   IUP    Inpatient User Parameters Edit
   IWP    Inpatient Ward Parameters Edit
          Clinic Definition
          Systems Parameters Edit

Select PARameters Edit Menu Option:
```

3.9. PATient Order Purge – Temporarily Unavailable

[PSJU PO PURGE]

Note: The *PATient Order Purge* option is "**Out of Order**" and **TEMPORARILY UNAVAILABLE**.

The *PATient Order Purge* option will start a background job to delete all orders for patients that have been discharged before or on the user-specified date. This option does not affect orders for currently admitted patients.

Patient order purge looks at the earliest start date of the last Pick List that has not been filed away and allows the user to purge orders three days before that start date.

This option is very CPU-intensive, and should be queued to run at a time of day when the fewest users are on the system, such as on a weekend. The supervisor should only purge several months of data at one time.

3.10. PIck List Menu

[PSJU PL MENU]

The *PIck List Menu* option is used to control deletion of a pick list, auto purging parameters, and the physical purging of pick lists.

Example: Pick List Menu

```
Select Supervisor's Menu Option: ?


        Administering Teams
        Clinic Groups
        MANagement Reports Menu ...
        Non-Standard Schedule Report
        Non-Standard Schedule Search
        Order Set Enter/Edit
        PARameters Edit Menu ...
        PATient Order Purge
           **> Out of order:   TEMPORARILY UNAVAILABLE
        PIck List Menu ...
        Ward Groups

Select Supervisor's Menu Option: PIck List Menu


        Delete a Pick List
        PIck List Auto Purge Set/Reset
        PUrge Pick Lists
```

3.10.1.   DElete a Pick List
[PSJU PLDEL]

The *DElete a Pick List* option is used to delete the most recent pick list that has been run, but not filed away, for a ward group.

Note: If the user deleting the pick list is not the user who created it, a MailMan message is sent to all users with the PSJU MGR key.

Example: Delete a Pick List

```
Select PIck List Menu Option: DElete a Pick List

Select WARD GROUP NAME: ?
    Answer with WARD GROUP NAME
  Choose from:
  SOUTH WING
PHARMACY       HOME
  WEST WING
PHARMACY       FIDO

Select WARD GROUP NAME: SOUTH WING
PHARMACY       HOME

The last Pick List was last run for SOUTH WING
by PSJPHARMACIST,ONE on 02/05/01  13:42
Pick List number 76, for 02/03/01  13:21 through 02/04/01  13:20.

DO YOU WANT TO DELETE THIS PICK LIST? Y  (Yes)

...a few moments, please......DONE!
```

3.10.2.   PIck List Auto Purge Set/Reset
           [PSJU PLAPS]

The *PIck List Auto Purge Set/Reset* option allows the user (coordinator/supervisor) to start and stop the daily automatic deletions of pick lists that have been filed away. The user may specify the number of days (1-90) the pick lists remain on the system. When the supervisor wants the system to stop automatically deleting pick lists, the entry for this option can be deleted.

Example: Pick List Auto Purge Set/Reset

```
Select PIck List Menu Option: PIck List Auto Purge Set/Reset

DAYS 'FILED AWAY' PICK LISTS SHOULD LAST  1// ?

 If a number is found in this field by the daily background job, the job will
 completely delete all PICK LISTS that have been FILED AWAY and have been around
 longer than the number of days specified in this field.  Entering a number into
this field will effectively start the AUTO PURGE.  DELETING this field will
effectively STOP the AUTO PURGE.
   ENTER THE NUMBER (1-90) OF DAYS THAT PICK LISTS THAT ARE FILED AWAY MAY STAY
IN THE COMPUTER.

DAYS 'FILED AWAY' PICK LISTS SHOULD LAST  1// <Enter>
```

3.10.3.   PUrge Pick Lists
           [PSJU PLPRG]

With the *PUrge Pick Lists* option, the user (coordinator/supervisor) can manually delete or purge all pick lists that are filed away and have a start date earlier than the date entered in this option.

Note: Purging pick lists will not purge the statistics extracted from them when they are filed. That data is stored elsewhere when the pick lists are filed.

Example: Purge Pick Lists

```
Select PIck List Menu Option: PUrge Pick Lists

             ** AUTO PURGE SET TO 1 DAYS, AS OF 02/22/98  14:43 **


Enter PURGE STOP DATE: ?

  If a date is entered here, all of the FILED AWAY PICK LISTS that started
before the entered date will be deleted.
    Examples of Valid Dates:
      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 assumes a date 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.
    You may enter a time, such as NOON, MIDNIGHT or NOW.
    You may enter  NOW+3'  (for current date and time Plus 3 minutes
      *Note--the Apostrophe following the number of minutes)

Enter PURGE STOP DATE: T-90  (NOV 10, 2000)
Pick list purge queued!
```

3.11. Ward Groups

[PSJU EWG]

The Unit Dose Medications module makes use of wards as defined in the WARD LOCATION file. The module allows the supervisor to group the wards (Ward Group) together in various orders to facilitate the preparation of reports and other functions. The *Pick List* option requires the use of Ward Groups. The *Ward Groups* option allows the package coordinator to name the Ward Groups, and enter or edit data in the WARD GROUP file. The name given to each Ward Group is an arbitrary choice that can be from 1 to 20 characters long.

When each Ward Group is created, the user will be prompted to assign a type to the Ward Group. The type is required, and cannot be edited, once chosen. (The Ward Group would have to be deleted if the type was no longer valid.) Pharmacy and MAS are the two types of Ward Group choices.

Pharmacy (type) Ward Groups are the only Ward Groups that can be selected by the *Pick List* options. Because of dose tracking and accountability, the same ward is not allowed in more than one Pharmacy type Ward Group. MAS (type) Ward Groups can be comprised of any wards grouped in any manner desired. Both MAS and Pharmacy type Ward Groups can be selected for the various other reports and functions.

Any number of wards can be entered into a Ward Group. A Ward Group need only have one ward in it.

Example: Ward Groups

```
Select Supervisor's Menu Option: WArd Groups

Select WARD GROUP NAME: ?
    Answer with WARD GROUP NAME
  Choose from:
  NORTH WING
PHARMACY       HOME
  SOUTH WING
PHARMACY       HOME
   WEST WING
PHARMACY       HOME


       You may enter a new WARD GROUP, if you wish
       Answer must be 1-20 characters in length.

Select WARD GROUP NAME:     SOUTH WING
PHARMACY       HOME
NAME: SOUTH WING// <Enter>
Select WARD: 2 EAST// <Enter>
LENGTH OF PICK LIST (in hours): 24// <Enter>
PICK LIST - OMIT WARD SORT: YES (DO NOT SORT BY WARD) // <Enter>
PICK LIST - OMIT ROOM-BED SORT: <Enter>
PICK LIST - ROOM/BED SORT: <Enter>
PICK LIST - FORM FEED/PATIENT: <Enter>
PICK LIST - FORM FEED/WARD: <Enter>
PICK LIST - LINES ON FORM FEED: <Enter>
PRINT NON-ACTIVE ORDERS FIRST: <Enter>
BAXTER ATC DEVICE: HOME// <Enter>
USE OLD ATC INTERFACE: <Enter>

Select WARD GROUP NAME:
```

(This page included for two-sided copying.)

4. SUPervisor's Menu (IV)
[PSJI SUPERVISOR]

The *SUPervisor's Menu (IV)* option contains options only available to the applications coordinator. These include setting up site parameters, generating the IV AMIS report, and cost/usage reports.

Example: Supervisor's Menu (IV)

```
Select SUPervisor's Menu (IV) Option: ?

        AUto-Discontinue Set-Up
        CAtegory File (IV)
        COmpile IV Statistics (IV)
        Management Reports (IV) ...
        Recompile Stats File (IV)
        SIte Parameters (IV)

Enter ?? for more options, ??? for brief descriptions, ?OPTION for help text.

