

INPATIENT MEDICATIONS

**NURSE’S USER MANUAL**

Version 5.0

January 2005

(Revised January 2012)

Department of Veterans Affairs Product Development

 Revision History

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Revised Pages** | **Patch Number** | **Description** |
| 01/2012 | i-iv | PSJ\*5\*254 |  |
|  | v-vi |  | Updated Table of Contents |
|  | 10 |  | Added Order Checks/Interventions (OCI) to “Hidden Actions” |
|  |  |  | section |
|  | 20 |  | Defined OCI Indicator |
|  | 23 |  | Updated Schedule Type text |
|  | 35 |  | Updated text under Interventions Menu |
|  | 47, 53, 60 |  | Updated Pharmacy Interventions for Edit, Renew, and Finish |
|  |  |  | orders |
|  | 74d |  | Added note to Drug-Drug Interactions |
|  | 74f-74g |  | Added note to Drug-Allergy Interactions |
|  | 74k |  | Added “Display Pharmacist Intervention” section |
|  | 74l |  | Defined Historical Overrides/Interventions |
|  | 124, 127, |  | Updated Glossary |
|  | 131, 133, |  |  |
|  | 134 |  |  |
|  | 137-140 |  | Updated IndexREDACTED |
| 09/2011 | 65 | PSJ\*5\*235 | Updated ‘Note’ section regarding Expected First DoseREDACTED |
| 07/2011 | Cover Pagei, 16140 | PSJ\*5\*243 | Removed the acronym PD on Cover page Update Revision HistoryUpdate IndexRevised the existing display in the *Non-Verified/Pending Orders* [PSJU VBW] option from a pure alphabetic listing of patient names, to a categorized listing by priority. Added “priority” to Index.REDACTED |
| 04/2011 | i | PSJ\*5\*181 | Updated Revision History |
|  | v-vi |  | Updated Table of Contents |
|  | 12 |  | New Example: Patient Information Screen |
|  | 13 |  | New Example: Non-Verified/Pending Orders |
|  | 15-16d |  | Updated: Example: Short Profile, HOURS OF RECENTLY |
|  |  |  | DC/EXPIRED field (#7) and INPATIENT WARD |
|  |  |  | PARAMETERS file (#59.6) information, and Example: |
|  |  |  | Profile. |
|  | 18 |  | Updated “Select DRUG:” |
|  | 20 |  | New Example: Dispense Drug with Possible Dosages and |
|  |  |  | New Example: Dispense Drug with Local Possible Dosages |

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| **Date** | **Revised Pages** | **Patch Number** | **Description** |
|  | 26-27 |  | New Example: New Order Entry |
| 33-34b | New Example: New Order Entry (Clinic Location) |
| 35-39 | New Examples of all the New Interventions |
| 40-40d | Updated the View Profile and New Example: Profile View |
| 46 | New Medication Profile Discontinue Type Codes |
| 67 | New Example: Flagged Order |
| 71 | New Example: Inpatient Profile |
| 72-73 | Updated Order Checks |
| 74 | New Example: Local Outpatient Order Display and New |
|  | Example: Remote Outpatient Order Display |
| 74a-74c | Duplicate Therapy |
| 74d-74f | Drug-Drug Interaction |
| 74f-74g | CPRS Order Checks |
| 105 | Updated Example: Authorized Absence/DischargeSummary (continued) |
| 119-120 | CPRS Order checks: How they work |
| 121-122 | Error Messages |
| 123-136 | Glossary - fix page numbering |
| 137-140 | Index - new entries and fix page numberingREDACTED |
| 06/2010 | i-vi, 22- | PSJ\*5\*113 | Added new Order Validation Requirements. |
|  | 23, 23a-23b, 24,24a-24b, |  | Removed Duplicate Order Check Enhancement functionality, PSJ\*5\*175 (removed in a prior patch). |
|  | 74a-74b, |  |  |
|  | 74e-74f, |  |  |
|  | 133, 136-137 |  | Miscellaneous corrections. |
|  | 77, 100, |  |  |
|  | 103, 108- |  | REDACTED |
|  | 110, 112, |  |  |
|  | 114 |  |  |
| 12/2009 | 60a, 60bvi | PSJ\*5\*222 | Added description of warning displayed when finishing a Complex Unit Dose Order with overlapping admin times. Corrected page numbers in Table of Contents. REDACTED |
| 07/2009 | 48 | PSJ\*5\*215 | When Dispense Drug is edited for an active Unit Dose, an entry is added to the activity log.REDACTED |
| 02/2009 | 125 | PSJ\*5\*196 | Update to IV DurationREDACTED |

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| --- | --- | --- | --- |
| **Date** | **Revised Pages** | **Patch Number** | **Description** |
| 08/2008 | 19-37, | PSJ\*5\*134 | Inpatient Medication Route changes added, plus details on IV |
|  | 58-59, 65, |  | type changes for infusion orders from CPRS, pending renewal |
|  | 134 |  | functions, and expected first dose changes. |
|  |  |  | REDACTED |
| 10/2007 | iv, 74a- | PSJ\*5\*175 | Modified outpatient header text for display of duplicate orders. |
|  | 74d |  | Added new functionality to Duplicate Drug and Duplicate Class |
|  |  |  | definitions. |
|  |  |  | Modifications for remote allergies, to ensure all allergies are |
|  | 5, 12, |  | included when doing order checks using VA Drug Class; |
|  | 16- 17, 26, | PSJ\*5\*160 | Analgesic order checks match against specific class only; check |
|  | 34-38, |  | for remote data interoperability performed when entering |
|  | 41-42, |  | patient’s chart; and list of remote allergies added to Patient |
|  | 72-73 |  | 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 |

