INPATIENT MEDICATIONS

NURSE'S USER MANUAL

Version 5.0
January 2005

(Revised August 2008)

Department of Veterans Affairs
VistA Health Systems Design and Development

Revision History

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

Date	Revised Pages	Patch Number	Description
08/2008	19-37, 58-59, 65, 134	PSJ*5*134	Inpatient Medication Route changes added, plus details on IV type changes for infusion orders from CPRS, pending renewal functions, and expected first dose changes. REDACTED
10/2007	iv, 74a-74d 5, 12, 16- 17, 26, 34-38, 41-42, 72-73	PSJ*5*175 PSJ*5*160	Modified outpatient header text for display of duplicate orders. Added new functionality to Duplicate Drug and Duplicate Class definitions. Modifications for remote allergies, to ensure all allergies are included when doing order checks using VA Drug Class; Analgesic order checks match against specific class only; check for remote data interoperability performed when entering patient's chart; and list of remote allergies added to Patient Information screen. REDACTED
07/2007	79a-79b, 86a-86b, 92a-92b	PSJ*5*145	On 24-Hour, 7-Day, and 14-Day MAR Reports, added prompt to include Clinic Orders when printing by Ward or Ward Group. Also added prompt to include Ward Orders when printing by Clinic or Clinic Group. REDACTED
05/2007	24	PSJ*5*120	Modified Inpatient Medications V. 5.0 to consider the duration the same way as all other stop date parameters, rather than as an override. REDACTED
12/2005	1, 73-74b	PSJ*5*146	Remote Data Interoperability (RDI) Project: Removed document revision dates in Section 1. Introduction. Updated Section 4.9. Order Checks, to include new functionality for remote order checking. REDACTED
01/2005	All	PSJ*5*111	Reissued entire document to include updates for Inpatient Medications Orders for Outpatients and Non-Standard Schedules. REDACTED

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

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

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

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

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

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

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

After the entry of the order set, the software will prompt for the Provider's name and Nature of Order. After entry of this information, the first order of the set will automatically be entered. The options available are different depending on the type of order entry process that is enabled– regular, abbreviated, or ward. If regular or abbreviated order entry is enabled, the user will be shown one order at a time, all fields for each order of the order set and then the "Select Item(s): Next Screen //" prompt. The user can then choose to take an action on the order. Once an action is taken or bypassed, the next order of the order set will be entered automatically. After entry of all the orders in the order set, the software will prompt for more orders for the patient. At this point the user can proceed exactly as in new order entry, and respond accordingly.

When a drug is chosen, if an active drug text entry for the Dispense Drug and/or Orderable Item linked to this drug exists, then the prompt, "Restriction/Guideline(s) exist. Display?:" will be displayed along with the corresponding defaults. The drug text indicator will be <**DIN**> and will

be displayed on the right hand corner on the same line as the Orderable Item. This indicator will be highlighted.

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

- **"DOSAGE ORDERED:"** (Regular and Abbreviated)

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

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

Example: Dispense Drug with Possible Dosages

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


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

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

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

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

Example: Dispense Drug with Local Possible Dosages

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


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

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

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

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

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

Example: Order View Information when Dosage Ordered is not Defined

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

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

Example: Order View Information when Dosage Ordered is Defined

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

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

- Entering a new backdoor order:
  1. If the Dosage Ordered entered is selected from the Possible Dosages or the Local Possible Dosages, the user will not be prompted for the Units Per Dose. Either the BCMA Units Per Dose or the Dispense Units Per Dose, defined under the Dispense Drug, will be used as the default for the Units Per Dose.

  2. If a free text dose is entered for the Dosage Order, the user will be prompted for the Units Per Dose. A warning message will display when the entered Units Per Dose does not seem to be compatible with the Dosage Ordered. The user will continue with the next prompt.

- Finishing pending orders:
  1. If the Dosage Ordered was selected from the Possible Dosages or the Local Possible Dosages, either the BCMA Units Per Dose or the Dispense Units Per Dose, defined under the Dispense Drug, will be used as the default for the Units Per Dose.

  2. If a free text dose was entered for the pending order, the UNITS PER DOSE field will default to 1. A warning message will display when the Units Per Dose does not seem to be compatible with the Dosage Ordered when the user is finishing/verifying the order.

- Editing order:
  1. Any time the DOSAGE ORDERED or the UNITS PER DOSE field is edited, a check will be performed and a warning message will display when the Units Per Dose does not seem to be compatible with the Dosage Ordered. Neither field will be automatically updated.