Select SUPervisor's Menu (IV) Option:
```

4.1. AUto-Discontinue Set-Up
[PSJ AC SET-UP]

The *AUto-Discontinue Set-Up* option allows the site to determine if a patient's Inpatient Medications (Unit Dose and IV) orders are to be automatically discontinued (d/c'd) or held when the patient is transferred between wards, between services, or to authorized absence.

The decision to discontinue Inpatient Medications orders is determined by the site, on a ward-by-ward, and/or service-by-service basis. While this process will entail extra set up on the site's part initially, it will allow the site almost complete control of the auto-discontinue process.

The set up for this process involves three main steps:

1. Auto-Discontinue for all wards: If the site wants to have Inpatient Medications orders discontinued on all or most ward transfers, the supervisor can have the module automatically set up all wards as 'from' and 'to' wards, saving some time. When this option is chosen, wards currently marked as inactive will also be included. The user can still delete, edit, or add 'from' and 'to' wards at any time. See step 2C for further information.

2. Ward transfers: The supervisor will select a 'from' ward. This is a ward from which a patient may be transferred. For each 'from' ward, the user can:

    A. Select an 'On Pass' action. This is the action the Inpatient Medications package will take on a patient's orders whenever the patient is transferred from the selected 'from' ward to authorized absence less than 96 hours (known as 'On Pass'). The possible actions are:

- Discontinue the orders
- Place the orders on hold
- Take no action

B. Select an 'Authorized Absence' action. This is the action the Inpatient Medications package will take on a patient's orders whenever the patient is transferred from the selected 'from' ward to authorized absence <u>greater than</u> 96 hours. The possible actions are:

- Discontinue the orders
- Place the orders on hold
- Take no action

C. Select an 'Unauthorized Absence' action. This is the action the Inpatient Medications package will take on a patient's orders whenever the patient is transferred from the selected 'from' ward to unauthorized absence <u>greater than</u> 96 hours. The possible actions are:

- Discontinue the orders
- Place the orders on hold
- Take no action

D. Select the 'To' wards. Whenever a patient is transferred from the selected 'from' ward to any of the selected 'to' wards, the patient's IV and Unit Dose orders will be discontinued. For example, if 1 NORTH is selected as a 'from' ward and 1 SOUTH is selected as a 'to' ward, any time a patient is transferred FROM 1 NORTH TO 1 SOUTH, the patient's Inpatient Medications orders will be discontinued.

This process is one way only. For example, if the site also wants orders to be discontinued whenever a patient is transferred FROM 1 SOUTH TO 1 NORTH, the user will have to enter 1 SOUTH as a 'from' ward and then enter 1 NORTH as one of its 'to' wards.

3. <u>Service transfers:</u> The supervisor will select a 'from' service. This is a service from which a patient may be transferred. For each 'from' service, the user can select the 'to' services. Whenever a patient is transferred from the selected 'from' service to any of the selected 'to' services, the patient's IV and Unit Dose orders will be discontinued. For example, if MEDICINE is selected as a 'from' service and SURGERY is selected as a 'to' service, any time a patient is transferred FROM MEDICINE TO SURGERY, the patient's Inpatient Medications orders will be discontinued.

This process is also one way only. For example, if the site also wants orders to be discontinued whenever a patient is transferred FROM SURGERY TO MEDICINE, the user will have to enter SURGERY as a 'from' service and then enter MEDICINE as one of its 'to' services.

If all of the wards are set for auto d/c, it is not necessary to enter services.

If there is a specific ward or service for which the site does not want Inpatient Medications orders d/c'd, then the supervisor only needs to delete the 'to' ward or service.

Inpatient Medications orders are always automatically d/c'd whenever the patient is admitted, discharged, or transferred to unauthorized absence.

Note: Pending orders that are auto-discontinued will <u>NEVER</u> be re-instated.

Note: When the Patient Information Management System (PIMS) deletes a patient movement, the medication orders that were discontinued due to the movement are automatically reinstated. There are checks included to prevent the reinstatement of an order if a new duplicate order has been added. For IVs, when the order to be reinstated has any additives the same as a new order, it will not be reinstated.

A mail message is sent to the PSJ-ORDERS-REINSTATED mail group when the medication orders are automatically reinstated due to the deletion of a patient movement. This message contains the patient's name, last four digits of the patient's social security number, current ward location, reason the orders were reinstated, and a list of the orders that were reinstated. The orders will be listed in the mail message in the same format as a patient profile. This notification also includes any orders that could not be reinstated due to duplicates existing on the system.

Example: Auto-Discontinue Set-Up

```
Select SUPervisor's Menu (IV) Option: AUto-Discontinue Set-Up

Do you want the instructions for auto-discontinue set-up? Yes//  N  (No)

Do you want the package to set-up all of your wards for auto-discontinue? No// <Enter>   (No)

(Action on WARD transfer)
Select FROM WARD: 1 EAST// <Enter>
  FROM WARD: 1 EAST//
  'ON PASS' ACTION: DISCONTINUE ORDERS// <Enter>
  ACTION ON AUTHORIZED ABSENCE: DISCONTINUE ORDERS        // <Enter>
  ACTION ON UNAUTHORIZED ABSENCE: DISCONTINUE ORDERS       // <Enter>
  Select TO WARD: 2 EAST// <Enter>
Select FROM WARD: <Enter>

(Action on SERVICE transfer)
Select FROM SERVICE: PSYCHIATRY// <Enter>
  FROM SERVICE: PSYCHIATRY// <Enter>
  Select TO SERVICE: NHCU//  <Enter>
Select FROM SERVICE: <Enter>

          AUto-Discontinue Set-Up
          CAtegory File (IV)
          COmpile IV Statistics (IV)
          Management Reports (IV) ...
          Recompile Stats File (IV)
          SIte Parameters (IV)

Select SUPervisor's Menu (IV) Option
```

4.2. CAtegory File (IV)
[PSJI IVCATEGORY]

The *CAtegory File (IV)* option allows the supervisor to group drugs into categories. Within this file, the user can create a new drug category, add drugs to an existing drug category, or delete drugs from previously defined categories. Once a drug category is created, provider cost reports, ward/drug usage cost reports, and drug cost reports can be run for that drug category.

The advantage of this file is that the user can create custom-tailored reports. Examples of customized reports are drug utilization sets, restricted drugs by provider, reports by IV type, or any grouping of drugs that have something in common.

> **Note:** The last drug entered into a category will always be the default drug at the "Select IV DRUG:" prompt when re-entering the category. To get a list of drugs in a category, type a question mark (**?**) at the "Select IV DRUG:" prompt.

Example: Category File (IV)

```
Select SUPervisor's Menu (IV) Option: CAtegory File (IV)
Select IV CATEGORY NAME: ?
   Answer with IV CATEGORY NAME:
  TEST

     You may enter a new IV CATEGORY, if you wish
     Answer must be 1-40 characters in length.

Select IV CATEGORY NAME: <Enter>   TEST
NAME: TEST// <Enter>
Select IV DRUG: D10W// <Enter>
  IV DRUG: D10W// <Enter>
  GENERIC DRUG: DEXTROSE 10% 1000ML //   (No Editing)
Select IV DRUG: <Enter>

          AUto-Discontinue Set-Up
          CAtegory File (IV)
          COmpile IV Statistics (IV)
          Management Reports (IV) ...
          PUrge Data (IV) ...
            **> Out of order:  TEMPORARILY UNAVAILABLE
          Recompile Stats File (IV)
          SIte Parameters (IV)

Select SUPervisor's Menu (IV) Option:
```

To delete a drug from a category, the user must choose the drug by typing in the drug name at the "Select IV DRUG:" prompt. The next prompt asks if the system has selected the correct drug (answer **<Enter>** for Yes if correct). At the following "Select IV DRUG:" prompt, the drug appears as the default drug. To delete the drug from the category, type an "at" symbol (**@**) at the prompt.

Example: Delete a Drug from a Category

```
Select SUPervisor's Menu (IV) Option:  CAtegory File (IV
Select IV CATEGORY NAME:    DEX
NAME: DEX// <Enter>
Select IV DRUG: D5%// ?
   Answer with IV DRUG
  Choose from:
```

```
   D10W        DEXTROSE 10% 1000ML
   D5%         DEXTROSE 5% 1000ML

       You may enter a new IV DRUG, if you wish
       Enter one of the following:
         A.EntryName to select a IV ADDITIVES
         S.EntryName to select a IV SOLUTIONS

       To see the entries in any particular file type <Prefix.?>


Select IV DRUG: D5%// D10

    Searching for a IV ADDITIVES, (pointed-to by IV DRUG)


    Searching for a IV SOLUTIONS, (pointed-to by IV DRUG)
  D10W     D10W TEST PRINT NAME 2      1000 ML

