



INPATIENT MEDICATIONS

PHARMACIST'S USER MANUAL

Version 5.0
December 1997

(Revised January 2013)

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
01/2013	i vii xi, xii 9 10, 21 11, 63 15, 15a, 16, 17b, 27-28b, 35, 36b, 37-38, 40, 45, 53, 59, 62, 62b, 65, 73, 81-84, 96, 98, 103, 113, 120, 120b, 122, 124a, 124d, 124i, 136, 137, 149, 153, 158-161, 175, 180, 187, 190, 195, 196b, 203, 206, 210 124f-124f2 124f2, 124k-124q 124z-124bb 224 225-238 239-246	PSJ*5*260 PSJ*5*268	Updated Revision History Updated Table of Contents Update Menu Trees Added DA & CK menu option to table Corrected label for OCI Added Check Drug Interaction to the Unit Dose & IV menus. Updated screens for Creatinine Clearance (CrCl) and Body Surface Area (BSA), when available, to the header area of Patient and Medication Profile displays Added information regarding clinic orders Drug Allergy updates Added new section for Check Drug Interaction Added Hidden Action DA & CK, and updated OCI Updated Glossary Updated Index REDACTED
09/2012	i-vii, 12, 12a-12b, 14, 14a-14b, 17, 17a-17b, 25b-25d, 27, 28, 28a-28b, 29, 55, 64, 64a-64b, 66, 66a-66b, 71, 71a-71b, 119, 119a-119b, 231	PSJ*5*267	Added No Allergy Assessment logic Updated Special Instructions/Other Print Info REDACTED

Date	Revised Pages	Patch Number	Description
01/2012	i, v-vii, 10, 21 25 29 42a, 49, 56, 56a, 75, 89, 99, 106-106b 124c 124f-124g 124k-124l 124x 124y-124z 224, 228, 232, 233, 234 239-244	PSJ*5*254	Updated Table of Contents Added Order Checks/Interventions (OCI) to “Hidden Actions” section Defined OCI Indicator Updated Schedule Type text Updated text under Interventions Menu Updated Pharmacy Interventions for Edit, Renew, and Finish orders for Unit dose and IV Added note to Drug-Drug Interactions Added note to Drug-Allergy Interactions Updated Allergy/ADR Example Order Checks Added “Display Pharmacist Intervention” section Defined Historical Overrides/Interventions Updated Glossary Updated Index 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 <i>Non-Verified/Pending Orders</i> [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 v-vii 9 15-15b 17 19 20 21 27-28 30 31 32 33 34 35-36b 37 40	PSJ*5*181	Updated Revision History Updated Table of Contents New: Intervention Menu New: Example: Ward Group Sort option ^OTHER for Patient and Example: Ward Group Sort option ^OTHER for Order Updated: Example: Patient Information Screen Update: “Select DRUG” Note was updated Updated: Example: Dispense Drug with Possible Dosages and Example: Dispense Drug with Local Possible Dosages Updated: Example: New Order Entry Updated: Example: New Intervention Updated: Example: Edit an Intervention Updated: Example: Delete an Intervention Updated: Example: View an Intervention Updated: Example: Print an Intervention New: Discontinued Codes and Example of Inpatient Order Entry New: Example: Patient Information Updated: 4.1.5.1 Discontinue

Date	Revised Pages	Patch Number	Description
	41 46 61-62b 65 66 67 73-74 76 77 78 79 80 81 83 98 118 120-120b 122 123-124v 125 136 137 153 190 192a-192b 194-195 196-196d 219-220 221-222 223-238 239-246		Updated: Example: Discontinue an Order (continued) Updated: Example: Verify an Order (continued) Updated: 4.1.8 Inpatient Profile, Discontinued Codes, & example Updated: Example: Patient Information Updated: Example: Patient Record Updated: Example: Patient Information Updated: Example: New Order Entry Updated: Example: New Intervention Updated: Example: Edit an Intervention Updated: Example: Delete an Intervention Updated: Example: View an Intervention Updated: Example: Print an Intervention Updated: 4.2.3.5 View Profile Updated: Example: Patient Information Updated: 4.1.5.4 Hold Updated text Updated: 4.2.7. Inpatient Profile, Discontinued Codes, & example Updated: Example: Inpatient Profile Updated: 4.3. Order Checks Added Note Updated: Example: Extra Units Dispensed Report Updated: Example: Reporting Medication Returns Updated: Example: Patient Profile Updated: Example: Extended Patient Profile Report Updated: 8.1.5. Patients on Specific Drug(s) Updated: Example: IV Individual Labels New: Example: IV Individual Labels (Print New Labels) New: 10. CPRS Order Checks – How They Work New: 11. Error Messages Updated: Glossary page numbering Updated: Index & page numbering 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
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

Date	Revised Pages	Patch Number	Description
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 <i>Patients on Specific Drug(s)</i> 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 <i>Patients on Specific Drug(s)</i> 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 /2008	iii, 20-27, 54, 68-76, 94-95, 104-106, 236, 240-241	PSJ*5*134	Inpatient Medication Route changes added, plus details on IV type changes for infusion orders from CPRS, pending renewal functions, and expected first dose changes. REDACTED
10/2007	iii, 124 a-d 5, 17-18, 27-28, 30-34, 37-38, 65-68, 76-80, 83-84, 119-120, 123-124, 149-150, 195-196, 209-210	PSJ*5*175 PSJ*5*160	Modified outpatient header text for display of duplicate orders. Added new functionality to Duplicate Drug and Duplicate Class Order Check definitions. Modifications for remote allergies, to ensure all allergies are included when doing order checks using VA Drug Class; Analgesic order checks match against specific class only; check for remote data interoperability performed when entering patient's chart; and list of remote allergies added to Patient Information screen. REDACTED
07/2007	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
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

Date	Revised Pages	Patch Number	Description
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, 114-116, 223, 236-241	PSJ*5*112	Updated TOC to correct Index page number. (p. iv) In Unit Dose Menu Tree, changed Clinic Stop Dates to Clinic Definition. (p. v) In Section 1., Introduction, updated revision dates and added reference to Release Notes. (p. 1) In Sections 4.2.5.1., 4.2.5.3., and 4.2.5.3., added a sentence that refers to the IMO parameter NUMBER OF DAYS UNTIL STOP from the CLINIC DEFINITION file. (p.114-116) Updated Glossary; added definition for CLINIC DEFINITION File. (p. 223) Updated Index; added CLINIC DEFINITION file and Inpatient Medication Orders for Outpatients page number references; reflowed all following Index pages. (p. 236-241) REDACTED
01/2005	All	PSJ*5*111	Reissued entire document to include updates for Inpatient Medication Orders for Outpatients and Non-Standard Schedules. REDACTED

(This page included for two-sided copying.)

Table of Contents

1. Introduction.....	1
2. Orientation	3
3. List Manager	5
3.1. Using List Manager.....	7
3.2. Hidden Actions	7
4. Order Options	11
4.1. Unit Dose Medications Option	11
4.1.1. Order Entry	12
4.1.2. Non-Verified/Pending Orders.....	13
4.1.3. Inpatient Order Entry	17
4.1.4. Patient Actions	18
4.1.5. Order Actions.....	40
4.1.6. Discontinue All of a Patient’s Orders	60
4.1.7. Hold All of a Patient’s Orders	60
4.1.8. Inpatient Profile	61
4.2. IV Menu Option.....	63
4.2.1. Order Entry (IV).....	64
4.2.2. Inpatient Order Entry	65
4.2.3. Patient Actions	66b
4.2.4. Order Actions.....	86
4.2.5. IV Types.....	114
4.2.6. Profile (IV).....	117
4.2.7. Inpatient Profile	120a
4.3. Order Checks	123
4.3.1. Clinic Orders	124f
4.3.2. Inpatient Duplicate Therapy.....	124h
4.3.3. Discontinuing Duplicate Inpatient Orders	i
4.3.4. Allergy/ADR Example Order Checks.....	124k
4.3.5. Sample Drug/Drug Interactions	124q
4.3.6. Sample Therapeutic Order Check Displays	124u
4.3.7. Display of Provider Overrides and Pharmacist Interventions.....	x
4.4. Check Drug Interactions	124z
5. Maintenance Options.....	125
5.1. Unit Dose	125

5.1.1.	Edit Inpatient User Parameters	125
5.1.2.	Edit Patient's Default Stop Date	126
5.2.	IV	126
5.2.1.	Change Report/Label Devices (IV)	126
5.2.2.	Change to Another IV Room (IV)	127
6.	Pick List Menu.....	129
6.1.	Pick List	129
6.2.	ENter Units Dispensed.....	134
6.3.	EXtra Units Dispensed.....	136
6.4.	Report Returns	137
6.5.	Reprint Pick List	138
6.6.	Send Pick List To ATC.....	140
6.7.	Update Pick List.....	141
7.	Production Options.....	143
7.1.	Ward List (IV).....	143
7.2.	Update Daily Ward List (IV)	144
7.3.	Manufacturing List (IV).....	146
7.4.	RETurns and Destroyed Entry (IV)	148
7.5.	Barcode ID – Return and Destroy (IV).....	152
8.	Output Options	153
8.1.	Unit Dose	153
8.1.1.	PAtient Profile (Unit Dose)	153
8.1.2.	Reports Menu.....	154
8.1.3.	Align Labels (Unit Dose).....	192
8.1.4.	Label Print/Reprint.....	192
8.1.5.	Patients on Specific Drug(s)	192a
8.2.	IV	193
8.2.1.	Label Menu (IV)	193
8.2.2.	REPorts (IV)	200
8.2.3.	SUSpense Functions (IV)	208
9.	Inquiries Option.....	215
9.1.	Unit Dose	215
9.1.1.	INquiries Menu	215
9.1.2.	Dispense Drug Look-Up.....	215
vii 9.2.	IV	217

9.2.1. Drug Inquiry (IV).....	217
10. CPRS Order Checks – How They Work.....	219
10.1. Order Check Data Caching.....	219
11. Error Messages	221
11.1. Error Information.....	222
12. Glossary	223
13. Index.....	239

(This page included for two-sided copying.)

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

**Unit Dose Menu Tree
Topic-Oriented Section**

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

IV Menu Tree
Topic Oriented Section

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

<u>Synonym</u>	<u>Action</u>	<u>Description</u>
IN	Intervention Menu	Displays, allows actions to be taken on orders where interventions are required or suggested.
PRO	Patient Profiles	Displays the <i>Patient Profile Menu</i>
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 Profil	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
DA	Display Drug Allergies	displays signs/symptoms of an allergy associated to a med order
CK	Check Interaction	Allows a user to perform order checks against the patient's active medication profile with or without a prospective drug.

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.

<u>Synonym</u>	<u>Action</u>	<u>Description</u>
DC	Speed Discontinue	Speed discontinue one or more orders (This is also available in the <i>Inpatient Order Entry</i> and <i>Order Entry (IV)</i> options.)
KN	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.

<u>Synonym</u>	<u>Action</u>	<u>Description</u>
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

<u>Synonym</u>	<u>Action</u>	<u>Description</u>
JP	Jump to a Patient	Allows the user to begin processing another patient
N	Mark Not to be Given	Allows the user to mark a discontinued or expired order as not to be given
OCI	Overrides/Interventions	Indicates there are associated CPRS Overrides and/or Pharmacist Interventions. When the OCI indicator displays on the Order Detail screen, the user can type "OCI" to display associated CPRS Provider Overrides and/or Pharmacist Interventions.

4. Order Options

4.1. Unit Dose Medications Option

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

Example: Unit Dose Menu

```
Select Unit Dose Medications Option: ?

      Align Labels (Unit Dose)
      Discontinue All of a Patient's Orders
EUP   Edit Inpatient User Parameters
ESD   Edit Patient's Default Stop Date
      Hold All of a Patient's Orders
IOE   Inpatient Order Entry
IPF   Inpatient Profile
      Check Drug Interaction
      INquiries Menu ...
      Label Print/Reprint
      Non-Verified/Pending Orders
      Order Entry
      PATient Profile (Unit Dose)
      PIRk List Menu ...
      Reports Menu ...
      Supervisor's Menu ...
```

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



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

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

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

4.1.1. Order Entry [PSJU NE]

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

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

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

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

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

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



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

Example: Pharmacist Answers ‘Yes’ and Enters Allergy Information

```
Select PATIENT: PSJPATIENT1, ONE

NO ALLERGY ASSESSMENT exists for this patient!

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

Enter Causative Agent: LATEX

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

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

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

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

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

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

LATEX OK? Yes// (Yes)

Example: Pharmacist Answers 'No' and Intervention is Created

Select PATIENT: PSJPATIENT1, ONE

NO ALLERGY ASSESSMENT exists for this patient!

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

Now creating Pharmacy Intervention

PROVIDER:

Select one of the following:

- 1 UNABLE TO ASSESS
- 2 OTHER

RECOMMENDATION: ^

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

Press Return to continue...

The Patient Information Screen is displayed:

Example: Patient Information Screen

```
Patient Information          Sep 11, 2000 16:09:05          Page: 1 of 1
PSJPATIENT1,ONE           Ward: 1 EAST
PID: 000-00-0001          Room-Bed: B-12          Ht (cm) : _____ (_____)
DOB: 08/18/20 (80)        Wt (kg) : _____ (_____)
Sex: MALE                 Admitted: 05/03/00
Dx: TESTING               Last transferred: *****
```

Allergies/Reactions: No Allergy Assessment

Inpatient Narrative: INP NARR...

Outpatient Narrative:

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

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

(This page included for two-sided copying.)

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

The *Non-Verified/Pending Orders* option allows easy identification and processing of non-verified and/or pending orders. This option will also show pending and pending renewal orders, which are orders from CPRS that have not been finished by Pharmacy Service. Unit Dose and IV orders are displayed using this option.

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

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

Example: Non-Verified/Pending Orders

```
Select Unit Dose Medications Option: NON-Verified/Pending Orders
Display an Order Summary? NO// YES
Searching for Pending and Non-Verified orders.....

Pending/Non-Verified Order Totals by Ward Group/Clinic Location
Ward Group/Clinic Location      Pending          Non-Verified
                                IV              UD              IV              UD
Ward Groups
SOUTH WING                      0              25              6              25
NORTH WING                      5              9              18             11
GENERAL MEDICINE                2              4              0              0
ICU                             1              26             0              3
PSYCH / DEPENDENCY              0              3              0              2
^OTHER                          29             16             125             52
Clinic Groups
SHOT CLINIC GROUP              10             25             16             15
CHEMO CLINIC GROUP             13              5             11              3
ALLERGY CLINIC GROUP           6              10            28              9
Clinics
ORTHO CLINIC                   0              30              4             28
DENTAL CLINIC                  0              6              0              2

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



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

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

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

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

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

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

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

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



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

Example: Pharmacist Answers ‘Yes’ and Enters Allergy Information

```
Select PATIENT: PSJPATIENT1, ONE

NO ALLERGY ASSESSMENT exists for this patient!

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

Enter Causative Agent: LATEX

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

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

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

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

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

LATEX OK? Yes// (Yes)

Example: Pharmacist Answers 'No' and Intervention is Created

SELECT PATIENT: PSJPATIENT1, ONE

NO ALLERGY ASSESSMENT EXISTS THIS PATIENT!

WOULD YOU LIKE TO ENTER ONE NOW? NO// N

(NO) NOW CREATING PHARMACY INTERVENTION

PROVIDER:

SELECT ONE OF THE FOLLOWING:

- 1 UNABLE TO ASSESS
- 2 OTHER

RECOMMENDATION: ^

SEE 'PHARMACY INTERVENTION MENU' IF TO DELETE THIS INTERVENTION OR FOR MORE OPTIONS.

PRESS RETURN TO CONTINUE...

- 1) Unit Dose Orders
- 2) IV Orders

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

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

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

Select WARD GROUP: **SOUTH WING <Enter>**

PHARMACY HOME

...a few moments, please.....

ORDERS NOT VERIFIED BY A PHARMACIST - 1 EAST

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

Select 1 - 4:

ORDERS NOT VERIFIED BY A PHARMACIST - 2 EAST

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

Select 1 - 3: **1**

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

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

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

Example: Ward Group Sort option ^OTHER

```

1) Unit Dose Orders
2) IV Orders

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

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

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

Select WARD GROUP: ^OTHER <Enter>

ORDERS NOT VERIFIED BY A PHARMACIST - ^OTHER

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

Select 1 - 4: 1

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

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

```

Example: After selecting a patient:

```

                I N P A T I E N T   M E D I C A T I O N S           03/05/10  13:56
                VAMC: CAMP MASTER (500)
-----
EIGHT,INPATIENT                Ward: 7A GEN MED
PID: 666-00-0808              Room-Bed: 726-B                Ht (cm): _____ (_____)
DOB: 03/09/45 (64)                                Wt (kg): _____ (_____)
Sex: MALE                                                    Admitted: 01/05/09
Dx: stress
CrCL: <Not Found>                BSA (m2): _____
Allergies: No Allergy Assessment
ADR:
-----
- - - - - A C T I V E - - - - -
  1      MULTIVITAMINS 2 ML                C 02/25 03/27  H
        in 0.9% SODIUM CHLORIDE 100 ML QID
-----
  2      CEFAZOLIN INJ                      ? ***** ***** N
        Give: 1GM/1VIAL IVPB 3ID

View ORDERS (1-2):

```

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

```

-----
Patient: EIGHT,INPATIENT                Status: HOLD
* (1) Additives:                Order number: 1                Type: PIGGYBACK
      MULTIVITAMINS 2 ML
(2) Solutions:
      0.9% SODIUM CHLORIDE 100 ML
      Duration:                * (4)                Start: 02/25/10  18:51
(3) Infusion Rate: INFUSE OVER 125 MINUTES

```

```

* (5) Med Route: IV * (6) Stop: 03/27/10 23:59
* (7) Schedule: QID Last Fill: 02/25/10 19:03
(8) Admin Times: 09-13-17-21 Quantity: 1
* (9) Provider: PROVIDER,ONE [w] Cum. Doses: 1
* (10) Orderable Item: MULTIVITAMINS INJ
Instructions: MULTIVITAMIN INJ
(11) Other Print:

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

Select profile type for order processing.

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

```

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

Example: Short Profile

```

Non-Verified/Pending Orders Feb 28, 2002@13:41:21 Page: 1 of 3
PSJPATIENT1,ONE Ward: 1 EAST
PID: 000-00-1001 Room-Bed: B-12 Ht (cm) : _____ ( _____ )
DOB: 08/18/20 (81) Wt (kg) : _____ ( _____ )
Sex: MALE Admitted: 05/03/00
Dx: TESTING Last transferred: *****
CrCL: <Not Found> BSA (m2) : _____

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

+ Enter ?? for more actions
PI Patient Information SO Select Order
PU Patient Record Update NO New Order Entry

Select Action: Next Screen// <Enter> NEXT SCREEN

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

```

(This page included for two-sided copying.)

Example: Short Profile (continued)

```

Non-Verified/Pending Orders  Feb 28, 2002@13:42:56          Page: 2 of 3
PSJPATIENT1,ONE              Ward: 1 EAST
  PID: 000-00-1001          Room-Bed: B-12          Ht (cm) : _____ (_____)
  DOB: 08/18/20 (81)          Wt (kg) : _____ (_____)
  Sex: MALE                  Admitted: 05/03/00
  Dx: TESTING                Last transferred: *****
  CrCL: <Not Found>          BSA (m2) : _____
+
- - - - - P E N D I N G R E N E W A L S - - - - -
  5  THEOPHYLLINE TAB,SA      O 02/27 02/27  E
      Give: 500MG PO STAT
  6  WARFARIN TAB            O 02/27 02/27  E
      Give: 2 MG PO NOW
  7  WARFARIN TAB            O 02/27 02/27  E
      Give: 2 MG PO NOW
  8  WARFARIN TAB            O 02/28 02/28  E
      Give: 4 MG PO NOW

```

```

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

```

```

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


```

```

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

```

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

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

4.1.3. Inpatient Order Entry [PSJ OE]

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

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

Example: Inpatient Order Entry

```
Select Unit Dose Medications Option: IOE Inpatient Order Entry
You are signed on under the BIRMINGHAM ISC IV ROOM
Current IV LABEL device is: NT TELNET TERMINAL
Current IV REPORT device is: NT TELNET TERMINAL
Select PATIENT: PSJPATIENT1
```

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

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

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

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



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

Example: Pharmacist Answers ‘Yes’ and Enters Allergy Information

```
Select PATIENT: PSJPATIENT1, ONE

NO ALLERGY ASSESSMENT exists for this patient!

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

Enter Causative Agent: LATEX

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

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

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

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

Now checking the INGREDIENTS (#50.416) file for matches...
    ...OK? Yes// Y (Yes)

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

Example: Pharmacist Answers ‘No’ and Intervention is Created

```
Select PATIENT: PSJPATIENT1, ONE

NO ALLERGY ASSESSMENT exists for this patient!

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

Now creating Pharmacy Intervention

PROVIDER:

    Select one of the following:

        1          UNABLE TO ASSESS
        2          OTHER

RECOMMENDATION: ^

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

Press Return to continue...
```

The Patient Information Screen is displayed:

Example: Patient Information Screen

```
Patient Information      Oct 20, 2010@11:46:54      Page: 1 of 1
PSOPATIENT,TWO        Ward: W5BI                          A
  PID: 666-66-0968      Room-Bed:                               Ht (cm) : _____ ( _____ )
  DOB: 01/06/47 (63)                               Wt (kg) : _____ ( _____ )
  Sex: FEMALE                                                Admitted: 10/14/09
  Dx: CHEST PAIN                                           Last transferred: *****
  CrCL: <Not Found>                                       BSA (m2) : _____
-----
Allergies - Verified: ASPIRIN
                Non-Verified:
                Remote:

Adverse Reactions:
Inpatient Narrative:
Outpatient Narrative:

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

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

4.1.4. Patient Actions

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

4.1.4.1. Patient Record Update

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

Example: Patient Record Update

Patient Information	Sep 12, 2000 14:39:07	Page: 1 of 1
PSJPATIENT1,ONE	Ward: 1 EAST	
PID: 000-00-0001	Room-Bed: B-12	Ht (cm) : _____ (_____)
DOB: 08/18/20 (80)		Wt (kg) : _____ (_____)
Sex: MALE		Admitted: 05/03/00
Dx: TESTING		Last transferred: *****

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

Enter ?? for more actions

PU Patient Record Update	NO New Order Entry
DA Detailed Allergy/ADR List	IN Intervention Menu
VP View Profile	

Select Action: View Profile// **PU**
INPATIENT NARRATIVE: INP NARR...// **Narrative for Patient** PSJPATIENT1
UD DEFAULT STOP DATE/TIME: SEP 21,2000@24:00//

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

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



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

When the SAME STOP DATE ON ALL ORDERS parameter is set to Yes, the module will assign the same default stop date for each patient. This date is initially set when the first order is entered for the patient, and can change when an order for the patient is renewed. This date is shown as the default value for the stop date of each of the orders entered for the patient.

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

Overrides/Interventions (OCI):

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

```
* (1) Orderable Item: METRONIDAZOLE TAB <OCI><DIN>
    Instructions: 250MG
* (2) Dosage Ordered: 250MG
    Duration: (3) Start: 07/11/11 15:33
* (4) Med Route: ORAL 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]
    (11) Special Instructions:

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

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

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

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

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

Example: Dispense Drug with Possible Dosages

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

Now Processing Enhanced Order Checks! Please wait...

Press Return to continue...

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

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

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

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

Example: Dispense Drug with Local Possible Dosages

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

Now 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.

Nature of Order	Description	Prompted for Signature in CPRS?	Chart Copy Printed?
Policy	These are orders that are created as a matter of hospital policy	No	Yes

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

Example: New Order Entry

```

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

Allergies/Reactions: NKA
Inpatient Narrative:
Outpatient Narrative:

Enter ?? for more actions

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

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

- - - - - A C T I V E - - - - -
1  THEOPHYLLINE (INWOOD) TAB,SA      C 11/26 12/26 A
   Give: 100mg PO TID
- - - - - N O N - V E R I F I E D - - - - -
2  DUODERM GEL                      C 12/11 01/10 N
   Give: SMALL AMOUNT TOP BID
3  MASTISOL LIQUID, TOP              C 12/10 01/09 N NF
   Give: ONE VIAL TOP QD- (EVERY DAY)
4  ACETAMINOPHEN TAB                P 10/24 11/23 N
   Give: 325MG PO Q4H PRN
- - - - - P E N D I N G - - - - -
+  Enter ?? for more actions
-----report continues-----

```

Example: New Order Entry (continued)

```

- - - - - P E N D I N G - - - - -
+      Enter ?? for more actions
PI Patient Information          SO Select Order
PU Patient Record Update      NO New Order Entry
Select Action: Next Screen// no   New Order Entry

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

Enter RETURN to continue or '^' to exit:

Now Processing Enhanced Order Checks! Please wait...

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

Press Return to continue...

DOSAGE ORDERED: sliding scale

You entered sliding scale is this correct? Yes// YES
UNITS PER DOSE: 1//
MED ROUTE: SUBCUTANEOUS// SQ SQ
SCHEDULE: tid
      (TID)
1 TID 09-13-17
2 TID PRN
3 TID-AC 07-11-16
4 TID-PC 09-13-18
5 TID-SS 07-11-16
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 1 09-13-17
SCHEDULE TYPE: CONTINUOUS// CONTINUOUS
ADMIN TIMES: 09-13-17//
SPECIAL INSTRUCTIONS:
1>
START DATE/TIME: DEC 11,2012@15:34// DEC 11,2012@15:34
STOP DATE/TIME: JAN 10,2013@18:00// JAN 10,2013@18:00
Expected First Dose: DEC 11,2012@17:00
PROVIDER: YARBER,KIM// 3232323
NON-VERIFIED UNIT DOSE Dec 11, 2012@15:34:21 Page: 1 of 2
IPDCHLDTESTA,ANGUS Ward: ICU-M
PID: 666-11-0022 Room-Bed: 2114-1 Ht (cm): 182.88 (10/10/12)
DOB: 03/05/78 (34) Wt (kg): 86.36 (10/10/12)

(1) Orderable Item: INSULIN ASPART (NOVOLOG) INJ <DIN>
      Instructions:
(2) Dosage Ordered: sliding scale
      Duration: (3) Start: 12/11/12 15:34
```

Example: New Order Entry (continued)

```
(4) Med Route: SUBCUTANEOUS
(5) Stop: 01/10/13 18:00
(6) Schedule Type: CONTINUOUS
(8) Schedule: TID
(9) Admin Times: 09-13-17
(10) Provider: YARBER,KIM
(11) Special Instructions:

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

+ Enter ?? for more actions

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

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

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

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

Pre-Exchange DOSES:

ORDER VERIFIED.

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

(This page included for two-sided copying.)

4.1.4.5. View Profile

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

Example: Profile View

```

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

- - - - - A C T I V E - - - - -
1  CEFAZOLIN 1 GM          C 06/12 06/22  H
   in 5% DEXTROSE 50 ML Q8H
2  CIMETIDINE TAB         C 06/12 07/12  A
   Give: 300MG PO BID
3  FUROSEMIDE TAB         C 06/01 06/15  HP
   Give: 40MG PO QAM
- - - - - N O N - V E R I F I E D - - - - -
4  CAPTOPRIL TAB          C 06/14 06/28  N
   Give: 25MG PO BID
- - - - - P E N D I N G - - - - -
5  HEPARIN/DEXTROSE INJ,SOLN ? ***** ***** P
   Give: IV
6  LACTULOSE SYRUP        ? ***** ***** P NF
   Give: 10GM/15ML PO BID PRN
7  LACTULOSE SYRUP        ? ***** ***** P NF
   Give: 10GM/15ML PO BID PRN
- - - - - R E C E N T L Y  D I S C O N T I N U E D / E X P I R E D  ( L A S T  8  H O U R S )  - - - - -
8  FOLIC ACID TAB         C 06/14 06/16  D
   Give: 1MG PO QAM
9  GENTAMICIN 80 MG       C 06/12 06/12  DE
   in 5% DEXTROSE 100 ML Q8H
10 ISONIAZID TAB          C 04/03 04/17  DF
   Give: 300MG PO QD
11 POTASSIUM CHLORIDE 10MEQ C 06/12 06/12  DA
   in 5% DEXTROSE 1000 ML Q8H
12 POTASSIUM CHLORIDE 40 MEQ C 06/12 06/12  DD
   in 5% DEXTROSE 250 ML 120 ml/hr
13 PROPRANOLOL TAB        C 06/15 06/20  DP
   Give: 40MG PO Q6H
14 THIAMINE TAB           C 04/03 04/17  E
   Give: 100MG PO BID

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

```

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

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

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

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

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

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

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

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

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

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



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

Example: Pending Complex Order in Profile View

