

Order Entry and Order Composer Setup and Support Guide

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Your Responsibilities for Safe Use

This documentation will help guide you through the available software configuration options so you can decide the right configuration for your organization. Of course, safe and compliant use of the software in any configuration requires you and your users to use good judgment and perform certain responsibilities, including each of the following: enter and read information accurately and completely; be responsible for configuration decisions; ensure compliance with laws and regulations relevant for your organization; confirm the accuracy of critically important medical information (e.g., allergies, medications, results), just as you would with paper records; actively report suspected errors in the software to both Epic and affected personnel; thoroughly test the software to ensure it's accurate before using it; and use the software only according to standards of good medical practice. You also are responsible for training your personnel and other users to perform these responsibilities. Not performing any of these responsibilities may compromise patient safety or your compliance with applicable requirements.

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Order Entry and Order Composer Setup and Support Guide

When a clinician places an order, that order lets other clinicians know about tasks that have been or should be carried out for a patient. Order entry activities work in combination with the Order Composer to allow clinicians to place, modify, and discontinue orders.

When a clinician signs an order, various actions occur in the system. Upon signing an order, the following changes might appear in the system:

- Inpatient orders might:
 - Appear on the MAR so nurses can administer them.
 - Appear on Acknowledgement reports so nurses are aware of new orders that need to be acted on.
 - Send a notification to the lab for specimen collection and label printing.
- Outpatient orders might:
 - Send a fax to be printed as a prescription.
 - Route electronically to a pharmacy.
 - Appear as a task, such as an immunization, to a nurse who administers the order on-site.

In addition to triggering actions for other clinicians and systems, orders appear in many locations, including:

- The MAR activity
- The Order Review activity
- The Order Inquiry activity
- The Medications activity
- The Chart Review activity
- The Enter/Edit Results activity
- The Verify Orders activity
- Orders navigator sections
- Print groups that appear in orders reports

From these locations, clinicians can view detailed information about orders, as well as modify orders, reorder orders, or prepare for a procedure by releasing an instance of a standing or future order.

The order record then stores multiple pieces of information, such as:

- The clinicians who place or act on the order
- When a medication was administered and by whom
- Count and frequency information
- Where in Hyperspace the order was placed

The information is used by the reporting team, which extracts information from the orders records when analyzing your organization's ordering behaviors and trends.

This guide walks you through the process of configuring ordering activities so that clinicians can perform ordering tasks.

Related topics

You might also be interested in the following related information:

- [Procedure \(EAP\) Master File Strategy Handbook](#)
- [Procedures Setup and Support Guide](#)
- [Medications Setup and Support Guide](#)
- [Order Signatures Setup and Support Guide](#)
- [Preference Lists Setup and Support Guide](#)
- [ADT Orders Setup and Support Guide](#)

Across your organization

Although order entry activities and navigator sections can be used to perform the same actions across applications (placing and managing orders), there are some differences in build. For example, EpicCare Ambulatory typically includes a diagnosis association section so orders can be properly billed. EpicCare Inpatient does not usually include this section, because orders in inpatient admissions are automatically linked to the hospital problem and diagnosis association is not needed for billing purposes. Other features might be available only to specific applications, such as the Reports section, which is only available for inpatient applications.

When building your order entry activities, work closely with ancillary application teams such as Willow, Beaker, and Radiant to ensure the correct order details are captured so they can dispense the correct product.

In the Foundation System

Order entry workflows are fully configured in the Foundation System. Go to the Foundation Hosted environment to try out ordering workflows.

Depending on your application, various tasks are available for your clinicians' use. For example, EpicCare Ambulatory users can use the visit taskbar to associate orders with visit diagnoses, select a pharmacy, or provide a patient estimate. EpicCare Inpatient users can sign and hold orders, link orders, and view order reports from within the Manage Orders activity, the primary inpatient ordering activity.

There are a number of other order-related actions clinicians can perform from order entry activities in the Foundation Hosted environment. Users can find detailed instructions for performing these actions in the following Quick Start Guides:

- [Inpatient Physician - Orders](#)
- [Inpatient Clinician - Orders](#)
- [Outpatient Physician - Medications and Orders](#)
- [Outpatient Clinical Support Staff - Medications and Orders](#)

Version Information

In some versions of Epic, clinicians can place orders from the Order Entry activity, also known as Clinician Order Entry. Beginning in Epic 2018, this activity is no longer available in outpatient workspaces, and beginning in May 2019, it is no longer available in inpatient workspaces. Throughout this guide, information that applies specifically to the Clinician Order Entry activity is marked with a See Also box describing the recommended setup in other order entry activities.

Order Entry and Order Composer Setup: Essentials

Clinicians can place their orders from various locations in the system. For outpatient workflows, we recommend that clinicians use the visit taskbar, which allows them to place and sign orders throughout the visit. For inpatient orders, most clinicians use the Manage Orders Activity to place their orders and rely on ADT navigator sections for medication reconciliation workflows. Although each of these activities can be customized individually, they share many basic settings and they all use the Order Composer during order entry, so the decisions you make in this section affect the Order Composer as a whole.

This section walks you through the basic setup necessary for order entry, as well as some highly recommended optimizations to make order entry more efficient for clinicians. Use this section in tandem with a review of your organization's current workflows to achieve the best possible setup for your clinicians.

Accessing Order Entry Activities

Within order entry activities, there are two primary methods by which clinicians can search for and place new orders:

- They can use the activity like an internet search engine, by entering search terms and selecting from the results. For example, if a clinician types "Ibu tab," the system searches for orders matching that search term and displays a list from which the clinician can select a particular order.
- They can select orders directly from a preference list. Preference lists contain commonly placed orders, sorted in groups by order type, such as imaging and lab orders. These lists are customized by your organization and can be created for specific departments or subsets of clinicians. For more information on preference lists, refer to the [Preference Lists Setup and Support Guide](#).

Before a clinician can place orders with any method, he must have the correct settings in place.

Allow Access to Order Entry with User and Provider Settings

By the time you begin configuring order entry activities, user and provider records are most likely already in place. However, should you need to make changes to user or provider records, you need to understand some basic settings that enable clinicians to sign and place orders.

To access order entry activities, clinicians must have one or both of the following security points in their security class:

- EpicCare Inpatient security point 17-Order Entry
- EpicCare security point 14-Order Entry

Anyone with one of the above security points and a user record can enter orders. However, to be classified as an ordering or authorizing provider in order records, clinicians must have additional settings in their provider records. Below are the most important settings for order entry and our recommendations on how to configure them for different sets of clinicians:

- Authorizing, Supervising, Ordering & Other Provider Information Screen (EpicCare Inpatient, EpicCare Ambulatory, Beacon, Cupid, and Radian)
- Inpatient Ordering Provider? Setting this field to Yes or leaving it blank enables a clinician to be classified as the ordering provider for inpatient orders. Set this to Yes for any clinicians that can be classified as the ordering provider. Set this to No for clinicians like technologists, or resources like modalities, that should not be classified as the ordering provider for any orders.

- Outpatient Ordering Provider? Setting this field to Yes or leaving it blank enables a clinician to be classified as the ordering provider for outpatient orders. Set this to Yes for any clinicians that can be classified as the ordering provider. Set this to No for clinicians like technologists, or resources like modalities, that should not be classified as the ordering provider for any orders.
 - Meds Authorizing Provider? Setting this field to Yes allows clinicians to be recorded as the authorizing provider for a medication order. Set this to Yes only for physicians and other licensed providers with the ability to authorize orders.
 - Orders Authorizing Provider? Setting this field to Yes allows clinicians to be recorded as the authorizing provider for procedure and other non-medication orders. Set this to Yes only for physicians and other licensed providers with the ability to authorize orders.
- Results Routing screen (EpicCare Link)
 - Results Routing Department field. If EpicCare Link providers will be ordering procedures at your facility, these providers need this item set in their provider records. In this case, set this field to Encounter Department so that all results are routed to the external department of which EpicCare Link providers are members.

Note that physicians who use Beacon require additional security points to sign treatment plans. Refer to the [Give Users Access to Treatment Plan Workflows](#) topic.

Note that clinicians must also have specific security points to sign different types of orders. Refer to the [Allow Clinicians to Sign Orders](#) topic. Additional security points might require cosignatures when clinicians sign orders. Refer to the [Require or Allow Cosignatures](#) topic.

For further information on configuring security, provider records, and user records, refer to the following guides:

- [Users and Security Strategy Handbook](#)
- [Provider/Resource \(SER\) Master File Setup and Support Guide](#).

Limit Order Searches by Medications or Procedures

Your organization might determine that only clinicians who are attending providers can place procedure orders. You might also want to limit other clinicians, such as medical students or nurses who place verbal orders, to placing only medication orders. You can control what types of orders these clinicians can place in their profile records.

1. In a profile record, follow the path Procedure, Scheduling, Task > Preference List, Order Search and access the Order Entry Searches screen.
2. Set the Search order types field to determine whether medications, procedures, or both can be searched. This setting applies to both outpatient and inpatient encounters.

Give Clinicians Access to Orders-Related Navigator Sections

Epic recommends that most ordering workflows be performed in navigators, rather than in the Clinician Order Entry activity. For example, a physician who is following his standard clinical workflow in the Visit Navigator should be able to place an order from within the navigator, rather than having to switch to a different activity. To enable clinicians to do this, you must give them access to the appropriate orders-related navigator sections.

Below are some of the common orders navigator topic and navigator section records:

- Admission Navigator (34001-TOPIC_IP_ADMISSION). As released, the Admission Navigator includes the Order Reconciliation section (35050-IP_ORDREC_ADMISSION_LAUNCHER), which launches the Admission Medication Reconciliation Navigator.

- Rounding Navigator (34201-TOPIC_IP_ROUNDING). As released, the Rounding Navigator includes the Orders section (34204-SEC_ROUNDING_ORDER), where clinicians can review, place, modify, and discontinue orders. Clinicians can also place orders from Order Sets in the Order Sets section (34704-SEC_PRL_ORDERSET_ROUNDING).
- Order Set Navigator (17811-TOPIC_ORDERSET_GENERAL). Clinicians can quickly place orders without scrolling to a specific navigator section using the Order Set Navigator. The Order Sets (34703-SEC_PRL_ORDERSET_GENERAL) and Orders (17801-SEC_ORDERS_GENERAL) sections are included in this navigator.
- Standing Orders Navigator (TOPIC_HOV_STANDING_ORD). In HOVs, clinicians can quickly view outpatient standing and future orders from this navigator. They can release these orders as one-time inpatient orders in the Standing Orders section (34197-SEC_HOV_STANDING_ORD) and place additional orders from the Orders section (17806-SEC_ORDERS_HOV).
- Orders sections. There are several versions of the Orders section available, depending on your needs. The orders sections contain a variety of subsections, such as Additional Orders, Currently Active Orders, Medications Needing Review, and Prescription Medications Prior to Admission. Order sections include, but are not limited to:
 - Diagnoses and Orders (120-SEC_DX_AND_ORD_W_JMP_ORD)
 - Medication Management (named Medications & Orders before November 2021) (17888-SEC_MR_ORDLIST, 710-SEC_ORDERS_ENTRY) - Refer to the [Customize the Medication Management Navigator Section](#) topic for more information on this section.
 - Visit Orders (17553-SEC_MR_SIGNED_ORDERS) - This section lists orders that were signed during the visit and provides the same features available from the Orders Signed This Visit taskbar task. It allows clinicians to update diagnosis associations, reprint procedures, schedule appointments for orders, modify orders, or discontinue orders.
 - Orders for This Encounter (1424-SEC_ORDERABLES_PRESELECT) - This section lists orders that are waiting on physician documentation. This section allows a user to select a single order that is then pre-selected in the physician's orderable, performable, chargeable navigator. Then, if the orderable, performable, chargeable sections are part of a custom navigator such that the orderable section is not the first section in the navigator, when the physician clicks Next from the section before the orderables section, the orderables section is skipped and the Procedures Performed section opens and displays the pre-selected order.
 - Orders Needing Results (1418-SEC_MR_ORDERABLES_OP) - This section lists orders that are incomplete in that they do not have associated documentation. You can view the order, the authorizing provider, the date and time of the order's ordering, and a detailed order report within this navigator section. Physicians or specialists may use the Orders Needing Results section to fulfill the first half of a workflow in which they might select an order and then document the procedures that were performed on a patient.
 - SmartSets (34702-SEC_PRL_SMARTSET_GENERAL_MATCHES) - Refer to the [Customize SmartSets and Order Sets Navigator Sections](#) topic for more information on this section.
 - Copy Orders Section (30040-SEC_COPY_ORDERS) - Beginning in May 2020, this section has been deleted. The workflow supported by this navigator section was replaced by the workflow described in the [Include Cross-Encounter Orders in Order Information Print Groups](#) topic in May 2019 (and in February 2019 with special updates E8704740 and E8704943). In February 2020 and earlier versions, you can use this section to copy signed orders from one hospital outpatient visit (HOV) to another.

For information about configuring navigator sections and subsections, refer to the [User Workspace Setup and](#)

Determine Requirements for Clinicians Who Need Supervision

To prevent clinicians who require supervision from entering No Supervision in the Type of Supervision field or bypassing the field completely while working in Order Entry or logging in, you can configure profiles to determine which supervision categories a clinician can choose from. The first category you enter is considered to be the default category.

You can also configure profiles to determine whether the Type of Supervision field should be required during login. These configuration options can be done at either the user or the security class level for a given profile.

To configure a profile with these settings, perform the following steps:

1. In Clinical Administration, follow the path Management Options > Profiles (LPR) and open the profile you want to configure.
2. Follow the path Medication, Allergy, Imm, etc. > Cosign, Acknowledgement, etc., and go to the Supervising Providers screen.
3. In the Allow supervisor to default for provider types (I LPR 896) field, enter a list of provider types allowed to enter the default supervisor and type of supervision at login.
4. In the Allowed types of supervision (I LPR 1020) field, enter the types of supervision that should be allowed for that profile. The default behavior is to allow all types of supervision.
5. In the Supervision hard stop at login (I LPR 1022) field, enter Yes, No, or Optional. Yes requires clinicians to fill in the field, Optional recommends that clinicians fill in the field, and No allows clinicians to leave the field blank.

To configure a user with your modified profile, perform the following steps:

1. In Hyperspace, open an existing user record in User Security:
 - Search: User Security
 - Path: Epic button > Admin > Access Management > User Security.
2. Enter the profile you configured above in the User-level profile field on the EpicCare form.

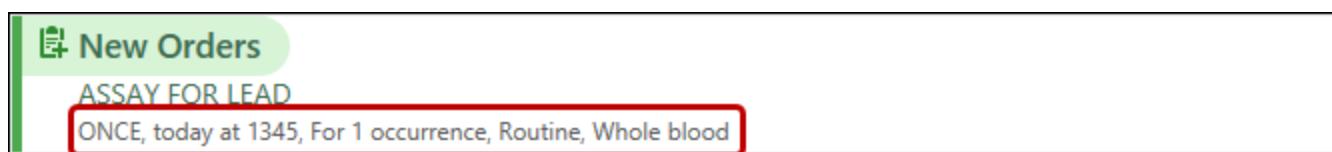
To link the profile you configured with a security class, perform the following steps:

1. In Clinical Administration, follow the path Security Management > EpicCare and open the appropriate security class.
2. On the Allowed Security Points screen, enter your configured profile in the Default profile for Epic users field.

Configuring the Appearance of Order Details

After a clinician selects an order that he wants to place, he can change its details, such as its dose and frequency. In Epic, clinicians change order details in a highly configurable form called the Order Composer.

You can set up the system so that this form appears automatically, or clinicians can access it by clicking the blue hyperlink, called the Summary Sentence, that shows the order's basic details.



Configuring the Order Composer in a user-friendly way is essential to ensuring clinician happiness. To help you make the Order Composer as intuitive as possible, you can pre-define certain order details and add pre-configured buttons with which clinicians can select those details. These features allow clinicians to place orders with as little typing as possible. Ideally, your clinicians should be able to place most of their orders with only a few mouse clicks.

The screenshot shows the 'ASSAY FOR LEAD' Order Composer window. At the top right are 'Accept' and 'Cancel' buttons. The form includes fields for Frequency (set to 'ONCE'), Starting Date (8/17/2020), and Priority (set to 'Routine'). It also shows specimen details like Type ('Whole blood') and Source ('Blood, Venous'). There are tabs for 'Blood, Central Line', 'Blood, Arterial', and 'Blood, Capillary'. A 'Comments' section has a link to 'Add Comments (F6)'. Below the main form are buttons for 'Next Required' and 'Link Order' at the bottom left, and 'Accept' and 'Cancel' at the bottom right.

You can configure the Order Composer to include all sorts of information about an order. For example, you can determine:

- Which order details appear for a clinician to modify, such as dose, frequency, and start time.
- Which order details are recommended, required, or optional.

To determine which items appear in the Order Composer, you must create Order Composer configuration (OCC) records, which are the basic building block of the Order Composer. For example, if you want Priority to appear as a display item for an order, you must include that item in the Order Composer configuration record. These records can be attached to individual procedures or medications, procedure categories, or to EMR System Definitions.

Determine Which Details Clinicians See in the Order Composer

When you begin setting up the Order Composer, your first step should be to focus on the basic details that should appear for almost all orders. For example, clinicians should hardly ever need to place a medication order without a dose. Therefore, you should include the Dose display item in the Order Composer configuration record for all medication orders.

You can set these basic details in EMR System Definitions. These will be "fall-back" settings that apply to any medications or procedures not configured at a more detailed level. The details listed in EMR System Definitions are only looked at if there is no attached Order Composer configuration record at a lower level.

Once you have made your system-wide settings, you can begin configuring Order Composer configuration records for more specific orders. For medication orders, you can override the general settings at the level of individual medications. For procedure orders, whose details should be more similar, we recommend overriding these at the level of procedure categories. For example, most lab orders in the same category probably share the same details, such as order class, specimen source, and specimen type.

For information about setting up quick dispense buttons, refer to the [Allow Clinicians to Enter Details by Clicking Buttons](#) topic.

Implementation Considerations

We recommend that every procedure category and medication in your system be attached to an Order Composer configuration (OCC) record.

Although you probably don't have very many different procedure categories, you have several thousand medications in your system. As a result, this recommendation might sound overwhelming. However, you can successfully configure the Order Composer for medications with a few dozen Order Composer configuration records. How is this possible?

The Foundation System uses fewer than twenty Order Composer configuration records for medications, which are grouped into different types. For example, the Foundation System has one configuration record for simple medications, one configuration record for simple medications with indications, one configuration record for fixed ratio mixtures, and so on. By grouping medications that will be ordered in a similar manner, you can attach hundreds of medications to a single configuration record and make setting up the system much less complicated than it might seem.

The instructions below assume that you will use the Foundation System's strategy as a starting point. Note, however, that you can always create extra, more specific configuration records and attach them to individual procedures or individual medications.

If you are not sure which Ordering Context to use when building these records, refer to the [Which Ordering Context should I choose for my Order Composer configuration record?](#) topic.

Maintenance Considerations

If you are updating an existing Order Composer configuration (OCC) record, use caution any time you remove a display item. Before removing an order detail from the Order Composer, make sure you remove any default values saved for that order detail in preference lists, SmartSets, Order Sets, SmartGroup panels, treatment plans, and therapy plans. If you don't, these default values are still saved in the associated order template (OTL) records, but clinicians can't see or change them when they place orders. If cleanup of saved defaults set by users is necessary, contact your Epic representative and mention SLG 9844235 to plan cleanup accordingly.

Determine System-Wide Details for Medication Orders

1. In Clinical Administration, follow the path Meds, Allergens, Imm, etc. > Order Composer Config. Create a new record. Alternatively, open an existing record that should be a fall-back for all medication orders.
2. If you created a new record, enter an order type of Medication and an ordering context of either Ambulatory or Inpatient.
3. Access the Medication Items screen.
4. Enter the display items that should appear in the Order Composer for any medication, regardless of the

specific medication. Remember that the settings on this screen will be fall-back settings for medications in the context you selected in Step 2.

5. In EMR System Definitions, follow the path Medication, Allergy, Imm, etc. > Display in Order Entry. Access the Medication Order Composer Configuration screen (November 2022 and earlier: Medication Order Items screen).
6. Enter each ordering context in the Context (I LSD 24300) column on the left, such as Ambulatory or Inpatient. If you need to insert a line between two existing lines, you can press F7 to insert a new context.
7. Add the Order Composer configuration record that you configured in step 4 in the corresponding Configuration (I LSD 24310) column on the right.

Determine System-Wide Details for Procedure Orders

1. In Clinical Administration, follow the path Procedures, Scheduling > Order Composer Config. Create a new record. Alternatively, open an existing record that should be a fall-back for all procedure orders.
2. If you created a new record, enter an order type of Procedure and an ordering context of either Ambulatory or Inpatient.
3. Access the Procedure Items screen.
4. Enter the display items that should appear in the Order Composer for any procedure, regardless of the specific procedure. Remember that the settings on this screen will be fall-back settings for procedures in the context you selected in Step 2.
5. In EMR System Definitions, follow the path Procedure, Scheduling, Task > Display in Order Entry. Access the Procedure Order Composer Configuration screen (November 2022 and earlier: Procedure Order Items screen).
6. Enter each ordering context in the Context (I LSD 24200) column on the left, such as Ambulatory or Inpatient. If you need to insert a line between two existing lines, you can press F7 to insert a new context.
7. Add the Order Composer configuration record that you configured in step 4 in the corresponding Configuration (I LSD 24210) column on the right.

Determine Details for Individual Medication Orders

1. In Clinical Administration, follow the path Meds, Allergens, Imm. etc. > Order Composer Config. Create a new record. Alternatively, open an existing record that should be attached to all medications of a certain type.
2. If you created a new record, enter an order type of Medication and an ordering context of either Ambulatory or Inpatient.
3. Access the Medication Items screen.
4. Enter the display items that should appear in the Order Composer for any medication of the type you are configuring. For example, if you are going to attach this Order Composer configuration record to all maintenance mixtures, enter appropriate display items for that type of order.
5. In Clinical Administration, follow the path Meds, Allergens, Imm, etc. > Medications. Open a medication record to which you want to attach the record you configured above.
6. Access the Order Composer configuration screen.
7. Enter each ordering context in the Context (I ERX 24200) column on the left, such as Ambulatory or Inpatient. If you need to insert a line between two existing lines, you can press F7 to insert a new context.
8. Add the Order Composer configuration record that you configured in step 4 in the corresponding Configuration (I ERX 24210) column on the right.

Determine Details for Individual Procedure Orders

1. In Clinical Administration, follow the path Procedures, Scheduling > Order Composer Config. Create a new record. Alternatively, open an existing record that should be attached to all procedures of a certain type.
2. If you created a new record, enter an Order Type of Procedure and an ordering context of either Ambulatory or Inpatient.
3. Access the Procedure Items screen.
4. Enter the display items that should appear in the Order Composer for any procedure of the type you are configuring. For example, if you are going to attach this Order Composer configuration record to all lab orderables, enter appropriate display items for that type of order.
5. In Clinical Administration, follow the path Procedures, Scheduling > Categories. Open a procedure category to which you want to attach the record you configured above.
6. Access the Order Composer Configuration screen.
7. Enter each ordering context in the Context (I EAP 24200) column on the left, such as Ambulatory or Inpatient. If you need to insert a line between two existing lines, you can press F7 to insert a new context.
8. Add the Order Composer configuration record that you configured in step 4 in the corresponding Configuration (I EAP 24210) column on the right.

If you want to configure the Order Composer for individual procedures, rather than procedure categories, repeat the above steps, but open individual procedure records in step 5.

Recommend or Require That Clinicians Fill Out Certain Fields in the Order Composer

Once you define which order details should appear in the Order Composer, you can then determine which order details should be required or recommended.

- A required item is one that must be completed before the clinician can sign an order. An order cannot be signed if any required items are incomplete. A red stop sign icon appears for required items in the Order Composer, as shown in the screen shot.
- A recommended item is one that the clinician is encouraged to complete, but it doesn't stop the clinician from signing the order. If a clinician attempts to sign an order with missing recommended items, a warning message appears, but the clinician can ignore this message and continue with the signing process. A yellow yield sign icon appears for recommended items in the Order Composer, as shown in the screen shot.

The screenshot shows the Order Composer configuration interface. At the top, there are sections for Frequency (Daily), Duration (Days selected), Starting Date (6/3/2020), Ending Date, Dispense (Days/Fill: Full (0 Days)), and Quantity (tablet). Below these, a 'Patient Sig' section contains the text: 'Take 1 tablet (25 mg) by mouth. Do not crush or chew.' and a link to 'Edit the additional information appended to the patient sig'. Red stop sign icons are present in the Frequency, Duration, Dispense, and Patient Sig sections, while a yellow yield sign icon is present in the Patient Sig section.

Considerations

Recommended and required items behave slightly differently from display items.

Normally, display items come from the Order Composer configuration (OCC) record attached at the most specific level. For example, if you list display items in an OCC record attached to an individual procedure, those display items appear instead of the display items from the system-level OCC record for procedures.

However, the Order Composer shows required and recommended items from all levels of the OCC record hierarchy. If you list different requirements for the same order detail in different OCC records, the system uses the value from the OCC record attached at the most specific level.

For example, suppose your system-level OCC record for inpatient procedures has Class and Priority listed as required items. In the OCC record attached to an individual lab test, only Specimen Source is required and Priority is listed as Not Required. When a clinician orders this test, both Class and Specimen Source are required, but Priority is not required.

This means that a required item appears in the Order Composer even if you don't list it as a display item in the OCC record attached at the most specific level. In the example above, Class appears in the Order Composer and is required, even if the OCC record attached to the individual procedure doesn't include Class as a display item. To remove Class from the Order Composer, you would need to explicitly set it as not required in the procedure-level OCC record, the same way the Priority requirement is overridden.



If your organization uses Dorothy or Comfort, you can make additional items required in medication orders for patients who have active home health or hospice episodes. For details, refer to the [Use Discrete Sigs for Medication Orders](#) topic.

To set recommended and required items system-wide:

1. Access the appropriate screen:
 - For medications, open EMR System Definitions and follow the path Medication, Allergy, Imm, etc. > Display in Order Entry. Access the Medication Order Composer Configuration screen (November 2022 and earlier: Medication Order Items screen).
 - For procedures, open EMR System Definitions and follow the path Procedure, Scheduling, Task > Display in Order Entry. Access the Procedure Order Composer Configuration screen (November 2022 and earlier: Procedure Order Items screen).
2. Press F8 to open the Order Composer configuration record that you want to modify.
3. In the Item Control (I OCC 3020) field, enter the items that you want to be required or recommended.
 - Required items are automatically added to the list of display items.
 - Frequency is always required for all inpatient orders, so it cannot be set in this field.
4. In the corresponding Item Status field, indicate whether the item should be marked as Required, Recommended, or Not Required.
5. To edit another context, press PAGE UP to return to the Procedure Order Composer Configuration screen (November 2022 and earlier: Procedure Order Items screen (for procedures) or the Medication Order Composer Configuration screen (November 2022 and earlier: Medication Order Items screen) (for medications).

To set required and recommended items for individual medications, procedures or procedure categories:

1. Open the medication, procedure, or procedure category record.
2. Access the Order Composer Configuration screen.
3. Follow steps 3-5 above.

Let Clinicians Answer Questions Related to Their Orders

To prompt clinicians to enter even more detailed information about an order, you can create order-specific questions that appear in the Order Composer. For example, if a clinician orders an x-ray for a patient's foot, you might want him to see a question that asks exactly where in the foot the injury is. This extra information can help the radiologist decide how to position the foot when performing the x-ray.

Prerequisites

Before you begin creating question records, make sure you know your organization's record naming and numbering conventions. Knowing these conventions is especially important if you have many order-specific questions, where you might, for example, have numerous imaging questions.

Epic's recommended convention is to name questions as <Application> <Specialty> <Description>.

To create and edit order-specific questions, Chronicles security point 8-Data Entry? must be included in your default Chronicles security classification. If someone without data entry security needs to create and edit questions, you can override their Chronicles security classification to allow data entry in the questions (LQL) master file:

1. In Hyperspace, open User Security.
2. Select a user and contact. The User Security activity opens.
3. Go to the Chronicles Security tab.
4. In the Security class overrides by master file table, enter LQL (questions) in the INI column.
5. In the Security Class column, enter a security class that allows data entry. Note that in addition to being able to make changes related to questions, the person has full access to the entire master file.
6. Click Finish to save your changes and exit the user record.

You need Shared security point 198-Edit Custom Filing Items to create questions that file responses to a Chronicles item.

For order-specific questions, you first build the question using the Order-Specific Question Editor in Hyperspace and then attach it to the appropriate order record. The question appears to clinicians in the Order Composer, as in the following example for an MRI order.

MRI, ABDOMEN (MRI)

Frequency: ONE TIME

Starting: 8/20/2020 At: 1230

First Occurrence: Today 1230

[Show Scheduled Times](#)

08/20/20 1230

Priority: Routine

Class: Normal

Reason for exam:

What is the patient's sedation requirement?

Comments:
 <input type="button" value

punctuation.

- Date. The answer is a date in your system's date format. In this example, clinicians need to know when a patient's estimated delivery date is before ordering an OB-GYN referral.
- Free Text. Clinicians can enter any value, including numbers, letters, or other special characters. Free text questions should be used only when nothing else suits your needs. Because it's difficult to predict what the answers will be, it's difficult to write rules or do meaningful reporting based on free text answers. Starting in February 2024, you can configure specific question responses to appear as buttons by adding them in the Response buttons in order composer field. Clinicians can click these buttons to use the suggested answer, or they can type the answer in the field directly.
- Networked. The allowed responses are stored in a master file in your system. You might notice that networked questions are similar to category - INI questions. Use them according to where the system stores your list of possible answers. If the answers are records in a master file, create a networked question. When records are updated, the answers available for the question are automatically updated too. Once you select networked as the response type, be sure to enter the three-letter abbreviation of the master file that holds the networked answers in the Response INI field. For example, when referring a patient, a clinician can designate a responsible group for the patient's care. The available answers would include only registry records at your facility, so the clinician can select the pool or class that needs to follow up with the patient.
- Numeric. Clinicians can enter only numbers. Commas are added automatically as necessary.
 - Use the Decimal places field to specify how many decimal places numeric answers include. The default is three decimal places for numeric answers. If a user enters more digits than the specified amount, the response is rounded.
- Phone Number. Starting in May 2024, clinicians can enter domestic and international phone numbers.
- Time. The answer is a specific time, which appears as AM or PM.
- Yes/No. Clinicians can select only yes or no as an answer.

5. In the Notes field, enter any notes that might be helpful to clinicians when asking this question. These notes appear when a user hovers over the blue circle at the end of a question prompt.
6. If you want specific question responses to appear as buttons in the Order Composer, add them in the Response buttons in order composer field. You can configure buttons here for Networked, Custom List, Category, and, starting in February 2024, Free Text questions. For Custom List questions, if there are 10 or fewer answers and no buttons are manually set, all answers appear as buttons by default unless the total character count exceeds 200 or any single answer exceeds 40 characters.
7. Select the Multiple response? check box if a patient could have multiple answers for one question.
8. When you've completed building your order-specific question, select the Released? check box to ensure that the question appears after you link it to the order record.
9. Click Accept.

Import Order-Specific Questions

If you want to import order-specific question records all at once rather than manually creating each order-specific question, you can use an import specification to bring in this data. For example, this import is useful when implementing because you'll have a lot of order-specific questions to create at once.

Use import specification LQL1000-Template - Questions to import all order-specific questions. For more information about importing records, refer to the [Standard Import Guide](#).

Make Order-Specific Questions Appear to Clinicians

You can attach order-specific questions to various order records, such as medications, procedures, or procedure categories. Refer to the [Make Order-Specific Questions Appear to Clinicians in More Places](#) topic for instructions on attaching an order-specific question to other order records.

To link your question to a medication:

1. In Clinical Administration, go to Meds, Allergens, Imm, etc. > Medications (ERX).
2. Enter the medication record name at the prompt.
3. Access the Order Specific Questions screen.
4. In the Outpatient Questions (I ERX 10300) field, enter the name of the order-specific question you want to link. If your organization uses the inpatient mode for this medication, go to the Inpatient Questions (I ERX 10305) field and enter the name of the order-specific question you want to link.
5. Exit the record.

To link your question to a procedure:

1. In Clinical Administration, go to Procedures, Scheduling > Procedures (EAP).
2. Enter the procedure record name at the prompt.
3. Access the Order Specific Questions screen.
4. In the Outpatient Questions (I EAP 10300) field, enter the name of the order-specific question you want to link. If your organization uses the inpatient mode for this procedure, go to the Inpatient Questions (I EAP 10305) field and enter the name of the order-specific question you want to link.
5. Exit the record.

To link your question to a procedure category:

1. In Clinical Administration, go to Procedures, Scheduling > Categories (EDP).
2. Enter the procedure category record name at the prompt.
3. Access the Category Specific Questions screen.
4. In the Outpatient Questions (I EDP 10300) field, enter the name of the order-specific question you want to link. If your organization uses the inpatient mode for this procedure category, go to the Inpatient Questions (I EDP 10305) field and enter the name of the order-specific question you want to link.
5. Exit the record.

Note that questions are cumulative, so questions linked at both the procedure level and category level appear to clinicians. To have only procedure level questions appear:

1. In Clinical Administration, go to Procedures, Scheduling > Procedures (EAP).
2. Enter the procedure record name at the prompt.
3. Access the Order Specific Questions screen.
4. In the Override Procedure Category Questions? (I EAP 10310) field of the Outpatient Questions section, enter Yes. If your organization uses the inpatient mode for this procedure, enter Yes in the Override Procedure Category Questions? (I EAP 10315) field in the Inpatient Questions section.
5. Exit the record.

Configure Which Order-Specific Questions Appear When Reordering

When a clinician reorders a procedure, the list of questions the clinician sees can come from the source order, the order template, or the procedure record associated with the source order. By default, the questions appear based on the order template (OTL) if questions are configured there. If not, then the questions appear based on the procedure record associated with the source order. If you want questions to appear based on the source order itself, you can configure the list of questions to be copied from the source order's ORD record. This configuration can help maintain the consistency of the information collected.

For example, if a clinician reorders a procedure after you've removed questions from the order template, the questions you removed still appear for the reordered procedure when this copying behavior is enabled. If it's not enabled, the removed questions don't appear when the clinician reorders the procedure.

Starting in February 2025, November 2024 with special update E11200743, August 2024 with special update E11106444, and May 2024 with special update E10911447, the Copy question list from source order? (I LSD 33600) item has no effect for cross-encounter procedure reorders and modifications. The list of questions is copied from the order template (OTL) if questions are present, or the procedure (EAP) record associated with the source order.

To pull the questions forward for procedures when ordering:

1. In Clinical Administration, go to Management Options > Edit System Definitions > Procedures, Scheduling, Tasks > Reorder, Modify, Discontinue, Administer > page down 5 times to the Procedure Reorder and Modify Options screen.
2. On the Copy question list from source order? (I LSD 33600) item, enter Yes to copy the order-specific questions over to the new order when you reorder your procedure. The default is No.

This item does not control if the answers are pulled forward. Refer to the [Pull in Answers Automatically for the Same Order-Specific Question](#) topic for more information.

Let Clinicians Record Indications of Use When Placing Orders

Clinicians can select indications of use in the Order Composer to record their clinical reasoning for placing a particular order for a patient. Clinicians and administrators can later review and report on indications of use to see why an order was placed. For example, clinicians and administrators can review indications of use for a brain MRI to ensure that the patient received the appropriate order based on her symptoms.

prednISONE (DELTASONE) 1 MG tablet

Dose: mg

Prescribed Dose: 1 mg
Prescribed Amount: 1 tablet

Route:

Frequency:

Duration:

Starting: 8/27/2019 Ending: 9/10/2019

Indications:

<input checked="" type="checkbox"/> Rheumatoid Arthritis	<input type="checkbox"/> Atopic Dermatitis	<input type="checkbox"/> Contact Dermatitis
<input type="checkbox"/> Seasonal Rhinitis	<input type="checkbox"/> Congenital Adrenal Hyperplasia	<input type="checkbox"/> Serum Sickness
<input type="checkbox"/> Acute Adrenocortical Insufficiency	<input type="checkbox"/> Hypercalcemia of Malignancy	<input type="checkbox"/> Severe Psoriasis
<input type="checkbox"/> Acute Rheumatic Carditis	<input type="checkbox"/> Idiopathic Edema	<input type="checkbox"/> Systemic Lupus Erythematosus
<input type="checkbox"/> Asthma	<input type="checkbox"/> Nonsuppurative Thyroiditis	
<input type="checkbox"/> Bell's Palsy		

Indications (Free Text):

List Indications of Use as a display item in the appropriate Order Composer configuration record for medications and procedures.

Enable the Indications of Use Section in the Order Composer for a Group of Medication Records

1. In Clinical Administration, follow the path Meds, Allergens, Imm, etc. > Order Composer Config.
2. Enter the name or ID of the configuration record for which you want to add indications of use as a display item.
3. Navigate to the Medication Items screen.
4. In the Display Items section, list either "Indications of Use" or "Indications of Use (Collapsed)".

Enable the Indications of Use Section in the Order Composer for a Group of Procedure or Procedure Category Records

1. In Clinical Administration, follow the path Procedures, Scheduling > Order Composer Config.
2. Enter the name or ID of the configuration record for which you want to add indications of use as a display item.
3. Navigate to the Procedure Items screen.
4. In the Display Items section, list either "Indications of Use" or "Indications of Use (Collapsed)".
5. Repeat steps 2 through 4 until you have added the Indications of Use or Indications of Use (Collapsed) display items in the appropriate Order Composer configuration records for procedures and procedure categories.

Disable Free Text Indications of Use for Specific Clinicians

If your organization wants clinicians to select indications of use from a discrete list rather than entering free text, you might want to hide the free text Additional clinical indications field for clinicians. You can specify whether a clinician has access to the Additional clinical indications field in the clinician's profile.

1. In Clinical Administration, follow the path Management Options > Profiles > open a profile > Medication, Allergy, Imm, etc. > General Options > Order Defaults screen.

2. In the Hide free text indications of use field for (I LPR 35221) field, enter any of the following options to restrict the appearance of the free-text Additional clinical indications field. The Hide free text indications of use field for field accepts multiple values.
 - 1-Outpatient Medications. The free-text field doesn't appear for outpatient-mode medications.
 - 2-Inpatient Medications. The free-text field doesn't appear for inpatient-mode medications.
 - 3-Outpatient Procedures. The free-text field doesn't appear for outpatient-mode procedures.
 - 4-Inpatient Procedures. The free-text field doesn't appear for inpatient-mode procedures.

Replace Vendor Indications of Use

1. Open the medication, procedure, or procedure category record for which you want to replace indications of use and navigate to the Indications of Use (Override) screen.
2. Enter indications of use in the Indications column. Make sure to list any indications from the Indications of Use (Vendor) screen that you want to appear in the Order Composer in addition to the indications of use that you are adding.
3. Enter a group in the Group column for the appropriate indication of use. Any indications of use without a specified group appear at the bottom of the list in the Other Indications group, for medications, or the Other Reasons group, for procedures.
4. In the Display? (I ERX 4910) field, enter one of the following values:
 - Selected. The indication is selected by default. Starting in November 2019, selected indications appear at the top of their group.
 - Common (available starting in November 2019.) The indication is not selected by default, but it appears at the top of its group so clinicians can find it easily. Common indications appear after any indications that are selected by default.
 - Unselected. The indication is not selected by default. This is the default value if you leave this field blank.
 - Searchable. The indication does not appear in the Order Composer, but clinicians can find it by searching in the Indications field.

If you enter any information on the Indications of Use (Override) screen, it overrides all information on the Indications of Use (Vendor) screen. For example, if a medication has several indications of use listed on the Indications of Use (Vendor) screen and only one indication of use listed on the Indications of Use (Override) screen, only that single indication of use appears.

If the medication or procedure is included in existing preference lists and Order Sets, you also need to replace the indications that are selected by default in those preference lists and Order Sets. Starting in February 2021, you can do this automatically using the [Replace Defaults in Pref Lists, User Order Sets utility](#). In earlier versions of Epic, update the default indications in preference lists and Order Sets manually.

Let Clinicians See Dispensing Information in the Order Composer

For inpatient orders, the dispensing information section of the Order Composer is controlled by a profile setting. This section appears below the other display items in the Order Composer and above the Additional Order Details section. It includes information for pharmacists or pharmacy technicians such as package to dispense, dispense location, product, and more. The information appears only for simple medications, and doesn't appear in navigators or in Order Sets. This setting does not apply to EpicCare Ambulatory.

Iorazepam (ATIVAN) tablet 1 mg

[Accept](#)

Note to:	+ Add Note to Pharmacy (F6)	
Pharmacy:	Normal <input type="button" value=""/>	
Class:	Normal <input type="button" value=""/>	
Phase of Care:	<input type="button" value=""/>	
Second Sign:	<input type="checkbox"/> Additional signoff for this order required by <input type="button" value=""/>	
Indications:	<input type="button" value=""/>	
<input type="checkbox"/> Agitation <input type="checkbox"/> Anxiety associated with Depression <input type="checkbox"/> Delirium <input type="checkbox"/> Akathisia <input type="checkbox"/> Cancer Chemotherapy-Induced Nausea and Vomiting <input type="checkbox"/> Insomnia secondary to Anxiety <input type="checkbox"/> Alcohol Withdrawal Syndrome <input type="checkbox"/> Catatonia <input type="checkbox"/> Schizophrenia <input checked="" type="checkbox"/> Anxiety <input type="checkbox"/> Complex Partial Epilepsy <input type="checkbox"/> Status Epilepticus		
Indications (Free Text): <input type="button" value=""/>		
Dispense:	Dispense from: WI HB CENTRAL PHARMAC <input type="button" value=""/>	First doses from: WI HB CENTRAL PHARMAC <input type="button" value=""/>
Product:	LORAZEPAM 1 MG PO TABS [4573]	Package: 100 Each Bottle (0228-2059- <input checked="" type="checkbox"/> <input type="button" value="..."/>
Dispense amount:	1 <input type="button" value=""/> Tab <input type="button" value=""/>	<input type="checkbox"/> Dispense package x <input type="button" value=""/>
Charge method:	Standard <input type="button" value=""/>	Dispense code: Unit Dose <input type="button" value=""/>
Dispense every	<input type="button" value=""/> hours	Label comments: + Add Label Comments
<input type="checkbox"/> Do not dispense <input type="button" value=""/> doses <input type="checkbox"/> Dispense supply for next <input type="button" value=""/> days = <input type="button" value=""/> doses <input type="checkbox"/> Dispense only once <input type="checkbox"/> Add to triggered fill list <input type="checkbox"/> Calculate rate from admin amount and duration		

Show Additional Order Details

[Accept](#)

To show dispensing information in the Order Composer:

1. In Clinical Administration, open the profile you want to update and follow the path Medication, Allergy, Imm, etc. > General Options.
2. Go to the General Medication Options screen.
3. In the Allow Rx information entry for inpatient orders (I LPR 1073) field, enter 1-Yes.

Display the Order Composer Automatically When a Clinician Places an Order

To save clinicians time, you can make the Order Composer open automatically rather than requiring them to click the Summary Sentence to do so. By opening the Order Composer automatically, you can help prevent clinicians from attempting to sign orders when recommended or required fields that they did not see are empty.