       ...OK? Yes//  <Enter> (Yes)          DEXTROSE 10% 1000ML
  IV DRUG: D10W// @
   SURE YOU WANT TO DELETE THE ENTIRE IV DRUG? Yes
Select IV DRUG:
```

4.3. COmpile IV Statistics (IV)
[PSJI COMPILE STATS]

Statistical data is stored in a holding area each time a label is printed. The *IV Background job* option and the *COmpile IV Statistics (IV)* option both merge the information into the IV STATS file and delete any data which is older than the age specified in the site parameter, DAYS TO RETAIN IV STATS. This will be a number between 100 and 2000 days. If no entry is made for this parameter, this number will default to 100 days. This option is a menu option that allows the job to be started manually in cases where the data must be compiled before the automatic background job *IV Background job* runs that night.

It is suggested that the *IV Background job* option be set up to run nightly to ensure that the IV STATS file is kept up-to-date. The reports that capture data from the IV STATS file do not include any information waiting to be merged from the holding area. Contact the Information Resources Management Service (IRMS) Chief or Site Manager to have this task scheduled.

Problem with IV STATS File.

When labels are printed or returns are entered for an IV order, a transaction entry is added to the IV STATS file. These entries are later compiled either manually using the *Compile IV Statistics (IV)* option on the *SUPervisor's Menu (IV)*, or by the *IV Background job* that should be scheduled to run each night. When these entries are compiled, all additives in the order are counted as usage for each label printed or returned, regardless of whether the additive was included on the label or in the returned bottle.

Example: Hyperal Order

```
      SODIUM CHLORIDE 40 MEQ 1,2
      POTASSIUM CHLORIDE 30 MEQ 3
      K PHOS 10 MM 3
      MVI CONC 5 ML
      D 50 W 500 ML
      125 ml/hr
```

When a single label is printed for this order and counted as usage, Potassium Chloride and K Phos will be counted in the IV STATS file, even though these additives were not printed on the label as they were to be included only in bottle 3.

4.4. Management Reports (IV)
[PSJI MANAGEMENT REPORTS]

Users must hold the PSJI MGR key for access to this option.

The *Management Reports (IV)* option allows the user to print reports from data compiled by the IV module. Those reports requiring 132-column paper are so noted in the menu options. If no paper width is indicted, standard 80-column width is assumed.

Example: Management Reports (IV)

```
Select Management Reports (IV) Option: ?


        ACtive Order Report by Ward/Drug (IV)
        AMIS (IV)
        Drug Cost Report (132 COLUMNS) (IV)
  PCR   Patient Cost Report (132 COLUMNS) (IV)
  PSD   Patients on Specific Drug(s)
        PRovider Drug Cost Report(132 COLUMNS) (IV)
        Ward/Drug Usage Report (132 COLUMNS) (IV)

Select Management Reports (IV) Option:
```

4.4.1. ACtive Order Report by Ward/Drug (IV)
[PSJI AOR]

The *ACtive Order Report by Ward/Drug (IV)* option allows the user to capture all active orders that exist for a specific ward, broken down by drug. At the "Select Ward:" prompt, a specific ward, Outpatient IVs (by entering **^OUTPATIENT**) or all wards (by entering **^ALL**) can be selected. At the "Select DRUG:" prompt, the user can select a specific drug, or all drugs (by entering **^ALL**).

```
Select Management Reports (IV) Option:  ACtive Order Report by Ward/Drug (IV)

Select Ward (or enter ^ALL or ^OUTPATIENT): ?

This active order report will list all active orders within the
ward that you specify. You may select a specific ward. You may
also select Outpatient orders by entering ^OUTPATIENT or you may
select all wards by entering ^ALL.

Select Ward (or enter ^ALL or ^OUTPATIENT): ^ALL
Select DRUG (or enter ^ALL): ?
```

```
This active order report will list all active orders containing
the specified drug. You may pick a single drug or you may select
all drugs by entering ^ALL.

Select DRUG (or enter ^ALL): ^ALL
DEVICE: NT TELNET TERMINAL// 0;80;9999  NT/Cache virtual TELNET terminal

...EXCUSE ME, LET ME THINK ABOUT THAT A MOMENT...

Active Order Report by Ward/Drug For: ALL WARDS, ALL DRUGS
Printed by: PSJPHARMACIST,ONE on FEB 8,2001@22:55:37          PAGE: 1

IV ROOM/WARD/NAME/ORDER           STOP DATE               PROVIDER
================================================================================

IV ROOM: BIRMINGHAM ISC

 WARD: 1 EAST

    PSJPATIENT,ONE 0001

        [342]    P              FEB 16,2001@16:54       PSJPROVIDER,ONE
          ATROPINE 1 MG
          0.9% NACL 500 ML
          INFUSE OVER 10 MIN.
          QID 01-09-15-20
          Cumulative doses: 0

        [343]    A              FEB 11,2001@16:54       PSJPROVIDER,ONE
          AMPICILLIN 100 GM
          0.9% NACL 500 ML
          100 ml/hr
          Cumulative doses: 0

           ACtive Order Report by Ward/Drug (IV)
           AMIS (IV)
           Drug Cost Report (132 COLUMNS) (IV)
   PCR     Patient Cost Report (132 COLUMNS) (IV)
   PSD     Patients on Specific Drug(s)
           PRovider Drug Cost Report (132 COLUMNS) (IV)
           Ward/Drug Usage Report (132 COLUMNS) (IV)

Select Management Reports (IV) Option:
```

Example: IV Additives

```
Select OPTION NAME: ACTIVE ORDER REPORT BY WARD/DR  PSJI AOR    ACtive Order Re
port by Ward/Drug (IV)
ACtive Order Report by Ward/Drug (IV)
Select IV ROOM NAME:    XXXXXX IV ROOM

You are signed on under the XXXXXX IV ROOM IV ROOM

Current IV LABEL device is: FTA

Current IV REPORT device is: FTA


Select Ward (or enter ^ALL or ^OUTPATIENT): ^ALL
Select DRUG (or enter ^ALL): 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: IV Solutions

```
Select OPTION NAME:    PSJI AOR    ACtive Order Report by Ward/Drug (IV)
ACtive Order Report by Ward/Drug (IV)

Select Ward (or enter ^ALL or ^OUTPATIENT): ^ALL
Select DRUG (or enter ^ALL): 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

CHOOSE 1-4:

Note: Solution #3 has an "inactivation date" of 12-03-15
```

4.4.2.   AMIS (IV)
[PSJI AMIS]

The *AMIS (IV)* option allows the user to run a report that captures the IV workload of the pharmacy by ward. Only those wards with a dispensing amount will be included. The user will be prompted to select a start date and a stop date to set the time span for which the costs will be calculated.

Note: Canceled, recycled or destroyed IV bags are not subtracted out of the total bag count on the AMIS report.

Example: AMIS (IV) Report

```
Select Management Reports (IV) Option: AMIS (IV)

The IV BACKGROUND JOB [PSJI BACKGROUND JOB] that compiles IV cost data
was last successfully run on: FEB 8,2001@22:52:18

The oldest cost data for room: BIRMINGHAM ISC goes back to: JUN 29,1999

Enter Start Date: T-1000   (MAY 15, 1998)

Enter End Date: T   (FEB 08, 2001)

DEVICE: NT TELNET TERMINAL// 0;80;999  NT/Cache virtual TELNET terminal

                          IV AMIS REPORT                  Page No. 1
                FROM MAY 15,1998 THROUGH FEB 8,2001        FEB 8,2001

                               TOTAL                   AVERAGE
   TYPE                    DISPENSED (BAGS)              COST

=============================================================================
IV ROOM BIRMINGHAM ISC

1 EAST
     Piggyback                    96                     5.4882
     Admixture                     3                     1.1089
     Hyperal                       0                     0.0000
     Syringe                       0                     0.0000
     Chemotherapy                  1                     0.4670
```

```
        TOTAL FOR WARD              100                    5.3066

2 EAST
    Piggyback                        79                    1.2436
    Admixture                         4                    0.9830
    Hyperal                           0                    0.0000
    Syringe                           0                    0.0000
    Chemotherapy                      0                    0.0000

        TOTAL FOR WARD               83                    1.2311

                                              ================
    *TOTAL FOR IV ROOM: BIRMINGHAM ISC                     6.5377

    *Piggyback                      175                    3.5721
    *Admixture                        7                    1.0370
    *Hyperal                          0                    0.0000
    *Syringe                          0                    0.0000
    *Chemotherapy                     1                    0.4670

            FINISHED PRINTING ON: FEB 8,2001@23:07:41
```

4.4.3.   Drug Cost Report (132 COLUMNS) (IV)
[PSJI DRUG COST REPORT]

The *Drug Cost Report (132 COLUMNS) (IV)* option allows the user to capture the total dispensing cost for an IV drug. The system will give the date of the oldest cost data on file for the IV room selected and proceed to prompt the user for more information. The user is asked to select a start date and a stop date to set the time span for which the costs will be calculated. Once a stop date is entered and the selection of the type of cost report (regular or condensed), the system will prompt for a drug name. The user can select a specific drug, all drugs (by entering **^ALL**), all non-formulary drugs (by entering **^NON**), a category of drugs (by entering **^CAT**), a VA drug class (by entering **^VADC**), or an IV type, such as piggyback or syringe (by entering **^TYPE**). The user can request a high/low drug cost report (by entering **^HIGH**). The user will be prompted whether to include patient data. When a regular (non-condensed) report has been selected, the system will prompt whether the report should include ward data.