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

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

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

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

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

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

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

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

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

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

- **"SCHEDULE TYPE:"** (Regular)
  - This defines the type of schedule to be used when administering the order. If the Schedule Type entered is one-time, the ward parameter, DAYS UNTIL STOP FOR ONE-TIME, is accessed to determine the stop date. When the ward parameter is not available, the system parameter, DAYS UNTIL STOP FOR ONE-TIME, will be used to determine the stop date. When neither parameter has been set, one-time orders will use the ward parameter, DAYS UNTIL STOP DATE/TIME, to determine the stop date instead of the start and stop date being equal.

When a new order is entered or an order entered through CPRS is finished by pharmacy, the default Schedule Type is determined as described below:

- If no Schedule Type has been found and a Schedule Type is defined for the selected Orderable Item, that Schedule Type is used for the order.
- If no Schedule Type has been found and the schedule contains PRN, the Schedule Type is PRN.
- If no Schedule Type has been found and the schedule is "ON CALL", "ON-CALL" or "ONCALL", the Schedule Type is ON CALL.
- For all others, the Schedule Type is CONTINUOUS.

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

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

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

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

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

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

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

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

- If Administration Times are defined for the Schedule, they will be shown as the default for the order.

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

These are the Special Instructions (using abbreviations whenever possible) needed for the administration of this order. This field allows up to 180 characters and utilizes the abbreviations and expansions from the MEDICATION INSTRUCTION file. For new order entry, when Special Instructions are added, the nurse is prompted whether to flag this field for display in a BCMA message box. When finishing orders placed through CPRS, where the Provider Comments are not too long to be placed in this field, the nurse is given the option to copy the comments into this field. Should the nurse choose to copy and flag these comments for display in a BCMA message box on the Virtual Due List (VDL), an exclamation mark "!" will appear in the order next to this field.

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

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

This is the date and time the order is to begin. For Inpatient Medications orders, the Start Date/Time is initially assigned to the CLOSEST ADMINISTRATION TIME, NEXT ADMINISTRATION TIME or NOW (which is the login date/time of the order), depending on the value of the DEFAULT START DATE CALCULATION field in the INPATIENT WARD PARAMETERS file. Start Date/Time may not be entered prior to 7 days from the order's Login Date.

- **"EXPECTED FIRST DOSE:" (Regular and Abbreviated)**

Inpatient Medications no longer displays an expected first dose for orders containing a schedule with a schedule type of One-time. The system also no longer displays an expected first dose for orders containing a schedule with a schedule type of On-call. The Inpatient Medications application performs the following actions.

- Modifies order entry to allow entry of a Day-of-Week schedule in the following format: days@schedule name. For example, MO-WE-FR@BID or TU@Q6H.
- Translates the schedule into the appropriate administration times. For example, MO-WE-FR@BID is translated to MO-WE-FR@10-22.
- Modifies the expected first dose calculation to accept the new format of schedules. For example, MO-WE-FR@BID or MO@Q6H.
- Accepts the new formatted schedules from CPRS. For example, MO-WE-FR@BID or TU@Q6H.

Translates a schedule received in the new format from CPRS into the appropriate schedule and administration times.

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

This is the date and time the order will automatically expire. The system calculates the default Stop Date/Time for order administration based on the STOP TIME FOR ORDER site parameter. The default date shown is the least of (1) the <IV TYPE> GOOD FOR HOW MANY DAYS site parameter (where <IV TYPE> is LVPs, PBs, etc.), (2) the NUMBER OF DAYS FOR IV ORDER field (found in the IV ADDITIVES file) for all additives in this order, (3) the DAY (nD) or DOSE (nL) LIMIT field (found in the PHARMACY ORDERABLE ITEM file) for the orderable item associated with this order or (4) the duration received from CPRS (if applicable). The Site Manager or Application Coordinator can change any fields. This package initially calculates a default Stop Date/Time, depending on the INPATIENT WARD PARAMETERS file except for one-time orders and Inpatient orders for Outpatients.

For a one-time order, the ward parameter, DAYS UNTIL STOP FOR ONE-TIME, is accessed. When this parameter is not available, the system parameter, DAYS UNTIL STOP FOR ONE-TIME, will be used to determine the stop date. When neither parameter has been set, the ward parameter, DAYS UNTIL STOP DATE/TIME, will be used instead of the start and stop date being equal.

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

This identifies the provider who authorized the order. Only users identified as active Providers, who are authorized to write medication orders, may be selected.