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**Synonym Action Description**

|  |  |  |
| --- | --- | --- |
| RPL | Reprint Pick List | Allows reprint of a pick list |
| SND | Send Pick list to ATC | Allows a pick list to be sent to the ATC |
| UP | Update Pick List | (Automated Tablet Counter)Allows an update to a pick list |
| RET | Returns/Destroyed Menu | Displays the Returns/Destroyed options |
| RR | Report Returns | Allows entry of units returned for a Unit |
| RD | Returns/Destroyed Entry (IV) | Dose orderAllows entry of units returned or destroyed |
|  |  | for an order |
| PRO | Patient Profiles | Displays the *Patient Profile Menu* |
| IP | Inpatient Medications Profile | Generates an Inpatient Profile for a patient |
| IV | IV Medications Profile | Generates an IV Profile for a patient |
| UD | Unit Dose Medications Profile | Generates a Unit Dose Profile for a patient |
| OP | Outpatient Prescriptions | Generates an Outpatient Profile for a patient |
| AP1 | Action Profile #1 | Generates an Action Profile #1 |
| AP2 | Action Profile #2 | Generates an Action Profile #2 |
| EX | Patient Profile (Extended | Generates an Extended Patient Profile |
| CWAD | CWAD Information | Displays the crises, warnings, allergies, anddirectives information on a patient |

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

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

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The following actions are available while viewing an order.

**Synonym Action Description**

CO Copy an order Allows the user to copy an active, discontinued, or expired Unit Dose order

DIN Drug Restriction/Guideline Information

Displays the Drug Restriction/Guideline Information for both the Orderable Item and Dispense Drug

I Mark Incomplete Allows the user to mark a Non-Verified

Pending order incomplete

JP Jump to a Patient Allows the user to begin processing another patient

N Mark Not to be Given Allows the user to mark a discontinued or

expired order as not to be given OCI Order Checks/Interventions Indicates there are associated CPRS

Overrides and/or Pharmacist Interventions. When the OCI indicator displays on the Order Detail screen, the user can type “OCI” to display associated CPRS Provider Overrides and/or Pharmacist Interventions.

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**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

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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.

### Order Checks/Interventions (OCI) Indicator:

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

\*(1)Orderable Item: METRONIDAZOLE TAB Instructions: 250MG

\*(2)Dosage Ordered: 250MG

Duration:

**<OCI><DIN>**

\*(4) Med Route: ORAL

(3)Start: 07/11/11 15:33 REQUESTED START: 07/11/11 16:00 (5) Stop: 07/25/11 15:33

(6) Schedule Type: CONTINUOUS

\*(8) Schedule: Q36H

(9) Admin Times:

\*(10) Provider: PSJPROVIDER,ONE[es]

1. Special Instructions:
2. Dispense Drug METRONIDAZOLE 250MG TAB

U/D 1

Inactive Date

+

Enter ?? for more actions

+ Enter ?? for more actions ED Edit

AC ACCEPT

ACCEPT

Select Item(s): Next Screen// AC

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

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

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

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

**Example: Dispense Drug with Possible Dosages**

Select DRUG: BACLOFEN Lookup: GENERIC NAME

BACLOFEN 10 MG TAB MS200

...OK? Yes// (Yes)

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Now Processing Enhanced Order Checks! Please wait... Press Return to continue......

Available Dosage(s)

1. 5MG
2. 10MG
3. 15MG
4. 20MG
5. 30MG
6. 40MG

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

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

**Example: Dispense Drug with Local Possible Dosages**

Select DRUG: GENTAMICIN SULFATE 0.1% CREAM DE101 DERM CLINIC ONLY

...OK? Yes// (Yes)

Now Processing Enhanced Order Checks! Please wait... Press Return to continue......

Available Dosage(s) 1.

1. SMALL AMOUNT
2. THIN FILM
3. MODERATE AMOUNT
4. LIBERAL AMOUNT

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

**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

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

* Schedule Validation Check Three

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

* **“SCHEDULE:”** (Regular and Abbreviated)

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

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

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

* **“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.
	+ Schedules meant to cause orders to display as ON CALL in BCMA must be defined in the ADMINISTRATION SCHEDULE (#51.1) file with a schedule type equal to “ON CALL.”
	+ For all others, the Schedule Type is CONTINUOUS.

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**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.

* **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.

### Order Validation Checks:

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

**Note:** IV orders do not have Schedule Type.


### Order Validation Check One

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

### Order Validation Check Two

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

### Order Validation Check Three

If an order has the Schedule Type of Continuous, the Schedule entered is NOT in Day of Week(Ex. MO-FR) or PRN (Ex. TID PC PRN) format, and the frequency associated with the schedule is one day (1440 minutes) or less, the system will not allow the number

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### 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.

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

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

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

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

**Example: New Intervention**

Patient Information BCMAPATIENT,FIVE

PID: 000-00-5555

DOB: 09/16/45 (65) Sex: MALE

Dx: FLUID IN LUNGS

Feb 11, 2011@11:17:44

Ward: 3 NORTH

Room-Bed: 1-2

Page: 1 of 1

Ht(cm): ( )

Wt(kg): ( ) Admitted: 12/05/08

Last transferred: \*\*\*\*\*\*\*\*

Allergies/Reactions: NKA Inpatient Narrative:

Outpatient Narrative:

Enter ?? for more actions

PU Patient Record Update NO New Order Entry

DA Detailed Allergy/ADR List IN Intervention Menu VP View Profile

Select Action: View Profile// IN Intervention Menu

--- Intervention Menu ---

DI ED NE

Delete Pharmacy Intervention Edit Pharmacy Intervention Enter Pharmacy Intervention

PO Print Pharmacy Intervention VP View Pharmacy Intervention

Select Item(s): NE Enter Pharmacy Intervention

Select APSP INTERVENTION INTERVENTION DATE: T FEB 11, 2011

Are you adding 'FEB 11, 2011' as a new APSP INTERVENTION (the 526TH)? No// Y (Yes)

APSP INTERVENTION PATIENT: NO NSC VETERAN

Combat Vet Status: ELIGIBLE

PRETST,PATTHREE

8-1-61 000009677

End Date: 02/12/2015

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APSP INTERVENTION DRUG: CIMETIDINE 200MG TAB

GA301

PROVIDER: PHARMACIST,LINDA J LP INSTITUTED BY: PHARMACY// PHARMACY INTERVENTION: ?

