

INPATIENT MEDICATIONS

**PHARMACIST’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, v-vii, 10, | PSJ\*5\*254 | Updated Table of Contents  Added Order Checks/Interventions (OCI) to “Hidden Actions” |
|  |  |  | section |
|  | 21 |  | Defined OCI Indicator |
|  | 25 |  | Updated Schedule Type text |
|  | 29 |  | Updated text under Interventions Menu |
|  | 42a, 49, 56, |  | Updated Pharmacy Interventions for Edit, Renew, and Finish |
|  | 56a, 75, 89, |  | orders for Unit dose and IV |
|  | 99, 106- |  |  |
|  | 106b, |  |  |
|  | 124c |  | Added note to Drug-Drug Interactions |
|  | 124f-124g |  | Added note to Drug-Allergy Interactions |
|  | 124k-124l |  | Updated Allergy/ADR Example Order Checks |
|  | 124x |  | Added “Display Pharmacist Intervention” section |
|  | 124y-124z |  | Defined Historical Overrides/Interventions |
|  | 224, 228, |  | Updated Glossary |
|  | 232, 233, |  |  |
|  | 234 |  |  |
|  | 239-244 |  | Updated Index  REDACTED |
| 09/2011 | 58 | PSJ\*5\*235 | Updated ‘Note’ section regarding Expected First Dose  REDACTED |
| 07/2011 | i, 16  246 | PSJ\*5\*243 | Update Revision History Update Index  Revised the existing display in the *Non-Verified/Pending Orders* [PSJU VBW] option from a pure alphabetic listing of patient names, to a categorized listing by priority. Added “priority” to Index.  REDACTED |
| 04/2011 | i | PSJ\*5\*181 | Updated Revision History |
|  | v-vii |  | Updated Table of Contents |
|  | 9 |  | New: Intervention Menu |
|  | 15-15b |  | New: Example: Ward Group Sort option ^OTHER for Patient |
|  |  |  | and Example: Ward Group Sort option ^OTHER for Order |
|  | 17 |  | Updated: Example: Patient Information Screen |
|  | 19 |  | Update: “Select DRUG” |
|  | 20 |  | Note was updated |
|  | 21 |  | Updated: Example: Dispense Drug with Possible Dosages and |
|  |  |  | Example: Dispense Drug with Local Possible Dosages |
|  | 27-28 |  | Updated: Example: New Order Entry |
|  | 30 |  | Updated: Example: New Intervention |

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| **Date** | **Revised Pages** | **Patch Number** | **Description** |
|  | 31 |  | Updated: Example: Edit an Intervention |
| 32 | Updated: Example: Delete an Intervention |
| 33 | Updated: Example: View an Intervention |
| 34 | Updated: Example: Print an Intervention |
| 35-36b | New: Discontinued Codes and Example of Inpatient Order |
|  | Entry |
| 37 | New: Example: Patient Information |
| 40 | Updated: 4.1.5.1 Discontinue |
| 41 | Updated: Example: Discontinue an Order (continued) |
| 46 | Updated: Example: Verify an Order (continued) |
| 61-62b | Updated: 4.1.8 Inpatient Profile, Discontinued Codes, & |
|  | example |
| 65 | Updated: Example: Patient Information |
| 66 | Updated: Example: Patient Record |
| 67 | Updated: Example: Patient Information |
| 73-74 | Updated: Example: New Order Entry |
| 76 | Updated: Example: New Intervention |
| 77 | Updated: Example: Edit an Intervention |
| 78 | Updated: Example: Delete an Intervention |
| 79 | Updated: Example: View an Intervention |
| 80 | Updated: Example: Print an Intervention |
| 81 | Updated: 4.2.3.5 View Profile |
| 83 | Updated: Example: Patient Information |
| 98 | Updated: 4.1.5.4 Hold |
| 118 | Updated text |
| 120-120b | Updated: 4.2.7. Inpatient Profile, Discontinued Codes, & |
|  | example |
| 122 | Updated: Example: Inpatient Profile |
| 123-124v | Updated: 4.3. Order Checks |
| 125 | Added Note |
| 136 | Updated: Example: Extra Units Dispensed Report |
| 137 | Updated: Example: Reporting Medication Returns |
| 153 | Updated: Example: Patient Profile |
| 190 | Updated: Example: Extended Patient Profile Report |
| 192a-192b | Updated: 8.1.5. Patients on Specific Drug(s) |
| 194-195 | Updated: Example: IV Individual Labels |
| 196-196d | New: Example: IV Individual Labels (Print New Labels) |
| 219-220 | New: 10. CPRS Order Checks – How They Work |
| 221-222 | New: 11. Error Messages |
| 223-238 | Updated: Glossary page numbering |
| 239-246 | Updated: Index & page numbering |
|  | REDACTED |
| 9/2010 | i-ii, 174 | PSJ\*5\*232 | Deleted paragraph referring to Start/Stop date prompts of Action Profile #1 option as this is not how the option works.  REDACTED |

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| **Date** | **Revised Pages** | **Patch Number** | **Description** |
| 06/2010 | i-v,  33-34,  25a-25d,  124a-124b,  124e-124f,  239-241 | PSJ\*5\*113 | Added new Order Validation Requirements.  Removed Duplicate Order Check Enhancement functionality, (removed in a prior patch).  REDACTED |
| 02/2010 | i-ii, iv-v, 192a-b,  214a-b,  239-241 | PSJ\*5\*214 | Updated Table of Contents to include new sections. Added new sections 8.1.5 and 8.2.4 to reference *Patients on Specific Drug(s)* option that is now commonly used by pharmacists who may have been assigned this option directly and not as part of the Supervisor’s Menu. Added *Patients on Specific Drug(s)* option to the Index.  REDACTED |
| 12/2009 | 56, 56a,  56b iii | PSJ\*5\*222 | Added description of warning displayed when finishing a Complex Unit Dose Order with overlapping admin times. Corrected page numbers in Table of Contents.  REDACTED |
| 07/2009 | 43 | PSJ\*5\*215 | When Dispense Drug is edited for an active Unit Dose, an entry is added to the activity log.  REDACTED |
| 02/2009 | 226 | PSJ\*5\*196 | Update to IV Duration  REDACTED |
| 0829 | iii, 20-27, | PSJ\*5\*134 | Inpatient Medication Route changes added, plus details on IV |
| /2008 | 54, 68-76,  94-95, 104- |  | type changes for infusion orders from CPRS, pending renewal  functions, and expected first dose changes. |
|  | 106, 236, |  | REDACTED |
|  | 240-241 |  |  |
| 10/2007 | iii, 124 | PSJ\*5\*175 | Modified outpatient header text for display of duplicate orders. Added new functionality to Duplicate Drug and Duplicate Class Order Check 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 |
|  | a-d |  |
|  | 5, 17-18, |  |
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|  | 209-210 |  |
| 07/2007 | 155a-155b,  162a-162b,  168a-168b | PSJ\*5\*145 | On 24-Hour, 7-Day, and 14-Day MAR Reports, added prompt to include Clinic Orders when printing by Ward or Ward Group. Also added prompt to include Ward Orders when printing by Clinic or Clinic Group.  REDACTED |