You can configure the Order Composer to:

- Always open.
- Never open.
- Open when there are unanswered advised questions (default).
- Open when there are unfilled required items.
- Open when there are unanswered advised questions or unfilled required items.

You can set this behavior up in medication records, procedure records, profiles, or in EMR System Definitions. As usual, you should set system-wide settings first and then tweak them at more specific levels.

Starting in February 2020, in November 2019 with special update C9101551-EpicCare Link, and in August 2019 with special update C8905079-EpicCare Link, this setup also applies to orders that are placed in EpicCare Link. In versions without those special updates, the setup applies only to orders that are placed in Hyperspace.

Consult with your clinicians to determine the best settings. Although the Order Composer should be configured to open automatically for some orders, if it too frequently opens by default, clinicians might have to spend extra time closing it for orders that do not need any changes. In the Foundation System, EMR System Definitions is configured so that the Order Composer opens automatically if there are unanswered advised questions or unfilled required items.

1. Access one of the following screens in Clinical Administration:
 - EMR System Definitions > Medication, Allergy, Imm, etc. > Display in Order Entry > Medication Orders General Display Options screen
 - EMR System Definitions > Procedure, Scheduling, Task > Display in Order Entry > Procedure Orders General Display Options screen
 - Profiles > Medication Allergy, Imm, etc. > Medication, Allergy, Imm, etc. > Display in Order Entry > Medication-Specific Display in Order Entry screen
 - Profiles > Procedure, Scheduling, Task > Display in Order Entry > Procedure-Specific Display in Order Entry screen
 - Meds, Allergens, Imm, etc. > Medications > Order Specific Questions screen
 - Procedures, Scheduling > Procedures > Order Specific Questions screen
 - Procedures, Scheduling > Categories > Category Setup Screen.
2. In the Condition under which Order Composer should open automatically field, enter the option you want to use.

Let Clinicians See the Scheduled Times of an Order

To help a clinician verify that an order's schedule is correct, you can display the order's scheduled times in the Order Composer. Because this schedule is updated automatically when the clinician makes changes, the clinician always has access to a clear picture of the order schedule.

Note that Frequency must be listed as a display item for the scheduled times to appear.

1. In Clinical Administration, open your profile and follow the path Medication, Allergy, Imm, etc. or Procedure, Scheduling, Task > Display in Order Entry.
 2. On the Order Display screen, enter Yes in the Show scheduled times for inpatient orders? field.
 3. In the Number of days to show scheduled times field, enter the number of days for which you would like to see the scheduled times. For example, enter 5 to see the scheduled times for five days. Enter 0 to see all scheduled times for the order.
- Note that at least the first two scheduled times appear in the Order Composer even if the second scheduled time is past the number of days you enter in this field.

Provide a Summary of Order Details

Clinicians do not need to open the Order Composer to see basic order details. They can see a quick summary of an order, including basic details like dose, administration route, and frequency, by looking at the Summary

Sentence. The Summary Sentence is the blue hyperlink that clinicians can click to open the Order Composer.

Like the Order Composer, the Summary Sentence is highly configurable. To determine which details are included in the Summary Sentence, you must make settings in Order Composer configuration records.

Remember to make your settings in the records attached to EMR System Definitions first and then modify the records attached to individual medications, procedure categories, or procedures.

1. In Clinical Administration, follow the path Procedures, Scheduling > Order Composer Config.
2. Open an Order Composer configuration record.
3. On the Medication Items or Procedure Items screen, enter the details to display in the Summary Sentence in the Summary Items grid.

You can also define a context and configuration directly in a medication, procedure, or procedure category record on the Order Composer Configuration screen.

Configuration ID 579	
Procedure Items	Summary Items
	<ul style="list-style-type: none">1. Referral Priority2. Class3. Referral (From,To,#Visit,Expirati*



Completing Order Details Efficiently

Once you have configured the details that clinicians see in the Order Composer, you can further speed up the ordering process by giving them pre-configured buttons with which to select those details. By making buttons for the most likely responses, clinicians don't have to type their answers. For example, if the most common doses of a medication are 250mg and 500mg, you could make buttons for those doses. Instead of entering 250 in one field and mg in another field, the clinician could just click a button for 250 mg.

Allow Clinicians to Enter Details by Clicking Buttons

You can set buttons for the most common order details on button selection screens in text. For example, you can configure quick buttons to appear so ordering clinicians can select a duration for prescription orders, such as 30, 60, or 90 days.

To set buttons at the system level:

1. In EMR System Definitions,
 - o For medications, follow the path Medication, Allergy, Imm, etc. > Display in Order Entry and access the Inpatient Order Composer Medication Buttons screen.
 - o For procedures, follow the path Procedures, Scheduling, Task > Display in Order Entry and access the Inpatient Order Composer Procedure Button Selections screen. Note that there are six screens, indicated by Roman numerals.

2. Enter the options you want available as buttons for each listed item. For example, enter STAT in the Priority field to list STAT as a button in the Order Composer for the Priority option. Note that buttons appear in the Order Composer in the order that you list them, so you should list the most common responses first.

Ian Samson BONN INTERNAL MEDICI	MODEL SYSTEM Display in Order Entry	Date: 03/31/10 Time: 3:35 PM
System Definitions *** Edit Mode ***		
Inpatient Order Composer Medication Buttons		
Frequency 1. 200038-EVERY 4 HOURS 2. 200040-EVERY 6 HOURS 3. 200521-EVERY 8 HOURS 4. 200533-PRN	Route 1. ORAL	Class 1. Normal 2. Fax 3. Print
Exception Code	Priority 1. STAT 2. ASAP 3. Routine 4.	

To override the button settings in EMR System Definitions for individual medications, procedures, or procedure categories:

1. In Clinical Administration, open the medication, procedure, or procedure category record.
2. Access the Inpatient Order Composer Button Selections screens and follow step 2 above.

Starting in May 2022, when using the web-based Order Composer all available options appear as quick buttons and the search field does not appear when all of the following are true:

- There are ten or fewer options available.
- There are no buttons manually configured.
- The item is one of the following:
 - Admission Condition
 - Admission Level of Care
 - Admission Service
 - ADT Accommodation Code*
 - ADT Accommodation Code Reason*
 - ADT Change Reason
 - ADT Condition
 - ADT Level of Care*
 - ADT Patient Class*
 - Class
 - Code Status
 - Diet
 - Discharge Destination*
 - Discharge Disposition

- Exception Code
- Follow-up
- Hold Reason
- Informant
- INR Goal
- Intended Management
- Isolation
- Leave of Absence Reason
- Expected Date Comment (in Normal/Standing/Future Status)
- Priority
- Procedure Laterality (in Case Requests)
- Procedure Patient Class (in Case Requests)
- Questions (Category List and Custom List only)
- Reason for Variance
- Referral Priority
- Referral Reason
- Referral Type
- Route
- Specimen Source
- Specimen Type
- Unhold Reason
- Update Patient Class*

*The search field is never hidden for these items because the allowed values can dynamically change, but buttons automatically appear for available options.

The search field is also hidden if all available options are already manually configured as buttons, regardless of the number of available options.

To reduce Order Composer clutter, quick buttons do not appear automatically for custom list order-specific questions if the total combined character length for allowed answers is more than 200 characters or any single allowed answer has more than 40 characters.

To automatically add buttons to the Order Composer, you must have the ORD Automatic Buttons in Composer feature, which is included in the standard EpicCare Ambulatory and EpicCare Inpatient license. If you're not sure whether you have this license, contact your Epic representative and mention parent SLG 3550868. Without this license, the search field does not appear only if all options are manually configured as buttons.

Note that many buttons for medication orders, such as dose buttons, are set during medication build and located on the Inpatient Order Defaults and Outpatient Order Defaults screens. For information on options specific to medication build, refer to the [Medications Setup and Support Guide](#).

Starting in August 2024, May 2024 with special updates E10905865 and E10905904, and February 2024 with special updates E10810529 and E10810610, you can disable automatic quick button generation for the Route

item. However, we don't recommend disabling this functionality unless your organization made deliberate decisions about when to hide and show route buttons, such as to prevent providers from selecting a limited use case route.

To disable automatic quick button generation for Route:

1. In Clinical Administration, go to Management Options > Edit System Definitions (LSD).
2. Go to the Other Order Composer Button Settings screen.
3. In the Fields to exclude from automatic button generation (I LSD 13230) field, enter Route.

Allow Clinicians to Select a Weight Type to Use for Dose Calculations

When a clinician places a medication order, the prescribed dose is sometimes calculated according to a patient's weight. For example, if a clinician orders a dose of 5 mg/kg, and the patient weighs 50 kg, the system calculates a dose of 250 mg. By default, the system calculates the dose based on the patient's weight in one of two places:

- The Vitals section of the Visit Navigator in outpatient encounters
- The Weight row in the Flowsheets activity in inpatient encounters

However, it might be impossible or inappropriate to use a patient's actual weight for some of these calculations. For example, in urgent care or emergency situations, a patient might not have been weighed before a clinician places a weight-based medication order. Alternatively, in the case of severely overweight patients, it might be best to perform dose calculations based on the patient's ideal weight, rather than her actual weight.

To accommodate these situations, you can provide extra buttons for use with weight-based doses. These buttons allow clinicians to specify other types of weights, such as an adjusted or ideal weight.

Note that settings in EMR System Definitions can be overridden in individual medication records.

To set weight buttons in EMR System Definitions:

1. In EMR System Definitions, follow the path Medication, Allergy, Imm, etc > Dosing, Rate Calculation > Weight-Based Dosing screen.
2. In the Allowed weights for inpatient orders or Allowed weights for ambulatory orders, enter the options that you want to be available. Refer to the screenshot below for an example. If allowed weights for ambulatory orders are not defined, the system uses the inpatient settings.

amoxicillin (AMOXIL) 400 MG/5ML suspension 2,464 mg
 90 mg/kg/day × 82.1 kg = 2,464 mg = 30 mg/kg, Oral, EVERY 8 HOURS, First Dose Today at 1250, Until Discontinued

Report:	amoxicillin (AMOXIL) suspension 400 mg/5mL Strength: 400 Unit: MG/5ML Frequency: Q8H	<input type="button" value="Accept"/>	<input type="button" value="Cancel"/>	<input type="button" value="Link Order"/>	<input type="button" value="Remove"/>
Dose:	90 mg/kg/day	<input type="button" value=""/>	20 mg/kg/day	45 mg/kg/day	90 mg/kg/day
Weight Type: <input checked="" type="radio"/> Actual <input type="radio"/> Ideal <input type="radio"/> Adjusted Weight: 82.1 kg 70.7 kg 75.3 kg Actual weight: 82.1 kg (recorded 1 hour ago)					
Administer Dose: 2,464 mg			$90 \text{ mg/kg/day} \times 82.1 \text{ kg} \text{ (Weight as of Wed Apr 13, 2011 1100)}$ $= 7,389 \text{ mg}$ $= 2,463 \text{ mL}$ $= 30.8 \text{ mL}$ $= 2,464 \text{ mL}$ $= 30 \text{ mg}$ $= 90 \text{ mg}$ Administer Amount: 30.8 mL (rounded)		
GEORGE MARX MODEL SYSTEM INITIAL DEPARTMENT Dosing, Rate Calculation Date: 04/13/11 Time: 12:44 PM System Definitions *** Edit Mode *** Height-Based Dosing Height-change warning percentage.....: 10 % Default adjusted weight correction factor: % Default weight for inpatient orders.....: Most current measured weight * Allowed weights for inpatient orders.....: 1. Most current measured weight * 2. Ideal body weight 3. Adjusted body weight 4. Default weight for ambulatory orders.....: Allowed weights for ambulatory orders....:					

To set weight buttons in medication records:

1. In Clinical Administration, follow the path Meds, Allergens, Imm, etc. > Medications and open a medication record.
2. For outpatient medications, access the Outpatient Order Defaults screen and set the Allowed Weight field as appropriate.
3. For inpatient medications, access the Calculation Configuration screen for Mixtures and the RX Order Setup screen for non-mixtures and set the Allowed Weight field as appropriate.

Note that if you make Dosing Weight an allowed weight in any of the above fields, the Dosing Weight button does not appear unless you specify a flowsheet row from which the system retrieves the dosing weight. To configure this field:

1. In EMR System Definitions, follow the path Medication, Allergy, Imm, etc. > Dosing, Rate Calculation. Access the Dosing calculations - 1 screen.
2. In the Flowsheet row for weight field, enter a flowsheet row from which the system retrieves the dosing weight.

Allow Clinicians to Select Check Boxes to Indicate PRN Reasons

When a clinician places an order with a PRN (as needed) frequency, she might also need to enter a PRN reason. This information gives nurses a criterion for whether to administer a medication or perform a procedure. For example, a physician could order acetaminophen for either fever reduction or pain control. By specifying a PRN reason, the physician lets the nurse know whether to monitor the patient's body temperature or pain levels.

To set up buttons for PRN reasons at the system level:

1. In EMR System Definitions, follow the path Medication, Allergy, Imm, etc > General Options > PRN Reasons for Medications screen.
2. Select the reasons for inpatient and outpatient orders in the PRN Reasons Available in Clinician Order Entry

fields.

Ian Samson BONN INTERNAL MEDICI	MODEL SYSTEM General Options	Date: 03/31/10 Time: 9:55 AM
System Definitions *** View Only ***		
PRN Reasons for Medications		

To set up buttons for PRN reasons at the level of individual medications:

1. In Clinical Administration, follow the path Meds, Allergens, Imm, etc. > Medications. Open a medication record.
2. Access the Inpatient PRN Settings screen and configure the fields as appropriate. You can list available PRN reasons, as well as determine which, if any, are selected by default.
3. Access the Outpatient PRN Settings screen and configure the fields as appropriate. You can list available PRN reasons, as well as determine which, if any, are selected by default.

Filter Out Unnecessary Departments from Order-Specific Questions in Transfer Orders

Limiting which departments are allowed as an answer to an order-specific question in a transfer order can help clinicians locate the correct transfer department more quickly.

Extension 88208-Filter Department Question by Transfer Wall or Location, when added to a transfer question record, automatically filters out departments without rooms. It can also be configured to filter out departments outside the patient's location or departments indicated in the ADT Transfer Restriction (I EAF 70122) item of the facility record.

1. In Chronicles, access the Extension (LPP) master file and create a copy of extension 88208.
2. Edit the fourth parameter:
 - If this parameter is set to Transfer Wall or left blank, as released, the extension filters out departments listed in the ADT Transfer Restriction (I EAF 70122) item in the facility record, which indicates departments that should not receive transfers.
 - If this parameter is set to Location, the extension filters out departments not in the same location as the patient's encounter department.
3. In Hyperspace, open the Order-Specific Question Editor (search: Order-Specific Question Editor) and select a transfer question.
4. In the Answer Restriction LPP field, enter your copy of extension 88208.

Set a Default Resulting Agency for Lab Orders

You can configure the system to assign resulting agencies for laboratory orders by default.

We recommend that all organizations set up default resulting agencies using Ancillary Service Packages (ASPs).

ASPs set the resulting agency based on the encounter location and the patient's coverage. For more information about configuring ASP records, refer to the [Use Ancillary Service Packages to Change the Resulting Agency and Order Class for a Lab Order by Default](#) topic.

You can override the resulting agency set by the ASP by adding a default resulting agency in a SmartGroup or administrator-level preference list by adding item 148-Resulting Agency to the Order Composer configuration.

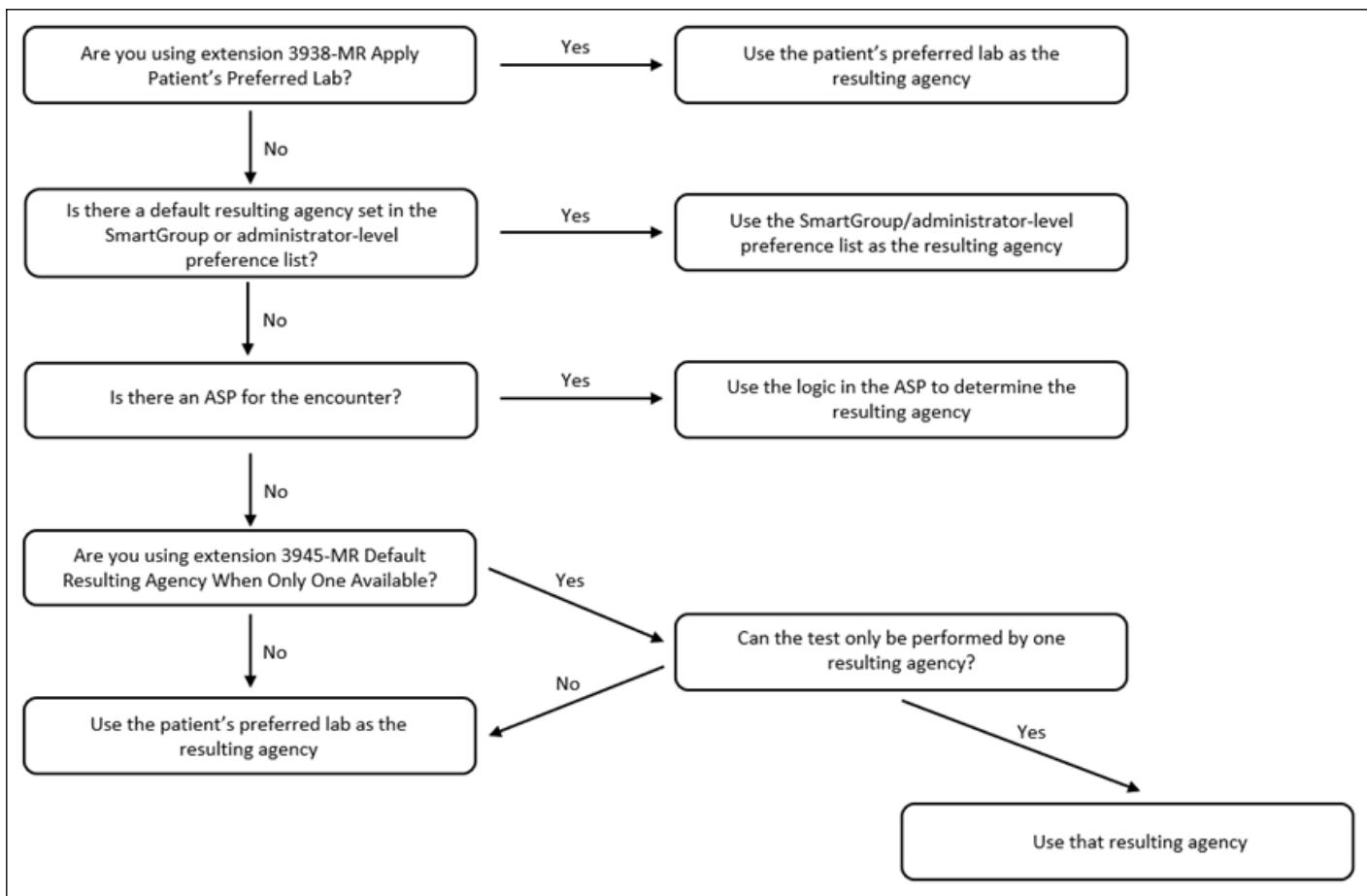
You can override SmartGroups, preference lists, and ASPs by configuring extension 3938-MR Apply Patient's Preferred Laboratory so that if a patient has a preferred lab entered in the Demographics activity (I EPT 18971), the preferred lab is used instead of the ASP logic.

You can use extension 3945-MR Default Resulting Agency When Only One Available in the After defaulting (I LPR 8250) field to select a resulting agency by default for tests that are able to be performed by only one resulting agency. We recommend this to all organizations to help simplify defaulting logic. This is especially helpful for organizations that have only one resulting agency. Starting in May 2024, you can copy the extension and specify a rule to apply it only for certain tests.

If you do not set up any of the above, the system sets the resulting agency to the patient's preferred lab (I EPT 18971) by default, regardless of whether you are using extension 3938. We don't recommend relying on the patient's preferred lab because it is difficult to maintain patient records with resulting agencies, and clinicians might enter a preferred lab that is not the correct resulting agency for a given lab order. Because of this behavior, even if your organization does not intend to complete full ASP build, we recommend that you still create a shell ASP record so that the system does not populate the resulting agency based on the preferred lab field. If the system attempts to populate the resulting agency based on the preferred lab and the patient doesn't have a preferred lab entered, no resulting agency is selected.

We do not recommend that you assign resulting agencies using extension 34576-IP Resulting Agency Defaulting, which adds resulting agencies based on the department, department specialty, and order type. Instead, you should accomplish this using order transmittal. If you add extension 34576 in the After defaulting (I LPR 8250) field on the Orders Extensions I screen in a profile record, the extension overrides your ASP records to assign a resulting agency. If you are using both extension 3938 and extension 34576, the second extension that you list overrides the first extension.

The following flowchart shows how the resulting agency is set:



To set a default resulting agency in a SmartGroup, you must have the Resulting Agency in SmartSets license, which is included in the standard EpicCare Ambulatory and EpicCare Inpatient licenses. If you're not sure whether you have this license, contact your Epic representative and mention parent SLG 3550868.

To use extension 3938:

1. If you want to use preferred labs for a subset of order types, open the Extension (LPP) master file in Chronicles and duplicate extension 3938. In your copy of the extension, enter the order types for which you want the system to use the preferred lab in the Order Types parameter. Otherwise, skip this step.
2. In Clinical Administration, open a profile (Management Options > Profiles (LPR) > Procedure, Scheduling, Task > General Options) On the Orders Extensions I screen, enter extension 3938 or the copy you made in the previous step in the After defaulting (I LPR 8250) field.

Starting in May 2024, you can apply extension 3945 to certain tests you specify with a rule:

First, create a rule with a context of Unsigned order or Patient to identify tests that should have a default resulting agency. For more information about creating rules, refer to the [Create or Edit a Rule](#) topic.

Then, configure extension 3945 with your rule and link the extension is linked in the proper profile:

1. In Chronicles, open the Extension (LPP) master file and duplicate extension 3945.
2. In your copy of the extension, on the Parameters screen, in the Rule ID parameter, enter the rule you created.
3. In Clinical Administration, open a profile (Management Options > Profiles (LPR)) and select Procedure, Scheduling, Task > General Options.
4. On the Orders Extensions I screen, enter your extension in the After defaulting (I LPR 8250) field.

Let Clinicians Specify Who Ordered or Authorized an Order

Any clinician with access to an order entry activity can place an order. However, to be classified as an ordering or authorizing provider, clinicians must have certain settings in place in their provider records. When clinicians place orders and need to designate a separate ordering or authorizing provider, they use the Providers window.

You can configure this window to appear automatically for any clinician who cannot authorize orders, or you can allow clinicians to access it manually. You can also decide whether or not to automatically fill in the fields with default providers.

1. In a profile record, follow the path Medication, Allergy, Imm, etc. > Cosign, Acknowledgement, etc. > Order Provider Options - 1 screen.
2. Set the Use provider defaulting? (I LPR 8315) field to Yes if you want the supervising, ordering, or authorizing providers to be automatically populated in the Providers window.
3. Set the Always display providers form? (I LPR 8316) field to Yes if you want to open the window automatically whenever a clinician places an order. If you set this field to Yes, the Providers window appears even if providers are specified by default. Therefore, if you set the Use provider defaulting? field to Yes, you should set this field to No.

Let Clinicians Select Order Details That Update ADT-related Information

Several Order Composer display items allow clinicians to update information about a patient's admission, discharge, or transfer when they place an order. By including these items in Order Composer configuration records, you help integrate updating ADT-related information with ordering. This integration can help improve efficiency and increase the likelihood that patients' ADT-related information is accurate.

Consult with your Grand Central team and determine whether these ADT-related display items should appear in your Order Composer configuration records. Also, decide which ADT-related information can be set by clinicians and which information shouldn't be updated by them. Then, perform the following steps:

1. In Clinical Administration, go to Procedures, Scheduling > Procedures.
2. Open an admission, transfer, discharge, or update order. Alternatively, create a new one.
3. Go to the Order Composer Configuration screen.
4. Highlight the context of Inpatient and press F8.
5. On the Procedure Items screen of the Order Composer configuration record, add one or more admission, transfer, discharge, or update-related display items to the Display Items (I OCC 2000) field. In February 2019 and earlier, use the display items prefixed with Admission, Transfer, Patient Update, or Discharge. Starting in May 2019, most items are prefixed with ADT, and legacy items have a suffix of Legacy.
6. Use the Item Control (I OCC 2020) field and Item Status (I OCC 2030) field to determine whether the display items are required, recommended, or neither.

Epic recommends that you build ADT orders and include them in Order Sets and Preference Lists. This approach helps clinicians place the right ADT orders at the right time. Refer to the [ADT Orders Setup and Support Guide \(May 2019 and Later\)](#) for more details.



Keep in mind that any user who changes data, such as patient class or accommodation code, needs security to do so. If clinicians will update ADT information when placing orders, make sure they have the appropriate Grand Central security points. Work with your Grand Central team to make sure clinicians have appropriate security.

Let Clinicians Update Patient Information or Pending Patient Movement with Order-Specific Questions

In the Order Composer, clinicians can update ADT-related information using display items or order-specific questions. Consult with your ADT team to determine which approach best suits your needs.

For more information about ADT-related display items, refer to the [Let Clinicians Select Order Details That Update ADT-Related Information](#) topic. If you use order-specific questions instead of display items, refer to the [Display Item Replacement](#) topic to determine which ORD, EPT, and PND items the ADT-related information should file to.

Create Order-Specific Questions to Gather ADT-Related Information

1. In Hyperspace, create an order-specific question (search: Order-specific questions).
2. In the Prompt (I LQL 100) field, enter the free-text question that you want to appear to clinicians in the Order Composer. For example, if you're building a question for patient class, enter Patient class.
3. In the Response type (I LQL 110) field, select Category - INI.
4. In the Response (I LQL 120) field, enter EPT.
5. In the Response item (I LQL 125) field, enter an item IDs, depending on what information clinicians are specifying in the answer. For example:
 - ADT Accommodation Code (I EPT 10121)
 - ADT Accommodation Code Reason (I EPT 10122)
 - ADT Level of Care (I EPT 10135)
 - ADT Patient Class (I EPT 10110)
 - Hospital Service (I EPT 18886)
6. Select the Released? Check box.
7. Repeat these steps for any other ADT-related items you want clinicians to be able to set using questions.

Associate Order-Specific Questions with Procedure Records

1. In Clinical Administration, create or open a procedure record for an ADT order.
2. Enter the corresponding order-specific question in the Inpatient Questions field (I EAP 10305) on the Order Specific Questions screen.
3. In the Context field (I EAP 24200) of the Order Composer Configuration screen, enter Inpatient. Press F8 to edit the Order Composer configuration record and make sure Question is listed as a display item. Exit the procedure record.

Filter Bed Charge Billing Drivers in Update and Transfer Orders

You can help clinicians choose the correct items in update and transfer orders by applying existing BCB filters to services, levels of care, accommodation codes, and accommodation reasons. Configure the Apply BCB Driver validation in ADT orders (I EAF 70376) setting to filter these items based on your existing mapping settings or the BCB table.

1. In Grand Central Text, access a location record.
2. On the Transfer/Swap Settings screen, set the Apply BCB Driver validation in ADT Orders (I EAF 70376) field to Yes.

Provider Defaulting

Assign Ordering, Authorizing, and Cosigning Providers to Orders By Default

You can assign default ordering, authorizing, and cosigning providers for all orders. This feature saves your clinicians time because they don't have to specify the provider who ordered, authorized, or needs to cosign every individual order. For example, you might configure your provider defaults so that attending physicians are listed as default ordering or authorizing providers.

You set up default providers by entering a list in the profile settings on the Order Provider Defaulting screen. This list represents a hierarchy of providers for the system to check when determining which provider to assign to the order. For each profile setting, the system checks each listed provider until it determines it is appropriate to use one as the default provider. For example, if the first provider listed cannot be an ordering provider, the system moves to the next provider in the list.

You can enter any of the following as part of your list of providers:

- 1-Provider at Login. Use this setting to specify the provider record associated with the Provider at login option (I EMP 17040) field in the user (EMP) record of the currently logged-in user.
- 2-Current Provider. Use this setting to specify the currently logged-in user.
- 3-Encounter Supervising Provider. Use this setting to specify the supervising provider specified during order entry for an outpatient encounter.
- 4-Admitting Provider. Use this setting to specify the admitting provider for an inpatient encounter.
- 5-Attending Provider. Use this setting to specify the patient's current attending provider for an inpatient encounter.
- 6-Encounter Provider. Use this setting to specify the provider specified at the creation of an outpatient encounter.
- 9-Supervisor for Current Provider. Use this setting to specify the provider listed in the Supervisor (I SER 1150) field for the currently logged-in user.
- 11-Supervisor for Authorizing Provider. Use this setting to specify the provider listed in the Supervisor (I SER 1150) field for the authorizing provider.
- 12-Authorizing Provider for Appointment Linked Order. Use this setting to specify the provider who authorized the procedure order linked to this appointment.
- 13-Ordering Provider for Appointment Linked Order. Use this setting to specify the provider who placed the procedure order linked to this appointment.
- 14-Order Mode Default User. Use this setting to use the provider for a specific order mode, which you specify on the Order Provider Defaulting - 2 screen.
- 21-Home Care Provider. Starting in August 2025 and May 2025 with special update E11401138, use this setting to specify the patient's home health, hospice, or home infusion provider for an outpatient encounter, such as a home visit. Refer to the [Configure Default Authorizing Providers for Home Care Orders and Prescriptions](#) topic for more information.

- 99-Do Not Default. Use this setting to disable default provider assignment for the field.

Organizations in the United Kingdom and Australia can also enter a Lead Consultant.

To set up default providers:

1. In Clinical Administration, go to Management Options > Profiles (LPR) and open the appropriate profile record.
2. Follow the path Procedure, Scheduling, Task > Cosign, Acknowledgement, etc. and go to the Order Provider Options - 1 screen.
3. In the Use provider defaulting (I LPR 8315) field, enter Yes or leave the field blank.
4. Go to the Order Provider Defaulting screen.
5. In the Ordering Provider (I LPR 8540) field, enter a list of providers to use as default ordering providers.
6. In the Procedure Authorizing (I LPR 8541) and Medication Authorizing (I LPR 8542) fields, enter a list of providers to use as default authorizing providers.
7. In the Procedure Cosigner (I LPR 8543) and Medication Cosigner (I LPR 8544) fields, enter a list of providers to use as default cosigners.

Use Specific Default Providers for Specific Order Modes

If providers should always use specific ordering or authorizing providers when signing orders with specific order modes, you can specify which provider (SER) records to use as the default ordering or authorizing provider for specific order modes. For example, you can continue to use the attending provider as the default ordering provider for most orders, but use a generic user as the default ordering provider for protocol orders.

To set up default providers for an order mode, you need to specify the default provider record you want to use for an order mode on the Order Provider Defaulting - 2 screen in a profile using the steps below. You also need to add Order Mode Default User to the list of default providers on the Order Provider Defaulting screen.

These settings apply to outpatient encounters in addition to inpatient encounters. Note that either the Always show order mode field in providers form? (I LPR 8515) field or the Show order mode in ambulatory order entry? (I LPR 8516) field must be set to Yes to allow verbal order modes in outpatient encounters, as described in the [Enable Verbal Order Modes in EpicCare Ambulatory](#) topic.

To map a provider record to a specific order mode:

1. In Clinical Administration, go to Management Options > Profiles (LPR) and open the appropriate profile record.
2. Follow the path Procedure, Scheduling, Task > Cosign, Acknowledgement, etc. and go to the Order Provider Defaulting screen.
3. Enter 14-Order Mode Default User in the list of providers as needed. For example, if you want to use a default provider record as the ordering and authorizing provider for all orders signed with a Per Protocol order mode, you need to enter 14-Order Mode Default User in all of the following fields:
 - Ordering Provider (I LPR 8540)
 - Procedure Authorizing (I LPR 8541)
 - Medication Authorizing (I LPR 8542)
4. Go to the Order Provider Defaulting - 2 screen.
5. In the Order Mode (I LPR 8555) field, enter an order mode that you want to specify a default provider for.

6. In the corresponding Default Provider (I LPR 8556) field, enter the provider record for the order mode.

Automatically Update Authorizing and Ordering Providers When an Attending or Encounter Provider Is Assigned

In emergency, urgent care, and labor and delivery departments, when a nurse places a protocol order before an attending or encounter provider has been assigned to the patient, they often enter a placeholder provider record or the provider they expect will be the attending or encounter provider as the authorizing provider. When a user assigns an attending or encounter provider, that provider becomes responsible to cosign the patient's protocol orders, and, if they are also the ordering provider, responsible for the verbal cosign.

Your system can automatically update the patient's authorizing and ordering providers when a user assigns that patient's first attending or encounter provider, as long as the attending or encounter provider has the appropriate authorizing and ordering privileges indicated on their provider record. Updating these providers indicates who is responsible for the order, allows your reporting to be more accurate, and ensures the appropriate provider is assigned the associated deficiencies.

When the authorizing provider is updated, the associated cosign deficiencies and their corresponding In Basket messages are reassigned to that provider. When the ordering provider is updated, the associated verbal cosign deficiencies and their corresponding In Basket messages are reassigned to that provider.

You can choose to have your system do the following:

- Update the authorizing provider for certain verbal order modes, such as Per Protocol or Triage Protocol
- Update the ordering provider for the same order modes as the authorizing provider
- Update the authorizing and ordering provider only when a specified provider is originally listed as the authorizing and ordering provider
- Update the authorizing and ordering provider when an unsolicited order, such as an ECG that was performed without an order in Epic, is received through an interface from a third-party system. This feature is intended to be used only with orders from the CPOE interface.

If you choose to update authorizing providers but not ordering providers, the ordering provider is still updated when the authorizing provider is updated if the same provider is originally listed as both the ordering and authorizing provider. This behavior ensures that, in the scenario where a nurse enters a placeholder provider record as both the ordering and the authorizing provider, an actual provider is assigned the responsibilities.

If you use an outgoing interface to a third-party system and you want authorizing and ordering providers to be updated automatically, you must configure the system to send the order back through order transmittal. This ensures that the interface receives updated authorizing and ordering provider information.

For example, suppose a nurse places a protocol order before an attending or encounter provider has been assigned to the patient. At that point, the protocol order goes through order transmittal, and necessary information is sent to a third-party system. Later, when an attending or encounter provider is assigned, they assume responsibility for the protocol order. At that point, the order can be sent back through order transmittal automatically so the third-party system can associate the attending or encounter provider with the order.



Starting in August 2025, this feature is available in urgent care departments.

Open the Build Wizard and search for feature 92014-Automatic Protocol Order Reassignment (application: Urgent Care). If you need to adjust these settings after running the Build Wizard, refer to the manual setup steps below.

To set this feature up for emergency or urgent care departments, follow these steps:

1. In Clinical Administration, open your department record, press F10, and go to the ED/UC Protocol Orders screen.
2. In the Only for these Order Modes (I DEP 49205) field, enter the order modes you want this feature to work with. A clinician must place an order with one of these order modes for this feature to work.
3. In the Restrict to orders from providers (I DEP 49207) field, you can enter the providers you want this feature to work for. If you list no values here, the system uses all providers.
4. In the Update Ordering Provider also? (I DEP 49206) field, enter Yes to automatically assign a new ordering provider with the authorizing provider. Entering No or leaving the field blank prevents the ordering provider from being updated.
5. If you use an outgoing interface to a third-party system and you want authorizing and ordering providers to be updated automatically, enter Yes in the Send outgoing update message? (I DEP 49208) field. This causes orders to be sent back through order transmittal, ensuring that the interface receives updated authorizing and ordering provider information.
6. Emergency departments only: if you receive unsolicited orders, such as ECGs, over an interface from third-party systems, enter Yes in the Update interface-created orders? (I DEP 49203) field. This feature is intended to be used only with orders from the CPOE interface. This causes orders created by an interface message to have their authorizing provider updated to the currently assigned attending.
 - If you set the Update interface-created orders? field to Yes, you can enter providers in the Restrict to interface orders from providers (I DEP 49204) field to update only orders with an originally assigned provider from this list. If you leave this blank, all orders are updated.
7. In Hyperspace, access the Order Rule Editor and open your order transmittal rule.
8. Add a directive that sends GENERIC ORDER COMPLETION REPORT to your interface when the event ED/OB Provider Update occurs.

To set this feature up for labor and delivery departments, follow these steps:

1. In Clinical Administration, open your department record, press F10, and go to the L&D Appointment and Surgery Settings screen.
2. In the For order modes field, enter the order modes you want this feature to work with. A clinician must place an order with one of these order modes for this feature to work.
3. In the Ordering Provider also? field, enter Yes to automatically assign a new ordering provider with the authorizing provider. Entering No or leaving the field blank prevents the ordering provider from being updated.
4. In the Only from providers field, you can enter the providers you want this feature to work for. If you list no values here, the system uses all providers.
5. If you use an outgoing interface to a third-party system and you want authorizing and ordering providers to be updated automatically, enter Yes in the Send update message? field. This causes orders to be sent back through order transmittal, ensuring that the interface receives updated authorizing and ordering provider information.
6. If you receive unsolicited orders over an interface from third-party systems, enter Yes in the Update interface-created orders? field. This causes orders created by an interface message to have their authorizing provider updated to the currently assigned attending.
 - If you set the Update interface-created orders? field to Yes, you can enter providers in the Restrict

- to interface orders from providers field to update only orders with an originally assigned provider from this list. If you leave this blank, all orders are updated.
7. In Hyperspace, access the Order Rule Editor (Epic button > Tools > Patient Care Tools > Order Rule Editor and open your order transmittal rule.
 8. Add a directive that sends GENERIC ORDER COMPLETION REPORT to your interface when the event ED/OB Provider Update occurs.

If a patient update order fails to change ADT information correctly, you can configure an In Basket message to be sent with more information about the order that failed. For instructions on setting up that message, refer to the [ADT Orders Setup: Send Notifications for Order Errors](#) topic.

Assign a Supervising Provider for Prescriptions

Some states require that a supervising provider be listed for all printed and electronic prescriptions signed by advanced care practitioners. You can configure your system so when a clinician signs a prescription, the system automatically sets the supervising provider for that medication order and the provider information can be sent to the interface.

You can set up this feature by entering a list of possible supervising providers, such as the admitting provider or the currently logged-in provider, in a profile setting. This list represents a hierarchy of providers for the system to check when determining which provider to use as the supervising provider. The system checks each listed provider until it determines it is appropriate to use one as the supervising provider. Refer to the [Automatically Add Supervising Provider Information](#) topic for instructions on how to set up default supervising providers.

To accompany this feature, you can set up a SmartText prescription report that shows information about the supervising provider for prescriptions using several mnemonics for use with SmartLink 6922-Order Comp: Prescription Cached Order Data (mnemonic: .RXO).

Set Up a SmartText Prescription Report with Supervising Provider Information

Build a SmartText prescription report using the following prescription mnemonics for use with SmartLink 6922-Order Comp: Prescription Cached Order Data (mnemonic: .RXO), which retrieve information from the prescription supervising provider's provider (SER) record. Use these prescription mnemonics, which show information about the supervising provider for prescriptions, in the format @RXO(MNEMONIC)@, such as @RXO(SCRIPTSUPERID)@. For information on building a SmartText prescription report, refer to the [SmartText Order and Prescription Reports Setup and Support Guide](#).

- ScriptSuperID. Shows the provider ID.
- ScriptSuperExtID. Shows the external ID.
- ScriptSuperUserID. Shows the user ID.
- ScriptSuperName. Shows the name and credentials.
- ScriptSuperNameOnly. Shows only the name .
- ScriptSuperNameTitle. Shows the name and title.
- ScriptSuperDEA. Shows the DEA identification number and DEA location.
- ScriptSuperNPI. Shows the NPI identification number.
- ScriptSuperStreet. Shows the street address.
- ScriptSuperCity. Shows the city.
- ScriptSuperState. Shows the state.

- ScriptSuperZIP. Shows the ZIP code.
- ScriptSuperAddress. Shows the address.
- ScriptSuperPhone. Shows the phone number.
- ScriptSuperFax. Shows the fax number.

Diagnosis Association

In Epic, clinicians can associate each order with a patient's diagnosis or hospital problem. Diagnosis association helps other clinicians know exactly how a problem is being treated and what the purpose of each order is. It is also important for billing purposes, because payers can more easily reimburse your organization for particular medications or procedures if an order has an associated diagnosis.

There are several different ways to allow clinicians to associate each order with a diagnosis.

Add the Diagnoses Section to Order Entry

See Also

In Epic 2018 and later versions, clinicians associate diagnoses while ordering during outpatient encounters by using the Dx Association button in the visit taskbar. This button appears by default. To configure how it appears, refer to the [Configure Available Actions and Information in the Visit Taskbar](#) topic. Clinicians can also associate diagnoses by clicking the Associate Signed Orders button in the Medication Management (named Medications & Orders before November 2021) navigator section.

During inpatient encounters, diagnosis association is available in the Options menu in the Manage Orders sidebar. If you want to show or hide the Dx Association button in the sidebar, refer to the [Give Clinicians Access to Other Ordering Options](#) topic.

One way clinicians can associate diagnoses is by clicking the Associate button in the Diagnoses section of the Order Entry activity. The Diagnoses section contains:

- A table of encounter diagnoses.
- A table of problems that were entered in the patient's chart.

You have four options when configuring this section:

- Make the section unavailable.
- Hide the section when a clinician first accesses the Order Entry activity, but allow clinicians to open it by clicking a hyperlink.
- Make the section appear, but with fewer diagnoses visible.
- Make the section appear, but with more diagnoses visible.

Note that the Diagnoses section appears in outpatient encounters by default. You can choose whether to add this section to your inpatient encounters. Typically, the hospital problem is associated with the orders placed during that encounter, so for billing purposes it is not critical to have the section available to inpatient clinicians.

1. In a profile record, follow the path Medication, Allergy, Imm, etc. > Diagnosis or Procedure, Scheduling, Task > Diagnosis.
2. Go to the Diagnosis Display screen. In the Display diagnosis section fields, enter the value that matches

how you want the section to appear. The available options are:

- No. The section is not available.
- Closed. The section can be opened by clicking a hyperlink.
- Small. The section appears, but with fewer diagnoses visible.
- Large. The section appears with more diagnoses visible.

Let Clinicians Add New Diagnoses from the Associate Diagnoses Window

When clinicians click the Dx Association button in an ordering activity, the Associate Diagnoses window opens. This window displays a grid with each diagnosis and problem on the horizontal axis, and each medication or procedure on the vertical axis. Clinicians associate diagnoses by selecting one or more of the cells, which appear with a check mark after being selected.

If the diagnosis the clinician needs is not listed in the grid, they can add a new diagnosis directly from the window using the Add diagnosis field. During inpatient encounters, clinicians can also add a problem to the patient's problem list using the Add problem field.