Answer with APSP INTERVENTION TYPE, or NUMBER

Do you want the entire 22-Entry APSP INTERVENTION TYPE List? N (No) INTERVENTION: ALLERGY

RECOMMENDATION: NO CHANGE

WAS PROVIDER CONTACTED: NO NO RECOMMENDATION ACCEPTED: Y YES FINANCIAL COST:

REASON FOR INTERVENTION:

No existing text Edit? NO//

ACTION TAKEN:

No existing text Edit? NO//

CLINICAL IMPACT:

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No existing text Edit? NO//

FINANCIAL IMPACT:

No existing text Edit? NO//

Select APSP INTERVENTION INTERVENTION DATE:

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

**Example: Edit an Intervention**

Patient Information PRETST,PATTHREE

PID: 000-00-9677

DOB: 08/01/61 (49) Sex: MALE

Dx:

Feb 11, 2011@11:52:02

Ward: Room-Bed:

Page: 1 of 1

Ht(cm): ( )

Wt(kg): ( ) Admitted:

Last transferred: \*\*\*\*\*\*\*\*

Allergies/Reactions: NKA Inpatient Narrative:

Outpatient Narrative:

Enter ?? for more actions

PU Patient Record Update NO New Order Entry

DA Detailed Allergy/ADR List IN Intervention Menu VP View Profile

Select Action: View Profile// IN Intervention Menu

--- Intervention Menu ---

DI ED NE

Delete Pharmacy Intervention Edit Pharmacy Intervention Enter Pharmacy Intervention

PO Print Pharmacy Intervention VP View Pharmacy Intervention

Select Item(s): ED Edit Pharmacy Intervention

Select INTERVENTION:T SEP 22, 2000

PRETST,PATTHREE WARFARIN 10MG

INTERVENTION DATE: SEP 22,2000// <Enter> PATIENT: PRETST,PATTHREE// <Enter> PROVIDER: PSJPROVIDER,ONE // <Enter> PHARMACIST: PSJNURSE,ONE // <Enter> DRUG: WARFARIN 10MG// <Enter>

INSTITUTED BY: PHARMACY// <Enter> INTERVENTION: ALLERGY// <Enter> OTHER FOR INTERVENTION:

1>

RECOMMENDATION: NO CHANGE// <Enter> OTHER FOR RECOMMENDATION:

1>

WAS PROVIDER CONTACTED: NO// <Enter> PROVIDER CONTACTED:

RECOMMENDATION ACCEPTED: YES// <Enter> AGREE WITH PROVIDER: <Enter>

FINANCIAL COST:

REASON FOR INTERVENTION:

No existing text Edit? NO//

ACTION TAKEN:

No existing text Edit? NO// CLINICAL IMPACT:

No existing text Edit? NO// FINANCIAL IMPACT:

No existing text Edit? NO//

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### 4.5.2. Edit

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

**Example: Edit an Order**

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

FL (Flag)

ED Edit

RN Renew

VF Verify

AL Activity Logs

Select Item(s): Next Screen//

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

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

**Note:** The first time a field marked with an asterisk (\*) is selected for editing, if CPRS Provider Overrides and/or Pharmacist Interventions exist for the order, entering Y (Yes) at the prompt: “Order Check Overrides/Interventions exist for this order. Display? (Y/N)? Y//” displays the following:

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

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**Example: Edit an Order with Provider Overrides/Interventions**

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

\*\* Current Provider Overrides for this order \*\*

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

Overriding Provider: PSJPROVIDER,ONE (PROVIDER) Override Entered By: PSJPROVIDER,ONE (PROVIDER)

Date/Time Entered: 07/11/11 09:45

Override Reason: testing functionality of PO & PI

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

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

Press RETURN to Continue or '^' to Exit :

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

\*\* Current Pharmacist Interventions for this order \*\*

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

Intervention Date/Time: 07/11/11 09:50 Pharmacist: PSJPHARMACIST,ONE Instituted By: PHARMACY

Intervention: CRITICAL DRUG INTERACTION Originating Package: INPATIENT

Drug: TAMOXIFEN CITRATE 10MG TAB

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

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

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

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**Example: Edit an Order (continued)**

|  |  |
| --- | --- |
| NON-VERIFIED UNIT DOSE Sep 13, 20 | 00 15:26:46 Page: 1 of 2 |
| PSJPATIENT1,ONE Ward: PID: 000-00-0001 Room-Bed:DOB: 08/18/20 (80) | 1 EAST B-12 | Ht(cm): ( )Wt(kg): ( ) |
| \*(1)Orderable Item: AMPICILLIN CAP |  |
| Instructions: |  |
| \*(2)Dosage Ordered: 500MG |  |
| Duration: | \*(3)Start: 09/13/00 20: |
| \*(4) | Med Route: ORAL |  |
|  | \*(5) Stop: 09/27/00 24:00 |
| (6) Schedule Type: CONTINUOUS |  |
| \*(8) | Schedule: QID |  |
| (9) | Admin Times: 01-09-15-20 |  |
| \*(10) | Provider: PSJPROVIDER,ONE |  |
| (11) Special Instructions: |  |
| (12) Dispense Drug | U/D Inactive Date |
| AMPICILLIN 500MG CAP | 1 |

+ This change will cause a new order to be created.