```

Inpatient Order Entry      Mar 07, 2004@13:03:55      Page: 1 of 1
-----
PSJPATIENT1,ONE          Ward: 1 EAST
PID: 000-00-0001          Room-Bed: B-12          Ht (cm) : _____ (_____)
DOB: 08/18/20 (81)        Wt (kg) : _____ (_____)
Sex: MALE                  Admitted: 03/03/04
Dx: TESTING                Last transferred: *****
CrCL: <Not Found>         BSA (m2) : _____
-----
- - - - - P E N D I N G C O M P L E X - - - - -
1      CAPTOPRIL TAB          ? ***** P
      Give: 25MG PO QDAILY
      CAPTOPRIL TAB          ? ***** P
      Give: 50MG PO BID
      CAPTOPRIL TAB          ? ***** P
      Give: 100MG PO TID

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

Example: Non-Verified Complex Order in Profile View

```

Inpatient Order Entry      Mar 07, 2004@13:03:55      Page: 1 of 1
-----
PSJPATIENT1,ONE          Ward: 1 EAST
PID: 000-00-0001          Room-Bed: B-12          Ht (cm) : _____ (_____)
DOB: 08/18/20 (81)        Wt (kg) : _____ (_____)
Sex: MALE                  Admitted: 03/03/04
Dx: TESTING                Last transferred: *****
CrCL: <Not Found>         BSA (m2) : _____
-----
- - - - - N O N - V E R I F I E D C O M P L E X - - - - -
1      CAPTOPRIL TAB          C 03/26 03/27  N
      Give: 25MG PO QDAILY
      CAPTOPRIL TAB          C 03/28 03/29  N
      Give: 50MG PO BID
      CAPTOPRIL TAB          C 03/30 03/31  N
      Give: 100MG PO TID

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

Example: Active Complex Order in Profile View

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

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

Enter ?? for more actions

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

4.1.4.5. Patient Information

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

Example: Patient Information

Patient Information	Feb 28, 2011@09:15:52	Page: 1 of 1
BCMA,EIGHTYNINE-PATIENT	Ward: BCMA	A
PID: 666-33-0089	Room-Bed: 13-A	Ht (cm) : _____ (_____)
DOB: 04/07/35 (75)		Wt (kg) : _____ (_____)
Sex: FEMALE		Admitted: 02/08/02
Dx: BROKEN LEG		Last transferred: *****

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

Adverse Reactions:
Inpatient Narrative:
Outpatient Narrative:

Enter ?? for more actions

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

4.1.4.6. Select Order

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

Example: Selecting and Displaying an Order

```

Inpatient Order Entry      Mar 07, 2002@13:10:28      Page: 1 of 1
PSJPATIENT1,ONE          Ward: 1 EAST
PID: 000-00-0001         Room-Bed: B-12      Ht (cm) : _____ (_____)
DOB: 08/18/20 (81)      Wt (kg) : _____ (_____)
Sex: MALE                Admitted: 05/03/00
Dx: TESTING              Last transferred: *****
CrCL: <Not Found>       BSA (m2) : _____
----- A C T I V E -----
1 d->in 5% DEXTROSE 50 ML 125 ml/hr      C 03/06 03/06 E
2 ASPIRIN CAP,ORAL                       C 03/07 03/08 A
   Give: 325MG PO QID
3 CEPHAPIRIN 1 GM                         C 03/04 03/09 A
   in DEXTROSE 5% IN N. SALINE 1000 ML QID
----- P E N D I N G -----
4 in DEXTROSE 10% 1000 ML 125 ml/hr      ? ***** ***** P

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

```

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

Example: Selecting and Displaying an Order (continued)

ACTIVE UNIT DOSE	Mar 07, 2002@13:10 46	Page:	1 of 2
PSJPATIENT1,ONE	Ward: 1 EAST		
PID: 000-00-0001	Room-Bed: B-12	Ht (cm) :	_____ (_____)
DOB: 08/18/20 (81)		Wt (kg) :	_____ (_____)
* (1) Orderable Item: ASPIRIN CAP,ORAL <DIN>			
Instructions:			
* (2) Dosage Ordered: 325MG		* (3) Start: 03/07/02 13:10	
Duration:			
* (4) Med Route: ORAL			
BCMA ORDER LAST ACTION: 03/07/02 13:09 Given*		* (5) Stop: 03/08/02 24:00	
(6) Schedule Type: CONTINUOUS			
* (8) Schedule: QID			
(9) Admin Times: 09-13-17-21			
* (10) Provider: PSJPROVIDER,ONE [es]			
(11) Special Instructions:			
(12) Dispense Drug		U/D	Inactive Date
ASPIRIN BUFFERED 325MG TAB		1	
+ Enter ?? for more actions			
DC Discontinue	ED Edit	AL Activity Logs	
HD Hold	RN Renew		
FL Flag	VF (Verify)		
Select Item(s): Next Screen//			

Example: Order View For An Outpatient With Inpatient Orders

ACTIVE UNIT DOSE	Nov 28, 2003@10:55:47	Page:	1 of 2
PSJPATIENT3,THREE	Clinic: CLINIC (PAT)		
PID: 000-00-0003	Clinic Date: 10/31/03 08:00	Ht (cm) :	_____ (_____)
DOB: 02/01/55 (48)		Wt (kg) :	_____ (_____)
* (1) Orderable Item: CAPTOPRIL TAB <DIN>			
Instructions:			
* (2) Dosage Ordered: 25MG		* (3) Start: 10/31/03 08:00	
Duration:			
* (4) Med Route: ORAL (BY MOUTH)		* (5) Stop: 11/29/03 12:56	
(6) Schedule Type: CONTINUOUS			
* (8) Schedule: BID			
(9) Admin Times: 08-20			
* (10) Provider: PSJPROVIDER,ONE [s]		DURATION:	
(11) Special Instructions:			
(12) Dispense Drug		U/D	Inactive Date
CAPTAPRIL 25MG TABS		1	
+ Enter ?? for more actions			
DC Discontinue	ED Edit	AL Activity Logs	
HD Hold	RN Renew		
FL Flag	VF (Verify)		
Select Item(s): Next Screen//			

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

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



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

4.1.5. Order Actions

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

4.1.5.1. Discontinue

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



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

Example: Discontinue an Order

```

Inpatient Order Entry      Sep 28, 2000 13:32:18      Page:    1 of    1
PSJPATIENT1,ONE          Ward: 1 EAST

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

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

```

Example: Verify an Order

```

Inpatient Order Entry      Mar 07, 2002@13:03:55      Page: 1 of 1
PSJPATIENT1,ONE          Ward: 1 EAST
PID: 000-00-0001         Room-Bed: B-12      Ht (cm) : _____ (_____)
DOB: 08/18/20 (81)      Wt (kg) : _____ (_____)
Sex: MALE                Admitted: 05/03/00
Dx: TESTING              Last transferred: *****
CrCL: <Not Found>       BSA (m2) : _____
----- A C T I V E -----
1 d->in 5% DEXTROSE 50 ML 125 ml/hr      C 03/06 03/06 E
2 CEPHAPIRIN 1 GM                        C 03/04 03/09 A
  in DEXTROSE 5% IN N. SALINE 1000 ML QID
3 d->ASPIRIN CAP,ORAL                    O 03/07 03/07 E
  Give: 650MG PO NOW
----- P E N D I N G -----
4 in DEXTROSE 10% 1000 ML 125 ml/hr      ? ***** ***** P

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

```

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

Example: Verify an Order (continued)

```

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

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

(12) Dispense Drug           U/D           Inactive Date
      ASPIRIN BUFFERED 325MG TAB           1

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

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

Would you like to continue verifying the order? Yes// <Enter> YES
...a few moments, please....

Pre-Exchange DOSES: 0// <Enter>

ORDER VERIFIED.

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

```

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



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

Viewing Renewed Orders

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

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

Example: Renewed Order in Profile View

```
Inpatient Order Entry      Feb 25, 2004@21:25:50      Page: 1 of 1
-----
PSJPATIENT1,ONE          Ward: 1 EAST
PID: 000-00-0001         Room-Bed: B-12          Ht (cm) : _____ (_____)
DOB: 08/18/20 (83)      Wt (kg) : _____ (_____)
Sex: MALE                Admitted: 05/03/00
Dx: TESTING              Last transferred: *****
CrCL: <Not Found>        BSA (m2) : _____
-----
- - - - - A C T I V - - - - -
1   ASPIRIN TAB 650      C 03/26 03/28 A 03/27
    Give: 650MG PO QDAILY
-----
Enter ?? for more actions
PI Patient Information    SO Select Order
PU Patient Record Update NO New Order Entry
Select Action: Quit// 1
```

Example: Renewed Order in Detailed Order View

ACTIVE UNIT DOSE	Feb 25, 2004@21:25 50	Page:	1 of 2
PSJPATIENT1,ONE	Ward: 1 EAST		
PID: 000-00-0001	Room-Bed: B-12	Ht (cm) : _____ (_____)	
DOB: 08/18/20 (80)		Wt (kg) : _____ (_____)	
* (1) Orderable Item: ASPIRIN TAB <DIN>			
Instructions:			
* (2) Dosage Ordered: 650MG			
Duration:		* (3) Start: 03/26/04 14:40	
* (4) Med Route: ORAL		Renewed: 03/27/04 11:00	
(6) Schedule Type: CONTINUOUS		* (5) Stop: 03/28/04 24:00	
* (8) Schedule: QDAILY			
(9) Admin Times: 1440			
* (10) Provider: PSJPROVIDER,ONE [es]			
(11) Special Instructions:			
(12) Dispense Drug		U/D	Inactive Date
ASPIRIN BUFFERED 325MG TAB		2	
+ Enter ?? for more actions			
DC Discontinue	ED (Edit)	AL Activity Logs	
HD Hold	RN Renew		
FL Flag	VF (Verify)		
Select Item(s): Next Screen//			

ACTIVE UNIT DOSE	Feb 25, 2004@21:28:20	Page:	2 of 2
PSJPATIENT1,ONE	Ward: 1 EAST		
PID: 000-00-0001	Room-Bed: B-12	Ht (cm) : _____ (_____)	
DOB: 08/18/20 (80)		Wt (kg) : _____ (_____)	
+ Enter ?? for more actions			
(7) Self Med: NO			
Entry By: PSJPROVIDER,ONE		Entry Date: 03/25/04 21:25	
Renewed By: PSJPROVIDER,ONE			
(13) Comments:			
TESTING			
+ Enter ?? for more actions			
DC Discontinue	ED (Edit)	AL Activity Logs	
HD Hold	RN (Renew)		
FL (Flag)	VF (Verify)		
Select Item(s): Quit// <Enter>			

Discontinuing a Pending Renewal

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

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

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

Orders That Change Status During Process of Renew

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

4.1.5.8. Flag



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

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

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

Example: Flagged Order

Unit Dose Order Entry	Aug 22, 2002@07:44:06	Page: 1 of 1
PSJPATIENT1,ONE Ward: 1 EAST		
PID: 000-00-0001	Room-Bed: B-5	Ht (cm) : _____ (_____)
DOB: 02/14/54 (48)		Wt (kg) : _____ (_____)
Sex: MALE		Admitted: 03/26/99
Dx: Sick	Last transferred: *****	
CrCL: <Not Found>	BSA (m2) : _____	
----- A C T I V -----		
1 DOXEPIIN CAP,ORAL	C 08/09 11/05	A
Give: 200MG PO Q8H		
2 WARFARIN TAB	C 08/07 11/05	A
Give: 4MG PO TU-TH@2000		
3 WARFARIN TAB	C 08/14 11/05	A
Give: 7MG PO QPM		
Enter ?? for more actions		
PI Patient Information	SO Select Order	
PU Patient Record Update	NO New Order Entry	
Select Action: Quit//		

4.1.5.9. Speed Actions

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



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



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

4.1.6. Discontinue All of a Patient's Orders

[PSJU CA]

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

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

4.1.7. Hold All of a Patient's Orders

[PSJU HOLD ALL]

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

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

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

Example 1: Hold All of a Patient's Orders

```
Select Unit Dose Medications Option: Hold All of a Patient's Orders
Select PATIENT: PSJPATIENT2, TWO      000-00-0002   02/22/42   A-6
DO YOU WANT TO PLACE THIS PATIENT'S ORDERS ON HOLD? Yes// <Enter> (Yes)
HOLD REASON: SURGERY SCHEDULED FOR 9:00AM
...a few moments, please.....DONE!
```

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

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

```
Select Unit Dose Medications Option: Hold All of a Patient's Orders
Select PATIENT:      PSJPATIENT2,TWO      000-00-0002   02/22/42   A-6
THIS PATIENT'S ORDERS ARE ON HOLD.
DO YOU WANT TO TAKE THIS PATIENT'S ORDERS OFF OF HOLD? Yes// <Enter> (Yes).....
.....DONE!
```



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

4.1.8. Inpatient Profile
[PSJ PR]

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

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

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

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

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

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

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

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

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

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

```

Inpatient Order Entry      Jun 12, 2006@23:12:54      Page: 1 of 1
PSJPATIENT11, ONE        Ward: 2ASM
PID: 000-55-3421         Room-Bed: 102-1           Ht (cm): _____ (_____)
DOB: 12/02/23 (82)      Wt (kg): 100.00 (06/24/03)
Sex: MALE                Admitted: 12/11/01
Dx: HE IS A PAIN.       Last transferred: 12/11/01
CrCL: <Not Found>       BSA (m2):
----- A C T I V E -----
1  CEFAZOLIN 1 GM        C 06/12 06/22  H
   in 5% DEXTROSE 50 ML Q8H
2  CIMETIDINE TAB       C 06/12 07/12  A
   Give: 300MG PO BID
3  FUROSEMIDE TAB       C 06/01 06/15  HP
   Give: 40MG PO QAM
----- N O N - V E R I F I E D -----
4  CAPTOPRIL TAB        C 06/14 06/28  N
   Give: 25MG PO BID
  
```

```

- - - - - P E N D I N G - - - - -
5  HEPARIN/DEXTROSE INJ,SOLN      ? ***** ***** P
   Give: IV
6  LACTULOSE SYRUP                 ? ***** ***** P NF
   Give: 10GM/15ML PO BID PRN
   Give: IV
7  LACTULOSE SYRUP                 ? ***** ***** P NF
   Give: 10GM/15ML PO BID PRN
- - - - - RECENTLY DISCONTINUED/EXPIRED (LAST 8 HOURS) - - - - -
8  FOLIC ACID TAB                  C 06/14 06/16 D
   Give: 1MG PO QAM
9  GENTAMICIN 80 MG                C 06/12 06/12 DE
   in 5% DEXTROSE 100 ML Q8H
10 ISONIAZID TAB                   C 04/03 04/17 DF
   Give: 300MG PO QD
11 POTASSIUM CHLORIDE 10MEQ        C 06/12 06/12 DA
   in 5% DEXTROSE 1000 ML Q8H
12 POTASSIUM CHLORIDE 40 MEQ       C 06/12 06/12 DD
   in 5% DEXTROSE 250 ML 120 ml/hr
13 PROPRANOLOL TAB                 C 06/15 06/20 DP
   Give: 40MG PO Q6H
14 THIAMINE TAB                    C 04/03 04/17 E
   Give: 100MG PO BID

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

```

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

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

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



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

Example: Inpatient Profile

```

Select Unit Dose Medications Option: IPF Inpatient Profile
Select by WARD GROUP (G), WARD (W), or PATIENT (P): Patient <Enter>

Select PATIENT: PSJPATIENT1,ONE                000-00-0001   08/18/20   1 EAST
Select another PATIENT: <Enter>

SHORT, LONG, or NO Profile? SHORT// <Enter> SHORT
Show PROFILE only, EXPANDED VIEWS only, or BOTH: PROFILE// BOTH
Show SHORT, LONG, or NO activity log? NO// SHORT
Select PRINT DEVICE: 0;80 NT/Cache virtual TELNET terminal

```

```

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

```

Dispense Drugs	U/D	Units Disp'd	Units Ret'd	Inactive Date
AMPICILLIN 500MG CAP	1	0	0	

```

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

```


Example: Inpatient Profile (continued)

Patient: PSJPATIENT1,ONE	Status: NON-VERIFIED			
Orderable Item: DOXEPIN CAP,ORAL				
Instructions:				
Dosage Ordered: 100MG				
Duration:	Start: 09/20/00 09:00			
Med Route: ORAL (PO)	Stop: 10/04/00 24:00			
Schedule Type: NOT FOUND				
Schedule: Q24H				
(No Admin Times)				
Provider: PSJPROVIDER,ONE [es]				
Special Instructions: special for DOXEPIN				
Dispense Drugs	U/D	Units Disp'd	Units Ret'd	Inactive Date
DOXEPIN 100MG U/D	1	0	0	
DOXEPIN 25MG U/D	1	0	0	
ORDER NOT VERIFIED				
Self Med: NO				
Entry By: PSJPROVIDER,ONE				Entry Date: 09/19/00 09:55

4.2. IV Menu Option [PSJI MGR]

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

Example: IV Menu

```
Select IV Menu Option: ?

CRL   Change Report/Label Devices (IV)
CIR   Change to Another IV Room (IV)
      Drug Inquiry (IV)
IOE   Inpatient Order Entry
IPF   Inpatient Profile
      Barcode ID - Return and Destroy (IV)
      Check Drug Interaction
      Label Menu (IV) ...
      Manufacturing List (IV)
      Order Entry (IV)
      Profile (IV)
      REports (IV) ...
      RETurns and Destroyed Entry (IV)
      SUPervisor's Menu (IV) ...
      SUSpense Functions (IV) ...
      Update Daily Ward List (IV)
      Ward List (IV)
```

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

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

The two different paths for entering a new order or taking an action on an existing order are summarized below.

4.2.1. Order Entry (IV) [PSJI ORDER]

The *Order Entry (IV)* option allows the pharmacist to complete, edit, renew, and discontinue orders and to place existing orders on hold or on call. This option also allows the user to create new orders and new labels. A long profile can be chosen to review all of the patient's IV orders, or the user can bypass the profile by selecting NO Profile, and proceed directly to order entry. The profile is essentially the same as that generated by the *Profile (IV)* option. The long profile shows all orders, including discontinued and expired orders. The short profile omits the discontinued and expired orders.

After selecting the *Order Entry (IV)* option from the *IV Menu* option, the pharmacist will be prompted to select the patient. At the "Select PATIENT:" prompt, the user can enter the patient's name or enter the first letter of the patient's last name and the last four digits of the patient's social security number (e.g., P0001). The Patient Information Screen is displayed, as shown in the following example.

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

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

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



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

Example: Pharmacist Answers 'Yes' and Enters Allergy Information

```
Select PATIENT: PSJPATIENT1, ONE

NO ALLERGY ASSESSMENT exists for this patient!

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

Enter Causative Agent: LATEX

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

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

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

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

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

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

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

Example: Pharmacist Answers 'No' and Intervention is Created

```
Select PATIENT: PSJPATIENT1, ONE

NO ALLERGY ASSESSMENT exists for this patient!

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

Now creating Pharmacy Intervention

PROVIDER:

    Select one of the following:

        1          UNABLE TO ASSESS
        2          OTHER

RECOMMENDATION: ^

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

Press Return to continue...
```

(This page included for two-sided copying.)

Example: Patient Information

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

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

Adverse Reactions:
Inpatient Narrative:
Outpatient Narrative:

Enter ?? for more actions

PU Patient Record Update	NO New Order Entry
DA Detailed Allergy/ADR List	IN Intervention Menu
VP View Profile	

Select Action: View Profile//

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

4.2.2. Inpatient Order Entry [PSJ OE]

The *Inpatient Order Entry* option allows the pharmacist to complete, create, edit, renew, and discontinue IV and Unit Dose orders, as well as put existing IV and Unit Dose orders on hold for any patient, while remaining in the IV module. The IV orders can also be put on call. This option expedites order entry since the pharmacist is not required to change modules to enter IV and Unit Dose orders.

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

Example: Inpatient Order Entry

```
Select IV MENU Option: IOE Inpatient Order Entry
You are signed on under the BIRMINGHAM ISC IV ROOM
Current IV LABEL device is: NT TELNET TERMINAL
Current IV REPORT device is: NT TELNET TERMINAL
Select PATIENT: PSJPATIENT1,ONE
```

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

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

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

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



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

Example: Pharmacist Answers ‘Yes’ and Enters Allergy Information

```
Select PATIENT: PSJPATIENT1, ONE
NO ALLERGY ASSESSMENT exists for this patient!
Would you like to enter one now? No// YES (Yes)
Does this patient have any known allergies or adverse reactions? : Yes
    This patient has no allergy/adverse reaction data.
Enter Causative Agent: LATEX
Checking existing PATIENT ALLERGIES (#120.8) file for matches...
Now checking GMR ALLERGIES (#120.82) file for matches...
Now checking the National Drug File - Generic Names (#50.6)
Now checking the National Drug File - Trade Names (#50.67)
Now checking the INGREDIENTS (#50.416) file for matches...
    ...OK? Yes// Y (Yes)
LATEX OK? Yes// (Yes)
```

Example: New Order Entry

```

Inpatient Order Entry      Feb 28, 2002@13:48:47      Page: 1 of 3
-----
PSJPATIENT1,ONE          Ward: 1 EAST
PID: 000-00-0001         Room-Bed: B-12          Ht (cm) : _____ (_____)
DOB: 08/18/20 (81)      Wt (kg) : _____ (_____)
Sex: MALE                Admitted: 05/03/00
Dx: TESTING              Last transferred: *****
CrCL: <Not Found>        BSA (m2) : _____
-----
- - - - - A C T I V E - - - - -
1  BACLOFEN TAB          C 02/20 03/06 A
   Give: 10MG PO QDAILY
   PATIENT SPITS OUT MEDICINE
2  PREDNISON TAB        C 02/25 03/11 A
   Give: 5MG PO TU-TH-SA@09
3  RESERPINE TAB        C 02/20 03/06 A
   Give: 1MG PO QDAILY
4  d->FUROSEMIDE 1 MG   O 02/11 02/11 E
   in 5% DEXTROSE 50 ML NOW
5  d->FUROSEMIDE 10 MG  O 02/11 02/11 E
   in 5% DEXTROSE 50 ML STAT
+   Enter ?? for more actions
PI Patient Information      SO Select Order
PU Patient Record Update   NO New Order Entry
Select Action: Next Screen// NO New Order Entry
Select Drug:
Select IV TYPE: P PIGGYBACK.
Select ADDITIVE: MULTI
   1 MULTIVITAMIN INJ
   2 MULTIVITAMINS
CHOOSE 1-2: 2 MULTIVITAMINS

(The units of strength for this additive are in ML)
Strength: 2 ML
Select ADDITIVE: <Enter>
Select SOLUTION: 0.9
   1 0.9% SODIUM CHLORIDE 100 ML
   2 0.9% SODIUM CHLORIDE 50 ML
CHOOSE 1-2: 1 0.9% SODIUM CHLORIDE 100 ML
Now Processing Enhanced Order Checks! Please wait...
Enhanced Order Checks cannot be performed for Local Drug: MULTIVITAMINS 2 ML
Reason: Drug not matched to NDF

Press Return to continue...
INFUSION RATE: 125 INFUSE OVER 125 MIN.
MED ROUTE: IV// <Enter>
SCHEDULE: QID
   1 QID 09-13-17-21
   2 QID AC 0600-1100-1630-2000
CHOOSE 1-2: 1 09-13-17-21
ADMINISTRATION TIMES: 09-13-17-21// <Enter>
REMARKS: <Enter>
OTHER PRINT INFO: <Enter>
START DATE/TIME: FEB 28,2002@13:56// <Enter> (FEB 28, 2002@13:56)
STOP DATE/TIME: MAR 30,2002@24:00// <Enter>
PROVIDER: PSJPROVIDER,ONE // <Enter>
-----report continues-----

```

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

Example: New Order Entry (continued)

```

Orderable Item: MULTIVITAMINS INJ
Give: IV QID

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

MULTIVITAMINS 2 ML
0.9% SODIUM CHLORIDE 100 ML

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

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

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

```

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

```

* (1) Additives:                      Type: PIGGYBACK
      MULTIVITAMINS 2 ML
(2) Solutions:
      0.9% SODIUM CHLORIDE 100 ML
      Duration:                      (4) Start: 02/28/02 13:56
(3) Infusion Rate: INFUSE OVER 125 MIN.
* (5) Med Route: IV                      (6) Stop: 03/30/02 24:00
* (7) Schedule: QID                      Last Fill: *****
(8) Admin Times: 09-13-17-21             Quantity: 0
* (9) Provider: PSJPROVIDER,ONE [w]      Cum. Doses:
* (10) Orderable Item: MULTIVITAMINS INJ
      Instructions:
(11) Other Print:
    
```

```

+ Enter ?? for more actions
DC Discontinue          RN (Renew)          VF Verify
HD (Hold)              OC (On Call)       FL Flag
ED Edit                AL Activity Logs
    
```

```

Select Item(s): Next Screen// VF Verify
      3      6      9      12      15      18      21      24
.....:.....:.....:.....:.....:.....:.....:.....:.....:
                                  P
                                  N
    
```

```

Next delivery time is 1330 ***
Action (PB) B// <Enter>      BYPASS
    
```

When the order is correct and verified, and the Activity Ruler site parameter is turned on, the system will display a time line. The time line is a visual representation of the relationship between start of coverage times, doses due, and order start times. The letters **P**, **A**, **H**, **S**, or **C** show the start of coverage times for each IV type. If there is an asterisk (*) after the letter, this means that the Ward List has been run for this start of coverage type. The caret (^) shows when the doses are due, and the **N** indicates current time in relation to the order. The next delivery time will also be listed.

4.2.3.5 View Profile

The View Profile action allows selection of a Long, Short, or NO profile for the patient. The profile displayed in the *Inpatient Order Entry* and *Non-Verified/Pending Orders* options will include IV and Unit Dose orders. The long profile shows all orders, including discontinued and expired orders. Please see the Patient Profile section of this document for more discussion about the discontinued or expired statuses available and screen captures of how they appear.

Example: Profile View

Inpatient Order Entry		Feb 28, 2002@14:06:01		Page: 1 of 3	
PSJPATIENT1,ONE		Ward: 1 EAST			
PID: 000-00-0001		Room-Bed: B-12		Ht (cm) : _____ (_____)	
DOB: 08/18/20 (81)				Wt (kg) : _____ (_____)	
Sex: MALE				Admitted: 05/03/00	
Dx: TESTING		Last transferred: *****			
CrCL: <Not Found>		BSA (m2) : _____			
- - - - - A C T I V E - - - - -					
1	BACLOFEN TAB			C	02/20 03/06 A
	Give: 10MG PO QDAILY				
	PATIENT SPITS OUT MEDICINE				
2	MULTIVITAMINS 2 ML			C	02/28 03/30 A
	in 0.9% SODIUM CHLORIDE 100 ML QID				
3	PREDNISONE TAB			C	02/25 03/11 A
	Give: 5MG PO TU-TH-SA@09				
4	RESERPINE TAB			C	02/20 03/06 A
	Give: 1MG PO QDAILY				
5	d->FUROSEMIDE 1 MG			O	02/11 02/11 E
	in 5% DEXTROSE 50 ML NOW				
+ Enter ?? for more actions					
PI	Patient Information			SO	Select Order
PU	Patient Record Update			NO	New Order Entry
Select Action: Next Screen//					

The orders on the profile are sorted first by status (ACTIVE, NON-VERIFIED, NON-VERIFIED COMPLEX, PENDING RENEWALS, PENDING COMPLEX, PENDING, RECENTLY DISCONTINUED/EXPIRED) then alphabetically by SCHEDULE TYPE. Pending orders with a priority of STAT are listed first and are displayed in a bold and blinking text for easy identification. After SCHEDULE TYPE, orders are sorted alphabetically by DRUG (the drug name listed on the profile), and then in descending order by START DATE.