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

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

- **"NATURE OF ORDER:"** (Regular and Abbreviated)

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

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

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

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

Example: New Order Entry

```
Patient Information           Feb 14, 2001 10:21:33          Page:    1 of    1
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed:             Ht(cm):        (          )
   DOB: 08/18/20 (80)                              Wt(kg):_______(__________)
   Sex: MALE                                    Admitted: 11/07/00
    Dx: TEST                                Last transferred: ********
 Allergies/Reactions: No Allergy Assessment
 Remote:
 Adverse Reactions:
 Inpatient Narrative: Narrative for Patient PSJPATIENT1
 Outpatient Narrative:



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

Select DRUG: POT
     1   POTASSIUM CHLORIDE 10 mEq U/D TABLET           TN403
     2   POTASSIUM CHLORIDE 10% 16 OZ          TN403     N/F       BT
     3   POTASSIUM CHLORIDE 20% 16 OZ          TN403     N/F
     4   POTASSIUM CHLORIDE 20MEQ PKT          TN403         UNIT DOSE   INPAT
     5   POTASSIUM CHLORIDE 2MEQ/ML INJ 20ML VIAL          TN403     N/F
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 1  POTASSIUM CHLORIDE 10 mEq U/D TABLET         TN403
      1.    10
      2.    20
DOSAGE ORDERED (IN MEQ): 1

You entered 10MEQ is this correct? Yes// <Enter> YES
MED ROUTE: ORAL// <Enter>  PO
SCHEDULE TYPE: CONTINUOUS// <Enter> CONTINUOUS
SCHEDULE: BID      08-16
ADMIN TIMES: 08-16// <Enter>
SPECIAL INSTRUCTIONS: <Enter>
START DATE/TIME: FEB 14,2001@16:00// <Enter> FEB 14,2001@16:00
STOP DATE/TIME: FEB 23,2001@24:00// <Enter> FEB 23,2001@24:00
PROVIDER: PSJPROVIDER,ONE//  <Enter>
----------------------------------------report continues--------------------------------
```