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| --- | --- | --- | --- |
| **Date** | **Revised Pages** | **Patch Number** | **Description** |
| 05/2007 | 25 | PSJ\*5\*120 | Modified Inpatient Medications V. 5.0 to consider the duration the same way as all other stop date parameters, rather than as an override.  REDACTED |
| 12/2005 | 1,  124-124b | PSJ\*5\*146 | Remote Data Interoperability (RDI) Project:  Removed document revision dates in Section 1. Introduction. Updated Section 4.3. Order Checks to include new functionality for checking allergies, drug reactions, and interactions.  REDACTED |
| 03/2005 | iv-vii, | PSJ\*5\*112 | Updated TOC to correct Index page number. (p. iv) |
|  | 114-116,  223, |  | In Unit Dose Menu Tree, changed Clinic Stop Dates to Clinic Definition. (p. v) |
|  | 236-241 |  | In Section 1., Introduction, updated revision dates and added reference to Release Notes. (p. 1) |
|  |  |  | In Sections 4.2.5.1., 4.2.5.3., and 4.2.5.3., added a sentence that |
|  |  |  | refers to the IMO parameter NUMBER OF DAYS UNTIL |
|  |  |  | STOP from the CLINIC DEFINITION file. (p.114-116) |
|  |  |  | Updated Glossary; added definition for CLINIC DEFINITION |
|  |  |  | File. (p. 223) Updated Index; added CLINIC DEFINITION file |
|  |  |  | and Inpatient Medication Orders for Outpatients page number |
|  |  |  | references; reflowed all following Index pages. (p. 236-241) |
|  |  |  | REDACTED |
| 01/2005 | All | PSJ\*5\*111 | Reissued entire document to include updates for Inpatient Medication Orders for Outpatients and Non-Standard Schedules.  REDACTED |

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|  |  |  |
| --- | --- | --- |
| **Synonym** | **Action** | **Description** |
| IN | Intervention Menu | Displays, allows actions to be taken on |
|  |  | orders where interventions are required or |
|  |  | suggested. |
| PRO | Patient Profiles | Displays the *Patient Profile Menu* |
| IP | Inpatient Medications Profile | Generates an Inpatient Profile for a patient |
| IV | IV Medications Profile | Generates an IV Profile for a patient |
| UD | Unit Dose Medications Profile | Generates a Unit Dose Profile for a patient |
| OP | Outpatient Prescriptions | Generates an Outpatient Profile for a patient |
| AP1 | Action Profile #1 | Generates an Action Profile #1 |
| AP2 | Action Profile #2 | Generates an Action Profile #2 |
| EX | Patient Profile (Extended) | Generates an Extended Patient Profile |
| CWAD | CWAD Information | Displays the crises, warnings, allergies, and |
|  |  | directives information on a patient |

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

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

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

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

The following actions are available while viewing an order.

**Synonym Action Description**

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

DIN Drug Restriction/Guideline Information

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

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

Pending order incomplete

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

patient

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

expired order as not to be given

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|  |  |  |
| --- | --- | --- |
| **Synonym** | **Action** | **Description** |
| 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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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 current CPRS Provider Overrides and/or Pharmacist Interventions associated with the order, as well as any historical overrides and interventions, if applicable.

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

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

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

**Example: Dispense Drug with Possible Dosages**

Select DRUG: **BACLOFEN** 10MG TABS

MS200

...OK? Yes// **<Enter>** (Yes)

Now Processing Enhanced Order Checks! Please wait...

Press Return to continue... Available Dosage(s)

1. 10MG
2. 20MG

Select from list of Available Dosages or Enter Free Text Dose: **1** 10MG You entered 10MG is this correct? Yes// **<Enter>**

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

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

Select DRUG: **GENTAMICIN** CREAM 15GM

DE101

DERM CLINIC ONLY

...OK? Yes// **<Enter>** (Yes)

Now Processing Enhanced Order Checks! Please wait...

Press Return to continue... Available Dosage(s)

1. SMALL AMOUNT
2. THIN FILM

Select from list of Available Dosages or Enter Free Text Dose: **2** THIN FILM You entered THIN FILM is this correct? Yes// **<Enter>**

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



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* **“SCHEDULE TYPE:”** (Regular)

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

* + If no Schedule Type has been found and a Schedule Type is defined for the selected Orderable Item, that Schedule Type is used for the order.
  + If no Schedule Type has been found and the schedule contains PRN, the Schedule Type is PRN.
  + Schedules meant to cause orders to display as ON CALL in BCMA must be defined in the ADMINISTRATION SCHEDULE (#51.1) file with a schedule type equal to “ON CALL.”
  + For all others, the Schedule Type is CONTINUOUS.



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

* **“ADMINISTRATION TIME:”** (Regular)

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

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

### 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.



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### Order Validation Check One

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

### Order Validation Check Two

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

### Order Validation Check Three

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

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

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

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**Example: New Order Entry (continued)**

Pre-Exchange DOSES: **<Enter>**

ORDER VERIFIED.

Enter RETURN to continue or '^' to exit:

### 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.

### Intervention Menu

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

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

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



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

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

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

**Example: New Intervention**

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

--- Intervention Menu ---

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

Select Item(s): **NE** Enter Pharmacy Intervention

Select APSP INTERVENTION INTERVENTION DATE: **T** SEP 22, 2000

Are you adding 'SEP 22, 2000' as a new APSP INTERVENTION (the 155TH)? No// **Y**

(Yes)

APSP INTERVENTION PATIENT: **PSJPATIENT2,TWO** 02-22-42 000000002 N SC VETERAN

APSP INTERVENTION DRUG: **WAR**

1. WARFARIN 10MG BL100 TAB
2. WARFARIN 10MG U/D BL100 TAB \*\*AUTO STOP 2D\*\*
3. WARFARIN 2.5MG BL100 TAB
4. WARFARIN 2.5MG U/D BL100 TAB \*\*AUTO STOP 2D\*\*
5. WARFARIN 2MG BL100 TAB Press <RETURN> to see more, '^' to exit this list, OR CHOOSE 1-5: **1** WARFARIN 10MG BL100 TAB PROVIDER: **PSJPROVIDER,ONE** PROV