The Drug Cost Report includes bag and cost summaries at the end of the report, as well as the grand total costs for dispensed, destroyed, recycled, and canceled IV bags. Total drug units and total drug costs are listed for each drug in the report.

The following formulas are used to calculate the results in the Bag and Cost Summaries:

Bag Summary

- % Destroyed = (Grand Total Destroyed/Grand Total Bags Dispensed) * 100%
- % Recycled = (Grand Total Recycled/Grand Total Bags Dispensed) * 100%
- % Canceled = (Grand Total Canceled/Grand Total Bags Dispensed) * 100%

Cost Summary

- % Destroyed = (Grand Total Destroyed/Grand Total Bags Dispensed) * 100%
- % Recycled = (Grand Total Recycled/Grand Total Bags Dispensed) * 100%
- % Canceled = (Grand Total Canceled/Grand Total Bags Dispensed) * 100%

Note: Grand Total Column for bags is not shown in the drug cost report. All summaries are in relation to Dispensed Bags and Dispensed Cost.

Additional Computations in Drug Cost Report

This report breaks down each drug by ward. The Total Drug Units for each drug is calculated using the following formulas:

- Total Drug Units = Total Drug Units Dispensed – Total Drug Units Recycled – Total Drug units Canceled

- Total Drug Cost = Total Drug Cost Dispensed – Total Drug Cost Recycled – Total Drug Cost Canceled

- Total Bags for Drug = Total Bags Dispensed – Total Bags Recycled – Total Bags Canceled

- Total Drug Cost = Total Drug Units * Drug Cost per Unit

- Grand Total Cost = Grand Total Cost Dispensed – Grand Total Cost Recycled – Grand Total Cost Canceled

Example: Drug Cost Report (IV)

```
Select Management Reports (IV) Option:  Drug Cost Report (132 COLUMNS) (IV)

The IV BACKGROUND JOB [PSJI BACKGROUND JOB] that compiles IV cost data
was last successfully run on: FEB 8,2001@22:52:18

**WARNING** that was <5> days ago. PLEASE contact your site manager.
          Cost data is probably not accurate because of this.

The oldest cost data for room: BIRMINGHAM ISC goes back to: JUN 29,1999

Enter Start Date: 6/29/00  (JUN 29, 2000)

Enter End Date: T  (FEB 13, 2001)

     Select one of the following:

          C         Condensed
          R         Regular

(R)egular or (C)ondensed: Regular// <Enter>
Select IV room: ^ALL// BIRMINGHAM ISC

Select DRUG:
     or ^ALL (All drugs):
     or ^NON (Non-formulary drugs):
     or ^CAT (Category of drugs):
     or ^VADC (VA drug class):
     or ^HIGH (H/L cost):
     or ^TYPE (IV type):^TYPE

Select IV TYPE: ADMIXTURE

DEVICE: NT TELNET TERMINAL// 0;132;999  NT/Cache virtual TELNET terminal

                         IV DRUG COST REPORT (REGULAR) FOR:                PAGE:1
                         JUN 29,2000 THROUGH FEB 13,2001
                         IV ROOM: BIRMINGHAM ISC
```

```
                              IV TYPE: ADMIXTURE
                              PRINTED BY: PSJPHARMACIST,ONE ON FEB 13, 2001@09:41:51


                                                                              UNITS
IV ROOM/DRUG/WARD        DISPENSED     (DESTROYED)     RECYCLED     CANCELLED    COST
====================================================================================

IV ROOM: BIRMINGHAM ISC

AMPHOTERICIN B            1 BAGS          0 BAGS         0 BAGS        0 BAGS    1 BAGS

  WARD: 1 EAST            1.00 MG         0.00           0.00          0.00   $    0.31
                       ==========     ==========     ==========    ==========  ============
      TOTAL DRUG UNITS:   1.00 MG         0.00           0.00          0.00          1.00
                       ==========     ==========     ==========    ==========  ============
      TOTAL DRUG COST: $    0.31     $    0.00      $    0.00     $    0.00   $    0.31


D5-0.45% NACL 500 ML      1 BAGS          0 BAGS         0 BAGS        0 BAGS    1 BAGS

  WARD: 1 EAST          500.00 ML         0.00           0.00          0.00   $    0.25
                       ==========     ==========     ==========    ==========  ============
      TOTAL DRUG UNITS: 500.00 ML         0.00           0.00          0.00        500.00
                       ==========     ==========     ==========    ==========  ============
      TOTAL DRUG COST: $    0.25     $    0.00      $    0.00     $    0.00   $    0.25


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

     GRAND TOTAL COST: $    0.56     $    0.00      $    0.00     $    0.00   $    0.56
                              IV DRUG COST REPORT (REGULAR) FOR:                 PAGE:2
                              JUN 29,2000 THROUGH FEB 13,2001
                              IV ROOM: BIRMINGHAM ISC
                              IV TYPE: ADMIXTURE
                              PRINTED BY: PSJPHARMACIST,ONE ON FEB 13, 2001@09:41:51


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


        BAG SUMMARY:
         DESTROYED        =  0.00 %                    OF DISPENSED BAGS
         RECYCLED         =  0.00 %                    OF DISPENSED BAGS
         CANCELLED        =  0.00 %                    OF DISPENSED BAGS

        COST SUMMARY:
         DESTROYED        =  0.00 %                    OF DISPENSED COST
         RECYCLED         =  0.00 %                    OF DISPENSED COST
         CANCELLED        =  0.00 %                    OF DISPENSED COST


        FINISHED PRINTING ON: FEB 13,2001@09:41:51
```

4.4.4. Patient Cost Report (132 COLUMNS) (IV)
[PSJI PATIENT COST]

The *Patient Cost Report (132 COLUMNS) (IV)* option allows the user to capture the total IV dispensing cost for a patient. The system will prompt the user to select a start date and a stop date that will set the time span for which the costs will be calculated.

Example 1: Patient Cost Report (IV)

```
Select Management Reports (IV) Option:  Patient Cost Report (132 COLUMNS) (IV)


The IV BACKGROUND JOB [PSJI BACKGROUND JOB] that compiles IV cost data
was last successfully run on: FEB 8,2001@22:52:18


The oldest cost data for room: BIRMINGHAM ISC goes back to: JUN 29,1999


Enter Start Date: T-1000  (MAY 15, 1998)


Enter End Date: T  (FEB 08, 2001)


Select PATIENT: PSJPATIENT,ONE    000000001  1 EAST


DEVICE: NT TELNET TERMINAL// 0;132;999  NT/Cache virtual TELNET terminal


                                                                FEB 8,2001

                             PATIENT COST REPORT FOR:                 PAGE   1
                             PSJPATIENT,ONE PID: 000-00-0001
                             MAY 15,1998 THROUGH FEB 8,2001
                             WARD: 1 EAST
                             DOB: AUG 18,1920  SEX: MALE
                             Weight (kg): NF
                             DX: TEST



DRUG NAME                 DISPENSED  (DESTROYED)   RECYCLED   CANCELLED      DRUG COST
====================================================================================
0.9% NACL 500 ML          1000.00 ML      0.00       0.00        0.00   $    468.0000
0.9% NaCl 250 ML          2750.00 ML      0.00       0.00        0.00   $      4.9500
AMPICILLIN                  31.00 GM       0.00       0.00        0.00   $     15.8100
CIMETIDINE 300MG PREMIX      1.00 UNITS    0.00       0.00        0.00   $      0.0000
D5-0.2% NaCl 1000 ML      4000.00 ML       0.00       0.00        0.00   $      2.0800
D5-0.45% NaCl 1000 ML     1000.00 ML       0.00       0.00        0.00   $      1.2100
MORPHINE SULFATE             1.00 MG       0.00       0.00        0.00   $      0.4500
MULTIVITAMINS               10.00 ML       0.00      10.00        0.00   $      0.0000
PRIMAXIN                     5.00 MG       0.00       0.00        0.00   $      0.1450
THEOPHYLLINE 200MG PREMIX    2.00 UNITS    0.00       0.00        0.00   $      2.5560
                                                                         ==========
               GRAND TOTAL:                                            $    495.2010

          FINISHED PRINTING ON: FEB 8,2001@23:10:03
```