Example: New Order Entry (continued)

```
NON-VERIFIED UNIT DOSE        Feb 14, 2001 10:23:37          Page:    1 of    2
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed:             Ht(cm):_______(_________)
   DOB: 08/18/20 (80)                              Wt(kg):_______(_________)

  (1)Orderable Item: POTASSIUM CHLORIDE TAB,SA
       Instructions:
  (2)Dosage Ordered: 10MEQ
           Duration:                                    (3)Start: 02/14/01  16:00
  (4)     Med Route: ORAL
                                                        (5) Stop: 02/23/01  24:00
  (6) Schedule Type: CONTINUOUS
  (8)       Schedule: BID
  (9)    Admin Times: 08-16
 (10)       Provider: PSJPROVIDER,ONE [w]
 (11) Special Instructions:

 (12) Dispense Drug                                    U/D        Inactive Date
      POTASSIUM CHLORIDE 10 mEq U/D TABLET              1

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

...transcribing this non-verified order....
```

```
NON-VERIFIED UNIT DOSE        Feb 14, 2001 10:24:52          Page:    1 of    2
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed:             Ht(cm):       (         )
   DOB: 08/18/20 (80)                              Wt(kg):_______(_________)

 *(1)Orderable Item: POTASSIUM CHLORIDE TAB,SA
       Instructions:
 *(2)Dosage Ordered: 10MEQ
           Duration:                                    (3)Start: 02/14/01  16:00
 *(4)     Med Route: ORAL
                                                        (5) Stop: 02/23/01  24:00
  (6) Schedule Type: CONTINUOUS
 *(8)       Schedule: BID
  (9)    Admin Times: 08-16
*(10)       Provider: PSJPROVIDER,ONE [w]
 (11) Special Instructions:

 (12) Dispense Drug                                    U/D        Inactive Date
POTASSIUM CHLORIDE 10 mEq U/D TABLET          1
+         Enter ?? for more actions
DC Discontinue            ED  Edit                  AL Activity Logs
HD  (Hold)                RN  (Renew)
FL  Flag                  VF Verify
Select Item(s): Next Screen// VF   Verify
...a few moments, please.....

Pre-Exchange DOSES: <Enter>

ORDER VERIFIED.

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

IV

For IV order entry, the nurse must bypass the "Select DRUG:" prompt (by pressing <**Enter**>) and then choosing the IV Type at the "Select IV TYPE:" prompt. The following are the prompts that the nurse can expect to encounter while entering a new IV order for the patient.

 This option is only available to those nurses who have Inpatient Order Entry access.

- **"Select IV TYPE:"**

IV types are admixture, piggyback, hyperal, syringe, and chemotherapy. An admixture is a Large Volume Parenteral (LVP) solution intended for continuous parenteral infusion. A piggyback is a small volume parenteral solution used for intermittent infusion. Hyperalimentation (hyperal) is long-term feeding of a protein-carbohydrate solution. A syringe IV type order uses a syringe rather than a bottle or a bag. Chemotherapy is the treatment and prevention of cancer with chemical agents.

When an order is received from CPRS, Inpatient Medications will accept and send updates to IV Types from CPRS. When an IV type of Continuous is received, Inpatient Medications defaults to an IV type of Admixture. However, when an IV type of Intermittent is received, Inpatient Medications defaults to an IV type of piggyback.

- **"Select ADDITIVE:"**

There can be any number of additives for an order, including zero. An additive or additive synonym can be entered. If the Information Resources Management Service (IRMS) Chief/Site Manager or Application Coordinator has defined it in the IV ADDITIVES file, the nurse may enter a quick code for an additive. The quick code allows the user to pre-define certain fields, thus speeding up the order entry process. The **entire** quick code name must be entered to receive all pre-defined fields in the order.

 **Note:** Drug inquiry is allowed during order entry by entering two question marks (??) at the STRENGTH prompt for information on an additive or solution.

When an additive is chosen, if an active drug text entry for the Dispense Drug and/or Orderable Item linked to this additive exists, then the prompt, "Restriction/Guideline(s) exist. Display?:" will be displayed along with the corresponding defaults. The drug text indicator will be <**DIN**> and will be displayed on the right side of the IV Type on the same line. This indicator will be highlighted.

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

- **"Select SOLUTION:"**

There can be any number of solutions in an order, depending on the type. It is even possible to require zero solutions when an additive is pre-mixed with a solution. If no solutions are chosen, the system will display a warning message, in case it is an oversight, and gives the opportunity to add one. The nurse may enter an IV solution or IV solution synonym.

When a solution is chosen, if an active drug text entry for the Dispense Drug and/or Orderable Item linked to this solution exists, then the prompt, "Restriction/Guideline(s) exist. Display?:" will be displayed along with the corresponding defaults. The drug text indicator will be <**DIN**> and will be displayed on the right side of the IV Type on the same line. This indicator will be highlighted.

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

- **"INFUSION RATE:"**

The infusion rate is the rate at which the IV is to be administered. This value, in conjunction with the total volume of the hyperal or the admixture type, is used to determine the time covered by one bag; hence, the system can predict the bags needed during a specified time of coverage. This field is free text for piggybacks. For admixtures, a number that will represent the infusion rate must be entered. The nurse can also specify the # of bags per day that will be needed.

Example: 125 = 125 ml/hr (IV system will calculate bags needed per day), 125@2 = 125 ml/hr with 2 labels per day, Titrate@1 = Titrate with 1 label per day. The format of this field is either a number only or <FREE TEXT > @ <NUMBER OF LABELS PER DAY > (e.g., Titrate @ 1).

When an order is received from CPRS, Inpatient Medications accepts infusion rates in both ml/hr and as "infuse over time." In the Order View screen, for orders with an IV Type considered Intermittent, the infusion rate will display as "infuse over" followed by the time. For example, infuse over 30 minutes.

Note: If an administration time(s) is defined, the number of labels will reflect the administration time(s) for the IVPB type orders. **Example:** one administration time of 12:00 is specified. The infusion rate is entered as 125@3. Only 1 label will print.

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

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

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

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

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

- **"SCHEDULE:"**

This prompt occurs on piggyback and intermittent syringe orders. Schedules must be selected from the ADMINISTRATION SCHEDULE file, with the following exceptions:

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

- **"ADMINISTRATION TIME:"**

This is free text. The pharmacist might want to enter the times of dose administration using military time such as 03-09-15-21. Administration times must be entered in a two or four digit format . If multiple administration times are needed, they must be separated by a dash (e.g., 09-13 or 0900-1300). This field must be left blank for odd schedules, (e.g., Q16H).

- **"OTHER PRINT INFO:"**

Free text is entered and can be up to 60 characters. For new order entry, when Other Print Info is added, the nurse is prompted whether to flag this field for display in a BCMA message box. When finishing orders placed through CPRS, where the Provider Comments are not too long to be placed in this field, the nurse is given the option to copy the comments into this field. Should the nurse choose to copy and flag these comments for display in a BCMA message box on the VDL, an exclamation mark "!" will appear in the order next to this field.

Note: For "DONE" Orders (CPRS Med Order) only, the Provider Comments are automatically placed in the OTHER PRINT INFO field. If the Provider Comments are greater than 60 characters, Other Print Info will display "REFERENCE PROVIDER COMMENTS IN CPRS FOR INSTRUCTIONS."

- **"START DATE / TIME:"**

The system calculates the default Start Date/Time for order administration based on the DEFAULT START DATE CALCULATION field in the INPATIENT WARD PARAMETERS file. This field allows the site to use the NEXT or CLOSEST administration or delivery time, or NOW, which is the order's login date/time as the default Start Date. When NOW is selected for this parameter, it will always be the default Start Date/Time for IVs. This may be overridden by entering the desired date/time at the prompt.

When NEXT or CLOSEST is used in this parameter and the IV is a continuous-type IV order, the default answer for this prompt is based on the delivery times for the IV room specified for that order entry session. For intermittent type IV orders, if the order has administration times, the start date/time will be the NEXT or CLOSEST administration time depending on the parameter. If the intermittent type IV order does not have administration times, the start date/time will round up or down to the closest hour. The Site Manager or Application Coordinator can change this field.

- **"EXPECTED FIRST DOSE:" (Regular and Abbreviated)**

Inpatient Medications no longer displays an expected first dose for orders containing a schedule with a schedule type of One-time. The system also no longer display an expected first dose for orders containing a schedule with a schedule type of On-call. The Inpatient Medications application performs the following actions.

- Modifies order entry to allow entry of a Day-of-Week schedule in the following format: days@schedule name. For example, MO-WE-FR@BID or TU@Q6H.
- Translates the schedule into the appropriate administration times. For example, MO-WE-FR@BID is translated to MO-WE-FR@10-22.
- Modifies the expected first dose calculation to accept the new format of schedules. For example, MO-WE-FR@BID or MO@Q6H.
- Accepts the new formatted schedules from CPRS. For example, MO-WE-FR@BID or TU@Q6H.
- Translates a schedule received in the new format from CPRS into the appropriate schedule and administration times.

- **"STOP DATE / TIME:"**

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, or (3) the DAY (nD) or DOSE (nL) LIMIT field (found in the PHARMACY ORDERABLE ITEM file) for the orderable item associated with this order. The Site Manager or Application Coordinator can change these fields.

- **"NATURE OF ORDER:"**

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

Nature of Order	Description	Prompted for Signature in CPRS?	Chart Copy Printed?
Written	The source of the order is a written doctor's order	No	No
Verbal	A doctor verbally requested the order	Yes	Yes
Telephoned	A doctor telephoned the service to request the order	Yes	Yes
Service Correction	The service is discontinuing or adding new orders to carry out the intent of an order already received	No	No
Duplicate	This applies to orders that are discontinued because they are a duplicate of another order	No	Yes
Policy	These are orders that are created as a matter of hospital policy	No	Yes

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

- **"Select CLINIC LOCATION:"**

This prompt is only displayed for Outpatient IV orders entered through the Inpatient Medications package. The user will enter the hospital location name when prompted.

Note: While entering an order, the nurse can quickly delete the order by typing a caret (^) at any one of the prompts listed above except at the "STOP DATE/TIME:" prompt. Once the user has passed this prompt, if the order still needs to be deleted, a caret (^) can be entered at the "Is this O.K.:" prompt.

Example: New Order Entry