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

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

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



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

Example: Pending Complex Order in Profile View

```

Inpatient Order Entry      Mar 07, 2004@13:03:55      Page: 1 of 1
PSJPATIENT1,ONE          Ward: 1 EAST
  PID: 000-00-0001        Room-Bed: B-12          Ht (cm) : _____ (_____)
  DOB: 08/18/20 (81)     Wt (kg) : _____ (_____)
  Sex: MALE                Admitted: 03/03/04
  Dx: TESTING              Last transferred: *****
  CrCL: <Not Found>       BSA (m2) : _____
----- P E N D I N G C O M P L E X -----
1  CAPTOPRIL TAB          ? ***** ***** P
   Give: 25MG PO QDAILY
   CAPTOPRIL TAB          ? ***** ***** P
   Give: 50MG PO BID
   CAPTOPRIL TAB          ? ***** ***** P
   Give: 100MG PO TID

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

Example: Non-Verified Complex Order in Profile View

```

Inpatient Order Entry      Mar 07, 2004@13:03:55      Page: 1 of 1
PSJPATIENT1,ONE          Ward: 1 EAST
  PID: 000-00-0001        Room-Bed: B-12          Ht (cm) : _____ (_____)
  DOB: 08/18/20 (81)     Wt (kg) : _____ (_____)
  Sex: MALE                Admitted: 03/03/04
  Dx: TESTING              Last transferred: *****
  CrCL: <Not Found>       BSA (m2) : _____
----- N O N - V E R I F I E D C O M P L E X -----
1  CAPTOPRIL TAB          C 03/26 03/27  N
   Give: 25MG PO QDAILY
   CAPTOPRIL TAB          C 03/28 03/29  N
   Give: 50MG PO BID
   CAPTOPRIL TAB          C 03/30 03/31  N
   Give: 100MG PO TID

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

Example: Active Complex Order in Profile View

```
Inpatient Order Entry      Mar 07, 2004@15:00:05      Page: 1 of 1
-----
PSJPATIENT1,ONE          Ward: 1 EAST
PID: 000-00-0001         Room-Bed: B-12      Ht (cm) : _____ (_____)
DOB: 08/18/20 (81)      Wt (kg) : _____ (_____)
Sex: MALE                Admitted: 03/03/04
Dx: TESTING              Last transferred: *****
CrCL: <Not Found>       BSA (m2) : _____
-----
- - - - - A T I V E - - - - -
1  CAPTOPRIL TAB          C 03/26 03/27  A
   Give: 25MG PO QDAILY
2  CAPTOPRIL TAB          C 03/28 03/29  A
   Give: 50MG PO BID
3  CAPTOPRIL TAB          C 03/30 03/31  A
   Give: 100MG PO TID

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

4.2.3.6 Patient Information

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

Example: Patient Information

```
Patient Information      Feb 28, 2011@09:15:52      Page: 1 of 1
BCMA,EIGHTYNINE-PATIENT Ward: BCMA          A
PID: 666-33-0089        Room-Bed: 13-A      Ht (cm) : _____ (_____)
DOB: 04/07/35 (75)      Wt (kg) : _____ (_____)
Sex: FEMALE              Admitted: 02/08/02
Dx: BROKEN LEG           Last transferred: *****

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

Adverse Reactions:
Inpatient Narrative:
Outpatient Narrative:

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

Example: Patient Information Screen for Outpatient Receiving Inpatient Medications

Patient Information	May 12, 2003 14:27:13	Page: 1 of 1
PSJPATIENT3,THREE Last Ward: 1 West		
PID: 000-00-0003	Last Room-Bed:	Ht (cm) : _____ (_____)
DOB: 02/01/55 (48)		Wt (kg) : _____ (_____)
Sex: FEMALE		Last Admitted: 01/13/98
Dx: TESTING		Discharged: 01/13/98
Allergies/Reactions: No Allergy Assessment		
Remote:		
Adverse Reactions:		
Inpatient Narrative:		
Outpatient Narrative:		
Clinic:	Date/Time of Appointment:	
Clinic A	May 23, 2003/9:00 am	
Flu Time Clinic	June 6, 2003/10:00 am	
Enter ?? for more actions		
PU Patient Record Update	NO New Order Entry	
DA Detailed Allergy/ADR List	IN Intervention Menu	
VP View Profile		
Select Action: View Profile//		

4.2.3.7 Select Order

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

Example: Select an Order

Inpatient Order Entry	Mar 07, 2002@13:01:56	Page: 1 of 1
PSJPATIENT1,ONE Ward: 1 EAST		
PID: 000-00-0001	Room-Bed: B-12	Ht (cm) : _____ (_____)
DOB: 08/18/20 (81)		Wt (kg) : _____ (_____)
Sex: MALE		Admitted: 05/03/00
Dx: TESTING		Last transferred: *****
CrCL: <Not Found>		BSA (m2) : _____
----- A C T I V E -----		
1	in 0.9% SODIUM CHLORIDE 1000 ML 125 ml/hr	C 03/07 03/07 E
2	in 5% DEXTROSE 50 ML 125 ml/hr	C 03/06 03/06 E
3	CEPHAPIRIN 1 GM	C 03/04 03/09 A
	in DEXTROSE 5% IN N. SALINE 100 ML QID	
4	ASPIRIN CAP,ORAL	O 03/07 03/07 E
	Give: 650MG PO NOW	
----- P E N D I N G -----		
5	in DEXTROSE 10% 1000 ML 125 ml/hr	? ***** ***** P
Enter ?? for more actions		
PI Patient Information	SO Select Order	
PU Patient Record Update	NO New Order Entry	
Select Action: Quit// 1		

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

- b. Day of week schedules (Ex. MO-FR or MO-FR@0900)
- c. Admin time only schedules (Ex. 09-13)

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

Example: Verify an Order

```

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

* (1) Additives:                                Type: PIGGYBACK
      AMPICILLIN 1000 MG
(2) Solutions:
      0.9% SODIUM CHLORIDE 100 ML
      Duration:                                (4)      Start: 02/28/02 13:56
(3) Infusion Rate: INFUSE OVER 30 MIN.
* (5) Med Route: IV                                (6)      Stop: 03/30/02 24:00
* (7) Schedule: QID                                Last Fill: *****
(8) Admin Times: 09-13-17-21                      Quantity: 0
* (9) Provider: PSJPROVIDER,ONE [es]              Cum. Doses:
* (10) Orderable Item: AMPICILLIN INJ
      Instructions:
(11) Other Print:

+      Enter ?? for more actions
DC Discontinue      RN (Renew)          VF Verify
HD (Hold)           OC (On Call)       FL Flag
ED Edit             AL Activity Logs
Select Item(s): Next Screen// VF

      3      6      9      12      15      18      21      24
.....:.....:.....:.....:.....:.....:.....:.....:.....:
                                  P
                                  N

Next delivery time is 1330 ***

Action (PB) B// <Enter>      BYPASS

```

Example: Verify a "DONE" Order (CPRS Med Order)

```

Inpatient Order Entry      Mar 07, 2002@13:01:56      Page: 1 of 1
PSJPATIENT1,ONE          Ward: 1 EAST
PID: 000-00-0001         Room-Bed: B-12      Ht (cm) : _____ (_____)
DOB: 08/18/20 (81)      Wt (kg) : _____ (_____)
Sex: MALE                Admitted: 05/03/00
Dx: TESTING              Last transferred: *****
CrCL: <Not Found>       BSA (m2) : _____
----- A C T I V E -----
1 d->in 0.9% SODIUM CHLORIDE 1000 ML 125 ml/hrC 03/07 03/07 E
2 d->in 5% DEXTROSE 50 ML 125 ml/hr           C 03/06 03/06 E
3 CEPHAPIRIN 1 GM                               C 03/04 03/09 A
  in DEXTROSE 5% IN N. SALINE 1000 ML QID
4 ASPIRIN CAP,ORAL                               O 03/07 03/07 E
  Give: 650MG PO NOW
----- P E N D I N G -----
5 in DEXTROSE 10% 1000 ML 125 ml/hr          ? ***** ***** P
  
```

Enter ?? for more actions

```

PI Patient Information      SO Select Order
PU Patient Record Update   NO New Order Entry
Select Action: Quit// 1
  
```

```

EXPIRED IV (DONE)        Mar 07, 2002@13:02:26      Page: 1 of 2
PSJPATIENT1,ONE          Ward: 1 EAST
PID: 000-00-0001         Room-Bed: B-12      Ht (cm) : _____ (_____)
DOB: 08/18/20 (81)      Wt (kg) : _____ (_____)
* (1) Additives:          Order number: 483      Type: ADMIXTURE
* (2) Solutions:
    0.9% SODIUM CHLORIDE 1000 ML *N/F*
      Duration:              * (4)      Start: 03/07/02 12:59
* (3) Infusion Rate: 125 ml/hr
* (5) Med Route: IV        * (6)      Stop: 03/07/02 12:59
BCMA ORDER LAST ACTION: 03/07/02 12:59 Infusing
* (7) Schedule:              Last Fill: *****
(8) Admin Times:              Quantity: 0
* (9) Provider: PSJPROVIDER,ONE [es]      Cum. Doses:
(10) Other Print:
    Provider Comments: TESTING
(11) Remarks :
+ Enter ?? for more actions
DC (Discontinue)          RN (Renew)              VF (Verify)
HD (Hold)                 OC (On Call)           FL Flag
ED (Edit)                 AL Activity Logs
Select Item(s): Next Screen// VF Verify
  
```

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

Example: Verify a “DONE” Order (CPRS Med Order) (continued)

```
      3      6      9      12      15      18      21      24
.....:
              A
                      N

Next delivery time is 1500 ***

Action (PB) B// <Enter>    BYPASS

    Select one of the following:

        Y      Yes
        N      No

Do you want to enter a Progress Note: No// <Enter>
```



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

4.2.4.4 Hold

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

- HP – Placed on hold by provider through CPRS
- H – Placed on hold via backdoor Pharmacy

If the Dispense Drug tied to the Additive, Solution, and/or Orderable Item has a non-formulary status, this status will be displayed on the screen as “*N/F*” beside the Additive, Solution, and/or Orderable Item. Notice that the order shows a status of “H” for hold in the right side of the Multivitamins order below.

Example: Place an Order on Hold

```

ACTIVE IV                               Sep 28, 2000 13:36:31           Page: 1 of 2
PSJPATIENT1,ONE                         Ward: 1 EAST
PID: 000-00-0001                         Room-Bed: B-12           Ht (cm) : _____ (_____)
DOB: 08/18/20 (80)                       Wt (kg) : _____ (_____)

*(1) Additives:                           Order number: 333       Type: PIGGYBACK <DIN>
    MULTIVITAMINS 1 ML
(2) Solutions:
    0.9% NAACL 500 ML
    Duration:                             *(4) Start: 09/27/00 13:00
(3) Infusion Rate:
*(5) Med Route: IVPB                       *(6) Stop: 10/02/00 16:54
*(7) Schedule: QID                         Last Fill: *****
(8) Admin Times: 09-13-17-21              Quantity: 0
*(9) Provider: PSJPROVIDER,ONE [es] Cum. Doses:
*(10) Orderable Item: MULTIVITAMINS INJ *N/F*
    Instructions: Doctor's order.

(11) Other Print: THIS IS AN INPATIENT IV EXAMPLE.
+ Enter ?? for more actions
DC Discontinue ED Edit AL Activity Logs
HD Hold RN Renew
FL Flag OC On Call
Select Item(s): Next Screen// HD Hold

NATURE OF ORDER: WRITTEN// <Enter>
REASON FOR ACTIVITY: <Enter>
  
```

```

Inpatient Order Entry                   Sep 28, 2000 13:37:57           Page: 1 of 1
PSJPATIENT1,ONE                         Ward: 1 EAST
PID: 000-00-0001                         Room-Bed: B-12           Ht (cm) : _____ (_____)
DOB: 08/18/20 (80)                       Wt (kg) : _____ (_____)
Sex: MALE                                 Admitted: 05/03/00
Dx: TESTING                               Last transferred: *****
CrCL: <Not Found>                         BSA (m2) : _____

----- A C T I V E -----
1  MULTIVITAMINS 1 ML                     C 09/27 10/02  H
   in 0.9% NAACL 500 ML QID
----- P E N D I N G -----
2  AMPICILLIN INJ                         ? ***** ***** P
   Give: 1000MG IVPB QID
3  PROPRANOLOL TAB                         ? ***** ***** P
   Give: 10MG PO TID

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


Viewing Renewed Orders

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

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

Example: Renewed Order in Profile View

```

Inpatient Order Entry      Feb 25, 2004@21:25:50      Page: 1 of 1
-----
PSJPATIENT1,ONE          Ward: 1 EAST
PID: 000-00-0001         Room-Bed: B-12      Ht (cm) : _____ (_____)
DOB: 08/18/20 (83)      Wt (kg) : _____ (_____)
Sex: MALE                Admitted: 05/03/00
Dx: TESTING              Last transferred: *****
CrCL: <Not Found>        BSA (m2) : _____
-----
- - - - - A C T I V - - - - -
1  ASPIRIN TAB 650      C 03/26 03/28 A 03/27
   Give: 650MG PO QDAILY
-----
Enter ?? for more actions
PI Patient Information      SO Select Order
PU Patient Record Update   NO New Order Entry
Select Action: Quit// 1
  
```

Example: Renewed Order in Detailed Order View

```

ACTIVE UNIT DOSE          Feb 25, 2004@21:25 50      Page: 1 of 2
-----
PSJPATIENT1,ONE          Ward: 1 EAST
PID: 000-00-0001         Room-Bed: B-12      Ht (cm) : _____ (_____)
DOB: 08/18/20 (80)      Wt (kg) : _____ (_____)
-----
*(1)Orderable Item: ASPIRIN TAB      <DIN>
   Instructions:
*(2)Dosage Ordered: 650MG
   Duration:
*(4) Med Route: ORAL
   (3)Start: 03/26/04 14:40
   Renewed: 03/27/04 11:00
   (5) Stop: 03/28/04 24:00
   (6) Schedule Type: CONTINUOUS
*(8) Schedule: QDAILY
   (9) Admin Times: 1440
*(10) Provider: PSJPROVIDER,ONE [es]
*(11) Special Instructions:
-----
(12) Dispense Drug          U/D      Inactive Date
ASPIRIN BUFFERED 325MG TAB      2
-----
+ Enter ?? for more actions
DC Discontinue      ED (Edit)      AL Activity Logs
HD Hold            RN Renew
FL Flag            VF (Verify)
Select Item(s): Next Screen//
  
```

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

Example: Renewed Order in Detailed Order View (continued)

ACTIVE UNIT DOSE	Feb 25, 2004@21:28:20	Page:	2 of 2
PSJPATIENT1, ONE	Ward: 1 EAST		
PID: 000-00-0001	Room-Bed: B-12	Ht (cm) :	()
DOB: 08/18/20 (80)		Wt (kg) :	_____ (_____)
+			
(7) Self Med: NO			
Entry By: PSJPROVIDER, ONE	Entry Date: 03/25/04	21:25	
Renewed By: PSJPROVIDER, ONE			
(13) Comments:			
TESTING			
Enter ?? for more actions			
DC Discontinue	ED (Edit)	AL Activity Logs	
HD Hold	RN (Renew)		
FL (Flag)	VF (Verify)		
Select Item(s): Quit// <Enter>			

Discontinuing a Pending Renewal

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

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

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

Orders That Change Status During Process of Renew

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

4.2.4.6 Activity Log

This action allows the viewing of an activity log, label log, or a history log of the order. An activity log provides a trace of every action taken on an order since the original entry. If a history log is selected, it will find the first order, linked to the order where the history log was invoked from, then show an order view of each order associated with it, in the order that they were created. When a label log is selected, it shows the print, tracking, and counting information on the labels for the order.

Example: Activity Log

ACTIVE IV	Feb 20, 2002@15: 5:14	Page:	1 of 2
PSJPATIENT4, FOUR	Ward: 7A GEN		
PID: 000-00-0004	Room-Bed: 726-B	Ht (cm) :	()
DOB: 10/10/49 (52)		Wt (kg) :	_____ (_____)
* (1) Additives:	Order number: 445	Type: ADMIXTURE	
POTASSIUM CHLORIDE XXXXXXXXXXXX 35 MEQ			
* (2) Solutions:			
DEXTROSE 5% 1/2 NS 1000 ML			
Duration:	* (4)	Start: 02/20/02	15:46
-----report continues-----			

4.2.4.9 On Call

The pharmacist can place the order On Call or remove the order from an On Call status. The order placed On Call will not generate any labels. Providers cannot take any actions, except to discontinue the order, through CPRS if the order is placed On Call by the pharmacist.

4.2.4.10 Flag



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

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

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

Example: Flagged Order

Unit Dose Order Entry	Aug 22, 2002@07:44:06	Page: 1 of 1
PSJPATIENT1,ONE Ward: 1 EAST		
PID: 000-00-0001	Room-Bed: B-5	Ht (cm) : _____ (_____)
DOB: 02/14/54 (48)		Wt (kg) : _____ (_____)
Sex: MALE		Admitted: 03/26/99
Dx: Sick	Last transferred: *****	
CrCL: <Not Found>	BSA (m2) : _____	
----- A C T I V -----		
1 DOXEPIN CAP,ORAL		C 08/09 11/05 A
Give: 200MG PO Q8H		
2 WARFARIN TAB		C 08/07 11/05 A
Give: 4MG PO TU-TH@2000		
3 WARFARIN TAB		C 08/14 11/05 A
Give: 7MG PO QPM		
Enter ?? for more actions		
PI Patient Information	SO Select Order	
PU Patient Record Update	NO New Order Entry	
Select Action: Quit//		

4.2.4.11 Speed Actions

From the list of orders in the patient's profile, the pharmacist can select one or more of the orders on which to take action. The pharmacist can quickly discontinue this patient's orders by selecting Speed Discontinue.



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

4.2.5. IV Types

The following are the different types of IVs available in the Inpatient Medications package.

4.2.5.1. Admixture-Type Order Entry

An admixture is an LVP solution intended for continuous parenteral infusion. It is composed of any number of additives (including zero) in one solution. An admixture runs continuously at a specified flow rate. When one bottle or bag is empty, another is hung.

The default displayed for the "START DATE/TIME:" prompt is the Expected First Dose from CPRS when a duration is received. If no duration is received, the default answer is the NEXT or CLOSEST delivery time, or the order's login date/time, depending on the DEFAULT START DATE CALCULATION field in the INPATIENT WARD PARAMETERS file.

For the "STOP DATE/TIME:" prompt, the default answer is derived from the CPRS Expected First Dose plus the duration, if the duration is available.

When the duration is not received from CPRS, the default Stop Date shown is the least of the LVP'S GOOD FOR HOW MANY DAYS site parameter or the NUMBER OF DAYS FOR IV ORDER field (found in the IV ADDITIVES file) for all additives in this order. The Stop Time is determined by the STOP TIME FOR ORDER site parameter. The pharmacist can choose to take the default answer for the Start and Stop Date/Times, or change it. For Inpatient Medication Orders for Outpatients, an additional parameter is also considered: NUMBER OF DAYS UNTIL STOP from the CLINIC DEFINITION file.



Note: At the "Start Date/Time:" prompt, a future date/time can be entered. The user will not be prompted for label actions at the end of order entry until that Start Date/Time has been reached. The order will appear; however, on all reports.

At the "Stop Date/Time:" prompt, a DOSE limit can be entered (e.g., if the user only wants one bottle on the admixture order being entered, enter a 1 at the stop time and the program calculates the stop time). For example:

STOP DATE/TIME: FEB 27,2000@2200 // 1 Dose limit FEB 26,2000 10:00

4.2.5.2. Piggyback-Type Order Entry

A piggyback is a small volume parenteral solution used for intermittent infusion. It is usually composed of any number of additives, including zero, and one solution. The piggyback is given on a schedule (e.g., Q6H). Once the medication flows in, the piggyback is removed, and another is not hung until the administration schedule calls for it.

The default answer for the “START DATE/TIME:” prompt is the Expected First Dose from CPRS when a duration is received. If no duration is received, the default answer is the NEXT or CLOSEST delivery time, or the order’s login date/time, depending on the DEFAULT START DATE CALCULATION field in the INPATIENT WARD PARAMETERS file.

For the “STOP DATE/TIME:” prompt, the default answer is derived from the CPRS Expected First Dose plus the duration, if the duration is available.

When the duration is not received from CPRS, the default Stop Date shown is the least of the PB’S GOOD FOR HOW MANY DAYS site parameter or the NUMBER OF DAYS FOR IV ORDER field (found in the IV ADDITIVES file) for all additives in this order. The Stop Time is determined by the STOP TIME FOR ORDER site parameter. The pharmacist can choose to take the default answer for the Start and Stop Date/Times, or change it. For Inpatient Medication Orders for Outpatients, an additional parameter is also considered: NUMBER OF DAYS UNTIL STOP from the CLINIC DEFINITION file.



Note: At the “Start Date/Time:” prompt, a future date/time can be entered. The user will not be prompted for label actions at the end of order entry until that Start Date/Time has been reached. The order will appear, however, on all reports.

At the “Stop Date/Time:” prompt, a dose limit can be entered (i.e., if the user only wants four bags on the piggyback order being entered, enter a 4 at the stop time) and the program calculates the stop date/time. For example:

STOP DATE/TIME: MARCH 12,2000@2200 // 4 Dose limit MAR 6,2000 03:00

4.2.5.3. Hyperal-Type Order Entry

Hyperalimentation (hyperal) is long-term feeding of a protein-carbohydrate solution. Electrolytes, fats, trace elements, and vitamins may be added. Since this solution generally provides all necessary nutrients, it is commonly referred to as Total Parenteral Nutrition (TPN). A hyperal is usually composed of many additives in two or more solutions (the hyperal must contain at least 1 solution). When the label prints, it shows the individual electrolytes that are contained in the additives that make up the hyperal order.

The default displayed for the “START DATE/TIME:” prompt is the Expected First Dose from CPRS when a duration is received. If no duration is received, the default answer is the NEXT or CLOSEST delivery time, or the order’s login date/time, depending on the DEFAULT START DATE CALCULATION field in the INPATIENT WARD PARAMETERS file.

For the “STOP DATE/TIME:” prompt, the default answer is derived from the CPRS Expected First Dose plus the duration, if the duration is available.

When the duration is not received from CPRS, the default Stop Date shown is the least of the HYPERAL’S GOOD FOR HOW MANY DAYS site parameter or the NUMBER OF DAYS FOR IV ORDER field (found in the IV ADDITIVES file) for all additives in this order. The Stop Time is determined by the STOP TIME FOR ORDER site parameter. The pharmacist can choose to take the default answer for the Start and Stop Date/Times, or change it. For Inpatient Medication Orders for Outpatients, an additional parameter is also considered: NUMBER OF DAYS UNTIL STOP from the CLINIC DEFINITION file.



Note: At the “Start Date/Time:” prompt, a future date/time can be entered. The user will not be prompted for label actions at the end of order entry until that Start Date/Time has been reached. The order will appear, however, on all reports.

At the “Stop Date/Time:” prompt, a dose limit can be entered (i.e., if the user only wants one bottle on the hyperal order being entered, enter a 1 at the stop time) and the program will calculate the stop time. For example:

STOP DATE/TIME: FEB 27,1992@2200 // 1 Dose limit FEB 26,1992 10:00

If the pharmacist enters additive quick codes, they will be handled like they are for an Admixture order.

(This page included for two-sided copying.)

Example: Profile Report (continued)

IV Profile		Mar 20, 2001@16:51:28		Page: 1 of 1	
PSJPATIENT1,ONE		Ward: 1 EAST			
PID: 000-00-0001		Room-Bed: B-12		Ht (cm) : _____ (_____)	
DOB: 08/18/20 (80)				Wt (kg) : _____ (_____)	
Sex: MALE				Admitted: 05/03/00	
Dx: TESTING		Last transferred: *****			
CrCL: <Not Found>		BSA (m2) : _____			

#	Additive	Last fill	Type	Start	Stop	Stat
1	MVI 100 ML in 0.9% SODIUM CHLORIDE 1000 ML	MAR 19 14:57 Q8H P e n d i n g	#2 P	03/19	03/20	A
2	FLUOROURACIL INJ,SOLN Give: 100MG/2ML PO QDAILY	** N/P **	#0	*****	*****	P
3	TIMOLOL SOLN,OPH Give: IV Q12H	** N/P **	#0 P	*****	*****	P

Enter ?? for more actions

PI Patient Information	SO Select Order
PU Patient Record Update	NO (New Order Entry)
Select Action: Quit// 1	

ACTIVE IV		Mar 20, 2001@16:51:56		Page: 1 of 2	
PSJPATIENT1,ONE		Ward: 1 EAST			
PID: 000-00-0001		Room-Bed: B-12		Ht (cm) : _____ (_____)	
DOB: 08/18/20 (80)				Wt (kg) : _____ (_____)	

* (1) Additives:	Order number: 64	Type: PIGGYBACK
MVI 10 ML		
(2) Solutions:		
0.9% SODIUM CHLORIDE 1000 ML		
Duration:	* (4)	Start: 03/19/01 11:30
(3) Infusion Rate: INFUSE OVER 8 HOURS.		
* (5) Med Route: IVPB	* (6)	Stop: 03/20/01 24:00
* (7) Schedule: QID		Last Fill: 03/19/01 14:57
(8) Admin Times: 09-13-17-21		Quantity: 2
* (9) Provider: PSJPROVIDER,ONE [es]		Cum. Doses: 9
* (10) Orderable Item: MULTIVITAMINS INJ		
Instructions:		
(11) Other Print: TESTING		

+ Select either "AL" , "LL" or "AL,LL" for both

AL View Activity Log	LL View Label Log
Select Item(s): Next Screen// AL View Activity Log	

ACTIVITY LOG:

#	DATE	TIME	REASON	USER
1	MAR 20,2001	16:42:56	EDIT	PSJPHARMACIST,ONE
Comment:				
Field: 'OTHER PRINT INFO'				
Changed from: ''				
To: 'TESTING'				

Enter RETURN to continue or '^' to exit:

4.2.7. Inpatient Profile

[PSJ PR]

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

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

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

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

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

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

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

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

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

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

```

PSJPATIENT,ELEVEN                Ward: 7AS
PID: 666-00-2921                 Room-Bed:
DOB: 08/09/54 (56)              Ht (cm) : _____ (_____)
Sex: MALE                        Wt (kg) : _____ (_____)
Dx: RESPIRATORY DISTRESS        Admitted: 06/09/10
CrCL: <Not Found>                Last transferred: *****
BSA (m2): _____

- - - - - A C T I V E - - - - -
1  ->AMIODARONE TAB              C 10/19 11/18 A
    Give: 400MG PO TID
2  CIMETIDINE TAB                C 10/19 11/18 R
    Give: 300MG PO QHS
- - - - - N O N - V E R I F I E D - - - - -
3  LOVASTATIN TAB               C 10/19 11/18 N NF
    Give: 20MG PO QPM
- - - - - N O N - V E R I F I E D C O M P L E X - - - - -
4  HALOPERIDOL TAB              C 10/19 11/18 N
    Give: 10MG PO BID
    HALOPERIDOL TAB              C 10/19 11/18 N
    Give: 15MG PO QHS
- - - - - P E N D I N G R E N E W A L S - - - - -
5  CIMETIDINE TAB               ? ***** ***** P 10/19
    Give: 300MG PO QHS
- - - - - P E N D I N G C O M P L E X - - - - -
6  PREDNISON TAB                ? ***** ***** P
    Give: 20MG PO QAM
    PREDNISON TAB                ? ***** ***** P
    Give: 10MG PO QOD
    PREDNISON TAB                ? ***** ***** P
    Give: 5MG PO QD
- - - - - P E N D I N G - - - - -
7  ACETAMINOPHEN TAB            ? ***** ***** P
    Give: 650MG PO Q4H PRN
- - - - - R E C E N T L Y D I S C O N T I N U E D / E X P I R E D ( L A S T 1 2 0 H O U R S ) - - - - -
8  ASPIRIN TAB,EC               C 10/19 10/19 D
    Give: 325MG PO QHS
9  ->NAPROXEN TAB               C 10/19 10/19 D
    Give: 250MG PO BID

```

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

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

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



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

Example: Inpatient Profile

```

Select IV Menu Option: IPF Inpatient Profile

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

Select PATIENT:    PSJPATIENT11,ONE      000-55-34211  08/18/20   1 EAST

Select another PATIENT: <Enter>

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

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

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

Select PRINT DEVICE: <Enter> NT/Cache virtual TELNET terminal
  
```

```

Inpatient Order Entry      Jun 12, 2006@23:12:54      Page:    1 of    1
PSJPATIENT11, ONE        Ward: 2ASM
  
```

```

- - - - - A C T I V E - - - - -
1  CEFAZOLIN 1 GM          C 06/12 06/22 H
   in 5% DEXTROSE 50 ML Q8H
2  CIMETIDINE TAB         C 06/12 07/12 A
   Give: 300MG PO BID
3  FUROSEMIDE TAB         C 06/01 06/15 HP
   Give: 40MG PO QAM
- - - - - N O N - V E R I F I E D - - - - -
4  CAPTOPRIL TAB          C 06/14 06/28 N
   Give: 25MG PO BID
- - - - - P E N D I N G   R E N E W A L S - - - - -
5  HALOPERIDOL TAB        ? ***** ***** P 06/14
   Give: 5MG PO BID
- - - - - P E N D I N G - - - - -
6  HEPARIN/DEXTROSE INJ,SOLN ? ***** ***** P
   Give: IV
7  LACTULOSE SYRUP        ? ***** ***** P NF
   Give: 10GM/15ML PO BID PRN
- - - - - R E C E N T L Y   D I S C O N T I N U E D / E X P I R E D   ( L A S T   2 4   H O U R S ) - - - - -
8  FOLIC ACID TAB         C 06/14 06/16 D
   Give: 1MG PO QAM
9  GENTAMICIN 80 MG       C 06/12 06/12 D
   in 5% DEXTROSE 100 ML Q8H
10 ISONIAZID TAB          C 04/03 04/17 DF
   Give: 300MG PO QD
11 POTASSIUM CHLORIDE 10MEQ C 06/12 06/12 DA
   in 5% DEXTROSE 1000 ML Q8H
12 POTASSIUM CHLORIDE 40 MEQ C 06/12 06/12 DD
   in 5% DEXTROSE 250 ML 120 ml/hr
13 PROPRANOLOL TAB        C 06/15 06/20 DP
   Give: 40MG PO Q6H
14 THIAMINE TAB           C 04/03 04/17 E
   Give: 100MG PO BID

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

If the order is entered by the Orderable Item only, these checks will be performed at the time the Dispense Drug(s) is specified. The checks performed include:

- Duplicate Therapy** - If the patient is already receiving orders containing a Dispense Drug in the same class as one of the Dispense Drugs in the new order, the orders containing the drug in that class are displayed. Inpatient duplicate orders of this kind are displayed in a numbered list. The user is first asked whether or not to continue the current order. If the user selects to continue the order then the user is prompted with which, if any, numbered Inpatient duplicate orders to discontinue. The user may enter a range of numbers from the numbered list of duplicate orders or bypass the prompt by selecting **<Enter>** and continue with the order. Entry of orders with duplicate drugs of the same class will be allowed.