The screenshot shows the 'Associate Diagnoses' window for patient Davies, Leon. At the top, there are search fields for 'Search for diagnosis' and 'Search for problem', each with a green '+' Add button. Below these are sorting options: 'Sort Diagnoses' (By Name is selected), 'By Name', and 'By Priority'. The main area is a grid where rows represent medications/procedures and columns represent diagnoses/problems. The grid includes the following data:

	Anxiety	Chronic cough	Depression	Routine adult health maintenance
CBC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lipid panel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

At the bottom left are 'All' and 'Clear' buttons. At the bottom right are 'Accept' (green checkmark) and 'Cancel' (red X) buttons.

1. In your profile, follow the path Procedure, Scheduling, Task > Diagnosis > General Diagnosis Association Options screen.
2. Set the Enable diagnosis entry field? (I LPR 2609) field to Yes to allow clinicians to enter new diagnoses from the Associate Diagnoses window. Note that the Add problem field appears in an inpatient encounter even if this field is set to No.

Allow Clinicians to Associate Several Orders Simultaneously

In the Associate Diagnoses window, clinicians can associate each order manually with a diagnosis by clicking individual cells in the grid, or they can select whole rows and columns by clicking the name of an order or a

diagnosis. However, there are two ways you can automate the process, allowing the clinician to associate multiple orders at once:

- Show clinicians an option to let the system automatically associate orders with diagnoses according to logic that you define. This option appears in the Associate Diagnoses window and in ordering activities.
- Show clinicians an option to associate every order placed with every diagnosis listed. This option appears in the Associate Diagnoses window. You can also show an option to clear all diagnosis associations.

Show a Button to Automatically Associate Specific Orders with Specific Diagnoses

You can save clinicians time while maintaining billing accuracy by allowing them to automatically associate orders with specific diagnoses according to pre-defined logic. This option requires some technical setup. For information about setting up automatic association, contact your Epic representative and mention parent SLG 1825636.

After you configure automatic association, show clinicians the Auto button, which appears in the Associate Diagnoses window and in ordering activities, by enabling it in a profile record:

1. In Clinical Administration, follow the path Management Options > Profiles (LPR) and open a profile record.
2. Select Procedure, Scheduling, Task > Diagnosis, and go to the General Diagnosis Association Options screen.
3. In the Enable auto associate button? (I LPR 884) field, enter Yes to show the button.

Show Buttons to Associate All and Clear All Diagnoses

You can give clinicians an option to associate every order placed with every diagnosis listed in the Associate Diagnoses window. This setting also controls whether a button to clear all diagnosis associations appears in the Associate Diagnoses window.

Associating all diagnoses is a time-saving option for cases when a patient has only one diagnosis listed, but the clinician is placing a large number of orders.

1. In Clinical Administration, follow the path Management Options > Profiles (LPR) and open a profile record.
2. Select Procedure, Scheduling, Task > Diagnosis, and go to the General Diagnosis Association Options screen.
3. In the Enable associate all button? (I LPR 882) field, enter Yes.

Add the Diagnosis Association Grid to the Order Composer

The second way clinicians can associate orders with diagnoses is with the Diagnosis Association grid in the Order Composer. To enable this option, you can add the Dx Association display item to Order Composer configuration records. This display item lets clinicians associate a medication or procedure with a visit diagnosis while entering other order details. However, clinicians can't use it to access the other options available in the Associate Diagnoses window.

1. In Clinical Administration, follow the path Procedures, Scheduling > Order Composer Config or Meds, Allergens, Imm, etc. > Order Composer Config.
2. Open your Order Composer configuration record for the appropriate context (inpatient or ambulatory) and ordering type (medication or procedure).
3. Access the Medication Items screen or the Procedure Items screen. In the Display Items list, enter Dx Association.

Require Clinicians to Associate Orders with a Diagnosis

You can require orders to be associated with a diagnosis before the clinician can sign them. This might be helpful

If your payers require orders to be associated with a diagnosis before they cover the cost of the medication or procedure. You can make diagnosis association required by setting fields in the clinician's profile.

For inpatient encounters, you can also specify which types of procedure orders require diagnoses and which do not. For example, you can require diagnosis association for lab orders, but not for code status orders.

If you want to require clinicians to associate some orders with a diagnosis before they sign, but without adding unnecessary steps for other orders, you can use an order validation warning to prevent clinicians from signing an order if they haven't associated a diagnosis. You can configure the warning to appear only if a patient has a certain payer or only for certain admission types or order types. Starting in Epic 2018, you can also require or recommend diagnosis association only for certain orders if you don't want to require clinicians to associate a diagnosis for all orders. Refer to the [Require Clinicians to Associate a Diagnosis for Certain Orders](#) topic for instructions.

To set diagnosis requirements for procedures:

1. In a profile record, follow the path Procedure, Scheduling, Task > Diagnosis > Procedure Diagnosis Associations screen.
2. Set the Require diagnosis associations for outpatient procedures? (I LPR 880) field to Yes, No, or Warn.
3. Set the Require diagnosis associations for inpatient procedures? (I LPR 930) field to Yes, No, or Warn.
4. To specify the types of orders that require association, list the types in the Order Types Requiring Association (I LPR 932) field. Note that this setting applies to inpatient procedure orders only.

To set diagnosis requirements for medications:

1. From your profile, follow the path Medication, Allergy, Imm, etc > Diagnosis > Medication Diagnosis Associations screen.
2. Set the Require diagnosis associations for outpatient medication orders? (I LPR 885) field to Yes, No, or Warn.
3. Set the Require diagnosis associations for inpatient medication orders? (I LPR 935) field to Yes, No, or Warn.
4. Set the Require diagnosis associations for clinic-administered meds? (I LPR 936) field to Yes, No, or Warn.

Show Only Procedures That Require Diagnosis Association in the Diagnosis Association Window

 Starting in November 2020

 August 2020 by SU E9402245, C9402245-Hyperspace

If your organization uses close encounter validation extension 76-Dx Association Required, 86-Dx Assoc Req - Incl Ext Rslt, or a copy to notify users when orders haven't been associated with a diagnosis, and you want only the order that caused the notification to appear in the diagnosis association window, perform the setup steps in this topic. For example, you might not want orders for dental procedures or immunizations to appear in the diagnosis association window when a medication order that requires diagnosis association is placed during the same encounter.

1. In Chronicles, open your copy of extension 76 or 86. Or, if you don't already have a copy, create one.
2. In your copy, set the Show only trigger orders parameter to Yes.
3. If you created a copy in step 1, replace extension 76 or 86 with your copy in the Close Validation Ext (I

LPR 825) field for the desired encounter types in the desired profile records.

Require or Recommend that Clinicians Associate Certain Orders with a Diagnosis

You can require or recommend that clinicians associate certain orders with a diagnosis without requiring or recommending it for all orders. This helps you comply with some states' rules that require prescribers to associate a diagnosis with all outpatient opioid prescriptions. However, organizations in other locales might also choose to set up these rules to require or recommend that clinicians associate a diagnosis with certain orders, such as controlled substances or diabetic supply. Note that for treatment or therapy plan orders, the validation check is evaluated when the orders are released rather than when they are signed.

A required or recommended icon appears in the Associate Diagnoses window for these orders.

Starting in November 2023, if you want to use a rule to prompt clinicians to associate a diagnosis for orders that require prior authorization, you can use Epic-released rule 16176-Send Prior Auth Request for Prescription?. Refer to the [Prompt Clinicians to Associate Diagnosis When They Sign Orders Requiring Prior Authorization](#) topic for more information.

Considerations

- Setting the Require Diagnoses Association (I EAP 880) field to Do not require does not override rules entered in the Diagnosis Association Rules (I LPR 903) field described below. If a clinician places an order that meets the rule you've entered in the Diagnosis Association Rules field, clinicians with that profile are required or recommended to associate a diagnosis with the order.
- For treatment or therapy plan orders, these rules are evaluated when the orders are released rather than when they are signed.
- In Willow Ambulatory and EpicCare Link, order validation warnings appear to notify users that diagnosis association is required or recommended:

Create a Grouper Record

To require or recommend diagnosis association for a group of orders that you define, create a grouper with those orders. You don't need to create a grouper if you want to require or recommend diagnosis association for controlled medications, based on pharmaceutical class and subclass, or based on order class or mode. Refer to the [Build a General Grouper](#) topic for additional information about creating grouper records.

Create a Rule to Define Affected Orders

Next, create a rule to define the orders that should require or recommend a diagnosis association. If you want to use a rule only for controlled medications, you can use Epic-released rule 34517-Is Controlled Medication Prescription instead of creating a new rule in the steps below.

1. In Hyperspace, open the Rule Editor and create a new rule with a context of Unsigned Order.
2. Select any of the following rule properties, depending on how you want to structure the rule:
 - 73723-Is Medication on Grouper. This rule property is under the Medications category and should be used if you want to define a grouper of orders.
 - 42149-Order Mode
 - 42205-Order Class.
 - 42217-Is Controlled

- 43131-Controlled Med Status.
 - 42752-Pharmaceutical Class. This rule property is under the Medications category and should be used if you need to require diagnosis association on diabetic supply.
 - 42753-Pharmaceutical Subclass. This rule property is under the Medications category and should be used if you need to require diagnosis association on diabetic supply.
 - 42754-Unsigned Order Session. This rule property includes properties about the unsigned order session, such as the user entering the orders.
3. Configure the rule property to meet your organization's needs. For example, if your state requires you to associate a diagnosis with outpatient opioid prescriptions, you should use both of the following rule properties:
- Select rule property 73723-Is Medication on Grouper, enter the grouper you use to define opioid medications in the VCG Grouper ID parameter, and enter equals (=) in the Operator parameter.
 - Select rule property 42149-Order Mode, enter equals (=) in the Operator parameter, and enter Outpatient in the Value parameter.

Add the Rule to a Profile

Then, enter the rule in a profile record to require or recommend diagnosis association for the appropriate users:

1. In a profile record, go to Medication, Allergy, Imm, etc. > Diagnosis > General Diagnosis Association Options screen.
2. In the Diagnosis Association Rules (I LPR 903) field, enter Epic-released rule 34517-Is Controlled Medication Prescription or the rule you just created.
3. In the corresponding Allow Accept? (I LPR 904) field, enter Yes to recommend diagnosis association for the affected orders. Enter No to require clinicians to associate a diagnosis before continuing with the order. By default, users must associate a diagnosis.

Prevent Clinicians from Associating Specific Diagnoses with Orders

If you have diagnoses that are useful for clinical purposes but should not be associated with certain orders and used for billing purposes, you can use order validation extension record 3925-Order Validation - Invalid Diagnosis to prevent users from signing orders with those diagnoses.

If a user attempts to sign an order that is associated with an inappropriate diagnosis, the extension record can suggest alternate diagnoses or explain the situation with a custom error message.

The extension record uses a Bridges table to list the inappropriate diagnoses, the suggested replacements, and the messages the extension record displays. To create a table:

1. In Hyperspace, create a new general table (search: Tables).
2. In the Table Specification field, starting in February 2024, select table specification 8721-Order Validation – Invalid Diagnosis. In November 2023 and earlier, select table specification 204-Order Validation – Invalid Diagnosis.
3. Starting in February 2024, to add rows to the table, select Add on the Table tab. In November 2023 and earlier, add rows to the table on the General Table Data Entry screen.
 - In the Diagnosis ICD Code field (called Invalid Dx in November 2023 and earlier), enter the diagnosis code of an invalid diagnosis.
 - In the Suggested Diagnosis field, enter external diagnosis IDs (in November 2023 and earlier, enter a comma-delimited list to suggest multiple diagnoses). These diagnoses are suggested as

replacements for the invalid diagnosis. External IDs are stored in the External ID (I EDG 40) item.

- Starting in February 2025, this column isn't required. You can leave it blank to not suggest any diagnoses.
- In February 2024, May 2024, August 2024, and November 2024, this column is required.
- In the Message field, enter a message that appears when a user attempts to sign an order with the listed diagnosis. You can leave this field blank to only display a general message that the selected diagnosis is invalid.

4. Click Accept to save the row (in November 2023 and earlier, click Accept to save and exit the table).

You must create a custom extension record to refer to this table. To do so:

1. In Chronicles, create a copy of extension record 3925-Order Validation - Invalid Diagnosis and edit the copy.
2. In the Code to Execute field, change the fourth parameter in the function InvldDx^LNOCHCK2 to the record ID of your table.
3. You can also limit the extension to orders placed using different order entry modes by setting the fifth parameter as follows:
 - Leave this parameter blank, as released, to apply to orders placed in all order modes.
 - Set the parameter to 1 to apply to orders placed in ambulatory order mode or in dual-mode order entry.
 - Set the parameter to 2 to apply to orders placed in inpatient order mode or in dual-mode order entry.
4. Exit the extension record.

Finally, add the extension record to a profile:

1. Edit a profile and select Procedure, Scheduling, Task > Order Validation.
2. On the Order Validation screen, enter a row in the table as follows:
 - In the Accept Order Validation Programming Point column, select your extension record.
 - In the Allow Accept? column, enter Yes or No to determine whether users can override the error message.

Link Diagnoses to Indications of Use to Automatically Add Diagnoses to a Patient's Encounter Diagnosis List

You can link indications of use to related diagnoses so that when a clinician places an order with a selected indication, the system automatically adds its associated diagnosis to the patient's list of encounter diagnoses. Because indications are often related to the patient's diagnosis, linking an indication to a diagnosis can help clinicians avoid needing to document the same information twice.

When an indication associated with a generic diagnosis is added to an order, the Diagnosis Calculator prompts the clinician to select a more specific diagnosis. If the indication is associated with a specific diagnosis, that diagnosis is automatically added to the patient's list of encounter diagnoses without any further action required from the clinician. When a clinician removes an order with an indication that added a diagnosis, or clears the indication selection before signing the order, the diagnosis is also removed.

By default, the behavior described above occurs only for orders that require diagnosis association. You can choose to enable it for all orders, but we recommend keeping the default behavior so that clinicians who do not use

diagnosis association do not have to complete an extra step.

Note that this feature does not apply to orders placed from Ancillary Orders or treatment or therapy plans.

To link diagnoses to indications of use:

1. Using import specification MCM,1000-All Items for procedures or MCM,1001-RX MCM Import for medications, export the indication of use records you want to edit to an Excel spreadsheet with the JXPORT utility. For more information, refer to the [Export Data from Chronicles](#) topic.
2. Open the exported XML file using Excel to generate a spreadsheet containing the exported indications of use records.
3. In the Associated Dx column, enter the ID of the diagnosis (EDG) record that you want to associate with the indication of use.
4. Generate a flat file of the data you edited using the import macro. For more information, refer to the [Prepare a Flat File for Import](#) topic.
5. Import the flat file using import specification MCM,1000 or MCM,1001. For more information, refer to the [Import Your File into Chronicles](#) topic.

By default, automatic diagnosis mapping applies only to orders that require diagnosis association. To complete diagnosis mapping for all orders instead:

1. In EMR System Definitions, follow the path Procedure, Scheduling, Task > Diagnosis and navigate to the Diagnosis Settings - 2 screen.
2. In the Default diagnosis from indication (I LSD 7720) field, enter 1-Always On.

If you keep the default behavior, the system chooses which orders to automatically map diagnoses for based on your profile settings. To confirm that your profile settings are configured to require diagnosis association for the right orders:

1. In Clinical Administration, open a profile and follow the path Medication, Allergy, Imm, etc. > Diagnosis.
2. On the Medication Diagnosis Associations screen, you can configure diagnosis association to be required for outpatient or inpatient medication orders.
3. Return to the main screen of your profile and follow the path Procedure, Scheduling, Task > Diagnosis.
4. On the Procedure Diagnosis Associations screen, you can configure diagnosis association to be required for outpatient or inpatient procedure orders.

You can also override these profile settings for specific procedures if you want certain procedures to not require diagnosis association. To do so:

1. Open a procedure (EAP) record and navigate to the Diagnoses Association screen.
2. In the Require Diagnoses Association (I EAP 880) field, enter 2-Do not require.

Don't Show Problems in the Associate Diagnoses Window in Certain Contexts

You can prevent problems from appearing in the Associate Diagnoses window in emergency departments and hospital outpatient departments (starting in August 2019). For example, you might want to prevent problems from appearing in urgent care departments where only encounter diagnoses are associated with orders.

1. In a profile record, go to:
 - In May 2019 and earlier, Specialties, Other Modules > Emergency Department > Emergency

- Department Diagnosis Settings screen
 - Starting in August 2019, Medication, Allergy, Imm, etc. or Procedure, Scheduling, Task > Diagnosis > Diagnosis Display screen
- 2. To prevent problems from appearing in the Associate Diagnoses window in emergency departments, enter Yes in the Hide problem list from diagnosis association grid in ED? (I LPR 49200) field. In May 2019 and earlier, this field is named Hide problem list from diagnosis association grid?.
- 3. Starting in August 2019, to prevent problems from appearing in the Associate Diagnoses window in hospital outpatient departments, enter Yes in the Hide problem list from diagnosis association grid in HOV? (I LPR 25120) field.

Signing Orders

Let Outpatient Clinicians Sign Orders to Be Released in Later Encounters

Clinicians who see patients in outpatient settings might want to place orders that will not be carried out immediately. For example, some orders might be intended for:

- Later in the current encounter.
- A future appointment.
- A future surgical procedure in a hospital.

In all of these cases, you can allow the clinician to plan ahead by signing and holding these orders. Signed and held orders are not active immediately, but they can be released at a later time or date.

You can give clinicians even more options for specifying when signed and held orders should be carried out by setting your system up to use phases of care. For information on phases of care, refer to the [Phases of Care Setup and Support Guide](#).

To let your clinicians place orders that should be carried out later, you can give them one of the following buttons:

- Sign & Hold
- Sign for Later

The only difference between these two buttons is that, when a clinician clicks the second button, he can only assign cross encounter phases of care, which should be carried out in a later encounter.

1. In your profile, follow the path Medication, Allergy, Imm, etc. > Display in Order Entry. Access the Order Entry Toolbar screen.
2. Set the Show Sign&Hold/Sign for Later in outpatient encounters field to the appropriate value.

Provide Clinicians with a View of Previously Signed Orders from Outpatient Order Entry

See Also

In Epic 2018 and later versions, clinicians in outpatient encounters can see previously signed orders in the visit taskbar's Signed Orders window by default. For settings related to how they appear, refer to the [Configure Available Actions and Information in the Visit Taskbar](#) topic.

You can configure the Order Entry activity so that clinicians in outpatient encounters can see previously signed

orders. This information is useful when several clinicians place orders for the same patient. You can either make this section appear in full or collapsed when a clinician opens the Order Entry activity. To make it appear in full:

1. In your profile, follow the path Medication, Allergy, Imm, etc. > Display in Order Entry. Access the Order Display screen.
2. Set the Open Previously Signed section in outpatient Order Entry field to Yes.

Prevent Orders from Remaining Unsigned

If an order that is placed in an outpatient or HOV workflow is not signed after a configurable number of days, the clinician who last pended an order automatically receives a My Unsigned Orders In Basket message. You can also configure the system to send these messages to a pool or the order's authorizing provider.

You need to specify a pool for these messages, even if you prefer to send them to an order's authorizing provider. In rare cases, the clinician who last pended an order and the order's authorizing provider might not be able to receive these messages, so the system falls back to this pool to ensure that someone can act on these orders.

Note that these messages are not sent for medications that are reconciled during inpatient workflows because these medications typically have expiration dates.

You configure these messages at the facility level, and to whom the message is sent can be overridden at the department level.

Verify that Unsigned Orders Messages are Enabled

In Hyperspace, open Epic-wide Settings (search: Epic-wide Settings) and verify that message type 209-Unsigned Orders is mapped to message type definition 106-Unsigned Orders or a copy. Refer to the [Define Epic-wide Settings for a Message Type](#) topic for more information.

Create a Pool for Unsigned Orders

To create a pool for My Unsigned Orders messages, refer to the [Send Messages to Pools](#) topic. If you override to whom these messages are sent at the department level, you'll also need to create a pool for each department.

Configure to Whom and When Unsigned Orders Messages Are Sent

To configure the system to send My Unsigned Orders In Basket messages to a pool or authorizing provider, as well as determine when these messages are sent:

1. In Clinical Administration, access EMR System Definitions and select Encounter, Episode.
2. Go to the Encounter-Related In Basket Messaging - 3 screen.
3. In the Check these recipients first (I LSD 15003) field, enter who should receive My Unsigned Orders messages: The authorizing provider or the pool you created. If you leave this field blank, messages are sent to the user who last pended the order.
4. In the Unsigned orders pool (I LSD 15000) field, enter the pool you created.
5. In the Send messages after (I LSD 15001) field, enter the number of days after the order is entered in the system before the system sends the Unsigned Orders message. If you leave this field blank, a message is sent the day after the order is entered in the system. Messages are sent at 12:00 A.M.
6. In the Skip encounters that have Open Encounters/Charts Messages set up (I LSD 15002) field, enter Yes if Unsigned Orders messages should not be sent if the encounter in which the order was entered in the system has not been closed yet and the system is configured to send Open Encounters or Open Charts messages for this encounter. If you leave this field blank, messages are sent for unsigned orders placed in these encounters.

7. Exit the record to save your changes.

Override to Whom Unsigned Orders Messages Are Sent at the Department Level

To override to whom Unsigned Orders In Basket messages are sent at the department level:

1. In Clinical Administration, open the department record (Facility Structure > Departments/Units (DEP)).
2. Go to the EpicCare Fax Setup screen.
3. In the Check these recipients first (I DEP 15000) field, define who should receive My Unsigned Orders messages: The authorizing provider or the pool you created. If you leave this field blank, the system checks the Check these recipients first (I LSD 15003) field in EMR System Definitions.
4. In the Unsigned orders pool (I DEP 15001) field, enter the pool you created. If you leave this field blank, the system checks the Unsigned orders pool (I LSD 15000) field in EMR System Definitions.

Pended Orders

Pended orders, also referred to as saved orders, are like drafts of orders. Clinicians can pend orders if they are interrupted, or the system can pend orders if the clinician logs out or leaves the workstation inactive for a certain period of time.

Note that pended orders work differently in inpatient and outpatient contexts. During an outpatient encounter, all of the patient's pended orders appear in the Unsigned Orders section of the visit taskbar. During an inpatient encounter, the patient can have multiple sets of pended orders, which can be private or public, depending on the settings described below. Clinicians who have access to the patient's pended orders must click Saved Work to view them.

Considerations

By default, pended inpatient orders are visible only to the clinicians who pended the orders and their supervisors. However, you can allow certain providers to publicly pend orders or make all medical students' pended orders public. These settings apply in the Manage Orders Activity and in medication reconciliation navigators.

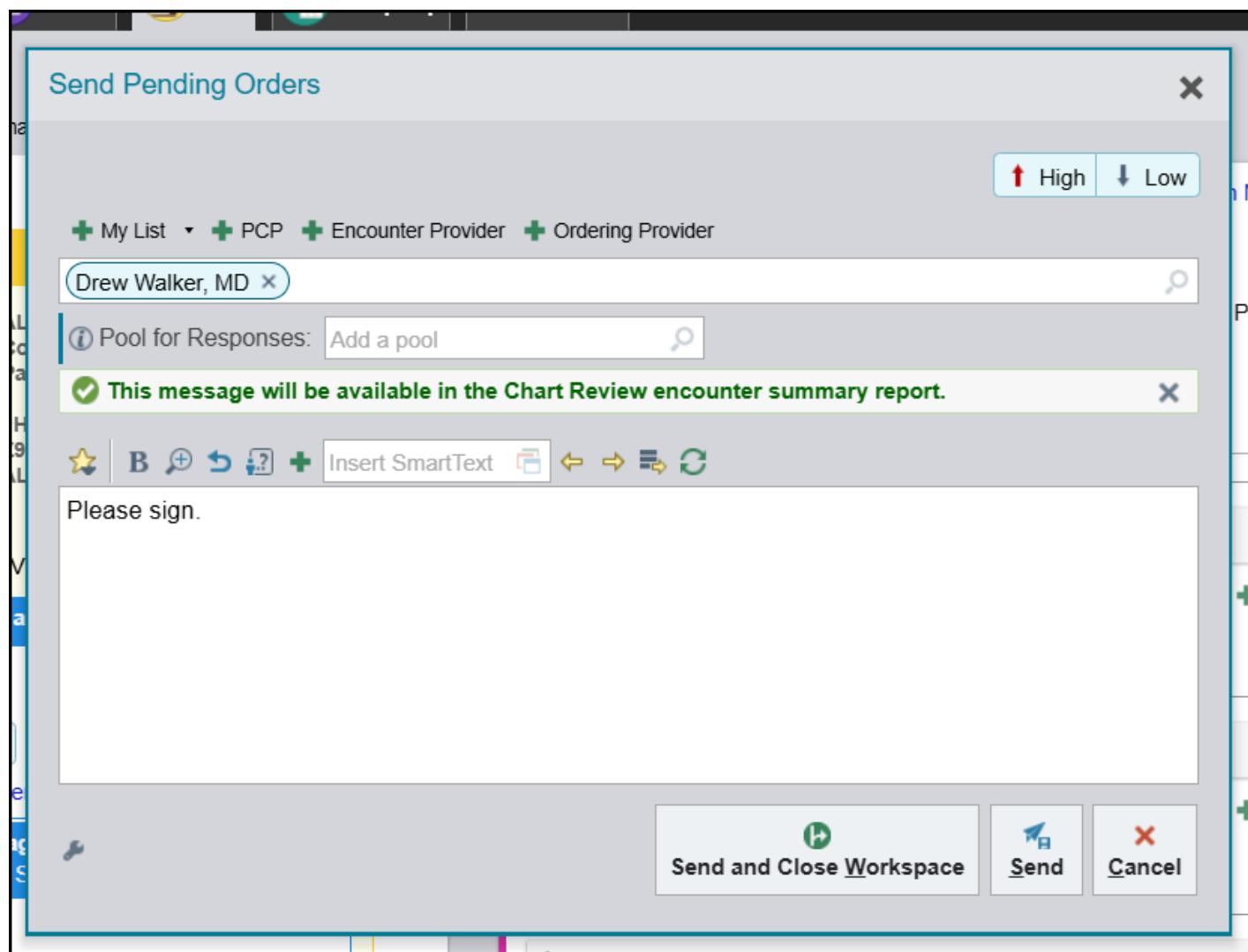
- You can give a clinician the ability to publicly pend an order by changing a profile setting. In a clinician's profile, set the Save work as public or private (I LPR 36101) field to one of the following options:
 - Prompt User. The user is prompted to choose between public and private pending when pending an order.
 - Public. The user can only pend their order publicly.
- You can ensure medical students always have access to public pending by giving them inpatient security point 268-Only pend orders in Orders Management Navigators. Use the profile setting to determine whether their work is always saved publicly or whether they can choose between public or private each time they save.

Configure Pending Orders In Basket Workflows

Prerequisites

In November 2023 and earlier, this feature is off by default, and you need to work with your Epic representative to enable it in your system. Mention SLG 7202572 if you contact your Epic representative. Starting in February 2024, this feature is automatically enabled.

When nurses pend orders, such as during Telephone and Pre-charting encounters, they can send an In Basket message with the pended orders using the Pend & Send button on the Visit Taskbar. When they click Pend and Send, a Pending Orders window opens where nurses can enter clinicians or pools to send an In Basket message to and enter a routing comment. Orders from telephone-type encounters that contain medications are sent as Rx Request messages. Otherwise, they are sent as Pending Orders messages.



You can tailor this workflow in several ways:

- To make sure that responses to these Pending Orders messages are addressed quickly, we recommend specifying pools for responses.
- You can change how prominently the Pend and Send button appears in different situations, or remove it altogether for certain users. By default, users who aren't authorizing providers have the Pend & Send button as the top-level signing button in telephone and outpatient encounters, except for Office Visits. In other situations, users need to select the Pend and Send option from a signing menu. You can override these settings by configuring the Visit Taskbar or remove the option altogether for certain users at the

profile level.

- By default, clinicians can sign encounters directly from Pended Orders messages to save time. If you require clinicians to open the encounter to sign it, you can remove this option.

Make Pend & Send the Default Signing Action by Configuring the Visit Taskbar

To make this the default taskbar action for users regardless of the encounter type or whether they are authorizing providers, change their Visit Taskbar Configuration:

1. In Clinical Administration, open the appropriate profile record (Management Options > Profiles (LPR)).
2. On the General Medications Options screen, find the Visit Taskbar Configuration (I LPR 19991) item. Take note of the record in this item.
3. In Clinical Administration, open the configuration you identified in step 2 (Navigators > Navigator Configurations (VCN)).
4. On the Taskbar Config – Sign Button Settings screen, set the Primary Sign (I VCN 38100) field to Pend and Send.

For more information on configuring the Visit Taskbar, refer to the [Configure Available Actions and Information in the Visit Taskbar](#) topic.

Remove Pend & Send for a Specific Group of Users

To prevent this action from appearing for a subset of users, such as physicians who do not route orders for others to sign, change their profile settings:

1. In Clinical Administration, open the profile you want to edit (Management Options > Profiles (LPR)).
2. On the In Basket Settings – Pend & Send screen, enter Yes in the Hide Pend & Send action from toolbar (I LPR 1545) field.

Configure Pools for Responses to Pending Orders Messages

If a clinician replies to a Pending Orders message, you can configure the system to send the reply to a pool by default instead of the user who sent the original message. Sending messages to a pool helps ensure the response is acted on quickly. Default pools are typically configured at the department profile level. For example, you might specify the Nurse Pool for the department.



Use the Build Wizard to setup the Pending Orders folder and specific defaults. In Hyperspace, open the Build Wizard (search: Build Wizard) and search for the feature 10000099-IB Pending Orders Default Build (application: In Basket). To successfully complete this build wizard, you need the Profiles (LPR), Registry (HIP), and System Definitions (LSD) information. This Build Wizard can set the default pool for responses for Pending Orders messages and if the sender should default in the routing form as a recipient.

To manually configure these options instead of using the Build Wizard, complete the build tasks below.

You can configure a pool for replies to Pending Orders messages at the department level for users signed into that department:

1. In Clinical Administration, open the department you want to edit.
2. On the In Basket Settings screen, in the Default Pend & Send reply pool (I DEP 17160) field, enter the pool to send replies to.

You can also configure a default pool for responses to Pending Orders messages in users' profiles (LPR). Note that

if you set a default pool for the department in the Default Pend & Send reply pool (I DEP 17160) field, it overrides this value for the user.

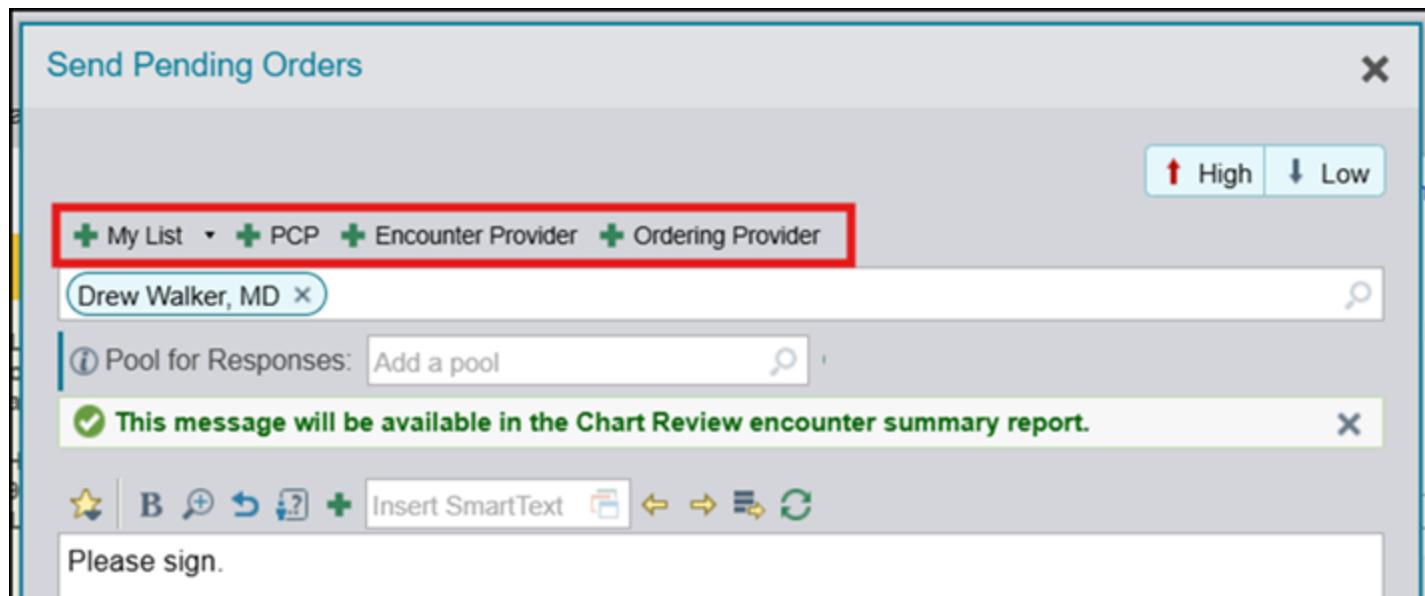
1. In Clinical Administration, open your profile to edit.
2. On the In Basket Settings – Pend & Send screen, in the Default reply pool for pending orders (I LPR 1540) field, enter the pool to send replies to.

The system adds the sender as a recipient by default when they act on Pending Orders so they are informed of any changes made to the orders. If you do not want the sender to be added as a recipient by default:

1. In Clinical Administration, open System Definitions (LSD).
2. On the Encounter-Related In Basket Messaging - 4 screen, in the Route message back to sender? (I LSD 5110) field, enter No.

Configure Default Recipients for Pend & Send

If nurses typically send Pending Orders messages to the same encounter provider type, such as the ordering provider, you can configure the system to automatically add that provider as a recipient in the Pend & Send form. This saves nurses a click if they use quick buttons, or from needing to manually search for that provider. The types of recipients you can choose to add by default are the same as the list of quick buttons clinicians use in Pend & Send.



The list of provider types you can choose to add by default is the same as the quick buttons above the Recipient field in Send Pending Orders.

1. In Clinical Administration, open the profile you want to edit.
2. On the In Basket Settings – Pend & Send screen, in the Default Pend & Send recipients (I LPR 1541) field, enter the type of provider to be added as a default recipient.

Prevent Clinicians From Signing the Encounter From Pending Orders In Basket Messages

Clinicians can sign the encounter when processing a Pending Orders message to save time. Epic recommends against disabling this setting.

If you do not want clinicians to sign encounters from this window, complete the following steps:

1. In Clinical Administration, open EMR System Definitions and access the Encounter-Related In Basket

Messaging - 4 screen.

2. In the Show Sign Encounter checkbox? (I LSD 5120) field, enter No.

The screenshot shows the Epic EHR interface. On the left, the 'Pending Orders' section of the 'In Basket' screen is highlighted. It lists several pending orders with details like patient name, encounter type, and status. On the right, a message window is open for a patient named Hayley Steinbauer. The message text reads: 'Steinbauer, Peter, MD → Steinbauer, Peter, MD. Hi, could you please sign these pended orders? Thanks.' Below the message, there are sections for 'Orders Pended This Visit (2)' and 'Orders Signed This Visit (4)', each listing specific orders with their details.

Warn Clinicians When They Have Pended Orders

February 2019 and Earlier

See Also

This setting also applies to other inpatient ordering activities. Additional ways to notify clinicians about pended orders for a patient are documented in the [Manage Orders Activity Setup & Support Guide](#).

If you want to give clinicians a clearer alert that there are pended orders for a patient, you can configure the system to display a notification message whenever a clinician access the Order Entry activity for a patient with pended orders. By default, this message does not appear.

1. In your profile, follow the path Medication, Allergy, Imm, etc. > General Options.
2. On the Pending Orders screen, set the Show pend order selection form automatically to 2-Unsigned Orders.

Determine Whether Inpatient Orders Are Pended or Deleted Upon Timeout

You can determine whether orders are pended or deleted when a clinician's ordering session times out at his workstation or a clinician taps their badge to secure their workstation. By default, the system pends any orders that the clinician has placed, but not signed, before the system automatically secures the session. We recommend that you keep the default setting of pending orders for most scenarios so that clinicians don't lose their work.

If you have some areas where you want orders to be deleted when clinicians secure their workstations or the ordering session times out, you can update a profile setting to change the default behavior. We do not recommend changing the default behavior in most ordering situations. To change the default so orders are deleted:

1. In Clinical Administration, follow the path Management Options > Profiles (LPR) and open the profile you want to update.
2. Go to Medication, Allergy, Imm, etc. > General Options.
3. On the Pending Orders screen, set the Inpatient timeout action (I LPR 34160) field to 2-Delete Orders.

Let Clinicians Skip the Reason and Comments Window When Pending an Order

If it's not necessary for your clinicians to enter a reason and comment when pending an order at your organization, you can save them time by suppressing the Pend Orders window that appears when a clinician pends an order from the Rounding navigator and prompts them to enter that information.

1. In Clinical Administration, open a profile record and follow the path Medication, Allergy, Imm, etc. > General Options.
2. On the Pending Orders screen, enter Yes in the Hide Pend reason pop-up field.

Order Routing

Let Inpatient Clinicians Change the Pharmacy to Which Orders Are Routed

You can provide a Pharmacy button for your clinicians so that they can manually designate the pharmacy at which a patient normally picks up his medication. When a clinician clicks the Pharmacy button, the patient's preferred pharmacy appears along with a selection list of all pharmacies in your system. The clinician can then verify or change the pharmacy as appropriate.

The Pharmacy button appears in EpicCare Ambulatory by default. You must manually enable this field if you want it to appear in EpicCare Inpatient. This can be useful for inpatient physicians who prescribe discharge medications. For instructions on setting up the Pharmacy button, refer to the [Allow Clinicians to Enter a Preferred Pharmacy and Show Pharmacy Information](#) topic.

Order Entry and Order Composer Setup: Bells & Whistles

In this section, we'll show you more configuration options for order entry. These options might not be currently built in the Foundation System, but they might be appropriate alternatives to the Foundation System build or useful in specific scenarios. In other cases, they might be too involved to include in this guide, and have their own setup and support guide for you to reference.

Entering and Completing Order Details

Customize Indications of Use

This section applies only to indications of use for medication orders.

Indications of use are stored as records in the Medical Condition (MCM) master file. Typically, these records are imported from your third-party medication data vendor. If you want to customize the indications that are available for clinicians, you can change the display names of imported indications or create custom indications. These customizations must be maintained manually, so we recommend using them sparingly.

Follow the steps below to create or modify these records in Clinical Administration. You can also import these records using import specification MCM,1001-Rx MCM Import.

Change Display Names and Synonyms for an Imported Indication

You can specify two types of display names for an indication:

- Primary Professional. This name appears to clinicians in locations such as the Order Composer and the medication warning detail report.
- Primary Patient. This name appears to patients in locations such as the After Visit Summary (AVS) and patient sig.

These types of names might already be imported from your medication data vendor. In this case, the imported names are listed on the Medical Condition Information screen of the medical condition record, as shown below. If these types of names are not imported, the Imported Name Type and Imported Name columns do not appear on this screen.

EPIC USER INITIAL DEPARTMENT	DELBLD/ACW Medical Condition Master File	Date: 04/10/15 Time: 10:03 AM
Medical Condition Name PAIN		Medical Condition ID 49
Medical Condition Information		
External ID: 49		
<u>Override Name Type</u>		<u>Override Name</u>
<u>Imported Name Type</u>		<u>Imported Name</u>
1. Primary Professional 2. Primary Patient		Pain

To customize display names:

1. In Clinical Administration, go to Meds, Allergens, Imm, etc. > Indications of Use (MCM) and open the medical condition record you want to edit.
2. Enter Primary Professional or Primary Patient in the Override Name Type (I MCM 1000) field.
3. Enter a name in the Override Name (I MCM 1002) field.
4. Optionally, you can add synonyms for each indication of use to help clinicians find them more easily in searches. To do so, enter Professional Synonym or Patient Synonym in the Override Name Type field, and then enter a synonym in the corresponding Override Name field.

The override name appears instead of the imported name in all locations where the display name is used. Synonyms do not appear in the system, they just bring up this medication when a clinician searches for that word.

If an indication doesn't have a display name—meaning the Medical Condition Information screen is completely blank—then the name of the medical condition record (I MCM .2) appears in all locations.

Create a Custom Indication

If you want to use an indication that is not provided by your vendor, you can create a custom medical condition record:

1. In Clinical Administration, go to Meds, Allergens, Imm, etc. > Indications of Use (MCM) and create a new record.
2. If your organization uses Multilex data, in the Condition to use for indications (I MCM 640) field, enter an imported medical condition record that can be used for interaction checking. This ensures that the right medication warnings appear for medications ordered with this indication.
3. In the Name Type (I MCM 1000) and Name (I MCM 1002) columns, configure display names for this indication.
 - Refer to the section above for information about the different types of display names.
 - If you leave these columns blank, the medical condition record name (I MCM .2) appears throughout the system.

Use Display Names for Record Lookup

Record lookup windows don't use display names by default. Your Epic representative can help you perform additional setup if you want the display name to appear when users search for indications. To complete this setup, contact your Epic representative and mention parent SLG 2188057.

Filter Indications of Use to Show Only Relevant Choices

You can configure the indications of use that appear in the Order Composer to ensure that only indications of use that are relevant to a patient or situation appear. You can filter indications of use by patient age, patient sex, patient class, and provider specialty. For example, when a clinician orders an abdominal ultrasound for a male patient, indications of use related to pregnancy that you've configured to be filtered by patient sex won't appear.

If an indication of use is filtered, a clinician can enter it by searching for in the Indication of use or Reason for Exam field.

1. Using import specification MCM,1000-All Items for procedures or MCM,1001-RX MCM Import for medications, export the indication of use records you want to edit to an Excel spreadsheet with the JXPORT utility. For more information, refer to the [Export Data from Chronicles](#) topic.
2. Open the exported XML file using Excel to generate a spreadsheet containing the exported indications of

use records.

3. Use the following columns to specify the contexts in which the indication of use should be available.
 - In the Sex code column (I MCM 520), enter the category value of the patient sex for which you want the indication of use to be available. In some cases, your third-party medication or procedure information vendor will have provided this information already.
 - In the From age and To age columns (I MCM 550 and I MCM 560), specify a range of ages for which you want the indication of use to be available. In some cases, your third-party medication or procedure information vendor will have provided this information already.
 - In the Patient Class column (I MCM 800), enter the category values of the patient classes for which you want the indication of use to be available. You can enter multiple patient classes by pressing Alt+Enter to put each patient class on a separate line in the cell.
 - In the Provider Specialty column (I MCM 805), enter the category values of the provider specialties of providers for whom you want the indication of use to be available. You can enter multiple provider specialties by pressing Alt+Enter to put each provider specialty on a separate line in the cell.
4. Generate a flat file of the data you edited using the import macro. For more information, refer to the [Prepare a Flat File for Import](#) topic.
5. Import the flat file using import specification MCM,1000 or MCM,1001. For more information, refer to the [Import Your File into Chronicles](#) topic.

Expand Indication Groups Automatically to Save Time Ordering

You can save clinicians time entering orders by automatically expanding certain indication groups in the Order Composer. When a clinician enters an order, the Indications or Reason for Exam section lists indications of use for the order in collapsed groups. Using a system-wide setting, you can choose one or more groups to expand automatically, so clinicians see those options without having to click to expand the group.

For example, if you group indications based on how frequently clinicians use them, you can expand the Common Indications group but leave the Other Indications group collapsed.