```
Inpatient Order Entry         Feb 28, 2002@13:48:47          Page:    1 of    3
PSJPATIENT1,ONE                 Ward: 1 EAST
   PID: 000-00-0001         Room-Bed: B-12         Ht(cm):_______(_________)
   DOB: 08/18/20  (81)                             Wt(kg):_______(_________)
   Sex: MALE                                     Admitted: 05/03/00
    Dx: TESTING                            Last transferred: ********

 - - - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - -
   1    BACLOFEN TAB                                C 02/20 03/06 A
          Give: 10MG PO QDAILY
          PATIENT SPITS OUT MEDICINE
   2    PREDNISONE TAB                              C 02/25 03/11 A
          Give: 5MG PO TU-TH-SA@09
   3    RESERPINE TAB                               C 02/20 03/06 A
          Give: 1MG PO QDAILY
   4 d->FUROSEMIDE 1 MG                             O 02/11 02/11  E
        in 5% DEXTROSE 50 ML NOW
   5 d->FUROSEMIDE 10 MG                            O 02/11 02/11  E
        in 5% DEXTROSE 50 ML STAT
+         Enter ?? for more actions
PI  Patient Information                SO Select Order
PU  Patient Record Update              NO New Order Entry
Select Action: Next Screen// NO   New Order Entry
```

```
Select IV TYPE: P PIGGYBACK.
Select ADDITIVE: MULTI
     1   MULTIVITAMIN INJ
     2   MULTIVITAMINS
CHOOSE 1-2: 2  MULTIVITAMINS