Example 2: Patient Cost Report (IV) Additives

```
Select OPTION NAME: PSJI DRUG COST REPORT      Drug Cost Report (132 COLUMNS) (IV)
Drug Cost Report (132 COLUMNS) (IV)

The IV BACKGROUND JOB [PSJI BACKGROUND JOB] that compiles IV cost data
was last successfully run on: MAY 25,1999@11:42:02

**WARNING** that was <6036> days ago. PLEASE contact your site manager.
         Cost data is probably not accurate because of this.

The oldest cost data for room: TST ISC ROOM goes back to: MAR 5,2002
The oldest cost data for room: XXXXXX IV ROOM goes back to: ??
Enter Start Date: T-500  (JUL 21, 2014)
Enter End Date: T  (DEC 03, 2015)

    Select one of the following:

        C          Condensed
        R          Regular

(R)egular or (C)ondensed: Regular//
Select IV room: ^ALL//
```

```
Select DRUG:
    or ^ALL (All drugs):
    or ^NON (Non-formulary drugs):
    or ^CAT (Category of drugs):
    or ^VADC (VA drug class):
    or ^HIGH (H/L cost):
    or ^TYPE (IV type):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 3: Patient Cost Report (IV) Solutions

```
Select OPTION NAME: PSJI DRUG COST REPORT      Drug Cost Report (132 COLUMNS) (IV)
Drug Cost Report (132 COLUMNS) (IV)

The IV BACKGROUND JOB [PSJI BACKGROUND JOB] that compiles IV cost data
was last successfully run on: MAY 25,1999@11:42:02

**WARNING** that was <6036> days ago. PLEASE contact your site manager.
           Cost data is probably not accurate because of this.

The oldest cost data for room: TST ISC ROOM goes back to: MAR 5,2002

The oldest cost data for room: XXXXXX IV ROOM goes back to: ??

Enter Start Date: T-500  (JUL 21, 2014)

Enter End Date: T  (DEC 03, 2015)

    Select one of the following:

        C        Condensed
        R        Regular

(R)egular or (C)ondensed: Regular//
Select IV room: ^ALL//

Select DRUG:
    or ^ALL (All drugs):
    or ^NON (Non-formulary drugs):
    or ^CAT (Category of drugs):
    or ^VADC (VA drug class):
    or ^HIGH (H/L cost):
    or ^TYPE (IV type):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

CHOOSE 1-4:

Note: Solution #3 has an "inactivation date" of 12-03-15
```

4.4.5.   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 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 for ANY for the selected drugs or classes.

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 drugs or classes are chosen, the patient must have an order for each of the drugs or classes for the patient and their orders to print. 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 (IV) 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
```

4.4.6.   PROvider Drug Cost Report (132 COLUMNS) (IV)
[PSJI PROVIDER REPORT]

The *PROvider Drug Cost Report (132 COLUMNS) (IV)* option allows the user to capture the total IV dispensing cost for a provider. The system will prompt for a start date and a stop date for which the costs will be calculated. A specific provider can be selected or the system will capture data for all providers. The user may select one drug, **^ALL** for all drugs, **^NON** for non-formulary drugs only, **^CAT** for category of drugs, or **^VADC** for a VA drug class. A regular or condensed version of this report may be generated. The condensed version is listed in an 80-column format, and includes IV room, provider name, and the total dispensing cost for the provider.

Example: Provider Drug Cost Report (IV)

```
Select Management Reports (IV) Option: PROvider Drug Cost Report (132 COLUMNS) (IV)


The IV BACKGROUND JOB [PSJI BACKGROUND JOB] that compiles IV cost data
was last successfully run on: FEB 8,2001@22:52:18

The oldest cost data for room: BIRMINGHAM ISC goes back to: JUN 29,1999

Enter Start Date: T-1000  (MAY 15, 1998)

Enter End Date: T  (FEB 08, 2001)

    Select one of the following:

        C         Condensed
        R         Regular

(R)egular or (C)ondensed: Regular// <Enter>
Select IV room: ^ALL// <Enter>
```

```
Select PROVIDER (or enter ^ALL): ^ALL

Select DRUG:
    or ^ALL (All drugs):
    or ^NON (Non-formulary drugs):
    or ^CAT (Category of drugs):
    or ^VADC (VA drug class):^ALL

DEVICE: NT TELNET TERMINAL// 0;132;99  NT/Cache virtual TELNET terminal

                         PROVIDER DRUG COST REPORT (REGULAR):                PAGE:1
                         MAY 15,1998 THROUGH FEB 8,2001
                         ALL PROVIDERS
                         ALL DRUGS
                         ALL IV ROOMS


 PROVIDER                      DISPENSED     DESTROYED     RECYCLED     CANCELLED      COST
=================================================================================================


IV ROOM: BIRMINGHAM ISC

PROVIDER: PSJPHARMACIST,ONE

  0.9% NACL 100 ML               300.00 ML       0.00         0.00         0.00    $    2.43
  0.9% NACL 50 ML                400.00 ML       0.00       500.00         0.00    $   -1.56
  0.9% NACL 500 ML              1000.00 ML       0.00         0.00         0.00    $  468.00
  0.9% NaCl 250 ML             40000.00 ML       0.00         0.00         0.00    $   72.00
  AMPICILLIN                      71.31 GM       0.00         0.00         0.00    $   36.37
  CALCIUM GLUCONATE 10%            1.80 ML       0.00         0.00         0.00    $    0.09
  CIMETIDINE 300MG PREMIX          7.00 UNITS    0.00         0.00         0.00    $    0.00
  D10W 1000 ML D10W TEST        3000.00 ML       0.00         0.00         0.00    $    2.10
  D5-0.45% NACL 500 ML          1000.00 ML       0.00         0.00         0.00    $    0.50
  D5-0.45% NaCl 1000 ML         1000.00 ML       0.00         0.00         0.00    $    1.21
  D5W 1000 ML D5W TEST          1000.00 ML       0.00      1000.00         0.00    $    0.00
  DEXTROSE 20% 1666 ML          3332.00 ML       0.00         0.00         0.00    $   33.32
  DEXTROSE 5% 25OML BAG            0.98 UNITS    0.00         0.00         0.00    $    0.96
  HUMAN INSULIN REG                0.90 UNITS    0.00         0.00         0.00    $    0.00
  MANNITOL 20%                     8.50 ML       0.00         0.00         0.00    $    0.12
  MULTIVITAMINS                   10.00 ML       0.00        30.00         0.00    $   -3.18
  POTASSIUM CHLORIDE               4.37 MEQ      0.00         0.00         0.00    $    0.04
  PRIMAXIN                         5.00 MG       0.00         0.00         0.00    $    0.15
  THEOPHYLLINE 200MG PREMIX        1.34 UNITS    0.00         0.00         0.00    $    1.71
                                                                                   --------
     TOTAL FOR PROVIDER: PSJPHARMACIST,ONE                                         $  614.27


 PROVIDER: PSJPROVIDER,ONE

  AMPHOTERICIN B                   1.00 MG       0.00         0.00         0.00    $    0.31
  AMPICILLIN                       2.00 GM       0.00         0.00         0.00    $    1.02
  D5-0.2% NaCl 1000 ML          4000.00 ML       0.00         0.00         0.00    $    2.08
  D5-0.45% NACL 500 ML           500.00 ML       0.00         0.00         0.00    $    0.25
  MORPHINE SULFATE                 1.00 MG       0.00         0.00         0.00    $    0.45
  THEOPHYLLINE 200MG PREMIX        1.00 UNITS    0.00         0.00         0.00    $    1.28
                                                                                   --------
     TOTAL FOR PROVIDER: PSJPROVIDER,ONE                                           $    5.39

             GRAND TOTAL:                                                          ========
                                                                                  $  619.66


        FINISHED PRINTING ON: FEB 8,2001@23:14:36
```

4.4.7. Ward/Drug Usage Report (132 COLUMNS)(IV)
[PSJI WARD/DRUG USAGE REPORT]

The *Ward/Drug Usage Report (132 COLUMNS) (IV)* option allows the user to capture the total IV dispensing cost for a drug, broken down by ward. The system will prompt the user to select a start date and a stop date for which the costs will be calculated. The user may select a specific drug, **^ALL** to capture data for all drugs, **^NON** to capture data for all non-formulary drugs, **^CAT** to capture data for a category of drugs, or **^VADC** to capture data for a specific VA drug class. At the "Select WARD:" prompt, the user may enter the name of a specific ward, enter **^ALL** for all wards, or enter **^OUTPATIENT** for the outpatient orders only.