INSTITUTED BY: PHARMACY// **<Enter>** PHARMACY INTERVENTION: **ALLERGY**

RECOMMENDATION: **NO CHANGE** WAS PROVIDER CONTACTED: **N** NO RECOMMENDATION ACCEPTED: **Y** YES FINANCIAL COST:

REASON FOR INTERVENTION:

**1**>

ACTION TAKEN:

**1**>

CLINICAL IMPACT:

**1**>

FINANCIAL IMPACT:

**1**>

Select Item(s):

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



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

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

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

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

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

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

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

Override Reason: testing functionality of PO & PI

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

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

Press RETURN to Continue or '^' to Exit :

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

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

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

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

Intervention: CRITICAL DRUG INTERACTION Originating Package: INPATIENT

Drug: TAMOXIFEN CITRATE 10MG TAB

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

### Renew

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

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

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



### Renewing Orders with CPRS Overrides/Pharmacist Interventions

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

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

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

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

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

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

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

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

Override Reason: testing functionality of PO & PI

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

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

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

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

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

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

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

Pharmacist: PSJPHARMACIST,ONE

Originating Package: INPATIENT

Other For Recommendation:

TEST INTERVENTION FOR CRITICAL DRUG-DRUG



### 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.



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

### 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.”

### 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 from, then show 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

FL Flag

ED Edit

RN Renew

VF Verify

AL Activity Logs

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

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

The PENDING RENEWAL orders may be speed finished. The user may enter an **F**, for finish, at the “Select ACTION or ORDERS:” prompt and then select the pending renewals to be finished. A prompt is issued for the Stop Date/Time. This value is used as the Stop Date/Time for the pending renewals selected. All other fields will retain the values from the renewed order.

**Note:** Order Checks happen during the finish process – refer to the [Notes and Screen](#_bookmark2) [Example](#_bookmark2) below.



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

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



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

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

\*\*WARNING\*\*

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

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

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

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

Enter ?? for more actions

PI Patient Information 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.

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**Example: Finish an Order**

|  |  |  |
| --- | --- | --- |
| PENDING UNIT DOSE (ROUTINE) Feb 25, 2001@21:3 | | 7:08 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: MULTIVITAMINS TAB | |  |
| Instructions: 1 TABLET | |  |
| \*(2)Dosage Ordered: 1 TABLET | |  |
| Duration: | | (3)Start: 02/26/01 14:40 |
| \*(4) | Med Route: PO | REQUESTED START: 02/26/01 14:40 |
|  | | (5) Stop: 02/28/01 24:00 |
| (6) Schedule Type: FILL on REQUEST | |  |
| \*(8) | Schedule: QDAILY |  |
| (9) Admin Times: 1440 | |  |
| \*(10) | Provider: PSJPROVIDER,ONE [es] |  |
| (11) Special Instructions: | |  |
| (12) Dispense Drug | | U/D Inactive Date |
| MULTIVITAMIN TABLETS | | 1 |

+ Enter ?? for more actions

BY Bypass

DC Discontinue

FL Flag

FN Finish

Select Item(s): Next Screen// **FN** Finish

COMPLETE THIS ORDER AS IV OR UNIT DOSE? UNIT DOSE// **<Enter>**

**report continues**



**Note:** When finishing an order, if CPRS Order Checks/Provider Overrides and Pharmacist Interventions exist, they will display upon finishing the order. 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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The “Action (PBS)” prompt will appear next, with all of the valid actions listed in parentheses. The following are the codes for the possible actions:

* **P -** Print specified number of labels now.
* **B -** Bypass any more action (entering a caret (**^**) will also do this).
* **S -** Suspend a specified number of labels for the IV room to print on demand.

The **S** will only appear as a valid action if the USE SUSPENSE FUNCTIONS site parameter is answered with **1** or **YES**. The user can perform more than one action, but each action must be done one at a time. As each action is taken, those that operate on labels will reduce the total labels by that amount (e.g., eight labels are needed, three are suspended, then five are available to print).

### 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.

### Intervention Menu

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

The Intervention Menu action allows entry of new interventions and edit, delete, view, or printing of an existing intervention. Each kind of intervention will be discussed and an example will follow.

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



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

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

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

**Example: New Intervention**

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

--- Intervention Menu ---

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

Select Item(s): **NE** Enter Pharmacy Intervention

Select APSP INTERVENTION INTERVENTION DATE: **T** SEP 22, 2000

Are you adding 'SEP 22, 2000' as a new APSP INTERVENTION (the 155TH)? No// **Y**

(Yes)

APSP INTERVENTION PATIENT: **PSJPATIENT2,TWO** 02-22-42 000000002 N SC VETERAN

APSP INTERVENTION DRUG: **WAR**

1. WARFARIN 10MG BL100 TAB
2. WARFARIN 10MG U/D BL100 TAB \*\*AUTO STOP 2D\*\*
3. WARFARIN 2.5MG BL100 TAB
4. WARFARIN 2.5MG U/D BL100 TAB \*\*AUTO STOP 2D\*\*
5. WARFARIN 2MG BL100 TAB Press <RETURN> to see more, '^' to exit this list, OR CHOOSE 1-5: **1** WARFARIN 10MG BL100 TAB PROVIDER: **PSJPROVIDER,ONE** PROV

INSTITUTED BY: PHARMACY// **<Enter>** PHARMACY INTERVENTION: **ALLERGY**

RECOMMENDATION: **NO CHANGE** WAS PROVIDER CONTACTED: **N** NO RECOMMENDATION ACCEPTED: **Y** YES FINANCIAL COST: <Enter>

REASON FOR INTERVENTION:

**1**>

ACTION TAKEN:

**1**>

CLINICAL IMPACT:

**1**>

FINANCIAL IMPACT:

**1**>

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### Edit

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

**Example: Edit an Order**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ACTIVE IV Mar 20, 2001@16:41:14 Page: 1 of 2 | | | | |
| PSJPATIENT1,ONE Ward: 1 EAST  PID: 000-00-0001 Room-Bed: B-12 Ht(cm): ( ) DOB: 08/18/20 (80) Wt(kg): ( ) | | | | |
| \*(1) | Additives: Order number: 64 |  | Type: PIGGYBACK | |
| AMPICILLIN 1000 MG | | | | |
| (2) Solutions: | | | | |
| 0.9% SODIUM CHLORIDE 100 ML | | | | |
| Duration: \*(4) | | | Start: 03/19/01 | 11:30 |
| (3) Infusion Rate: INFUSE OVER 30 MIN. | | | | |
| \*(5) | Med Route: IVPB | \*(6) | Stop: 03/20/01 | 24:00 |
| \*(7) | Schedule: QID |  | Last Fill: 03/19/01 | 14:57 |
| (8) | Admin Times: 09-13-17-21 |  | Quantity: 2 | |
| \*(9) | Provider: PSJPROVIDER,ONE [es] |  | Cum. Doses: 9 | |
| \*(10)Orderable Item: AMPICILLIN INJ | | | | |
| Instructions: | | | | |
| (11) Other Print: | | | | |