(The units of strength for this additive are in ML)
Strength: 2 ML
Select ADDITIVE: <Enter>
Select SOLUTION: 0.9
     1   0.9% SODIUM CHLORIDE            100 ML
     2   0.9% SODIUM CHLORIDE            50 ML
CHOOSE 1-2: 1  0.9% SODIUM CHLORIDE          100 ML
INFUSION RATE: 125   INFUSE OVER 125 MIN.
MED ROUTE: IV// <Enter>
SCHEDULE: QID
     1   QID    09-13-17-21
     2   QID AC    0600-1100-1630-2000
CHOOSE 1-2: 1      09-13-17-21
ADMINISTRATION TIMES: 09-13-17-21// <Enter>
REMARKS: <Enter>
OTHER PRINT INFO: <Enter>
START DATE/TIME: FEB 28,2002@13:56// <Enter> (FEB 28, 2002@13:56)
STOP DATE/TIME: MAR 30,2002@24:00// <Enter>
PROVIDER: PSJPROVIDER,ONE //  <Enter>
```

After entering the data for the order, the system will prompt the nurse to confirm that the order is correct. The IV module contains an integrity checker to ensure the necessary fields are answered for each type of order. The nurse must edit the order to make corrections if all of these fields are not answered correctly. If the order contains no errors, but has a warning, the user will be allowed to proceed.

Example: New Order Entry (continued)

```
Orderable Item: MULTIVITAMINS INJ
Give: IV QID

754
[29]0001 1 EAST 02/28/02
PSJPATIENT1,ONE  B-12

MULTIVITAMINS 2 ML
0.9% SODIUM CHLORIDE 100 ML

INFUSE OVER 125 MIN.
QID
09-13-17-21
Fld by:______Chkd by:______
1[1]

Start date: FEB 28,2002 13:56 Stop date: MAR 30,2002 24:00

Is this O.K.:  YES//<Enter>     YES
NATURE OF ORDER: WRITTEN// <Enter>       W
...transcribing this non-verified order....
```

```
NON-VERIFIED IV                Feb 28, 2002@13 56:44          Page:    1 of    2
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12         Ht(cm):       (         )
   DOB: 08/18/20  (81)                             Wt(kg):       (         )
   Sex: MALE                                     Admitted: 05/03/00
    Dx: TESTING                            Last transferred: ********

*(1)  Additives:                                        Type: PIGGYBACK
       MULTIVITAMINS 2 ML
 (2)  Solutions:
       0.9% SODIUM CHLORIDE 100 ML
           Duration:                          (4)     Start: 02/28/02  13:56
 (3) Infusion Rate: INFUSE OVER 125 MIN.
*(5)      Med Route: IV                        (6)      Stop: 03/30/02  24:00
*(7)       Schedule: QID                           Last Fill: ********
 (8)    Admin Times: 09-13-17-21                   Quantity: 0
*(9)       Provider: PSJPROVIDER,ONE [w]           Cum. Doses:
*(10)Orderable Item: MULTIVITAMINS INJ
      Instructions:
 (11)   Other Print:
+         Enter ?? for more actions
DC   Discontinue          RN   (Renew)              VF   Verify
HD   (Hold)               OC   (On Call)
ED   Edit                 AL   Activity Logs

Select Item(s): Next Screen// VF   Verify
```

4.4.3. Detailed Allergy/ADR List

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

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

- **Select Allergy**
  Allows the user to view a specific allergy.

4.4.4. Intervention Menu

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

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

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

Example: New Intervention

```
Patient Information           Sep 22, 2000 08:03:07          Page:    1 of    1
PSJPATIENT2,TWO                  Ward: 1 West                      <A>
   PID: 000-00-0002           Room-Bed: A-6         Ht(cm): 167.64 (04/21/99)
   DOB: 02/22/42 (58)                              Wt(kg): 85.00 (04/21/99)
   Sex: MALE                                     Admitted: 09/16/99
    Dx: TEST PATIENT                        Last transferred: ********
Allergies - Verified: CARAMEL, CN900, LOMEFLOXACIN, PENTAMIDINE, PENTAZOCINE,
                      CHOCOLATE, NUTS, STRAWBERRIES, DUST
        Non-Verified: AMOXICILLIN, AMPICILLIN, TAPE, FISH,
                      FLUPHENAZINE DECANOATE
             Remote:
   Adverse Reactions:
 Inpatient Narrative: Inpatient narrative
Outpatient Narrative: This is the Outpatient Narrative. This patient doesn't
like waiting at the pickup window. He gets very angry.