When you configure the system to expand certain indication groups, those groups are expanded by default for any procedure, procedure category, or medication record that's configured to use indication groups. If you need to expand a group for some orders but not others, you can do so by associating different indication groups with different procedures, procedure categories, or medications.

This setting applies to both Hyperspace and EpicCare Link.

CT Scan Abd/Pel w/o Contrast

[Accept](#) [Cancel](#)

Frequency:	ONCE	<input type="button" value=""/>							
Starting:	11/10/2016	<input type="button" value=""/>	Today	Tomorrow	Yesterday	At:	1215	<input type="button" value=""/>	
First Occurrence:	Today 1215								
Scheduled Times:	Hide Schedule								
11/10/16 1215									
Class:	Normal	<input type="button" value=""/>	Normal						
Priority:	STAT	<input type="button" value=""/>	Routine	STAT	Today				
Reason for Exam:	<input type="button" value=""/>								
<div style="border: 1px solid red; padding: 5px;"> <p>Common Indications for Exam</p> <p><input type="checkbox"/> Abd trauma blunt, patient is stable <input type="checkbox"/> Abd trauma, blunt, moderate, hematuria microscopic</p> <p><input type="checkbox"/> Abd trauma, blunt, hematuria >35 rbc/hpf, stable patient <input type="checkbox"/> Abd trauma, blunt, patient is unstable</p> </div>									
<p>Other Indications for Exam</p> <p><input type="button" value=""/> Reason for Exam (Free Text):</p>									
<p>Show Additional Order Details</p>									
<input type="button" value=""/> Next Required <input type="button" value=""/> Link Order		<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Cancel							

To expand one or more indication groups automatically when clinicians enter an order:

1. In Clinical Administration, access EMR System Definitions and follow the path Procedure, Scheduling, Task > Display in Order Entry.
2. On the Order Composer General Display Options screen, enter the indication groups that should be expanded by default in the Indication groups expanded by default (I LSD 4970) setting.

Expand the Indications Section If No Indications Are Selected

→ Starting in August 2019

For medication orders placed in Hyperspace, the indications of use section can be tucked away when it's already filled out and expanded automatically in the Order Composer when there aren't any indications selected. This option allows clinicians to focus on the pieces of ordering that need their attention.

This setting controls whether the overall Indications section is expanded automatically. When the Indications section is expanded, the system still respects any groups you've configured to expand automatically in the Indication groups expanded by default (I LSD 4970) field.

To expand the Indications section automatically if no indications are selected, you must have the ORD Advanced Indications Settings license, which is included in the standard EpicCare Inpatient license. If you're not sure whether you have this license, contact your Epic representative and mention parent SLG 3550868.

Complete the following steps to expand the collapsed Indications section automatically if no indications are selected:

1. First, open an Order Composer configuration record with an ordering type of Medication.
2. On the Medication Items screen, add Indications of Use (Collapsed) to the Display Items (I OCC 3000) field.
3. Then, in EMR System Definitions, go to Medication, Allergy, Imm, etc. > Display in Order Entry > Order Composer General Display Options screen.
4. Enter Yes in the Expand indications when blank (I LSD 4971) field.

Limit the Number of Indications Clinicians Can Select

You can set a limit for the number of indications that a clinician can select during ordering in Hyperspace. For example, organizations in Denmark should use this setting because FMK allows only one indication for an order.

The way that you configure this limit depends on your version:

- In May 2019 and earlier, you configure the limit using an order validation extension. With this setup, a clinician can select any number of indications while editing the order, but a warning message appears at signing. You can continue using this extension after May 2019 if you need additional configuration options, such as enforcing that an indication is entered for specific medications.
- Starting in August 2019, you can configure the limit using a setting in EMR System Definitions. When a clinician selects the maximum number of indications with this setup, the rest of the check boxes for indications are disabled. If you don't complete this setup, a clinician can select any number of indications.

To limit the number of indications that a clinician can select using the setting in EMR System Definitions, you must have the ORD Advanced Indications Settings license, which is included in the standard EpicCare Inpatient license. If you're not sure whether you have this license, contact your Epic representative and mention parent SLG 3550868.

To limit clinicians to one indication of use per order in August 2019 and later, complete the following steps:

1. In EMR System Definitions, go to Medication, Allergy, Imm, etc. or Procedure, Scheduling, Task > Display in Order Entry > Order Composer General Display Options screen.
2. Enter a number in the Maximum number of indications (I LSD 4972) field.

To limit clinicians to one indication of use per order in May 2019 and earlier, complete the following steps:

1. In Chronicles, access the extension (LPP) master file and duplicate extension 84708-Rx Ord Validation - Check Indications of Use Count for Meds.
2. Open your copy of extension 84708 and customize the following optional parameters as desired:
 - 2-Grouper to Limit Meds. Enter a medication grouper (VCG) ID to specify which medications this order validation should apply to. If this parameter is left blank, all medications are considered in the validation.
 - 3-Max Indications. Enter the maximum number of indications of use allowed per medication order before a warning should appear. If this parameter is left blank, a value of 1 is used.
 - 4-Ordering Modes. Enter an ordering mode to limit this warning to, such as inpatient, outpatient, or both. If this parameter is left blank, both inpatient and outpatient modes are used.
 - 5-Prevent Free Text? Enter Yes to prevent free-text indication comments from being allowed during validation, so that a warning appears whenever free text is used. Enter No to ignore free-text indications in this validation check. If this parameter is left blank, Yes is used.

- 6-Custom Message Text. Enter the custom text to appear in the message. If this parameter is left blank, the default message is "Select no more than X discrete indications for each of the following medications. This limitation is based on organizational policy."
 - 7-Require Discrete Ind? Enter Yes to require at least one discrete indication of use before the validation check passes. If you enter No, clinicians do not need to select a discrete indication. If this parameter is left blank, a value of No is used.
3. Save and close your copy of extension 84708.
 4. In Clinical Administration, open a profile.
 5. Follow the path Medication, Allergy, Imm, etc. > Order Validation.
 6. In the Accept Order Validation Extensions (I LPR 830) field, enter extension 84708.
 7. In the corresponding Allow Accept? field, enter No.

Adjust the Billing Indications That Can Be Selected for Add-On Medications (Netherlands Only)

In the Netherlands, clinicians must select billing indications for add-on medications. Your organization is reimbursed for these medications only if the selected billing indication is "entitled" for the dispensed package.

By default, the list of billing indications that appears to the ordering clinician is filtered as follows:

- Indications do not appear past their end date.
- Indications appear only if they are entitled for at least one package associated with the medication.

This makes it less likely that clinicians will select a non-entitled billing indication.

If you want to adjust how this filtering works, you have a few options:

- Remove the filtering based on entitlement status. With this option, clinicians can choose from all of a medication's active billing indications, regardless of whether those indications are entitled for any associated packages.
- Keep the filtering based on entitlement status, but make exceptions for specific billing indications that clinicians should always be allowed to select. For example, you might use this option if you have a non-entitled indication called "Other" that clinicians select when no entitled indications are available.
- Implement additional filtering for inpatient orders so that clinicians can select only the active billing indications that are entitled for packages on the pharmacy's medication list.

To adjust the filtering of billing indications, go to EMR System Definitions > Medication, Allergy, Imm, etc. > Display in Order Entry > Billing Indication Filter Options screen:

- If you want to change the default behavior so that clinicians can choose from all of a medication's active billing indications, regardless of whether those indications are entitled for any associated packages, enter No in the Filter non-entitled indications? (I LSD 48400) field. If you leave this field blank, the default value is Yes.
- If you leave the default behavior in place and you want to make exceptions for specific billing indications that clinicians should always be able to select, enter those indications in the Indications to show regardless of entitlement (I LSD 48405) field.
- If you want to restrict the available billing indications for inpatient orders to those that are entitled for packages on a specific medication list, enter the medication list in the Restrict indications by formulary (I LSD 48410) field. Optionally, enter a location in the Location (I LSD 48411) field if you want to enforce this

restriction only for clinicians in a specific location.

Show the Maximum Daily Dose in the Sig by Adding a Field to the Order Composer

You can add a field to allow clinicians to specify a maximum daily dose for controlled outpatient medications to meet certain state or organizational requirements. The maximum daily dose then appears on the prescription in the patient sig. By default, the maximum daily dose is the same as the calculated daily dose, based on the medication's dose and frequency.

You can include the Maximum Daily Dose field in the Order Composer for controlled medications and then create a grouper record to include other medications, if necessary. Starting in February 2022, these settings also affect the Max daily field in Willow Ambulatory. For example, the Maximum Daily Dose field is especially useful for clinicians prescribing controlled medications in states like New York that require you list the maximum daily dose on prescriptions for all controlled medications as well as some non-controlled medications.

The screenshot shows the Order Composer interface for a prescription. At the top, it says "codeine 60 MG PO tablet" and "60 mg, ORAL, EVERY 4 HOURS PRN starting 4/26/2013". Below this, there are fields for Product (CODEINE SULFATE 60 MG PO TABS), Dose (60 mg), Maximum Daily Dose (360 mg), Prescribed Dose (60 mg), Prescribed Amount (1 tablet), Route (ORAL), Frequency (EVERY 4 HOURS PRN), and Patient Sig (Take 60 mg by mouth every 4 hours as needed). A red circle highlights the text "Max Daily Amount: 360 mg" in the Patient Sig field. At the bottom right, there are buttons for Accept, Cancel, and Remove.

To set up this feature you need to:

- Configure which medications get the Maximum Daily Dose field.
- If necessary, configure the system-level ambulatory Order Composer configuration record to recommend or require the Maximum Daily Dose field.
- If necessary, configure the SmartText you use for showing sigs on prescriptions.

Determine the Medications for Which You Want Maximum Daily Dose to Appear in the Sig

You can specify the highest DEA code that you want to show a medication's maximum daily dose for.

1. In Clinical Administration, follow the path Management Options > Edit System Definitions > Medication, Allergy, Imm, etc. > Order Validation.
2. Access the Max Daily Dose Display Settings screen.
3. In the Highest DEA code field, enter the DEA code to include the Maximum Daily Dose field for all medications at that DEA code level and above. For example, enter C-III to add the Maximum Daily Dose field to all medications with a DEA code of C-III and C-II.

You can create a grouper record to include medications that are not associated with any of the DEA codes you specified above. To do so, follow these steps:

1. In Hyperspace, open the Grouper Editor and create a grouper record.
2. Enter ERX in the Master file field.
3. Enter General in the Type field.
4. Enter medication IDs to include the Maximum Daily Dose field for these medications in the Order Composer.
5. In Clinical Administration, follow the path Management Options > Edit System Definitions > Medication, Allergy, Imm, etc. > Order Validation.
6. Access the Max Daily Dose Display Settings screen.
7. In the Medications Grouper field, enter the ID of the grouper record you created in step 1.

Require or Recommend the Maximum Daily Dose Field in the Order Composer

Add the Maximum Daily Dose field as a control item in your organization's system-level Ambulatory Order Composer configuration record. You can choose to recommend or require this field.

Refer to the topic [Recommend or Require That Clinicians Fill Out Certain Fields in the Order Composer](#) for instructions.

Add the Maximum Daily Dose SmartLink to your Sig SmartText

This step is necessary only if you use SmartText-based sigs. If you do not use SmartText-based sigs, your setup is complete.

1. In Hyperspace, access the SmartText Editor and open the SmartText you use for sigs (Epic button > Tools > SmartTool Editors > SmartText). You can find this SmartText entered in the Patient sig SmartText field in EMR System Definitions (Medication, Allergy, Imm, etc. > General Options > Ambulatory Medication Ordering Options).
2. In the editor, add SmartLink 601-Patient Sig Max Daily Dose to the SmartText using the following mnemonic: @PTSIGMAXDAILYDOSE@. By default, this SmartLink appears as follows with the following label:
Max Daily Amount: <value>
3. If you want to customize the label on the sig, enter your custom label as a parameter. For example, the mnemonic @PTSIGMAXDAILYDOSE(Maximum Daily Dose:@) appears as follows in the sig:
Maximum Daily Dose: <value>
4. Click Accept to save your changes and close the SmartText record.

Allow Clinicians to Modify Medications Without Creating a New Order

When a clinician modifies a medication order and signs her changes, the system typically cancels the old order and creates a new one to replace it. However, you can allow live-edit modifications for inpatient medications so that when a clinician modifies certain order details, such as administration instructions, rate, end date and time, order-specific questions, or notes to pharmacy the system preserves the original order instead of creating a new order.

Live-edit changes are easier to track for nurses because they update the existing row in the MAR, while other modifications appear as a new row. Live-edit changes also prevent these orders from needing to be verified by a pharmacist again when the changes are not likely to need pharmacy review.

Considerations

When adding items to the list of live-editable changes, be sure to review the [Apply Your Autoverification Settings to Modified, Discontinued, and Continued During Recovery Orders](#) and [Use Security to Autoverify New Orders](#) topics to ensure that orders continue to be autoverified as expected.

You can choose which live-edit modifications are available. If a user modifies a medication order and changes a property that is not or cannot be enabled for live-edit modifications, the system automatically creates a new order and discontinues the original order behind the scenes.

There are a few scenarios where the system creates a new order even if live-edit modifications are enabled that you should consider:

- If you've enabled live-edit modifications for Frequency: End, the original order needs to be verified by the pharmacy to modify the order without creating a new order. If the pharmacy has not verified the original order, editing the frequency items creates a new order and discontinues the original order.
- If you've enabled live-edit modifications for Rate, the order must have a frequency of Continuous, the dose must be blank with an infusion rate set or a rate-based dose unit must be used (which sets the infusion rate automatically), and the rate unit must be kept the same as the original order. If any of these criteria aren't met, editing the rate creates a new order and discontinues the original order.
- If clinicians make a change that could be a live-edit modification but then pend or sign and hold the modification, a new order is created.
- Transfer medication reconciliation, including discharge-readmit medication reconciliation, does not support live-edit modifications.
- Starting in August 2023, live-edit modifications are available for order-specific questions. If you have enabled live-edit modifications for order-specific questions in EMR System Definitions, modifying responses for order-specific questions that are live-editable will no longer create a new inpatient medication order. Refer to the [Control Whether Order-Specific Questions Are Live-Editable](#) topic for more information on live-edit order-specific question behavior.

To enable live-edit modifications for certain ordering fields, complete the following steps:

1. In EMR System Definitions, go to Medication, Allergy, Imm, etc. > Reorder, Modify, Discontinue > Inpatient Allowed Order Modifications screen.
2. In the Allowed Medication Modifications (I LSD 25000) field, enter the properties that can be modified without creating a new order.
3. If you entered Frequency: End in the Allowed Medication Modifications field, consider entering a number of days that a user can extend a controlled inpatient medication using live-edit modifications without creating a new order in the Maximum Total Duration for Controlled Meds (I LSD 25010) field. For example, if you enter seven days here and a controlled medication is initially signed for three days, a user can extend the medication duration by another three days to a cumulative total of six days without creating a new order. By default, there is no maximum total duration and extending the duration of controlled medications does not create a new order.

Automatically Show Clinicians End Time or Frequency Settings When They Modify Orders

If live-edit modifications are turned on in your system, when a clinician modifies an order, she has to choose one of two options to change frequency details:

- If she only needs to extend an order or end it early, she can click Change End Time to see and fill out a new end time.
- If she needs to make other frequency changes, she can click Change Frequency to see and fill out options for all frequency details, including the end time.

You can show the options under Change End Time or Change Frequency automatically when the clinician opens the Order Composer to modify an order. Choosing one section automatically can both save clinicians a click and direct them toward the most appropriate set of options based on the kinds of live-edit changes you allow.

If you're not sure whether you allow live-edit changes to end time, you can check whether you have entered the value 47-Frequency: End in the Allowed Medication Modifications (I LSD 25000) field on the Inpatient Allowed Order Modifications screen in EMR System Definitions (Clinical Administration > Management Options > Edit System Definitions).

The screenshot shows the Order Composer interface for a medication order. At the top, the medication is listed as "lisinopril (PRINIVIL,ZESTRIL) tablet 2.5 mg". Below this, the dose is set to "2.5 mg" and the route is "Oral". The frequency is set to "Daily" for "5 doses". The starting time is "Today 1300" and the last admin was "None". The next dose is also "Today 1300". The total scheduled doses are "5" and there are "5 future doses remaining".

At the bottom of the frequency section, there are two buttons: "Change End Time" and "Change Frequency". The "Change Frequency" button is highlighted with a red circle.

Below these buttons, there is a detailed frequency configuration panel. It shows "For: 5 Doses" (with radio buttons for Doses, Hours, Days), "Starting: 9/20/2016 Today Tomorrow", "First Dose: 1300", and "Include Now As Scheduled Show Additional Options". The next dose is again "Today 1300", total scheduled doses are "5", and the last dose is "in 4 days (5 future doses remaining)".

At the very bottom, there is a "Next Required" button and "Accept" and "Cancel" buttons.

1. In Clinical Administration, follow the path Management Options > Edit System Definitions (LSD) and go to the Medication Orders General Display Options screen.
2. In the "Select change end time or change frequency button automatically on modifying orders" (I LSD 36131) field, select either Change End Time or Change Frequency, depending on which options you want to appear when a clinician modifies an order.

Let Pharmacists Enter Multiple Order Details When Searching

This feature is most often used by pharmacists and is available only if Willow Inpatient is also installed.

Your orders database likely contains tens of thousands of procedures and medications. Because pharmacists have access to the entire medication database when they place orders, they might find that their searches return many more medications than they expected. For example, if a pharmacist types "acetaminophen tab" in the search field, she probably sees several dozen results.

To speed up the ordering process for pharmacists, who might place hundreds of orders per day, you can allow them to use Inline order entry. This method of entry narrows down the number of search results or, in many cases, populates the order details without making the pharmacist choose from any search results at all.

With inline order entry, if a clinician wants to place an order for Vicodin 5-300 mg per tablet, 1-2 tabs every six hours PRN for pain, she can use a delimiter to separate the details in the search field. She can enter the following text:

vic5\1-2tab q6h prn pain

The order then appears in order entry with the order details already set, and the clinician can sign the order without needing to open the Order Composer.

This feature is most commonly used by pharmacists, and rarely used by clinicians. Additional training is needed if you decide to implement this feature in order for clinicians to use it. Clinicians should use preference lists to find orders with the defined order details because this is a more efficient workflow for them and easily allows them to place multiple orders at once.

Inline order entry is available only if Willow Inpatient is installed.

1. In EMR System Definitions, access your profile and follow the path Medication, Allergy, Imm, etc. > General Options.
2. On the General Medications Options screen, in the Allow inline order entry field, enter Yes.

Let Clinicians Modify Details of Multiple Orders at the Same Time

When placing orders, clinicians choose from a number of order details to apply to the order in the Order Composer. Clinicians can use the Edit Multiple feature to apply the same details to multiple unsigned orders at the same time, rather than modifying them all individually. Clinicians can apply details to both medications and procedures in the Edit Multiple window. When only medications are selected, the fields specific to procedures are inactive, and vice-versa.

Edit Multiple

Select All
Show Details

Procedures

CBC WITH AUTO DIFF ONCE, tomorrow at 0600, For 1 occurrence, Routine

LIPID PANEL AM DRAW, First occurrence tomorrow at 0600, Until Specified, Routine, Lab Collect

Medications

dextrose 2.5 % and 0.45 % NaCl infusion 5 mL, Intravenous, at 100 mL/hr, CONTINUOUS, Starting on Mon 3/27 at 1100, Until Discontinued

Enter Details

Priority:	<input type="text" value="Lab Collect"/>	Medication Class:	<input type="text"/>
Procedure Class:	<input type="text" value="Lab Collect"/>	Quantity:	<input type="text"/>
Collection Date:	<input type="text"/>	Collection Time:	<input type="text"/>
Specimen Source:	<input type="text"/>	Specimen Type:	<input type="text"/>
Route:	<input type="text"/>		
Frequency:	<input type="text"/>		
	Start Date:	<input type="text"/>	
	Start Time:	<input type="text"/>	
	For:	<input type="text"/>	Occurrences Hours Days Weeks
	End Date:	<input type="text"/>	
Comments: <div style="border: 1px solid #ccc; padding: 5px; width: 100%;"> <div style="display: flex; justify-content: space-between;"> Append to original comments Replace original comments </div> <div style="margin-top: 5px;"> </div> </div>			

Clear
 Accept and Stay
 Accept
 Cancel

Clinicians can access the Edit Multiple window from many inpatient and outpatient order entry activities:

- The Manage Orders activity
- The New Orders section of the Medication Reconciliation navigators
- The Orders navigator section
- The visit taskbar
- The Medication Management navigator section
- The SmartSets navigator section
- The Express Lane navigator

To give clinicians access to the Edit Multiple button in the visit taskbar or the sidebar, refer to the following topics:

- For the visit taskbar: [Configure Available Actions and Information in the Visit Taskbar](#)
- For the orders sidebar for medication reconciliation: [Configure the Orders Sidebar for Medication Reconciliation](#)
- For the orders sidebar for Manage Orders: [Give Clinicians Access to Other Ordering Options](#)

To set up the Edit Multiple form, choose which items should appear in it. Create a separate list of items for inpatient and outpatient ordering contexts. You can do this in EMR System Definitions so that the same fields appear to all clinicians, or you can edit different profile records so that appropriate fields appear to different groups of clinicians.

Considerations

Items appear in the Edit Multiple window in the order you list them, with a few exceptions:

- The Comments field appears at the bottom of the window.
- The Normal/Standing/Future item always appears at the bottom, above the Comments field.
- The Frequency, Start Date, Start Time, and End Date fields always appear as a group if at least one of them is included in the Items list. They appear above the Comments and Normal/Standing/Future items.
- The Frequency, Start Date, Start Time, and End Date fields behave differently for inpatient and outpatient ordering sessions:
 - In inpatient-only ordering sessions, they behave as described above.
 - In the Ambulatory context, and in departments where dual-mode order entry is enabled, these four fields are not automatically grouped, and they appear in the order you list them. This also applies to long-term care departments that e-prescribe inpatient orders.

To set or change which order details clinicians can edit in the Edit Multiple window:

System-Wide

1. In Clinical Administration, access EMR System Definitions and follow the path Medication, Allergy, Imm, etc. > General Options.
2. Go to the Default Items screen.

USER EPIC	EPIC	Date: 01/28/16
INITIAL DEPT	General Options	Time: 3:50 PM
System Definitions *** Edit Mode ***		
Default Items		
The items on this screen affect both medication and procedure orders.		
Select context: Ambulatory		
Defaults.....: 1. Priority		
2. Class		
3. Modifiers		
4. Quantity		
5. Start Date		
6. Specimen Source		
7. Specimen Type		
8. Normal/Standing/Future Status		
9. Phase of Care		
10. Refill		
11. End Date		
Page Up to select a different context (Edit Mode only)		

3. In the Select context field, enter either Inpatient or Ambulatory.
4. Press Enter. The Defaults column is selected, and any items that already appear in the Edit Multiple window in that context appear.
5. In the Defaults (I LSD 10971) list, add the items you want to have available in the Edit Multiple window,

- such as the frequency and priority.
6. To enter items for a different context, you can press Page Up to clear the Select context field and enter a different context.

In a Profile

1. In Clinical Administration, open a profile record and follow the path Medication, Allergy, Imm, etc. > General Options.
2. Go to the Default Items screen.
3. In the Select context field, enter either Inpatient or Ambulatory.
4. Press Enter. The Items column is selected, and any items that already appear in the Edit Multiple window in that context appear.
5. In the Items (I LPR 10971) list, add the items you want to have available in the Edit Multiple window, such as the frequency and priority.
6. In the Additional Items (I LPR 10976) list, add the items you want to have available to clinicians when they click the Additional Items link.
7. To enter items for a different context, you can press Page Up to clear the Select context field and enter a different context.

Allow Clinicians to Create Edit Multiple Macros for Additional Order Types

Starting in August 2024

Clinicians can save commonly used default values as macros they can apply to lab, imaging, and medication orders. If you have a different procedure type for which your clinicians commonly update the values, you can allow users to make macros for that order type by adding the procedure order type to the profile record. To add additional procedure order types to your Edit Multiple macros beyond labs and imaging orders, you first need to review the existing order type mnemonics in your system's Compiled Configuration (HDF) record and configure one if it does not already exist. Then, create a category list value for that order type. Finally, associate that value with the order type mnemonic in the appropriate profiles.

Prerequisites

Before configuring additional order types, you need to identify the order type that applies to the orders you want to make available for macros and its mnemonic. If one doesn't exist, create a new one. Refer to the [Group Similar Procedures into Order Types](#) topic for more information on identifying these types and their mnemonics.

Create a Macro Order Type

Add the order type to the available macro types by adding a new value to the Order Types (I OTL 30030) category list:

1. In Hyperspace, open the Category List Maintenance activity.
2. In the Database field, enter OTL.
3. In the Item field, enter 30030-Order Types.
4. Click Add New Category and enter a title for the macro type, such as Referrals or TCU orders, for your macro order type. If you want to change the ID, you can edit the ID field.
5. Click Pend and then Save/Accept.

Configure the Edit Multiple Macro Procedure Order Type

Add the value from the Order Types (I OTL 30030) category list and order type mnemonic to the appropriate profile. You can select the system-level profile to make it available across your organization, or use a more specific profile for users who work with this order type:

1. In Clinical Administration, follow the path Management Options > Profiles (LPR).
2. Navigate to the Edit Multiple Macro Configuration screen.
3. Add the macro order type from the Order Types (I OTL 30030) category list to the Procedure Types (I LPR 34745) field.
4. Add the order type mnemonic from the Customer Specific Install Mnemonics to the Procedure Mnemonic (I LPR 34746) field.
5. If this is the first order type you are adding to this profile record, add Labs and Imaging as well. This screen overrides the default values of Labs and Imaging, so if you don't add them here, clinicians can't create macros for those order types. You don't need to add medications here because this setting applies only to procedures. Medications are always available in the Edit Multiple Macros form.
 - a. For labs, enter Labs in the Procedure Types field and ORD_LAB in the Procedure Mnemonic field.
 - b. For imaging, enter Imaging in the Procedure Types field and ORD_IMAGE in the Procedure Mnemonic field.

Use a Blank Quantity in a Procedure Order to Prompt Entry from Another User

When the number of times a procedure is performed would best be determined by another clinician, your clinicians can save time by pending an order with a blank Quantity field. For example, a consulting physician can pend a procedure order and leave the quantity up to the attending physician's discretion. When the subsequent user restores the pended order, the Quantity field is blank and required.

You can also use a similar workflow when configuring preference lists, Order Sets, or SmartGroup panels. Leaving the Quantity field blank in the preference list or base Order Set prompts every clinician placing that order from the preference list, Order Set, or SmartGroup panel to enter a value for that field.

To use this feature, you need to change a setting at the procedure or procedure category level. Note that the Order Composer configuration record associated with the procedure or procedure category needs to have Quantity set as a display item.

1. In Clinical Administration, follow the path Procedures, Scheduling > Procedures or Procedures, Scheduling > Categories.
2. Open a procedure or procedure category.
3. Go to the Default Procedure Status screen.
4. In the Default Quantity field, enter 0.

Let Clinicians View Order Reports in Order Entry

 February 2019 and Earlier

See Also

If you want to make sure inpatient clinicians can view specific reports while placing orders, Epic recommends including these reports in the Summary activity.

Note that any reports you have already configured to appear in the Order Entry activity have a type of 25-Inpatient Clinician Order Entry report. Reports you add to the Summary activity must have a type of 21-Inpatient Summary Report. Refer to the [Summary Activity Strategy section](#) for an overview of recommended reports, or the [Configure Which Reports are Available](#) topic for detailed instructions.

By including order reports directly in the Order Entry activity, you can give inpatient clinicians additional context when they place orders. For example, clinicians can view a report of recent lab results and make adjustments to his orders in response to those results.

The print group documentation in the Data Handbook contains instructions for setting up these reports and includes a complete list of print groups that you can use.

1. In Clinical Administration, access your facility or user profile and follow the path Procedure, Scheduling, Task > Reports, Order & Chart Review.
2. Access the Clinician Order Entry Reports screen.
3. In the Available Reports screen, enter the order reports you want clinicians to be able to see in the activity. Note that if you leave this field blank, clinicians are unable to access any reports.
4. In the Startup Reports column, enter the reports that you want to be immediately available when a clinician enters the Order Entry activity. These reports will be available as toolbar buttons. Enter up to eight reports.

The screenshot shows the 'Clinician Order Entry Reports' screen. At the top, it displays 'USER EPIC' and 'INITIAL DEPT' information, along with 'Date: 04/14/10' and 'Time: 1:22 PM'. Below this, the 'Profile Name' is listed as 'SYSTEM DEFINITION [Fixed Profile]' and the 'Profile ID' is '1'. The 'Clinician Order Entry Reports' section is highlighted. A note below states: 'The items on this screen affect both medication and procedure orders.' Under 'Available Reports', two items are listed: '1. 4084960501-Rx Order Entry u/Mx' and '2. 20004001-IP Labs 24h Nav'. An arrow points from this list to a toolbar button labeled 'Rx OE Meds Rpt'. Under 'Startup Reports', one item is listed: '1. 4084960801-Rx Order Entry u/ *'. The bottom section, 'Current Inpatient Medication Orders', lists an order for '* acetaminophen (TYLENOL) tablet 650 mg' with status 'Sent', route 'OR', frequency 'EVERY 4 TO 6 HOURS AS NEEDED', start time '06/16 1010', end time '07/06 2359', and 'R/O D/C' status.

Let Clinicians Designate New Orders as Inpatient or Outpatient

Clinicians can place inpatient and outpatient orders during the same ordering session if dual-mode order entry is enabled. When dual-mode order entry is enabled, the physician has the option to place during-visit or after-visit orders. During-visit orders include clinic-administered medications (that is, current medications that appear on the MAR) and during-visit procedures, which might be used by hospital outpatient departments. After-visit orders include prescriptions.

Note that using dual-mode order entry is not the same as using cross encounter ordering or applying phases of care, which are used to specify certain stages in a patient's procedure when orders should be released.

Allow Clinicians to Place Dual-Mode Orders in an Inpatient Department

1. In Clinical Administration, follow the path Facility Structure > Departments and open your department

record.

2. Access the Order Entry Ordering Mode Options screen.
3. In the Dual Mode in Inpatient Encounters? (I DEP 17545) field, enter Yes. This setting enables both order modes in inpatient encounters only and makes inpatient the default order mode.

Allow Clinicians to Place Dual-Mode Orders in an Outpatient Department

1. In Clinical Administration, follow the path Facility Structure > Departments and open your department record.
2. Access the Order Entry Ordering Mode Options screen
3. In the Dual Mode Ordering Default (I DEP 17530) field, enter Outpatient. This setting enables both order modes and makes outpatient the default mode.

Search for Both During-Visit and After-Visit Orders at the Same Time

Clinicians who practice in departments configured for dual-mode order entry can search inpatient and outpatient order modes by default. This means that both the During visit and After visit check boxes are selected when the clinician searches for orders. To see only one mode's matching orders, clinicians can clear the other mode's check box.

1. In Clinical Administration, follow the path Facility Structure > Departments/Units and open your department record.
2. Access the Order Entry Ordering Mode Options screen.
3. In the Dual Mode Search Both Modes (I DEP 17550) field, enter Yes.

Add an Extend Speed Button to Expiring Order Messages

To make it even easier for clinicians to address expired orders, you can configure Expiring Orders In Basket messages to include In Basket command button 2104-Auto Extend Order, which extends the order by a preconfigured amount of time with a single click. By default, the button extends an order's expiration date and expected date by 3 months.

Customize the Button

If you don't want to use the button's default behavior, copy the extension and command:

1. In Chronicles, go to the extension (LPP) master file and duplicate extension 265.
2. Open your copy and set the New Expiration Date and New Expected Date parameters as needed:
 - If both parameters are set, the button extends the expiration and expected dates according to their parameters.
 - If only one parameter is set, the button extends both dates according to that parameter.
 - If only one parameter is set and the order has only the matching date (for example, if New Expiration date is set and the order has only an expiration date), then only the date that is set is extended.
 - To prevent errors when a clinician uses the button, you must:
 - Set in at least one parameter.
 - Make sure that the New Expected Date is not later than the New Expiration Date.
3. Go to the In Basket Commands (HIC) master file and duplicate command 2104.

Set Up a Customized Message Type Definition

The command doesn't appear in Expiring Orders messages by default. To add the command to your message type definition, complete these steps:

1. If you already have a customized copy of definition 72-Expiring Orders, use it. If you don't, go to the Message Type Definition (HIS) master file and duplicate definition 72.
2. In Hyperspace, open the Message Type Definition activity (search: Message Type Definition; path: Epic button > Admin > In Basket > Message Type Definitions) and open your duplicate definition.
3. In the Command Buttons section, add command 2104 or your copy of it in the Buttons field.
4. If you made a custom button, update the name and extension used by the button:
 - a. In the Display Title field in General Settings, change the display name to indicate how long your button will extend an order.
 - b. In the Server Code field in the Code section, enter your duplicate extension.
 - c. Click Accept.
5. Click Accept in the Message Type Definition activity.

Attach the Message Definition Type to a Profile

1. In Clinical Administration, go to Management Options > Profiles. Open the profile you want to attach the message type definition to.
2. Select Hyperspace, In Basket and go to the In Basket Settings screen.
3. In the Message Type Definition Overrides section, enter Expiring Orders in the Message Type (LPR 1500) field and your definition in the Message Type Definition (LPR 1510) field.

Customize Expected Date, Expected Date Comment, and Expiration Date Options

When a future procedure date is less of a hard date and more of an estimate, clinicians can make that clear when ordering.

By default for Future orders, a few relative date buttons, such as 1 Month, appear next to the expected date and expiration date fields in the Order Composer. You can customize the buttons that appear for the Expected Date and Expires fields so that clinicians can quickly communicate that a procedure should be performed at a point in the future without entering a specific calendar date.

You can also configure options and buttons for expected date comments. Expected date comments allow clinicians to communicate that a procedure should be scheduled around a future event rather than on a specific date, such as After Consult or Before Surgery. Clinicians can enter an expected date, expected date comment, or both, and you can allow them to choose an Other button in the Comment field to leave a free-text comment.

The screenshot shows the Order Composer interface with the following configuration:

- Status:** Normal, Standing, Future (Future is selected).
- Expected Date:** A date input field followed by a calendar icon, with buttons for Today, Tomorrow, 1 Week, 2 Weeks, 1 Month, 2 Months, 1 Year, and Approx. (unchecked).
- Comment:** A dropdown menu with options: Before Surg (selected), After Consult, Before Next Appt, Before Surgery, and Other (specify).
- Expires:** A date input field showing 10/22/2016, followed by a calendar icon, with buttons for 1 Month, 2 Months, 3 Months, 4 Months, 6 Months, 1 Year, and 18 Months. The 1 Month button is selected.

Expected dates and expected date comments can also be mapped to an expiration date. For example, if you've set up an expected date comment to be Within 1 Month, you can map that value to an expiration date of M+1 so that

the expiration date is automatically filled out when a user selects the Within 1 Month option.

Showing expected dates and expected date comments is supported throughout the system in print groups and several report columns. Rule property 98200-Future Expected Date Comment Category is also available and returns the discrete category value for the expected date comment to use in rules. You can use this rule property, for example, to determine which orders appear in a schedule orders workqueue.

In some areas of the system, when a clinician enters a relative date (for example, 1 Month), it is translated to the corresponding absolute date (for example, 10/22/2016):

- Treatment plans and therapy plans use the absolute date when the orders are signed.
- Referral orders with an expected date use the absolute date as the referral's start date (I RFL 85).
- MyChart shows the absolute date so that it's clear when the procedure is expected if the patient views the expected date later. Any expected date comments are also shown.
- Procedure duplicate checks use the absolute date if an expected date is entered to determine if a procedure is a potential duplicate. If only an expected date comment is entered, the procedure is treated as a potential duplicate to any other future order just like it would be for orders without an expected date.

Run a Utility to Determine Frequently Used Expected Dates

You can run a utility on past orders to help determine which expected date and expiration date buttons to use at your organization. The utility generates a spreadsheet that suggests buttons based on common dates selected for orders placed during the time period that you specify. The spreadsheet shows:

- The current buttons and how many of the orders searched are covered by those buttons.
- The suggested buttons if you want to do only System Definitions-level setup and how many orders searched are covered by those buttons.
- The suggested buttons if you want to do procedure category-level setup as well and how many orders searched are covered by those buttons. You can also do procedure-level setup, but the utility does not suggest buttons for that level of detail.
- All orders considered by the utility and the date buttons they use. Values that are suggested buttons are highlighted in green.

To run the utility, complete the following steps:

1. In Clinical Administration, go to Management Options > Utilities; then:
 - Starting in August 2024: Application Utilities > Orders > Procedures > Expected/Expiration Date Search.
 - In May 2024 and earlier: Orders > Procedures > Expected/Expiration Date Search.
2. At the Start date prompt, enter the starting date for the search. By default, M-1 is used and the search through the past month's orders. The search date that you enter must be in the past.
3. At the End date prompt, enter the end date for the search. The end date can be no more than 6 months from the start date.
4. At the Maximum number of buttons to suggest prompt, enter the number of buttons that the utility should suggest. By default, the utility suggests seven buttons.
5. At the Minimum percent usage for a button prompt, enter the minimum percentage that a date must be used in order to be a suggested button. By default, a date must be used 1% of the time to be suggested as a button. Enter 0 to always suggest the maximum number of buttons, regardless of how often a date is used.

6. At the Enter server file name prompt, enter the location on the server where you'd like to save the search results.
7. Open the spreadsheet the utility created and determine if you need to change your button build using the steps that follow.

Create Category Values for Expected/Expiration Dates and Expected Date Comments

Next, you need to decide which relative date or expected date comments you need to create category values for.

The category list (I ORD 618) that you configure is used for both relative dates and expected date comments. Category values that are mapped to a Relative Date (I LSD 5410) in the next topic are considered a relative date option and can be used as either an expected date or an expiration date. If you do not enter a value in the Relative Date (I LSD 5410) field, the category value is considered an expected date comment. By default, the only expected date comment available is Other.

To set up new category values, complete the following steps:

1. In Hyperspace, open the Category List Maintenance activity:
 - Path: Epic button > Admin > General Admin > Category List Maintenance
 - Search: Category List Maintenance
2. Enter ORD in the Database field and 618 in the Item field.
3. Add the category values that you want to create.

Set Up Relative Dates and Date Comments at the EMR System Definitions Level

At the EMR System Definitions level, you can map expected and expiration date category values to relative date values, configure which expected date comments are allowed, and decide which buttons appear in the Order Composer.

1. In EMR System Definitions, go to Procedure, Scheduling, Task > Open Order, Scheduling, Task > Procedure Expected/Expiration Date Setup screen and configure the table to meet your organization's needs:
 - In the Date Value (I LSD 5400) field, enter an expected date category value. If you enter a value in the corresponding Relative Date (I LSD 5410) field, the value you enter here is considered a relative date option that can be used as either an expected date or an expiration date. If you do not enter a value in the corresponding Relative Date field, the value you enter here is considered an expected date comment and cannot be used as an expected date or an expiration date.
 - In the Relative Date (I LSD 5410) field, enter the date shortcut (for example, T, W+1, M+3, etc.) to use when a clinician selects this button as either an expected date or an expiration date.
 - In the Approximate? (I LSD 5415) field, specify whether the Approx. check box in Order Entry is automatically selected, automatically cleared, or not changed when a clinician selects the relative date option. Enter Yes to automatically select the Approx. check box, enter No to automatically clear the check box, or leave the field blank to not change the check box when the relative date option is selected. This field does not apply if the Relative Date field is left blank.
 - In the Expiration (I LSD 5420) field, enter the date shortcut (for example, T, W+1, M+3, etc.) to use as the expiration date when a clinician selects the corresponding expected date or expected date comment. For example, if you entered Today in the Date Value field and T in the Relative Date value field, you might enter W+1 in the Expiration field to indicate that the expiration date should be in one week when the clinician enters Today.
2. Access the Allowed Expected Date Comments screen.

3. In the Allowed Expected Date Comments (I LSD 5450) field, enter the list of expected date comments (for example, Before Surgery or Before Next Appt) that should be available when clinicians place Future orders. Starting in May 2024, February 2024 with special update E10805815, and November 2023 with special update E10709950, expected date comments specified in the Allowed Expected Date Comments (I LSD 5450) field appear as quick buttons in the Edit Multiple window and the search field does not appear. If more than ten options are specified at the EMR System Definitions level, the procedure category level, and the procedure level cumulatively, quick buttons do not appear in the Edit Multiple window, and the search box is used instead. If an expected date comment is specified at any of the three levels, it appears in the Edit Multiple window for all future outpatient procedure orders.
4. In EMR System Definitions, go to Procedure, Scheduling, Task > Display in Order Entry > Outpatient Order Composer Procedure Button Selections - 4 screen.
5. In the Expected Date (I LSD 5460) field, enter the list of expected date buttons that should appear in the Order Composer when clinicians place Future orders. The buttons are sorted chronologically.
6. In the Expected Date Comment (I LSD 5461) field, enter the list of expected date comment buttons that should appear in the Order Composer when clinicians place Future orders. If you enter a value in this field, it should also be entered in the Allowed Expected Date Comments (I LSD 5450) field. The buttons are sorted alphabetically, with the Other option always last. Starting in May 2022, all available options appear as quick buttons and the search field does not appear. When there are ten or fewer options and there aren't buttons manually configured. The search field is also hidden if all available options are already manually configured as buttons, regardless of the number of available options.
 - a. To automatically add buttons to the Order Composer and the Edit Multiple window, you must have the ORD Automatic Buttons in Composer feature, which is included in the standard EpicCare Ambulatory and EpicCare Inpatient license. If you're not sure whether you have this license, contact your Epic representative and mention parent SLG 3550868. Without this license, the search field does not appear only if all options are manually configured as buttons.
7. In the Expiration Date (I LSD 5470) field, enter the list of expiration date buttons that should appear in the Order Composer when clinicians place Future or Standing orders. The buttons are sorted chronologically.

Set Up Relative Dates and Date Comments at the Procedure or Procedure Category Level

At the procedure or procedure category level, you can configure which expected date comments are allowed, which buttons appear in the Order Composer, and what the default values are.

1. Open a procedure or procedure category record and go to the Allowed Expected Date Comments screen.
2. Enter the list of expected date comments that should be available when clinicians place Future orders in the Allowed Expected Date Comments (I EAP 10270 or I EDP 10270) field. Starting in May 2024, February 2024 with special update E10805815, and November 2023 with special update E10709950, expected date comments specified in the Allowed Expected Date Comments (I EAP 10270 or I EDP 10270) field appear as quick buttons in the Edit Multiple window and the search field does not appear. If more than ten options are specified at the EMR System Definitions level, the procedure category level, and the procedure level cumulatively, quick buttons do not appear in the Edit Multiple window, and the search box is used instead. If an expected date comment is specified at any of the three levels, it appears in the Edit Multiple window for all future outpatient procedure orders.
3. Go to the Outpatient Order Composer Button Selections - IV screen.
4. Enter values in the Expected Date (I EAP 10280 or I EDP 10280), Expected Date Comment (I EAP 10281 or I EDP 10281), and Expiration Date (I EAP 10290 or I EDP 10290) fields to set up buttons that should appear for clinicians in the Order Composer. Values entered at the procedure level override values entered at the procedure category level, which override values entered in EMR System Definitions. All available options

appear as quick buttons and the search field does not appear. When there are ten or fewer options and there aren't buttons manually configured. The search field is also hidden if all available options are already manually configured as buttons, regardless of the number of available options.