ED Edit

Select Item(s): Next Screen//

AC ACCEPT

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

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

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### Renew

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

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

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


### Renewing Orders with CPRS Overrides/Pharmacist Interventions

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

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

**Example: Renew an Order with Provider Overrides/Interventions**

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

\*\* Current Provider Overrides for this order \*\*

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

Overriding Provider: PSJPROVIDER,ONE (PROVIDER) Override Entered By: PSJPROVIDER,ONE (PROVIDER)

Date/Time Entered: 07/11/11 09:45

Override Reason: testing functionality of PO & PI

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

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

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torsades de pointes. - Monograph Available Press RETURN to Continue or '^' to Exit :

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

\*\* Current Pharmacist Interventions for this order \*\*

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

Intervention Date/Time: 07/11/11 09:50 Pharmacist: PSJPHARMACIST,ONE Instituted By: PHARMACY

Intervention: CRITICAL DRUG INTERACTION Originating Package: INPATIENT

Drug: TAMOXIFEN CITRATE 10MG TAB

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

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

\*\* Current Provider Overrides for this order \*\*

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

No Provider Overrides to display

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

\*\* Current Pharmacist Interventions for this order \*\*

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

Intervention Date: 07/11/11 14:55 Provider: PSJPROVIDER,ONE

Drug: WARFARIN NA (GOLDEN STATE) 1MG TAB

Instituted By: PHARMACY

Intervention: CRITICAL DRUG INTERACTION Recommendation: OTHER

Other For Recommendation:

TEST INTERVENTION FOR CRITICAL DRUG-DRUG

Pharmacist: PSJPHARMACIST,ONE

Originating Package: INPATIENT


### Renewing Active Orders

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

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

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

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### Renewing Discontinued Orders

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

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

### Renewing Expired Unit Dose Orders

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

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

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### 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.

### 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 DOB: 08/18/20 (80) | Ht(cm): ( )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 HD Hold

ED Edit

RN Renew

AL Activity Logs

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:

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### 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.

**Note:** Order Checks happen during the finish process – refer to the [Notes and Screen](#_bookmark0) [Example](#_bookmark0) below.

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

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

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**Example: Complex Unit Dose Orders with Overlapping Administration Times**

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

\*\*WARNING\*\*

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

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

Part 2 has a schedule of QDAY and admin time(s) of 10.

Please ensure the schedules and administration times are appropriate. Press Return to continue...

Enter ?? for more actions

PI Patient Information PU Patient Record Update

Select Action: Next Screen//

SO Select Order

NO New Order Entry

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

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

**Example: Finish an Order with Provider Overrides/Interventions**

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

\*\* Current Provider Overrides for this order \*\*

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

Overriding Provider: PSJPROVIDER,ONE (PROVIDER) Override Entered By: PSJPROVIDER,ONE (PROVIDER)

Date/Time Entered: 07/11/11 17:40

Override Reason: Provider gave permission to administer

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

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

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|  |  |
| --- | --- |
| + Enter ?? for more actions ED Edit AC ACCEPTSelect Item(s): Next Screen// ac ACCEPT NATURE OF ORDER: WRITTEN// W |  |
| ...transcribing this non-verified order.... |
| NON-VERIFIED UNIT DOSE Mar 16, 2011@12:10:24 Page: 1 of 2BCMA,EIGHTEEN-PATIENT Ward: 7A GEN APID: 666-33-0018 Room-Bed: Ht(cm): 175.26 (12/15/08)DOB: 04/07/35 (75) Wt(kg): 100.00 (12/15/08) |
| \*(1)Orderable Item: SIMVASTATIN TAB Instructions:\*(2)Dosage Ordered: 40MGDuration: (3)Start: 03/16/11 12:10\*(4) Med Route: ORAL (BY MOUTH)(5) Stop: 03/18/11 24:00(6) Schedule Type: CONTINUOUS\*(8) Schedule: QPM(9) Admin Times: 2100SIMVASTATIN 20MG TAB 2+ Enter ?? for more actions DC Discontinue ED Edit AL Activity LogsHD (Hold) RN (Renew)FL Flag VF VerifySelect Item(s): Next Screen// vf Verify...a few moments, please..... |
| Pre-Exchange DOSES: |
| ORDER VERIFIED. |
| Enter RETURN to continue or '^' to exit: |
| Select DRUG: |
| Select IV TYPE: |
| Inpatient Order Entry Mar 16, 2011@12:10:42 Page: 1 of 2BCMA,EIGHTEEN-PATIENT Ward: 7A GEN APID: 666-33-0018 Room-Bed: Ht(cm): 175.26 (12/15/08)DOB: 04/07/35 (75) Wt(kg): 100.00 (12/15/08)Sex: FEMALE Admitted: 01/31/02Dx: UPSET Last transferred: 06/04/10 |
| - - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - -1. INDINAVIR CAP,ORAL C 03/16 03/17 A Give: 400MG PO QDAY
2. SIMVASTATIN TAB C 03/16 03/18 A Give: 40MG PO QPM

- - - - - - - - - - N O N - V E R I F I E D C O M P L E X - - - - - - - - - -1. LITHIUM TAB,SA C 10/13 10/15 N Give: 450MG PO QID

LITHIUM TAB,SA C 10/13 10/15 N Give: 10000MG PO Q4H1. RILUZOLE TAB C 10/13 10/15 N Give: 50MG PO BID

+ Enter ?? for more actions PI Patient Information SO Select OrderPU Patient Record Update NO New Order EntrySelect Action: Next Screen// |

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* **Drug-Drug Interactions** - Drug-drug interactions will be either critical or significant. If the Dispense Drug selected is identified as having an interaction with one of the drugs the patient is already receiving, the order the new drug interacts with will be displayed.

**Note**: For a Significant Interaction, the user who holds the PSJ RPHARM key is allowed to enter an intervention, but one is not required. For a Critical Interaction, the user who holds the PSJ RPHARM key must enter an intervention before continuing.

**Note**: If the user (who holds the PSJ RPHARM key), is prompted for an intervention and enters 9, which is OTHER, “OTHER FOR RECOMMENDATION” displays. This allows the user to enter unlimited free text as a response to the order check(s).

