



# **INPATIENT MEDICATIONS**

## **SUPERVISOR'S USER MANUAL**

Version 5.0  
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(Revised January 2013)



# Revision History

The table below lists changes made since the initial release of this manual. Each time this manual is updated, the Title Page lists the new revised date and this page describes the changes. Either update the existing manual with the Change Pages Document, or replace it with the updated manual.

**Note:** The Change Pages Document may include unedited pages needed for two-sided copying. Only edited pages display the patch number and revision date in the page footer.

Date	Revised Pages	Patch Number	Description
01/2013	i, iv 58 60-62	PSJ*5*260 PSJ*5*268	Updated Revision History New Hidden Action for DA, OCI, & CK Added BSA, CrCL, & DATUP to Glossary (D. McCance, PM; S. Heiress, Tech Writer)
4/2011	i iii-iv 5 6 6b 7 10 12-13 13 14 15 16a-b 17 20 22-23 24 26-29 29 30-30b 31 34 35 38 38-38b 40	PSJ*5*181	Updated Revision History Updated Table of Contents Updated Example: Supervisor's Menu & update the Administering Team file Updated Example: Administering Teams Updated Example: Clinic Groups and Updated Example: Management Reports Menu Updated Example2: AMIS Report with No Data New example 2: Drug (Cost and/or Amount) Report with No Data New Example: Provider (Cost per) Report New Example: Service (Total Cost per) Report New Example: Total Cost to Date (Current Patients) Report New Example: Non-Standard Schedule Search Updated Example: Order Set Enter/Edit New Example: Parameters Edit Menu New Example: Auto-Discontinue Set-Up New Example: Inpatient User Parameters Edit Added New Inpatient Ward Parameters Edit - HOURS OF RECENTLY DC/EXPIRED New Example: Inpatient Ward Parameters Edit Added New Systems Parameters Edit - HOURS OF RECENTLY DC/EXPIRED New Example: Systems Parameters Edit New Example: Pick List Menu New Example: Ward Groups New Example: Supervisor's Menu (IV) New Example: Auto-Discontinue Set-Up (continued) New Example: Category File (IV) New Example: Management Reports (IV)

Date	Revised Pages	Patch Number	Description
	41 54 55 56a-d 56e-f 57-70 71-72		New Example: Active Order Report by Ward/Drug (IV) New Example: Recompile Stats File (IV) New Example: Site Parameter (IV) (continued) CPRS Order checks: How they work Error Messages Glossary Index (A.Vargas, Dev; S. Heiress, M. Colyvas, Tech Writers)
02/10	i-ii, 10-11, 47-48	PSJ*5*214	Revised description of <i>Patients on Specific Drug(s)</i> option in Sections 3.4.3 and 4.4.5.  (C. Willette, DM; R. Silverman/D. Dertien, Tech Writer)
05/07	1, 69-70	PSJ*5*120	Removed revised dates for Inpatient Medications manuals. Modified Glossary to revise definition of Stop Date/Time.  (R. Singer, PM, E. Phelps, Tech. Writer)
5/06	25a-25b, 27-28 29-30 73-74	PSJ*5*154	Added the INPATIENT WARD PARAMETER, PRIORITIES FOR NOTIFICATION to section 3.8.3 description and example.  Added the PHARMACY SYSTEM PARAMETERS, PRIORITIES FOR PENDING NOTIFY, and PRIORITIES FOR ACTIVE NOTIFY to section 3.9.4 description and example.  (C. Greening, PM, T. Dawson, Tech. Writer)
03/05	iii, 1, 5a-5b, 6, 8, 10, 12, 13, 15, 17, 20, 23, 27, 31-33 29-30, 61-70, 71-74	PSJ*5*112	Updated Table of Contents with new Section 3.2, Clinic Definition; renumbered all following sections in Section 3. (p. iii)  In Section 1, Introduction, updated revision dates. (p. 1)  Added new Section 3.2 for the Clinic Definition [PSJ CD] option; renumbered all following sections numbers in Section 3. (p. 5a-5b, 6, 8, 10, 12, 13, 15, 17, 20, 23, 27, 31-33)  Added heading above and <Enter> symbols in Clinic Groups screen shot. (p. 6)  In Section 3.8, PARAMeters Edit Menu, changed Clinic Stop Dates to Clinic Definition on screen shot. (p. 17)  In Section 3.8.4., removed AUTO-DC IMO ORDERS field from bulleted list and Systems Parameters Edit screen shot; added Note about the new location of field. (p.29-30)  In Section 5, Glossary, added definition for CLINIC DEFINITION File and reflowed text to next page. (p. 61-70)  Updated Index to include CLINIC DEFINITION File and Option, Auto-Discontinue IMO Orders, and Inpatient Medications for Outpatients; reflowed text to remaining pages. (p. 71-74)