- a. To automatically add buttons to the Order Composer, you must have the ORD Automatic Buttons in Composer feature, which is included in the standard EpicCare Ambulatory and EpicCare Inpatient license. If you're not sure whether you have this license, contact your Epic representative and mention parent SLG 3550868. Without this license, the search field does not appear only if all options are manually configured as buttons.
5. To set up default values for the procedure or procedure category, access the Default Procedure Status screen (for procedure records) or Default Category Status screen (for procedure category records).
6. Enter a default value in the following fields. Values entered at the procedure level override values entered at the procedure category level, which override values entered in EMR System Definitions:
 - Expected Date (I EAP 10252 or I EDP 10252)
 - Approx? (I EAP 10254 or I EDP 10254)
 - Expected Comment (I EAP 10255 or I EDP 10255) field. This value must also be entered in the Allowed Expected Date Comments (I EAP 10270 or I EDP 10270 or I LSD 5450) field.
 - Expire Offset (I EAP 10257 or I EDP 10257) (November 2024 and earlier: Expiration date)
 - Expire Buffer (I EAP 10277 or I EDP 10277), available starting in February 2025

Require an Expected or Expiration Date

If a future order has an expected date documented, the system uses that date to determine when an overdue result message is sent. If a future order doesn't have an expected date documented, the system uses the expiration date instead. When a future order has neither date, the date the order is placed is used.

Optionally, you can configure profiles to require an expected date, expiration date, or both for future orders, which is then used as described above to determine when an overdue result message is sent. You can also configure this requirement in a procedure or procedure category for more specific use cases. Requiring an expected date also helps other users understand when the order should be performed. For example, when clinicians document an expected date, it's easier for lab techs to understand when to perform a test. Entering an expected date comment instead will still fulfill a requirement for an expected date.

If you want to require expected date or expiration date only for clinicians placing orders in ordering activities such as the Visit Taskbar and not for users for Ancillary Orders, you can configure Ancillary Orders to ignore expected date and expiration date requirements. See the [Configure the Appearance of the Order Composer](#) topic for more information.

By default, neither the expected date nor the expiration date is required.

To configure a profile to require one or both of these dates:

1. In Clinical Administration, open a profile and go to Procedure, Scheduling, Task > Open Order, Scheduling, Task.
2. On the Future Orders Options screen, set the Required dates for future orders (I LPR 1120) field and enter one of the following values:
 - Expiration Date
 - Expected Date
 - Both Expected and Expiration

To configure a procedure or procedure category to require one or both of these dates:

1. In Clinical Administration, open a procedure or procedure category record.
2. On the Additional Expected Date Settings screen, set the Required dates for future orders (I EAP/EDP 10275) field and enter one of the following values:
 - None
 - Expiration Date
 - Expected Date
 - Both Expected and Expiration

Hide Expiration Date for Future Procedures

Starting in August 2024

The expiration date field appears by default for future procedure orders. This allows clinicians to change the date after which the procedure expires and can no longer be scheduled or completed. It might not be appropriate for clinicians to change the expiration date for all procedures at your organization. For example, changing the expiration date for a procedure that generates an appointment request can cause it to expire before the appointment is scheduled. You can hide the expiration date field for procedures or procedure categories to prevent clinicians from changing the expiration date:

1. In Clinical Administration, open a procedure or procedure category record.
2. On the Additional Date Settings screen, set the Hide expiration date for future orders? (I EAP/EDP 10276) field to Yes.

To hide the expiration date field at the profile level:

1. In Clinical Administration, open a profile and go to Procedure, Scheduling, Task > Open Order, Scheduling, Task.
2. On the Future Orders Options screen, set the Hide expiration date for future orders? (I LPR 1160) field to Yes.

Note that if the expiration date field is required for an order as determined by the Required dates for future orders (I EAP/EDP 10275 and I LPR 1120) fields, the expiration date field still appears in the Order Composer.

Use Relative Gestational Age (GA) Shortcut to Calculate Expected and Expiration Dates for Pregnant Patients

Starting in November 2025

To help clinicians caring for pregnant patients who need orders to start on a date when the patient is a specific gestational age (GA), you can add relative GA quick buttons to calculate the date when the patient will be that GA. For more information on setting this up for obstetric patients, go to the [Set Up Relative Gestational Age Ordering](#) topic.

Configure or Remove the Nearby Check Box in the Providers Window

Clinicians can shorten the list of available ordering or authorizing providers when placing an order by selecting the Nearby checkbox in the Providers window, which filters the providers to those near them. This feature helps ensure that the wrong provider is not accidentally associated with an order when providers have similar names or the entering clinician doesn't know the provider's full name. This means that providers receive fewer verbal or cosign deficiencies that don't apply to them.

By default, the checkbox filters the providers users can select based on whether any of the postal codes in the ZIP

(I SER 21060) field are close to the patient's encounter or the user. The system determines which postal codes are near each other using the data in the Nearby Postal Codes (I EZP 400) item for a postal code. You can change the checkbox to filter providers based on their associated service area or revenue location or remove the checkbox if it isn't helpful. For example, you might remove the checkbox for users who transcribe orders from a centralized scheduling department because they need to select providers from any location. The Nearby checkbox is selected by default when the Providers window appears, but you can configure it to be cleared when the window opens.

Note the following considerations that explain how the checkbox works with other provider filtering options in the Providers window:

- The Nearby filter does not remove any providers that appear by default in the Providers window if you use provider defaulting.
- Unlike the Treatment team check box, entered providers aren't removed when a user selects the checkbox.
- Users can't create providers using Provider on the Fly when the checkbox is selected.
- For organizations in the U.K., if you have enabled users to search for external providers in the Providers window by setting the Use external lookup (I LPR 8545) field to Yes, the checkbox does not appear.

The screenshot shows the 'Providers' window with the following interface elements:

- Header:** 'Providers' at the top left and a close button 'X' at the top right.
- Filtering:** A 'Filter' section with two checkboxes: 'Treatment team' (unchecked) and 'Nearby' (checked, highlighted with a red border).
- Order mode:** A dropdown menu showing 'Verbal with readback' (selected), 'Telephone with readback', 'Per protocol: cosign required', and 'Per protocol: no cosign required'.
- Ordering provider:** A search bar containing 'INTERNAL MEDICINE, PHYSICIAN' with a magnifying glass icon.
- Authorizing Providers:** A section for medications with a search bar containing 'INTERNAL MEDICINE, PHYSICIAN' and a magnifying glass icon.
- Entry Comments:** An empty text area for comments.
- Action Buttons:** At the bottom right are 'Accept' (green checkmark icon) and 'Cancel' (red X icon) buttons.

Enable the Provider Master File for EnROL

If you haven't enabled the Provider (SER) master file for EnROL, you need to enable it to use this feature. Follow the steps in the [Enable EnROL for a Master File](#) topic to enable the master file for EnROL. Then follow the steps in the [Verify Indexes](#) topic to re-build the EnROL Word Index for the Provider master file.

Determine Which Providers and Places are Considered Nearby

To change providers' postal codes or determine which postal codes are nearby, refer to the [Determine Which Providers and Places Are Considered Nearby](#) topic.

Change How the Nearby Check Box Works

1. In Clinical Administration, open a profile.
2. Go to Procedure, Scheduling, Task > Cosign, Acknowledgement.
3. Go to the Order Provider Options screen.
4. In the Additional provider filter by (I LPR 8319) field, enter one of the following options. If you want to use options 1 or 2, work with your organization's provider (SER) administrator to ensure that the item is filled out for your providers.
 - 1-Service Area. Restricts the available providers to those whose service area (I SER 1610) matches the service area of the patient's encounter.
 - 2-Location. Restricts the available providers to those whose location (I SER 1600) matches the location of the patient's encounter
 - 3-Nearby Encounter. Restricts the available providers to those whose postal code (I SER 21060) is the same as or close to the user's postal code or the postal code of the department or location associated with the patient's encounter.
 - 4-None. Removes the Nearby checkbox from the Providers window.
5. In the Apply additional provider filter by default? (I LPR 8321) field, enter Yes or No to determine whether the Nearby checkbox is selected or cleared by default.

Automatically Pull In the On-Call Provider for Consult Orders

Starting in February 2020

If your organization uses the [On-Call Provider Schedule](#), you can automatically pull the appropriate on-call provider into the To field of a consult order, so that the clinician placing the consult order doesn't need to leave the patient's chart and jump to the On-Call Finder to look up who is on call for that specialty.

The screenshot shows the 'Inpatient consult to Cardiology' dialog box. The 'To:' field is highlighted with a red border and contains the text 'DAVIS, CAROL'. Other fields include 'Priority' (Routine), 'Consult' (From: [empty], To: DAVIS, CAROL), 'Reason for Consult?', 'Level of Consultation' (Consultation Only), 'Did you contact the consultant?' (Yes), and 'Comments' (Add Comments (F6)). Buttons at the bottom include 'Next Required', 'Link Order', 'Accept', and 'Cancel'.

You can do this using copies of after-defaulting extension 36087-IP On Call - Default On Call Provider for Consult Orders. First, determine which provider roles, as defined in the EPT 18869 category list, should be pulled in for each specialty's consult orders. You can set a hierarchy of up to three roles in each copy of the extension, so you might need to create more than one copy of the extension if different specialties assign consult orders differently. For example, if your cardiology department wants consult orders to go to an on-call resident, with an attending cardiologist as a backup if no resident is available, you would list the roles in that order. When a clinician places a specialty consult order for a patient, the system checks the on-call schedule for the patient's location. If there is only one on-call provider for that specialty with the first role you list, that provider is

automatically pulled into the consult order. Otherwise, the system moves on to the next role you list.

1. In Chronicles, go to the Extension (LPP) master file and create a copy of extension 36087-IP On Call - Default On Call Provider.
2. Open your copy of the extension and go to the Parameters screen.
3. In the On-Call Roles to Search parameter, enter up to three roles in the order you want to prioritize them for consult orders. This parameter is required.
4. Optionally, change the other editable parameters as needed:
 - If you don't want to automatically fill in an on-call provider for specific consult orders, list these orders in the Procedures to Exclude parameter.
 - If you want to fill in an on-call provider for consult orders to certain specialties only, or if you want to exclude certain specialties, list these specialties in the Specialties to Include or Exclude parameter. If you leave this parameter blank, this extension is used for consult orders to all specialties.
 - Set the Include Specialties? parameter to 1 if you want to use this extension for only the specialties listed above. If you leave this parameter blank, the specialties listed above are excluded.
5. In Clinical Administration, open an appropriate profile for clinicians who place consult orders and follow the path Procedure, Scheduling, Task > General Options.
6. Go to the Orders Extensions I screen.
7. In the After Defaulting (I LPR 8250) field, add your copy of extension 36087.

Let Clinicians Designate an Appointment Window

To keep clinicians and schedulers on the same page about procedure orders, you can give clinicians access to a field to specify a window of time in which the procedure should occur. When a clinician places an order for a future appointment, he can specify the time window, and then when the order appears in the scheduler's workqueue, she can reference the times that the clinician set and aim to schedule within those times.

The screenshot shows the 'Therapy Plan' tab selected in the left sidebar. The main area contains various scheduling parameters: Status (Normal, Standing, Future), Expected Date (S+365 days), Expires (1 Year), Priority (Routine, Today, STAT, ASAP), Class (Normal, Charge Now, Back Office, Historical Med), Sched Inst. (Scheduler instance dropdown), Sched. Duration (minutes), Sched. Tolerance (1/3 Any/3 3/Any No restrictions), and Appt. Window (two time pickers separated by a minus sign). The 'Appt. Window:' field is circled in red.

If you configure this display item, let your clinicians know about the field and which procedures it is available for. Also let your schedulers know that they can expect to see this information in the orders they receive, and that they should schedule procedures within the time windows indicated.

Order Details			
Proc category:	Procedures	Class:	Normal
Standing status:	Normal	Order status:	Sent
Enc provider:	Elsas, Jim	Enc department:	Nbe Family Practice
Order date:	11/3/2017	Order user:	Elsas, Nate, MD
Visit type:	LAB	Appointment Window:	8:00 AM - 10:00 AM

To add the Appointment Window display item to the Order Composer, follow the instructions in the [Determine Which Details Clinicians See in the Order Composer](#) topic, using display item 153-Appointment Window.

You can also set up quick buttons for this field to save clinicians time when answering these questions. To customize your quick buttons:

1. In Clinical Administration, open a Procedure (EAP) record and navigate to the Appointment Window Button Selections screen.
2. In the Start Time (I EAP 16030) and End Time (I EAP 16031) fields, enter two times that should signify a button with a time range. For example, if you enter 11:00 AM as a start time and 1:00 PM as an end time in one row, that row creates a button that appears as "11:00 AM - 1:00 PM". Refer to the help text to see what formats can be used for time entry.

Warn Clinicians When No Appointments Are Available on a Procedure's Expected Date

Starting in May 2019

You can warn clinicians that the expected date they've specified for a procedure order in the Order Composer has no available appointment slots for the selected department. This lets them reselect a better date for the appointment and saves time for schedulers.

This feature was developed specifically for organizations in Singapore and works only in specific contexts and situations. Because we don't currently recommend using it due to these limitations, contact your Epic representative and mention parent SLG 4336992 to review the capabilities of this feature before implementing it.

To use this feature, you must have the Cadence Order Up Scheduling license, which is included in the standard Cadence license. If you're not sure whether you have this license, contact your Epic representative and mention parent SLG 3550868.

The warning is configured in the profile and in procedure (EAP) and procedure category (EDP) records of the orders for which it should appear:

1. First, enable the warning in the profile:
 - a. In Clinical Administration, go to Management Options > Profiles (LPR) and open the appropriate profile record.
 - b. Go to Procedure, Scheduling, Task > Order Validation and access the Procedure Order Validation - 2 screen.
 - c. In the Enable schedule availability alerts (I LPR 10295) field, enter 1-Yes.
 - d. In the User for determining security (I LPR 10296) field, enter a placeholder user record that has the appropriate Cadence security for checking scheduling availability. If no user record is specified, the ordering clinician won't see the warning unless his own user record has the appropriate Cadence security.
2. Then, enable the warning for the appropriate procedures or procedure categories:
 - a. In Clinical Administration, go to Procedures, Scheduling and open the appropriate record.
 - b. On the Additional Expected Date Settings screen, enter 1-Yes in the Enable schedule availability alert (I EAP 10295 or I EDP 10295) field.
3. Finally, work with your Epic representative to specify an availability threshold in number of days using the configuration described in parent SLG 4336992.

Warn Clinicians When a Patient's Prescription Will Run Out Before an Appointment

 Starting in May 2019

You can warn clinicians that a patient's supply of a particular medication might run out before the appointment for the procedure they're placing will occur, allowing them to set an earlier expected date for the procedure if it is important that the patient not exhaust the supply of their prescription before attending their appointment.

This feature was developed specifically for organizations in Singapore and works only in specific contexts and situations. Contact your Epic representative and mention parent SLG 4336992 to review the capabilities of this feature before implementing it.

To use the warning, specify the appropriate procedure categories in the profile:

1. In Clinical Administration, go to Management Options > Profiles (LPR) and open the appropriate profile

- record.
2. Go to Medication, Allergy, Imm, etc. > Order Validation and access the Medication Order Validation screen.
 3. In the Enable medication end date checks? (I LPR 10230) field, enter 1-Yes.
 4. In the Procedure order types to consider (I LPR 10231) field, enter the list of procedure order types for which clinicians should be warned when a patient's medication supply will possibly run out before the procedure's expected appointment date.

Support Regulatory Requirements for Information Shown to Pharmacists for Opioid Prescriptions

To combat the opioid crisis, many state and federal legislatures have passed laws restricting when, how, and in what amounts opioid medications can be prescribed to patients.

Some of these regulations establish requirements for information accompanying an opioid prescription when communicated to a pharmacist. For example, regulatory requirements in the state of Massachusetts require that all opioid prescriptions contain text indicating that a patient may request to have her prescription only partially filled.

To meet these various regulatory requirements, you can automatically add text to the Note to Pharmacy field for opioid prescriptions.

Refer to the [Opioid Management Strategy Handbook](#) for general information about managing opioid prescriptions and preventing abuse using Epic.

To show required information to pharmacists for opioid prescriptions, use after defaulting extension 500-Med Note to Pharmacy to automatically add SmartTexts to opioid prescription Note to Pharmacy comments.

To use the extension, first create the SmartText that shows the required information:

1. In Hyperspace, access the SmartText Editor (search: SmartText) and create a new SmartText record.
2. In the body of the SmartText, enter the appropriate text as required by regulation. For example, organizations in Massachusetts can enter "Partial fill OK at patient request" or a similar message.
3. On the Restrictions tab, enter 10-MR Orders in the Functional Type field.
4. On the General tab, select the Released checkbox.

Then, create and configure a copy of extension 500:

1. In Chronicles, access the Extensions (LPP) master file.
2. Select Enter Data > Duplicate Extension. Duplicate extension record 500.
3. In your extension's eighth parameter, enter the ID of your SmartText in the fourth piece.
4. In the tenth and eleventh parameters, enter caret-delimited strings of any medication grouper records and medication DEA classes that your organization uses to group the opioid medications that fall under this regulatory requirement.

Then, specify your copy of the extension in the appropriate profiles:

1. In Clinical Administration, select Management Options > Profiles (LPR) and open a profile record.
2. Select Medication, Allergy, Imm, etc. > General Options. On the Orders Extension I screen, enter your extension in the After defaulting (I LPR 8250) field.

Define Default SmartTexts to Use When Ordering Details Are Changed

When an ordering provider changes the order class on an order, you can define default SmartTexts to pull in for:

- Scheduling instructions.
- Process instructions.
- Order-specific comments.
- Additional comments.
- Session comments written by EpicCare Link users in February 2020 and later versions.

Starting in February 2019, you can also pull in these default SmartTexts when an ordering provider changes the referred to department. This configuration applies when a provider changes the department both in Hyperspace and in EpicCare Link when Referral Information is entered in the Display Items (I OCC 2000) field of an order in EpicCare Link. Process instructions are updated automatically when the order class or referral department is changed. For order-specific comments, session comments, additional comments, and scheduling instructions, the provider is prompted to accept the changes to the SmartTexts.

If you've set up default values based on both the order class and referral department, the system uses the following logic to determine which default SmartTexts to use when an ordering provider changes the order class or referred to department:

- The system looks for the first exact match based on the order class and/or referred to department selected for a procedure.
- If there is no exact match, the system looks for the first line that matches the changed value where the other item is blank. For example, if a user changes the order class in the Order Composer from Normal to External Referral and the referred to department is EMC Clinic, the system looks for the first line where the Class (I EAP 10641 or I EDP 10641) field is set to External Referral and the Referred To (I EAP 10642 or I EDP 10642) field is left blank.
- If there is no match on the changed item, the system looks for the first line that matches the other value where the changed item is blank. For example, in the previous scenario, the system looks for the first line where the Class field is left blank and the Referred To field is set to EMC Clinic.
- If there is no match in the procedure record, the system uses the same logic to check the procedure category record's settings.
- If there are no matches in the procedure or procedure category records, all the SmartTexts are cleared from the order.

The steps to configure these settings differ depending on your version. If you're upgrading to February 2019, two conversions run to move your existing settings to the new items and screens. Before the conversions finish running, your settings appear on the Procedure SmartTexts Settings screen, but the item numbers from November 2018 and earlier are used and the Referred To Dept field doesn't appear.

Starting in February 2019, complete the following steps after the conversions finish running:

1. In Clinical Administration, go to Procedures, Scheduling > select Procedures (EAP) to configure these settings at the procedure level or Categories (EDP) to configure these settings at the procedure category level.
2. On the Procedure SmartTexts Settings screen, configure the settings that apply to your organization:
 - In the Class (I EAP 10641 or I EDP 10641) field, enter the order class that should be associated with the SmartTexts you enter.
 - In the Referred To Dept (I EAP 10642 or I EDP 10642) field, enter the referral department that

should be associated with the SmartTexts you enter.

- In the Comments ETX (I EAP 10651 or I EDP 10651) field, enter the SmartText that should be pulled in to the comments for the order when the order class or referral department is changed.
- In the Scheduling ETX (I EAP 10640 or I EDP 10652) field, enter the SmartText that should be pulled in to the scheduling instructions for the order when the order class or referral department is changed.
- In the Process ETX (I EAP 10650 or I EDP 10653) field, enter the SmartText that should be pulled in to the process instructions for the order when the order class or referral department is changed.
- In the Addl Comments ETX (I EAP 10670 or I EDP 10654) field, enter the SmartText that should be pulled in to the additional comments for the order when the order class or referral department is changed.
- Starting in February 2020: In the Session Comments (I EAP 10680 or I EDP 10655) field, enter the SmartText that should be pulled in to the Session Comments field when the order class or referral department is changed for EpicCare Link orders.

In November 2018 and earlier, complete the following steps:

1. In Clinical Administration, go to Procedures, Scheduling > select Procedures (EAP) to configure these settings at the procedure level or Categories (EDP) to configure these settings at the procedure category level.
2. To configure a SmartText to pull in to the comments in the Order Composer when the order class is changed:
 - In a procedure record, go to the EpicCare Settings screen. Enter the order class in the Class (I EAP 10600) field and the SmartText in the Comments SmartText (I EAP 10630) field.
 - In a procedure category record, go to the Category Setup screen. Enter the order class in the Class (I EDP 10600) field and the SmartText in the SmartText (I EDP 10630) field.
3. To configure a SmartText to pull in for scheduling instructions, process instructions, and additional comments, go to the Order Class Specific Instructions screen. Configure the settings that apply to your organization:
 - In the Class (I EAP 10641 or I EDP 10600) field, enter the order class that should be associated with the SmartTexts you enter.
 - In the Scheduling ETX (I EAP 10640 or I EDP 10660) field, enter the SmartText that should be pulled in to the scheduling instructions for the order when the order class is changed.
 - In the Process ETX (I EAP 10650 or I EDP 10650) field, enter the SmartText that should be pulled in to the process instructions for the order when the order class is changed.
 - In the Addl Comments ETX (I EAP 10670 or I EDP 10670) field, enter the SmartText that should be pulled in to the additional comments for the order when the order class is changed.

Let Clinicians Order Free-Text Prescriptions



This feature is available for different locales starting in different versions:

- It's available for Australia and Canada starting in November 2025.
- It's available for the Netherlands starting in November 2023.
- It's available for Belgium in all versions.

Custom-produced medications, also known as "Magistrale" products in Belgium, are prepared by a pharmacy to meet an individual patient's needs, so physicians might not be able to use an existing medication (ERX) record to fully communicate their clinical intent to the pharmacy. Complete the following setup to create a free-text medication order that clinicians can use for these prescriptions.

Considerations

- This setup applies to outpatient prescriptions only.
- Free-text medications can't be ordered in Haiku.

You must use a free-text order-specific question (LQL) for your free-text medications. When clinicians respond to the question, the free-text response becomes the display name for the prescription, letting the pharmacy know why they're ordering a specific medication. This order-specific question should be advised and uses a hierarchy to determine whether the question should appear as required or recommended for clinicians. For more information about how the order-specific question hierarchy works, refer to the [Control Whether a Question Is Required](#) topic.

- For organizations in Canada, Belgium, or the Netherlands, use order-specific question record 68050-Free-Text Medication Name.
- For organizations in Australia, use order-specific question record 68050-Free-Text Medication Name or create a custom free-text order-specific question record.

To create a new free-text order-specific question:

1. In Hyperspace, open the Order-Specific Question Editor.
2. Create a new free-text order-specific question. For more information about creating order-specific questions, refer to the [Let Clinicians Answer Questions Related to Their Orders](#) topic.
3. Select the Advised? (I LQL 150) checkbox to make the question recommended or required based on the user's profile settings.

To create a medication record to use for free-text prescriptions:

1. In Clinical Administration, follow the path Meds, Allergens, Imm, etc. > Medications (ERX) and create a new medication record.
2. Leave the following fields on the General Medication Information screen blank:
 - Template Type (I ERX 405)
 - CNR Type (I ERX 407)
 - Orderable Type (I ERX 412)
3. Go to the Simple Generic Medication screen. In the Are all orders for this record considered the same medication? (I ERX 6910) field, enter No.
4. Go to the Free-text Medication Settings screen. In the Use as 'free-text' medication? (I ERX 6805) field, enter Yes.
5. Go to the Outpatient Order Defaults screen. In the Allow Non-Discrete Sig? (I ERX 6080) field, enter Yes.
6. Go to the Medication Order Name Extensions screen. Enter extension 68050-ORD AMB Free-Text Rx Name in the Outpatient Order Entry (I ERX 3001) and Outpatient After Ordering (I ERX 3002) fields. In August 2025 and earlier, you must also add the extension to the E-Prescribing (I ERX 3004) field.
7. Go to the Order Specific Questions screen. In the Outpatient Questions (I ERX 10300) field, enter the order-

specific question record you created or enter 68050-Free-Text Medication Name.

8. Go to the Prior to Admission Composer Configuration screen. In the Prior to Admission Questions (I ERX 10310) field, enter the same order-specific question as step 7.

Create an Order Composer configuration (OCC) record to use with this order:

1. In Clinical Administration, follow the path Meds, Allergens, Imm. etc. > Order Composer Config (OCC) and create a new record.
2. On the Order Composer Configuration screen, enter the following:
 - In the Ordering Type (I OCC 110) field, enter Medication.
 - In the Ordering Context (I OCC 120) field, enter Ambulatory
3. Go to the Medication Items screen.
4. In the Display Items (I OCC 3000) field, enter Questions as the first display item and Group Separator as the second display item. This configuration makes the order-specific question appear at the top of the Order Composer.
5. Add whichever additional display items you want to appear in the Order Composer for free-text medications.
6. In Clinical Administration, follow the path Meds, Allergens, Imm, etc. > Medications and open the medication record you created for free-text medications.
7. Go to the Order Composer Configuration screen. In the Context (I ERX 24200) column, enter Ambulatory. In the corresponding Configuration (I ERX 24210) column, enter the Order Composer configuration record you created.

If you create a custom order-specific question for free-text medications, you must update the Customer Specific Install Mnemonics in the Shared Configuration (HDF) master file:

1. In Clinical Administration, follow the path Management Options > Complete Configuration (HDF) > and open record 1-Compiled Configuration.
2. Go to the Customer Specific Install Mnemonics screen.
3. In the Mnemonic (I HDF 2105) field, enter FREE_TEXT_MEDICATION_LQL.
4. In the corresponding Value (I HDF 2115) field, enter your free-text order specific question ID.

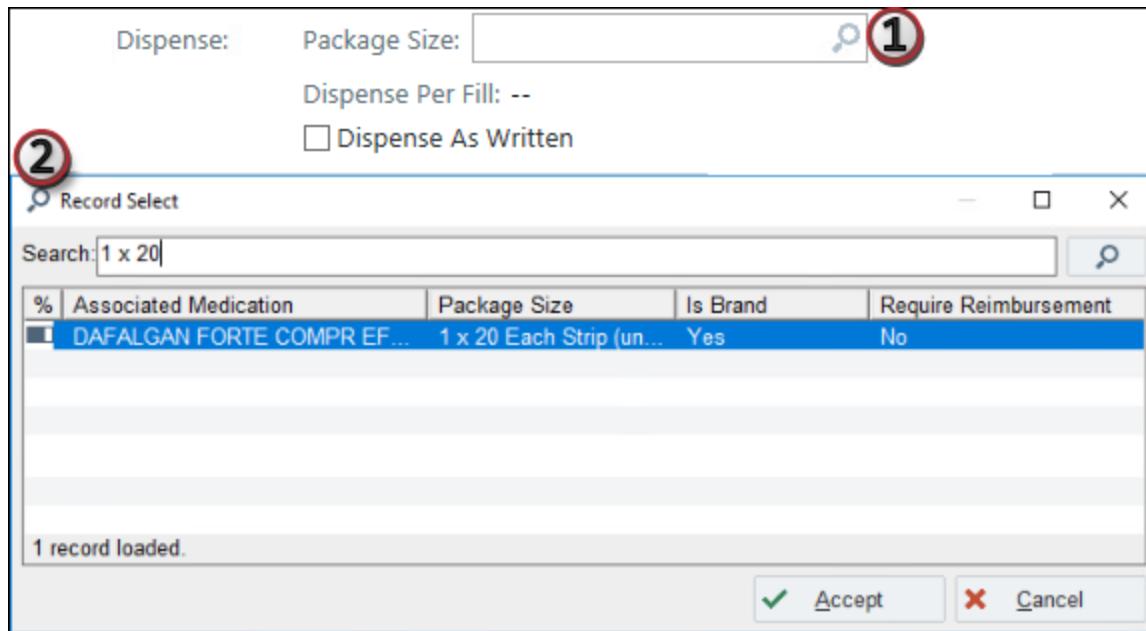
Let Clinicians Search by Package Size When Ordering by Package

 Starting in November 2019



This feature applies to organizations in countries that use dispense-by-package workflows, such as Denmark, Finland, and Norway. If your organization is in Switzerland, refer to the [Limit Packages Clinicians can Select When Ordering by Package](#) topic instead.

At organizations that use a dispense-by-package workflow, if clinicians need to order a medication package that doesn't have a quick button in the Order Composer, they must use the Package Size (1) field to search for available packages. By default, this field allows clinicians to search by the package's NDC record name, which usually starts with the name of the medication, or its 11-digit NDC code. However, you can make this search more intuitive by allowing them to search for the actual package size (2) as well.



To do so, you must enable EnROL (the Enhanced Record Lookup search engine) for the NDC master file. This setup requires Chronicles security point 14400-Dictionary, as well as access to the Database Administrator Tools menu for step 4. Work with your Chronicles administrator as needed to perform this setup:

1. In Chronicles, access the National Drug Code (NDC) database.
2. Follow the path Dictionary > Database Setup Menu > Database Definitions > Custom Definitions and go to the second Custom Definitions screen.
3. In the Build EnROL? field, enter Yes.
4. Work with your Chronicles administrator to build the EnROL word index for the NDC database. To do so, they must access the Database Administrator Tools menu and run the Index Verifier for the NDC database. Refer to the [Verify Indexes](#) topic for detailed instructions.
5. After the index verification process is complete, return to the NDC database in Chronicles and follow the path Dictionary > Database Setup Menu > Database Definitions > Custom Definitions.
6. On the first Custom Definitions screen, enter Yes in the Continue name search after ID match? field.
7. On the second Custom Definitions screen, enter No in the Suppress EnROL in search? field.

Limit Packages Clinicians Can Select When Ordering by Package

Starting in August 2023



This feature is available for organizations in Switzerland only. If your organization is in Denmark, Finland, or Norway, refer to the [Let Clinicians Search by Package Size When Ordering by Package](#) topic instead.

At organizations that use a dispense-by-package workflow, clinicians can filter packages by the medication list of the clinic dispense pharmacy.

To filter packages by the medication list, you must have the ORD Meds Order by Type license. If you're not sure whether you have this license, contact your Epic representative and mention parent SLG 3550868.

When a clinic dispense order class is selected, a lock icon appears next to the package selection field. A closed lock filters to active packages available from the clinic's stock. Note if a brand medication was selected from the

preference list browser, only packages from the brand appear.

The screenshot shows the dispensing interface for Prednisolon 20 mg Tabletten. The 'Amount' section is set to 'Order by Package'. The package search bar contains 'PREDNISOLON STREULI TABL 20 MG'. The results table shows two entries:

NDC Code	Associated Medication	Package Size
709709	PREDNISOLON STREULI TABL 20 MG	1 x 20 Each Blist
1580519	SPIRICORT FILMTABL 20 MG	1 x 20 Each Blist

Total Supply: Unable to calculate

Dispense As Written

Clicking the lock icon removes the filtering. An unlocked icon displays all active packages for the medication. Selecting a package that is not listed on the clinic's medication list displays a warning that the package might not be available at the clinic.

The screenshot shows the dispensing interface for Prednisolon 20 mg Tabletten. The 'Amount' section is set to 'Order by Package'. The package search bar contains 'PREDNISOLON STREULI TABL 20 MG'. The results table shows multiple entries, including some that are not on the clinic's medication list:

NDC Code	Associated Medication	Package Size
1102406	PREDNISOLON STREULI TABL 20 MG	1 x 500 Each Ds
709709	PREDNISOLON STREULI TABL 20 MG	1 x 20 Each Blist
1580519	SPIRICORT FILMTABL 20 MG	1 x 20 Each Blist
6497728	SPIRICORT FILMTABL 20 MG	1 x 100 Each Blist
708727	PREDNISOLON STREULI TABL 20 MG	1 x 100 Each Blist

To configure the filtered package list:

1. Set up a clinic dispense (with charge) or clinic dispense (without charge) order class in the order composer.
- In Hyperspace, open Category List Maintenance and create the clinic dispense order classes in the Order Class (I ORD 60) category list. Refer to the [Add a Value to a Category List](#) topic for more information about using Category List Maintenance.
 - In Clinical Administration, follow the path Management Options > Edit System Definitions (LSD) and access the Medication Order Classes – 2 Screen (S LSD 7452).
 - Enter the order class to be selected for dispense orders with charges to the patient (I LSD 6300).
 - Enter the order class to be selected for dispense orders without charges to the patient (I LSD 6305).
 - Optional: Enter a label to show for the Order Class display item (I LSD 6310). If not specified, "Order Class"

displays as the label for outpatient medications.

Note that if an unsigned order is set to the order class in I LSD 6300 or I LSD 6305, it does not appear on the pharmacy association grid.

2. Add the clinic dispense pharmacy in the patient's encounter department. Follow the path Clinical Administration > Facility Structure > Departments > Enter Department Name > Clinic Dispense Pharmacy (I DEP 17655).

Refer to [Create Pharmacy Records for Dispense Locations](#) and [Dispense Outpatient Prescriptions Using Inpatient Tools](#) topics for more information.

3. Create a medication list and attach it to the prescription formulary for outpatient mode orders (I PHR 801) or formulary for inpatient mode orders (I PHR 800) field of the clinic dispense pharmacy. Note that I PHR 801 takes precedence over I PHR 800 if they have different medication lists. If there is no outpatient medication list, the system uses the inpatient medication list. Follow either of the following paths:

- Follow the path Clinical Administration > Meds, Allergens, Imm, etc. > Pharmacies > Enter Pharmacy Name > Outpatient Medication List (I PHR 801).
- Follow the path to Pharmacy Admin > General Tab > Medication List.

Refer to the [Build Your Central Pharmacy Medication List](#) topic for instructions on creating a medication list.

Customize the "Recorded" Label in the Order Composer for Weight, Height, and BSA

The Order Composer uses the label "Recorded" by default when describing the weight, height, and body surface area (BSA) entered for a patient. Prior to August 2020, you can change this descriptor for weight, height, and BSA by setting the Recorded weight name override (I LSD 7690) field. Starting in August 2020, this field controls only weight and height, and you can use a different descriptor for BSA with the Recorded BSA name override (I LSD 7691) field.

To override the "Recorded" label:

1. In EMR System Definitions, follow the path Medication, Allergy, Imm, etc. > Dosing, Rate Calculation.
2. Go to the Weight-Based Dosing - 2 screen.
3. Enter the label you want to use in the Recorded weight name override (I LSD 7690) field.
 - If this field is left blank, "Recorded" is used.
 - Starting in August 2020, this field applies to weight and height.
 - Prior to August 2020, this field applies to weight, height, and BSA.
4. Starting in August 2020, enter the label you want to use for BSA in the Recorded BSA name override (I LSD 7691) field. If this field is left blank, "Recorded" is used.

Let Clinicians Place a Single Order for Prescriptions with Multiple Packages

★ **August 2020 by SU E9407854 and E9407898**



This feature is available for organizations in Belgium only.

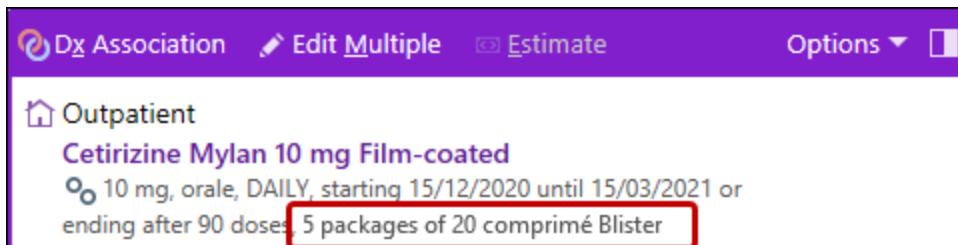
Clinicians can place a single order for multiple packages of a prescription. When a clinician chooses a prescription package for the order, she can then select any number of packages up to 100. Rather than including a separate

order for each package in reports or medication lists, the prescription appears as a single order in the system and clinicians can reorder or discontinue it like any other order.

When reordering a prescription with multiple packages, the system copies the quantity from the previous order and your clinicians must determine whether to keep or change that quantity. After a package order has been successfully transmitted to Recip-e, if a clinician reorders or discontinues the prescription, a warning appears in the Medication List Maintenance form to alert clinicians that they're acting on an order that might have remaining dispenses.

Package:	METFORMINE SANDOZ 100 COMPR 500 MG (2043447) 
Number of packages:	3  1 2 3 4 5
Dispense quantity:	300 comprimé

The package and package quantity for a prescription selected in the Order Composer



Dx Association   Options ▾ 

Outpatient

Cetirizine Mylan 10 mg Film-coated

10 mg, orale, DAILY, starting 15/12/2020 until 15/03/2021 or
ending after 90 doses, 5 packages of 20 comprimé Blister

Multiple packages listed in the Order Composer.

Required Interface Build

Work with your Bridges analysts to complete the build for this change.

On your interface of kind 648-Outgoing E-Prescribing Services Request and Response - Belgium - Outgoing Request, update or create a new table to set in profile variable OVERRIDE_END_USER_ERROR_TEXT_TBL (3750) and use the new extensions to specify how you want to notify end users.

- To send both an In Basket message and show a real-time notification, use extension 39143-EDI - Pharmacy Belgium After Error In Basket And Toast.
- To send an In Basket message, use extension 39142-EDI - Pharmacy Belgium After Error In Basket.
- To send a real-time notification, use extension 39141-EDI - Pharmacy Belgium After Error Toast.

To replace existing extensions, locate your existing table and replace the extensions:

1. Open up your interface in the Interface Specification activity.
2. On the Profile Variable tab, locate OVERRIDE_END_USER_ERROR_TEXT_TBL (3750) and make note of the table that is set.
3. Close the Interface Specification activity and open the Tables activity. Enter the table ID and locate the extension column.
4. Replace the existing extensions or any copies, you can also make copies of the new extensions to match your current copied extensions.
 - Replace extension 94906-EDI - Pharmacy after Error In Basket (and any copies) with extension 39142-EDI - Pharmacy Belgium After Error In Basket.
 - Replace extension 94898-EDI - Pharmacy after Error In Basket and Toast (and any copies) with extension 39143-EDI - Pharmacy Belgium After Error In Basket And Toast.

- Replace extension 94913-EDI - Pharmacy after Error Toast (and any copies) replaced with extension 39141-EDI - Pharmacy Belgium After Error Toast.

If you want to customize some text in the notification, such as the In Basket message subject or the header of the notification window, you'll need to create a copy of the extension:

1. In Chronicles, access the Extension (LPP) master file and duplicate an extension.
2. In Hyperspace, open the Extension activity (search: Extension) and open your copy for editing.
3. Edit the parameters as needed.

To create a new table and set it on the interface:

1. In Hyperspace, create a general table based on table specification 10001-Override End User Error Text Table Specification.
2. Add a row for each error with the following information:
 - Error (AIE) ID. Enter the error ID.
 - Override Error Text. Enter the text that should appear instead of the default error text (I AIE 200).
 - Extension. Enter one of the extensions listed above or a copy.
3. Open your Outgoing E-Prescribing Services Request and Response - Belgium - Outgoing Request interface specification.
4. Add profile variable OVERRIDE_END_USER_ERROR_TEXT_TBL (3750) and set it to the general table you created.

Update Order Description and Display Name for Multiple Orders

You can use a utility to adjust the order description (I ORD 45), display name (I ORD 46), or both for a set of specified orders.

When using the utility, you can choose to import new names for the orders or recalculate names.

- Importing requires you to create a .tsv or .txt file specifying the order IDs to update and the new values for order description and display name.
- Recalculating requires you to create a .tsv or .txt file specifying the order IDs to update. The utility then uses related information to determine the new name.
 - For example, when recalculating the order description (I ORD 45) for a medication, the utility uses the name in the medication (ERX) record.

To run the utility:

1. In Clinical Administration, access the utility: Management Options > Utilities; then:
 - a. Starting in August 2024: Application Utilities > Orders > General Orders > Update Description/Display Name.
 - b. In May 2024 and earlier: Orders > General Orders > Update Description/Display Name.
2. Configure the settings on the General Options screen:
 - Mode: Choose to run the utility in report mode to see a report of what changes the utility would make if you ran it in fix mode. Run the utility in fix mode to modify the data and see the results of those changes in a report.
 - Background: Choose to run the utility in the background or foreground.

- Clarity: Choose whether and when Clarity extraction occurs.
- Interface: Choose whether to send interface messages. We recommend suppressing interface messages if you're updating many orders at once, to avoid generating large numbers of interface messages in a short time period.
- User: Select a background user or yourself to appear in the audit trail as modifying the data.
- Exception File: Enter a file path and name to save a list of orders that can't be updated.

3. Select Continue.

4. In the ORD 45 - Description and ORD 46 - Display name fields, select a value:

- Do Not Update: Don't change the values for this item. This is the default setting.
- Recalculate: Use related information to update the values for this item.
 - If an item is being updated by recalculating names, the first column contains the Order IDs for the orders you want to change. Be sure to include the column headers in the import file.
 - The file should have three tab-delimited columns, a header in the format "Order ID<Tab>Description (ORD-45)<Tab>Display Name (ORD-46)" and an extension of either .tsv or .txt.
- Import: Use values specified in your .tsv or .txt file to update the item.
 - If an item is being updated by an import, the first column contains the Order IDs for the orders you want to change, the second column contains the new value for description, and the third column contains the new value for display name. Be sure to include the column headers in the import file.
 - The file should have three tab-delimited columns, a header in the format "Order ID<Tab>Description (ORD-45)<Tab>Display Name (ORD-46)" and an extension of either .tsv or .txt.

5. In the Input File field, enter your file containing order IDs to update.

6. In the Output File field, specify where the utility will write output.

7. Select Continue.

Show the Department External Name Instead of Record Name

 Starting in May 2022

Department record names are often not user-friendly; the external name is more intuitive for clinicians. You can update a clinician's profile so that they see the external name instead of the record name in the web-based Order Composer for the following items:

- Performing Department
- Procedure Department
- Referral Information
- Referral to Department
- Questions (Applies to Networked questions that reference DEP)

For clinicians to be able to search using the external name, you need to add it as a synonym to the department. Note that this allows users to search for the external name outside of the web-based Order Composer as well, even for users without this feature enabled in their profile.