+ Enter ?? for more actions

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DC | Discontinue | ED Edit | AL | Activity Logs |
| HD | Hold | RN Renew |  |  |
| FL | Flag | OC On Call |  |  |
| Select Item(s): Next Screen// **ED** Edit  Select FIELDS TO EDIT: **11**  OTHER PRINT INFO: **TESTING** | | | | |

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

### Editing Orders with CPRS Overrides/Pharmacist Interventions

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

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

Refer to “[*Edit an Order with Provider Overrides/Interventions*](#_bookmark0)” for an example of the screen. Once a Complex Order is made active, the following fields may not be edited:

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

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ACTIVE IV Mar 20, 2001@16:42:02 Page: 1 of 2 | | | | |
| PSJPATIENT1,ONE Ward: 1 EAST  PID: 000-00-0001 Room-Bed: B-12 Ht(cm): ( ) DOB: 08/18/20 (80) Wt(kg): ( ) | | | | |
| \*(1) | Additives: Order number: 64 |  | Type: PIGGYBACK | |
| AMPICILLIN 1000 MG | | | | |
| (2) Solutions: | | | | |
| 0.9% SODIUM CHLORIDE 100 ML | | | | |
| Duration: \*(4) | | | Start: 03/19/01 | 11:30 |
| (3) Infusion Rate: INFUSE OVER 0 MIN. | | | | |
| \*(5) | Med Route: IVPB | \*(6) | Stop: 03/20/01 | 24:00 |
| \*(7) | Schedule: QID |  | Last Fill: 03/19/01 | 14:57 |
| (8) | Admin Times: 09-13-17-21 |  | Quantity: 2 | |
| \*(9) | Provider: PSJPROVIDER,ONE [es] |  | Cum. Doses: 9 | |
| \*(10)Orderable Item: AMPICILLIN INJ | | | | |
| Instructions: | | | | |
| (11) Other Print: TESTING | | | | |
| (12) Remarks : | | | | |

+ Enter ?? for more actions

AC Accept

ED Edit

Select Item(s): Next Screen// **AC** Accept

Orderable Item: MULTIVITAMINS INJ Give: IVPB QID

[64]0001 1 EAST 03/20/01 PSJPATIENT1,ONE B-12AMPICILLIN 1000 MG

0.9% SODIUM CHLORIDE 100 ML

INFUSE OVER 30 MIN. TESTING

QID

09-13-17-21

1[1]

Start date: MAR 19,2001 11:30 Stop date: MAR 20,2001 24:00

Is this O.K.: Y// **<Enter>** YES REASON FOR ACTIVITY: **<Enter>**

7 Labels needed for doses due at ...

03/19/01 1300 : 03/19/01 1700 : 03/19/01 2100 : 03/20/01 0900 : 03/20/01 1300 :

03/20/01 1700 : 03/20/01 2100 :

3

6

9

12

15

18

21

24

..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..:..: P

^ ^

^ N

^

Next delivery time is 1500 \*\*\*

Action (PB) P// **BYPASS**

### Renew

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

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

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



### Renewing Orders with CPRS Overrides/Pharmacist Interventions

When renewing an order, if CPRS Provider Overrides and/or Pharmacy Interventions exist for the order, entering Y (Yes) at the prompt: “Order Check Overrides/Interventions exist for this order. Display? (Y/N)? Y//” displays the following:

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

Refer to “[*Renew an Order with Provider Overrides/Interventions*](#_bookmark1)” for an example of the screen.

### Renewing Active Orders

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

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

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



### Renewing Discontinued Orders

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

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

### Renewing Expired Unit Dose Orders

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

1. The RN (Renew) action will not be available on an order with a status of “Expired” if either of the following two conditions exist:
   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).
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.”

**Example: Activity Log (continued)**

\*(3) Infusion Rate: 80 ml/hr

\*(5) Med Route: IV

\*(6)

Stop: 02/20/02 24:00

BCMA ORDER LAST ACTION: 02/20/02 15:50 Infusing\*

\*(7)

(8)

\*(9)

(10)

Schedule: Admin Times:

Provider: PSJPROVIDER,ONE [es] Other Print:

Last Fill: 02/20/02 15:55 Quantity: 1

Cum. Doses: 1

(11) Remarks :

+ Enter ?? for more actions

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DC | Discontinue | RN Renew | VF | (Verify) |
| HD | Hold | OC On Call | FL | Flag |
| ED | Edit | AL Activity Logs |  |  |
| Select Item(s): Next Screen// **AL** Activity Logs (A)ctivity (L)abel (H)istory: **A**ctivity Log  ACTIVITY LOG:  # DATE TIME REASON USER  ===============================================================================   1. FEB 20,2002 15:55:09 COMPLETE PSJPHARMACIST,ONE Comment: DISCONTINUED (EDIT) 2. FEB 20,2002 15:55:12 VERIFY PSJPHARMACIST,ONE Comment: ORDER VERIFIED BY PHARMACIST | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| (A)ctivity (L)abel (H)istory: **L**abel Log LABEL LOG:  # DATE/TIME ACTION USER #LABELS TRACK COUNT  ===================================================================================  1 FEB 20,2002@15:55:12  DISPENSED PSJPHARMACIST,ONE 1 ORDER ACTION YES  Enter RETURN to continue or '^' to exit: **<Enter>**  Unique IDs for this order: | | | |
| Label Date/Time | Unique ID | Status | Count BCMA Action - Date/Time |
| 02/20/02 15:55 | 739V443 |  | YES |

(A)ctivity (L)abel (H)istory: **H**istory Log

DEVICE: HOME// **<Enter>** NT/Cache virtual TELNET terminal Right Margin: 80// **<Enter>**

Patient: PSJPATIENT4,FOUR

Status: DISCONTINUED

\*(1) Additives:

Order number: 444

Type: ADMIXTURE

POTASSIUM CHLORIDE XXXXXXXXXXX 35 MEQ

\*(2) Solutions:

DEXTROSE 5% 1/2 NS 1000 ML

Duration: \*(4) Start: 02/20/02 15:46

\*(3) Infusion Rate: 80 ml/hr \*(4) Start: 02/20/02 15:46

\*(5) Med Route: IV \*(6) Stop: 02/20/02 15:55 BCMA ORDER LAST ACTION: 02/20/02 15:50 Infusing

\*(7)

(8)

\*(9)

(10)

Schedule: Admin Times:

Provider: PSJPROVIDER,ONE [es] Other Print:

Last Fill: 02/20/02 15:46 Quantity: 2

Cum. Doses: 2

(11) Remarks :

Entry By: PSJPROVIDER,ONE

Entry Date: 02/20/02 15:46

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

**report continues**

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**Example: Activity Log (continued)**

Patient: PSJPATIENT4,FOUR

Status: ACTIVE

\*(1) Additives:

Order number: 445

Type: ADMIXTURE

POTASSIUM CHLORIDE XXXXXXXXXXX 35 MEQ

\*(2) Solutions:

DEXTROSE 5% 1/2 NS 1000 ML

Duration:

\*(3) Infusion Rate: 80 ml/hr

\*(4)

Start: 02/20/02 15:46

\*(5) Med Route: IV \*(6) Stop: 02/20/02 24:00 BCMA ORDER LAST ACTION: 02/20/02 15:50 Infusing\*

\*(7)

(8)

\*(9)

(10)

Schedule: Admin Times:

Provider: PSJPROVIDER,ONE [es] Other Print:

Last Fill: 02/20/02 15:55 Quantity: 1

Cum. Doses: 1

(11) Remarks :

Entry By: PSJPROVIDER,ONE

Entry Date: 02/20/02 15:55

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

(A)ctivity (L)abel (H)istory:

### Finish

 Users must hold the PSJ RPHARM key for the ability to finish orders placed through

CPRS.

 Pharmacy Technicians must hold the PSJI PHARM TECH key for the ability to finish

orders placed through CPRS. These users are not allowed to verify orders, only finish orders.

When an order is placed or renewed by a provider through CPRS, the pharmacist needs to finish this order. The same procedures are followed to finish the renewed order as to finish a new order.

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

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



**Note:** When finishing an order, if CPRS Order Checks/Provider Overrides and Pharmacist Interventions exist, they will display during the finish process. Heading information displays first, followed by a summary of the Current CPRS Order Checks overridden by the Provider, as well as the Overriding Provider, and title, Override Entered By, and title, Date/Time Entered, and the Override Reason. Refer to “[*Finish an*](#_bookmark3)[*Order with Provider Overrides/Interventions*](#_bookmark3)” for an example of the screen.



**Note:** For more details on ordering, see *New Order Entry*.



### Expected First Dose Changes

Inpatient Medications no longer displays an expected first dose for an order containing a schedule with a schedule type of One-time. The system also no longer displays an expected first dose for an order containing a schedule with a schedule type of On-call.

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

|  |  |
| --- | --- |
| Display Interaction Monograph? No// NO |  |
| \*\*\*Significant\*\*\* Drug Interaction with Prospective Drug:  SIMVASTATIN 10MG TAB and  Local RX#: 504361  Drug: WARFARIN (C0UMADIN) NA 5MG TAB (Active) SIG: TAKE ONE TABLET BY MOUTH EVERY 2 HOURS  Processing Status: Not released locally (Window)  Pending Order: WARFARIN (C0UMADIN) NA 5MG TAB  SIG: TAKE ONE TABLET BY MOUTH EVERY 2 HOURS  \*\*\* Refer to MONOGRAPH for SIGNIFICANT INTERACTION CLINICAL EFFECTS  Display Interaction Monograph? No// NO |
| \*\*\*Significant\*\*\* Drug Interaction with Prospective Drug:  SIMVASTATIN 10MG TAB and  Pending Order: RIFAMPIN 300MG CAP  SIG: TAKE ONE CAPSULE BY MOUTH EVERY DAY  \*\*\* Refer to MONOGRAPH for SIGNIFICANT INTERACTION CLINICAL EFFECTS  Display Interaction Monograph? No// NO Do you want to Continue? Y// NO  RX DELETED |

* + - * + **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 Interaction Display**

|  |  |
| --- | --- |
| Patient Information Mar 17, 2011@10:40 Page: 1 of 1  BCMA,EIGHTEEN-PATIENT Ward: 7A GEN A  PID: 666-33-0018 Room-Bed: Ht(cm): 175.26 (12/15/08)  DOB: 04/07/35 (75) Wt(kg): 100.00 (12/15/08)  Sex: FEMALE Admitted: 01/31/02  Dx: UPSET Last transferred: 06/04/10 |  |
| Allergies - Verified: AMPICILLIN, PENICILLIN, STRAWBERRIES  Non-Verified:  Adverse Reactions: Inpatient Narrative:  Outpatient Narrative:  Enter ?? for more actions |
| PU Patient Record Update NO New Order Entry |  |

|  |  |  |
| --- | --- | --- |
| DA Detailed Allergy/ADR List IN Intervention Menu VP View Profile  Select Action: View Profile// View Profile | |  |
| SHORT, LONG, or NO Profile? SHORT// SHORT | |
| Inpatient Order Entry Mar 17, 2011@10:40:12 Page: 1 of 2  BCMA,EIGHTEEN-PATIENT Ward: 7A GEN A  PID: 666-33-0018 Room-Bed: Ht(cm): 175.26 (12/15/08)  DOB: 04/07/35 (75) Wt(kg): 100.00 (12/15/08)  Sex: FEMALE Admitted: 01/31/02  Dx: UPSET Last transferred: 06/04/10 | |
| 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 Q4H   1. RILUZOLE TAB C 10/13 10/15 N Give: 50MG PO BID   + 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 | |
| Eligibility: SERVICE CONNECTED 50% to 100% SC%: 60 RX PATIENT STATUS: SC//  DRUG: WARFAR  Lookup: GENERIC NAME   1. WARFARIN (C0UMADIN) 5MG INJ BL110 2. WARFARIN (C0UMADIN) NA 1MG TAB BL110 3. WARFARIN (C0UMADIN) NA 5MG TAB BL110 4. WARFARIN (C0UMADIN) NA 7.5MG TAB BREKSEN BL110 5. WARFARIN (COUMADIN) NA 10MG TAB BL110   Press <RETURN> to see more, '^' to exit this list, '^^' to exit all lists, OR CHOOSE 1-5: 1 WARFARIN (C0UMADIN) 5MG INJ BL110 | |
| Now doing allergy checks. Please wait... | |
| Now Processing Enhanced Order Checks! Please wait... | |
| Order Checks could not be done for Drug: BACLOFEN 10MG TAB, please complete a manual check for Drug Interactions, Duplicate Therapy and appropriate Dosing. | |
| Press Return to Continue: | |
| \*\*\*Critical\*\*\* Drug Interaction with Prospective Drug:  WARFARIN (C0UMADIN) 5MG INJ and |  |
| Local RX#: 504196  Drug: AMIODARONE HCL (PACERONE) 200MG TAB (Active) SIG: TAKE THREE TABLETS BY MOUTH EVERY 3 HOURS  Processing Status: Not released locally (Mail) |
| Pending Order: AMIODARONE HCL (PACERONE) 200MG TAB  SIG: TAKE THREE TABLETS BY MOUTH EVERY 3 HOURS |
| Non-VA Med: AMIODARONE HCL (PACERONE) 200MG TAB  Dosage: 400MG Schedule: EVERY DAY |