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

                      --- Pharmacy Intervention Menu ---
NE   Enter Pharmacy Intervention       DEL Delete Pharmacy Intervention
ED   Edit Pharmacy Intervention        VW   View Pharmacy Intervention
PRT Print Pharmacy Intervention

Select Item(s): NE   Enter Pharmacy Intervention
Select APSP INTERVENTION INTERVENTION DATE: T   SEP 22, 2000
  Are you adding 'SEP 22, 2000' as a new APSP INTERVENTION (the 155TH)? No// Y
  (Yes)
   APSP INTERVENTION PATIENT: PSJPATIENT2,TWO    02-22-42     000000002     N
SC VETERAN
   APSP INTERVENTION DRUG: WAR
     1   WARFARIN 10MG          BL100         TAB
     2   WARFARIN 10MG U/D          BL100         TAB **AUTO STOP 2D**
     3   WARFARIN 2.5MG          BL100         TAB
     4   WARFARIN 2.5MG U/D          BL100         TAB **AUTO STOP 2D**
     5   WARFARIN 2MG          BL100         TAB
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 1 WARFARIN 10MG          BL100         TAB
PROVIDER:    PSJPROVIDER,ONE     PROV
INSTITUTED BY: PHARMACY// <Enter> PHARMACY
INTERVENTION:    ALLERGY
RECOMMENDATION:    NO CHANGE
WAS PROVIDER CONTACTED: N NO
RECOMMENDATION ACCEPTED: Y YES
REASON FOR INTERVENTION:
  1>
ACTION TAKEN:
  1>
CLINICAL IMPACT:
  1>
FINANCIAL IMPACT:
  1>
Select Item(s)
```

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

Example: Edit an Intervention

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

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


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

                       --- Pharmacy Intervention Menu ---

NE   Enter Pharmacy Intervention       DEL Delete Pharmacy Intervention
ED   Edit Pharmacy Intervention        VW   View Pharmacy Intervention
PRT Print Pharmacy Intervention
Select Item(s): ED   Edit Pharmacy Intervention
Select INTERVENTION:TSEP  22,  2000        PSJPATIENT2,TWO    WARFARIN 10MG
INTERVENTION DATE: SEP 22,2000// <Enter>
PATIENT: PSJPATIENT2,TWO// <Enter>
PROVIDER: PSJPROVIDER,ONE // <Enter>
PHARMACIST: PSJPHARMACIST,ONE // <Enter>
DRUG: WARFARIN 10MG// <Enter>
INSTITUTED BY: PHARMACY// <Enter>
INTERVENTION: ALLERGY// <Enter>
OTHER FOR INTERVENTION:
  1>
RECOMMENDATION: NO CHANGE// <Enter>
OTHER FOR RECOMMENDATION:
  1>
WAS PROVIDER CONTACTED: NO// <Enter>
PROVIDER CONTACTED:
RECOMMENDATION ACCEPTED: YES// <Enter>
AGREE WITH PROVIDER: <Enter>
REASON FOR INTERVENTION:
  1>
ACTION TAKEN:
  1>
CLINICAL IMPACT:
  1>
FINANCIAL IMPACT:
  1>
```

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

Example: Delete an Intervention

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

Allergies - Verified: CARAMEL, CN900, LOMEFLOXACIN, PENTAMIDINE, PENTAZOCINE,
                      CHOCOLATE, NUTS, STRAWBERRIES, DUST
        Non-Verified: AMOXICILLIN, AMPICILLIN, TAPE, FISH,
                      FLUPHENAZINE DECANOATE
              Remote:
   Adverse Reactions:
 Inpatient Narrative: Inpatient narrative
Outpatient Narrative: This is the Outpatient Narrative. This patient doesn't
like waiting at the pickup window. He gets very angry.
          Enter ?? for more actions
PU Patient Record Update               NO New Order Entry
DA Detailed Allergy/ADR List           IN Intervention Menu
VP View Profile
Select Action: View Profile// IN   Intervention Menu

                       --- Pharmacy Intervention Menu ---

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

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

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

Example: View an Intervention

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

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

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

                       --- Pharmacy Intervention Menu ---

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

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

Example: Print an Intervention

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

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


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

                       --- Pharmacy Intervention Menu ---

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



INTERVENTION: ALLERGY

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

Viewing Renewed Orders

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

1. The patient profile will contain the most recent renewal date in the Renewed field.
2. The patient detail will contain the most recent renewal date and time in the Renewed field.
3. The Activity Log will display the following:

   - ORDER EDITED activity, including the previous Stop Date/Time and the previous Provider (if a new Provider is entered at the time the order is renewed).
   - ORDER RENEWED BY PHARMACIST activity, including the pharmacist that renewed the order and the date and time that the RN (Renew) action was taken.