This configuration does not currently apply to orders placed from Beacon treatment and therapy plans, Cadence Order Entry, and Ancillary Order Entry, so they continue to show the department record name at this time. We plan to update these activities in a future release. This configuration also does not apply to the non-web-based Order Composer.

To show the external department name in the web-based Order Composer, you must have the Show Department External Name Button feature, which is included in the standard ApplCore license. If you're not sure whether you have this license, contact your Epic representative and mention parent SLG 3550868.



You can use the Build Wizard to update your profiles to show external department names and update your departments to use the external department name as a synonym. To get started, open the Build Wizard in Hyperspace (search: Build Wizard) and search for feature 630006-Display External Department Names in Order Composer (application: Orders). Select the profiles that should show the external name on department buttons in the Order Composer, and choose whether to allow clinicians to search using the external name by adding it as a synonym for the department.

To update profiles manually:

1. In Clinical Administration, go to Management Options > Profiles (LPR), open a profile record, and follow the path Medication, Allergy, Imm, etc. > Display in Order Entry.
2. Go to the Order Composer screen.
3. In the Display external name for department buttons? (I LPR 1107) field, enter Yes.

To add the department external name as a synonym manually:

1. In Clinical Administration, open the department record (Facility Structure > Departments/Units (DEP)).
2. On the first screen (Department Information), look at the External Name (I DEP 101) field.
3. Staying on the first screen, go to the Synonyms (I DEP 45) list and enter the external name as a synonym.

Configure Order Discontinuation

You can configure several aspects of order discontinuation, such as which users can discontinue orders and how orders get discontinued upon discharge.

Check Cosigner Requirements for Discontinuation

When an order is discontinued, if it is not discontinued as a verbal order, you can configure the system to check whether the discontinuing user needs a cosigner.

1. From Clinical Administration, follow the path Management Options > Edit System Definitions (LSD) and select either Procedure, Scheduling, Task or Medication, Allergy, Imm, etc.
2. Select Cosign, Acknowledgement, etc. or Cosign, Acknowledge, etc. and go to the Provider Cosign and Revalidation Requirements screen.
3. In the Apply cosign requirements to discontinuing an order? (I LSD 3700) field, enter Yes.

Automatically Set Order Mode to Verbal When Discontinuing Orders

You can set the order mode to automatically be a verbal order mode when you discontinue orders from the Orders section of the Discharge or Rounding navigators. Refer to the [Set a Default Verbal Order Mode for](#)

Clinicians topic for setup instructions.

Automatically Discontinue Orders at Discharge

Your system automatically discontinues active orders at discharge and close encounter. To customize this process, you can determine when orders are discontinued, which order types are discontinued, and which user discontinues them. Unless you enter a delay time and user for other discharge actions (such as removing LDAs or canceling pended notes), these values are used for those actions as well.

Starting in February 2023, you can further customize this process by adding a different delay time for a second group of specific order types that require more time before being discontinued. Some order types, such as ECG, benefit from a separate, longer time before being discontinued. Having a longer time before being discontinued increases the time in which physicians, such as cardiologists, can result ECGs after discharge helping to prevent users from having to create duplicative orders to result ECGs after they were already discontinued.

The delay time is the length of time after the patient is discharged. If you cancel the discharge before this length of time has passed, the patient's orders are not discontinued.

1. In Clinical Administration, go to Management Options > Edit System Definitions (LSD) > Admission, Hospital Outpatient.
2. Go to the Discharge & Close Encounter screen.
3. In the Delay (Default) (I LSD 11250) field, enter the delay time in hours.

You can specify which order types are discontinued at discharge. The default is to not discontinue any order types.

1. In Clinical Administration, to go Management Options > Edit System Definitions (LSD) > Admission, Hospital Outpatient.
2. Go to the Discharge Actions - 1 screen.
3. In the Order types to cancel or discontinue (I LSD 11281) field, enter All to discontinue all order types after discharge. Enter Selected Only if you want to discontinue only certain types of orders at discharge.
4. If you entered Selected Only in the Order types to cancel or discontinue field, enter the list of order types that should be discontinued upon discharge in the If not all, specify order types (I LSD 11280) field.

Starting in February 2024, in November 2023 with special update E10704079, August 2023 with special update E10608616, May 2023 with special update E10514758, and February 2023 with special update E10417350 you can configure a different delay time for certain order types.

1. In Clinical Administration, to go Management Options > Edit System Definitions (LSD) > Admission, Hospital Outpatient.
2. Go to the Discharge & Close Encounter screen.
3. In the Action (Optional) (I LSD 11275) field, enter category list value 15-Delayed Non-Med DC.
4. In the Delay Time in Hours (Optional) (I LSD 11276) field, enter the delay time in hours on the same line as the Delayed Non Med DC action.
5. Go to the Discharge Actions – 3 screen.
6. In the Order types for delayed discontinue (I LSD 11282) field, enter the list of order types that should be discontinued after the Delay Time in Hours (Optional) (I LSD 11276) entered above.

The Delay Time in Hours (Optional) (I LSD 11276) will always be the delay time used for order types listed in the Order types for delayed discontinue (I LSD 11282) field even if the same order type is also listed in the If not all,

specify order types (I LSD 11280) field.

You can also enter a user whose name is associated with the orders when they are discontinued. We recommend creating a generic user so that you can tell when orders have been automatically discontinued at discharge and close encounter.

Note that the user associated with discontinuing these orders must have the security to cancel orders with scheduled appointments. You can give your user the proper security by setting the Allow cancellation of scheduled order field (I LSD 11300) to Yes in EMR System Definitions or by giving your user one of the following security points:

- EpicCare security point 460-Discontinue Orders Linked to Arrived/Completed Appointments. Users with this security point can discontinue orders attached to scheduled, check-in, or completed appointments.
- Procedural - General security point 1049-Cancel Orders with Arr/Comp Appt (Override LSD 11300). Users with this security point can discontinue imaging orders attached to scheduled, checked in, or completed appointments.

If you choose to enter a generic user in this field, you must create that user before performing the following steps.

1. In Clinical Administration, go to Management Options > Edit System Definitions (LSD) > Admission, Hospital Outpatient.
2. Go to the Discharge & Close Encounter screen.
3. In the Discharge User (Default) (I LSD 11258) field, enter the name of your user.

Starting in May 2024, you can configure certain procedure categories and departments to be excluded from automatic cancellation of appointments when the order they are created from is cancelled. To do this, create groupers of procedure categories and departments that you want to exclude. Then, complete the following steps:

1. In Clinical Administration, go to Management Options > Edit System Definitions (LSD) > All Screens.
2. In the Allow cancellation of all scheduled orders (I LSD 11300) field, enter Yes.
3. In the Cancel reason for auto-canceled appointments (I LSD 11302) field, enter a reason for automatic appointment cancellation when linked orders are cancelled.
4. To exclude procedure categories from automatically cancelling appointments when their linked order is cancelled, enter a grouper in the Procedure Category Exclusion Grouper (I LSD 11305) field.
5. To exclude departments from automatically cancelling appointments when their linked order is cancelled, enter a department in the Department Exclusion Grouper (I LSD 11306) field.

Prevent Canceling Certain Orders When a Patient Is Discharged

You can configure extension 34335-IP Cancel Procedure - Compare Start Time to Discharge to prevent the system from canceling certain procedure orders when a patient is discharged. This extension compares the order start time to the patient discharge time and does not allow procedure orders with a start time prior to discharge to be canceled unless the user has Inpatient security point 170-Discontinue Resulted Orders.

For example, you might want to set up this extension if certain lab orders are frequently not processed until after the patient's discharge. That way, the lab orders are not canceled before the results are available.

To configure this extension, complete the following steps:

1. Duplicate extension 34335 or open your copy of this extension and configure the parameters to meet your organization's needs:
 - Order types - Multiple - Caret: Enter a caret-delimited list of order types that should not be canceled when a patient is discharged.
 - Save continuous?: Enter 1-Yes to prevent continuous orders from being canceled when a patient is discharged. By default, the extension does not prevent continuous orders from being canceled when a patient is discharged.
 - HOV discharge time: Enter 1-Yes to consider midnight the discharge time for HOV encounters. By default, the extension uses the recorded discharge time for HOV encounters.
 - Use collection time: Enter 1-Yes to allow the extension to use the order collection date/time if it is earlier than the order start date/time. By default, the extension always uses the order start time when determining if it was ordered before the patient's discharge.
 - Department List: Enter a caret-delimited list of departments to configure which ordering departments are prevented from cancellation. By default, the extension checks all orders from all departments.
 - Procedures (EAPs) - Multiple - Caret: Enter a list of procedures that should not be canceled. If you enter multiple values, the list is saved with a caret delimiter.
 - Procedure Categories (EDPs) - Multiple - Caret: Enter a list of procedure categories that should not be canceled. If you enter multiple values, the list is saved with a caret delimiter.
 - Cancel if Deceased?: Enter 1-Yes for the extension to allow the cancellation of orders for patients discharged as deceased. If set to 0-No or null, this parameter does not affect the cancellations of orders. Available starting in August 2023.
 - Prevent in OP?: Enter 1-Yes for the extension to prevent in progress inpatient-mode procedures placed in an outpatient encounter from being cancelled when the outpatient encounter is closed. Available starting in November 2023.
2. In Clinical Administration, go to Management Options > Profiles (LPR) and open the appropriate profile record. For example, to apply this extension for all orders automatically when a patient is discharged, open the profile record for the user specified in the Discharge User (Default) (I LSD 11258) field. If you've entered a specific discharge action in the Action (Optional) (I LSD 11275) field, you can also configure the profile for the corresponding user specified in the Discharge User (Optional) (I LSD 11277) field.
3. In the profile record, go to Procedure, Scheduling, Task > Reorder, Modify, Discontinue > Procedure Discontinue and Cancel screen.
4. In the Cancel procedure extensions (I LPR 8270) field, enter your copy of extension 34335.

Require a Discontinuation Reason for all Orders

You can set up your system to show the Confirm Action window and require a discontinuation reason when a canceling provider does not enter one. You can also set up a default discontinuation reason.

The Foundation System is not configured to require clinicians to enter discontinuation reasons. Additionally, there is no default discontinuation reason configured for the Foundation System.

Require Discontinue reason for Medications

For medication orders, there are profile-level and system-level settings that control requirements for discontinuation reasons.

- At the profile level, you can:

- Require a discontinuation reason for outpatient medications.
- Specify a default discontinuation reason for inpatient medications.
- At the system level, you can specify that the discontinuation reason is required or recommended for inpatient medications. If the profile-level setting for outpatient medications is blank and a clinician is discontinuing both outpatient and inpatient medications, the system-level setting also applies to those outpatient medications. Otherwise, the system-level setting applies only to inpatient medications.

To configure the profile-level settings:

1. In Clinical Administration, access a profile, select Medication, Allergy, Imm, etc. > Reorder, Modify, Discontinue, and go to the Outpatient Medications screen.
2. In the Require discontinue reason? (I LPR 890) field, enter Yes to require clinicians to enter a discontinuation reason when discontinuing, changing, or reordering prescriptions. Note that this setting applies to Change Rx only if the discontinue form is configured to appear for that action or if the medication list maintenance form appears.
3. To set a default discontinuation reason for medication orders in inpatient settings, go to the Modify and Discontinue for Inpatient Orders screen.
4. In the Default discontinue reason (I LPR 946) field, enter the reason you want to be associated with discontinue actions by default. This field applies only to inpatient medication orders.

To configure the system-level setting:

1. In Clinical Administration, access EMR System Definitions and select Medication, Allergy, Imm, etc. > Reorder, Modify, Discontinue.
2. Go to the Medication Discontinue Settings – 1 screen.
3. In the Inpatient discontinue reason requirement (I LSD 4134) field, enter Required, Recommended, or None.

Require Discontinue reason for Procedures

The Require reason for cancellation (I LPR 34090) field controls the requirement for discontinuation reason for both inpatient and outpatient procedure orders. The Reason for discontinued orders requirement (I LSD 4132) field controls the requirement for discontinuation reason for inpatient procedure orders. Additionally, you can set the default reason for discontinuation for inpatient procedures with the Default discontinue reason (I LPR 947) field.

Note that the Require reason for cancellation? (I LPR 34090) field applies to procedure orders canceled from In Basket, the Enter/Edit Results activity, Ancillary Orders, the Immunizations activity, the Visit Taskbar orders cart, and medication reconciliation.

1. Access a profile, select Procedure, Scheduling, Task > Reorder, Modify, Discontinue and go to the Procedure Discontinue and Cancel screen.
2. In the Require reason for cancellation? (I LPR 34090) field, enter Yes to require clinicians to enter a discontinue reason before a procedure order is canceled.
3. To set a default reason for procedure orders in inpatient settings, follow the path Procedures, Scheduling, Task > Reorder, Modify, Discontinue and go to the Modify and Discontinue for Inpatient Orders screen.
4. In the Default discontinuation reason (I LPR 947) field, enter a reason. This field applies only to inpatient procedure orders.

Require a Discontinuation Reason for Specific Procedure Categories

 Starting in August 2018

 Epic 2018 by SU E8409054

To prevent clinicians from needing to enter a discontinuation reason when discontinuing orders that don't require them to enter a reason at your organization, you can limit which procedure categories require a discontinuation reason. For example, if you require discontinuation reasons when coercive measure orders are discontinued, but not when other orders are discontinued, you can specify the procedure category that contains coercive measure orders so that only these orders require clinicians to enter a discontinuation reason. This is useful for organizations in Finland reporting to HILMO that want to require clinicians to enter discontinuation reasons only for orders where these reasons are required to be reported to HILMO, but any organization might find it useful to track discontinue reasons for only specific procedure categories.

1. From Clinical Administration, follow the path Management Options > Edit System Definitions (EMR) > Procedure, Scheduling, Task > Reorder, Modify, Discontinue, Administer.
2. Go to the Discontinue & Cancel Settings for Procedures screen.
3. In the Procedure categories that require a reason (I LSD 4135) field, enter the list of procedure categories that require a discontinuation reason.

If you are completing this setup to report discontinuation reasons to HILMO, also complete the setup for mnemonic FITHL_ORD_CANCEL_REASON_ERROR as described in the [Map System Values to THL Codes](#) topic to prevent sending discontinuation reasons that indicate an order was entered in error.

Configure Child Order Discontinuation

You can configure which instances of an order (child orders) are discontinued when the original order (parent order) is discontinued. If you do not choose child orders to discontinue, all child orders scheduled after the date and time of the parent order's discontinuation are discontinued. This configuration applies only to procedure orders.

1. From Clinical Administration, follow the path Management Options > Edit System Definitions (EMR) > Procedure, Scheduling, Task > Reorder, Modify, Discontinue, Administer.
2. Go to the Child Orders Settings for Discontinue screen.
3. In the Child orders selection programming point (I LSD 34747) field, enter an extension of the type IP Child Order Selection.

Configuring Order-Specific Questions

By creating order-specific questions, you help ensure that clinicians gather information relevant to that order. Asking these questions at the time the order is placed serves as a safety net to be sure important patient information isn't missed.

This section includes configuration options for how order-specific questions work and appear. For general steps about creating order-specific questions, refer to the [Let Clinicians Answer Questions Related to Their Orders](#) topic.

Prerequisites

You need Shared security point 198-Edit Custom Filing Items to create questions that file responses to a Chronicles item.

Make Order-Specific Questions Appear to Clinicians in More Places

You can include order-specific questions in SmartGroups, preference lists, order groups, and protocols to make these questions available to clinicians in more places in the patient's chart. When you add or edit an order in one of these records, a modifiable question list appears in the Questions section of the order details window. You can edit this list to include questions, including cascading questions, that don't appear in the medication, procedure, or procedure category records for the order. You can also make an order-specific question appear or not appear based on whether the clinician places the order from a SmartGroup or preference list. Starting in May 2025, clinicians can answer order specific questions in the Anesthesia Medication Reconciliation activity.

The [Let Clinicians Answer Questions Related to Their Orders](#) topic explains how to attach order-specific questions to various order records. For mixture medications, questions can be added to the main medication record and to the individual ingredient records. For a mixture medication, the order-specific questions configured to the main medication record appear by default along with all order-specific questions configured in the ingredient records. Starting in November 2023, order-specific questions for mixture medications appear only if they're relevant. When a clinician orders a mixture medication, the system automatically shows order-specific questions for ingredients selected by default, and it dynamically updates which questions appear when a clinician selects or removes an ingredient. Refer to the [Configure Inpatient Mixture Medications](#) topic for more information on configuring mixtures.

Prerequisites

To edit preference lists from the Preference List Composer, your security class must include the necessary security point, such as EpicCare security point 92-System Preference List Editor, EpicCare Inpatient security point 99-Preference List Editor, or OpTime security point 50-System Definitions.

You can determine whether an order-specific question appears if the medication or procedure is placed within a preference list or SmartGroup. Additionally, you can edit which order-specific questions appear in SmartGroups, preference lists, order groups, and protocols so that only your specified questions appear.

Determine Whether Order-Specific Questions Appear When a Clinician Places an Order from a SmartGroup or Preference List

To prevent order-specific questions that are attached to a preference list or SmartGroup from appearing when you place an order:

1. In Clinical Administration, open the medication, procedure, or procedure category record for the order:
 - To open a medication record, follow the path Meds, Allergens, Imm, etc. > Medications (ERX) and enter the medication record at the prompt.
 - To open a procedure record, follow the path Procedures, Scheduling > Procedures (EAP) and enter the procedure record at the prompt.
 - To open a procedure category record, follow the path Procedures, Scheduling > Categories (EDP) and enter the procedure category name at the prompt.
2. Go to the Questions in PrefList or SmartGroup screen.
3. Enter the ID for the order-specific question you don't want to appear in:
 - The OP Questions to be Removed field to prevent the question from appearing when clinicians place the order in an outpatient context.
 - The IP Questions to be Removed field to prevent the question from appearing when clinicians place the order in an inpatient context.

Note that these settings don't apply to cascading questions, which can cascade from a parent question regardless

of whether they appear on the removed list.

To ensure that order-specific questions appear if they're not attached to a preference list or SmartGroup that includes the order record:

1. Repeat steps 1-2 above.
2. Enter the ID for the order-specific question you want to appear in one of the following fields:
 - The OP Questions to be Added field, if you want the question to appear when clinicians place the order in an outpatient context.
 - The IP Questions to be Added field, if you want the question to appear when clinicians place the order in an inpatient context.

Attach Order-Specific Questions to SmartGroups, Preference Lists, Order Groups, and Protocols

Follow these steps to determine which questions appear to clinicians in SmartGroups, preference lists, order groups, and protocols. The following steps assume that you are editing the records. You can also configure order-specific questions when you create these records and add orders to them.

To edit order-specific questions in a SmartGroup record:

1. In Hyperspace, go to the SmartGroup editor (search: SmartGroup).
2. In the Launching SmartGroup window, enter the record you want to edit and click Continue.
3. Create a new contact and click Finish. The SmartGroup Editor opens.
4. Access the Configuration section and click the Summary Sentence of the order you want to edit. The Order Composer opens.
5. In the Questions section, click Add Default Questions to add any order-specific questions configured in the medication, procedure, or procedure category records for the order.
6. Add any order-specific question records you want to add to the list in the Add a question field (August 2021 and earlier: click Edit Question List to open the Edit Question List window). Arrange the order of the questions using the up and down arrows. Delete any questions you want to delete. Click Accept.
7. As needed, modify the answers to the questions or add comments in the Comments field.
8. Click Accept to close the Order Composer.
9. Click Release.

To edit order-specific questions in a preference list record:

1. In Hyperspace, go to the Preference List Composer (search: Preference List Composer). The Preference List Selector window opens.
2. Select the preference list you want to edit and click Edit.
3. Open the most recent contact and click Accept. The Preference List Composer opens.
4. Select the order you want to edit. The Preference List Defaults window opens.
5. Repeat steps 5-9 above (May 2021 and earlier: click the Edit Question List to open the Edit Question List window for step 6).
6. Close the preference list record.

To edit order-specific questions in order groups:

1. In Hyperspace, go to the Order Group Builder (search: Order Group Builder) and open the order group record you want to edit.
2. Create a new contact and click Accept. The Order Group Builder opens.
3. Click the Summary Sentence of the order you want to edit. The Order Composer opens.
4. Repeat steps 5-9 from the first set of directions above. In step 6, use the Edit Question List window.
5. Click Release and then Accept to close the record.

To edit order-specific questions in protocols:

1. In Hyperspace, go to Protocol Builder (search: Protocol Builder).
2. In the Select a Protocol Record window, select the protocol you want to edit and click Accept.
3. In the Choose Version window, select the version you want to edit and click Accept. The Protocol Builder activity opens.
4. Click the Summary Sentence of the order you want to edit. The Order Composer opens.
5. Repeat steps 5-9 from the first set of directions above. In step 6, use the Edit Question List window.
6. Click Release and then Accept and close the record.

Allow Clinicians to Answer Cascading Questions in More Places

You can allow clinicians to answer cascading questions from SmartGroups, preference lists, order groups, and protocols. For more information about how to set up cascading questions, refer to the [Show Order-Specific Questions Based on Answers to Previous Questions](#) topic.

1. Following the steps in the [Attach Order-Specific Questions to SmartGroups, Preference Lists, Order Groups, and Protocols](#) topic, access an order in a SmartGroup, preference list, order group, or protocol and click the Summary Sentence. Depending on which type of record you're working in, the order details window or Order Composer opens.
2. If the parent question you want to add is attached to the medication, procedure, or procedure category record, click Add Default Questions in the Questions section of the window or Order Composer.
3. Add any parent questions you want to add to the list in the Add a question field (August 2021 and earlier [May 2021 and earlier for the Preference List Composer]): click Edit Question List to open the Edit Question List window and add any additional parent questions to the list. Enter the new parent questions in the window and click Accept).
4. Because parent questions appear in the list of questions, and a question cannot appear as both a parent question and a child question in the same question list, adding and removing questions affects how questions in the list cascade:
 - If you add a question to the list, and that question already appears in the order details window or Order Composer as a child question, the question becomes a parent question and no longer appears below the question from which it originally cascaded.
 - If you later remove the same question, it no longer appears in the question list as a parent question, and it reappears as a child question below its original parent question.
5. Make any changes to the answers in the question list and click Accept to close the order details window or Order Composer.
6. Following the steps in the [Attach Order-Specific Questions to SmartGroups, Preference Lists, Order Groups, and Protocols](#) topic, save and close the record in which the order appears.

Let Clinicians See Order-Specific Questions in the Most Helpful Sequence

You can determine the sequence in which order-specific questions appear to clinicians. Different sorting methods emphasize different features of the questions in the list. Clinicians might want to:

- See required questions first so that they are certain to answer them.
- See questions set in the procedure category record before questions set in the procedure record. This arrangement sorts questions logically from more general to more specific.
- See questions in the sequence you entered them in the procedure, procedure category, or medication record. This arrangement allows you to arrange the questions in the most logical order for each record.

At the profile level (I LPR 1101), you have three options for the sequence in which order-specific questions can appear in the Order Composer.

- ID - Required and non-required items are grouped, and then sorted by ID. Choose this option if you want the most important questions to appear first, and you use no particular logic to determine the sequence in which you attach questions to the procedure and medication records.
- Category, Respect Order Entered - Required and non-required items are grouped, and then appear in the sequence in which they are attached to the order. For procedures, questions attached to the procedure category appear first. Choose this option if you want the most important questions to appear first, but then the rest to appear more logically.
- Order Entered, Ignore Required - Items are sorted by the sequence in which they are attached to the order. For procedures, questions attached to the procedure appear before questions attached to the procedure category. Choose this option if you want questions to appear in a more logical sequence, regardless of their relative importance.

Note that the system uses the question sequence from settings in different records, in the order below:

- Settings in the user preference list.
 - Settings the SmartGroup record, if the order is being placed from a SmartSet.
 - Settings in the user profile.
1. In Clinical Administration, follow the path Management Options > Profiles > Edit Profile > Procedure, Scheduling, Task > Display in Order Entry.
 2. Go to the Order Display screen.
 3. In the Ordering of order-specific questions field, enter the value for the sequence you want questions to appear in:
 - Enter 1 or ID, or leave the field blank, to first group questions into required, recommended, and not required/recommended categories and then sort by ID number in ascending order within those groups.
 - Enter 2 or Category, Respect Order Entered to first group questions into required, recommended, and not required/recommended categories and then sort by the order the questions were entered. For procedures, questions are additionally grouped according to whether they are configured in the procedure category record or the procedure record:
 - Required-Procedure Category
 - Required-Procedure
 - Recommended-Procedure Category
 - Recommended-Procedure
 - Not Required/Recommended-Procedure Category

- Not Required/Recommended-Procedure
- Enter 3 or Order Entered, Ignore Required to group questions in the same sequence as you listed them in the medication, procedure, or procedure category record or, for cascaded questions, the list of cascaded questions in the source question record. Questions configured in the procedure record appear before questions configured in the procedure category record.

Show Order-Specific Questions Based on Answers to Previous Questions

Cascading questions help ensure that clinicians see only those order-specific questions that apply to their patients. For example, depending on how a clinician answers a question about respiratory ventilator mode, child questions appear about ventilator volume specific to that mode. You can require child questions and configure them to trigger an additional layer of child questions.

To prevent duplicate questions, a child question doesn't appear if it already appears elsewhere in the question list. If the clinician changes the answer to the original question so that the cascading logic no longer applies, the child questions disappear.

The following images show a parent question before and after child questions appear based on the clinician's answer to the respiratory ventilator mode question:

Mode:	<input type="text"/> Pressure Control
Rate:	<input type="text"/>
FiO ₂	<input type="text"/>

Mode:	Pressure Control	Pressure Control
PIP	<input type="text"/>	<input type="text"/>
PEEP	<input type="text"/>	<input type="text"/>
Rate:	<input type="text"/>	<input type="text"/>
FiO ₂	<input type="text"/>	<input type="text"/>

You can configure cascading questions in the Cascading Questions section of the Order-Specific Question Editor. This section appears when you enter any value in the Response type field other than Free Text or Time, which do not support cascading questions.

CASCADING QUESTIONS		
<input type="button" value="Add"/>	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
Conditions		
1	(answer = Taste Test Research Study [68666])	Questions to Add
		SODIUM [178]

Considerations

There are special considerations that you should keep in mind before you configure order-specific questions to cascade. If your organization is upgrading, we recommend that you build cascading questions primarily to fix inefficient workflows or to optimize new medication, procedure, and other records to which cascading questions can be attached. Work with clinicians to identify points in their ordering workflows where cascading can provide greater precision to order-specific questions.

Considerations

If you want to attach cascading questions to currently existing records, you must work with your Epic representative to search for preference lists, Order Sets, and other records that might be affected by this change. For example, if questions A and B appear in the question list for a preference list entry, and you change question A to cascade question B, we recommend that you remove question B from the question list so that it appears only as a child of question A.

Keep the following points in mind as you build your cascading questions and add them to records:

- You can configure cascading options based on location only by adding questions to location-specific preference lists, Order Sets, and other records. For more information about how to add cascading questions to preference lists and similar records, refer to the [Make Order-Specific Questions Appear to Clinicians in More Places](#) topic.
- When building Order Sets, you should consider how cascading questions will appear to your clinicians. Depending on how many questions cascade, your Order Sets might require additional scrolling and become cumbersome to use.
- When a clinician answers a parent question, all child questions for that answer appear regardless of class filter settings configured in the Excluded order classes field of the parent question and child question.
- When you configure a default answer for a child question, that answer automatically applies whenever the cascade condition is met on the parent question. You should consider all of the medications and procedures that the parent order-specific question is used in when deciding if setting a default answer is appropriate. If a default answer would be beneficial only in some situations where the cascade condition is met, consider using other methods of setting default answers to order-specific questions.
 - There are several other ways to add default answers to order-specific questions. Here's how default answers set for cascaded questions in the Order-Specific Question Editor work with those other options:
 - They do not override default answers that were set in an Order Template (OTL) record such as a preference list entry, SmartGroup, or User SmartSet.
 - They do not override default answers that pull in from a flowsheet linked to the cascaded question in the Load to Flowsheet (I LQL 161) field.
 - They do not override previously entered answers to a question that has the Question Level (I LQL 160) field set to Per Session or Per Encounter.
 - They do override answers that would have automatically filled in from custom load code.
- Starting in August 2023, if your parent question or any other question in the cascade is live-editable, all other questions that cascade to or from the live-editable questions should also be marked as live-editable.
- If you support your ordering workflows with CDS Hooks web services to exchange order-specific questions and answers with a third party service as described in the [Support Ordering in CDS Hooks](#) topic, cascaded questions with more than 11 levels of nesting including the parent question might not work as intended.

You should be aware of how cascading questions behave and appear in the following applications:

- Willow Inpatient: In the Verify Orders activities, questions don't cascade and all child questions

Considerations

appear in the question list without distinction from parent questions. When a clinician opens an order in an ordering activity after a pharmacist modifies the order in the Verify Orders activity, the system reevaluates the answers to order-specific questions attached to the order and applies cascading logic accordingly.

- Radiant, Cupid, and Stork: In Ancillary Orders, no cascading icon appears next to the parent question, and child questions are preceded by a hyphen instead of by a letter.
- EpicCare Link: Child questions are preceded by a gray crooked arrow instead of by a letter.

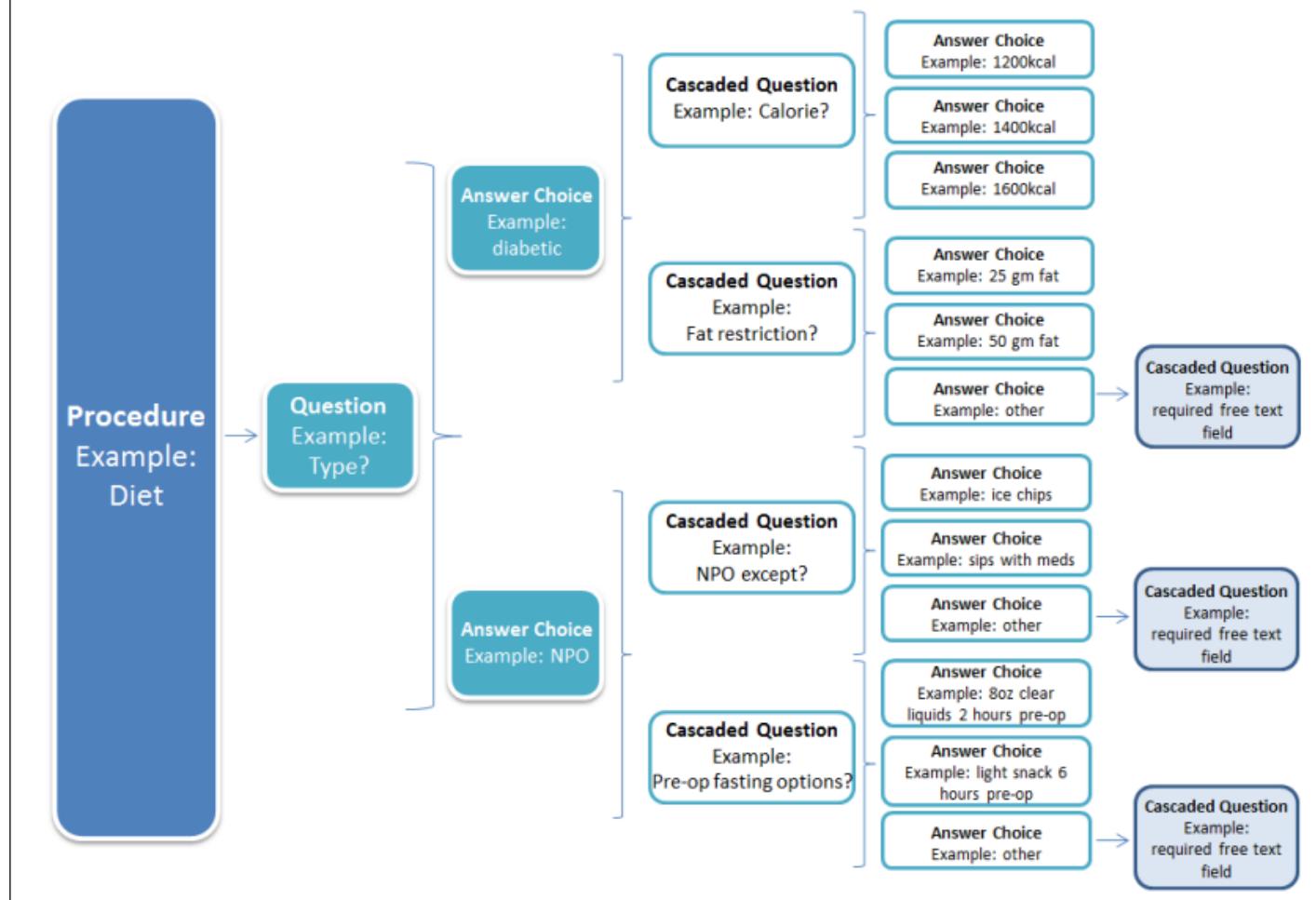
Plan Your Cascading Build and Create the Child Questions

After you and your clinicians have determined where to use cascading questions, you need to map your cascading question build on paper. Doing so helps you organize your build and identify which procedure, medication, and question records you need. For each order, include the following in your diagram:

- The procedure or medication record to which you're attaching the cascading question.
- The parent questions associated with that record.
- The child questions that should cascade for each answer.
- The default answers that should apply to each child question, if applicable.

Clinicians don't want to be surprised or fatigued by unexpected layers of questions, so avoid more than two layers of child questions for any one procedure or medication. The following diagram shows cascading question build for a diet procedure:

Example Procedure Built with Cascading Questions



Because child questions must exist before you set up the cascading logic for their parent question, you need to start your build with the most specific questions. In the example above, you need to build your question records in order from right to left.

Create the Cascading Question

Once you've created the child questions, you can configure the parent question from which they cascade. To do so:

1. In the Order-Specific Question Editor, create or open the record for the parent question. This is the question whose answers cause the child questions to appear.
2. If applicable, complete the Response section. The Cascading Questions section does not appear until a Response type has been selected.
3. In the Cascading Questions section of the editor, click Add. The Cascading Questions window opens.

Question: VENTILATOR MODE [225693] X

Conditions:		Questions to add:	
Operator	Value	Question	Default Answers
1 Equals	APRV	1 IP RT SET INSP PRESSURE	Pencil
2	<input type="text"/>	2 IP RT PRESSURE SUPPORT	Pencil
	<input type="text"/>	3 IP RT PEEP/CPAP	Pencil
	<input type="text"/>	4 IP RT PEEP HIGH	Pencil

Condition logic: Or

Press F4 to insert a row / Shift+F4 to delete a row

Accept Cancel

4. In the Operator field, enter an operator for the condition that generates the child question. The Equals and Not equal to operators are allowed for all response types, but the other operators are allowed only for date and numeric responses.
5. In the Value field, enter the answer value that you want to generate the child question.
6. In the Condition logic field, enter the value And or Or to determine how multiple conditions for the same child question interact.
7. In the Questions to add field, enter the child questions you want to appear when the parent question's answer meets the conditions you've configured.
8. In the Default Answers field, you can optionally enter an answer that you want to automatically appear for the specified child questions when the parent question's answer meets the conditions you've configured.
 - If the child question allows multiple answers to be selected (the Multiple Response (I LQL 180) field is set to Yes), a pencil appears to the right of the Default Answers column. To specify multiple default answers that you want to apply to the child question at the same time, click the pencil and enter each answer in a separate row in the multiple response grid that opens. Note that you cannot specify duplicate default answers, regardless of whether the child question allows them based on the setting in the Multiple Response field.

IP RT PRESSURE SUPPORT X

Default Answers	
1	10
2	12
3	14
4	<input type="text"/>

Accept Cancel

Control Whether a Question Appears in the Order Composer

You can limit which questions appear in the Order Composer based on certain conditions, so that clinicians don't see questions that aren't relevant to the patient. For example, you might want to hide a question about pregnancy if the patient has a clinically relevant sex of Male. There are four ways to control whether a question appears in the Order Composer, depending on your needs:

- You can set an order class to be excluded.

- You can show or hide questions based on the patient's sex and age.
- You can set up an inclusion rule that controls whether a question appears based on other information, such as the department. Use this option if you need a more complex set of conditions.

Restrictions are not applied when cascading new order-specific questions if the restriction is based on an excluded order class. Restrictions are applied for cascading questions when based on patient sex or age. Inclusion rule restrictions are applied only if the rule uses static or patient-context properties. If the inclusion rule references unsigned order properties, the restriction is not applied when cascading new questions.

Determine Whether Order-Specific Questions Appear Based on Order Class

1. In Hyperspace, go to the Order-Specific Question Editor.
2. Enter the name or ID of the order-specific question at the prompt.
3. In the Excluded order classes field, enter an order class.
4. Save your changes.

The question does not appear to clinicians when the order class selected in the order composer matches the class in this field. For example, if a question is never needed for a referral, then list referral order classes to prevent the question from appearing.

Determine Whether Order-Specific Questions Appear Based on Patient Sex

1. In Hyperspace, go to the Order-Specific Question Editor.
2. Enter the name or ID of the order-specific question at the prompt.
3. In the Sex field, enter a value. The question appears to clinicians only when the sex of the patient matches the value entered in this field. The Sex field uses reliable sex logic to determine whether the question appears. For example, if you enter Female, the question appears for all patients who don't have a reliable sex of Male, which can include transgender or nonbinary patients. Refer to the [Understand the System's Default Sex Logic](#) topic for more detailed information about reliable sex logic.
4. Save your changes.

Determine Whether Order-Specific Questions Appear Based on Patient Age

1. In Hyperspace, go to the Order-Specific Question Editor.
2. Enter the name of the order-specific question at the prompt.
3. In the Age from field, enter the numeric age that triggers the question to appear. For example, if a question should appear for patients over the age of 12, enter 12. This field is not required.
4. In the Unit field, enter a unit. The default unit is years.
5. In the Age to field, enter the numeric age after which the question should no longer appear. For example, if a question should not appear for patients over the age of 18, enter 18. This field is not required.
6. In the Unit field, enter a unit. The default unit is years.
7. Save your changes.

Use an Inclusion Rule to Determine Whether Order-Specific Questions Appear

If you want to determine whether your order-specific questions appear based on a rule, you can do so by setting up a rule and specifying it in your order-specific question record. This option gives you a lot of freedom to decide which properties cause the question to appear, such as department or location.



Before setting up an inclusion rule, keep the following tips in mind:

- In most cases, this rule is applied only when an order is first created, so the rule is not evaluated differently if there are changes in the patient's chart. For example, if a pended order is restored, it still includes the questions that were on the original order rather than evaluating this rule again. For this reason, we recommend that you do not use rule properties based on information that is likely to change during an encounter.
- Depending on the complexity of the rule you build, it is possible for this option to have a negative impact on system performance. Be sure to test out placing orders with these questions to confirm that they don't take significantly longer to process than other, similar orders.
- Cascading child order-specific questions respect inclusion rules only if the rules use static properties, like User- and Patient-context properties. These questions do not respect inclusion rules if the rule also uses unsigned order properties.
- The unsigned order properties are not available in the non-web-based Order Composer or in the Classic client and are present only in the web-based Order Composer in the Classic client and the Hyperdrive client.

1. Follow the instructions in either the [Create or Edit a Rule](#) (prior to February 2024) or [Create or Edit a Rule](#) (February 2024 and later) topic to create a rule with a context of 8503-Order-Specific Question Restrictor. If the rule you enter here evaluates to false, the question does not appear in the Order Composer. If it evaluates to true and you are using Hyperdrive, the question appears in the Order Composer unless another setting filters it.
 - a. Starting in November 2023, the following properties are enabled for use with the Order-Specific Questions Restrictor context:
 - 19185-Code Status
 - 42081-Frequency
 - 42136-Indications
 - 75530-Medication Route
 - 42205-Order Class
 - 42352-Priority
 - 42049-Procedure
 - 42343-Resulting Agency
 - 42331-Specimen Source
 - 42332-Specimen Type
 - 98488-Follow Up With (available starting in February 2025 and in November 2024 with the special updates listed in the [Configure Schedulable Follow-Ups](#) topic)
 - b. For case request orders, the following properties are also enabled:
 - 48867-Case Request Orders

- 48853-Case Request Case Date
- 61505-Case Request Condition Group
- 48861-Case Request Number of Panels
- 48852-Case Request OR Department
- 48851-Case Request OR Location
- 48870, 48871, 48872, 48873, 48874, 48869-Case Request Panel 1, 2, 3, 4, 5, ALL
- 48854-Case Request Patient Class
- 48877-Case Request Panel Number
- 48863-Case Request Surgeon for Panel
- 48862-Case Request Is Procedure Possible?
- 48855-Case Request Procedure
- 48850-Case Request Procedure Anesthesia Type
- 60144-Case Request Procedure Codes
- 48859-Case Request Procedure Comments
- 48865-Case Request Procedure DBC Episode
- 48866-Case Request Procedure Default Pref Card
- 48864-Case Request Procedure Description
- 48860-Case Request Procedure Laterality
- 48857-Case Request Procedure Override Pref Card
- 48856-Case Request Procedure Region

c. Starting in November 2024, the following properties are enabled if you have enabled provider search terms, as described in the [Turn on Search Terms for Referral Workflows](#) topic.

- 3280-Referral Primary Condition
- 3281-Referral Primary Treatment
- 3282-Referral Primary Specialty
- 3283-Referral Primary Subspecialty

2. In Hyperspace, open the Order-Specific Question Editor (search: Order-Specific Question Editor) and open or create a question record.
3. In the Restrictions section, enter the rule you created in the Inclusion Rule (I LQL 306) field.
4. Save your changes.

The screenshot shows a user interface for defining restrictions. At the top left, there's a section labeled 'RESTRICTIONS'. Below it, 'Excluded order classes:' has a value of '1'. To the right of this is a search icon. Further right is the 'Inclusion Rule:' field, which is highlighted with a thick red border. Below these fields are sections for 'Sex:', 'Age from:', and 'Age to:', each with their own input fields and search icons. To the far right, there are 'Unit:' and another search icon.



To make it easier for you to get this content, we've created a Turbocharger package for LabCorp and Quest rules, and several LabCorp order-specific questions. This package is available for download starting in November 2023. For information about importing this package, refer to the [126937-Cascading Order Specific Questions for Resulting Agency](#) topic.

Control Whether a Question Is Required

You might have questions that should be required only under certain conditions. Or, on the other hand, you might have questions that are normally required, but clinicians should be able to skip answering them under certain conditions. You can use a Question Advised rule to control whether a specific question is required, recommended, or normal (not required), overriding the question requirements set in the clinician's profile. These rules cannot be migrated between environments and will need to be manually rebuilt in each environment by copy and pasting the xml or rebuilding from scratch.

Considerations

The system uses the following hierarchy to determine whether a question requires an answer:

- If you attach a Question Advised rule to the order-specific question, the system follows the rule. If none of the conditions of the rule are met, the question is set to Normal. Note that selecting the Advised? checkbox doesn't affect the order-specific question appearance if the conditions of the rule are met.
- If there's no rule attached to the order-specific question, the system looks to the Advised? checkbox to determine a question's status and to the profile setting for Proc Questions Data Requirements (I LPR 1125) to determine how the question appears. To set this item in Clinical Administration, open the profile record and access the Order Validation screen (Procedure, Scheduling, Task > Order Validation).
 - In the Requirements for questions field, the default is Recommend advised only. Order-specific questions that have the Advised? checkbox selected and this field set to Recommend advised only appear to clinicians but are not required.
 - You can set this field to Require advised only. Order-specific questions that have the Advised? checkbox selected are then required.
 - You can set this field to Require advised and recommend others. Order-specific questions that have the Advised? checkbox selected are required, and order-specific questions without the Advised? checkbox selected appear but are not required.