Date	Revised Pages	Patch Number	Description
			(S. Templeton, PM, R. Singer, PM, M. Newman, Tech. Writer)
01/05	All	PSJ*5*111	Reissued entire document to include updates for Inpatient Medication Orders for Outpatients and Non-Standard Schedules. (S. Templeton, PM, R. Singer, PM, M. Newman, Tech. Writer)

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

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## 7. 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 Options
CK	Check Drug Interaction

<b>Active Order</b>	Any order which has not expired or been discontinued. Active orders also include any orders that are on hold or on call.
<b>Activity Reason Log</b>	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.
<b>Activity Ruler</b>	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 <i>Site Parameters (IV)</i> option.
<b>Additive</b>	A drug that is added to an IV solution for the purpose of parenteral administration. An additive can be an electrolyte, a vitamin or other nutrient, or an antibiotic. Only an electrolyte or multivitamin type additives can be entered as IV fluid additives in CPRS.
<b>ADMINISTRATION SCHEDULE File</b>	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.
<b>Administering Teams</b>	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.
<b>Admixture</b>	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.
<b>APSP INTERVENTION File</b>	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:

$$BSA (m^2) = 0.20247 \times \text{Height (m)}^{0.725} \times \text{Weight (kg)}^{0.425}$$

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.

**Chemotherapy**

Chemotherapy is the treatment or prevention of cancer with chemical agents. The chemotherapy IV type administration can be a syringe, admixture, or a piggyback. Once the subtype (syringe, piggyback, etc.) is selected, the order entry follows the same procedure as the type that corresponds to the selected subtype (e.g., piggyback type of chemotherapy follows the same entry procedure as regular piggyback IV).

**Chemotherapy “Admixture”**

The Chemotherapy “Admixture” IV type follows the same order entry procedure as the regular admixture IV type. This type is in use when the level of toxicity of the chemotherapy drug is high and is to be administered continuously over an extended period of time (e.g., hours or days).

**Chemotherapy “Piggyback”**

The Chemotherapy “Piggyback” IV type follows the same order entry procedure as the regular piggyback IV type. This type of chemotherapy is in use when the chemotherapy drug does not have time constraints on how fast it must be infused into the patient. These types

are normally administered over a 30 - 60 minute interval.

**Chemotherapy “Syringe”**

The Chemotherapy “Syringe” IV type follows the same order entry procedure as the regular syringe IV type. Its administration may be continuous or intermittent. The pharmacist selects this type when the level of toxicity of the chemotherapy drug is low and needs to be infused directly into the patient within a short time interval (usually 1-2 minutes).

**Clinic Group**

A clinic group is a combination of outpatient clinics that have been defined as a group within Inpatient Medications to facilitate processing of orders.

**CLINIC DEFINITION File**

File #53.46. This file is used in conjunction with Inpatient Medications for Outpatients (IMO) to give the user the ability to define, by clinic, default stop dates, whether to auto-dc IMO orders, and whether to send IMO orders to BCMA.

**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.

<b>CrCL</b>	<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 &gt; 60in)</p> <p>This calculation is not intended to be a replacement for independent clinical judgment.</p>
<b>Cumulative Doses</b>	<p>The number of IV doses actually administered, which equals the total number of bags dispensed less any recycled, destroyed, or canceled bags.</p>
<b>DATUP</b>	<p>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.</p>
<b>Default Answer</b>	<p>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 &lt;Enter&gt;.</p>
<b>Dispense Drug</b>	<p>The Dispense Drug is pulled from the DRUG file (#50) and usually has the strength attached to it (e.g., Acetaminophen 325 mg). Usually, the name alone without a strength attached is the Orderable Item name.</p>
<b>Delivery Times</b>	<p>The time(s) when IV orders are delivered to the wards.</p>
<b>Dosage Ordered</b>	<p>After the user has selected the drug during order entry, the dosage ordered prompt is displayed.</p>
<b>DRUG ELECTROLYTES File</b>	<p>File #50.4. This file contains the names of anions/cations, and their concentration units.</p>
<b>DRUG File</b>	<p>File #50. This file holds the information related to each drug that can be used to fill a prescription.</p>
<b>Electrolyte</b>	<p>An additive that disassociates into ions (charged particles) when placed in solution.</p>