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|  |  |
| --- | --- |
| The concurrent administration of amiodarone and an anticoagulant may result in an increase in the clinical effects of the anticoagulant and an increased risk of bleeding.(1-22) It may take several weeks of concurrent therapy before the full effects of this interaction are noted. The effect of amiodarone on anticoagulant levels may continue for several months after amiodarone is discontinued.  Display Interaction Monograph? No// NO Press return to continue: |  |
| \*\*\*Critical\*\*\* Drug Interaction with Prospective Drug:  WARFARIN (C0UMADIN) 5MG INJ and  Local RX#: 504183  Drug: CIMETIDINE 300MG TAB (Active)  SIG: TAKE TWO TABLETS BY MOUTH EVERY 3 HOURS  Processing Status: Not released locally (Mail)  Pending Order: CIMETIDINE 300MG TAB  SIG: TAKE TWO TABLETS BY MOUTH EVERY 3 HOURS  The pharmacologic effects of warfarin may be increased resulting in severe bleeding.  Display Interaction Monograph? No// NO |
| \*\*\*Critical\*\*\* Drug Interaction with Prospective Drug:  WARFARIN (C0UMADIN) 5MG INJ and  Pending Order: RIFAMPIN 300MG CAP  SIG: TAKE ONE CAPSULE BY MOUTH EVERY DAY  Concurrent or recent use of a rifamycin may result in decreased levels of and clinical effects from anticoagulants. If the rifamycin is withdrawn, levels and effects of the anticoagulant may increase, increasing the risk of hemorrhage. This effect may be dose-related and continue beyond discontinuation of the rifamycin.  Display Interaction Monograph? No// NO |
| \*\*\*Significant\*\*\* Drug Interaction with Prospective Drug:  WARFARIN (C0UMADIN) 5MG INJ and  Local RX#: 504280  Drug: INDINAVIR SULFATE 400MG CAP (Active) SIG: TAKE ONE CAPSULE BY MOUTH EVERY DAY  Processing Status: Not released locally (Window)  \*\*\* Refer to MONOGRAPH for SIGNIFICANT INTERACTION CLINICAL EFFECTS  Display Interaction Monograph? No// NO |
| \*\*\*Significant\*\*\* Drug Interaction with Prospective Drug:  WARFARIN (C0UMADIN) 5MG INJ and  Local RX#: 504426  Drug: SIMVASTATIN 40MG TAB (Suspended)  SIG: TAKE 20 TABLETS BY MOUTH EVERY 4 HOURS AND TAKE 15 TABLETS TWICE A DAY BEFORE MEALS AND TAKE TEN TABLETS TWICE A DAY AND TAKE FIVE TABLETS EVERY 3 HOURS AND TAKE ONE SIXTY MG TABLET(S) Q5H AND TAKE ONE FORTY MG  TABLET(S) EVERY EVENING PAT INSTRUCTIONS |

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Processing Status: Not released locally (Mail)

\*\*\* Refer to MONOGRAPH for SIGNIFICANT INTERACTION CLINICAL EFFECTS

Display Professional Interaction Monograph(s)? NO//

Do you want to Continue with METRONIDAZOLE 500MG IN 100ML? NO// YES Now creating Pharmacy Intervention

For METRONIDAZOLE 500MG IN 100ML

PROVIDER: PROV INPATIENT-MEDS,PROVIDER RECOMMENDATION: 9 OTHER

OTHER FOR RECOMMENDATION:

No existing text Edit? NO// YES

PROV

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

Discussed with doctor, ok 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.



* **Drug-Allergy Interactions** – If the Dispense Drug selected is identified as having an interaction with one of the patient’s allergies, the allergy the drug interacts with will be displayed. Pharmacist Interventions for Drug- Allergy/ADR Interactions are optional.

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



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

Select Action: View Profile// NO New Order Entry

Select DRUG: DILTIAZEM Lookup: GENERIC NAME

1. DILTIAZEM (INWOOD) 120MG SA CAP
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

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.

Aminoglycoside Ordered

Trigger: Ordering session completion.

Mechanism: For each medication order placed during this ordering session, the CPRS Expert System requests the pharmacy package to determine if the medication belongs to the VA Drug Class ‘Aminoglycosides’. If so, the patient’s most recent BUN results are used to

calculate the creatinine clearance then OERR is notified and the warning message is displayed.

[Note: The creatinine clearance value displayed in some order check messages is an estimate based on adjusted body weight if patient height is > 60 inches. Approved by the CPRS Clinical Workgroup 8/11/04, it is based on a modified Cockcroft-Gault formula and was installed with patch OR\*3\*221.

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

* **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.

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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.

**1.1.1. Inpatient Duplicate Therapy**

Inpatient orders are checked for therapeutic duplication with drugs within the same class. If orders have the same drug (meaning the same class), they will be included in the list. The header for Inpatient Duplicate Therapy will be like: This patient is already receiving the following:

INPATIENT and/or OUTPATIENT order(s) for a drug in the same therapeutic class(es) as SIMVASTATIN 40MG TAB:

The user will have the opportunity to discontinue duplicate order(s) after the banner..

**Example: Duplicate Therapy Banner**

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

This patient is already receiving the following INPATIENT and/or OUTPATIENT order(s) for a drug in the same therapeutic class(es) as SIMVASTATIN 40MG TAB:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| GEMFIBROZIL TAB,ORAL Give: 600MG PO BID | C | 02/08 | 05/19 | A |
| GEMFIBROZIL TAB,ORAL Give: 600MG PO BID | C | 02/08 | 05/19 | A |
| Local Rx #504563 (ACTIVE) for FLUVASTATIN NA 20MG CAP SIG: TAKE ONE CAPSULE BY MOUTH TWICE A DAY  Processing Status: Not released locally (Window) | | | | |

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### Allergy/ADR Example Order Checks

Inpatient Medications (Unit Dose and IV) order entry process with check for adverse allergy/ADR reactions: (conditions by which the user will get new order checks)

* + - * Entering a new IV or Unit Dose medication order through pharmacy options
      * Finishing a pending IV or Unit Dose medication order
      * Renewing an IV or Unit Dose order
      * Creating a new Unit Dose order when editing the orderable item (to a new orderable item) through pharmacy options
      * When editing the IV additive field (changing existing additive or adding new additive) for an IV order through pharmacy options
      * When editing the IV solution field (changing existing solution or adding a new solution) for an IV order through pharmacy options – This applies only to IV solutions marked as a PreMix
      * Entering a new Unit Dose medication order through pharmacy options
      * using order sets
      * Copying an IV or Unit Dose medication order, thereby creating a new order.