Example: Ward/Drug Usage Report (IV)

```
Select Management Reports (IV) Option: WArd/Drug Usage Report (132 COLUMNS) (IV)

The IV BACKGROUND JOB [PSJI BACKGROUND JOB] that compiles IV cost data
was last successfully run on: FEB 8,2001@22:52:18

The oldest cost data for room: BIRMINGHAM ISC goes back to: JUN 29,1999

Enter Start Date: T-1000  (MAY 15, 1998)

Enter End Date: T  (FEB 08, 2001)
Select IV room: ^ALL// ^ALL

Select DRUG:
     or ^ALL (All drugs):
     or ^NON (Non-formulary drugs):
     or ^CAT (Category of drugs):
     or ^VADC (VA drug class):^ALL

Select WARD
     or enter ^ALL (all wards)
     or enter ^OUTPATIENT (outpatient ward): ^ALL

DEVICE: NT TELNET TERMINAL// 0;132;99  NT/Cache virtual TELNET terminal

                            WARD/DRUG USAGE REPORT                          PAGE:   1
                            JAN 30,2001 THROUGH FEB 8,2001
                            ALL WARDS
                            ALL DRUGS
                            ALL IV ROOMS


DRUG NAME                   DISPENSED    (DESTROYED)    RECYCLED    CANCELLED         DRUG COST
================================================================================================

IV ROOM: BIRMINGHAM ISC

 2 EAST
  0.9% NACL 100 ML          300.00 ML        0.00        0.00        0.00      $         2.43
  0.9% NACL 50 ML           400.00 ML        0.00      500.00        0.00      $        -1.56
  0.9% NaCl 250 ML        16750.00 ML        0.00        0.00        0.00      $        30.15
  AMPICILLIN                 42.22 GM         0.00        0.00        0.00      $        21.53
  CALCIUM GLUCONATE 10%       1.46 ML         0.00        0.00        0.00      $         0.07
  CIMETIDINE 300MG PREMIX     7.00 UNITS      0.00        0.00        0.00      $         0.00
  D10W 1000 ML D10W TEST   3000.00 ML         0.00        0.00        0.00      $         2.10
  D5-0.45% NACL 500 ML     1000.00 ML         0.00        0.00        0.00      $         0.50
  D5-0.45% NaCl 1000 ML    1000.00 ML         0.00        0.00        0.00      $         1.21
  D5W 1000 ML D5W TEST     1000.00 ML         0.00     1000.00        0.00      $         0.00
  DEXTROSE 20% 1666 ML     3332.00 ML         0.00        0.00        0.00      $        33.32
  DEXTROSE 5% 250ML BAG       0.98 UNITS      0.00        0.00        0.00      $         0.96
  HUMAN INSULIN REG           0.90 UNITS      0.00        0.00        0.00      $         0.00
  MULTIVITAMINS              10.00 ML         0.00       30.00        0.00      $        -3.18
  POTASSIUM CHLORIDE          3.35 MEQ        0.00        0.00        0.00      $         0.03
```

```
   PRIMAXIN                   5.00 MG       0.00        0.00        0.00       $          0.15
   THEOPHYLLINE 200MG PREMIX  1.00 UNITS    0.00        0.00        0.00       $          1.28
                                                                                -------------
      TOTAL FOR WARD: 2 EAST                                                   $         89.00


 1 EAST
   0.9% NACL 500 ML        1000.00 ML       0.00        0.00        0.00       $        468.00
   0.9% NaCl 250 ML       23250.00 ML       0.00        0.00        0.00       $         41.85
   AMPHOTERICIN B             1.00 MG       0.00        0.00        0.00       $          0.31
   AMPICILLIN               31.09 GM        0.00        0.00        0.00       $         15.86
   CALCIUM GLUCONATE 10%     0.34 ML        0.00        0.00        0.00       $          0.02
   D5-0.2% NaCl 1000 ML    4000.00 ML       0.00        0.00        0.00       $          2.08
   D5-0.45% NACL 500 ML     500.00 ML       0.00        0.00        0.00       $          0.25
   MANNITOL 20%              8.50 ML        0.00        0.00        0.00       $          0.12
   MORPHINE SULFATE          1.00 MG        0.00        0.00        0.00       $          0.45
   POTASSIUM CHLORIDE        1.02 MEQ       0.00        0.00        0.00       $          0.01
   THEOPHYLLINE 200MG PREMIX 1.34 UNITS     0.00        0.00        0.00       $          1.71
                                                                                -------------
      TOTAL FOR WARD: 1 EAST                                                   $        530.66

                                                                                =============
                GRAND TOTAL:                                                   $        619.66


                FINISHED PRINTING ON: FEB 8,2001@23:06:04
```

4.5. PURge Data (IV) – Temporarily Unavailable
[PSJI PURGE]

Note: The *PUrge Data (IV)* option is **"Out of Order "** and **TEMPORARILY UNAVAILABLE**.

Users must hold the PSJI PURGE key for access to this option.

The *PUrge Data (IV)* option allows the supervisor to purge orders using one of two sub-options shown below.

4.5.1. Delete Orders (IV) – Temporarily Unavailable
[PSJI DELETE ORDER]

The *Delete Orders (IV)* option allows the deletion of IV orders for a specific patient. This option should only be used if an order has been entered for the wrong patient. The deletion of IV orders will only take place if there were no labels printed for that order!

Note: Notice that the number shown on the patient profile under the # symbol is only a reference number. That number is NOT the internal order number of the order. The reference numbers will always be from one (1) to the number of orders that have been entered for that patient. The internal order numbers may be quite large, since each order in the system has a unique internal order number. The internal order number is only displayed on the order view of the order.

4.5.2. Purge Expired Orders (IV) – Temporarily Unavailable
[PSJI PURGE ORDERS]

The *Purge Expired Orders (IV)* option will allow the user to purge all Expired and Discontinued IV orders that have been inactive for at least 30 days. Any orders that are purged from the database cannot be retrieved. The user is required to enter a date. All IV orders, which have been discontinued before that date entered, will be deleted. Orders that have an expiration date after the date entered will remain on file. Orders that have been inactivated less than 30 days cannot be purged.

Note: Large volumes of orders are entered (and expire) in the IV module. Therefore, this option should be run at least once a month. This will speed up module operation because obsolete orders will not have to be compiled.

4.6. Recompile Stats File (IV)
[PSJI RECOMPILE]

The *Recompile Stats File (IV)* option allows the user to change the costs in the IV STATS file dispensed in the past. The AVERAGE DRUG COST PER UNIT field in the IV ADDITIVES or IV SOLUTIONS file must have been edited (by using the *Drug Enter/Edit* option in the *Pharmacy Data Management (PDM) Menu*) for the new cost to appear. The user must enter a start date (date that the changed cost went into effect) and an ending date (last date the changed cost should be in effect). A specific drug can be chosen to update or several drug names, separated by a comma (,), can be entered. After the dates and drug(s) have been entered, the recompilation of the IV STATS file runs as a background job.