<b>Entry By</b>	The name of the user who entered the Unit Dose or IV order into the computer.
<b>FDB</b>	First DataBank
<b>Hospital Supplied Self Med</b>	Self medication, which is to be supplied by the Medical Center's pharmacy. Hospital supplied self med is only prompted for if the user answers Yes to the SELF MED: prompt during order entry.
<b>Hyperalimentation (Hyperal)</b>	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.
<b>Infusion Rate</b>	The designated rate of flow of IV fluids into the patient.
<b>INPATIENT USER PARAMETERS File</b>	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.
<b>INPATIENT WARD PARAMETERS File</b>	File #59.6. This file is used to tailor various aspects of the Inpatient Medications package with regards to specific wards.
<b>Intermittent Syringe</b>	A syringe type of IV that is administered periodically to the patient according to an administration schedule.
<b>Internal Order Number</b>	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.
<b>IV ADDITIVES File</b>	File #52.6. This file contains drugs that are used as additives in the IV room. Data entered includes drug generic name, print name, drug information, synonym(s), dispensing units, cost per unit, days for IV order, usual IV schedule, administration times, electrolytes, and quick code information.

**IV CATEGORY File**

File #50.2. This file allows the user to create categories of drugs in order to run “tailor-made” IV cost reports for specific user-defined categories of drugs. The user can group drugs into categories.

**IV Duration**

The duration of an order may be entered in CPRS at the IV DURATION OR TOTAL VOLUME field in the IV Fluids order dialog. The duration may be specified in terms of volume (liters or milliliters), or time (hours or days). Inpatient Medications uses this value to calculate a default stop date/time for the order at the time the order is finished.

**IV Label Action**

A prompt, requesting action on an IV label, in the form of “Action ( )”, where the valid codes are shown in the parentheses. The following codes are valid:

P – Print a specified number of labels now.

B – Bypass any more actions.

S – Suspend a specified number of labels for the IV room to print on demand.

**IV Room Name**

The name identifying an IV distribution area.

**IV SOLUTIONS File**

File #52.7. This file contains drugs that are used as primary solutions in the IV room. The solution must already exist in the DRUG file (#50) to be selected. Data in this file includes: drug generic name, print name, status, drug information, synonym(s), volume, and electrolytes.

**IV STATS File**

File #50.8. This file contains information concerning the IV workload of the pharmacy. This file is updated each time the *COmpile IV Statistics* option is run and the data stored is used as the basis for the AMIS (IV) report.

**Label Device**

The device, identified by the user, on which computer-generated labels will be printed.

**Local Possible Dosages**

Free text dosages that are associated with drugs that do not meet all of the criteria for Possible Dosages.

**LVP**

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

**Manufacturing Times**

The time(s) that designate(s) the general time when the manufacturing list will be run and IV orders prepared. This field in the *Site Parameters (IV)* option (IV ROOM file (#59.5)) is for documentation only and does not affect IV processing.

**MEDICATION ADMINISTERING TEAM File**

File #57.7. This file contains wards, the teams used in the administration of medication to that ward, and the rooms/beds assigned to that team.

**MEDICATION INSTRUCTION File**

File #51. This file is used by Unit Dose and Outpatient Pharmacy. It contains the medication instruction name, expansion, and intended use.

**MEDICATION ROUTES File**

File #51.2. This file contains medication route names. The user can enter an abbreviation for each route to be used at their site. The abbreviation will most likely be the Latin abbreviation for the term.

**Medication Routes/ Abbreviations**

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

**Non-Formulary Drugs**

The medications that are defined as commercially available drug products not included in the VA National Formulary.

**Non-Verified Orders**

Any order that has been entered in the Unit Dose or IV module that has not been verified (made active) by a nurse and/or pharmacist. Ward staff may not verify a non-verified order.

<b>Orderable Item</b>	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).
<b>Order Sets</b>	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.
<b>Order View</b>	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.
<b>Parenteral</b>	Introduced by means other than by way of the digestive track.
<b>Patient Profile</b>	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.
<b>Pending Order</b>	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.
<b>PHARMACY SYSTEM File</b>	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.
<b>Piggyback</b>	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.