Pharmacist Interventions for Allergy/ADR interactions are optional. Only one warning will be displayed for an Allergy/ADR. The Allergy/ADR warning shall display the following information:

* + - * Drug Text ‘A Drug-Allergy Reaction exists for this medication and/or class:’
      * Drug Name
      * Ingredient(s) (Indicate Local and/or Remote sites) – if available
      * VA Drug Class(es) (Indicate Local and/or Remote sites) – if available

More than one ingredient and more than one VA Drug Class may be associated with an Allergy/ADR. After the Allergy/ADR warning is displayed, the system shall prompt the user if they want to intervene. The default for this prompt shall be ‘No.’ If the user chooses to intervene, the system will proceed with the intervention dialog. If the user chooses not to intervene, the system will proceed with the order entry dialog.

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

Select Action: View Profile// NO New Order Entry

Select DRUG: DILTIAZEM Lookup: GENERIC NAME

1. DILTIAZEM (INWOOD) 120MG SA CAP CV200
2. DILTIAZEM (INWOOD) 180MG SA CAP CV200
3. DILTIAZEM (INWOOD) 240MG SA CAP CV200
4. DILTIAZEM (INWOOD) 300MG SA CAP CV200
5. DILTIAZEM (INWOOD) 360MG SA CAP CV200

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

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

Ingredients: DILTIAZEM (REMOTE SITE(S)),

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

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Do you want to Intervene NO// YES

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.



**Example: New Order Entry – Backdoor – Local & Remote Allergy/ADR – Ingredients & Drug Class exist**

Select Unit Dose Medications Option: IOE Inpatient Order Entry You are signed on under the GLRISC IV ROOM

Current IV LABEL device is: TELNET

Current IV REPORT device is: NULL DEVICE

Select PATIENT: PSJPATIENT,TEN

000-00-0000 02/02/39 3AS

\*\*\* Patient Requires a Means Test \*\*

VP View Profile

Allergies - Verified: PENICILLIN, ASPIRIN

Non-Verified: CODEINE PHOSPHATE 15MG TAB, DIAZEPAM, TETRACYCLINE

Reactions - Verified: SULFAMETHOXAZOLE/TRIMETHOPRIM, VANCOMYCIN

Non-Verified:

Inpatient Narrative: Place All Meds in NS Outpatient Narrative:

Enter ?? for more actions

PU Patient Record Update NO New Order Entry

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

Select Action: View Profile// NO New Order Entry

Select DRUG: SULFAMET Lookup: GENERIC NAME

SULFAMETHOXAZOLE/TRIMETHOPRIM DS TAB

AM650

...OK? Yes// (Yes)

A Drug-Allergy Reaction exists for this medication and/or class! Drug: SULFAMETHOXAZOLE/TRIMETHOPRIM DS TAB

Ingredients: SULFAMETHOXAZOLE (LOCAL), TRIMETHOPRIM (LOCAL)

Drug Class: AM650 SULFONAMIDE/RELATED ANTIMICROBIALS (LOCAL AND REMOTE SITE(S))

Duplicate Therapy Class(es): Histamine-2 Receptor Antagonists (H2 Antagonists)

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

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

CIMETIDINE TAB Give: 400MG PO QHS

C 03/12 04/11 A

Do you want to discontinue this order? YES// No

Available Dosage(s)

1. 150MG

2. 300MG

**Example: IV New Order Entry Backdoor**

Select Action: Next Screen// NO New Order Entry

Select IV TYPE: PIGGYBACK. Select ADDITIVE: CEFAZOLIN

\*N/F\*

Restriction/Guideline(s) exist. Display? : (N/D): No// NO (The units of strength for this additive are in GM)

Strength: 1 1 GM Select ADDITIVE:

Select SOLUTION: D5250 5% DEXTROSE 250 ML

\*N/F\*

Restriction/Guideline(s) exist. Display? : (N/D/O/B): No// NO Now Processing Enhanced Order Checks! Please wait...

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

This patient is already receiving the following INPATIENT and/or OUTPATIENT order(s) for a drug in the same therapeutic class as CEFAZOLIN 1GM:

CEFOXITIN INJ

Give: 1GM/1VIAL IM Q12H

C 03/20 04/03 A

PENICILLIN TAB Give: 500MG PO QID

C 03/20 03/27 A

Duplicate Therapy Class(es): Beta-Lactams

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

CEFOXITIN INJ

Give: 1GM/1VIAL IM Q12H

C 03/20 04/03 A

Duplicate Therapy Class(es): Cephalosporins

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

Do you wish to DISCONTINUE any of the listed INPATIENT orders? NO// Yes

1. CEFOXITIN INJ

Give: 1GM/1VIAL IM Q12H

C 03/20 04/03 A

2. PENICILLIN TAB

Give: 500MG PO QID

C 03/20 03/27 A

Select (1-2): 1

CEFOXITIN INJ

Give: 1GM/1VIAL IM Q12H

C 03/20 04/03 A

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Do you want to discontinue this order? Yes// (Yes)

NATURE OF ORDER: WRITTEN//

W

Requesting PROVIDER: PROVIDER, ONE// LBB 119

INFUSION RATE: OVER 30 MINTUES

MED ROUTE: IV//IVPB IV PIGGYBACK SCHEDULE: Q12H

ADMINISTRATION TIMES: 09-21//

IVPB

### 1.1.2. 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

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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

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 :

Pharmacist: PSJPHARMACIST,ONE 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.

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**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 |
|  | 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.

**CLINIC DEFINITION File** File #53.46. This file is used in conjunction with

Inpatient Medications for Outpatients (IMO) to give the user the ability to define, by clinic, default stop dates, whether to auto-dc IMO orders, and whether to send IMO orders to BCMA.

**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. Inpatient Medications receives the parent order number from CPRS and links the child orders together. If an action of FN (Finish), VF (Verify), DC (Discontinue), or RN (Renew) is taken on one child order, the action must be taken on all of the associated child orders. For example:

* If one child order within a Complex Order is made active, all child orders in the Complex Order must be made active.
* If one child order within a Complex Order is discontinued, all child orders in the Complex Order must be discontinued.
* If one child order within a Complex Order is renewed, all child orders in the Complex Order must be renewed.

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

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

**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 name has the strength attached to it (e.g., Acetaminophen 325 mg). The name alone without a strength attached is the Orderable Item name.