Example: Renewed Order in Profile View

```
Inpatient Order Entry         Feb 25, 2004@21:25:50          Page:    1 of    1
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm):_______(_________)
   DOB: 08/18/20 (83)                              Wt(kg):_______(_________)
   Sex: MALE                                     Admitted: 05/03/00
    Dx: TESTING                          Last transferred: ********

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




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

Example: Renewed Order in Detailed Order View

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

*(1)Orderable Item: ASPIRIN TAB                                          <DIN>
       Instructions:
 *(2)Dosage Ordered: 650MG
           Duration:                                  *(3)Start: 03/26/04  14:40
 *(4)     Med Route: ORAL                                Renewed: 03/27/04  11:00
                                                     *(5) Stop: 03/28/04  24:00
  (6) Schedule Type: CONTINUOUS
 *(8)       Schedule: QDAILY
  (9)   Admin Times: 1440
*(10)       Provider: PSJPROVIDER,ONE [es]
 (11) Special Instructions:

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

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

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



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

Discontinuing a Pending Renewal

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

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

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

Orders That Change Status During Process of Renew

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

4.5.1 Activity Log

This action allows viewing of a long or short activity log, dispense log, or a history log of the order. A short activity log only shows actions taken on orders and does not include field changes. The long activity log shows actions taken on orders and does include the requested Start and Stop Date/Time values. If a history log is selected, it will find the first order, linked to the order where the history log was invoked. Then the log will display an order view of each order associated with it, in the order that they were created. When a dispense log is selected, it shows the dispensing information for the order.

Example: Activity Log

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

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

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

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

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

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

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

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

4.5.7 Finish

Nurses who hold the PSJ RNFINISH key will have the ability to finish and verify Unit Dose orders placed through CPRS.

Nurses who hold the PSJI RNFINISH key will have the ability to finish and verify IV orders placed through CPRS.

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

> The PENDING RENEWAL orders may be speed finished from within the Unit Dose *Order Entry* option. The user may enter an **SF**, for speed finish, at the "Select ACTION:" prompt and then select the pending renewals to be finished. A prompt is issued for the Stop Date/Time. This value is used as the Stop Date/Time for the pending renewals selected. All other fields will retain the values from the renewed order.

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

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

Example: Finish an Order Without a Duration

```
PENDING IV (ROUTINE)          Sep 07, 2000 16:11:42          Page:    1 of    2
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm):_______(_________)
   DOB: 08/18/20 (80)                              Wt(kg):_______(_________)

 (1)  Additives:                                        Type:
 (2)  Solutions:
          Duration:                                (4)     Start: ********
 (3)  Infusion Rate:
                                                REQUESTED START: 09/07/00  09:00
*(5)      Med Route: IVPB                          (6)      Stop: ********
*(7)       Schedule: QID                              Last Fill: ********
 (8)    Admin Times: 01-09-15-20                      Quantity: 0
*(9)       Provider: PSJPROVIDER,ONE [es]          Cum. Doses:
*(10)Orderable Item: AMPICILLIN INJ
       Instructions:
 (11)   Other Print:
  Provider Comments: THIS IS AN INPATIENT IV EXAMPLE.
+         Enter ?? for more actions
DC   Discontinue          FL   (Flag)
ED   Edit                 FN   Finish
Select Item(s): Next Screen// FN   Finish
COMPLETE THIS ORDER AS IV OR UNIT DOSE? IV// IV
Copy the Provider Comments into Other Print Info? Yes//    YES
IV TYPE: PB
CHOOSE FROM:
              A    ADMIXTURE
              C    CHEMOTHERAPY
              H    HYPERAL
              P    PIGGYBACK
```

The calculated Start Date/Time (Calc Start) and the Stop Date/Time (Calc Stop) will display according to how the following Inpatient Ward Parameters settings are configured:

DAYS UNTIL STOP DATE/TIME:
DAYS UNTIL STOP FOR ONE-TIME:
SAME STOP DATE ON ALL ORDERS:
TIME OF DAY THAT ORDERS STOP:
DEFAULT START DATE CALCULATION:

The CPRS Expected First Dose will display as the default Start Date/Time when a duration is received from CPRS.

The default Stop Date/Time is derived from the CPRS Expected First Dose and the duration, when the duration is available from CPRS.

Note: When an order is placed through CPRS prior to the next administration time for today, the Expected First Dose will be today at the next administration time. However, if the order is placed after the last administration time of the schedule for today, the Expected First Dose will be at the next administration time. This Expected First Dose date/time is seen through CPRS and is always based on the logic of using "next administration time," regardless of what the site has set for the ward parameter. The Expected First Dose displayed in CPRS displays as Requested Start Date/Time on the order view if no duration is received from CPRS. The Expected First Dose displays as the default Start Date/Time on the order view when a duration is received. Expected First Dose does not display for On-call or One-time orders.

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

When more than one IV Additive/Solution is tied to the same Orderable Item, the user shall be presented with a list of selectable Additives and Solutions to choose from for that order.

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

The following table will help explain the different scenarios:

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

4.5.1. Flag

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

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

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

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