<b>Possible Dosages</b>	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.
<b>Pre-Exchange Units</b>	The number of actual units required for this order until the next cart exchange.
<b>Primary Solution</b>	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.
<b>Print Name</b>	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.
<b>Print Name{2}</b>	Field used to record the additives contained in a commercially purchased premixed solution.
<b>Profile</b>	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.
<b>Prompt</b>	A point at which the system questions the user and waits for a response.
<b>Provider</b>	Another term for the physician involved in the prescription of an IV or Unit Dose order for a patient.
<b>PSJI MGR</b>	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.
<b>PSJI PHARM TECH</b>	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.

<b>PSJI PURGE</b>	The <i>key</i> that must be assigned to individuals allowed to purge expired IV orders. This person will most likely be the IV application coordinator.
<b>PSJI RNFINISH</b>	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.
<b>PSJI USR1</b>	The <i>primary menu option</i> that may be assigned to nurses.
<b>PSJI USR2</b>	The <i>primary menu option</i> that may be assigned to technicians.
<b>PSJU MGR</b>	The name of the <i>primary menu</i> and of the <i>key</i> that must be assigned to the pharmacy package coordinators and supervisors using the Unit Dose Medications module.
<b>PSJU PL</b>	The name of the <i>key</i> that must be assigned to anyone using the <i>Pick List Menu</i> options.
<b>PSJ PHARM TECH</b>	The name of the <i>key</i> that must be assigned to pharmacy technicians using the Unit Dose Medications module.
<b>PSJ RNFINISH</b>	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.
<b>PSJ RNURSE</b>	The name of the <i>key</i> that must be assigned to nurses using the Unit Dose Medications module.
<b>PSJ RPHARM</b>	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.
<b>Quick Code</b>	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.
<b>Report Device</b>	The device, identified by the user, on which computer-generated reports selected by the user will be printed.

<b>Schedule</b>	The frequency of administration of a medication (e.g., QID, QDAILY, QAM, STAT, Q4H).
<b>Schedule Type</b>	Codes include: <b>O</b> - one time (i.e., STAT - only once), <b>P</b> - PRN (as needed; no set administration times). <b>C</b> - continuous (given continuously for the life of the order; usually with set administration times). <b>R</b> - 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 <b>OC</b> - on call (one time with no specific time to be given, i.e., 1/2 hour before surgery).
<b>Self Med</b>	Medication that is to be administered by the patient to himself.
<b>Standard Schedule</b>	Standard medication administration schedules stored in the ADMINISTRATION SCHEDULE file (#51.1).
<b>Start Date/Time</b>	The date and time an order is to begin.
<b>Status</b>	<b>A</b> - active, <b>E</b> - expired, <b>R</b> - renewed (or reinstated), <b>D</b> - discontinued, <b>H</b> - on hold, <b>I</b> - incomplete, or <b>N</b> - non-verified, <b>U</b> – unreleased, <b>P</b> – pending, <b>O</b> – on call, <b>DE</b> – discontinued edit, <b>RE</b> – reinstated, <b>DR</b> – discontinued renewal.
<b>Stop Date/Time</b>	The date and time an order is to expire. The system calculates the default Stop Date/Time for order administration based on the STOP TIME FOR ORDER site parameter. The default date shown is the least of (1) the <IV TYPE> GOOD FOR HOW MANY DAYS site parameter (where <IV TYPE> is LVPs, PBs, etc.), (2) the NUMBER OF DAYS FOR IV ORDER field (found in the IV ADDITIVES file) for all additives in this order, (3) the DAY (nD) or DOSE (nL) LIMIT field (found in the PHARMACY ORDERABLE ITEM file) for the orderable item associated with this order or (4) the duration received from CPRS (if applicable). The Site Manager or Application Coordinator can change any field except duration.

<b>Stop Order Notices</b>	A list of patient medications that are about to expire and may require action.
<b>Syringe</b>	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.
<b>Syringe Size</b>	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).
<b>TPN</b>	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.
<b>Units per Dose</b>	The number of Units (tablets, capsules, etc.) to be dispensed as a Dose for an order. Fractional numbers will be accepted.
<b>VA Drug Class Code</b>	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.
<b>VDL</b>	Virtual Due List. This is a Graphical User Interface (GUI) application used by the nurses when administering medications.
<b>Ward Group</b>	A ward group indicates inpatient nursing units (wards) that have been defined as a group within Inpatient Medications to facilitate processing of orders.
<b>WARD GROUP File</b>	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.
<b>Ward Group Name</b>	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.
<b>WARD LOCATION File</b>	File #42. This file contains all of the facility ward locations and their related data, i.e., Operating beds, Bedsection, etc. The wards are created/edited using the <i>Ward Definition</i> option of the ADT module.