**Example: Drug-Drug Interactions Display**

|  |  |
| --- | --- |
| Inpatient Order Entry Mar 16, 2011@12:04:33 Page: 1 of 2BCMA,EIGHTEEN-PATIENT Ward: 7A GEN APID: 666-33-0018 Room-Bed: Ht(cm): 175.26 (12/15/08)DOB: 04/07/35 (75) Wt(kg): 100.00 (12/15/08)Sex: FEMALE Admitted: 01/31/02Dx: UPSET Last transferred: 06/04/10 |  |
| - - - - - - - - - - N O N - V E R I F I E D C O M P L E X - - - - - - - - - -1. LITHIUM TAB,SA C 10/13 10/15 N Give: 450MG PO QID

LITHIUM TAB,SA C 10/13 10/15 N Give: 10000MG PO Q4H1. RILUZOLE TAB C 10/13 10/15 N Give: 50MG PO BID

RILUZOLE TAB C 10/15 10/16 N Give: 10000MG PO Q4H- - - - - - - - - - - - - P E N D I N G C O M P L E X - - - - - - - - - - - -1. HALOPERIDOL TAB ? \*\*\*\*\* \*\*\*\*\* P Give: 40MG PO BID

 Enter ?? for more actions  |
| PI Patient Information SO Select OrderPU Patient Record Update NO New Order Entry Select Action: Quit// no New Order EntrySelect DRUG: indinaviLookup: DRUG GENERIC NAMEINDINAVIR SULFATE 400MG CAP AM800...OK? Yes// (Yes)Now Processing Enhanced Order Checks! Please wait...Press Return to continue...================================================================================This patient is receiving the following order(s) that have a CRITICAL Drug Interaction with INDINAVIR SULFATE 400MG CAP:Local Rx #501820A (ACTIVE) for SIMVASTATIN 10MG TAB SIG: TAKE ONE TABLET BY MOUTH EVERY EVENINGProcessing Status: Not released locally (Window)Concurrent administration may result in elevated HMG levels, which may increase the risk of myopathy, including rhabdomyolysis. (1-16)================================================================================Display Professional Interaction Monograph(s)? NO// |  |

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Do you want to Continue with INDINAVIR SULFATE 400MG CAP? NO// y YES Now creating Pharmacy Intervention

For INDINAVIR SULFATE 400MG CAP

PROVIDER: PSJPROVIDER,ONE TP RECOMMENDATION: ?

Answer with APSP INTERVENTION RECOMMENDATION, or NUMBER

Choose from:

1. CHANGE DRUG
2. CHANGE FORM OR ROUTE OF ADMINISTRATION
3. ORDER LAB TEST
4. ORDER SERUM DRUG LEVEL
5. CHANGE DOSE
6. START OR DISCONTINUE A DRUG
7. CHANGE DOSING INTERVAL
8. NO CHANGE
9. OTHER

RECOMMENDATION: 8 NO CHANGE

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

Would you like to edit this intervention? N// O

Available Dosage(s)

1. 400MG

2. 800MG

Select from list of Available Dosages or Enter Free Text Dose: 1 400MG You entered 400MG is this correct? Yes// YES

MED ROUTE: ORAL (BY MOUTH)// PO SCHEDULE: QDAY//

1 QDAY 0900

* 1. QDAY-DIG 1300
	2. QDAY-WARF 1300

CHOOSE 1-3: 1 0900

SCHEDULE TYPE: CONTINUOUS// CONTINUOUS ADMIN TIMES: 0900//

SPECIAL INSTRUCTIONS:

START DATE/TIME: MAR 16,2011@12:08// MAR 16,2011@12:08 STOP DATE/TIME: MAR 17,2011@24:00// MAR 17,2011@24:00

Expected First Dose: MAR 17,2011@09:00 PROVIDER: PHARMACIST,SEVENTEEN// 145

NON-VERIFIED UNIT DOSE Mar 16, 2011@12:07:46 Page: 1 of 2

BCMA,EIGHTEEN-PATIENT Ward: 7A GEN A

PID: 666-33-0018 Room-Bed: Ht(cm): 175.26 (12/15/08)

DOB: 04/07/35 (75) Wt(kg): 100.00 (12/15/08)

1. Orderable Item: INDINAVIR CAP,ORAL Instructions:
2. Dosage Ordered: 400MG

Duration: (3)Start: 03/16/11 12:08

(4) Med Route: ORAL (BY MOUTH)

(5) Stop: 03/17/11 24:00

(6) Schedule Type: CONTINUOUS

1. Schedule: QDAY
2. Admin Times: 0900
3. Provider: PHARMACIST,SEVENTEEN
4. Special Instructions:
5. Dispense Drug U/D Inactive Date INDINAVIR SULFATE 400MG CAP 1

+ Enter ?? for more actions

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ED Edit AC ACCEPT

Select Item(s): Next Screen// ac ACCEPT

Press Return to continue...

NATURE OF ORDER: WRITTEN//

W

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

NON-VERIFIED UNIT DOSE BCMA,EIGHTEEN-PATIENT

PID: 666-33-0018

DOB: 04/07/35 (75)

Mar 16, 2011@12:08:04 Ward: 7A GEN

Room-Bed:

Page:

1 of A

2

Ht(cm): 175.26 (12/15/08)

Wt(kg): 100.00 (12/15/08)

\*(1)Orderable Item: INDINAVIR CAP,ORAL Instructions:

\*(2)Dosage Ordered: 400MG

Duration:

(3)Start: 03/16/11 12:08

\*(4) Med Route: ORAL (BY MOUTH)

(5) Stop: 03/17/11 24:00

(6) Schedule Type: CONTINUOUS

\*(8) Schedule: QDAY

(9) Admin Times: 0900

\*(10) Provider: PHARMACIST,SEVENTEEN [w]

1. Special Instructions:
2. Dispense Drug

INDINAVIR SULFATE 400MG CAP

U/D 1

Inactive Date

+ Enter ?? for more actions

DC Discontinue HD (Hold)

FL Flag

ED Edit

RN (Renew) VF Verify

AL Activity Logs

Select Item(s): Next Screen// NEXT SCREEN

* **Drug-Allergy Interactions** – Drug allergy interactions will be either critical or significant. If the Dispense Drug selected is identified as having an interaction with one of the patient’s allergies, the allergy the drug interacts with will be displayed.