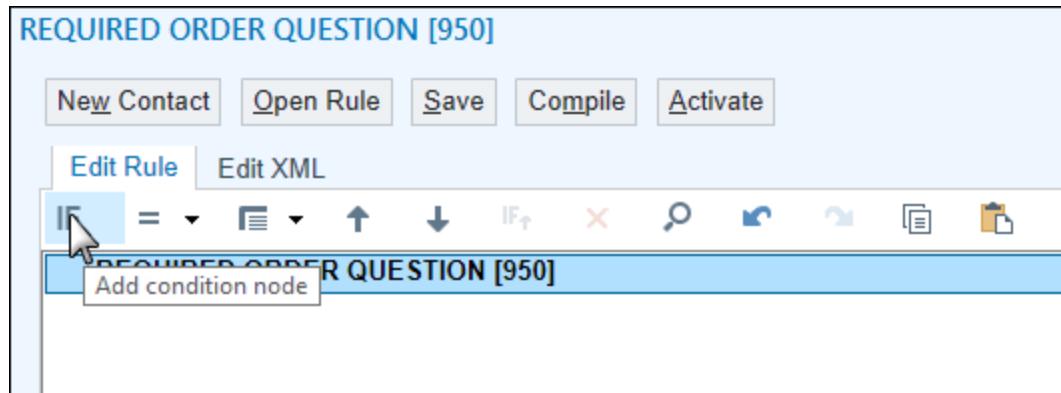
You have two options for rules that determine whether a question is required, depending on your needs and your version of Epic:

- In all versions, you can build a Question Advised rule in the Question Rule Editor. Question Advised rules allow you to check basic information about the patient, the provider, and the order.
- Starting in November 2020, you can create a question restrictor rule in the Rule Editor and nest that rule inside a Question Advised rule if you need more flexibility. This advanced method allows you to check a greater variety of patient information, such as requiring the question if the patient has a certain diagnosis in their Problem List.

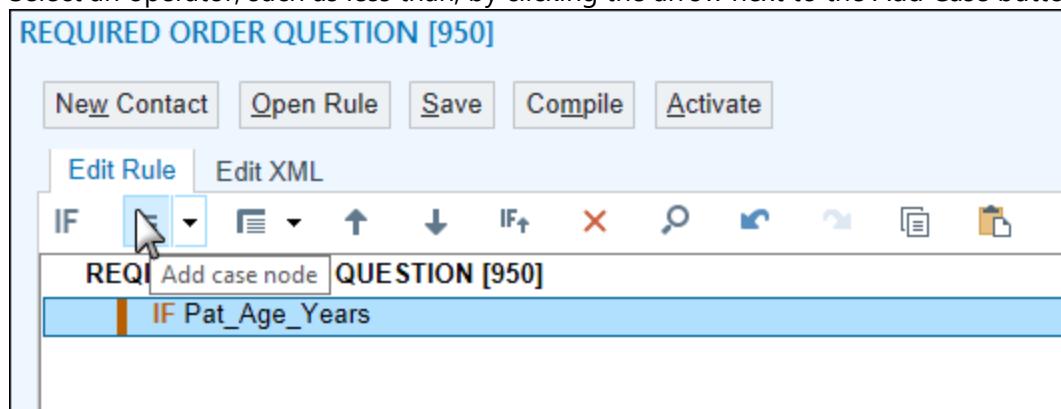
Configure a Required Order-Specific Question (Basic Method)

To specify that a question requires an answer, attach a Question Advised rule to the order-specific question. First, build the rule with the Question Rule Editor to ensure that questions appear as you want them to when you attach a rule.

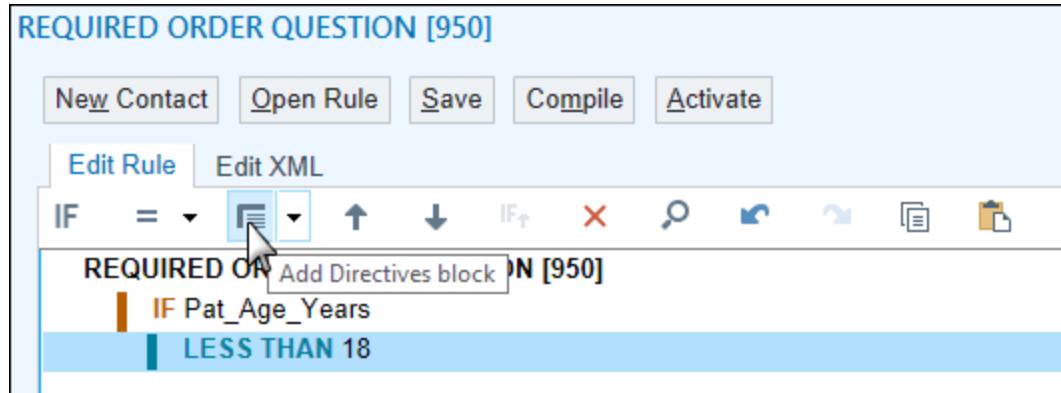
1. In Hyperspace, go to the Question Rule Editor - Full Access (search: Question Rule Editor).
2. Create a new question rule.
3. Click the Add Condition button on the small toolbar to add a new condition.



4. Select the appropriate property in the Property field, such as Patient Age (Years).
5. Select an operator, such as less than, by clicking the arrow next to the Add Case button.



6. Enter a value in the Value field. If you enter text in this field, ensure that you enter it exactly as it appears in your records. If there are any capitalization or punctuation differences, your rule won't work. Click the plus sign button next to the Value field to add the value to your rule.
7. Click the down arrow next to the Add Directives button, and choose Set.



8. In the Property field, select one of the following:
 - o Question Response Normal. This property sets the question response to Normal (not required)

regardless of what's entered in the Value field. Use this property if a question should not be required for orders that meet certain criteria, such as the patient is under 18 years of age.

- Question Response Recommended. This property sets the question response to Recommended regardless of what's entered in the Value field. Use this property if a question is recommended but not required for orders that meet certain criteria.
 - Question Response Required. This property sets the question response to Required regardless of what's entered in the Value field. Use this property for questions that are required for orders that meet certain criteria.
9. Enter any text in the Value field. It might be helpful to enter a descriptive value and comment that helps other users understand your property.

The screenshot shows the 'REQUIRED ORDER QUESTION [950]' rule editor. The rule structure is as follows:

```
IF Pat_Age_Years LESS THAN 18
  DIRECTIVES:
    SET QuestionNormal TO Normal (Not Required)
  IF Pat_Age_Years GREATER THAN OR EQUALS 18
    DIRECTIVES:
      SET QuestionRequired TO Required
```

Set:

Property: QUESTION RESPONSE REQUIRED [5000] Value: Required Comment: This property always sets the response to Required regardless of the text in the Value field.

10. Click Activate.
11. Open the Order-Specific Question Editor (search: Order-Specific Question Editor).
12. Open or create a new order-specific question.
13. In the Advised rule field, enter the question rule created above. If you're creating a new order-specific question, refer to the [Let Clinicians Answer Questions Related to Their Orders](#) topic for more information about filling out the remaining fields.

Configure a Required Order-Specific Question (Advanced Method)

⌚ Starting in November 2020

If you want to control whether a question is required based on properties that aren't available in the Question Rule Editor, you can build a question restrictor rule and nest that rule inside a Question Advised rule. To use this advanced method:

1. Create a flexible rule in the same way as in step 1 of the [Use an Inclusion Rule to Determine Whether Order-Specific Questions Appear](#) topic. For example, suppose you want a question about a procedure to be required only if a patient has specific risk factors for complications in their chart. You would build a rule that evaluates to True if the patient has those risk factors.
2. Create a copy of property 5006-Evaluate Question CER Rule (Template) that evaluates the rule you built. In

this example, your copy of property 5006 should return true if the rule that checks for risk factors evaluates to True.

3. Build a Question Advised rule using your copy of property 5006, using the same steps as the basic method above. Build your second rule to set the Question Response Required, Question Response Recommended, or Question Response Normal properties based on how your copy of property 5006 is evaluated.

However, note that you can't use this method to check information in the Order Composer for the unsigned order, only information that's already in the patient's chart.

1. Follow the instructions in the [Create or Edit a Rule](#) topic to create a rule with a context of 8503-Order-Specific Question Restrictor.
2. In Chronicles, go to the Rule Conditions/Properties (LRC) master file.
3. Go to Enter Data > Duplicate Property and make a copy of property 5006-Evaluate Question CER Rule (Template).
4. In Hyperspace, go to the Property Editor (LRC) (search: Property Editor (LRC)) and open your copy of property 5006.
5. In the Descriptor field, enter a unique descriptor for your copy of property 5006.
6. In the Get Function field, replace the cerID parameter with the ID of the question restrictor rule you created in step 1. Don't change anything else in your copy of property 5006.

The screenshot shows the 'Property Editor' dialog box with the following details:

- Name:** IAJ EVALUATE QUESTION CER RULE
- ID:** 66666666
- Descriptor:** (empty)
- Comments:** This property evaluates an Order-Specific Question Restrictor CER rule. This property will return true if the CER rule evaluates to true and false if the CER rule evaluates to false. Allowed values for entry in the Question Rule Editor are taken from the No and Yes (ECT 101) category list. You can enter category IDs, exact category names or exact category synonyms. To use this property, create a copy, and give your new LRC a new descriptor.
- Context:** Questions
- Type:** Get
- Get Function:** \$\$evaluateCERRule^LNOQUESTIONRULE(sessName,cerID) cerID
- Set Function:** (empty)
- Resolution Function:** \$\$getCatID^LNOXPRP1("ECT",101,value)
- Prevent caching:**
- Cache level:** Global
- Buttons:** Accept (green checkmark) and Cancel (red X)

7. Click Accept to close the property record.
8. Go to the Question Rule Editor - Full Access (search: Question Rule Editor).
9. Follow the steps in the Configure a Required Order-Specific Question (Basic Method) section to set up a Question Advised rule using your copy of property 5006.

Control Whether Order-Specific Questions Used in Inpatient Medication Orders Are Live-Editable

 Starting in August 2023

When a clinician modifies an inpatient medication order and signs their changes, the system typically cancels the old order and creates a new one to replace it. However, you can allow live-edit modifications for inpatient medications so that when a clinician modifies certain order details, the system preserves the original order rather than creating a new order. When live-edit modification is enabled for order-specific questions in EMR System Definitions, responses to all order-specific questions that allow live-edit modifications can be modified without creating a new order. For more information on live-edit modification setup, refer to the [Allow Clinicians to Modify Medications Without Creating a New Order](#) topic.

For example, suppose your patient received alteplase for ischemic stroke and the clinician is using an order-specific question to document the patient's post-alteplase blood pressure goal. Originally, the clinician specifies a goal of less than 180/105. The patient is stable on day three of their inpatient admission, so the clinician modifies the order to a more controlled systolic blood pressure of less than 140 mmHg. When they sign the modification, the order in the MAR is updated with no new order created.

In the Foundation System, there are multiple examples of live-editable order-specific questions, one of which is order-specific question 131492-Rx Target Blood Pressure For Stroke Antihypertensives.

To see this order-specific question build, log in to the [Foundation Hosted environment](#) as an administrator such as your organization's inpatient administrator (IPADM), and open order-specific question 131492 in the Order-Specific Question Editor. To see this order-specific question in action:

1. Open the chart for an admitted adult patient.
2. Search Manage Orders for the Ischemic Stroke Admission (With Thrombolytic) Order Set.
3. Select the orders for labetalol bolus and infusion from the section for Antihypertensives Post-Thrombolytic Administration.
4. Answer the order-specific question and sign your orders.
5. Go to the MAR and find the order you just signed. Make a note of the order ID.
6. Return to Manage Orders and choose to modify the order. Change the answer to the order-specific question, and sign the modification.
7. Back in the MAR, find your order and see that it has the same order ID and only one line in the MAR.

There are certain types of questions that cannot be made live-editable because they file answers to an item that is not on the order (ORD). These include order-specific questions that have content in any of the following fields:

- Custom file code (I LQL 220)
- File response to item (I LQL 210)
- File comment to item (I LQL 215)
- File to INI (I LQL 200)
- File to Flowsheet (I LQL 30010)

Make Individual Order-Specific Questions Live-Editable

To let clinicians live-edit order-specific questions, first you need to set the EMR System Definitions setting to allow order-specific questions to be live-edited:

1. In Clinical Administration, open EMR System Definitions and follow the path Medication, Allergy, Imm., etc. > Reorder, Modify, Discontinue.
2. Go to the Inpatient Allowed Order Modifications screen.
3. In the Allow Medication Modifications (I LSD 25000) field, enter Questions as an option.

Now that order-specific questions are live-editable at the system level, you must make individual order-specific questions live editable:

1. In Hyperspace, open the Order-Specific Question Editor.
2. Open an order-specific question or create a new order-specific question. For more details about creating and editing order-specific questions, refer to the [Let Clinicians Answer Questions Related to Their Orders](#) topic.

3. Select the Live-Editable? (I LQL 30250) checkbox in the Load/File section.
4. If the question you are creating or editing cascades to or from any other live-editable questions, mark all related questions as live-editable so that parent questions can update answers to child questions.

Give Security for Order-Specific Question Modifications to Be Autoverified

To allow clinicians' live-edit modifications of order-specific questions to be autoverified, give them Willow security point 69-Autoverify Question Changes. We recommend that you give clinicians this security point if they have Willow security point 32-Autoverify Rate Changes. To add this security point, complete the following steps:

1. In Hyperspace, go to Epic button > Admin > Rx Admin > Willow Security.
2. Open the security class that you want to add the security point to.
3. Search for security point 69.
4. Set the Active column to Yes.

Pull in Answers Automatically for the Same Order-Specific Question

You can configure order-specific questions to automatically pull in the answer if the same question has already been answered, for example, if the question has been answered in the same encounter. You can also configure questions to have default answers in preference lists and SmartGroups.

You can set up questions to fill in answers automatically by specifying the question level in the Order-Specific Question Editor, configuring a question to copy answers forward from a source order when the attached order is reordered, or setting up default answers in preference lists and SmartGroups.

Pull in Answers by Specifying Question Level

1. Open the order-specific question record in the Order-Specific Question Editor.
2. Enter one of the following options in the Question Level field:
 - Per Order. When a clinician answers the question, that answer is not pulled in elsewhere. Other orders that contain the same question are unaffected. For example, for a free-text question about when a vaccination dose was administered, clinicians need to answer with the date of that particular vaccination administration. This setting is the released setting for new order-specific questions.
 - Per Session. When a clinician enters an answer while placing orders, that answer is automatically pulled in for any orders the clinician places at the same time with the same question attached. This setting applies only to questions answered during one ordering session. For example, for certain medications, clinicians might answer a question like "When was the last time the patient ate?" The answer is the same for all orders placed at the same time. Changing the answer to a per-session question in one order updates the answer everywhere it appears within the ordering session. If you leave the Question Level field blank, this setting is the default.
 - Per Encounter. Clinicians answer this question only once per encounter. The answer then appears by default anytime the question appears in the encounter.

Pull in Answers by Setting Defaults in Preference Lists

1. In Hyperspace, open the Preference List Composer.
2. In the Preference List Selector, choose the preference list. Click Edit. Open a new contact and click Accept.
3. Click Edit Defaults on the Preference List Composer toolbar. The Preference List Defaults window opens.
4. If the preference list doesn't have the question already attached, add an order-specific question record in the Add a question field in the Questions section of the Order Composer.

5. Enter the default answer to this question in the Answer field.
6. Click Accept. Close the record.

Pull in Answers by Setting Defaults in SmartGroups

1. In Hyperspace, open the SmartGroup Editor. Enter the SmartGroup record in the Launching SmartGroup window and click Continue.
2. Create a new contact and click Finish. The SmartGroup Editor opens.
3. Access the Configuration section. Click the Summary Sentence of the order you want to edit to open the order details.
4. If the question isn't attached to the SmartGroup, add an order-specific question record in the Add a question field in the Questions section of the order composer.
5. Enter the default answer to this question in the Answer field.
6. Click Save. Click Release and close the record.

Pull in Answers from Previous Orders

1. In Hyperspace, open the Order-Specific Question Editor
2. In the Load/File section, select the Copy from Source Order Checkbox (I LQL 175) if you want the answers to this order-specific question to be pulled forward when the attached order is reordered.

Pull in Answers Automatically Based On Location, Department, or Service Area

You can automatically pull in order-specific question answers based on the location, department, or service area a clinician is logged into when the order is placed. Here are a few examples of this configuration in action:

- One clinician orders an EKG from the nephrology department, and the order is automatically set to scan for electrolyte abnormalities. Another clinician in the emergency department places the same order, but for her, the EKG is automatically set to scan for ischemic symptoms.
- An organization with multiple service areas uses a different lab company in each service area, each of which has its own preferences for which lab tubes are collected in a rainbow draw. With this configuration, the correct defaults are pulled in based on the service area the order is placed from.
- An organization has hospitals in multiple states, and each state has different regulations for how opioid medications should be ordered. With this setup, they can pull in the correct defaults to meet each state's standards without maintaining a large number of records.



The system first looks to the procedure record for default answers to order-specific questions. If you set a default answer to an order-specific question, you must remove that value before setting dynamic default answers. To do so, open the procedure record, navigate to the Order Specific Questions screen, and find the question you want to dynamically answer. Delete any values in the Default Answers column for that question.

Note that setting up a default answer for the location, department, or service area doesn't restrict which answers are available. Clinicians can still select an answer other than the default.

To set up a question-level default answer based on one of these items, start by setting up groupers for each department, location, or service area that should have its own default answers:

1. In Hyperspace, open the Grouper Editor (search: Grouper Editor) and create a new grouper.
2. In the Master File (I VCG 50) field, enter either DEP to configure a default by department or EAF to configure a default by location or service area.
3. In the Type (I VCG 60) field, enter General.
4. In the Records field, enter the record of the department, location, or service area for which you want to set up a default.
5. Save and close the record.
6. Complete the steps above again to make a grouper for each department, location, or service area where you want to configure default answers.

Then, complete the following steps for each order-specific question for which you want to configure default answers:

1. Access the Order-Specific Question Editor (search: Order-Specific Question Editor) and open an existing question or create a new one.
2. Fill out the rest of the question record as desired.
3. In the Custom load code (I LQL 225) field, enter the following text string, replacing 555555|555556 with a pipe-delimited list of groupers you created above: d facLQL^LQLUTIL7("555555|555556")
4. After the comma at the end of the custom load code in the previous step, complete the code based on the type of question you are configuring, using the examples below. The first pipe-delimited piece of the code correlates to the second pipe-delimited piece. For example, in the example below for Free Text questions, grouper 555555 uses Free text response 1 and grouper 555556 uses Free text response 2.
 - Free Text: enter a pipe-delimited list of free-text responses.
 - Example: d facLQL^LQLUTIL7("555555|555556","Free text response 1|Free text response 2")
 - Date: enter a pipe-delimited list of dates, such as T+2 or 1/20/2025.
 - Example: d facLQL^LQLUTIL7("555555|555556","T+2|T+3")
 - Time: enter a pipe-delimited list of dates, such as n+2 or 1200.
 - Example: d facLQL^LQLUTIL7("555555|555556","n+2|n+3")
 - Numeric: enter a pipe-delimited list of numbers, such as 25 or 50.
 - Example: d facLQL^LQLUTIL7("555555|555556","25|50")
 - Networked: enter a pipe-delimited list of internal IDs of associated records.
 - Example: d facLQL^LQLUTIL7("555555|555556","123456|123457")
 - Custom List: enter a pipe-delimited list of strings of available responses, corresponding to what is entered in the Allowed Answers (I LQL 130) field.
 - Example: d facLQL^LQLUTIL7("555555|555556","0 Tubes|1 Tube")
 - Category/INI: enter a pipe-delimited list of category IDs for category list values in the Response item (I LQL 125) field. This can be a number or exact string.
 - Example: d facLQL^LQLUTIL7("555555|555556","1|2")
 - Yes/No: Enter a pipe-delimited list of either Yes or No answers.
 - Example: d facLQL^LQLUTIL7("555555|555556","Yes|No")
 - If a question is set to multiple response and is either Custom List, Category/INI, or Networked, you can set multiple answers for each grouper by separating them with commas in the second pipe-

delimited piece.

- Example: d facLQL^LQLUTIL7("555555|555556","1,2|3,4")
 - If you want to establish a default answer that is used when none of the groupers are matched, you can add that answer as a third piece. For example, if you entered the code d facLQL^LQLUTIL7("555555|555556","1|2","3") then clinicians not located in grouper 555555 or 555556 see category list value 3.
5. Save and close the record.

Pull in Answers Automatically from the Patient's Chart

You can pull in information from the patient's chart automatically, so clinicians don't have to ask questions about information that's already been documented.

You can set up order-specific questions to automatically bring in patient demographics, patient phone number, ordering provider information, supervising provider information, encounter department, and data from flowsheets. The following sections outline only the steps needed to complete the specific task. For information about how to create order-specific questions and how to make them appear to clinicians, refer to [Let Clinicians Answer Questions Related to Their Orders](#).

Bring in Patient Demographics

If your organization uses a patient's demographic information to drive order transmittal, configure order-specific questions to automatically populate answers with the patient's date of birth, ethnicity, race, or hospital area.

1. In Hyperspace, open the Order-Specific Question Editor (search: Order-Specific Question Editor).
2. Open the order-specific question record.
3. If you have an existing question that you want to automatically populate, open it and go to step 5. Otherwise, create a new order-specific question and continue to step 4.
4. Set the Response type (I LQL 110) field based on the type of demographic information you want to capture in your question:
 - For the patient's date of birth, enter Date.
 - For the patient's ethnicity, enter Category - INI, and fill out the Response INI (I LQL 120) and Response item (I LQL 125) fields with the item you use to store the patient's ethnicity.
 - For the patient's race, enter Category - INI, and fill out the Response INI (I LQL 120) and Response item (I LQL 125) fields with the item you use to store the patient's race.
 - For the patient's hospital area, enter Category - INI, and fill out the Response INI (I LQL 120) and Response item (I LQL 125) fields with the item you use to store the patient's hospital area.
5. In the Custom Load Code field, enter d dftAns^LYLGHLQL(XXX), where XXX is one of the following item numbers:
 - For the patient's date of birth, enter 110.
 - For the patient's ethnicity, enter 135.
 - For the patient's race, enter 145.
 - For the patient's hospital area, enter 18883.
6. Select the Released? checkbox.

Bring in the Patient's Phone Number

Considerations

Starting in May 2024, consider using the new Order-Specific Question type Phone Number to easily create validated phone number questions without having to add a validation extension.

You can populate a patient's phone number in an order-specific question. For example, you might want to populate a patient's phone number in a referral order for a smoking cessation program.

You specify the type of phone number that you want to populate and additional types to populate if the patient does not have the first type. For example, you can specify that you want the patient's mobile phone number to be pulled in, and if that number is not available, have the patient's home number be pulled in. Clinicians can change the populated phone number if the patient prefers to be contacted at a different number.

If you want to validate that clinicians entered the patient's phone number in the correct format, you can use order validation extension 87751-Order Validation - Phone Number LQL Answer Format. With this order validation extension, a configurable warning message appears if a clinician enters a phone number in an invalid format.

You can send the patient's phone number to an external system, such as a smoking cessation program, using one of the following types of interfaces:

- 8-Outgoing Ancillary Orders
- 55-Outgoing Imaging Results and Orders
- 65-Outgoing Diet Orders

To configure an order-specific question to populate a patient's phone number:

1. In Hyperspace, open the Order-Specific Question Editor (search: Order-Specific Question Editor) and open an existing order-specific question for the patient's phone number or create a new one.
2. If you created a new question, in the Prompt (I LQL 100) field, enter the question text that should appear to clinicians.
3. Starting in May 2024, in the Response type (I LQL 110) field, enter Phone Number. Prior to May 2024, enter Free Text or confirm that the value is Free Text.
4. Leave the Multiple response? (I LQL 180) checkbox cleared.
5. In the Custom load code (I LQL 225) field, enter the following code, with a comma-delimited list of phone number types from the Other Communication Devices (I EPT 94) category list in the order they should be pulled in within the quotation marks. For example, enter d loadPhoneByType^LQLUTIL4("1,7") to pull in the patient's mobile phone number, and if that's not available, pull in the patient's home number.
 - d loadPhoneByType^LQLUTIL4("")
6. Make sure that the Released checkbox is selected and click Accept.
7. If your question isn't already attached to orders, refer to the [Make Order-Specific Questions Appear to Clinicians](#) topic to attach it.

If using an Order-Specific Question type other than Phone Number, to validate that phone numbers are entered in a valid format:

1. In Chronicles, open the extensions (LPP) master file and duplicate extension 87751.
2. Edit your copy of the extension and go to the Parameters screen.
3. In the Question ID field, enter the question you created.

4. In the Custom message field, enter the message that you want to appear to users if they enter a phone number in an incorrect format.
5. In Clinical Administration, open a profile record where you want the order validation extension to apply.
6. Go to Procedure, Scheduling, Task > Order Validation.
7. In the Accept Order Validation Extensions (I LPR 830) field, enter your copy of extension 87751.
8. If you want to warn clinicians but still allow them to sign the order, enter Yes in the Allow Accept? column. Otherwise, enter No.

Work with your Bridges team if you need to configure your system to send order-specific questions and answers to external systems. For information about specific interface setup, your Bridges team can refer to the interface reference guides for the following interface kinds:

- 8-Outgoing Ancillary Results and Orders
- 55-Outgoing Imaging Results and Orders
- 65-Outgoing Diet Orders
- 109-Outgoing Results and Orders

Bring in Ordering Provider Information

Save clinicians time when they place orders for labs and other procedures if your organization requires special ordering provider information, for example, to send orders through an outgoing lab interface.

1. In Hyperspace, create a new order-specific question.
2. In the Prompt field, enter Ordering Provider.
3. Enter Per Order in the Question level field.
4. In the Response type field, select Networked.
5. In the Response INI field, enter SER.
6. In the Custom Load Code field, enter d ordProv^LYLGHLQL(xxx,yyy) where xxx and yyy are one of the following items:
 - For xxx:
 - Set to null, as released, to specify that the user must have an associated provider record but no specified MPI ID type.
 - Enter 1 to specify that the user must have an associated provider record and a certain MPI ID type, which is specified as the yyy values.
 - For yyy:
 - If xxx is set to 1, enter a caret-delimited list of MPI ID types (I SER 9300). The user must have at least one of the items to appear as the ordering provider.
7. Select the Released? checkbox.

Bring in Supervising Provider Information

If your organization needs to print a supervisor's name and DEA number on all prescriptions written by providers, configure order-specific questions so that this supervisor information is automatically entered in the Order Composer. Before you follow these steps, be sure that for providers the Supervision Required? field is set to Yes on the Proxy Provider Information screen in their provider records.

1. In Hyperspace, create a new order-specific question called Supervising Provider.

2. In the Prompt field, enter Supervising Provider.
3. Enter Per Order in the Question level field.
4. In the Response type field, select Networked.
5. In the Response INI field, enter SER.
6. Enter d IPSupProv^LYLGHLQL in the Custom Load Code field.
7. Select the Released? checkbox. Exit the record.
8. Create a second order-specific question record named Supervisor DEA.
9. In the Prompt field, enter Supervisor DEA.
10. In the Response type field, enter Free Text.
11. In the Custom Load Code field, enter d IPSupDEA^LYLGHLQL.
12. Select the Released? checkbox.
13. Record the ID numbers of both question records.
14. In Chronicles, access the Extension (LPP) master file and duplicate extension record 34247-Order Defaulting - Add Order Questions.
15. In your copy of the extension:
 - a. Starting in November 2022, go to the Parameters screen. Move your cursor to the Value field for parameter 7-Questions and press F6 to edit it. In the Value field, enter each of the two question records you created above on a separate line.
16. In Clinical Administration, access the Profiles (LPR) master file and open an appropriate profile. Go to the Medications or Procedures submenu, then to Cosign, Acknowledgement, etc. and access the Supervising Providers screen.
17. In the Allow supervisor to default for provider types field, enter the provider types, such as physician's assistant or nurse practitioner, whose supervisor should appear on prescriptions. These providers can then enter their supervisor's name when they log in to Hyperspace.
18. In the same profile record, go to Procedure, Scheduling, Task > General Options. On the Orders Extensions I screen, enter your copy of extension record 34247 in the After Defaulting field.
19. In Hyperspace, go to Epic button > Tools > SmartTool Editors > SmartText. To include the supervising provider's name with a label on a prescription report, open the SmartText you use for prescriptions and add SmartLinks @RXOL(SupervisingName,Supervisor:@) and @RXO(SupervisingName@).

Bring in the Encounter Department

1. In Hyperspace, open the Order-Specific Question Editor (search: Order-Specific Question Editor) and create a new order-specific question or create a new contact for an existing question.
2. In the Prompt (I LQL 100) field, enter the text of the question that you want to appear to clinicians. For example, organizations in Finland might configure the following questions for blood orders: Order Department, Delivery to Department, Paying Department.
3. In the Response type (I LQL 110) field, enter Networked.
4. In the Response INI (I LQL 120) field, enter DEP.
5. In the Custom load code (I LQL 225) field, enter d loadPatientDepartment^LNOQUES4().
6. Select the Released? checkbox.

Bring in Flowsheet Data

1. In Hyperspace, open the Order-Specific Question Editor (search: Order-Specific Question Editor).
2. If you have an existing question that you want to automatically populate, open it and create a new contact. Otherwise, create a new order-specific question.
3. In the Link to Flowsheets field, enter the name of the flowsheet row. The value in this flowsheet row is the default answer to the question. When a flowsheet is updated, the default response is updated, unless the order has been signed.

Bring in Answers from One Place in a Patient's Chart and Store Them in Another

When you use patient (EPT) or claim information (CLM) records to automatically answer order-specific questions, you can also store the answer in a different master file when the order is placed. During an admission order, for example, an order-specific question could pull a patient's existing level of care from a patient (EPT) record. Then, when the order is placed, the level of care could be filed to a pending events (PND) record like a bed request.

Configure this capability by specifying the master file, item, and comments you want to use to answer the question. Then, use the File to INI (I LQL 200), File response to item (I LQL 210), and File comment to item (I LQL 215) fields to determine where you want to store the information.

1. In Hyperspace, open an order-specific question (search: Order-Specific Question Editor).
2. In the Custom load code (I LQL 225) field, enter `d LoadQs^LQLUTIL4("[null]", "INI", Item, "Comments")`. To pull in the ADT Level of Care (I EPT 10135) item with no comments, for example, enter `d LoadQs^LQLUTIL4("", "EPT", 10135, "")`.
3. In the File to INI (I LQL 200) field, enter the master file you want to file the value to. To continue the above example and file the answer to the Level of Care (I PND 200) item, enter PND.
4. In the File response to item (I LQL 210) field, enter the item in the master file you want to file the value to. To continue the above example, enter 200.

Bring in the Patient's Pregnancy Status

You can create an order-specific question that asks if a patient is pregnant and then pull in an answer automatically using the following logic:

- If there is data in the patient's chart indicating that the patient is pregnant, the system pulls in Yes automatically.
- If the patient cannot become pregnant, such as if the patient is male or has had a hysterectomy, the system pulls in No automatically.
- If the patient is older than the maximum pregnancy age that you specify in the order-specific question's loading code, the system pulls in No automatically.
- In all versions, if the patient is younger than the minimum pregnancy age specified in the Minimum age to prompt and report menarcheal/OBGYN information (I LSD 1560) field, the system pulls in No automatically.
- Otherwise, an answer is not pulled in automatically and the clinician should manually answer the question.

To set up this order-specific question, complete the following steps:

1. In Hyperspace, create an order-specific question (search: Order-Specific Question Editor).
2. In the Prompt (I LQL 100) field, enter Pregnant?
3. In the Question level (I LQL 160) field, enter one of the following options:
 - Per Encounter. Enter this option if you need users to document a response to this question once per encounter. For most situations, asking about pregnancy once per encounter should be appropriate.

- Per Order. Enter this option if you need users to document a response to this question separately for every order it's assigned to.
 - Per Session. Enter this option if you need users to document a response to this question once per ordering session.
4. In the Response type (I LQL 110) field, enter one of the following options:
- If you want clinicians to answer either Yes or No, enter Yes/No.
 - If you want to include an option of Unknown, enter Custom List.
5. If you entered Custom List in step four, enter the following options in the Allowed Answers (I LQL 130) and Response buttons in order composer (I LQL 360) fields:
- Yes. Make sure to enter the value that corresponds to Yes in the Yes and No category list (I ECT 100) to ensure that the custom load code can populate the answer automatically.
 - No. Make sure to enter the value that corresponds to No in the Yes and No category list (I ECT 100) to ensure that the custom load code can populate the answer automatically.
 - Unknown
6. In the Custom load code (I LQL 225) field, enter the following: d IsPatientPregnant^LQLUTIL8(ID,DAT,50)
- By default, if the patient is over the age of 50, the answer No is pulled in automatically. If you want to use a different upper age limit, you can change the 50 value in the custom load code to a different age. Optionally, you can change the value of 50 to "" to use the age specified in the Max age for pregnancy warnings (I LSD 1568) item instead. Validate that this item is set to a reasonable age before using this option.
7. Select the Released? checkbox.

Bring in a Patient's Number of Fetuses, Estimated Delivery Date, Gestational Age, and Last Menstrual Period

You can create order-specific questions that automatically pull in a patient's number of fetuses, estimated delivery date, gestational age, and last menstrual period using the following logic:

- Number of fetuses: The system pulls in the number of fetuses associated with the active pregnancy episode.
- Estimated delivery date (EDD): The system pulls in the working EDD associated with the active pregnancy episode. If there is no working EDD, the answer is left blank.
- Gestational age: The system pulls in the gestational age associated with the active pregnancy episode.
- Last menstrual period:
 - If there is an active pregnancy episode, the system pulls in the last menstrual period associated with that episode.
 - If there is not an active pregnancy episode, the system pulls in the last menstrual period documented on the current encounter. If there is no last menstrual period documented on the current encounter, the answer is left blank.

To set up this order-specific question, complete the following steps:

1. In Hyperspace, access the Order-Specific Question Editor (search: Order-Specific Question Editor).
2. If you have an existing question that you want to automatically populate, open it and create a new contact. Otherwise, create a new order-specific question.

3. Set the Response type (I LQL 110) field based on the type of obstetrics information you want to capture in your question:
 - For the number of fetuses, enter Number or Free Text.
 - For the gestational age in either weeks or days, enter Number or Free Text.
 - For the gestational age in weeks and days, enter Free Text.
 - For the estimated delivery date, enter Date.
 - For the last menstrual period, enter Date.
4. In the Custom load code (I LQL 225) field, enter the following based on the type of information you want to capture:
 - Number of fetuses: d NumberOfFetuses^LQLUTIL8
 - Gestational age (days): d GestationalAge^LQLUTIL8(1)
 - Gestational age (weeks): d GestationalAge^LQLUTIL8(2)
 - Gestational age (weeks and days): d GestationalAge^LQLUTIL8(3)
 - Estimated delivery date: d EstDeliveryDate^LQLUTIL8
 - Last menstrual period: d LastMenstrualPeriod^LQLUTIL8
5. Select the Released? checkbox.

Bring in Default Answers Based on Information in the Patient's Chart

 Starting in February 2023

You can use Patient-context rules configured in an extension to automatically select a default answer to an order-specific question based on information in the patient's chart.

You need the following things to set this up:

- The Patient-context rules
- A copy of extension 30955-Rule Based Order Questions Default Answer
- The order-specific question
- The order the question should appear on



Before setting up a rule, keep the following tips in mind:

- In most cases, this rule is applied only when an order is first created, so the rule is not evaluated differently if there are changes in the patient's chart. For example, if a pended order is restored, it still uses the answers that were on the original order rather than evaluating this rule again. For this reason, we recommend that you do not use rule properties based on information that is likely to change during the course of an encounter.
- Depending on the complexity of the rule you build, it is possible for this option to have a negative impact on system performance. Be sure to test placing orders with these questions to confirm that they don't take significantly longer to process than placing other similar orders.
- Make sure to consider the question response type when setting up a rule. Different question types take different types of answers, so make sure your rule uses a default answer in the correct format for your question.

Question answers that include patient information that is pulled in using Patient-context rules might be saved to user preference list entries. If you use, or plan to use, Patient-context rules to pull in patient information, consider creating a new Order Composer configuration record without the questions display item for the user preference list editor. For more information, refer to the [Prevent Users from Saving Question List Values to User Preference Lists](#) topic.

1. In Hyperspace, identify or create Patient-Context rules that evaluate the correct criteria for your use case (search: Rule Editor). For example, if you want a default of "Yes" if a patient is on a specific medication, identify or create a rule that returns True if the patient is on that medication. For more information, refer to the [Create or Edit a Rule](#) topic.
2. In the error message field, instead of adding error text, specify the default answer that you want to use if the rule returns True. For example, type "Yes." The quotation marks are added automatically. To pull in specific information from the patient's chart, such as birth date, or a patient's name, use the properties field under the error message field to pull in a relevant property. Refer to the [Free Text and Complex Error Messages](#) topic for an example.
3. In Chronicles, copy extension 30955.
4. In your copy of the extension, go to the second screen, and fill out the following parameters:
 - Patient Context Rules. List the IDs of your rules in the order you want them to be evaluated. The first rule that returns True provides the default answer for your question.
 - Optional: Question Answer Default. Set a default answer. If all your rules return False, your default answer can be set by this parameter.
 - Optional: Use DAT?. If you are working with a date question, you can use this parameter to toggle between a numeric value being interpreted as a DAT or as a DTE (the default behavior).
5. In Hyperspace, identify or create the order-specific question you want to select a default answer for (search: Order-Specific Question Editor). For example, open a yes/no question that asks if the patient is on a specific medication.

- In the Custom load code field, enter `d execLPP^LQLUTIL4(<copy of LPP 30955>)`, where the ID of your extension is in the parentheses.
- If you created a new order-specific question, attach it to the procedure, procedure category, or medication record you want it to appear on. For more information, refer to the Make Order-Specific Questions Appear to Clinicians subsection in the [Let Clinicians Answer Questions Related to Their Orders](#) topic.

Pull in the Ordering Clinician's Contact Information Automatically

Considerations

Starting in May 2024, consider using the new Order-Specific Question type Phone Number to easily create validated phone number questions without having to add a validation extension.

You can save clinicians time when they are placing orders by having the system automatically enter the contact number of the ordering clinician as an answer to an order-specific question. By populating the information automatically, you eliminate the need for clinicians to enter a number that is already on file in your system. It also reduces the chance of clinicians accidentally entering a number incorrectly.

- In Hyperspace, access the Order-Specific Question Editor (search: Order-Specific Question Editor) and open the record for the order-specific question that records the ordering clinician's contact number.
- In the Custom Load Code field, enter `d gtPhnNmLQL^JCLNUTL1("", "")`.
- Configure the first parameter, which determines the item from which the system retrieves the clinician contact number. Enter one of the following numbers:
 - Null ("") - Phone Number (I EMP 140)
 - 0 - Office #1 Phone Number (I SER 1280)
 - 1 - Primary Pager Number (Checks I SER 34941, then I SER 1220)
 - 2 - Answering Service Phone Number (I SER 1210)
 - 3 - Office #2 Phone Number (I SER 1300)
 - 4 - Home Telephone Number (I SER 1200)
 - 5 - Secondary Address Phone (I SER 21100)
 - 6 - Work History Contact Phone (I SER 18961)
 - 7 - Peer Review Phone (I SER 19812)
 - 8 - Contact Phone (Checks I SER 34941, then I SER 26105, then I SER 1280)
 - 9 - Beeper # (I SER 1230).
 - 10 - Primary Contact Method (I LSD 34214)
- Configure the second parameter, which determines the provider types whose contact numbers are automatically populated. List the provider types to whom this order-specific question applies. If this parameter is left blank, the contact numbers of all provider types are automatically populated.
- If this question is used for treatment or therapy plans, select the "Run load code if unanswered when releasing procedures in treatment and therapy plans?" (I LQL 227) checkbox.

Set Character Limits and Numeric Ranges for Order-Specific Questions and Display Items

If you interface with a third-party system that can only accept a limited number of characters for order-specific question responses or display items, you can warn clinicians when they exceed that number of characters. You

can also set a minimum and maximum response for single-response numeric order-specific questions. If a clinician enters a number greater than the maximum number you specify, they see a warning indicating that they have exceeded the maximum. These restrictions can be set based on order type, order class, and referral type.

1. In EMR System Definitions, follow the path Procedure, Scheduling, Task > Display in Order Entry and navigate to the Order Composer Length Restrictions screen.
2. For each row, enter values in the Order Type (I LSD 13200), Order Class (I LSD 13201), and Referral Type (I LSD 13202) fields to specify procedures that should have a character restriction on question comments.
 - You can create multiple rows with different restrictions.
 - The columns on this screen use AND logic. If a procedure matches multiple rows, the system looks first at the Order Type, followed by Order Class and then Referral Type and uses the most specific match.
3. Press F6 to open the Order Composer Length Restrictions screen for the row you have highlighted.
4. In the Display Item column, choose a display item for which you want to limit the number of characters.
5. In the Max Length column, enter the maximum number of characters allowed.
6. In the Question column, enter an order-specific question that is either free text, numeric, or allows comments.
7. In the Min Answ and Max Answ columns, you can set minimum and maximum numbers of characters. If you're working with a numeric question, use these columns to set a minimum and maximum numeric range.
8. In the Max Comment Length column, enter the maximum number of characters allowed in the comment field of the order-specific question you entered in that row.
9. Repeat steps 3-8 for each row you created on the Order Composer Length Restrictions screen.

Restrict Responses to Order-Specific Questions

You can restrict the available answers for order-specific questions so clinicians see only the most applicable answers. You can use this feature to provide clinicians with a targeted list of answers.

For example, in the Foundation System, question 2020041-Admitting Physician is configured to limit the list of admitting providers to only providers with admitting privileges. To see the question, you can go to the [Foundation Hosted environment](#), log in to Hyperspace as an administrator (IPADM), and open question 2020041 in the Order-Specific Question Editor.

You can restrict available responses for category questions and networked questions. For category questions, you can restrict which category values are allowed as responses. For example, using this feature, you can configure a question about patient class to allow only certain responses from the ADT: Patient Class (I EPT 10110) category list.

For networked questions, you can restrict responses using an extension of type 34016-Question Answer Filtering. Foundation System question 2020041, described above, is a networked question that uses extension 88286-Filter Order Question Answers-Check Admitting Privileges.

Question: OS PATIENT CLASS? [225706]

Open Save Save As

BASIC INFORMATION

Name:	OS PATIENT CLASS?	ID:	225706
Prompt:	What is the patient class?	<input checked="" type="checkbox"/> Released?	<input type="checkbox"/> Internal use only?
Abbreviation:		Question level:	Per Order
Notes:	Order-specific question for patient class.		
Advised rule:	<input type="checkbox"/> Advised?		