Example: Remote Outpatient Order Display

```

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
  CrCL: <Not Found>      BSA (m2): 2.15
-----
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 - - - - -
3  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
4  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: SIMV
  
```

Lookup: GENERIC NAME
1 SIMVASTATIN 10MG TAB CV350
2 SIMVASTATIN 20MG TAB CV350
3 SIMVASTATIN 40MG TAB CV350
4 SIMVASTATIN 5MG TAB CV350
5 SIMVASTATIN 80MG TAB CV350
CHOOSE 1-5: 1 SIMVASTATIN 10MG TAB CV350

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.

Enhanced Order Checks cannot be performed for Local Drug: REBETRON 1000/PEN PKT (1258-02)

Reason: Drug not matched to NDF

Press return to continue:

Enhanced Order Checks cannot be performed for Local Drug: TERFENADINE 60MG TAB

Reason: Drug not matched to NDF

Enhanced Order Checks cannot be performed for Local Drug: RON TEST

Reason: Drug not matched to NDF

Enhanced Order Checks cannot be performed for Local Drug: TERFENADINE 60MG TAB

Reason: Drug not matched to NDF

Press Return to Continue:

Critical Drug Interaction with Prospective Drug:
SIMVASTATIN 10MG TAB and

Local RX#: 504280
Drug: INDINAVIR SULFATE 400MG CAP (Active)
SIG: TAKE ONE CAPSULE BY MOUTH EVERY DAY
Processing Status: Not released locally (Window)

Concurrent administration may result in elevated HMG levels, which may increase the risk of myopathy, including rhabdomyolysis. (1-16)

Display Interaction Monograph? No// NO

Significant Drug Interaction with Prospective Drug:
SIMVASTATIN 10MG TAB 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

*** Refer to MONOGRAPH for SIGNIFICANT INTERACTION CLINICAL EFFECTS

Display Interaction Monograph? No// NO

Significant Drug Interaction with Prospective Drug:
SIMVASTATIN 10MG TAB and

Local RX#: 504361
Drug: WARFARIN (COUMADIN) NA 5MG TAB (Active)
SIG: TAKE ONE TABLET BY MOUTH EVERY 2 HOURS
Processing Status: Not released locally (Window)

Pending Order: WARFARIN (COUMADIN) 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
  CrCL: <Not Found>          BSA (m2): 2.15
-----
  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 - - - - -
  3  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
  4  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 (COUMADIN) 5MG INJ          BL110
  2  WARFARIN (COUMADIN) NA 1MG TAB          BL110
  3  WARFARIN (COUMADIN) NA 5MG TAB          BL110
  4  WARFARIN (COUMADIN) 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 (COUMADIN) 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 (COUMADIN) 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

```


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 (COUMADIN) 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 (COUMADIN) 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 (COUMADIN) 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 (COUMADIN) 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
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          PROV
RECOMMENDATION: 9 OTHER
OTHER FOR RECOMMENDATION:
  No existing text
  Edit? NO// YES

==[ 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.

4.3.1 Clinic Orders

Clinic orders are created via CPRS generally using the Meds Inpatient tab or the IV Fluids tab. Drug orders that have a clinic and an appointment date and time are considered clinic orders. The clinic must be defined with ‘ADMINISTER INPATIENT MEDS?’ prompt answered YES under the SETUP A CLINIC [SDBUILD] option in the Scheduling package. Defining the clinic in this manner ensures that an appointment date and time are defined. Orders placed via backdoor inpatient medications are not considered clinic orders.

MOCHA 1 Enhancement 1 adds drug interaction and therapeutic duplication order checks for clinic orders to Outpatient Pharmacy. Previously Inpatient Medications package performed order checks on active, pending and non-verified clinic orders. With the MOCHA 1 Enhancement 1, Inpatient medications will perform enhanced order checks for recently discontinued and expired inpatient medications clinic orders.

For both packages, the system will display clinic orders in a standard format to differentiate them from Inpatient Medications and Outpatient Pharmacy order checks.

Discontinued/expired orders must have a stop date within the last 90 days to be evaluated during enhanced order checks. For pending clinic orders, a variety of start and stop dates are available based on the information that the provider enters during initial order entry. The following are the scenarios that drive which dates will be displayed for the clinic order:

- If there are start/stop dates defined, they are displayed.

- If there are no stop/start dates defined, the ‘requested start/stop dates’ will be displayed with the word “Requested” prior to the start/stop date header.
- If there are no requested start/stop dates defined, the order date will be displayed and the start/stop date headers will be displayed with “*****” for the date.
- If there is either a requested start date or a requested stop date, the available date will be displayed and “*****” will be displayed for the undefined date.

Unit Dose Clinic Order Check example:

```
Now Processing Enhanced Order Checks! Please wait...
This patient is receiving the following order(s) that have a CRITICAL Drug
Interaction with CIMETIDINE 300 MG:

Clinic Order: PHENYTOIN 100MG CAP (DISCONTINUED)
Schedule: Q8H
Dosage: 100MG
Start Date: FEB 27, 2012@13:00
Stop Date: FEB 28, 2012@15:22:27

Concurrent use of cimetidine or ranitidine may result in elevated levels
of and toxicity from the hydantoin. Neutropenia and thrombocytopenia
have been reported with concurrent cimetidine and phenytoin.
```

IV Clinic Order Check example:

```
This patient is receiving the following order(s) that have a CRITICAL Drug
Interaction with WARFARIN 2MG TAB:

Clinic Order: POTASSIUM CHLORIDE 20 MEQ (ACTIVE)
Other Additive(s): MAGNESIUM SULFATE 1 GM (1), CALCIUM GLUCONATE 1 GM (2),
HEPARIN 1000 UNITS, CIMETIDINE 300 MG
Solution(s): DEXTROSE 20% 500 ML 125 ml/hr
AMINO ACID SOLUTION 8.5% 500 ML 125 ml/hr
Start Date: APR 05, 2012@15:00
Stop Date: APR 27, 2012@24:00

The pharmacologic effects of warfarin may be increased resulting in severe
bleeding.
```

Therapeutic Duplication - IV and Unit Dose clinic order therapeutic duplications display in the same format as drug interactions.

Unit Dose Clinic Order Check example:

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

Drug(s) Ordered:
POTASSIUM CHLORIDE 30 MEQ

Clinic Order: POTASSIUM CHLORIDE 10MEQ TAB (PENDING)
Schedule: BID
Dosage: 20MEQ
Requested Start Date: NOV 20, 2012@17:00
Stop Date: *****

Class(es) Involved in Therapeutic Duplication(s): Potassium
```

IV Order Check example:

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

Drug(s) Ordered:
CEFAZOLIN 1 GM
```

```

Clinic Order: CEFAZOLIN 2 GM (PENDING)
Solution(s): 5% DEXTROSE 50 ML
Order Date: NOV 20, 2012@11:01
Start Date: *****
Stop Date: *****

Clinic Order: CEFAZOLIN SOD 1GM INJ (EXPIRED)
Solution(s): 5% DEXTROSE 50 ML
Start Date: OCT 24, 2012@16:44
Stop Date: OCT 25, 2012@24:00

```

Class(es) Involved in Therapeutic Duplication(s): Beta-Lactams,
Cephalosporins, Cephalosporins - 1st Generation

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



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

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

Select Action: View Profile// NO New Order Entry

Select DRUG: DILTIAZEM

Lookup: GENERIC NAME

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

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

A Drug-Allergy Reaction exists for this medication and/or class!

```

Prospective Drug: DILTIAZEM 120MG SA CAP
Causative Agent: DILTIAZEM
Historical/Observed: OBSERVED
Severity: MODERATE
Ingredients: DILTIAZEM (LOCAL),
Signs/Symptoms: ITCHING,WATERING EYES, ANOREXIA, NAUSEA,VOMITING,
                ANXIETY, DROWSINESS, DRY MOUTH, DRY NOSE, RASH,
Drug Class: CV200 CALCIUM CHANNEL BLOCKERS (LOCAL),
Provider Override Reason: N/A - Order Entered Through Vista

```

```

Do you want to Intervene NO// YES

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

PROVIDER: PSJPROVIDER,ONE          OP          PROVIDER
RECOMMENDATION: 9 OTHER
OTHER FOR RECOMMENDATION:
  No existing text
  Edit? NO// YES

==[ WRAP ]==[ INSERT ]===== < OTHER FOR RECOMMENDATION >===== [ <PF1>H=Help ]=====
Discussed with doctor and okay to administer.

=====

```



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

- **CPRS Order Check: Aminoglycoside Ordered**

```

Aminoglycoside Ordered
Trigger: Ordering session completion.
Mechanism: For each medication order placed during this ordering session, the CPRS
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.

[Note: The creatinine clearance value displayed in some order check messages is an
estimate based on adjusted body weight if patient height is > 60 inches. Approved by
the CPRS Clinical Workgroup 8/11/04, it is based on a modified Cockcroft-Gault
formula and was installed with patch OR*3*221.
For more information: http://www.ascp.com/public/pubs/tcp/1999/jan/cockcroft.shtml
CrCl (male) = (140 - age) x (adj body weight* in kg)
-----
(serum creatinine) x 72
      * If patient height is not greater than 60 inches, actual body weight is used.

CrCl (female) = 0.85 x CrCl (male)

To calculate adjusted body weight, the following equations are used:
Ideal body weight (IBW) = 50 kg x (for men) or 45 kg x (for women) + 2.3 x (height in
inches - 60)

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

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

Message: Aminoglycoside - est. CrCl: <value calculated from most recent serum
creatinine>. (CREAT: <result> BUN: <result>).
Danger Lvl: This order check is exported with a High clinical danger level.

```

- **CPRS Order Check: Dangerous Meds for Patients >64**

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 to 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.

4.3.2 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                C 02/08 05/19 A
Give: 600MG PO BID

GEMFIBROZIL TAB,ORAL                C 02/08 05/19 A
Give: 600MG PO BID

Local Rx #504563 (ACTIVE) for FLUVASTATIN NA 20MG CAP
SIG: TAKE ONE CAPSULE BY MOUTH TWICE A DAY
Processing Status: Not released locally (Window)

Class(es) Involved in Therapeutic Duplication(s): HMGCo-A Reductase
Inhibitors, Antihyperlipidemics
```

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

Example: Duplicate Order Entry Screen

```
Unit Dose Order Entry      Jun 27, 2006@16:08:46      Page: 1 of 1
PSJPATIENT,ONE            Ward: 7B                      A
  PID: 666-666-1234        Room-Bed:                    Ht (cm): _____ (_____)
  DOB: --/--/70 (35)      Wt (kg): _____ (_____)
  Sex: MALE                Admitted: 03/08/06
  Dx: SICK                 Last transferred: *****
  CrCL: <Not Found>       BSA (m2): _____
=====
```

Select DRUG: WARF

Lookup: GENERIC NAME

```
1  WARFARIN (COUMADIN) 5MG INJ      BL110
2  WARFARIN (COUMADIN) NA 1MG TAB   BL110
3  WARFARIN (COUMADIN) NA 5MG TAB   BL110
4  WARFARIN (COUMADIN) NA 10MG TAB  BL110
5  WARFARIN (COUMADIN) NA 2.5MG TAB BL110
```

Press <RETURN> to see more, '^' to exit this list, '^ ^' to exit all lists, OR
CHOOSE 1-5: 2 WARFARIN (COUMADIN) NA 1MG TAB BL110

Now Processing Enhanced Order Checks! Please wait..

=====
This patient is already receiving the following INPATIENT and/or OUTPATIENT
order(s) for a drug in the same therapeutic class(es) as WARFARIN (COUMADIN)
NA 1MG TAB:

```
DIPYRIDAMOLE TAB          ? ***** ***** P
Give: 50MG PO TID
```

```
WARFARIN TAB              ? ***** ***** P
Give: 15.3MG PO QPM
```

Class(es) Involved in Therapeutic Duplication(s): Oral Anticoagulants,
Antiplatelet and Antithrombotic Drugs

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

4.3.3 Discontinuing Duplicate Inpatient Orders

When duplicate Inpatient orders are found, the user will be asked if they want to discontinue any of the orders:

Example: Discontinued Order

=====
This patient is already receiving the following INPATIENT and/or OUTPATIENT
order(s) for a drug in the same therapeutic class(es) as WARFARIN (COUMADIN)
NA 1MG TAB:

```
DIPYRIDAMOLE TAB          ? ***** ***** P
Give: 50MG PO TID
```

```
WARFARIN TAB              ? ***** ***** P
Give: 15.3MG PO QPM
```

```
Class(es) Involved in Therapeutic Duplication(s): Oral Anticoagulants,
Antiplatelet and Antithrombotic Drugs
=====
Do you wish to continue with the current order? YES//
Do you wish to DISCONTINUE any of the listed INPATIENT orders? NO// YES
1.  DIPYRIDAMOLE TAB          ? ***** ***** P
    Give: 50MG PO TID
2.  WARFARIN TAB             ? ***** ***** P
    Give: 15.3MG PO QPM
Enter a list or range of numbers (1-2): 2
Do you want to discontinue this order? No// Y (Yes)
NATURE OF ORDER: WRITTEN//
```



Note: If the user selects the default of NO, the order process continues.

If the user enters YES to the DISCONTINUE prompt, the following prompt is presented to allow selecting orders:

```
Choose for DISCONTINUE 1-N:
```



Note: N represents the highest numbered duplicate order in the numbered list.

4.3.3.1 Exiting the Order Process

When duplicate Inpatient therapies have been found, the following prompt is displayed after the numbered list of duplicate Inpatient orders:

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



Note: The wording of this existing prompt has been slightly modified. Also, the current default of NO has been changed to YES.

Each time a user chooses to discontinue an Inpatient duplicate order(s), a prompt is presented to enter a value for NATURE OF ORDER. This value applies to all orders just selected to be discontinued.

Also, each time a user chooses to discontinue an Inpatient duplicate order(s), a prompt is presented to enter a value for Requesting PROVIDER. This value applies to all orders just selected to be discontinued.

4.3.4 Allergy/ADR Example Order Checks

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

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

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

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

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

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

```
Select Action: View Profile// NO   New Order Entry

Select DRUG: DILTIAZEM
Lookup: GENERIC NAME
  1  DILTIAZEM (INWOOD) 120MG SA CAP           CV200
  2  DILTIAZEM (INWOOD) 180MG SA CAP           CV200
  3  DILTIAZEM (INWOOD) 240MG SA CAP           CV200
  4  DILTIAZEM (INWOOD) 300MG SA CAP           CV200
  5  DILTIAZEM (INWOOD) 360MG SA CAP           CV200
Press <RETURN> to see more, '^' to exit this list, '^ ^' to exit all lists, OR
CHOOSE 1-5: 1  DILTIAZEM (INWOOD) 120MG SA CAP           CV200

A Drug-Allergy Reaction exists for this medication and/or class!

Prospective Drug: DILTIAZEM 120MG SA CAP
Causative Agent: DILTIAZEM
```

```

Historical/Observed: OBSERVED
Severity: MODERATE
Ingredients: DILTIAZEM (LOCAL),
Signs/Symptoms: ITCHING,WATERING EYES, ANOREXIA, NAUSEA,VOMITING,
                ANXIETY, DROWSINESS, DRY MOUTH, DRY NOSE, RASH,
Drug Class: CV200 CALCIUM CHANNEL BLOCKERS (LOCAL),
Provider Override Reason: N/A - Order Entered Through Vista

Do you want to Intervene NO// YES

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

PROVIDER: PSJPROVIDER,ONE          OP          PROVIDER
RECOMMENDATION: 9 OTHER
OTHER FOR RECOMMENDATION:
  No existing text
  Edit? NO// YES

==[ WRAP ]==[ INSERT ]=====< OTHER FOR RECOMMENDATION >=====[ <PF1>H=Help ]====
Discussed with doctor and okay to administer.

=====

```



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

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

```

Select Unit Dose Medications Option: IOE Inpatient Order Entry

You are signed on under the GLRISC IV ROOM

Current IV LABEL device is: TELNET
Current IV REPORT device is: NULL DEVICE

Select PATIENT:   PSJPATIENT,TEN          000-00-0000  02/02/39   3AS

                *** Patient Requires a Means Test **

VP View Profile

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

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!

Prospective Drug: SULFADIAZINE TABLETS 500MG
Causative Agent: SULFADIAZINE/SULFAMERAZINE/SULFAMETHAZINE
Historical/Observed: HISTORICAL
Severity: Not Entered
Ingredients: SULFADIAZINE (LOCAL),
Signs/Symptoms: ITCHING,WATERING EYES, ANOREXIA, NAUSEA,VOMITING,
ANXIETY, DROWSINESS,
Drug Class: AM650 SULFONAMIDE/RELATED ANTIMICROBIALS (LOCAL),
Provider Override Reason: N/A - Order Entered Through Vista

Do you want to Intervene? Y// ES

Now creating Pharmacy Intervention
for SULFAMETHOXAZOLE/TRIMETHOPRIM DS TAB

PROVIDER: PSJPROVIDER, ONE OPP 119
RECOMMENDATION: NO CHANGE

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

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

Available Dosage(s)
1. 1 TABLET
2. 2 TABLETS

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

You entered 1 TABLET is this correct? Yes//

.

Example: New Order Entry Backdoor – IV order – Local Allergy/ADR with Ingredient info only

```
PU Patient Record Update          NO New Order Entry
Select Action: Quit// NO   New Order Entry

Select DRUG:

Select IV TYPE: PIGGYBACK.
Select ADDITIVE: VANCOMYCIN

(The units of strength for this additive are in GM)
Strength: 1   1 GM
Select ADDITIVE:
Select SOLUTION: D5250  5% DEXTROSE          250 ML
                *N/F*
Restriction/Guideline(s) exist.  Display? : (N/D/O/B): No//   NO

Press Return to continue...
```

A Drug-Allergy Reaction exists for this medication and/or class!

Prospective Drug: VANCOMYCIN 1GM VIAL
Causative Agent: VANCOMYCIN
Historical/Observed: HISTORICAL
Severity: Not Entered
Ingredients: VANCOMYCIN (LOCAL),
Signs/Symptoms: HIVES, NAUSEA,VOMITING, DIARRHEA, DRY MOUTH, DRY
NOSE, RASH,
Drug Class: AM900 ANTI-INFECTIVES,OTHER (LOCAL),
Provider Override Reason: N/A - Order Entered Through Vista

Do you want to Intervene? Y// NO

INFUSION RATE:

Example: Finishing Pending Unit Dose Order – Local Allergy/ADR –Drug Class Only

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

PENDING UNIT DOSE (ROUTINE) Mar 24, 2008@22:27:46 Page: 2 of 2
PSJPATIENT,TEN Ward: 3AS A
PID: 000-00-0000 Room-Bed: 300-3 Ht (cm): 167.64 (06/10/93)
DOB: 02/02/39 (69) Wt (kg): 68.18 (06/10/93)

+
(7) Self Med: NO

Entry By: PSJPROVIDER, ONE Entry Date: 03/24/08 22:26

(13) Comments:

Order Checks:

Previous adverse reaction to: (INACTIVE) PENICILLINS: (LOCAL)
Overriding Provider: PSJPROVIDER, ONE
Overriding Reason: TESTING Mar 25, 2008@10:14:15

ORDER NOT VERIFIED
Enter ?? for more actions

Press Return to continue...

A Drug-Allergy Reaction exists for this medication and/or class!

Prospective Drug: AMOXICILLIN 500MG/CLAV ACID 125MG TABS
Causative Agent: PENICILLIN
Historical/Observed: OBSERVED
Severity: SEVERE
Signs/Symptoms: ITCHING, WATERING EYES, ANOREXIA, NAUSEA, VOMITING,
DIARRHEA, DROWSINESS,
Drug Class: AM110 PENICILLIN-G RELATED PENICILLINS (LOCAL),
Provider Override Reason: OK TO GIVE TO PATIENT PER PROVIDER

Do you want to Intervene? Y// NO

NON-VERIFIED UNIT DOSE Mar 25, 2008@10:14:15 Page: 1 of 2
PSJPATIENT,TEN Ward: 3AS A
PID: 000-00-0000 Room-Bed: 300-3 Ht (cm): 167.64 (06/10/93)
DOB: 02/02/39 (69) Wt (kg): 68.18 (06/10/93)

* (1) Orderable Item: AMOXICILLIN AND CLAVULANIC ACID TAB
Instructions: 1 TABLET
* (2) Dosage Ordered: 1 TABLET
Duration: (3) Start: 03/24/08 22:00
* (4) Med Route: ORAL REQUESTED START: 03/24/08 22:00
(5) Stop: 04/03/08 22:00
(6) Schedule Type: CONTINUOUS
* (8) Schedule: Q8H
(9) Admin Times: 0600-1400-2200
* (10) Provider: PSJPROVIDER, ONE [es]
(11) Special Instructions:

(12) Dispense Drug U/D Inactive Date
AMOXICILLIN 500MG/CLAV ACID 125MG TAB 1

+ Enter ?? for more actions

ED Edit AC ACCEPT

Select Item(s): Next Screen//

.

Example: Finishing a Pending IV Order – Local Allergy/ADR – Drug Class only

```
PENDING IV (ROUTINE)           Mar 24, 2008@22:29:21           Page: 1 of 2
(2) Solutions:
PSJPATIENT,TEN                Ward: 3AS                A
  PID: 000-00-0000            Room-Bed: 300-3        Ht(cm): 167.64 (06/10/93)
  DOB: 02/02/39 (69)         Wt(kg): 68.18 (06/10/93)

(1) Additives:                Type:
  Duration:                    (4) Start: *****
(3) Infusion Rate:            REQUESTED START: 03/24/08 21:00
* (5) Med Route: IV            (6) Stop: *****
* (7) Schedule: Q12H          Last Fill: *****
(8) Admin Times: 09-21        Quantity: 0
* (9) Provider: PSJPROVIDER, ONE [es] Cum. Doses:
* (10) Orderable Item: CEFAZOLIN INJ
  Instructions: 1GM/1VIAL of CEFAZOLIN 1GM VI
(11) Other Print:

(12) Remarks :
  IV Room: GLRISC
  Entry By: PSJPROVIDER, ONE           Entry Date: 03/24/08 22:27
+ Enter ?? for more actions
DC Discontinue                FL Flag
ED Edit                        FN Finish
Select Item(s): Next Screen// FN Finish
COMPLETE THIS ORDER AS IV OR UNIT DOSE? IV//
IV TYPE: PIGGYBACK
Select ADDITIVE:
  1 CEFOX
  2 - CEF2Q6H -
  3 CEFAZOLIN
Select (1 - 3): 3 CEFAZOLIN

Restriction/Guideline(s) exist. Display? : (N/D): No// NO

Press Return to continue...

(The units of strength for this additive are in GM)

Strength: 1 1 GM
Select ADDITIVE:
Select SOLUTION: D5100 5% DEXTROSE 100 ML
                *N/F*

Restriction/Guideline(s) exist. Display? : (N/D/O/B): No// NO

A Drug-Allergy Reaction exists for this medication and/or class!

Prospective Drug: CEFAZOLIN 1GM IV
  Causative Agent: CEFAZOLIN
  Historical/Observed: HISTORICAL
  Severity: Not Entered
  Ingredients: CEFAZOLIN (LOCAL),
  Signs/Symptoms: ITCHING,WATERING EYES, ANOREXIA, NAUSEA,VOMITING,
  ANXIETY, DROWSINESS,
  Drug Class: AM110 PENICILLIN-G RELATED PENICILLINS (LOCAL), AM115
  CEPHALOSPORIN 1ST GENERATION (LOCAL),
  Provider Override Reason: OK TO GIVE TO PATIENT PER PROVIDER

Do you want to Intervene? Y// ES

Now creating Pharmacy Intervention
for CEFAZOLIN 1GM VI

PROVIDER: PSJPROVIDER, ONE LBB 119
RECOMMENDATION: NO CHANGE
```

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

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

INFUSION RATE:
.

Example: Local & Remote Allergy/ADR – Multi Ingredients, Pending Order

```
PENDING IV (ROUTINE)           Mar 24, 2008@22:29:21           Page: 1 of 2
(2) Solutions:
PSJPATIENT,TEN                 Ward: 3AS                               A
  PID: 000-00-0000             Room-Bed: 300-3                       Ht (cm): 167.64 (06/10/93)
  DOB: 02/02/39 (69)          Wt (kg): 68.18 (06/10/93)

(1) Additives:                                     Type:
      Duration:                                     (4) Start: *****
(3) Infusion Rate:                                REQUESTED START: 03/24/08 21:00
* (5) Med Route: IV                               (6) Stop: *****
* (7) Schedule: Q12H                               Last Fill: *****
(8) Admin Times: 09-21                             Quantity: 0
* (9) Provider: PSJPROVIDER, ONE [es]             Cum. Doses:
* (10) Orderable Item: CEFAZOLIN INJ
      Instructions: 1GM/1VIAL of CEFAZOLIN 1GM VI
(11) Other Print:

(12) Remarks :
      IV Room: GLRISC
      Entry By: PSJPROVIDER, ONE                   Entry Date: 03/24/08 22:27
+      Enter ?? for more actions
DC Discontinue          FL Flag
ED Edit                 FN Finish
Select Item(s): Next Screen// FN Finish
COMPLETE THIS ORDER AS IV OR UNIT DOSE? IV//
IV TYPE: PIGGYBACK
Select ADDITIVE:
  1 CEFOX
  2 - CEF2Q6H -
  3 CEFAZOLIN
Select (1 - 3): 3 CEFAZOLIN

Restriction/Guideline(s) exist. Display? : (N/D): No// NO

Press Return to continue...

(The units of strength for this additive are in GM)

Strength: 1 1 GM
Select ADDITIVE:
Select SOLUTION: D5100 5% DEXTROSE 100 ML
                *N/F*

Restriction/Guideline(s) exist. Display? : (N/D/O/B): No// NO

A Drug-Allergy Reaction exists for this medication and/or class!

Prospective Drug: CEFAZOLIN 1GM VI
Causative Agent: CEFAZOLIN
Historical/Observed: HISTORICAL
Severity: Not Entered
Ingredients: CEFAZOLIN (LOCAL),
Signs/Symptoms: ITCHING,WATERING EYES, ANOREXIA, NAUSEA,VOMITING,
                ANXIETY, DROWSINESS,
```

```

Drug Class: AM110 PENICILLIN-G RELATED PENICILLINS (LOCAL), AM115
              CEPHALOSPORIN 1ST GENERATION (LOCAL),
Provider Override Reason: OK TO GIVE TO PATIENT PER PROVIDER.

Do you want to Intervene? Y// ES

Now creating Pharmacy Intervention
for CEFAZOLIN 1GM VI

PROVIDER:     PSJPROVIDER, ONE      LBB      119
RECOMMENDATION: NO CHANGE

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

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

INFUSION RATE:
.

```

4.3.5 Sample Drug/Drug Interactions

Example: One Critical Drug Interaction – Backdoor New Order Entry for a Unit Dose Order – No Monograph Display

```

Now Processing Enhanced Order Checks! Please wait...

=====
This patient is receiving the following order(s) that have a Drug Interaction with AMIODARONE
200MG TAB:

INDINAVIR CAP                C 08/15 08/30  A
Give: 800MG PO Q8H

*** Critical *** The concurrent administration of amiodarone with indinavir, (1) nelfinavir, (2)
ritonavir, (3) or tipranavir coadministered with ritonavir(4) may result in increased levels,
clinical effects, and toxicity of amiodarone.
=====

Display Professional Interaction Monograph? No// No
Do you want to Continue with AMIODARONE 200MG TAB ? N// n NO

Select DRUG:
.
.
Or

Do you want to Continue with AMIODARONE 200MG TAB ? N// YES

Now creating Pharmacy Intervention
for AMIODARONE 200MG TAB

PROVIDER: PSJPROVIDER, ONE
RECOMMENDATION: NO CHANGE

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

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

Available Dosage(s)
1. 400MG
2. 800MG

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

```

Example: One Significant Drug Interaction – Backdoor New Order Entry for a Unit Dose Order – Display Monograph

```
Now Processing Enhanced Order Checks! Please wait...