**Note**: If the user (who holds the PSJ RPHARM key), is prompted for an intervention and enters 9, which is OTHER, “OTHER FOR RECOMMENDATION” displays. This allows the user to enter unlimited free text as a response to the order check(s).

**Example: Remote Allergy/ADR – New Order Entry Backdoor – Both Ingredient and Drug Class Defined**

Select Action: View Profile// NO New Order Entry

Select DRUG: DILTIAZEM Lookup: GENERIC NAME

1. DILTIAZEM (INWOOD) 120MG SA CAP
2. DILTIAZEM (INWOOD) 180MG SA CAP
3. DILTIAZEM (INWOOD) 240MG SA CAP
4. DILTIAZEM (INWOOD) 300MG SA CAP
5. DILTIAZEM (INWOOD) 360MG SA CAP

CV200 CV200 CV200 CV200 CV200

Press <RETURN> to see more, '^' to exit this list, '^^' to exit all lists, OR CHOOSE 1-5: 1 DILTIAZEM (INWOOD) 120MG SA CAP CV200

A Drug-Allergy Reaction exists for this medication and/or class! Drug: DILTIAZEM (DILACOR XR) 240MG SA CAP

Ingredients: DILTIAZEM (REMOTE SITE(S)),

Drug Class: CV200 CALCIUM CHANNEL BLOCKERS (REMOTE SITE(S))

Do you want to Intervene NO// YES

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Now creating Pharmacy Intervention For DILTIAZEM (INWOOD) 120MG SA CAP

PROVIDER: PSJPROVIDER,ONE RECOMMENDATION: 9 OTHER OTHER FOR RECOMMENDATION:

No existing text Edit? NO// YES

OP

PROVIDER

==[ WRAP ]==[ INSERT ]======< OTHER FOR RECOMMENDATION >=====[ <PF1>H=Help ]====

Discussed with doctor and okay to administer.

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

**Note:** The “OTHER FOR RECOMMENDATION” text field is best used for the Pharmacist reason for overriding the order check(s). For critical drug-drug and allergy/ADR interactions, this information will display when the OCI ‘Hidden Action’ is used in Inpatient Medications. It will also be available for the nurse to view in the BCMA Display Order detail report


### CPRS Order Check: Aminoglycoside Ordered

(serum creatinine) x 72

\* If patient height is not greater than 60 inches, actual body weight is used.

CrCl (female) = 0.85 x CrCl (male)

To calculate adjusted body weight, the following equations are used:

Ideal body weight (IBW) = 50 kg x (for men) or 45 kg x (for women) + 2.3 x (height in inches - 60)

Adjusted body weight (Adj. BW) if the ratio of actual BW/IBW > 1.3 = (0.3 x (Actual BW - IBW)) + IBW

Adjusted body weight if the ratio of actual BW/IBW is not > 1.3 = IBW or Actual BW (whichever is less)]

Message: Aminoglycoside - est. CrCl: <value calculated from most recent serum creatinine>. (CREAT: <result> BUN: <result>).

Danger Lvl: This order check is exported with a High clinical danger level.

Trigger: Ordering session completion.

Mechanism: For each medication order placed during this ordering session, the CPRS Expert System requests the pharmacy package to determine if the medication belongs to the VA Drug Class ‘Aminoglycosides’. If so, the patient’s most recent BUN results are used to calculate the creatinine clearance then OERR is notified and the warning message is displayed. [Note: The creatinine clearance value displayed in some order check messages is an estimate based on adjusted body weight if patient height is

> 60 inches. Approved by the CPRS Clinical Workgroup 8/11/04, it is based on a modified Cockcroft-Gault formula and was installed with patch OR\*3\*221.

For more information: <http://www.ascp.com/public/pubs/tcp/1999/jan/cockcroft.shtml> CrCl (male) = (140 - age) x (adj body weight\* in kg)

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### CPRS Order Check: Dangerous Meds for Patients >64

DANGEROUS MEDS FOR PT > 64 – Yes

This is based on the BEERS list. This order check only checks for three drugs: Amitriptyline, Chlorpropamide and Dipyridamole. The workgroup felt that the list of drugs should be expanded. A request can be sent to CPRS for this.

Trigger: Acceptance of pharmacy orderable items amitriptyline, chlorpropamide or dipyridamole.

Mechanism: The CPRS Expert System determines if the patient is greater than

64 years old. It then checks the orderable item of the medication ordered to determine if it is mapped as a local term to the national term DANGEROUS MEDS FOR PTS > 64.

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

Patient is <age>. Amitriptyline can cause cognitive impairment and loss of balance in older patients. Consider other antidepressant medications on formulary.

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

Patient is <age>. Older patients may experience hypoglycemia with Chlorpropamide due do its long duration and variable renal secretion. They may also be at increased risk for Chlorpropamide-induced SIADH.

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

Patient is <age>. Older patients can experience adverse reactions at high doses of Dipyridamole (e.g., headache, dizziness, syncope, GI intolerance.) There is also questionable efficacy at lower doses.

Danger Lvl: This order check is exported with a High clinical danger level.

* + **CPRS Order Check: Glucophage Lab Results**

Glucophage-Lab Results Interactions

Trigger: Selection of a Pharmacy orderable item.

Mechanism: The CPRS Expert System checks the pharmacy orderable item’s local text (from the Dispense Drug file [#50]) to determine if it contains “glucophage” or “metformin”. The expert system next searches for a serum creatinine result within the past x number of days as determined by parameter ORK GLUCOPHAGE CREATININE. If the patient’s creatinine result was greater than 1.5 or does not exist, OE/RR is notified and the warning message is displayed.

Message: Metformin– no serum creatinine within past <x> days. else: Metformin – Creatinine results: <creatinine greater than 1.5 w/in past

<x> days>

Danger Lvl: This order check is exported with a High clinical danger level.