Example: Recompile Stats File (IV)

```
Select SUPervisor's Menu (IV) Option: Recompile Stats File (IV)

The oldest cost data for room: TST ISC ROOM goes back to: ??

The oldest cost data for room: XXXXXX IV ROOM goes back to: ??

Enter Start Date: T-1000  (JUN 01, 2007)

Enter End Date: T  (FEB 25, 2010)
Enter Name of Drug to be recompiled
(if multiple names, separate by ","): ?

This option will allow costs to be changed in the statistics file.
The Average Drug Cost Per Unit field in the Additive or Solution file
must first have been edited for the new cost to appear.
A single drug or multiple drugs (separated by  , ) may be selected.
After drugs have been selected, the editing of the statistics file
runs as a background job.

Enter Name of Drug to be recompiled
(if multiple names, separate by ","): <Enter>

Enter Name of Drug to be recompiled
(if multiple names, separate by ","): CEFAZOLIN
CEFAZOLIN
     1   CEFAZOLIN      (Additive)
     2   CEFAZOLIN (KEFZOL)      (Additive)
```

```
      3   CEFAZOLIN 2GM RTU IN D5W 100ML      (Additive)
      4   CEFAZOLIN 500MG    (Additive)
CHOOSE 1-4: 1  CEFAZOLIN   (Additive)
CEFAZOLIN in the Additive File
      Queued

Enter Name of Drug to be recompiled
(if multiple names, separate by ","): <Enter>

            AUto-Discontinue Set-Up
            CAtegory File (IV)
            COmpile IV Statistics (IV)
            Management Reports (IV) ...
            PUrge Data (IV) ...
               **> Out of order:  TEMPORARILY UNAVAILABLE
            Recompile Stats File (IV)
            SIte Parameters (IV)

Select SUPervisor's Menu (IV) Option:
```

4.7. SIte Parameter (IV)

[PSJI SITE PARAMETERS]

The *SIte Parameter (IV)* option allows the application coordinator to define the characteristics of
the IV room and satellites to the module. Manufacturing and delivery times, label size, and same
day expiration are identified. This information is stored in the IV ROOM file. The user must
define at least one IV room in order for the IV module to function correctly. The definition of the
IV room can be altered at any time.

Note: If all coverage times are not populated for the user selected IV Room, then IV
order entry may be blocked and this warning message will be displayed, "The [name of
file 59.5 entry] IV ROOM can be updated using option 'Site Parameters (IV)' by a holder
of the PSJI MGR VistA Security Key. Contact the Pharmacy Informaticist to update the
IV Room parameters."

Example: Site Parameter (IV)
```
Select SUPervisor's Menu (IV) Option: SIte Parameters (IV)
Select IV ROOM NAME: ?

        You may enter a new IV ROOM, if you wish
        Answer must be 1-30 characters in length, identifying an IV
        distribution area. Each satellite (area) must be named separately.

Select IV ROOM NAME:    BIRMINGHAM ISC
NAME: BIRMINGHAM ISC// <Enter>
LENGTH OF LABEL: 18// ?
    Type a whole number between 12 and 66.
LENGTH OF LABEL: 18// <Enter>
WIDTH OF LABEL: 30// ?
    Enter a number between 10 and 100 of maximum characters that may print on
    a single line of your labels.
WIDTH OF LABEL: 30// <Enter>
LINE FEEDS BETWEEN LABELS: 2// ?
    Type a whole number between 0 and 6.
LINE FEEDS BETWEEN LABELS: 2// <Enter>
END OF LABEL TEXT: Fld by: ____   Chkd by: ____    Replace ?
    Answer must be 1-245 characters in length.
END OF LABEL TEXT: Fld by: ____   Chkd by: ____    Replace
HEADER LABEL: YES// ?
    Choose from:
```

```
        0          NO
        1          YES
HEADER LABEL: YES// <Enter>


SHOW BED LOCATION ON LABEL: YES// <Enter>
USE SUSPENSE FUNCTIONS: YES// <Enter>
DOSE DUE LINE: BOTH IVPB'S AND LVP'S// ?
     Choose from:
        0          NO DOSE DUE LINE
        1          IVPB'S ONLY
        2          LVP'S ONLY
        3          BOTH IVPB'S AND LVP'S
DOSE DUE LINE: BOTH IVPB'S AND LVP'S// <Enter>
LVP'S GOOD FOR HOW MANY DAYS: 14// ?
     Type a Number between 1 and 31, 2 Decimal Digits
LVP'S GOOD FOR HOW MANY DAYS: 14// <Enter>
HYPERAL GOOD FOR HOW MANY DAYS: 7// <Enter>
PB'S GOOD FOR HOW MANY DAYS: 7// <Enter>
SYRN'S GOOD FOR HOW MANY DAYS: 7// <Enter>
CHEMO'S GOOD FOR HOW MANY DAYS: 10// <Enter>
STOP TIME FOR ORDER: 1654// ?
     Type a whole number between 0001 and 2400.
STOP TIME FOR ORDER: 1654// <Enter>
EXPIRE ALL ORDERS ON SAME DAY: NO// ?
     Choose from:
        0          NO
        1          YES
EXPIRE ALL ORDERS ON SAME DAY: NO// <Enter>
ACTIVITY RULER: YES// ?
     Choose from:
        0          NO
        1          YES
ACTIVITY RULER: YES// <Enter>
TOTAL VOL. ON HYPERAL LABELS: YES// ?
     Choose from:
        0          NO
        1          YES
TOTAL VOL. ON HYPERAL LABELS: YES// <Enter>
Select START OF COVERAGE: 1000// ?
   Answer with START OF COVERAGE
   Choose from:
   1          0901     S covering from 0901 to 2100
   2          0001     P covering from 2400
   3          1200     H covering from 1200 to 1159
   4          0001     A covering from 0001-2400
   6          1100     A covering from 1100 to 1059
   7          1000     C covering from 1000 to 2400
       You may enter a new START OF COVERAGE, if you wish
       Answer must be in military time (i.e., 4 NUMBERS)!

Select START OF COVERAGE: 1000// <Enter>
  START OF COVERAGE: 1000// <Enter>
  END OF COVERAGE: 2400// <Enter>
  TYPE: CHEMOTHERAPY// <Enter>
  MANUFACTURING TIME: 1000// <Enter>
  DESCRIPTION: 1000 to 2400// <Enter>
Select START OF COVERAGE: <Enter>
Select DELIVERY TIME: 2200// <Enter>
LABEL DEVICE: LAT TERM// <Enter>
REPORT DEVICE: LAT TERM// <Enter>
INACTIVATION DATE: <Enter>
DAYS TO RETAIN IV STATS: 189// <Enter>


You are signed on under the BIRMINGHAM ISC IV ROOM

        AUto-Discontinue Set-Up
        CAtegory File (IV)
        COmpile IV Statistics (IV)
        Management Reports (IV) ...
        PUrge Data (IV) ...
           **> Out of order:  TEMPORARILY UNAVAILABLE
```

```
            Recompile Stats File (IV)
            SIte Parameters (IV)

Select SUPervisor's Menu (IV) Option:
```

4.8. 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.

(This page included for two-sided copying.)

5. CPRS Order Checks: How they work

5.1. Introduction

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.

5.2. 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`.

Three CPRS Order Checks that are normally performed in CPRS will now be performed through Pharmacy backdoor options. They are: Aminoglycoside Ordered, Dangerous Meds for Patients >64, and Glucophage – Lab Results.

The new order checks were added to both Outpatient Pharmacy and Inpatient Medications (IV and UD modules) applications. No user action/intervention is required. The order check warnings displayed are informational only.

It does not matter at what level (i.e. user, system) they are enabled or if they are disabled through CPRS. These checks will always be performed through backdoor pharmacy options if set up correctly through CPRS.

The 'Aminoglycoside Ordered' order check – If the medication belongs to the Aminoglycoside VA Drug Class, the software will calculate a creatinine clearance value if a serum creatinine is available using a modified Cockcroft-Gault formula. The creatinine clearance will be displayed along with the latest values for BUN and serum Creatinine. If no creatinine clearance can be calculated, the message will let the user know that that information is not available. This order check will be done in Outpatient Pharmacy, Inpatient Medications (IV and Unit Dose modules).

Message displayed when creatinine clearance can be calculated:

```
***Aminoglycoside Ordered***
  Aminoglycoside - est. CrCl: 61.1 (CREAT: 1.0 mg/dL  9/1/93 9:42 am   BUN: 15
  mg/dL  9/1/93 9:42 am)  [Est. CrCl based on modified Cockcroft-Gault equation
  using Adjusted Body Weight (if ht > 60 in)]
```

Message displayed when no creatinine clearance can be calculated:

```
***Aminoglycoside Ordered***

  Aminoglycoside - est. CrCl: <Unavailable> (<Results Not Found>)  [Est. CrCl
  based on modified Cockcroft-Gault equation using Adjusted Body Weight (if ht
  > 60 in)]
```

In order for this order check to be performed please do the following:

- Make sure that the drug being ordered is classed (matched to NDF or manually classed) and belongs to the VA drug class, 'AMINOGLYCOSIDES'.