=====
This patient is receiving the following order(s) that have a Drug Interaction with ASPIRIN 325MG
TAB:

WARFARIN TAB                               C 08/15 08/30 A
Give: 2.5MG PO QPM

*** Significant *** The concurrent use of anticoagulants and salicylates may result in increased
INR values and increase the risk of bleeding.
=====

Display Professional Interaction Monograph? No// Y es

Device: Home// <Home would print to screen, or a specific device could be specified>

Professional Monograph
Drug Interaction with WARFARIN AND ASPIRIN

This information is generalized and not intended as specific medical advice. Consult your
healthcare professional before taking or discontinuing any drug or commencing any course of
treatment.

MONOGRAPH TITLE: Anticoagulants/Salicylates

SEVERITY LEVEL: 2-Severe Interaction: Action is required to reduce the risk of severe adverse
interaction.

MECHANISM OF ACTION: Multiple processes are involved: 1) Salicylate doses greater than 3 gm
daily decrease plasma prothrombin levels. 2) Salicylates may also displace anticoagulants from
plasma protein binding sites. 3) Salicylates impair platelet function, resulting in prolonged
bleeding time. 4) Salicylates may cause gastrointestinal bleeding due to irritation.

CLINICAL EFFECTS: The concurrent use of anticoagulants and salicylates may result in increased
INR values and increase the risk of bleeding.

PREDISPOSING FACTORS: None determined.

PATIENT MANAGEMENT: Avoid concomitant administration of these drugs. If salicylate use is
necessary, monitor prothrombin time, bleeding time or INR values closely. When possible, the
administration of a non-aspirin salicylate would be preferable.

DISCUSSION: This interaction has been reported between aspirin and warfarin and between aspirin
and dicumarol. Diflunisal, sodium salicylate, and topical methyl salicylate have been shown to
interact with anticoagulants as well. Based on the proposed mechanisms, other salicylates would
be expected to interact with anticoagulants as well. The time of highest risk for a coumarin-type
drug interaction is when the precipitant drug is initiated, altered, or discontinued.

REFERENCES:
1.Quick AJ, Clesceri L. Influence of acetylsalicylic acid and salicylamide on the coagulation of
blood. J Pharmacol Exp Ther 1960;128:95-8.
2.Watson RM, Pierson RN, Jr. Effect of anticoagulant therapy upon aspirin-induced
gastrointestinal bleeding. Circulation 1961 Sep;24:613-6.
3.Barrow MV, Quick DT, Cunningham RW. Salicylate hypoprothrombinemia in rheumatoid arthritis with
liver disease. Report of two cases. Arch Intern Med 1967 Nov;120(5):620-4.
4.Weiss HJ, Aledort LM, Kochwa S. The effect of salicylates on the hemostatic properties of
platelets in man. J Clin Invest 1968 Sep; 47(9):2169-80.
5.Udall JA. Drug interference with warfarin therapy. Clin Med 1970 Aug; 77:20-5.
6.Fausa O. Salicylate-induced hypoprothrombinemia. A report of four cases. Acta Med Scand 1970
Nov;188(5):403-8.
7.Zucker MB, Peterson J. Effect of acetylsalicylic acid, other nonsteroidal anti-inflammatory
agents, and dipyridamole on human blood platelets. J Lab Clin Med 1970 Jul;76(1):66-75.
8.O'Reilly RA, Sahud MA, Aggeler PM. Impact of aspirin and chlorthalidone on the pharmacodynamics
of oral anticoagulant drugs in man. Ann N Y Acad Sci 1971 Jul 6;179:173-86.
9.Dale J, Myhre E, Loew D. Bleeding during acetylsalicylic acid and anticoagulant therapy in
```


- Originating Package
- Was Provider Contacted
- Provider Contacted
- Recommendation Accepted
- Agree With Provider
- Rx #
- Division
- Financial Cost
- Other For Intervention
- Reason For Intervention
- Action Taken
- Clinical Impact
- Financial Impact

```

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

Overriding Provider: PSJPROVIDER,ONE (PROVIDER)
Override Entered By: PSJPROVIDER,ONE (PROVIDER)
Date/Time Entered: 7/12/11 09:13
Override Reason: Testing 9 OTHER

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

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

Press RETURN to Continue or '^' to Exit :

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

Intervention Date: 7/12/11 09:14
Provider: PSJPROVIDER,ONE Pharmacist: PSJPHARMACIST,ONE
Drug: METRONIDAZOLE 250MG TAB Instituted By: PHARMACY
Intervention: CRITICAL DRUG INTERACTION
Recommendation: OTHER Originating Package: INPATIENT
Other For Recommendation:
INTERVENTION FOR CRITICAL DRUG-DRUG
Press RETURN to Continue or '^' to Exit :

```

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

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

```

=====
** Historical Pharmacist Interventions for this order **
=====

Intervention Date: 07/12/11 09:14

```

```
Provider: PSJPROVIDER,ONE          Pharmacist: PSJPHARMACIST,ONE
Drug: METRONIDAZOLE 250MG TAB      Instituted By: PHARMACY
Intervention: CRITICAL DRUG INTERACTION
Recommendation: OTHER              Originating Package: INPATIENT
Other For Recommendation:
Testing 9 OTHER
```

Press RETURN to Continue or '^' to Exit :

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

```
Overriding Provider: PSJPROVIDER,ONE (PROVIDER)
Override Entered By: PSJPROVIDER,ONE (PROVIDER)
Date/Time Entered: 07/12/11 09:13
Override Reason: Testing 9 OTHER
```

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

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

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



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

```
=====
** CURRENT PHARMACIST INTERVENTIONS FOR THIS ORDER **
=====
```

```
NO PHARMACIST INTERVENTIONS TO DISPLAY
```

4.4. Check Drug Interactions [PSJ CHECK DRUG INTERACTION]

The Check Drug Interaction option allows a user to check for a drug interaction and Therapeutic Duplications between two or more drugs. This option shall be placed on the Unit Dose Medications [PSJU MGR] Menu, and the IV [PSJI MGR] Menu.

Example: Checking for drug interactions

```
Select IV Menu Option: Check Drug Interaction
Drug 1: CIMETIDINE 300MG TAB          GA301
      ...OK? Yes// (Yes)

Drug 2: WARFARIN 5MG TAB
      Lookup: GENERIC NAME
WARFARIN 5MG TAB          BL110
```

...OK? Yes// (Yes)

Drug 3:

Now Processing Enhanced Order Checks! Please wait...

*** DRUG INTERACTION(S) ***

=====
Critical with WARFARIN 5MG TAB and
CIMETIDINE 300MG TAB

CLINICAL EFFECTS: The pharmacologic effects of warfarin may be increased resulting in severe bleeding.

=====
Press Return to Continue...:

Display Professional Interaction monograph? N// YES

DEVICE: HOME// SSH VIRTUAL TERMINAL Right Margin: 80//

Professional Monograph

Drug Interaction with WARFARIN 5MG TAB and CIMETIDINE 300MG TAB

This information is generalized and not intended as specific medical advice. Consult your healthcare professional before taking or discontinuing any drug or commencing any course of treatment.

MONOGRAPH TITLE: Anticoagulants/Cimetidine

SEVERITY LEVEL: 2-Severe Interaction: Action is required to reduce the risk of severe adverse interaction.

MECHANISM OF ACTION: Inhibition of warfarin hepatic metabolism. The effect appears to be greater on the less active R-warfarin than on the S-warfarin.

CLINICAL EFFECTS: The pharmacologic effects of warfarin may be increased resulting in severe bleeding.

Press Return to Continue or "^" to Exit:

Professional Monograph

Drug Interaction with WARFARIN 5MG TAB and CIMETIDINE 300MG TAB

PREDISPOSING FACTORS: None determined.

PATIENT MANAGEMENT: Coadministration of cimetidine and warfarin should be avoided. If they are administered concurrently, monitor anticoagulant activity and adjust the dose of warfarin indicated. The H-2 antagonists famotidine and nizatidine are unlikely to interact with warfarin. The time of highest risk for a coumarin-type drug interaction is when the precipitant drug is initiated or discontinued. Contact the prescriber before initiating, altering the dose or discontinuing either drug.

DISCUSSION: The majority of drug interaction reports involving H-2 antagonists and warfarin have occurred with cimetidine. Reports of a possibly significant interaction between ranitidine and warfarin have been equivocal. Famotidine and nizatidine do not appear to affect prothrombin time.

Press Return to Continue or "^" to Exit:

Professional Monograph

Drug Interaction with WARFARIN 5MG TAB and CIMETIDINE 300MG TAB

REFERENCES:

1. Silver BA, Bell WR. Cimetidine potentiation of the hypoprothrombinemic effect of warfarin. Ann Intern Med 1979 Mar;90(3):348-9.
2. Wallin BA, Jackowitz A, Raich PC. Cimetidine and effect of warfarin. Ann Intern Med 1979 Jun;90(6):993.
3. Serlin MJ, Sibeon RG, Breckenridge AM. Lack of effect of ranitidine on warfarin action. Br J Clin Pharmacol 1981 Dec;12(6):791-4.
4. Kerley B, Ali M. Cimetidine potentiation of warfarin action. Can Med Assoc J 1982 Jan 15;126(2):116.
5. Desmond PV, Mashford ML, Harman PJ, Morphett BJ, Breen KJ, Wang YM. Decreased oral warfarin clearance after ranitidine and cimetidine. Clin Pharmacol Ther 1984 Mar;35(3):338-41.
6. Toon S, Hopkins KJ, Garstang FM, Rowland M. Comparative effects of ranitidine and cimetidine on the pharmacokinetics and pharmacodynamics of warfarin in man. Eur J Clin Pharmacol 1987;32(2):165-72.

Press Return to Continue or "^" to Exit:

Professional Monograph

Drug Interaction with WARFARIN 5MG TAB and CIMETIDINE 300MG TAB

7. Cournot A, Berlin I, Sallord JC, Singlas E. Lack of interaction between nizatidine and warfarin during chronic administration. J Clin Pharmacol 1988 Dec;28(12):1120-2.
8. Hussey EK, Dukes GE. Do all histamine2-antagonists cause a warfarin drug interaction?. DICP 1989 Sep;23(9):675-9.
9. Hunt BA, Sax MJ, Chretien SD, Gray DR, Frank WO, Lalonde RL. Stereoselective alterations in the pharmacokinetics of warfarin enantiomers with two cimetidine dose regimens. Pharmacotherapy 1989; 9(3):184.
10. Baciewicz AM, Morgan PJ. Ranitidine-warfarin interaction. Ann Intern Med 1990 Jan 1;112(1):76-7.

Copyright 2012 First DataBank, Inc.

Enter RETURN to continue or '^' to exit:

Display Professional Interaction monograph? N/ O

Once the pharmacist has finished with a pick list, the prompt, "MAY I FILE THE DATA IN THIS PICK LIST AWAY? NO//?" is displayed. Enter **N** (or press **<Enter>**) if the need to enter or edit the data at a later date is desired. Enter **Y** if no more data is to be entered or edited. When a pick list is filed away, the data is placed in the respective patients' orders and in a file used for printing cost reports. If an order does not have the units dispensed entered, the units needed value is used.

Example: Enter Units Dispensed Report

```
Select Pick List Menu Option: ENTER Units Dispensed
Select WARD GROUP or PICK LIST: <Enter> TEAM 2 GROUP PHARMACY

 1 From: 05/12/96 09:01 Through: 05/14/96 09:00
 2 From: 05/14/96 09:01 Through: 05/16/96 09:00
 3 From: 05/16/96 09:01 Through: 05/18/96 09:00
 4 From: 05/18/96 09:01 Through: 05/20/96 09:00
 5 From: 05/20/96 09:01 Through: 08/27/98 06:00
 6 From: 08/27/98 06:01 Through: 08/29/98 06:00
 7 From: 08/29/98 06:01 Through: 08/31/98 06:00
 8 From: 08/31/98 06:01 Through: 04/06/99 11:17
 9 From: 04/06/99 11:18 Through: 04/08/99 11:17
10 From: 04/08/99 11:18 Through: 04/10/99 11:17
11 From: 04/10/99 11:18 Through: 04/12/99 11:17
12 From: 04/12/99 11:18 Through: 04/14/99 11:17
13 From: 04/14/99 11:18 Through: 04/14/99 15:00
14 From: 04/14/99 15:01 Through: 04/16/99 15:00
15 From: 04/16/99 15:01 Through: 02/21/01 21:55
16 From: 02/21/01 21:56 Through: 02/23/01 21:55

Select 1 - 16: 16
Do you want to see PRN meds only? No// <Enter> (No)
```

```
TEAM: GENERAL MED ONE WARD: GEN MED
ROOM-BED: A-1 PSJPATIENT5,FIVE (0005)
LORAZEPAM 1MG TAB NEEDED: 6 DISPENSED: 2
METHYLDOPA 500MG TAB NEEDED: 4 DISPENSED: 4
WARFARIN 2MG TABS NEEDED: 1 DISPENSED: 1
ROOM-BED: A-2 PSJPATIENT,SIX (0006)
(NO ORDERS)
TEAM: GENERAL MED TWO WARD: 1 EAST
ROOM-BED: B-4 PSJPATIENT1,ONE (0001)
ALLOPURINOL 100MG S.T. NEEDED: 6 DISPENSED: 6
ASPIRIN BUFFERED 325MG TAB NEEDED: 1 DISPENSED: 1
ASPIRIN BUFFERED 325MG TAB NEEDED: 0 DISPENSED: 0
ASPIRIN BUFFERED 325MG TAB NEEDED: HD DISPENSED: HD
ATROPINE 0.4MG H.T. NEEDED: 0 DISPENSED: 0
BACLOFEN 10MG TABS NEEDED: 3 DISPENSED: 3
FLUPHENAZINE 0.5MG/ML ELIXIR (OZ) NEEDED: 1 DISPENSED: 1
MULTIVITAMIN TABLETS NEEDED: 0 DISPENSED: 0
ROOM-BED: B-1 PSJPATIENT7,SEVEN (0007)
(NO ORDERS)
ARE YOU FINISHED WITH THIS PICK LIST? Yes// <Enter> (Yes)
MAY I FILE THE DATA IN THIS PICK LIST AWAY? No// <Enter> (No)
```

6.3. EXtra Units Dispensed [PSJU EUD]

The *EXtra Units Dispensed* option allows the pharmacist to enter the number of extra units dispensed for an order, and is used when the nurse on the ward has medications that have been destroyed, lost, etc. and replacements are dispensed. Any data entered here is included in the various cost reports.

The user can choose the length of patient profile needed to view. The long profile lists all orders, but the short profile lists only active orders. The user will be asked to select the order on which an action is to be taken.

If the site is using an ATC for the dispensing of Unit Dose medications, the user will be given the opportunity to use the ATC to dispense any extra units entered for medication designated for the ATC. The prompt "DO YOU WANT TO DISPENSE THESE EXTRA UNITS THROUGH THE ATC: NO//'" is displayed. The default is **NO**, but the user can enter **Y** or **YES** for the drug to be dispensed through the ATC.



Note: Pick lists are filed away when the user exits this option. Please allow approximately two hours for data to be entered before running any cost reports.

Example: Extra Units Dispensed Report

```
Select Pick List Menu Option: EXtra Units Dispensed

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

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

02/25/01  22:00
                VAMC:  XXXXX (500)
-----
PSJPATIENT1,ONE    Ward: 1 EAST
PID: 000-00-0001    Room-Bed: B-12
DOB: 08/18/20 (80)    Ht (cm): _____ (_____)
Sex: MALE            Wt (kg): _____ (_____)
Dx: TESTING          Admitted: 05/03/00
CrCL: <Not Found>    BSA (m2): [ ]
Allergies: No Allergy Assessment
ADR:
-----
A C T I V E -----
1    ASPIRIN TAB                C 02/26 02/28  A
    Give: 650MG ORAL QDAILY
2    MULTIVITAMINS TAB          R 02/26 02/28  A
    Give: 1 TABLET IV QDAILY
----- RECENTLY DISCONTINUED/EXPIRED (LAST 24 HOURS) -----
3    CEFAZOLIN INJ              C 03/03 03/09  DE
    Give: 1GM/1VIAL IVPB 3ID

Select ORDERS 1-3: 1
-----
ASPIRIN
Give: 650MG ORAL QDAILY

Dispense drug: ASPIRIN BUFFERED 325MG TAB (U/D: 2)
EXTRA UNITS DISPENSED: 3

Select PATIENT: <Enter>
Select Pick List Menu Option:
```

6.4. Report Returns

[PSJU RET]

The *Report Returns* option allows the pharmacist to enter the number of returned units into the medication order record. Units can be returned when a patient is discharged or when the medication is discontinued, for example. Usually positive numbers are entered; however the system will allow negative numbers to be entered to allow for corrections. Any data entered here is reflected in the various cost reports.

Only active, discontinued, or expired orders are selectable. Once the user selects the patient, the system prompts to choose the length of patient profile needed to view. The profile will list the orders for that patient. The user can then select the order(s) needed to enter returns.

Example: Reporting Medication Returns

```
Select P!ck List Menu Option: RRS Report Returns

Select PATIENT:    PSJPATIENT1,ONE    000-00-0001  08/18/20    1 EAST
SHORT, LONG, or NO Profile?  SHORT// <Enter>    SHORT

                                02/25/01  22:02
                                VAMC:  XXXXX (500)
-----
PSJPATIENT1,ONE                Ward: 1 EAST
PID: 000-00-0001                Room-Bed: B-12
DOB: 08/18/20 (80)              Ht (cm): _____ (_____)
Sex: MALE                       Wt (kg): _____ (_____)
Dx: TESTING                     Admitted: 05/03/00
CrCL: <Not Found>              BSA (m2): _____
Allergies: No Allergy Assessment
ADR:
-----
- - - - - A C T I V E - - - - -
1    ASPIRIN TAB                  C 02/26  02/28  A
    Give: 650MG ORAL QDAILY
2    MULTIVITAMINS TAB           R 02/26  02/28  A
    Give: 1 TABLET ORAL QDAILY
- - - - - RECENTLY DISCONTINUED/EXPIRED (LAST 24 HOURS) - - - - -
3    CEFAZOLIN INJ               C 03/03  03/09  DE
    Give: 1GM/1VIAL IVPB 3ID
Select ORDERS 1-2: 1

-----
ASPIRIN
Give: 650MG ORAL QDAILY

Dispense drug: ASPIRIN BUFFERED 325MG TAB (U/D: 2)

RETURNS: 1

Select PATIENT: <Enter>

Select P!ck List Menu Option:
```

6.5. Reprint Pick List

[PSJU PLRP]

The *Reprint Pick List* option allows the pharmacist to print or reprint any pick list or pick list update previously run. This option does not recalculate any data; it simply reprints the pick list. If the pick list selected has had an update run for it, the choice of printing the entire pick list or only the last update run will be given. The entire pick list will include any data generated from an update. Any dispensed units that have been entered will also print.

Example: Reprint Pick List

```
Select Ppick List Menu Option: RPL Reprint Pick List
Select WARD GROUP or PICK LIST: <Enter> TEAM 2 GROUP PHARMACY

 1 From: 05/12/96 09:01   Through: 05/14/96 09:00
 2 From: 05/14/96 09:01   Through: 05/16/96 09:00
 3 From: 05/16/96 09:01   Through: 05/18/96 09:00
 4 From: 05/18/96 09:01   Through: 05/20/96 09:00
 5 From: 05/20/96 09:01   Through: 08/27/98 06:00
 6 From: 08/27/98 06:01   Through: 08/29/98 06:00
 7 From: 08/29/98 06:01   Through: 08/31/98 06:00
 8 From: 08/31/98 06:01   Through: 04/06/99 11:17
 9 From: 04/06/99 11:18   Through: 04/08/99 11:17
10 From: 04/08/99 11:18   Through: 04/10/99 11:17
11 From: 04/10/99 11:18   Through: 04/12/99 11:17
12 From: 04/12/99 11:18   Through: 04/14/99 11:17
13 From: 04/14/99 11:18   Through: 04/14/99 15:00
14 From: 04/14/99 15:01   Through: 04/16/99 15:00
15 From: 04/16/99 15:01   Through: 02/21/01 21:55
16 From: 02/21/01 21:56   Through: 02/23/01 21:55

Select 1 - 16: 16
Select PATIENT to start from (optional): PSJPATIENT1,ONE PSJPATIENT1,ONE 8-18-20
      ASIAN OR PACIFIC ISLANDER 000000001 YES MILITARY RETIREE

Select PRINT DEVICE: 0;80;999999

...one moment, please...
```

-----**report continues**-----

Example: Entering Returns and Destroyed Medications

Select IV Menu Option: **RET**urns and Destroyed Entry (IV)
 Select PATIENT: **PSJPATIENT1,ONE** 000-00-0001 08/18/20 1 EAST

Patient Information Feb 20, 2002@15:58:02 Page: 1 of 1
 PSJPATIENT1,ONE Ward: 1 EAST
 PID: 000-00-0001 Room-Bed: B-12 Ht (cm) : _____ (_____)
 DOB: 08/18/20 (80) Wt (kg) : _____ (_____)
 Sex: MALE Admitted: 05/03/00
 Dx: TESTING Last transferred: *****

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

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

IV Profile Feb 20, 2002@15:58 50 Page: 1 of 1
 PSJPATIENT1,ONE Ward: 1 EAST
 PID: 000-00-0001 Room-Bed: B-12 Ht (cm) : _____ (_____)
 DOB: 08/18/20 (81) Wt (kg) : _____ (_____)
 Sex: MALE Admitted: 09/10/01
 Dx: TESTING Last transferred: *****
 CrCL: <Not Found> BSA (m2):

#	Additive	Last fill	Type	Start	Stop	Stat
1	POTASSIUM CHLORIDE XXXXXXXXXXXX 35 MEQ in DEXTROSE 5% 1/2 NS 1000 ML 80 ml/ hr	FEB 20 15:55	#1 A	02/20	02/20	A

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

 Patient: PSJPATIENT1,ONE Status: ACTIVE
 * (1) Additives: Order number: 445 Type: ADMIXTURE
 POTASSIUM CHLORIDE XXXXXXXXXXXX 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
 * (5) Med Route: IV * (6) Stop: 02/20/02 24:00
 BCMA ORDER LAST ACTION: 02/20/02 15:50 Infusing*
 * (7) Schedule: Last Fill: 02/20/02 15:55
 (8) Admin Times: Quantity: 1
 * (9) Provider: PSJPROVIDER,ONE [es] Cum. Doses: 1
 (10) Other Print:
 (11) Remarks :
 Entry By: PSJPROVIDER,ONE Entry Date: 02/20/02 15:55
 Enter RETURN to continue or '^' to exit:

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

Example: Entering Returns and Destroyed Medications (continued)

```

Return IV Labels          Feb 20, 2002@16:06:39          Page: 1 of 0
-----
PSJPATIENT1,ONE          Ward: 1 EAST
PID: 000-00-0001         Room-Bed: B-12          Ht (cm) : _____ (_____)
DOB: 08/18/20 (81)      Wt (kg) : _____ (_____)
-----
POTASSIUM CHLORIDE XXXXXXXXXXXX 35 MEQ   C 02/20 02/20  A
in DEXTROSE 5% 1/2 NS 1000 ML 80 ml/hr

Labels available for reprint
-----
1. 739V445  POTASSIUM CHLORIDE XXXXXXXXXXXX 35 MEQ
            DEXTROSE 5% 1/2 NS 1000 ML
            80 ml/hr
            2[3]
2. 739V446  POTASSIUM CHLORIDE XXXXXXXXXXXX 35 MEQ
            DEXTROSE 5% 1/2 NS 1000 ML
            80 ml/hr
            3[3]
3. 739V447  POTASSIUM CHLORIDE XXXXXXXXXXXX 35 MEQ
            DEXTROSE 5% 1/2 NS 1000 ML
            80 ml/hr
+      Enter ?? for more actions
RC  Recycled          DT  Destroyed          CA  Cancelled
Select Item(s): Next Screen// RC  Recycled
Select from 1 - 3 or <RETURN> to select by BCMA ID: 1
    
```

```

Return IV Labels          Feb 20, 2002@16:07:46          Page: 1 of 0
-----
PSJPATIENT1,ONE          Ward: 1 EAST
PID: 000-00-0001         Room-Bed: B-12          Ht (cm) : _____ (_____)
DOB: 08/18/20 (81)      Wt (kg) : _____ (_____)
-----
POTASSIUM CHLORIDE XXXXXXXXXXXX 35 MEQ   C 02/20 02/20  A
in DEXTROSE 5% 1/2 NS 1000 ML 80 ml/hr

Labels available for reprint
-----
1. 739V446  POTASSIUM CHLORIDE XXXXXXXXXXXX 35 MEQ
            DEXTROSE 5% 1/2 NS 1000 ML
            80 ml/hr
            3[3]
2. 739V447  POTASSIUM CHLORIDE XXXXXXXXXXXX 35 MEQ
            DEXTROSE 5% 1/2 NS 1000 ML
            80 ml/hr
            1[3]
+      Enter ?? for more actions
RC  Recycled          DT  Destroyed          CA  Cancelled
Select Item(s): Quit// DT  Destroyed
Select from 1 - 2 or <RETURN> to select by BCMA ID: <Enter>
Enter a BCMA ID: 739V446
    
```

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

8. Output Options

8.1. Unit Dose

Most of the Output Options are located under the *Reports Menu* option on the *Unit Dose Medications* menu. The other reports are located directly on the *Unit Dose Medications* menu.

8.1.1. Patient Profile (Unit Dose)

[PSJU PR]

The *Patient Profile (Unit Dose)* option allows a user to print a profile (list) of a patient's orders for the patient's current or last (if patient has been discharged) admission, by group (**G**), ward (**W**), clinic (**C**), or patient (**P**). When group is selected, a prompt to select by ward group (**W**) or clinic group (**C**) displays. If the user's terminal is selected as the printing device, this option will allow the user to select any of the printed orders to be shown in complete detail, including the activity logs, if any.

Example: Patient Profile

```
Select Unit Dose Medications Option: Patient Profile (Unit Dose)
Select by GROUP (G), WARD (W), CLINIC (C), or PATIENT (P): P Patient <Enter>
Select PATIENT: PSJPATIENT1,ONE      000-00-0001   08/18/20   1 EAST
Select another PATIENT: <Enter>
SHORT, LONG, or NO Profile? SHORT// <Enter> SHORT
Show PROFILE only, EXPANDED VIEWS only, or BOTH: PROFILE// <Enter>
Select PRINT DEVICE: <Enter> NT/Cache virtual TELNET terminal
```

```

                U N I T   D O S E   P R O F I L E                09/13/00  16:20
                SAMPLE HEALTHCARE SYSTEM
-----
PSJPATIENT1,ONE          Ward: 1 EAST
PID: 000-00-0001        Room-Bed: B-12          Ht (cm): _____ (_____)
DOB: 08/18/20 (80)      Wt (kg): _____ (_____)
Sex: MALE                Admitted: 05/03/00
Dx: TESTING
CrCL: <Not Found>      BSA (m2): _____
Allergies: No Allergy Assessment
ADR:
-----
- - - - - A C T I V E - - - - -
1  AMPICILLIN CAP          C 09/07 09/21 A  NF
   Give: 500MG PO QID
- - - - - N O N - V E R I F I E D - - - - -
2  CEFAZOLIN INJ          C 03/09 03/10 N
   Give: 2GM/2VIAL IVPB 3ID
- - - - - R E C E N T L Y   D I S C O N T I N U E D / E X P I R E D   ( L A S T   2 4   H O U R S )   - - - - -
3  CEFAZOLIN INJ          C 03/03 03/09 DE
   Give: 1GM/1VIAL IVPB 3ID
View ORDERS (1-3): 1
```

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

Example: Patient Profile (continued)

```
-----
Patient: PSJPATIENT1,ONE                               Status: ACTIVE
Orderable Item: AMPICILLIN CAP
Instructions:
Dosage Ordered: 500MG
Duration:                                               Start: 09/07/00 15:00
Med Route: ORAL (PO)                                   Stop: 09/21/00 24:00
Schedule Type: CONTINUOUS
Schedule: QID
Admin Times: 01-09-15-20
Provider: PSJPROVIDER,ONE [w]

Dispense Drugs                                         Units  Units  Inactive
U/D  Disp'd  Ret'd  Date
-----
AMPICILLIN 500MG CAP                                  1    0    0

ORDER NOT VERIFIED
Self Med: NO
Entry By: PSJPROVIDER,ONE                             Entry Date: 09/07/00 13:37
```

8.1.2. Reports Menu [PSJU REPORTS]

The *Reports Menu* option contains various reports generated by the Unit Dose package. All of these reports are QUEUEABLE, and it is strongly suggested that these reports be queued when run.

Example: Reports Menu

```
Select Unit Dose Medications Option: REports Menu

Select Reports Menu Option: ?