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### Order Validation Checks

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

**Note:** IV orders do not have Schedule Type.


### Order Validation Check One

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

### Order Validation Check Two

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

### Order Validation Check Three

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

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

The system shall present warning/error messages to the user if the number of administration times is less than or greater than the maximum admin times calculated for the schedule or if no administration times are entered. If the number of administration times entered is less than the maximum admin times calculated for the schedule, the warning message: “The number of admin times entered is fewer than indicated by the schedule.” shall appear. In this case, the user will be allowed to continue after the

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

### Order Validation Check Four

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

### Order Validation Check Five

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

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

### Order Validation Check Six

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

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

### Order Validation Check Seven

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

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

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### 1.4.2. Display of Provider Overrides and Pharmacist Interventions

In Inpatient Medications, the first time a field preceded by an asterisk (\*) is selected for editing and when renewing an order, if Current Pharmacist Interventions exist for the order, entering Y (Yes) at the prompt, “Order Check Overrides/Interventions exist for this order. Display? (Y/N)? Y//,” will display the following information when the fields are populated with data:

* + - * Heading: \*\*Current Pharmacist Interventions for this order\*\*
			* Intervention Date/Time
			* Provider
			* Pharmacist
			* Drug,
			* Instituted By
			* Intervention
			* Other For Recommendation
			* Originating Package
			* Was Provider Contacted
			* Provider Contacted
			* Recommendation Accepted
			* Agree With Provider
			* Rx #
			* Division
			* Financial Cost
			* Other For Intervention
			* Reason For Intervention
			* Action Taken
			* Clinical Impact
			* Financial Impact

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

\*\* Current Provider Overrides for this order \*\*

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

Overriding Provider: PSJPROVIDER,ONE (PROVIDER) Override Entered By: PSJPROVIDER,ONE (PROVIDER)

Date/Time Entered: 7/12/11 09:13 Override Reason: Testing 9 OTHER

CRITICAL drug-drug interaction: METRONIDAZOLE 250MG TAB and WARFARIN NA (GOLDEN STATE) 2MG TAB [ACTIVE] - Concurrent use of anticoagulants with metronidazole or tinidazole may result in reduced prothrombin activity and/or increased risk of bleeding. - Monograph Available

CRITICAL drug-drug interaction: METRONIDAZOLE 250MG TAB and WARFARIN(GOLDEN ST) 0.5MG(1/2X1MG) TAB [UNRELEASED] - Concurrent use of anticoagulants with metronidazole or tinidazole may result in reduced prothrombin activity and/or increased risk of bleeding. - Monograph Available

Press RETURN to Continue or '^' to Exit :

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

\*\* Current Pharmacist Interventions for this order \*\*

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

Intervention Date: 7/12/11 09:14 Provider: PSJPROVIDER,ONE

Pharmacist: PSJPHARMACIST,ONE

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Drug: METRONIDAZOLE 250MG TAB

Intervention: CRITICAL DRUG INTERACTION Recommendation: OTHER

Other For Recommendation: INTERVENTION FOR CRITICAL DRUG-DRUG

Press RETURN to Continue or '^' to Exit :

Instituted By: PHARMACY

Originating Package: INPATIENT

Intervention TIME displays to the right of the date (e.g., 01/18/11 09:04)

If Historical Overrides/Interventions exist for an order, entering Y (Yes) at the prompt: “View Historical Overrides/Interventions for this order (Y/N)? Y//,” displays the Historical Pharmacist Intervention information:

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

\*\* Historical Pharmacist Interventions for this order \*\*

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

Intervention Date: 07/12/11 09:14

Provider: PSJPROVIDER,ONE Pharmacist: PSJPHARMACIST,ONE

Drug: METRONIDAZOLE 250MG TAB Instituted By: PHARMACY

Intervention: CRITICAL DRUG INTERACTION

Recommendation: OTHER Originating Package: INPATIENT Other For Recommendation:

Testing 9 OTHER

Press RETURN to Continue or '^' to Exit :

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

\*\* Historical Provider Overrides for this order \*\*

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

Overriding Provider: PSJPROVIDER,ONE (PROVIDER) Override Entered By: PSJPROVIDER,ONE (PROVIDER)

Date/Time Entered: 07/12/11 09:13 Override Reason: Testing 9 OTHER

CRITICAL drug-drug interaction: METRONIDAZOLE 250MG TAB and WARFARIN NA (GOLDEN STATE) 2MG TAB [ACTIVE] - Concurrent use of anticoagulants with metronidazole or tinidazole may result in reduced prothrombin activity and/or increased risk of bleeding. - Monograph Available

CRITICAL drug-drug interaction: METRONIDAZOLE 250MG TAB and WARFARIN(GOLDEN ST) 0.5MG(1/2X1MG) TAB [UNRELEASED] - Concurrent use of anticoagulants with metronidazole or tinidazole may result in reduced prothrombin activity and/or increased risk of bleeding. - Monograph Available

Intervention TIME displays to the right of the date (e.g., 01/18/11 09:04. Current Pharmacist Intervention fields and labels also display, when the fields are populated.

**Note:** In Inpatient Medications, if no Current Pharmacist Interventions exist when editing a field preceded by an asterisk (\*),the following displays:

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

\*\* Current Pharmacist Interventions for this order \*\*

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

No Pharmacist Interventions to display

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# 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

IN Intervention Menu

PI Patient Information

SO Select Order

DC Discontinue

ED Edit

FL Flag

VF Verify

HD Hold

**Patient/Order Action Prompts**

**(continued)** RN Renew

AL Activity Logs

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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

OCI Order Check/Interventions

**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.

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**Child Orders** One or more Inpatient Medication Orders that are associated within a Complex order and are linked together using the conjunctions AND and OR to create combinations of dosages, medication routes, administration schedules, and order durations.