- Make sure that the national terms for SERUM CREATININE and SERUM UREA NITROGEN and are linked to local terms in the LABORATORY TEST file.

- Make sure that the national term for SERUM SPECIMEN is linked to a local term in the TOPOGRAPHY FIELD file.

In order to accomplish steps (2) and (3) go into the CPRS *Order Checking Mgmt Menu* [ORK ORDER CHK MGMT MENU] and then select *Edit Site Local Terms* [OCX LOCAL TERM EDIT].

The Dangerous Meds for Patient >64 order check is based on the BEERS list (potentially inappropriate medication for the elderly according to criteria established by Mark H. Beers MD) and will only be done for three drugs: Dipyridamole, Chlorpropamide and Amitriptylline. The

software determines if the patient is greater than 64 years old. If the orderable item of the medication ordered is mapped as a local term to the national term DANGEROUS MEDS FOR PTS > 64, the order check is performed. Depending on the drug, various informational messages will be displayed to the user.

If the orderable item text contains AMITRIPTYLINE this message is displayed:

```
Patient is <age>.  Amitriptylline 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.
```

This order check will be performed in Outpatient Pharmacy and Inpatient Medications (IV and Unit Dose modules) applications.
In order for this order check to be performed please do the following:

1. Make sure that all local terms in the PHARMACY ORDERABLE ITEM file for Dipyridamole, Chlorpropamide and Amitriptylline are linked to the national term for DANGEROUS MEDS FOR PTS > 64. Be sure to include all orderable items containing Dipyridamole, Chlorpropamide and Amitriptylline for all dosage forms and combination products!

To accomplish this, use the CPRS *Order Checking Mgmt Menu* [[ORK ORDER CHK MGMT MENU] and then select *Edit Site Local Terms* [OCX LOCAL TERM EDIT].

For the 'Glucophage – Lab Results', the software checks to see if the name of the pharmacy orderable item's local text (from the Dispense Drug file [#50]) contains "glucophage" or "metformin". It 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 a warning message is displayed. This order check will be done in Outpatient Pharmacy, Inpatient Medications - Unit Dose module only.

If no serum creatinine exists within the past number of days specified in the parameter ORK GLUCOPHAGE CREATININE, the following message is displayed to the user:

```
***Metformin Lab Results***
  Metformin - no serum creatinine within past <x> days.
```

If serum creatinine results exist within the past number of days specified in the parameter ORK GLUCOPHAGE CREATININE and the creatinine value is greater than 1.5, the following message is displayed to the user:

```
***Metformin Lab Results***
Metformin - Creatinine results: <creatinine greater than 1.5 w/in past <x> days>
```

In order for this order check to be performed please do the following:

1. Using the *Set Creatinine Date Range for Glucophage-Lab Rslts* [ORK GLUCOPHAGE CREATININE] option under the CPRS *Order Checking Mgmt Menu* [[ORK ORDER CHK MGMT MENU] set the number of days to look back in time for a patient's most recent creatinine.

2. Using the *Edit Site Local Terms* [OCX LOCAL TERM EDIT] option under the CPRS *Order Checking Mgmt Menu* [[ORK ORDER CHK MGMT MENU] make sure that the national term for SERUM CREATININE is linked to the local term in the LABORATORY TEST file.

6. Pharmacy Interface Automation

Pharmacy Interface Automation is a vital enhancement to the medication transaction functions of the Pharmacy Automated Dispensing Equipment (PADE.) It allows pharmacists to access dispensing equipment remotely; keep a perpetual inventory of all medication received, dispensed, and wasted; alert the pharmacy of medication removed from the devices without orders; and establishes monitors for potentially inappropriate electronic pharmacy transactions.

6.1. Displaying PADE Balances

From the VistA Pharmacy Inpatient Order Entry (IOE) screen, if DISPLAY PADE BALANCES is set to Yes, and the drug is in PADE, then IOE will display the number of drugs in PADE while the order is being finished.

The following is an example of IOE where an active PADE exists, the DISPLAY PADE BALANCES IN IOE is set to YES, and the drug selected is kept in PADE:

```
Inpatient Order Entry      Dec 23, 2015@15:30:01       Page:    1 of    1
PIAPATIENT,ONE                    Ward: GENERAL
   PID: 666-34-5107         Room-Bed: GENSUR-1    Ht(cm): 200.66 (11/17/15)
   DOB: 01/01/61 (54)                             Wt(kg): 94.55 (11/17/15)
   Sex: MALE                                    Admitted: 07/01/15
    Dx: CHEST PAIN                       Last transferred: ********
  CrCL: 43.7(est.) (CREAT: 1.5mg/dL 4/19/17)     BSA (m2): 1.85
_____

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

   1    BACLOFEN TAB                         C  12/18/2015  12/29/2015 A  WP
          Give: 40MG PO Q2H
```

```
           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// NO

Select DRUG: RANITIDINE

Lookup: GENERIC NAME
     1    RANITIDINE 150MG 10ML UD CUP            PADE: 11
     2    RANITIDINE 150MG TAB                    PADE: 5         PADE Balance
     3    RANITIDINE HCL 75MG/5ML SYRUP           PADE: NA
CHOOSE 1-3: 2


No Enhanced Order Checks can be performed.
   Reason(s): The connection to the vendor database has been disabled.
```

Note: A new action, CM New Clinic Medication Entry, has been added to the Inpatient order entry screen and is selectable by users for entering Clinic Medication orders.

For more details on the PADE Main Menu Options and the Inpatient Order Entry Profile, refer to the following sections of the Inpatient Medications Pharmacist's User Manual:

- Section 4.1.9 - PADE Main Menu Options
- Section 4.1.4.5 Inpatient Order Entry profile - 'PD' flag example.

6.2. Reports

Supervisors can view reports of electronic pharmacy transactions from PADE so that they can monitor and investigate pharmacy transactions.

From the PADE Main Menu, supervisors can select **RP** for PADE Reports, which will give them the option of running and viewing PADE On-Hand Amounts and PADE Transaction Reports.

Note: the supervisor will need the **PSJ PADE MGR** Security Key to access the **PADE Reports** menu option.

Example: RP – PADE Reports Menu Option

```
Select OPTION NAME: PADE MAIN MENU  PSJ PADE MAIN MENU     PADE Main Menu


    SA      PADE Send Area Setup
    SS      PADE System Setup
    IN      PADE Inventory Setup ...
    RP      PADE Reports ...
    SC      PADE Send Surgery Cases


You've got PRIORITY mail!


Select PADE Main Menu <TEST ACCOUNT> Option: RP  PADE Reports


    IN      PADE On-Hand Amounts
    TR      PADE Transaction Report
```

7. Error Messages

7.1. 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.

8. 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 Options
	CK	Check Drug Interaction
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 an 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.
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 **V**IST**A** 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.
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., hours or 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).
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.
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 and define number of days to display discontinued and expired clinic orders.
CM New Clinic Medication Entry	This is an action in backdoor Inpatient order entry that allows users to enter clinic orders.
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 commonly 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). **Note:** If any of the five Coverage Times are not present in file 59.5 (IV Room) the following warning message will be displayed, "The [name of file 59.5 entry] IV ROOM can be updated using option 'Site Parameters (IV)' by a holder of the PSJI MGR VistA Security Key. Contact the Pharmacy Informaticist to update the IV Room parameters."
CPRS	A **V**IST**A** computer software package called Computerized Patient Record Systems. CPRS is an application in **V**IST**A** 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.
Cumulative Doses	The number of IV doses actually administered, which equals the total number of bags dispensed less any recycled, destroyed, or canceled 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 is pulled from the DRUG file (#50) and usually has the strength attached to it (e.g., Acetaminophen 325 mg). Usually, 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.
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.
FDB	First DataBank

Hospital Supplied Self Med	Self medication, 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 INPATIENT USER	The designated rate of flow of IV fluids into the patient.File #53.45. This file is used to tailor various aspects
PARAMETERS File	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 Unit Dose and Outpatient Pharmacy. 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-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.
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.
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 involved in the prescription of an IV or Unit Dose order for a patient.
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* 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, i.e., 1/2 hour before surgery).
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.
Stop Date/Time	The date and time an order is to expire. The system calculates the default Stop Date/Time for order administration based on the STOP TIME FOR ORDER site parameter. 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 field except duration.
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, i.e., Operating beds, Bedsection, etc. The wards are created/edited using the *Ward Definition* option of the ADT module.

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