7      7 Day MAR
14     14 Day MAR
24     24 Hour MAR
AP1    Action Profile #1
AP2    Action Profile #2
        AUTHORIZED Absence/Discharge Summary
        Extra Units Dispensed Report
        Free Text Dosage Report
        INpatient Stop Order Notices
        Medications Due Worksheet
        Patient Profile (Extended)
```

Example: 24 Hour MAR Report

```
Select Reports Menu Option: 24 24 Hour MAR
Select the MAR forms: 3// ?

    Select one of the following:
    1      Print Blank MARs only
    2      Print Non-Blank MARs only
    3      Print both Blank and Non-Blank MARs

Select the MAR forms: 3// <Enter> Print both Blank and Non-Blank MARs

Enter START DATE/TIME for 24 hour MAR: 090700@1200 (SEP 07, 2000@12:00)

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

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

Select another PATIENT: <Enter>
Enter medication type(s): 2,3,6// ?

1. All medications
2. Non-IV medications only
3. IVPB (Includes IV syringe orders with a med route of IV or IVPB.
   All other IV syringe orders are included with non-IV medications).
4. LVPs
5. TPNs
6. Chemotherapy medications (IV)

A combination of choices can be entered here except for option 1.
e.g. Enter 1 or 2-4,5 or 2.

Enter medication type(s): 2,3,6// 1
Select PRINT DEVICE: 0;132 NT/Cache virtual TELNET terminal

-----report continues-----
```

Example: 24 Hour MAR Report (continued)

CONTINUOUS SHEET	24 HOUR MAR	09/07/2000 12:00	through	09/08/2000 11:59
SAMPLE HEALTHCARE SYSTEM			Printed on 09/20/2000 16:15	
Name: PSJPATIENT1,ONE	Weight (kg): _____ (_____)	Loc: 1 EAST		
PID: 000-00-0001 DOB: 08/18/1920 (80)	Height (cm): _____ (_____)	Room-Bed: B-12		
Sex: MALE Dx: TESTING	Admitted: 05/03/2000 13:29			
CrCL: <Not Found>	BSA (m2): _____			
Allergies: No Allergy Assessment	ADR:			

Order	Start	Stop	Admin Times	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07	08	09	10	11

SIGNATURE/TITLE	INIT	ALLERGIES	INJECTION SITES	MED/DOSE OMITTED	REASON	INIT
			Indicate RIGHT (R) or LEFT (L)			
			1. DELTOID			
			2. ABDOMEN			
			3. ILIAC CREST			
			4. GLUTEAL			
			5. THIGH			
			PRN:E=Effective N=Not Effective			

PSJPATIENT1,ONE	000-00-0001	Room-Bed: B-12			VA FORM 10-2970
-----------------	-------------	----------------	--	--	-----------------

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

Example: 24 Hour MAR Report (continued)

ONE-TIME/PRN SHEET		24 HOUR MAR		09/07/2000 12:00 through		09/08/2000 11:59	
SAMPLE HEALTHCARE SYSTEM						Printed on 09/20/2000 16:15	
Name: PSJPATIENT1, ONE		Weight (kg): _____ (_____)				Loc: 1 EAST	
PID: 000-00-0001 DOB: 08/18/1920 (80)		Height (cm): _____ (_____)				Room-Bed: B-12	
Sex: MALE Dx: TESTING		BSA (m2): _____				Admitted: 05/03/2000 13:29	
CrCL: <Not Found>		ADR:					
Allergies: No Allergy Assessment		Admin Times					

Order	Start	Stop	Admin Times	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07	08	09	10	11

SIGNATURE/TITLE	INIT	ALLERGIES	INJECTION SITES	MED/DOSE OMITTED	REASON	INIT
			Indicate RIGHT (R)			
			or LEFT (L)			
			1. DELTOID			
			2. ABDOMEN			
			3. ILIAC CREST			
			4. GLUTEAL			
			5. THIGH			
			PRN: E=Effective			
			N=Not Effective			

PSJPATIENT1, ONE 000-00-0001 Room-Bed: B-12 VA FORM 10-5568d

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

Example: 24 Hour MAR Report (continued)

CONTINUOUS SHEET		24 HOUR MAR		09/07/2000 12:00 through 09/08/2000 11:59																									
SAMPLE HEALTHCARE SYSTEM				Printed on 09/20/2000 16:15																									
Name: PSJPATIENT1,ONE		Weight (kg): _____		Loc: 1 EAST																									
PID: 000-00-0001 DOB: 08/18/1920 (80)		Height (cm): _____		Room-Bed: B-12																									
Sex: MALE Dx: TESTING		BSA (m2): _____		Admitted: 05/03/2000 13:29																									
CrCL: <Not Found>		Allergies: No Allergy Assessment		ADR:																									
		Admin																											
Order	Start	Stop	Times	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07	08	09	10	11		

09/07	09/07 15:00	09/21/00 24:00 (A9111)	01 09				15					20					01											09	
AMPICILLIN CAP			C 15																										
Give: 500MG PO QID			20																										
RPH: PI RN: _____																													

09/07	09/07 15:00	09/14/00 16:54 (A9111)	01 09				15					20					01											09	
AMPICILLIN 1 GM			C 15																										
in 0.9% NAACL 100 ML			20																										
IVPB QID																													
See next label for continuation																													
THIS IS AN INPATIENT IV EXAMPLE																													
RPH: PI RN: _____																													

09/07	09/07 17:00	09/07/00 12:00 (A9111)																											
HYDROCORTISONE CREAM, TOP			C 17																										
Give: 1% TOP QDAILY																													
RPH: PI RN: _____																													

09/07	09/07 17:00	09/07/00 12:50 (A9111)																											
METHYLPREDNISOLNE INJ			C 09																										
Give: 500MG IV Q12H			21																										
THIS IS AN INPATIENT IV EXAMPLE																													
RPH: MLV RN: _____																													

09/07	09/07 17:00	09/07/00 12:50 (A9111)																											
METHYLPREDNISOLNE INJ			C 17																										
Give: 1000MG IV QDAILY																													
THIS IS AN INPATIENT IV EXAMPLE																													
RPH: MLV RN: _____																													

SIGNATURE/TITLE	INIT	ALLERGIES	INJECTION SITES	MED/DOSE OMITTED	REASON	INIT																							
-----							Indicate RIGHT (R)																						
-----							or LEFT (L)																						
-----							1. DELTOID																						
-----							2. ABDOMEN																						
-----							3. ILIAC CREST																						
-----							4. GLUTEAL																						
-----							5. THIGH																						
-----							PRN: E=Effective																						
-----							N=Not Effective																						

PSJPATIENT1,ONE							000-00-0001 Room-Bed: B-12							PAGE: 1							VA FORM 10-2970								

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

8.1.2.2. 7 Day MAR [PSJU 7D MAR]

The *7 Day MAR* option creates a report form that can be used to track the administration of patients' medications.

The 7 Day MAR report includes:

- Date/time range covered by the MAR using a four-digit year format
- Institution Name
- Ward/Clinic*
- Patient demographic data
- Time line
- Information about each order

*For Outpatients receiving Inpatient Medication orders in an appropriate clinic.

The order information consists of:

- Order date
- Start date
- Stop date
- Schedule type (a letter code next to the administration times)
- Administration times (will be blank if an IV order does not have a schedule)
- Drug name
- Strength (if different from that indicated in drug name)
- Medication route abbreviation
- Schedule
- Verifying pharmacist's and nurse's initials

The MAR is printed by group (**G**), ward (**W**), clinic (**C**), or patient (**P**). When group is selected, a prompt to select by ward group (**W**) or clinic group (**C**) displays. If the user chooses to print by patient, the opportunity to select more than one patient will be given. The system will keep prompting, "Select another PATIENT:". If a caret (^) is entered, the user will return to the report menu. When all patients are entered, press <Enter> at this prompt to continue.



Note: If the user chooses to select by ward, administration teams may be specified and the MAR may be sorted by administration team, and then by room-bed or patient name. The default for the administration team is ALL and multiple administration teams may be entered. If selecting by ward group, the MAR may be sorted by room-bed or patient name. When the report is printed by clinic or clinic group, and the order is for an outpatient, the report leaves Room/Bed blank.

Example: 14 Day MAR Report (continued)

CONTINUOUS SHEET		14 DAY MAR		09/07/2000 through 09/20/2000															
SAMPLE HEALTHCARE SYSTEM				Printed on 09/20/2000 16:11															
Name: PSJPATIENT1,ONE		Weight (kg): _____ (_____)		Loc: 1 EAST															
PID: 000-00-0001 DOB: 08/18/1920 (80)		Height (cm): _____ (_____)		Room-Bed: B-12															
Sex: MALE Dx: TESTING		Admitted: 05/03/2000 13:29																	
Allergies: No Allergy Assessment ADR:																			
Order	Start	Stop	Admin Times	SEP	07	08	09	10	11	12	13	14	15	16	17	18	19	20	notes
09/07	09/07 15:00	09/21/00 24:00 (A9111)	01 09 C15 20	****															
AMPICILLIN CAP Give: 500MG PO QID RPH: PI RN: _____																			
09/07	09/07 15:00	09/14/00 16:54 (A9111)	01 09 C15 20	****									****	****	****	****	****	****	
AMPICILLIN 1 GM in 0.9% NAACL 100 ML IVPB QID See next label for continuation RPH: PI RN: _____																			
THIS IS AN INPATIENT IV EXAMPLE RPH: PI RN: _____																			
09/07	09/07 17:00	09/07/00 12:34 (A9111)	C17	****	****	****	****	****	****	****	****	****	****	****	****	****	****	****	
HYDROCORTISONE CREAM, TOP Give: 1% 0 QDAILY RPH: MLV RN: _____																			
09/07	09/07 17:00	09/07/00 12:50 (A9111)	C09 21	****	****	****	****	****	****	****	****	****	****	****	****	****	****	****	
METHYLPREDNISOLNE INJ Give: 500MG IV Q12H THIS IS AN INPATIENT IV EXAMPLE RPH: MLV RN: _____																			
09/07	09/07 17:00	09/07/00 12:50 (A9111)	C17	****	****	****	****	****	****	****	****	****	****	****	****	****	****	****	
METHYLPREDNISOLNE INJ Give: 1000MG IV QDAILY THIS IS AN INPATIENT IV EXAMPLE RPH: MLV RN: _____																			
SIGNATURE/TITLE		INIT	INJECTION SITES		MED/DOSE OMITTED				REASON				INIT						
			Indicate RIGHT (R) or LEFT (L)																
			(IM) (SUB Q)																
			1. DELTOID	6. UPPER ARM															
			2. VENTRAL GLUTEAL	7. ABDOMEN															
			3. GLUTEUS MEDIUS	8. THIGH															
			4. MID (ANTERIOR) THIGH	9. BUTTOCK															
			5. VASTUS LATERALIS	10. UPPER BACK															
			PRN: E=Effective N=Not Effective																
PSJPATIENT1,ONE				000-00-0001 Room-Bed: B-12				LAST PAGE: 1				VA FORM 10-2970							

8.1.2.4. Action Profile #1 [PSJU AP-1]

The *Action Profile #1* option creates a report form that contains all of the active inpatient medication orders for one or more patients. These patients may be selected by ward group (**G**), ward (**W**), or patient (**P**). If selection by ward is chosen, the administration teams may be specified. The default for the administration team is ALL and multiple administration teams may be entered. If selecting by ward or ward group, the profile may be sorted by patient name or room-bed. Entering a Ward Group of ^OTHER will automatically sort by patient and print a report for Outpatients that are receiving Inpatient Medications and that meet the report parameters. If the user chooses to run this option by patient, the opportunity is given to select as many patients as needed, but only those that have active orders will print.

There are six medication choices. The user may select multiple choices of medications to be printed on the Action Profile #1 report. Since the first choice is ALL Medications, the user will not be allowed to combine this with any other choices. The default choice is “Non-IV Medications only” if:

1. The MAR ORDER SELECTION DEFAULT parameter was not defined.
2. Selection by Ward group.
3. Selected by patients and patients are from different wards.

The form is printed so the attending provider will have a method of periodically reviewing these active medication orders.

Also on this profile, the provider can renew, discontinue, or not take any action regarding the active orders for each patient. A new order will be required for any new medication prescribed or for any changes in the dosage or directions of an existing order. If no action is taken, a new order is not required.

It is recommended that the action profiles be printed on two-part paper, if possible. Using two-part paper allows a copy to stay on the ward and the other copy to be sent to the pharmacy.



Note: This report uses a four-digit year format.

Example: Action Profile #1 Report

```
Select Reports Menu Option: AP1 Action Profile #1

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

Select PATIENT: PSJPATIENT1,ONE      000-00-0001   08/18/20   1 EAST
Select another PATIENT: <Enter>
Enter medication type(s): 2,3,6// 1
...this may take a few minutes...(you should QUEUE this report)...
Select PRINT DEVICE: <Enter> NT/Cache virtual TELNET terminal

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

UNIT DOSE ACTION PROFILE #1	09/11/2000 11:01																																																	
SAMPLE HEALTHCARE SYSTEM																																																		
(Continuation of VA FORM 10-1158)																																																		
Page: 1																																																		
<p>This form is to be used to REVIEW/RENEW/CANCEL existing active medication orders for inpatients. Review the active orders listed and beside each order circle one of the following:</p> <p style="margin-left: 40px;">R - to RENEW the order D - to DISCONTINUE the order N - to take NO ACTION (the order will remain active until the stop date indicated)</p> <p>A new order must be written for any new medication or to make any changes in dosage or directions on an existing order.</p>																																																		
<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">PSJPATIENT1,ONE</td> <td style="width: 30%;">Ward: 1 EAST</td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td>PID: 000-00-0001</td> <td>Room-Bed: B-12</td> <td>Ht (cm): _____ (_____)</td> <td></td> </tr> <tr> <td>DOB: 08/18/1920 (80)</td> <td></td> <td>Wt (kg): _____ (_____)</td> <td></td> </tr> <tr> <td>Sex: MALE</td> <td></td> <td>Admitted: 05/03/2000</td> <td></td> </tr> <tr> <td>Dx: TESTING</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CrCL: <Not Found></td> <td></td> <td>BSA (m2): _____</td> <td></td> </tr> <tr> <td>Allergies: No Allergy Assessment</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ADR:</td> <td></td> <td></td> <td></td> </tr> </table>		PSJPATIENT1,ONE	Ward: 1 EAST			PID: 000-00-0001	Room-Bed: B-12	Ht (cm): _____ (_____)		DOB: 08/18/1920 (80)		Wt (kg): _____ (_____)		Sex: MALE		Admitted: 05/03/2000		Dx: TESTING				CrCL: <Not Found>		BSA (m2): _____		Allergies: No Allergy Assessment				ADR:																				
PSJPATIENT1,ONE	Ward: 1 EAST																																																	
PID: 000-00-0001	Room-Bed: B-12	Ht (cm): _____ (_____)																																																
DOB: 08/18/1920 (80)		Wt (kg): _____ (_____)																																																
Sex: MALE		Admitted: 05/03/2000																																																
Dx: TESTING																																																		
CrCL: <Not Found>		BSA (m2): _____																																																
Allergies: No Allergy Assessment																																																		
ADR:																																																		
<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">No.</th> <th style="text-align: left;">Action</th> <th style="text-align: left;">Drug</th> <th style="text-align: left;">ST</th> <th style="text-align: left;">Start</th> <th style="text-align: left;">Stop</th> <th style="text-align: left;">Status/Info</th> </tr> <tr> <th colspan="7" style="text-align: center; border-top: 1px dashed black; border-bottom: 1px dashed black;">- - - - - A C T I V E - - - - -</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>R D N</td> <td>AMPICILLIN 1 GM in 0.9% NACL 100 ML QID Special Instructions: THIS IS AN INPATIENT IV EXAMPLE</td> <td>C</td> <td>09/07</td> <td>09/14</td> <td>A</td> </tr> <tr> <td>2</td> <td>R D N</td> <td>AMPICILLIN CAP Give: 500MG PO QID</td> <td>C</td> <td>09/07</td> <td>09/21</td> <td>A</td> </tr> <tr> <td>3</td> <td>R D N</td> <td>HYDROCORTISONE CREAM, TOP Give: 1% TOP QDAILY</td> <td>C</td> <td>09/07</td> <td>09/21</td> <td>A</td> </tr> <tr> <td>4</td> <td>R D N</td> <td>MULTIVITAMINS 5 ML in 0.9% NACL 1000 ML 20 ml/hr</td> <td>C</td> <td>09/07</td> <td>09/12</td> <td>A</td> </tr> <tr> <td>5</td> <td>R D N</td> <td>PROPRANOLOL 10MG U/D Give: PO QDAILY</td> <td>C</td> <td>09/07</td> <td>09/21</td> <td>A</td> </tr> </tbody> </table>		No.	Action	Drug	ST	Start	Stop	Status/Info	- - - - - A C T I V E - - - - -							1	R D N	AMPICILLIN 1 GM in 0.9% NACL 100 ML QID Special Instructions: THIS IS AN INPATIENT IV EXAMPLE	C	09/07	09/14	A	2	R D N	AMPICILLIN CAP Give: 500MG PO QID	C	09/07	09/21	A	3	R D N	HYDROCORTISONE CREAM, TOP Give: 1% TOP QDAILY	C	09/07	09/21	A	4	R D N	MULTIVITAMINS 5 ML in 0.9% NACL 1000 ML 20 ml/hr	C	09/07	09/12	A	5	R D N	PROPRANOLOL 10MG U/D Give: PO QDAILY	C	09/07	09/21	A
No.	Action	Drug	ST	Start	Stop	Status/Info																																												
- - - - - A C T I V E - - - - -																																																		
1	R D N	AMPICILLIN 1 GM in 0.9% NACL 100 ML QID Special Instructions: THIS IS AN INPATIENT IV EXAMPLE	C	09/07	09/14	A																																												
2	R D N	AMPICILLIN CAP Give: 500MG PO QID	C	09/07	09/21	A																																												
3	R D N	HYDROCORTISONE CREAM, TOP Give: 1% TOP QDAILY	C	09/07	09/21	A																																												
4	R D N	MULTIVITAMINS 5 ML in 0.9% NACL 1000 ML 20 ml/hr	C	09/07	09/12	A																																												
5	R D N	PROPRANOLOL 10MG U/D Give: PO QDAILY	C	09/07	09/21	A																																												
<hr style="width: 80%; margin: 0 auto;"/> <p>Date AND Time</p> <p>MULTIDISCIPLINARY REVIEW (WHEN APPROPRIATE)</p>	<hr style="width: 80%; margin: 0 auto;"/> <p>PHYSICIAN'S SIGNATURE</p> <hr style="width: 80%; margin: 0 auto;"/> <p>PHARMACIST'S SIGNATURE</p> <hr style="width: 80%; margin: 0 auto;"/> <p>NURSE'S SIGNATURE</p>																																																	

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

Example: Action Profile #1 Report (continued)

ADDITIONAL MEDICATION ORDERS:		
Date AND Time	PHYSICIAN'S SIGNATURE	
PSJPATIENT1, ONE	000-00-0001	08/18/1920

**8.1.2.5. Action Profile #2
[PSJU AP-2]**

The *Action Profile #2* option is similar to the *Action Profile #1* option (see previous report) with the added feature that the pharmacist can show only expiring orders, giving in effect, stop order notices (see *INpatient Stop Order Notices*).

The user can run the *Action Profile #2* option by group (**G**), ward (**W**), clinic (**C**), or patient (**P**). When group is selected, a prompt to select by ward group (**W**) or clinic group (**C**) displays. If this option is run by patient, the opportunity to select as many patients as desired is given, but the user will not get a report if the patient has no active orders.

If the option for a ward or a ward group is chosen, a prompt to choose the ward or ward group for which the user wants to run the option is displayed. The user will then be asked to sort (print) Action Profiles by team (**T**) or treating provider (**P**). If Ward Group of ^OTHER is entered, the user will not be given a sort (print) option; it will automatically sort by treating provider and print a report of Outpatients that are receiving Inpatient Medications and that meet the report parameters.

Start and stop dates will be prompted next. Only those patients with at least one active order that has a stop date between the dates chosen will print. If entered, the start and stop dates must be in the future (**NOW** is acceptable). Time is required only if the current date of **TODAY** or **T** is entered. A future date does not require time to be entered.

At the “Print (**A**)ll active orders, or (**E**xpiring orders only? A//” prompt, the user can choose to print all active orders for the patient(s) selected, or print only orders that will expire within the date range selected for the patient(s) selected.

8.1.2.6 Authorized Absence/Discharge Summary [PSJU DS]

The *AUthorized Absence/Discharge Summary* option creates a report to allow the user to determine what action to take on a patient's Unit Dose orders if the patient is discharged from the hospital or will leave the hospital for a designated period of time (authorized absence). The form is printed so that the provider can place the active orders of a patient on hold, not take any action on the order, or continue the order upon discharge or absence. If the provider wishes to continue the order upon discharge, then he or she can identify the number of refills, the quantity, and the number of days for the order to remain active. If no action is taken on the order, it will expire or be discontinued.

The user can run the Authorized Absence Discharge Summary by ward group, ward, or by patient. If the user chooses to run this report by patient, the opportunity is given to select as many patients as desired, but only patients with active orders will print.

If the option by ward or ward groups is chosen, the user will be prompted for start and stop date. Entry of these dates is not required, but if a start and stop date is entered, a discharge summary will print only for those patients that have at least one order that will be active between those dates. If the user does not enter a start date, all patients with active orders will print (for the ward or ward group chosen). If a clinic visit has been scheduled, the date will print. If more than one has been scheduled, only the first one will print. It is recommended that this report be queued to print when user demand for the system is low.

For co-payment purposes, information related to the patient's service connection is shown on the first page of the form (for each patient). If the patient is a service-connected less than 50% veteran, the provider is given the opportunity to mark each non-supply item order as either SERVICE CONNECTED (SC) or NON-SERVICE CONNECTED (NSC).



Note: This report uses a four-digit year format.

Example: Authorized Absence/Discharge Summary Report

```
Select Reports Menu Option: AUthorized Absence/Discharge Summary
Print BLANK Authorized Absence/Discharge Summary forms? NO// <Enter>
Select by WARD GROUP (G), WARD (W), or PATIENT (P): Patient <Enter>
Select PATIENT: PSJPATIENT2,TWO      000-00-0002   02/22/42   1 West
Select another PATIENT: <Enter>
...this may take a few minutes...(you should QUEUE this report)...
Select PRINT DEVICE: <Enter> TELNET
```

-----**report continues**-----

Example: Authorized Absence/Discharge Summary Report (continued)

```

AUTHORIZED ABSENCE/DISCHARGE ORDERS      09/19/2000 12:43
VAMC: REGION 5 (660)
VA FORM: 10-7978M
Effective Date:                               Page: 1
=====
Instructions to the physician:
  A. A prescription blank (VA FORM 10-2577F) must be used for:
      1. all class II narcotics
      2. any medications marked as 'nonrenewable'
      3. any new medications in addition to those entered on this form.
  B. If a medication is not to be continued, mark "TAKE NO ACTION".
  C. To continue a medication, you MUST:
      1. enter directions, quantity, and refills
      2. sign the order, enter your DEA number, and enter the date AND time.
=====
PATIENT, IN                               Ward: NHCU
PID: 666-00-9999      Room-Bed: * NF *      Ht (cm): _____ (_____)
DOB: 12/31/1962 (49)      Wt (kg): _____ (_____)
Sex: MALE                               Admitted: 04/08/2003
Dx: NEEDS NHCU
CrCL: <Not Found>                               BSA (m2): _____
Allergies: CARAMEL, CN900, LOMEFLOXACIN, PENTAMIDINE, PENTAZOCINE, CHOCOLATE,
           NUTS, STRAWBERRIES, DUST
NV Aller.: AMOXICILLIN, AMPICILLIN, TAPE, FISH, FLUPHENAZINE DECANOATE
ADR:
=====
*** THIS PATIENT HAS NON-VERIFIED ORDERS. ***

___ AUTHORIZED ABSENCE <96 HOURS   ___ AUTHORIZED ABSENCE >96 HOURS
   NUMBER OF DAYS: _____ (NO REFILLS allowed on AA/PASS meds)

___ REGULAR DISCHARGE   ___ OPT NSC   ___ SC

SC Percent: %
Disabilities: NONE STATED

Next scheduled clinic visit:
=====
No.      Medication                               Schedule      Cost per
                               Type                               Dose
-----
1 ACETAMINOPHEN 650 MG SUPP                CONTINUOUS      0.088
  Inpt Dose: 650MG RECTALLY QDAILY

___ TAKE NO ACTION (PATIENT WILL NOT RECEIVE MEDICATION)

Outpatient Directions: _____

___ SC ___ NSC   Qty: _____   Refills: 0 1 2 3 4 5 6 7 8 9 10 11

_____  

Physician's Signature                               DEA #                               Date AND Time
Enter RETURN to continue or '^' to exit:
=====
--report continues--

```


Example: Inpatient Stop Order Notices

```
Select Reports Menu Option: INpatient Stop Order Notices
Select by GROUP (G), WARD (W), CLINIC (C), or PATIENT (P): PATIENT <Enter>
Select PATIENT: PSJPATIENT2,TWO 000-00-0002 02/22/42 1 West
Enter start date: T (SEP 19, 2000)
Enter stop date: T+7 (SEP 26, 2000)
List IV orders, Unit Dose orders, or All orders: ALL// <Enter>
Select PRINT DEVICE: 0;80 TELNET
...this may take a few minutes...
...you really should QUEUE this report, if possible...
Enter RETURN to continue or '^' to exit: <Enter>
```

AS OF: 09/19/00 13:14 Page: 1

THE FOLLOWING MEDICATIONS WILL EXPIRE
FROM 09/19/00 00:01 THROUGH 09/26/00 24:00
TO CONTINUE MEDICATIONS, PLEASE REORDER ON VA FORM 10-1158.

```
PSJPATIENT2,TWO          Ward: 1 West
PID: 000-00-0002        Room-Bed: A-6          Ht (cm): 167.64 (04/21/99)
DOB: 02/22/42 (58)      Wt (kg): 85.00 (04/21/99)
Sex: MALE                Admitted: 09/16/99
Dx: TEST PATIENT
CrCL: <Not Found>        BSA (m2): 1.59
Allergies: CARAMEL, CN900, LOMEFLOXACIN, PENTAMIDINE, PENTAZOCINE, CHOCOLATE,
NUTS, STRAWBERRIES, DUST
NV Aller.: AMOXICILLIN, AMPICILLIN, TAPE, FISH, FLUPHENAZINE DECANOATE
ADR:
```

Medication Dosage	ST	Start	Stop	Status/Info Provider
AMPICILLIN 1 GM in 0.45% NAACL 100 ML QID IV	C	09/19	09/22/00 18:00 A	PSJPROVIDER,ONE
PENTAMIDINE ISETHIONATE 1 MG in 0.45% NAACL 1000 ML 8 MG/HR IV 8 MG/HR@1	C	09/19	09/22/00 18:00 A	PSJPROVIDER,ONE
ACETAMINOPHEN 300/CODEINE 30 TAB Give: 2TABS PO QDAILY	C	09/16	09/22/00 22:00 A	PSJPROVIDER,ONE
BENZOYL PEROXIDE GEL, TOP Give: APPLY SMALL AMOUNT TOP QDAILY Special Instructions: TEST	C	09/19	09/22/00 22:00 A	PSJPROVIDER,ONE
RANITIDINE TAB Give: 150MG PO BID	C	09/18	09/22/00 22:00 A	PSJPROVIDER,ONE
THEOPHYLLINE CAP, SA Give: 400MG PO QID Special Instructions: TESTING	C	09/18	09/22/00 22:00 A	PSJPROVIDER,ONE

PSJPATIENT2,TWO 000-00-0002 1 West A-6

8.1.2.10. Medications Due Worksheet [PSJ MDWS]

The *Medications Due Worksheet* option creates a report that lists active medications (Unit Dose and IV) that are due within a selected 24-hour period. The user will be able to select by ward group, ward, or individual patients. If the user chooses to select by ward, the administration teams may be specified. The default for the administration team is ALL and multiple administration teams may be entered. If selecting by ward or ward group, the Medications Due Worksheet may be sorted by administration time, room-bed, or patient name. However, if the user chooses to select by patient, multiple patients can be entered.



Note: If you specify ^OTHER as the ward group, it will select orders for outpatients in clinics that allow inpatient medication orders.

For IV orders that have no schedule, the projected administration times will be calculated based on the order's volume, flow rate, and start time. An asterisk (*) will be printed for the administration times instead of the projected administration times.

If the MAR ORDER SELECTION DEFAULT prompt for the ward parameter is defined, the default will be displayed at the "Enter medication type(s):" prompt.

The default choice is 2 or Non-IV Medications only if:

1. The MAR ORDER SELECTION DEFAULT parameter was not defined.
2. Selection by Ward group.
3. Selected by patients and patients are from different wards.

The PRN medication orders will be printed if the user enters **YES** at the "Would you like to include PRN Medications (Y/N)? NO//"
" prompt. PRN orders will be listed after all continuous and one-time orders are printed.