**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.

**Complex Order** An order that is created from CPRS using the Complex order dialog and consists of one or more associated Inpatient Medication orders, known as “child” orders.

**Continuous IV Order** Inpatient Medications IV order not having an administration schedule. This includes the following IV types: Hyperals, Admixtures, Non-Intermittent Syringe, and Non-Intermittent Syringe or Admixture Chemotherapy.

**Continuous Syringe** A syringe type of IV that is administered continuously to the patient, similar to a hyperal IV type. This type of syringe is 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).

**CPRS** A VistA computer software package called Computerized Patient Record Systems. CPRS is an application in VistA that allows the user to enter all necessary orders for a patient in different packages from a single application. All pending orders that appear in the Unit Dose and IV modules are initially entered through the CPRS package.

**Critical Drug-Drug Interaction** One of two types of drug-drug interactions identified by

order checks. The other type is a “significant” drug- drug interaction

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**Cumulative Doses** The number of IV doses actually administered, which equals the total number of bags dispensed less any recycled, destroyed, or cancelled bags.

**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.

**Duration** The length of time between the Start Date/Time and Stop Date/Time for an Inpatient Medications order. The default duration for the order can be specified by an ordering clinician in CPRS by using the Complex Dose tab in the Inpatient Medications ordering dialog.

**Electrolyte** An additive that disassociates into ions (charged particles) when placed in solution.

**Entry By** The name of the user who entered the Unit Dose or IV order into the computer.

**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.

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**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/** Route by which medication is administered

**Abbreviations** (e.g., oral). The MEDICATION ROUTES file (#51.2) contains the routes and abbreviations, which are selected by each VAMC. The abbreviation cannot be longer than five characters to fit on labels and the MAR. The user can add new routes and abbreviations as appropriate.

**Non-Formulary Drugs** The medications that are defined as commercially

available drug products not included in the VA National Formulary.

**Non-VA Meds** Term that encompasses any Over-the-Counter (OTC) medications, Herbal supplements, Veterans Health Administration (VHA) prescribed medications but purchased by the patient at an outside pharmacy, and medications prescribed by providers outside VHA. All Non-VA Meds must be documented in patients’ medical records.

**Non-Verified Orders** Any order that has been entered in the Unit Dose or IV

module that has not been verified (made active) by a nurse and/or pharmacist. Ward staff may not verify a non-verified order.

**Orderable Item** An Orderable Item name has no strength attached to it (e.g., Acetaminophen). The name with a strength attached to it is the Dispense Drug name (e.g., Acetaminophen 325mg).

**Order Check** Order checks (drug-allergy/ADR interactions, drug- drug, duplicate drug, and duplicate drug class) 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

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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 the digestive track.

**Patient Profile** A listing of a patient’s active and non-active Unit Dose and IV orders. The patient profile also includes basic patient information, including the patient’s name, social security number, date of birth, diagnosis, ward location, date of admission, reactions, and any pertinent remarks.

**PECS** Pharmacy Enterprise Customization System. A Graphical User Interface (GUI) web-based application used to research, update, maintain, and report VA customizations of the commercial-off-the-shelf (COTS) vendor database used to perform Pharmacy order checks such as drug-drug interactions, duplicate therapy, and dosing.

**Pending Order** A pending order is one that has been entered by a provider through CPRS without Pharmacy or Nursing finishing the order. Once Pharmacy or Nursing has finished and verified the order, it will become active.

**PEPS** Pharmacy Enterprise Product System. A re-engineering of pharmacy data and its management practices developed to use a commercial off-the-shelf (COTS) drug database, currently First DataBank (FDB) Drug Information Framework (DIF), to provide the latest identification and safety information on medications.

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**Pharmacist Intervention** A recommendation provided by a pharmacist through

the Inpatient Medications system’s Intervention process acknowledging the existence of a critical drug-drug interaction and/or allergy/ADR interaction, and providing justification for its existence. There are two ways an intervention can be created, either via the Intervention Menu, or in response to Order Checks.

**PHARMACY SYSTEM file** File #59.7. This file contains data that pertains to the

entire Pharmacy system of a medical center, and not to any one site or division.

**Piggyback** Small volume parenteral solution for intermittent infusion. A piggyback is comprised of any number of additives, including zero, and one solution; the mixture is made in a small bag. The piggyback is given on a schedule (e.g., Q6H). Once the medication flows in, the piggyback is removed; another is not hung until the administration schedule calls for it.

**Possible Dosages** Dosages that have a numeric dosage and numeric dispense units per dose appropriate for administration. For a drug to have possible dosages, it must be a single ingredient product that is matched to the VA PRODUCT file (#50.68). The VA PRODUCT file

(#50.68) entry must have a numeric strength and the dosage form/unit combination must be such that a numeric strength combined with the unit can be an appropriate dosage selection.

**Pre-Exchange Units** The number of actual units required for this order until the next cart exchange.

**Primary Solution** A solution, usually an LVP, administered as a vehicle for additive(s) or for the pharmacological effect of the solution itself. Infusion is generally continuous. An LVP or piggyback has only one solution (primary solution). A hyperal can have one or more solutions.

**Print Name** Drug generic name as it is to appear on pertinent IV output, such as labels and reports. Volume or Strength is not part of the print name.

**Print Name{2}** Field used to record the additives contained in a commercially purchased premixed solution.

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**Profile** The patient profile shows a patient’s orders. The Long profile includes all the patient’s orders, sorted by status: active, non-verified, pending, and non-active. The Short profile will exclude the patient’s discontinued and expired orders.

**Prompt** A point at which the system questions the user and waits for a response.

**Provider** Another term for the physician/clinician involved in the prescription of an IV or Unit Dose order for a patient.

**Provider Override Reason** A reason supplied by a provider through the CPRS

system, acknowledging a critical drug-drug interaction and/or allergy/ADR interaction and providing justification for its existence.

**PSJI MGR** The name of the *key* that allows access to the supervisor functions necessary to run the IV medications software. Usually given to the Inpatient Medications 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 options.

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