**Delivery Times** The time(s) when IV orders are delivered to the wards.

**Dosage Ordered** After the user has selected the drug during order entry, the dosage ordered prompt is displayed.

**DRUG ELECTROLYTES File** File #50.4. This file contains the names of

anions/cations, and their concentration units.

**DRUG File** File #50. This file holds the information related to each drug that can be used to fill a prescription.

**Local Possible Dosages** Free text dosages that are associated with drugs that do

not meet all of the criteria for Possible Dosages.

**LVP** Large Volume Parenteral — Admixture. A solution intended for continuous parenteral infusion, administered as a vehicle for additive(s) or for the pharmacological effect of the solution itself. It is comprised of any number of additives, including zero, in one solution. An LVP runs continuously, with another bag hung when one bottle or bag is empty.

**Manufacturing Times** The time(s) that designate(s) the general time when the

manufacturing list will be run and IV orders prepared. This field in the *SIte Parameters (IV)* option (IV ROOM file, (#59.5)) is for documentation only and does not affect IV processing.

**MEDICATION ADMINISTERING** File #57.7. This file contains wards, the teams used in

**TEAM file** the administration of medication to that ward, and the rooms/beds assigned to that team.

**MEDICATION INSTRUCTION file** File #51. This file is used by Unit Dose and Outpatient

Pharmacy. It contains the medication instruction name, expansion, and intended use.

**MEDICATION ROUTES file** File #51.2. This file contains medication route names.

The user can enter an abbreviation for each route to be used at their site. The abbreviation will most likely be the Latin abbreviation for the term.

**Medication Routes/** 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 possible adverse drug reactions and will reduce the possibility of a medication error.

**Order Sets** An Order Set is a set of N pre-written orders. (N indicates the number of orders in an Order Set is variable.) Order Sets are used to expedite order entry for drugs that are dispensed to all patients in certain medical practices and procedures.

**Order View** Computer option that allows the user to view detailed information related to one specific order of a patient. The order view provides basic patient information and identification of the order variables.

**Parenteral** Introduced by means other than by way of the digestive track.

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

date of admission, reactions, and any pertinent remarks.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**PSJI PHARM TECH** The name of the *key* that must be assigned to pharmacy

technicians using the IV module. This key allows the technician to finish IV orders, but not verify them.

**PSJI PURGE** The key that must be assigned to individuals allowed to purge expired IV orders. This person will most likely be the IV application coordinator.

**PSJI RNFINISH** The name of the *key* that is given to a user to allow the finishing of IV orders. This user must also be a holder of the PSJ RNURSE key.

**PSJI USR1** The primary menu option that may be assigned to nurses.

**PSJI USR2** The primary menu option that may be assigned to technicians.

**PSJU MGR** The name of the *primary menu option* and of the *key* that must be assigned to the pharmacy package coordinators and supervisors using the Unit Dose Medications module.

**PSJU PL** The name of the *key* that must be assigned to anyone using the *Pick List Menu* options.

**PSJ PHARM TECH** The name of the *key* that must be assigned to pharmacy

technicians using the Unit Dose Medications module.

**PSJ RNFINISH** The name of the *key* that is given to a user to allow the finishing of a Unit Dose order. This user must also be a holder of the PSJ RNURSE key.

**PSJ RNURSE** The name of the *key* that must be assigned to nurses using the Unit Dose Medications module.

**PSJ RPHARM** The name of the *key* that must be assigned to a pharmacist to use the Unit Dose Medications module. If the package coordinator is also a pharmacist he/she must also be given this key.

**Quick Code** An abbreviated form of the drug generic name (from one to ten characters) for IV orders. One of the three drug fields on which lookup is done to locate a drug. Print name and synonym are the other two. Use of quick codes will speed up order entry, etc.

**Report Device** The device, identified by the user, on which computer- generated reports selected by the user will be printed.

**Schedule** The frequency of administration of a medication (e.g., QID, QDAILY, QAM, STAT, Q4H).

**Schedule Type** Codes include: **O** - one time (i.e., STAT - only once), **P** - PRN (as needed; no set administration times). **C**- continuous (given continuously for the life of the order; usually with set administration times). **R** - fill on request (used for items that are not automatically put in the cart - but are filled on the nurse’s request. These can be multidose items (e.g., eye wash, kept for use by one patient and is filled on request when the supply is exhausted). And **OC** - on call (one time with no specific time to be given, e.g., 1/2 hour before surgery).

**Scheduled IV Order** Inpatient Medications IV order having an administration schedule. This includes the following IV Types: IV Piggyback, Intermittent Syringe, IV Piggyback Chemotherapy, and Intermittent Syringe Chemotherapy.

**Self Med** Medication that is to be administered by the patient to himself.

**Standard Schedule** Standard medication administration schedules stored in the ADMINISTRATION SCHEDULE file (#51.1).

**Start Date/Time** The date and time an order is to begin.

**Status A** - active, **E** - expired, **R** - renewed (or reinstated), **D** - discontinued, **H** - on hold, **I** - incomplete, or **N** - non- verified, **U** – unreleased, **P** – pending, **O** – on call, **DE**

– discontinued edit, **RE** – reinstated, **DR** – discontinued renewal.

**Stop Date/Time** The date and time an order is to expire.

**Stop Order Notices** A list of patient medications that are about to expire and

may require action.

**Syringe** Type of IV that uses a syringe rather than a bottle or bag. The method of infusion for a syringe-type IV may be continuous or intermittent.

**Syringe Size** The syringe size is the capacity or volume of a particular syringe. The size of a syringe is usually measured in number of cubic centimeters (ccs).

**TPN** Total Parenteral Nutrition. The intravenous administration of the total nutrient requirements of the patient. The term TPN is also used to mean the solution compounded to provide those requirements.

**Units per Dose** The number of Units (tablets, capsules, etc.) to be dispensed as a Dose for an order. Fractional numbers will be accepted.

**VA Drug Class Code** A drug classification system used by VA that separates

drugs into different categories based upon their characteristics. IV cost reports can be run for VA Drug Class Codes.

**VDL** Virtual Due List. This is a Graphical User Interface (GUI) application used by the nurses when administering medications.

**Ward Group** A ward group indicates inpatient nursing units (wards) that have been defined as a group within Inpatient Medications to facilitate processing of orders.

**WARD GROUP file** File #57.5. This file contains the name of the ward group, and the wards included in that group. The grouping is necessary for the pick list to be run for specific carts and ward groups.

**Ward Group Name** A field in the WARD GROUP file (#57.5) used to assign an arbitrary name to a group of wards for the pick list and medication cart.

**WARD LOCATION file** File #42. This file contains all of the facility ward

locations and their related data, e.g., Operating beds, Bedsection, etc. The wards are created/edited using the *Ward Definition* option of the ADT module.

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