Example: Medications Due Worksheet

```
Select Reports Menu Option: MEDications Due Worksheet
Would you like to include PRN Medications (Y/N)? NO// YES
Enter Start Date and Time: T@1000 (SEP 19, 2000@10:00)
Enter Ending Date and Time: T@2400 (SEP 19, 2000@24:00)
Select by WARD GROUP (G), WARD (W), or PATIENT (P): Patient <Enter>
Select PATIENT: PSJPATIENT2,TWO 2-22-42 00000002 YES ACTIVE DUTY
Select another PATIENT: <Enter>
Enter medication type(s): 2// 1
Select output device: 0;80 TELNET
```

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

Example: Medications Due Worksheet (continued)

MEDICATIONS DUE WORKSHEET For: PSJPATIENT2,TWO Page: 1
Report from: 09/19/00 10:00 to: 09/19/00 24:00 Report Date: 09/19/00
Continuous/One time Orders for: ALL MEDS

For date: 09/19/00

```
PSJPATIENT2,TWO      A-6      12:00 09/18 | 09/18 12:00 | 09/22/00 22:00
000-00-0002
1 West
RANITIDINE TAB
Give: 150MG PO BID
RN/LPN Init: _____

09/18 | 09/18 12:00 | 09/22/00 22:00
THEOPHYLLINE CAP,SA
Give: 400MG PO QID
TESTING
RN/LPN Init:

*      09/19 | 09/19 12:00 | 09/22/00 18:00
AMPICILLIN 1 GM
in
0.45% NAACL 1000 ML QID
IV QID
RN/LPN Init: _____

15:00 09/18 | 09/18 12:00 | 09/22/00 22:00
RANITIDINE TAB
Give: 150MG PO BID
RN/LPN Init: _____

09/18 | 09/18 12:00 | 09/22/00 22:00
THEOPHYLLINE CAP,SA
Give: 400MG PO QID
TESTING
RN/LPN Init: _____

20:00 09/18 | 09/18 12:00 | 09/22/00 22:00
RANITIDINE TAB
Give: 150MG PO BID
RN/LPN Init: _____

09/18 | 09/18 12:00 | 09/22/00 22:00
THEOPHYLLINE CAP,SA
Give: 400MG PO QID
TESTING
RN/LPN Init:
```

* Projected admin. times based on order's volume, flow rate, and start time.

Enter RETURN to continue or '^' to exit:

8.1.2.11. Patient Profile (Extended) [PSJ EXTP]

The *Patient Profile (Extended)* option creates a report to allow the viewing of all the orders on file for a patient. The user can view all of the orders that have not been purged or enter a date to start searching from.

Example: Extended Patient Profile Report

```
Select Reports Menu Option: Patient Profile (Extended)

Select PATIENT:    PSJPATIENT1,ONE      000-00-0001  08/18/20   1 EAST
Date to start searching from (optional):  083101
Select another PATIENT: <Enter>
Show PROFILE only, EXPANDED VIEWS only, or BOTH: PROFILE// BOTH
Show SHORT, LONG, or NO activity log? NO// SHORT
Select PRINT DEVICE: <Enter>  DECSERVER
```

```
                I N P A T I E N T   M E D I C A T I O N S           02/28/02  14:12
                    VAMC: XXXXX, NY (500)
-----
PSJPATIENT1,ONE                Ward: 1 EAST
PID: 000-00-0001                Room-Bed: B-12                Ht (cm) : _____ ( _____ )
DOB: 08/18/20 (81)              Wt (kg) : _____ ( _____ )
Sex: MALE                        Admitted: 05/03/00
Dx: TESTING                      Last transferred: *****
CrCL: <Not Found>                BSA (m2) : _____
Allergies: No Allergy Assessment
ADR:
-----
- - - - - A C T I V E - - - - -
1  MULTIVITAMINS 5 ML                C 02/28/02 03/30/02  A
   in 0.9% SODIUM CHLORIDE 1000 ML Q8H
2  BACLOFEN TAB                      C 02/20/02 03/06/02  A
   Give: 10MG PO QDAILY
   PATIENT SPITS OUT MEDICINE
3  PREDNISONE TAB                    C 02/25/02 03/11/02  A
   Give: 5MG PO TU-TH-SA@09
4  RESERPINE TAB                    C 02/20/02 03/06/02  A
   Give: 1MG PO QDAILY
5  PANCREATIN CAP,ORAL              O 02/21/02 03/23/02
   Give: 1 CAPSULE PO ONCE
- - - - - N O N - V E R I F I E D - - - - -
6  CEFTAZIDIME INJ                  ? ***** *****  N
   Give: 1 GM IV QDAILY
7  TRACE ELEMENTS INJ                ? ***** *****  N
   Give: 1 ML IV QDAILY
- - - - - N O N - A C T I V E - - - - -
8  CEFAZOLIN 1 GM                    C 11/02/01 12/07/01  E
   in 5% DEXTROSE 1000 ML QID
9  zC2TESTDRUG 1 LITER                C 12/14/01 12/21/01  E
   in 5% DEXTROSE 1000 ML QDAILY
Enter RETURN to continue or '^' to exit: <Enter>
```

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

Dx: SEVERA ANEMIA

Last transferred: *****

Allergies - Verified: STRAWBERRIES
Non-Verified:
Adverse Reactions:
Inpatient Narrative:
Outpatient Narrative:

Enter ?? for more actions

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

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

IV Profile Apr 19, 2010@09:05:31 Page: 1 of 1
BCMA, ONE HUNDRED-PATIENT Ward: BCMA A
PID: 666-33-0100 Room-Bed: 14-C Ht (cm): _____ (_____)
DOB: 04/07/35 (75) Wt (kg): _____ (_____)
Sex: FEMALE Admitted: 02/08/02
Dx: SEVERA ANEMIA Last transferred: *****
CrCL: <Not Found> BSA (m2): _____

#	Additive	Last fill	Type	Start	Stop	Stat	Renew
----- A c t i v e -----							
1	CALCIUM GLUCONATE 5 GM (1) ** MAGNESIUM SULFATE 8 GM (2) POTASSIUM CHLORIDE 20 MEQ in DEXTROSE 10% IN WATER 1000 ML 150 ml/hr	N/P **	#0	H 04/19	04/22	A	

Enter ?? for more actions

PI Patient Information SO Select Order
PU Patient Record Update NO (New Order Entry)
Select Action: Quit// 1

Patient: BCMA, ONE HUNDRED-PATIENT Status: ACTIVE

- * (1) Additives: Order number: 9 Type: HYPERAL
CALCIUM GLUCONATE 5 GM 1
MAGNESIUM SULFATE 8 GM 2
POTASSIUM CHLORIDE 20 MEQ
- * (2) Solutions:
DEXTROSE 10% IN WATER 1000 ML
Duration: * (4) Start: 04/19/10 13:30
- * (3) Infusion Rate: 150 ml/hr
- * (5) Med Route: IV * (6) Stop: 04/22/10 24:00
- * (7) Schedule: Last Fill: *****
- (8) Admin Times: Quantity: 0
- * (9) Provider: PHARMACIST, SEVENTEEN [w] Cum. Doses:
- (10) Other Print:
- (11) Remarks :
IV Room: ONE BCMA
Entry By: PHARMACIST, SEVENTE Entry Date: 04/19/10 07:30

Enter RETURN to continue or '^' to exit:

Example: IV Individual Labels (Print New Labels)

```
Individual IV Labels          Apr 19, 2010@09:06:27          Page: 1 of 1
BCMA, ONE HUNDRED-PATIENT    Ward: BCMA
PID: 666-33-0100            Room-Bed: 14-C          Ht (cm) : _____ ( _____ )
DOB: 04/07/35 (75)          Wt (kg) : _____ ( _____ )

CALCIUM GLUCONATE 5 GM (1)          C 04/19 04/22 A
MAGNESIUM SULFATE 8 GM (2)
POTASSIUM CHLORIDE 20 MEQ
in DEXTROSE 10% IN WATER 1000 ML 150 ml/
hr

----- Labels available for reprint -----

Enter ?? for more actions
NL Print New Labels          RL Reprint IV Labels
Select Item(s): Quit// NL Print New Labels

Number of labels to print: 8
Count as daily usage? Yes// (Yes)
```



Note: This order needs four bags per day. In this example, printing eight labels will cover two days of usage. The usage count is stored in the order and is part of the calculation for placing the correct additive(s) in the appropriate bag(s).

```
Labels for Day 1

100115V56
[9] 0100 BCMA 04/19/10
BCMA, ONE HUNDRED-PATIENT 14-C

=====
DEXTROSE 10% IN WATER 1000 ML
CALCIUM GLUCONATE 5 GM
POTASSIUM CHLORIDE 20 MEQ
=====

ROUTE: INTRAVENOUS
150 ml/hr
Fld by: _____ Chkd by: _____
1[8]
```



Note: Label 1[8] showed only two additives and a solution. The reason for this was CALCIUM GLUCONATE 5 GM was specified for bottle (bag) 1 only. POTASSIUM CHLORIDE 20 MEQ appeared on all of the labels because it supposed to be included in all of the bags.

```
100115V57
[9] 0100 BCMA 04/19/10
BCMA, ONE HUNDRED-PATIENT 14-C

=====
DEXTROSE 10% IN WATER 1000 ML
MAGNESIUM SULFATE 8 GM
POTASSIUM CHLORIDE 20 MEQ
```

```
=====
ROUTE: INTRAVENOUS
150 ml/hr
Fld by: _____ Chkd by: _____
2[8]
```



Note: Label 2[8] showed only two additives and a solution. The reason for this was MAGNESIUM SULFATE 8 GM was specified for bottle (bag) 2 only. The POTASSIUM CHLORIDE 20 MEQ appeared on all of the labels because it supposed to be included in all of the bags. CALCIUM GLUCONATE 5 GM was omitted since it was not to be added to the second bag.

```
100115V58
[9] 0100 BCMA 04/19/10
BCMA,ONE HUNDRED-PATIENT 14-C
```

```
=====
DEXTROSE 10% IN WATER 1000 ML
POTASSIUM CHLORIDE 20 MEQ
=====
```

```
ROUTE: INTRAVENOUS
150 ml/hr
Fld by: _____ Chkd by: _____
3[8]
```

```
100115V59
[9] 0100 BCMA 04/19/10
BCMA,ONE HUNDRED-PATIENT 14-C
```

```
=====
DEXTROSE 10% IN WATER 1000 ML
POTASSIUM CHLORIDE 20 MEQ
=====
```

```
ROUTE: INTRAVENOUS
150 ml/hr
Fld by: _____ Chkd by: _____
4[8]
```



Note: Label 3[8] and 4[8] show only one additive and a solution. The POTASSIUM CHLORIDE 20 MEQ appeared on the label because it supposed to be included in all of the bags. The CALCIUM GLUCONATE 5 GM and MAGNESIUM SULFATE 8 GM were omitted since they were not specified to be added to the third or fourth bag.

Labels for Day 2:

```
100115V60
[9] 0100 BCMA 04/19/10
BCMA,ONE HUNDRED-PATIENT 14-C
```

```
=====
DEXTROSE 10% IN WATER 1000 ML
CALCIUM GLUCONATE 5 GM
POTASSIUM CHLORIDE 20 MEQ
=====
```

```
ROUTE: INTRAVENOUS
150 ml/hr
Fld by: _____ Chkd by: _____
5[8]
```

100115V61
 [9] 0100 BCMA 04/19/10
 BCMA,ONE HUNDRED-PATIENT 14-C

=====

DEXTROSE 10% IN WATER 1000 ML
 MAGNESIUM SULFATE 8 GM
 POTASSIUM CHLORIDE 20 MEQ

=====

ROUTE: INTRAVENOUS
 150 ml/hr
 Fld by: _____ Chkd by: _____
 6[8]

100115V62
 [9] 0100 BCMA 04/19/10
 BCMA,ONE HUNDRED-PATIENT 14-C

=====

DEXTROSE 10% IN WATER 1000 ML
 POTASSIUM CHLORIDE 20 MEQ

=====

ROUTE: INTRAVENOUS
 150 ml/hr
 Fld by: _____ Chkd by: _____
 7[8]

100115V63
 [9] 0100 BCMA 04/19/10
 BCMA,ONE HUNDRED-PATIENT 14-C

=====

DEXTROSE 10% IN WATER 1000 ML
 POTASSIUM CHLORIDE 20 MEQ

=====

ROUTE: INTRAVENOUS
 150 ml/hr
 Fld by: _____ Chkd by: _____
 8[8]

Example: IV Individual Labels (Reprint IV Labels)

```
IV Profile              Apr 19, 2010@09:30:16             Page: 1 of 1
BCMA,ONE HUNDRED-PATIENT      Ward: BCMA                      A
PID: 666-33-0100             Room-Bed: 14-C                  Ht (cm) : _____ (_____)
DOB: 04/07/35 (75)                                     Wt (kg) : _____ (_____)
Sex: FEMALE                                                 Admitted: 02/08/02
Dx: SEVERA ANEMIA                                             Last transferred: *****
CrCL: <Not Found>                                             BSA (m2) : _____
```

#	Additive	Last fill	A c t i v e		
			Type	Start	Stop Stat Renew
1	CALCIUM GLUCONATE 5 GM (1) MAGNESIUM SULFATE 8 GM (2) POTASSIUM CHLORIDE 20 MEQ in DEXTROSE 10% IN WATER 1000 ML 150 ml/hr	APR 19 09:07	#8 H	04/19	04/22 A

Enter ?? for more actions

PI Patient Information SO Select Order
 PU Patient Record Update NO (New Order Entry)
 Select Action: Quit// 1

Example: Inpatient Stop Order Notices

```
Select Reports Menu Option: INpatient Stop Order Notices
Select by GROUP (G), WARD (W), CLINIC (C), or PATIENT (P): PATIENT <Enter>
Select PATIENT: PSJPATIENT2,TWO 000-00-0002 02/22/42 1 West
Enter start date: T (SEP 19, 2000)
Enter stop date: T+7 (SEP 26, 2000)
List IV orders, Unit Dose orders, or All orders: ALL// <Enter>
Select PRINT DEVICE: 0;80 TELNET
...this may take a few minutes...
...you really should QUEUE this report, if possible...
Enter RETURN to continue or '^' to exit: <Enter>
```

AS OF: 09/19/00 13:14 Page: 1

THE FOLLOWING MEDICATIONS WILL EXPIRE
FROM 09/19/00 00:01 THROUGH 09/26/00 24:00
TO CONTINUE MEDICATIONS, PLEASE REORDER ON VA FORM 10-1158.

```
PSJPATIENT2,TWO          Ward: 1 West
PID: 000-00-0002        Room-Bed: A-6          Ht (cm): 167.64 (04/21/99)
DOB: 02/22/42 (58)      Wt (kg): 85.00 (04/21/99)
Sex: MALE                Admitted: 09/16/99
Dx: TEST PATIENT
CrCL: <Not Found>       BSA (m2): 1.59
Allergies: CARAMEL, CN900, LOMEFLOXACIN, PENTAMIDINE, PENTAZOCINE, CHOCOLATE,
NUTS, STRAWBERRIES, DUST
NV Aller.: AMOXICILLIN, AMPICILLIN, TAPE, FISH, FLUPHENAZINE DECANOATE
ADR:
```

Medication Dosage	ST	Start	Stop	Status/Info Provider
AMPICILLIN 1 GM in 0.45% NAACL 100 ML QID IV QID	C	09/19	09/22/00 18:00 A	PSJPROVIDER,ONE
PENTAMIDINE ISETHIONATE 1 MG in 0.45% NAACL 1000 ML 8 MG/HR IV 8 MG/HR@1	C	09/19	09/22/00 18:00 A	PSJPROVIDER,ONE
ACETAMINOPHEN 300/CODEINE 30 TAB Give: 2 TABS PO QDAILY	C	09/16	09/22/00 22:00 A	PSJPROVIDER,ONE
BENZOYL PEROXIDE GEL, TOP Give: APPLY SMALL AMOUNT TOP QDAILY Special Instructions: TEST	C	09/19	09/22/00 22:00 A	PSJPROVIDER,ONE
RANITIDINE TAB Give: 150MG PO BID	C	09/18	09/22/00 22:00 A	PSJPROVIDER,ONE
THEOPHYLLINE CAP, SA Give: 400MG PO QID Special Instructions: TESTING	C	09/18	09/22/00 22:00 A	PSJPROVIDER,ONE

PSJPATIENT2,TWO 000-00-0002 1 West A-6

8.2.2.3 IV Drug Formulary Report (IV) [PSJI DRUG FORM]

The *IV Drug Formulary Report (IV)* option creates a report to allow the user to print out all information on any of the defined IV drugs. It is a VA FileMan report; therefore, the user can choose which fields to print.

Example: IV Drug Formulary Report

```
Select REports (IV) Option: IV Drug Formulary Report (IV)

Are you printing drug information from ...
the IV ADDITIVE file or IV SOLUTION file ? ADDITIVE// <Enter>  ADDITIVE
SORT BY: PRINT NAME// <Enter>
START WITH PRINT NAME: FIRST// <Enter>
FIRST PRINT FIELD: ??

  Choose from:
  .01      PRINT NAME
  1        GENERIC DRUG
  2        DRUG UNIT
  3        NUMBER OF DAYS FOR IV ORDER
  4        USUAL IV SCHEDULE
  5        ADMINISTRATION TIMES
  6        QUICK CODE (multiple)
  7        AVERAGE DRUG COST PER UNIT
  8        ELECTROLYTES (multiple)
  9        SYNONYM (multiple)
  10       DRUG INFORMATION (word-processing)
  11       *STATUS
  12       INACTIVATION DATE
  13       CONCENTRATION
  14       MESSAGE
  15       PHARMACY ORDERABLE ITEM
  16       *PRIMARY DRUG
  17       USED IN IV FLUID ORDER ENTRY

  TYPE '&' IN FRONT OF FIELD NAME TO GET TOTAL FOR THAT FIELD,
  '!' TO GET COUNT, '+' TO GET TOTAL & COUNT, '#' TO GET MAX & MIN,
  ']' TO FORCE SAVING PRINT TEMPLATE
  TYPE '[TEMPLATE NAME]' IN BRACKETS TO USE AN EXISTING PRINT TEMPLATE
  YOU CAN FOLLOW FIELD NAME WITH ';' AND FORMAT SPECIFICATION(S)
FIRST PRINT FIELD: .01 PRINT NAME
THEN PRINT FIELD: DRUG INFORMATION (word-processing)
THEN PRINT FIELD: <Enter>
DEVICE:  VIRTUAL      Right Margin: 80// <Enter>
```

```
IV ADDITIVES LIST                                MAR 19,2001  13:54  PAGE 1
PRINT NAME                                     DRUG INFORMATION
-----
10% DEXTROSE
10% DEXTROSE
5% DEXTROSE
5-FLUOURACIL
50% DEXTROSE
ACETAMINOPHEN
-----
--report continues--
```

Example: IV Drug Formulary Report (continued)

```
AMPICILLIN      Trade Name: Polycillin-Nomnipen-N Fluid
                 Compatibility: D5W, NS Stability: In NS
                 8 hrs. at room temp., 72 hrs. refrigerated In
                 D5W 2 hrs. at room temp., 4 hrs. refrigerated
                 Administration: iGM or less in 50ML over 30
                 minutes Over iGM in 100ML over 60 minutes
AMPICILLIN
C2TESTDRUG
CEFAMANDOLE
CEFAZOLIN
```

```
IV ADDITIVES LIST      MAR 19,2001  13:54  PAGE 2
PRINT NAME              DRUG INFORMATION
-----
CEFOXITIN
CEFTRIAZONE
CEPHAPIRIN
CIMETIDINE
FUROSEMIDE
FUROSEMIDE
GENTAMICIN
GENTAMYCIN
HEPARIN
KCL
MVI
OXACILLIN
PENICILLIN G
POTASSIUM CHLORIDE XXXXXXXXXXXX
PROLEUKIN
```

8.2.2.4 Patient Profile Report (IV) [PSJI PROFILE REPORT]

The *Patient Profile Report (IV)* option will allow a patient profile to be printed. With each profile printed, a view of each order within the profile can also be printed. Additionally, with each view the user can choose to have the activity log and the label log printed.

Example: IV Patient Profile Report

```
Select REports (IV) Option: Patient Profile Report (IV)
View each order in the profile? Yes// <Enter> (Yes)
View each activity log in the profile? Yes// <Enter> (Yes)
View the label log in the profile? Yes// <Enter> (Yes)

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

Example: IV Patient Profile Report (continued)

```

I V P A T I E N T   P R O F I L E                03/19/01  14:35
VAMC:  XXXXX (500)
-----
PSJPATIENT1,ONE                Ward: 1 EAST
PID: 000-00-0001              Room-Bed: B-12
DOB: 08/18/20 (80)           Ht (cm): _____ (_____)
Sex: MALE                     Wt (kg): _____ (_____)
Dx: TESTING                   Admitted: 05/03/00
CrCL: <Not Found>             BSA (m2): _____
Pharmacy Narrative:
Allergies: No Allergy Assessment
ADR:
#   Additive                    Last fill          Type  Start  Stop  Stat
      A c t i v e
1   POTASSIUM CHLORIDE 40 MEQ    MAR 19 12:06 #2   A    03/19  03/26 A
   in 0.9% SODIUM CHLORIDE 1000 ML 100
      m l / h r
2   MVI 10 ML                  MAR 19 12:06 #4   P    03/19  03/20 A
   in 0.9% SODIUM CHLORIDE 1000 ML 125 ml/hr
3   CEFAMANDOLE 1 GM          ** N/P ** #0   A    02/15  02/22 H
   in 0.9% SODIUM CHLORIDE 100 ML QID ON CALL
      P e n d i n g
-----
4   FLUOROURACIL INJ,SOLN     ** N/P ** #0           ***** ***** P R
   Give: 100MG/2ML PO QDAILY
5   TIMOLOL SOLN,OPH          ** N/P ** #0   P    ***** ***** P
   Give: OU Q12H
-----
      N o t   A c t i v e
6   MVI 5 ML                  MAR 15 12:47 #3   P    03/15  03/16 E
   in 0.9% SODIUM CHLORIDE 500 ML QDAILY
7   MVI 10 ML                  MAR 15 12:40 #1   P    03/15  03/15 D
   in NORMAL SALINE 1000 ML QDAILY
8   C2TESTDRUG 1 LITER        ** N/P ** #0   C    03/02  03/03 E
   in 0.9% SODIUM CHLORIDE 100 ML QDAILY
-----
Patient: PSJPATIENT1,ONE                Status: ACTIVE
* (1) Additives:                    Order number: 65                Type: ADMIXTURE    <DIN>
      POTASSIUM CHLORIDE 40 MEQ
* (2) Solutions:
      0.9% SODIUM CHLORIDE 1000 ML
      Duration:                    * (4)      Start: 03/19/01  11:30
* (3) Infusion Rate: 100 ml/hr
* (5) Med Route: IV                  * (6)      Stop: 03/26/01  24:00
* (7) Schedule:                      Last Fill: 03/19/01  12:06
* (8) Admin Times:                    Quantity: 20
* (9) Provider: PSJPROVIDER,ONE [es]  Cum. Doses: 21
* (10) Other Print:
(11) Remarks :
      Entry By: PSJPROVIDER,ONE                Entry Date: 03/19/01  11:30

ACTIVITY LOG:
#   DATE       TIME       REASON       USER
=====
No activity LOG to report.
-----

```

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

Example: Delete IV Labels from Suspend (continued)

```

Patient Name PSJPATIENT1,ONE (1 EAST)
Order Number Order Suspended
-----
64 4 labels MAR 19,2001 11:30:49
    MVI 10 ML
    0.9% SODIUM CHLORIDE 1000 ML
    INFUSE OVER 8 HOURS.
    QDAILY (09)

65 20 labels MAR 19,2001 11:31:21
    POTASSIUM CHLORIDE 40 MEQ
    0.9% SODIUM CHLORIDE 1000 ML
    100 ml/hr

Select Order Number: 64
Deleted.

Select SUSPense Functions (IV) Option:
  
```

8.2.3.2 Individual Order Suspension (IV)
[PSJI INDIVIDUAL SUSPENSE]

The *Individual Order Suspension (IV)* option allows the user to suspend labels for a specific active order. The user can only suspend ten labels at a time.

These labels will then be available for the IV room to release for doses due within the present coverage interval or for the next coverage interval if the Ward List for that batch has already been run.

Example: IV Individual Order Suspension

```

Select SUSPense Functions (IV) Option: Individual Order Suspension (IV)

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

Patient Information Mar 19, 2001@14:55:29 Page: 1 of 1
PSJPATIENT1,ONE Ward: 1 EAST
PID: 000-00-0001 Room-Bed: B-12 Ht (cm) : _____ ( _____ )
DOB: 08/18/20 (80) Wt (kg) : _____ ( _____ )
Sex: MALE Admitted: 05/03/00
Dx: TESTING Last transferred: *****

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

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

-----report continues-----
  
```

Example: IV Individual Order Suspension (continued)

```
IV Profile                               Mar 19, 2001@14:55:57           Page: 1 of 1
-----
PSJPATIENT1,ONE                         Ward: 1 EAST
PID: 000-00-0001                         Room-Bed: B-12           Ht (cm) : _____ (_____)
DOB: 08/18/20 (80)                       Wt (kg) : _____ (_____)
Sex: MALE                                 Admitted: 05/03/00
Dx: TESTING                               Last transferred: *****
CrCL: <Not Found>                         BSA (m2) : _____

#   Additive                               Last fill           Type  Start  Stop  Stat
-----
1   POTASSIUM CHLORIDE 40 MEQ               Active
    in 0.9% SODIUM CHLORIDE 1000 ML 100    MAR 19 12:06 #2   A    03/19 03/26 A
    ml/hr
2   MVI 10 ML                               MAR 19 12:06 #4   P    03/19 03/20 A
    in 0.9% SODIUM CHLORIDE 1000 ML QDAILY
    Pending                               2
3   FLUOROURACIL INJ,SOLN                  ** N/P ** #0     ***** ***** P R
    Give: 100MG/2ML PO QDAILY
4   TIMOLOL SOLN,OPH                       ** N/P ** #0     P     ***** ***** P
    Give: OU Q12H
    Enter ?? for more actions

PI Patient Information                     SO Select Order
PU Patient Record Update                   NO (New Order Entry)
Select Action: Quit// 2


Number of labels to suspend: 2 ..... 2 Labels suspended !
```

8.2.3.3 Labels from Suspense (IV) [PSJI SUSLBS]

The *Labels from Suspense (IV)* option prints all labels that have been suspended since the last print of labels from suspense. Once labels have been printed, they are erased from this file and may not be printed again using this option. Use the *Reprint Labels from Suspense (IV)* option if the labels need to be reprinted.

Example: Printing IV Labels from Suspense

```
Select SUSPense Functions (IV) Option: LAbels from Suspense (IV)


*389V128*

[3] 9678 7A SURG 03/19/02
PSJPATIENT9,NINE 724-A

CEFTRIAXONE 10 GM
KCL 20MEQ/D5/NAACL 0.9% 1000 ML
KCL 20MEQ/D5/NAACL {2}
In Syringe: 10

Dose due at: 01/12/02 0924
FOR I.M. IJECTION
START NOW
ONCE
Fld by: _____ Chkd by: _____
1[1]

-----_report continues_-----
```

12. Glossary

Action Prompts

There are three types of Inpatient Medications “Action” prompts that occur during order entry: ListMan, Patient/Order, and Hidden action prompts.

ListMan Action Prompts

+	Next Screen
-	Previous Screen
UP	Up a Line
DN	Down a Line
>	Shift View to Right
<	Shift View to Left
FS	First screen
LS	Last Screen
GO	Go to Page
RD	Re Display Screen
PS	Print Screen
PT	Print List
SL	Search List
Q	Quit
ADPL	Auto Display (on/off)

Patient/Order Action Prompts

PU	Patient Record Updates
DA	Detailed Allergy/ADR List
VP	View Profile
NO	New Orders Entry
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
DA	Display Drug Allergies
OCI	Overrides/Interventions
CK	Check Interactions

Active Order

Any order which has not expired or been discontinued. Active orders also include any orders that are on hold or on call.

Activity Reason Log

The complete list of all activity related to a patient order. The log contains the action taken, the date of the action, and the user who took the action.

Activity Ruler

The activity ruler provides a visual representation of the relationship between manufacturing times, doses due, and order start times. The intent is to provide the on-the-floor user with a means of tracking activity in the IV room and determining when to call for doses before

the normal delivery. The activity ruler can be enabled or disabled under the *Site Parameters (IV)* option.

Additive

A drug that is added to an IV solution for the purpose of parenteral administration. An additive can be an electrolyte, a vitamin or other nutrient, or an antibiotic. Only electrolyte or multivitamin type additives can be entered as IV fluid additives in CPRS.

ADMINISTRATION SCHEDULE file

File #51.1. This file contains administration schedule names and standard dosage administration times. The name is a common abbreviation for an administration schedule type (e.g., QID, Q4H, PRN). The administration time entered is in military time, with each time separated from the next by a dash, and times listed in ascending order.

Administering Teams

Nursing teams used in the administration of medication to the patients. There can be a number of teams assigned to take care of one ward, with specific rooms and beds assigned to each team.

Admixture

An admixture is a type of intravenously administered medication comprised of any number of additives (including zero) in one solution. It is given at a specified flow rate; when one bottle or bag is empty, another is hung.

APSP INTERVENTION file

File #9009032.4. This file is used to enter pharmacy interventions. Interventions in this file are records of occurrences where the pharmacist had to take some sort of action involving a particular prescription or order. A record would record the provider involved, why an intervention was necessary, what action was taken by the pharmacists, etc.

Average Unit Drug Cost

The total drug cost divided by the total number of units of measurement.

BCMA

A VistA computer software package named Bar Code Medication Administration. This package validates medications against active orders prior to being administered to the patient.

BSA

Body Surface Area. The Dubois formula is used to calculate the Body Surface Area using the following formula:

$$\text{BSA (m}^2\text{)} = 0.20247 \times \text{Height (m)}^{0.725} \times \text{Weight (kg)}^{0.425}$$

The equation is performed using the most recent patient height and weight values that are entered into the vitals package.

The calculation is not intended to be a replacement for independent clinical judgment.

Calc Start Date

Calculated Start Date. This is the date that would have been the default Start Date/Time for an order if no duration was received from CPRS. Due to the existence of a duration, the default Start Date/Time of the order becomes the expected first dose.

Calc Stop Date

Calculated Stop Date. This is the date that would have been the default Stop Date/Time for an order if no duration was received from CPRS. Due to the existence of a duration, the default Stop Date/Time of the order becomes the expected first dose plus the duration.

Chemotherapy

Chemotherapy is the treatment or prevention of cancer with chemical agents. The chemotherapy IV type administration can be a syringe, admixture, or a piggyback. Once the subtype (syringe, piggyback, etc.) is selected, the order entry follows the same procedure as the type that corresponds to the selected subtype (e.g., piggyback type of chemotherapy follows the same entry procedure as regular piggyback IV).

Chemotherapy “Admixture”

The Chemotherapy “Admixture” IV type follows the same order entry procedure as the regular admixture IV type. This type is in use when the level of toxicity of the chemotherapy drug is high and is to be administered continuously over an extended period of time (e.g., seven days).

Chemotherapy “Piggyback”

The Chemotherapy “Piggyback” IV type follows the same order entry procedure as the regular piggyback IV type. This type of chemotherapy is in use when the chemotherapy drug does not have time constraints on how fast it must be infused into the patient. These types are normally administered over a 30 - 60 minute interval.

Chemotherapy “Syringe”

The Chemotherapy “Syringe” IV type follows the same order entry procedure as the regular syringe IV type. Its administration may be continuous or intermittent. The pharmacist selects this type when the level of toxicity of the chemotherapy drug is low and needs to be infused directly into the patient within a short time interval (usually 1-2 minutes).

Child Orders

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

CLINIC DEFINITION File

File #53.46. This file is used in conjunction with Inpatient Medications for Outpatients (IMO) to give the user the ability to define, by clinic, default stop dates, whether to auto-dc IMO orders, and whether to send IMO orders to BCMA.

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.
CrCL	<p>Creatinine Clearance. The CrCL value which displays in the pharmacy header is identical to the CrCL value calculated in CPRS. The formula approved by the CPRS Clinical Workgroup is the following:</p> <p>Modified Cockcroft-Gault equation using Adjusted Body Weight in kg (if ht > 60in)</p> <p>This calculation is not intended to be a replacement for independent clinical judgment.</p>
Critical Drug-Drug Interaction	One of two types of drug-drug interactions identified by order checks. The other type is a “significant” drug-drug interaction
Cumulative Doses	The number of IV doses actually administered, which equals the total number of bags dispensed less any Recycled, Destroyed, or Cancelled bags.

DATUP	Data Update (DATUP). Functionality that allows the Pharmacy Enterprise Customization System (PECS) to send out VA custom and standard commercial-off-the-shelf (COTS) vendor database changes to update the production and pre-production centralized MOCHA databases at Austin and Philadelphia.
Default Answer	The most common answer, predefined by the system to save time and keystrokes for the user. The default answer appears before the two slash marks (//) and can be selected by the user by pressing <Enter>.
Dispense Drug	The Dispense Drug name has the strength attached to it (e.g., Acetaminophen 325 mg). The name alone without a strength attached is the Orderable Item name.
Delivery Times	The time(s) when IV orders are delivered to the wards.
Dosage Ordered	After the user has selected the drug during order entry, the dosage ordered prompt is displayed.
DRUG ELECTROLYTES File	File #50.4. This file contains the names of anions/cations, and their concentration units.
DRUG File	File #50. This file holds the information related to each drug that can be used to fill a prescription.
Duration	The length of time between the Start Date/Time and Stop Date/Time for an Inpatient Medications order. The default duration for the order can be specified by an ordering clinician in CPRS by using the Complex Dose tab in the Inpatient Medications ordering dialog.
Electrolyte	An additive that disassociates into ions (charged particles) when placed in solution.
Entry By	The name of the user who entered the Unit Dose or IV order into the computer.
Hospital Supplied Self Med	Self med which is to be supplied by the Medical Center's pharmacy. Hospital supplied self med is only prompted for if the user answers Yes to the SELF MED prompt during order entry.
Hyperalimentation (Hyperal)	Long term feeding of a protein-carbohydrate solution. Electrolytes, fats, trace elements, and vitamins can be

added. Since this solution generally provides all necessary nutrients, it is commonly referred to as Total Parenteral Nutrition (TPN). A hyperal is composed of many additives in two or more solutions. When the labels print, they show the individual electrolytes in the hyperal order.

Infusion Rate

The designated rate of flow of IV fluids into the patient.

INPATIENT USER PARAMETERS file

File #53.45. This file is used to tailor various aspects of the Inpatient Medications package with regards to specific users. This file also contains fields that are used as temporary storage of data during order entry/edit.

INPATIENT WARD PARAMETERS file

File #59.6. This file is used to tailor various aspects of the Inpatient Medications package with regards to specific wards.

Intermittent Syringe

A syringe type of IV that is administered periodically to the patient according to an administration schedule.

Internal Order Number

The number on the top left corner of the label of an IV bag in brackets ([]). This number can be used to speed up the entry of returns and destroyed IV bags.

IV ADDITIVES file

File #52.6. This file contains drugs that are used as additives in the IV room. Data entered includes drug generic name, print name, drug information, synonym(s), dispensing units, cost per unit, days for IV order, usual IV schedule, administration times, electrolytes, and quick code information.

IV CATEGORY file

File #50.2. This file allows the user to create categories of drugs in order to run “tailor-made” IV cost reports for specific user-defined categories of drugs. The user can group drugs into categories.

IV Duration

The duration of an order may be entered in CPRS at the IV DURATION OR TOTAL VOLUME field in the IV Fluids order dialog. The duration may be specified in terms of volume (liters or milliliters), or time (hours or days). Inpatient Medications uses this value to calculate a default stop date/time for the order at the time the order is finished.

IV Label Action	A prompt, requesting action on an IV label, in the form of “Action ()”, where the valid codes are shown in the parentheses. The following codes are valid: P – Print a specified number of labels now. B – Bypass any more actions. S – Suspend a specified number of labels for the IV room to print on demand.
IV Room Name	The name identifying an IV distribution area.
IV SOLUTIONS file	File #52.7. This file contains drugs that are used as primary solutions in the IV room. The solution must already exist in the DRUG file (#50) to be selected. Data in this file includes: drug generic name, print name, status, drug information, synonym(s), volume, and electrolytes.
IV STATS file	File #50.8. This file contains information concerning the IV workload of the pharmacy. This file is updated each time the <i>COmpile IV Statistics</i> option is run and the data stored is used as the basis for the AMIS (IV) report.
Label Device	The device, identified by the user, on which computer-generated labels will be printed.
Local Possible Dosages	Free text dosages that are associated with drugs that do not meet all of the criteria for Possible Dosages.
LVP	Large Volume Parenteral — Admixture. A solution intended for continuous parenteral infusion, administered as a vehicle for additive(s) or for the pharmacological effect of the solution itself. It is comprised of any number of additives, including zero, in one solution. An LVP runs continuously, with another bag hung when one bottle or bag is empty.
Manufacturing Times	The time(s) that designate(s) the general time when the manufacturing list will be run and IV orders prepared. This field in the <i>SItE Parameters (IV)</i> option (IV ROOM file, (#59.5)) is for documentation only and does not affect IV processing.
MEDICATION ADMINISTERING TEAM file	File #57.7. This file contains wards, the teams used in the administration of medication to that ward, and the rooms/beds assigned to that team.

MEDICATION INSTRUCTION file	File #51. This file is used by Outpatient Pharmacy and Unit Dose Special Instructions. (Not used by IV Other Print Info.) It contains the medication instruction name, expansion and intended use.
MEDICATION ROUTES file	File #51.2. This file contains medication route names. The user can enter an abbreviation for each route to be used at their site. The abbreviation will most likely be the Latin abbreviation for the term.
Medication Routes/ Abbreviations	Route by which medication is administered (e.g., oral). The MEDICATION ROUTES file (#51.2) contains the routes and abbreviations, which are selected by each VAMC. The abbreviation cannot be longer than five characters to fit on labels and the MAR. The user can add new routes and abbreviations as appropriate.
Non-Formulary Drugs	The medications that are defined as commercially available drug products not included in the VA National Formulary.
Non-VA Meds	Term that encompasses any Over-the-Counter (OTC) medications, Herbal supplements, Veterans Health Administration (VHA) prescribed medications but purchased by the patient at an outside pharmacy, and medications prescribed by providers outside VHA. All Non-VA Meds must be documented in patients' medical records.
Non-Verified Orders	Any order that has been entered in the Unit Dose or IV module that has not been verified (made active) by a nurse and/or pharmacist. Ward staff may not verify a non-verified order.
Orderable Item	An Orderable Item name has no strength attached to it (e.g., Acetaminophen). The name with a strength attached to it is the Dispense Drug name (e.g., Acetaminophen 325mg).
Order Check	Order checks (drug-allergy/ADR interactions, drug-drug, 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 <i>key</i> 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 <i>key</i> 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 <i>key</i> 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 <i>primary menu option</i> and of the <i>key</i> that must be assigned to the pharmacy package coordinators and supervisors using the Unit Dose Medications module.
PSJU PL	The name of the <i>key</i> that must be assigned to anyone using the <i>Pick List Menu</i> options.

PSJ PHARM TECH	The name of the <i>key</i> that must be assigned to pharmacy technicians using the Unit Dose Medications module.
PSJ RNFINISH	The name of the <i>key</i> 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 <i>key</i> that must be assigned to nurses using the Unit Dose Medications module.
PSJ RPHARM	The name of the <i>key</i> 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.

13. Index

1

14 Day MAR, 168, 169, 170
14 Day MAR Report Example, 170

2

24 Hour MAR, 155, 156, 163
24 Hour MAR Report Example, 157

7

7 Day MAR, 162, 163, 164
7 Day MAR Report Example, 164

A

Abbreviated Order Entry, 19, 20
Action Area, 6, 12, 18, 17, 18, 40, 65, 66, 85, 86
Action Profile #1, 174, 176
Action Profile #1 Report Example, 175
Action Profile #2, 176
Action Profile #2 Report Example, 177
Active Order List (IV), 201
Active Order List (IV) Example, 201
Activity Log, 40, 43, 47, 55, 59, 62a, 62b, 87, 98, 104, 113, 118, 119, 121b, 144, 153, 205
Activity Log Example, 55, 104, 105, 106, 150, 151
Activity Ruler, 74, 224
Additive, 68, 69, 93, 98, 111, 112, 115, 116, 117, 118, 119, 123, 146, 186, 202, 215, 217, 225, 229, 231, 233
Administration Schedule, 24, 44, 70, 94
Administration Team, 61, 121, 155, 162, 168, 174, 184, 186, 188, 202
Administration Times, 25, 24, 43, 49, 50, 51, 58, 70, 71, 89, 99, 100, 101, 110, 111, 119, 130, 140, 143, 155, 162, 168, 188, 225, 228, 230, 235
Admixture, 68, 69, 112, 114, 116, 117, 118, 143, 146, 201, 225, 226, 228, 231
Adverse Reaction Tracking (ART) Package, 29, 75
Align Labels (IV), 193
Align Labels (IV) Example, 193
Align Labels (Unit Dose), 192
Align Labels (Unit Dose) Example, 192
Allergy Indicator, 5
Allergy/ADR Example Order Checks, 124i
Asterisk, 39, 42, 43, 74, 85, 89, 144, 188
ATC, 131, 134, 136, 140
Authorized Absence, 179
Authorized Absence/Discharge Summary, 179
Authorized Absence/Discharge Summary Report Example, 179
Auto-Verify, 44, 94, 97

B

Bar Code ID, 148, 152, 193, 197, 199
Barcode ID – Return and Destroy (IV), 152
Barcode ID – Return and Destroy (IV) Example, 152
BCMA, 1, 22, 23, 40, 44, 71, 85, 94, 151, 194, 199
BCMA Units Per Dose, 22
BCMA Virtual Due List (VDL), 44, 94

C

Change Report/Label Devices (IV), 126
Change to Another IV Room (IV), 127
Check Drug Interactions, 124bb
Chemotherapy, 68, 117, 118, 143, 146, 201, 226, 228
Clinic, 13, 14, 153, 155, 162, 168, 186, 192, 202
CLINIC DEFINITION file, 114, 115, 227
Clinic Group, 13, 14, 153, 155, 162, 168, 176, 186, 192, 202, 227
Clinic Location, 72
Clinic Orders, 124f
Complex Orders, 52
 Active Complex Order, 37
 Non-Verified Complex Order, 36, 81, 82
 Pending Complex Order, 36, 81, 82
Controlled Substance, 130, 164, 169
Coverage Times, 74
CPRS, 1, 13, 25, 23, 28, 39, 44, 47, 56, 58, 59, 71, 72, 85, 94, 98, 106, 111, 113, 123, 225, 228, 233
CPRS Med Order, 24, 71
CPRS Order Checks – How They Work, 219
CPRS Provider Overrides, 23
Critical Drug-Drug Interaction, 229
CWAD Indicator, 6

D

Default Start Date Calculation, 24, 71, 111, 114, 115, 116
 Default Start Date Calculation = CLOSEST, 24, 71, 114, 115, 116
 Default Start Date Calculation = NEXT, 24, 71, 114, 115, 116
 Default Start Date Calculation = NOW, 19
 Default Start Date Calculation = NOW, 24
 Default Start Date Calculation = NOW, 68
 Default Start Date Calculation = NOW, 68
 Default Start Date Calculation = NOW, 71
 Default Start Date Calculation = NOW, 71
 Default Start Date Calculation = NOW, 114
 Default Start Date Calculation = NOW, 115
 Default Start Date Calculation = NOW, 116
 Default Start Date Calculation = NOW, 176
Default Start Date/Time, 71
Default Stop Date, 18, 19, 67, 71, 126
Default Stop Date/Time, 71
Delete Labels from Suspense (IV), 208
Delete Labels from Suspense (IV) Example, 208
Detailed Allergy/ADR List, 29, 75, 223
Discharge, 179
Discontinue All of a Patient's Orders, 60
Discontinue an Order, 12, 17, 20, 39, 40, 42, 59, 60, 64, 65, 81, 85, 87, 89, 113, 114, 118, 119, 131, 137, 144, 174, 179, 224, 234, 236
Discontinue an Order Example, 40, 41, 87
Discontinuing a Pending Renewal, 104
Discontinuing Duplicate Inpatient Orders, 124h
Dispense Drug, 19, 20, 21, 22, 23, 43, 44, 46, 47, 58, 69, 93, 95, 98, 111, 123, 130, 192a, 192b, 228, 232
Dispense Drug Look-Up, 215
Dispense Drug Look-Up Example, 216
Dispense Log, 55
Dispense Units Per Dose, 22
DONE Order, 24, 71, 96, 97
Dosage Ordered, 19, 21, 22, 23, 24, 25, 43, 130, 228
Drug File, 19, 58, 111, 215
Drug Inquiry (IV), 217
Drug Inquiry (IV) With Information Example, 217

Drug Inquiry (IV) With No Information Example, 217
Drug Name, 130
Drug Prompt, 3, 19, 20, 68, 215
Drug Text Indicator, 20, 69

E

Edit an Order, 42, 89
Edit an Order and Create a New Order Example, 91
Edit an Order Example, 42, 43, 89, 90
Edit Inpatient User Parameters, 125
Edit Patient's Default Stop Date, 126
Enter Units Dispensed, 134
Enter Units Dispensed Report Example, 135
Enter/Edit Allergy/ADR Data, 29, 75
Entering Barcode ID for Returns and Destroyed Medications Example, 152
Entering Returns and Destroyed Medications Example, 149
Error Information, 222
Error Messages, 221
Exiting the Order Process, 124i
Expected First Dose, 58, 111
Extra Units Dispensed, 136
Extra Units Dispensed Report, 184
Extra Units Dispensed Report Example, 136, 184

F

Finish an Order, 44, 56, 58, 94, 106, 111
Finish an Order Example, 57
Finish an Order With a Duration Example, 109
Finish an Order Without a Duration Example, 107
Flag an Order Example, 59, 113
Free Text Dosage, 185
Free Text Dosage Report, 185
Free Text Dosage Report Example, 185, 186

G

Glossary, 223

H

Header Area, 6
Hidden Actions, 4, 7, 8
History Log, 42, 55, 89, 104
Hold, 3, 12, 17, 29, 47, 48, 60, 61, 64, 65, 98, 106, 118, 130, 134, 144, 179, 224, 236
 Hold All of a Patient's Orders, 60
 Hold All of a Patient's Orders Example, 60
 Hold an Order, 47
 Hold an Order Example, 47, 48, 98
 Take All of a Patient's Orders Off of Hold Example, 61
Hyperal, 68, 69, 115, 116, 117, 118, 143, 146, 201, 227, 228, 229, 233

I

Individual Labels (IV), 194
Individual Labels (IV) Example, 194, 196, 196b
Individual Order Suspension (IV), 209
Individual Order Suspension (IV) Example, 209
Infusion Rate, 69, 70, 112, 118, 119, 229
Inpatient Duplicate Therapy, 124g

Inpatient Medication Orders for Outpatients, 114, 115, 116, 155, 162, 168, 174, 176, 201, 207
Inpatient Order Entry, 11, 12, 17, 19, 20, 58, 63, 64, 65, 68, 81, 111
Inpatient Order Entry Example, 17, 65
Inpatient Profile, 61, 120a, 192
Inpatient Profile Example, 62b, 122
Inpatient Stop Order Notices, 176, 186, 202
Inpatient Stop Order Notices Example, 187, 203
Inpatient User Parameters, 19, 36, 44, 60, 82, 94
Inpatient Ward Parameters, 25, 24, 28, 71, 114, 115, 116, 130
Inquiries Menu, 215
Inquiries Menu Example, 215
Inquiries Option, 215
Intermittent Syringe, 70, 117
Internal Order Number, 148
Intervention, 29, 75, 225
Intervention Menu, 29, 75, 223
 Delete an Intervention Example, 32, 78
 Edit an Intervention Example, 31, 77
 New Intervention Example, 30, 76
 Print an Intervention Example, 19, 80
 View an Intervention Example, 33, 79
Introduction, 1
IRMS, 68
IV Additives, 68, 71, 114, 115, 116, 217, 230
IV Bag, 8, 148, 229
IV Drug Formulary Report (IV), 204
IV Drug Formulary Report (IV) Example, 204
IV Duration, 230
IV Flag, 58, 111
IV Fluid Orders, 112
IV Label Example, 148
IV Label Menu Example, 193
IV Menu, 63, 64, 126, 143, 193, 217
IV Menu Example, 63
IV Order
 Continuous Type, 71
 Intermittent Type, 71
IV Room, 17, 61, 65, 71, 75, 119, 121, 127, 144, 146, 148, 209, 211, 224, 230
IV Solution, 69, 217, 225
IV Stats File, 197
IV Type, 68, 69, 71, 114

L

Label Log, 104, 119, 205
Label Menu (IV), 193
Label Print/Reprint, 192
Labels from Suspense (IV), 210
Labels from Suspense (IV) Example, 210
Large Volume Parenteral (LVP), 68, 114, 231
List Area, 6
List Manager, 5, 6, 7, 18, 40, 66, 86
Local Possible Dosages, 21, 22, 23, 24, 25, 231
Local Possible Dosages Example, 21

M

Maintenance Options, 125
Maintenance Options - IV, 126
Maintenance Options – Unit Dose, 125
Manufacturing List, 143, 146, 197, 211
Manufacturing List (IV), 146

Manufacturing List Example, 147
Manufacturing Record for Suspense (IV), 211
Manufacturing Record for Suspense (IV) Example, 211
Medication Administration Records (MARs), 1
Medication Routes, 23, 58, 111, 119, 130, 231
Medications Due Worksheet, 188
Medications Due Worksheet Example, 188
Menu Tree
 IV Menu Tree, x
 Unit Dose Menu Tree, ix
Message Window, 6

N

Nature of Order, 20, 28, 72
New Order Entry, 19, 68
 New IV Order Entry Example, 73
 New Unit Dose Order Entry Example, 27, 56
Non-Formulary Status, 21, 43, 44, 47, 58, 69, 93, 95, 98, 111
Non-Standard Schedules, 126
Non-Verified/Pending Orders, 11, 13, 18, 19, 20, 61, 67, 81
Non-Verified/Pending Orders Example, 13
NUMBER OF DAYS UNTIL STOP, 114, 115, 116

O

OCXCACHE, 219
On Call, 113
Order Actions, 40, 86
Order check, 234
 data caching, 219
 OCXCACHE, 219
 XTMP, 219
Order Check, 123, 124
 Drug-Allergy Interactions, 123, 124
 Drug-Drug Interactions, 123
 Duplicate Class, 123
 Duplicate Drug, 123
Order Check Data Caching, 219
Order Checks, 19, 123
 Drug-Allergy Interactions, 19
 Drug-Drug Interactions, 19
 Duplicate Class, 19
Overrides/Interventions (OCI), 23
Order Entry, 3, 6, 7, 11, 12, 19, 61, 63, 64
Order Lock, 11, 64
Order Options, 11
Order Set, 19, 20, 232
Orderable Item, 19, 20, 21, 23, 24, 25, 43, 44, 46, 47, 58, 69, 70, 93, 95, 98, 111, 126, 130, 186, 192a, 202, 228, 232
Orientation, 3
Other Print Info, 71

P

Parenteral, 68, 114, 115, 225, 231, 233
Patient Action, 12, 18, 17, 18, 65, 66
Patient Information, 6, 12, 17, 37, 64, 66, 83, 223
Patient Information Example, 12, 37, 65, 66, 83, 84
Patient Lock, 11, 19, 64, 68
Patient Profile (Extended), 190
Patient Profile (Extended) Report Example, 190

Patient Profile (Unit Dose), 117, 153
Patient Profile (Unit Dose) Example, 153
Patient Profile Report (IV), 117, 205
Patient Profile Report (IV) Example, 205
Patient Profiles, 11, 63
Patient Record Update, 18, 67
Patient Record Update Example, 18, 67
Patients on Specific Drug(s) Report Example, 192a, 192b
Pharmacist Intervention, 232
Pick List, 1, 44, 94, 129, 130, 131, 134, 135, 136, 138, 140, 141, 237
Pick List Menu, 3, 129
Pick List Menu Example, 129
Pick List Report, 129
Pick List Report Example, 131
Piggyback, 68, 69, 70, 115, 117, 118, 143, 146, 201, 226, 228, 233
Possible Dosages, 21, 22, 231, 233
Possible Dosages Example, 21
Pre-Exchange Units Report, 46
Production Options, 143
Profile (IV), 64, 117
Profile Report Example, 119, 120, 207
Priority 6, 14, 15a, 36a
Provider, 20, 28, 112, 234
Provider Comments, 23, 24, 71
Provider Override Reason, 233
PSJ RNFINISH Key, 59, 113
PSJ RPHARM Key, 18, 29, 75, 106
PSJI PHARM TECH Key, 106
PSJU PL Key, 3, 126, 129

Q

Quick Code, 68, 116, 117, 215, 217, 230, 235

R

Regular Order Entry, 19, 20
Renew an Order, 49, 99
 Active Orders, 49, 99
 Complex Orders, 52
 Discontinued Orders, 50, 100
 Expired Continuous IV Orders, 51, 101
 Expired Scheduled IV Orders, 51, 101
 Expired Unit Dose Orders, 50, 100
 Viewing Renewed Orders, 54
 Viewing Renewed Orders, 53
 Viewing Renewed Orders, 103
 with CPRS Overrides/Pharmacist Interventions, 50
Renewal List (IV), 207
Renewal List (IV) Example, 207
Report Returns, 137
Reporting Medication Returns Example, 137
Reports (IV), 200
Reports (IV) Example, 200
Reports Menu, 153, 154
Reports Menu Example, 154
Reprint Labels from Suspense (IV), 210, 212
Reprint Labels from Suspense (IV) Example, 212
Reprint Pick List, 138
Reprint Pick List Example, 138
Reprint Scheduled Labels (IV), 199
Requested Start Date/Time, 57, 58, 108, 111

Returns and Destroyed Entry (IV), 148
Revision History, i

S

Sample Drug/Drug Interactions, 124o
Sample Therapeutic Order Check Displays, 124s
Schedule, 24, 25, 70, 118, 119, 130, 155, 162, 168, 235
Schedule Type, 25, 81, 130, 134, 186, 202, 225, 235
Scheduled Labels (IV), 197, 199
Scheduled Labels (IV) Example, 197
Screen Title, 5, 6
Select Action, 6, 7, 12, 18, 17, 56, 65, 66
Select Allergy, 29, 75
Select Order, 35b, 37, 81, 84, 223
Select Order Example, 38, 39, 84, 85
Self Med, 28
Send Pick List To ATC, 140
Service Connection, 179
Solution, 68, 69, 93, 98, 111, 112, 114, 115, 117, 119, 123, 146, 186, 202, 215, 217, 225, 229, 230, 231, 233, 234, 236
Special Instructions, 23, 24, 186, 202
Speed Actions, 59, 114
 Speed Discontinue, 59, 114, 224
 Speed Finish, 56, 59, 224
 Speed Renew, 59, 224
 Speed Verify, 59, 224
Standard Schedule, 216, 236
Standard Schedule Example, 216
Start Date/Time, 24, 40, 43, 71, 87, 114, 115, 116, 129, 130, 131, 192, 236
Stop Date/Time, 18, 24, 40, 42, 43, 55, 56, 67, 71, 72, 87, 89, 114, 115, 116, 126, 129, 130, 236
Strength, 23, 69, 118, 119, 146, 186, 202, 217, 228, 232, 233
Suspense Functions (IV), 208
Suspense Functions (IV) Menu Example, 208
Suspense List (IV), 213
Suspense List (IV) Example, 213
Syringe, 68, 93, 117, 118, 143, 146, 201, 226, 227, 228, 229, 236
Syringe Size, 117

T

Table of Contents, v
Team, 129
Test Control Codes (IV), 199
Test Control Codes (IV) Example, 199, 200
Three levels of error messages, 222
Topic Oriented Section, ix, x
Total Parenteral Nutrition (TPN), 115, 229

U

Unit Dose Medications, 3, 11, 12, 125, 153, 215
Unit Dose Menu Example, 11
Units Dispensed, 130, 134, 135
Units Needed, 130
Units Per Dose, 22, 23, 24, 25, 130, 131, 140, 233
Update Daily Ward List (IV), 144
Update Daily Ward List Example, 145
Update Pick List, 141

V

VA Class, 192a
VA Drug Class Code, 215
VA FORM 10-1158, 175, 178, 186, 202
VA FORM 10-2970, 163
VA FORM 10-5568d, 163
VDL, 24, 44, 71, 94
Verify a DONE Order (CPRS Med Order) Example, 96, 97
Verify an Order, 44, 94
Verify an Order Example, 45, 46, 95
View Profile, 12, 17, 20, 65, 66, 81, 223
View Profile Example, 20, 81
VISTA, 11, 19, 64, 68, 228
Volume, 68, 69, 93, 112, 115, 117, 118, 186, 188, 202, 230, 233, 236
 Change the Volume of a Solution Example, 93

W

Ward, 14, 61, 121, 129, 153, 155, 174, 176, 184, 186, 188, 192, 202
Ward Group, 13, 14, 61, 121, 129, 130, 131, 140, 153, 155, 162, 168, 174, 176, 179, 184, 186, 188, 192, 202, 236, 237
Ward Group File, 237
Ward Group Sort
 ^OTHER, 13, 14, 15, 174, 176
Ward List, 63, 74, 143, 144, 146, 197, 209
Ward List (IV), 143, 199, 201
Ward List Report Example, 144
Ward Stock, 130, 164, 169

X

XTMP, 219