RESPONSE

Response type:	Category - INI	Decimal places:									
Response INI:	EPT	Response item:	10110								
Index Item:		Index Value:									
Answer Restriction LPP:											
Allowed Answers:	<table border="1"> <tr> <td>1</td> <td>Inpatient</td> </tr> <tr> <td>2</td> <td>Observation</td> </tr> </table>	1	Inpatient	2	Observation	Response buttons in order composer:	<table border="1"> <tr> <td>1</td> <td>Inpatient</td> </tr> <tr> <td>2</td> <td>Observation</td> </tr> </table>	1	Inpatient	2	Observation
1	Inpatient										
2	Observation										
1	Inpatient										
2	Observation										

Restrict Answers for a Category Question

1. In Hyperspace, open the Order-Specific Question Editor (search: Order-Specific Question Editor).
2. On the Create tab, enter the name of your question, using your organization's naming convention. If you're configuring an existing question, skip to step 3.
3. In the Response type field, enter Category - INI.
4. In the Response INI field, enter the three-letter abbreviation of the master file that holds the item with your category list.
5. In the Response item field, enter the ID of the item that holds the category list.
6. In the Allowed Answers table, enter the category list values that you want to allow as answers. If you don't perform this step, all values from the category list are allowed.

Restrict Answers for a Networked Question

1. In Hyperspace, open the Order-Specific Question Editor (search: Order-Specific Question Editor)
2. On the Create tab, enter the name of your question, using your organization's naming convention. If you're configuring an existing question, skip to step 3.
3. In the Response type field, enter Networked.
4. In the Response INI field, enter the three-letter abbreviation of the master file that holds the networked answers in the Response INI field.
5. In the Answer Restriction LPP field, enter the extension you want to use to restrict answers. The extension must be of type 34016.

Filter Order-Specific Question Responses by Networked Items

You can narrow down the list of responses that clinicians need to sift through when they are answering a question that references an entire master file. This can save time for your clinicians during order entry by ensuring that only relevant answers appear as possible question responses.

For example, perhaps you have a question that asks for a provider's specialty and is linked to your entire Provider

(SER) master file. However, that master file contains many non-provider records, such as nurses and equipment. You can limit the possible responses to records with a certain value in the Provider Type (I SER 1041) field, such as 4-Anesthesiologist. This functionality is generic and flexible, so we encourage you to get creative and use it for other use cases. You might have a question asking for an admission department that currently shows every department, including outpatient and virtual departments. You could limit that question's responses to inpatient departments.

Starting in May 2019, you can filter the possible answers to networked questions in Hyperspace in the Order-Specific Question Editor. This is the recommended method for basic filtering.

Prior to May 2019, or if you have more complex needs, you can also use an extension to filter the possible answers to networked questions. This method might make searching for answers to the question take longer, but it is the recommended method if:

- You have not yet upgraded to May 2019.
- You want to use exclude logic to show records that do not have a certain value, such as provider records without an attached user (EMP) record.
- You want to use more complex logic to evaluate more than one index item (in Epic 2018 and later.)

Filter Answers Using an Index Item

Starting in May 2019

1. In Hyperspace, open the Order-Specific Question Editor (search: Order-Specific Question Editor) and select a question with a Response type (I LQL 110) of Networked.
2. In the Index Item field, enter the item you want to use to evaluate records in the networked master file. You can choose an item with any data type other than Instant. In the example above, you would enter 1041-Provider Type.
3. In the Index Value field, enter one or more valid values for this item, using the carat symbol (^) to separate each value. In the example above, you would enter 4-Anesthesiologist. When a user answers the question later, only records that have at least one of these index values in the index item are selectable as answers.

Filter Answers Using an Extension

This extension works only for order-specific questions with a Response type (I LQL 110) of Networked.

To configure this extension:

1. In Chronicles, access the Extension (LPP) master file and duplicate extension 88358. Alternatively, you can use a different extension of type 34016-Question Answer Filtering, but the remainder of this setup section will assume you are using extension 88358.
2. Open your copy of extension 88358.
3. In the fourth parameter, enter the INI of the record you want to evaluate, such as SER for providers. The INI you enter must match the INI specified in the Response INI (I LQL 120) field of the order-specific question this extension is attached to.
4. In the fifth parameter, enter an item from the record you specified in the fourth parameter to evaluate. The item you enter here must have a data type of Numeric, String, Networked, or Category. For items with multiple contacts, only the most recent contact for that record is evaluated.
5. In the sixth parameter, press F6 to enter the value or values of the item you specified in the Item Number parameter that you want this extension to search for. If the value of an item in a record matches any of the values specified in this parameter, that record is included as an acceptable question response.

- If the item you specified has a data type of String, enter only free-text string values.
 - If the item you specified has a data type of Numeric, enter only number values.
 - If the item you specified has a data type of Networked, enter the IDs of the networked records to check. Entering record names does not work for this extension.
 - If the item you specified has a data type of Category, enter the category numbers to check. Entering category titles or any abbreviations does not work for this extension.
6. The seventh parameter determines whether this extension includes or excludes the records it finds as acceptable question responses. If the parameter is set to 1-Include or left blank, records that have item values that match the sixth parameter appear as possible responses to the question. If it is set to 0-Exclude, the records that this extension finds are filtered out and do not appear as possible responses to the question.
 7. In Hyperspace, access the Order-Specific Question Editor (search: Order-Specific Question Editor).
 8. Open an order-specific question with a Response type of Networked. Alternatively, create a new order-specific question. Make sure the ResponseINI (I LQL 120) field contains the same INI as you specified in the fourth parameter of your extension.
 9. Enter your copy of extension 88358 in the Answer Restriction LPP (I LQL 2551) field.
 10. Click Accept to close the record.

Starting in Epic 2018, if you need more robust filtering logic, you can use a wrapper extension to evaluate multiple copies of the extension described above in a single order-specific question. For example, an organization might set up extension 88358 to filter a question asking for provider (SER) records based on their admitting/attending privileges, but if that organization has multiple locations, this might not narrow the list enough. Using the wrapper extension, the organization could evaluate whether the provider has attending privileges AND if they are part of a treatment team that works in the hospital that the patient will be admitted to.

The wrapper extension works with any extension of type 34016-Question Answer Filtering, but this setup uses extension 88358 as an example. To set up the wrapper extension:

1. In Chronicles, access the Extension (LPP) master file and duplicate extension 88756-Filter Order Question Answers - Evaluate Multiple Extensions.
2. Open your copy of extension 88756.
3. In the first parameter, press F6 to enter multiple copies of extension 88358. The setup for that extension is described above. Alternatively, you can enter other extensions of type 34016-Question Answer Filtering.
4. In the second parameter, decide which logic you want to use. If this parameter is left blank, 1-AND is the default value.
 - 1-AND - The record must return true for all listed extensions.
 - 2-OR - The record must return true for at least one of the listed extensions.
 - 3-NOT - The record must return false for the first listed extension.
5. In Hyperspace, access the Order-Specific Question Editor (search: Order-Specific Question Editor).
6. Open an order-specific question with a Response type of Networked. Alternatively, create a new order-specific question. Make sure the ResponseINI (I LQL 120) field contains the same INI as you specified in the fourth parameter of your copies of extension 88358.
7. Enter your copy of extension 88756 in the Answer Restriction LPP (I LQL 2551) field.
8. Click Accept to close the record.

Alphabetize Custom List Responses to Order-Specific Questions

The Sort Order Question Responses utility alphabetically sorts custom list responses for order-specific questions. Sorting answers alphabetically makes answering questions easier for clinicians who are accustomed to seeing the responses in this order when they click the Selection button in the Answer field.

1. In Clinical Administration, go to Management Options > Utilities; then:
 - a. Starting in August 2024: Application Utilities > Orders > General Orders > Sort Order Question Responses.
 - b. In May 2024 and earlier: Orders > General Orders > Sort Order Question Responses.
2. At the Questions prompt, enter an order-specific question whose answers you want to sort.
3. At the "and Questions" prompt, enter any other questions whose answers you want to sort.
4. Press Enter.
5. At the Continue with changes? prompt, enter Yes. The completion prompt appears when the utility has finished running.

File Answers to Items Outside the Order Record

Order-specific questions usually file responses and comments to the order record, but there are several other places in your system where you can file that information. The setup options for these non-standard filing options are detailed below.

Many of these mechanisms have error checking to make sure the question is setup to properly match the data that will be filed. For example, a question that is multiple response is not allowed to file to an item that only accepts a single value.

File Patient Information

To file information to Patient (EPT) items, you can use the following custom filing code. Enter the following code in the Custom file code (I LQL 220) field of your order-specific question, replacing "item" with one of the allowed items:

d FileToEPTItem^LNOQUES4(epID,epDAT,item)

The following items can be used:

- 115-Date of Death
- 10150-Coded Admission Diagnosis - note that your question must be networked to EDG for this to file. Enter EDG in the File to INI (I LQL 200) field.
- 10151-Free Text Admission Diagnosis
- 18310-Billing Indicator
- 18867-Admitting Provider
- 18887-Means of Departure

File Diet-Related Information

Starting in February 2024, you can file information to diet items in the Orders (ORD) master file by populating the Response INI (I LQL 200) field with ORD and the Response item (I LQL 210) field with one of the allowed items.

The following items can be used:

- 34375-Diet General Modifiers 1

- 34380-Diet Supplements
- 34385-Diet Tray Type
- 34440-Diet General Modifiers 2
- 34442-Diet General Modifiers 3
- 34444-Diet General Modifiers 4
- 34446-Diet General Modifiers 5
- 34448-Diet General Modifiers 6
- 34450-Diet General Modifiers 7
- 34452-Diet General Modifiers 8
- 34454-Diet General Modifiers 9
- 34456-Diet Modifiers - Fluid
- 34458-Diet Modifiers - Calories
- 34460-Diet Modifiers - Consistency
- 34462-Diet Service Period

Prior to February 2024, to file information to diet items in the ORD master file, you can use the following custom filing code. Enter the following code in the Custom file code (I LQL 220) field of your order-specific question, replacing "item" with one of the allowed items listed above.

```
d storeQVal^LNOQUES4(INI, ID, item)
```

Note that the order-specific question must have a Response type (I LQL 110) of Custom List to use the custom file code. The answer's comment is stored in each item's corresponding comment item, which has an ID that is 1 greater than the item. For example, the comment item for 34385-Diet Tray Type is item 34386-Diet Tray Type Comments.

File Specimen Types and Sources

To file a specimen type or specimen source to the ORD master file, you can use the following custom filing code. Enter the following code in the Custom file code (I LQL 220) field of your order-specific question, replacing "item" with one of the allowed items. Optionally, you can replace "force" with a 1 so that any defaults set on the procedure record are overwritten when modifying the order. Otherwise leave this parameter blank.

```
d strQVal2^LNOQUES4(INI, ID, item, force)
```

The following items can be used:

- 300-Specimen Type
- 325-Specimen Source

Note that the specimen type and source do not file if any of the following are true:

- The question allows multiple response.
- The question level is per session or per encounter.
- The question has a response type other than Category - INI or Custom List.
- The answer does not match a category value in the corresponding ORD item 300 or 325.

File Case Request Items

To file information to Case Request items in the ORC master file, you can use extension 48831-OR Case Create Copy ORD Questions.

1. In Chronicles, access the Extension (LPP) master file and duplicate extension 48831.
2. Open your copy of extension 48831 in Chronicles or Hyperspace (search: Extension).
3. In the fifth parameter, follow the help text to map order-specific questions to the ORC items they should file to.
4. In Hyperspace, follow the path Epic button > Admin > OR Administration > System Definitions and select the Case Programming Points form.
5. Enter your copy of extension 48831 in the Case creation (I EAF 53230) field.

File Referral Items

You can file referral information to no-add RFL items or referral notes using extension 17613-Convert Order Questions to Referral Items. Refer to the [Save Time by Filing Answers to Order-Specific Questions into Referrals](#) topic for more information about this process.

File SmartData Elements

To file SmartData elements to a patient's encounter, you can use extension 88089-Map LQL Response to SDE.

1. In Chronicles, access the Extension (LPP) master file and duplicate extension 88089.
2. Open your copy of extension 88089 in Chronicles or Hyperspace (search: Extension).
3. In the third parameter, follow the help text to define where your SmartData element should be stored.
4. Open an order-specific question that you want to file a SmartData element to a patient's chart.
5. In the Custom file code (I LQL 220) field, enter the following code, replacing "extension" with your copy of extension 88089:
 - `s %=$$GetPntX^elibHULIB6(extension)`

Note that only questions with a response type of Numeric, Custom List, Category - INI, or Yes/No can be used.

Easily Show Admission Diagnoses in a Patient's Chart

To ensure that clinicians and bed planners can determine a patient's admission diagnosis, you can configure order-specific questions that file this information in a user-friendly format. Filing the admission diagnosis from an order-specific question attached to an admission order ensures that this information is available in SmartLinks, print groups, and the Bed Planning activity. Clinicians and bed planners can then use the admission diagnosis when treating the patient and assigning beds.

You can file admission diagnoses to either of the following items in the patient (EPT) record:

- Admission Diagnosis (Coded) (I EPT 10150). This item stores the coded admission diagnosis.
- Admission Diagnosis (Text) (I EPT 10151). This item stores the free-text admission diagnosis.

File the Coded Admission Diagnosis

1. In Hyperspace, open the Order-Specific Question Editor (search: Order-Specific Question Editor).
2. Create a new question and fill out the basic information fields as needed.
3. In the Response type field, enter Networked.
4. In the Response INI field, enter EDG.
5. In the Custom file code field, enter `d FileToEPTItem^LNOQUES4(eptlID,eptDAT,10150)`.

6. Attach the question to the procedure or procedure category record for an admission order.

File the Free-Text Admission Diagnosis

1. In Hyperspace, open the Order-Specific Question Editor (search: Order-Specific Question Editor).
2. Create a new question and fill out the basic information fields as needed.
3. In the Response type field, enter either Networked or Free Text, depending on whether you want the clinician to choose an answer from the Diagnosis (EDG) master file or enter a free-text answer.
4. If you selected Networked in step 3, enter EDG in the Response INI field.
5. In the Custom file code field, enter d FileToEPTItem^LNOQUES4(epID,epDAT,10151).
6. Attach the question to the procedure or procedure category record for an admission order.

Automatically Document a Patient's Principal Problem in an Order-Specific Question

If a patient has an active principal problem, you can pull the diagnosis for that problem into your orders automatically. This option saves clinicians the time of having to document a principal problem twice and prevents chart clutter that could occur if a clinician enters a slightly different diagnosis in each place. For example, let's say a clinician starts an encounter with a patient and finds out that their principal problem is appendicitis. The clinician documents that diagnosis on the problem list and then decides to admit the patient to the hospital. When the clinician creates an admit to inpatient order, the question asking for an admission diagnosis is already filled out with a diagnosis of appendicitis. Note that this question is not intended to act as a replacement for diagnosis association.

To configure an order-specific question to use the patient's principal problem as the default answer:

1. In Hyperspace, access the Order-Specific Question Editor (search: Order-Specific Question Editor) and create a new question, or open an existing question that you use to document a patient's principal problem.
2. In the Response Type (I LQL 110) field, enter Networked.
3. In the Response INI (I LQL 120) field, enter EDG.
4. In the Custom load code (I LQL 225) field, enter the following code: d dftPrinDxAns^LQLUTIL4
5. Complete any other fields as desired, and then select the Released? checkbox.
6. If you created a new question, follow the instructions in the [Make Order-Specific Questions Appear to Clinicians](#) topic to attach it to an order.

Show Order-Specific Question Comments in the Summary Sentence

You can make comments for order-specific questions appear in an order's Summary Sentence. For example, when a clinician selects an answer of "Other (specify in comments)" for an order-specific question and then adds a comment, other clinicians can easily see that comment at a glance without needing to open the Order Composer.

To use this feature, you need to add Question Answers and Comments as a summary item in the Order Composer configuration record used by the order. You can show comments for both medication and procedure orders in the Summary Sentence.

MR brain wo contrast

Priority: STAT Routine STAT

Frequency: Once At 9/28/2023 Today Tomorrow 1454

Last Resulted: No Creatinine Clearance results found.

Record Decision Support information? Yes No

Decision Support Exception Emergency Medical Cond... Emergency Medical Condition (MA)

What is the patient's sedation requirement? No Sedation Sedation Anesthesia

Reason for exam: migraines

Manage Orders Order Sets Options

New Providers Edit Multiple

Place orders, order sets, or pathways New

Standard Next

New Orders

MR brain wo contrast

STAT, Once, today at 1454, For 1 occurrence

Record Decision Support information? No

Decision Support Exception: Emergency Medical Condition (MA)

What is the patient's sedation requirement? No Sedation

Reason for exam: migraines

Before proceeding with these setup steps, identify the Order Composer configuration used for medications or procedures that have associated order-specific questions.

1. In Clinical Administration, follow the path Meds, Allergens, Imm, etc. > Order Composer Config (OCC) and open the Order Composer configuration record.
2. Go to either the Medication Items or Procedure Items screen, depending on whether you opened a configuration record for medications or procedures.
3. In the Summary Items column, enter Question Answers and Comments.

Allow Clinicians to Add CC Recipients Outside the Organization in the Order Composer

Starting in May 2025, the order composer CC List display item accepts provider (SER) and user (EMP) recipients, allowing clinicians to CC external recipients without you having to configure an order-specific question for procedures. You can configure this by adding CC List in Display Items (I OCC 2000) of Order Composer Configuration records associated with the procedure. We recommend using this setting instead of configuring an order-specific question for procedure (EAP) records. Medications (ERX) will have to continue using the order-specific question to CC recipients outside the organization. In February 2025 and earlier, use order-specific questions for both.

CBC w/ Diff

Priority: Routine Routine STAT

Specimen Type: Whole bloc

Specimen Src:

Lab: Resulting Agency:

Collection Date: Collection Time:

Add-on: No add-on specimen found

Performing Dept:

CC Results: + Care Team 2 + Free Text 4 + My List 5 Remove All 0

Class: Lab Collect Lab Collect Unit Collect External Referral

Comments: Click to add text (F6)

Show Additional Order Details

The CC List display item can be used for procedures to allow clinicians to CC external recipients.

For medications, or for medications and procedures in February 2025 and earlier, order-specific questions can help your organization send results to CC recipients who are outside your organization and don't have user (EMP) records. Clinicians enter external CC recipients by answering an order-specific question in the Order Composer. Clinicians can add only recipients with a valid provider (SER) record. You can also use this setup to add CC recipients to EpicCare Link requisition orders. The setup differs for results routing in EpicCare Ambulatory and EpicCare Inpatient on the one hand, and results routing in Beaker on the other.

Dispense: Days/Fill:

Quantity: tablet Refill:

Dispense As Written

Renewal Provider: Do not send renewal requests to the authorizing provider (Physician Family Medicine, MD)

Mark long-term: ALPRAZOLAM (BENZODIAZEPINES)

Patient Sig: Take 1 tablet by mouth 3 times a day as needed for anxiety.

[+ Add additional information to the patient sig](#)

Which provider would you like to CC?

Class:

(i) This medication will not be e-prescribed. Invalid items: Controlled medication

Starting in February 2024 and in earlier versions with special updates, if you don't use the CC Recipients Field in Ancillary Orders, Verify Orders, and Link Orders, see the [Remove the CC Recipients Field from Ancillary Orders](#) topic.

Create an Order-Specific Question

1. In Hyperspace, open the Order-Specific Question Editor.
2. Create a new question (LQL) record.
3. In the Basic Information section, enter a prompt and an abbreviation.
4. In the Response section, enter values as follows:
 - o Response type: Enter Networked.
 - o Response INI: Enter SER.
 - o Answer Restriction LPP. Enter extension 88379-Filter Inactive and Non-Provider SER from Question. This extension ensures that all answers represent active providers.
5. Select the Multiple response? checkbox to allow clinicians to select more than one recipient.
6. Make a note of the record ID because you will add this to an extension in the setup steps that follow.
7. Select the Released? checkbox and click Accept.

Question: CC QUESTION [126354]

BASIC INFORMATION			
Name:	CC QUESTION	ID:	126354
Prompt:	Which provider would you like to CC?	<input checked="" type="checkbox"/> Released?	<input type="checkbox"/> Internal use only?
Abbreviation:	CC Providers	Question level:	Per Order
Notes:			
Advised rule:	<input type="checkbox"/> Advised? <input type="checkbox"/> Preserve patient instructions after answering this question?		
RESPONSE			
Response type:	Networked	Decimal places:	
Response INI:	SER	Response item:	
Answer Restriction LPP:		Response buttons in order composer:	1
Allowed Answers:		<input checked="" type="checkbox"/> Multiple response? <input type="checkbox"/> Hide comments in order composer? <input type="checkbox"/> Multiple comments and duplicate answers?	

Add the Order-Specific Question to a Procedure or Medication

To link your question to a medication:

1. In Clinical Administration, go to Meds, Allergens, Imm, etc. > Medications (ERX).
2. Enter the medication record at the prompt.
3. Access the Order Specific Questions screen.
4. In the Outpatient Questions (I ERX 10300) field, enter the name or ID of the order-specific question. If your organization uses the inpatient mode for this medication, go to the Inpatient Questions field and enter the name or ID of the order-specific question.

To link your question to a procedure:

1. In Clinical Administration, go to Procedures, Scheduling > Procedures (EAP).
2. Enter the procedure record at the prompt.
3. Access the Order Specific Questions screen.
4. In the Outpatient Questions (I EAP 10300) field, enter the name or ID of the order-specific question. If your organization uses the inpatient mode for this procedure, go to the Inpatient Questions field and enter the name or ID of the order-specific question.

To link your question to a procedure category:

1. In Clinical Administration, go to Procedures, Scheduling > Categories (EDP).
2. Enter the procedure category record at the prompt.
3. Access the Category Specific Questions screen.
4. In the Outpatient Questions (I EDP 10300) field, enter the name or ID of the order-specific question. If your organization uses the inpatient mode for this procedure category, go to the Inpatient Questions field and enter the name or ID of the order-specific question.

Configure Results Routing for EpicCare Ambulatory and EpicCare Inpatient

First, configure a copy of extension 22609 - CC Results to Providers:

1. In Chronicles, open the Extension (LPP) master file.
2. Duplicate extension 22609.
3. Open your copy of extension 22609 and set the LQL ID parameter to the ID of the order-specific question you just created.
4. Exit Chronicles.

Then, add your extension to EMR System Definitions:

1. In Clinical Administration, go to Management Options > Edit System Definitions (LSD) > Lab, Result > Result Messages and In Basket Settings screen.
2. In the Result message extensions field (I LSD 3210), enter your copy of extension 22609.

Configure Results Routing for Beaker



Work with your Beaker team to complete the following setup.

If your organization uses Beaker to send faxed and paper result reports to providers, some additional setup is necessary to add the provider selected in the order-specific question to the Beaker CC List.

First, configure a copy of extension 51832 - CC Lab Fireevent Add Provider to CC List from Order-Specific Question. This extension routes the report to the provider's primary practice fax number or to a different fax number, if a user enters one from the CC List. You can configure the extension to send the report to the recipient's lab-specific fax number if they don't have a primary practice fax number on record and no user enters a fax number.

Extension 51832 is a post-event extension, which means the system triggers your copy of the extension after a specified event occurs. You can add the extension to the post-event extension list for one or more of the following events:

- 51000-Lab Specimen accessioned
- 51003-Lab Order Added On
- 51724-Lab Case Created

Epic recommends adding the extension to all three events to ensure that the system doesn't miss adding any providers to the Beaker CC List.

1. In Chronicles, open the Extension (LPP) master file.
2. Duplicate extension 51832.
3. Open your copy of the extension and configure it as follows:
 - LQL ID. Enter the ID for the order-specific question you created.
 - Use In Basket? In February 2025 and earlier, enter Yes to indicate that providers should receive In Basket messages instead of faxed or paper result reports if they qualify for In Basket messages based on EpicCare Ambulatory or EpicCare Inpatient results routing. Enter No or leave the parameter blank to suppress the In Basket message and always send a faxed or paper result report instead. Starting in May 2025, this parameter is no longer available or necessary.
 - Use Lab Fax? Enter Yes to indicate that, when a primary practice fax number is not found, the system should send a fax to the lab default fax number stored in the Fax Number for Lab's Paper Reports (I SER 51000) item. If you enter No, the system doesn't send a fax message when no primary practice fax number is found. We recommend that you set this value to Yes, which is the

released value, to help ensure that the clinician receives a fax when she has a fax number on record.

4. In Hyperspace, open the laboratory record that you want to configure.
5. Go to the Event/ Specimen ID Setup form.
6. In the Events List, add events 51000, 51003, and 51724, if they don't already appear there.
7. With the event selected, enter your copy of the extension in the Event Post-extension field. Repeat this step for each event.
8. Repeat steps 4-7 for each lab that needs to send result reports to providers based on the extension.

Use Order-Specific Questions to File Data to Flowsheets

You can configure order-specific questions that file the answer to a corresponding flowsheet row when the order is signed. For example, you could have an order-specific question asking about the patient's COVID-19 status so users don't have to additionally go to the Flowsheets activity to set the COVID-19 status.

For general information about building flowsheet rows, refer to the [Build a Flowsheet Row](#) topic.

To file order-specific question data to flowsheets:

1. In Hyperspace, create or open an order-specific question with a type of Free Text, Date, Time, Numeric, Custom List, or Category. Starting in May 2024, the Yes/No question type is also supported.
 - For Yes/No questions, the flowsheet is case sensitive. For example, "YES" can't be filed, "Yes" can.
 - Yes/No question support is also extended to local languages and locales such as Ja/Nej for organizations in Denmark.
2. In the File to Flowsheet (I LQL 30010) field, enter the flowsheet row you want information to be filed to. Be sure the value type for this flowsheet row closely matches the type of data that will be filed to the flowsheet row. For example, a question with the Free Text response type can be filed to a String Type flowsheet row.
3. In the File to Flowsheet Template (I LQL 30011) field, enter the flowsheet template you want the question to be filed to. If you leave this field blank, the system checks the following items in this order to determine which flowsheet template to use:
 - The Flowsheet Template (I DEP 24015) item for the patient's encounter department.
 - The Flowsheet Template (I DEP 24015) item for the login department.
 - The Flowsheet Template (I LSD 34050) item in EMR System Definitions.
 - The system's standard flowsheet template (I FLT 1).
4. Select the Released checkbox in the order-specific question and then click Save.

Use Order-Specific Questions to File SmartData Elements for Quality Measures

To make your outpatient quality measures documentation workflows easier for clinicians, you can configure the system to file SmartData elements to an encounter based on answers to order-specific questions. Doing so helps your organization meet MIPS and Meaningful Use/Promoting Interoperability EC quality measures that allow SmartData elements to satisfy a criterion, such quality measure CMS 69-Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan. Filing SmartData elements from order-specific questions is easier

for clinicians because they don't need to create a separate note containing a SmartList or SmartText.

To set up SmartData element filing based on order-specific questions, you need to configure extension 88089-Map LQL Response to SDE and enter it in the Custom file code field of the order-specific question record. You can set up SmartData element filing for the following types of questions:

- Category List
- Custom List
- Numeric
- Yes/No

The system files the question response and comment for all of these question types, as well as the category list ID for category list questions.

For each quality measure to which you apply this option, inform your clinicians that they no longer need to follow the former workflow for filing SmartData elements from notes containing SmartLists or SmartTexts.

For information about MIPS and Meaningful Use/Promoting Interoperability quality measures, refer to the [Outpatient Quality Measures Reporting for MIPS and Meaningful Use/Promoting Interoperability \(Green Book\)](#).

1. In Hyperspace, follow the path Epic button > Tools > Patient Care Tools > Order-Specific Question Editor.
2. Create a question record for an order-specific question that relates to a quality measure.
3. In the Response type field, enter one of the following values:
 - Category-INI
 - Custom List
 - Numeric
 - Yes/No
4. Configure the other fields as needed.
5. In Chronicles, duplicate extension 88089-Map LQL Response to SDE.
6. Configure parameter 3-Response Map, which has two configurable pieces. The first piece is a list of response values, and the second piece is a list of the SmartData element that correspond to the values in the first piece. Configure the pieces as follows:
 - Piece 1: Enter a response value. The type of value you enter is determined by the question's response type:
 - Category-INI: Enter the ID for the value in the category list.
 - Custom List: Enter the value from the custom list.
 - Numeric: Enter the number that should be filed to the SmartData element.
 - Yes/No: Enter Yes or No.
 - Piece 2: Enter the SmartData element to file the answer to.
7. In Hyperspace, access the record for the order-specific question you created.
8. In the Custom file code field, enter s %=\$\$GetPntX^elibHULIB6(<LPP ID>), where <LPP ID> is the ID of the extension you created in step 5.

Link Protocols to Orders

You can use an order-specific question to link orders to the protocol document in use when an order was placed.

The question's answer is automatically populated with the file path to an order's associated protocol document. To help you comply with regulations that require you to show protocols in legal releases, you can show a link to the associated protocol document in an order report in Chart Review using print group [50068-Order: Linked Protocol Documents](#), or in the Releases activity by configuring any of the following HIM print groups:

- [45515-HIM ROI All Orders and Results](#)
- [45508-HIM ROI All Orders \(Rich Text\)](#)
- [45509-HIM ROI Print Single Order \(Rich Text\)](#)

For protocols to appear correctly, you need to save reference documents as PDFs in a location accessible to Hyperspace. You can add a link to a website with a URL ending in .pdf (for example, <http://labtest.epic.com/Test.pdf>). In addition, you need to create a new version of protocol documents each time the protocol changes and keep both the new version and the old version available.

Note that this feature doesn't work for treatment plans and therapy plans in Beacon, which do not support this type of order-specific question.

Specify Protocol Documents for Orders

In each order that should link to a protocol document, enter the file path for the protocol document.

You need to enter the protocol document only in the orderable medication for medications with dispensable products.

1. In Clinical Administration, open a medication or procedure:
 - Meds, Allergens, Imm, etc. > Medications (ERX)
 - Procedures, Scheduling > Procedures (EAP)
2. Go to the Reference Links screen.
3. Enter the link to the protocol document in one of the following fields:
 - Reference Links Location (I ERX 1300) field
 - Inpatient Reference Link Overrides Location (I ERX 1320) field
 - Reference Links URL (I EAP 11010) field
 - Inpatient Reference Links URL (I EAP 11030) field

Create an Order-Specific Question to Show Protocol Links

1. In Hyperspace, open the Order-Specific Question Editor (search: Order-Specific Question Editor) and create a new question.
2. In the Prompt field, enter the prompt as you want it to appear to clinicians, including correct punctuation. For this question, you might want to enter something like "Protocol document:".
3. In the Response type field, enter Free Text.
4. In the Custom load code field, enter the following code to populate the question's answer with the reference link for an order. By default, the code finds the first reference link entered in the Reference Links URL (I EAP 11010) field or the Inpatient Reference Links URL (I EAP 11030) fields for procedures or the Reference Links Location (I ERX 1300) field or the Inpatient Reference Link Overrides Location (I ERX 1320) field for medications. To change the code to find the first PDF reference link in these fields that is located in a specific directory, enter the directory where you store protocol documents in quotation marks within the parentheses.
 - `d loadRefLink^LNOPROTOCOL()`

5. When you've completed building your order-specific question, select the Released? checkbox to ensure that the question appears after you link it to the order record.
6. Click Accept.

Add the Order-Specific Question to Orders

In each order that should link to a protocol document, enter the order-specific question you created.

You need to enter the protocol document only in the orderable medication for medications with dispensable products.

1. In Clinical Administration, open a medication or procedure:
 - Meds, Allergens, Imm, etc. > Medications (ERX)
 - Procedures, Scheduling > Procedures (EAP)
2. Go to the Order Specific Questions screen.
3. In the Outpatient Questions field, enter the name of the order-specific question you created. If your organization uses the inpatient mode for this medication or procedure, go to the Inpatient Questions field and enter the name of the order-specific question you created.

Show the Protocol Link in Reports or Releases

After linking the protocol document to an order, you can show a link to the document in an order report in Chart Review with a copy of print group [50068-Order: Linked Protocol Documents](#) or in HIM reports or releases with a copy of one of the following HIM print groups:

- [45515-HIM ROI All Orders and Results](#)
- [45508-HIM ROI All Orders \(Rich Text\)](#)
- [45509-HIM ROI Print Single Order \(Rich Text\)](#)

To show the protocol link in a report:

1. In Clinical Administration, go to Reports, Print Groups and duplicate the print group you want to use or find an existing copy.
2. From the Reports, Print Groups menu, go to Print Groups and open your copy of the print group.
3. Go to the Print Group Definition screen.
4. If you are using a copy of print group 50068 in an order report in Chart Review, change the Print Group Category to 8-Order Reports.
5. Go to the Parameters screen.
6. If you are using a copy of print group 50068 in an order report in Chart Review, change the Skip Child parameter to 0-No.
7. In the Print Protocol Docs or Print Order Protocols parameter, enter one of the following to determine how the protocol appears:
 - Enter 1 to show the linked document.
 - Enter 2 to show the file path to the document.
 - Enter 3 to show both the linked document and the file path.
8. In the Protocol Directory or the Order Protocol Directory parameter, optionally enter the directory where you store protocol documents. Use this parameter if orders have several associated reference links so that the system can determine which reference link is the protocol document. If you don't specify a directory,

- any protocol document associated with an order appears in the print group.
9. Configure the other parameters in the print group as needed. For more details about these print groups and their parameters, refer to the Data Handbook.
 10. From the Reports, Print Groups menu, go to Reports and open the Chart Review or HIM report where you want the print group to appear.
 11. In the Report Print Groups (Rich Text) field, enter your copy of print group 50068, 45515, 45508, or 45509.

Prevent Order-Specific Questions from Being Sent As Dependencies

You can prevent order-specific questions that are attached to an order template record from forcibly being sent as dependencies when you use Data Courier or a Content Management ticket to send that order template record. We created this option to accommodate a specific customer need. We recommend you exercise this option only if the default workflow has disrupted your data migration workflows. For example, your change control process might not allow for you to review a large number of dependencies.

If you exercise this option:

- An order-specific question is still added as a dependency.
- The question is sent as a dependency only if it doesn't already exist in the receiving environment.
- It is possible that order-specific question contacts linked to order template records might not migrate correctly. Additionally, default answers that are set in the order template record might be cleared, and no error will be logged.

If you choose to complete the setup, you need to regularly check whether order-specific question contacts are being migrated appropriately.

1. In Clinical Administration, access EMR System Definitions and follow the path Medication, Allergy, Imm, etc. > SmartSet, Order Set, Tx Plan.
2. On the SmartSet Options screen, enter No in the Send question as dependency while sending SmartSet? field.

Update a Patient's Billing Flag Using a Question

Clinicians who place orders that require a patient's billing flag to be updated can change the billing flag directly from an order-specific question instead of calling the registration desk. This workflow cuts a step out of this process and helps ensure that charges are routed to the appropriate guarantor account.

The best example of this workflow is an organ procurement order. The decision to recover a patient's organs is usually made after meeting certain clinical triggers, but organ recovery requires the patient's billing flag to be updated after consent is obtained. Without this question configured, the only way to update the patient's billing flag at this point is for the clinician to call the registration team and tell them to manually update it. With this question configured, a clinician can update the billing flag while they are placing an organ procurement order, saving time and reducing the likelihood of generating incorrect charges.

Note that this workflow files information to the specialty billing flag (I EPT 18310) item, which is used only in Client Billing workflows. For more information on how this field works, refer to the [Client Billing Setup: Third-Party Billing](#) topic.

First, create an order-specific question to change the billing flag:

1. In Hyperspace, open the Order-Specific Question Editor (search: Order-Specific Question Editor) and create a new question.

2. In the Prompt field, enter your desired question prompt. For this question, you might use a prompt like "Billing flag".
3. In the Response Type field, enter Networked.
4. In the Response INI field, enter RSH.
5. In the Custom file code field, enter this code: d FileToEPTItem^LNOQUES4(epID,epDAT,18310)
6. Select the Released? checkbox.

Then, attach your question to an order:

1. In Clinical Administration, follow the path Procedures, Scheduling > Procedures (EAP) and open the procedure order that you want to add your question to. For the example used in this release note, this would be the procedure you use for organ procurement. If your organization has not created a procedure for organ procurement, follow the steps in the [Procedure Setup: Build Procedure Records](#) topic to create one. If you have an organ procurement order set, you should add this order to it.
2. Access the Order Specific Questions screen.
3. Enter your question in either the Outpatient Questions (I EAP 10300) field or the Inpatient Questions (I EAP 10305) field, depending on which order mode your procedure uses.

Attach Files to Order-Specific Questions

You can allow clinicians to attach files such as images and scanned documents to orders by using order-specific questions. Instead of showing an answer field, these questions show a button that clinicians can click to launch the Media Manager and choose a file from the Documents (DCS) master file. Files that are already attached appear in a list below the button. Clinicians can remove attachments by clicking the X button next to each attachment.

Starting in May 2022, you can attach home infusion prescription scans to medication orders as described in the [Configure Settings Specific to Prescriptions Scanned in Media Manager](#) topic.

You can also generate a warning if any of the files attached to your orders exceed a size limit. To enable this warning, you can configure an extension to check the file size of the questions you choose. Note that this extension does not check questions attached to components of a mixture medication.

SAMPLE LAB TEST

Frequency:

Starting: At:

First Occurrence: **Today 1705**

Scheduled Times: [Hide Schedule](#)
2/2/16 1705

Specimen Type:

Binary attachments:

Scan on 1/29/2016 10:24 AM : IMG_0824
Scan on 1/29/2016 10:24 AM : IMG_0828

[► Additional Order Details](#)

To set up this field in the Order Composer:

1. In Hyperspace, open the Order-Specific Question Editor (search: Order-Specific Question) and create a question record.
2. In the Response type field, enter Networked.
3. In the Response INI field, enter DCS.
4. Your question can be either single or multiple response. If you are making a multiple response question, select both the Multiple response? and Multiple comments and duplicate answers? checkboxes.
5. In the Custom file code field, enter: d LinkAttachments^LNOQUES6 and close the question record.
 - a. For home infusion prescription scans, instead enter d LinkAttachments^RXHIPRESCRIPTIONLINK in the Custom file code field.
6. In Clinical Administration, follow the path Procedures, Scheduling > Procedures and open a procedure to which you want to attach your question.
 - a. For home infusion prescription scans, add the question to medication (ERX) records, as described in the [Modify Order-Specific Questions](#) topic.
7. Access the Order-Specific Questions screen. Enter the question you created in either the Outpatient Questions or Inpatient Questions field, as appropriate.

To set up the order validation extension to show a warning if the attachment size exceeds a limit:

1. In Chronicles, access the Extension (LPP) master file and duplicate extension 88266-ORD Validation Check Max Allowed Attachment Size.
2. Open your copy of extension 88266 and configure the following parameters:
 - o 2-LQL Inclusion List. Press F6 to enter a list of questions whose responses should be checked for the attachment size limit. Enter only questions with a Response type of Networked and a Response INI of DCS.
 - o 3-Maximum Size. Enter the maximum allowed size of attachments, in bytes.

- 4-Message. You can customize the message that appears when attachments that are too large are found. This message is followed by a bulleted list of attachments that are too large and a list of orders that cannot be signed because their attachments are too large. By default, the message is "These attachments are too large."
3. In Clinical Administration, open a profile record and follow the path Procedure, Scheduling, Task > Order Validation.
 4. On the Order Validation screen, enter your copy of extension 88266 in the Accept Order Validation Extensions column.
 5. In the Allow Accept? column, enter Yes to allow users to bypass the warning message or No to prevent users from signing the order if the attached file is too large.

Require Questions to Be Answered When Orders Are Signed

 Starting in August 2020

 May 2020 by SU E9300085

If certain order-specific questions should be required upon signing, you can use an order validation extension to do so. Both of the following extensions can prevent a clinician from signing orders or warn clinicians if there are missing answers to required order-specific questions. One of these extensions is designed for use with individual orders, while the other is designed for use with orders that belong to order templates, such as Treatment Plans or Therapy Plans:

- 85251-Order Validation - Provide Message If Question Unanswered
- 85252-Order Template Validation - Provide Message If Question Unanswered

Although these extensions and their copies are entered in different profile fields, their parameters are the same:

- 1-INFOUNIQ. Do not modify this parameter.
- 2-ORD INFO NODE LIST. Do not modify this parameter.
- 3-Order question ID. Required. Enter the ID of the order-specific question (LQL) for which an answer is required.
- 4-Error Message. Optional. Enter a message to append to the default message in the Order Validation window. The default message describes the order-specific question that needs to be answered and the order where that question is located.
- 5-Hospital Meds Only? Optional. Available starting in November 2020 and in August 2020 with special update E9402295. Enter 1-Yes if your organization is in Belgium and uses this extension for attestation workflows.

To use one of these extensions, perform the following steps:

1. In Chronicles, open the Extension (LPP) master file and duplicate the appropriate extension:
 - Duplicate extension 85251 if the required order-specific question is attached to an individual order.
 - Duplicate extension 85252 if the required order-specific question is attached to an order that belongs to a Treatment Plan or Therapy Plan.
2. Configure the extension's parameters as appropriate by entering the ID of the required order-specific question and the message that appears when the extension is triggered.
3. Enter your extension in the appropriate profile field:
 - Enter copies of extension 85251 in the Accept Order Validation Extensions (I LPR 830) field

(Medication, Allergy, Imm, etc. > Order Validation > Order Validation screen). Set the corresponding Allow Accept (I LPR 832) field to prevent clinicians from bypassing the warning.

- Enter copies of extension 85252 in the Sign Order Template Validation Extension (I LPR 51000) field (Medication, Allergy, Imm, etc. > Order Validation > Order Template Validation screen). Set the corresponding Allow Sign (I LPR 51001) field to prevent clinicians from bypassing the warning.

Notify Schedulers When Their Pended Orders Have Been Signed

Starting in February 2021

If schedulers at your organization pend and route orders to clinicians for pre-visit or follow-up planning, you can automatically send a notification to a scheduling pool when the pended orders are signed. From this message, schedulers view a report listing the patient's appointment requests including the scheduling status of each. The orders that have been signed and are ready for scheduling are highlighted in green. Schedulers can then jump to the Appointment Desk to schedule the requests. Starting in November 2021 and with special updates, you can choose to show the name of the user who pended the orders in a column in the message list.

Use an Order-Specific Question to Notify Schedulers When Pended Orders Are Signed

To send messages to schedulers when pended orders are signed:

1. In Hyperspace, create a new In Basket Pool Grouper (search: Grouper Editor) and configure the initial tab as follows:
 - In the Master file field, enter HIP-Registries.
 - In the Type field, enter General.
2. On the General Info tab, enter the pools who should receive the notifications in the Records table.
3. In Chronicles, access the Extension (LPP) master file and duplicate extension 1061-IB - Filter to Only Pools in Grouper.
4. Go to the Parameters screen and enter your grouper record in the second parameter.
5. In Hyperspace, create a new order-specific question (search: Order-Specific Question Editor).
6. In the Prompt field, enter the question you want to appear to schedulers in the Order Composer.
7. In the Question level field, enter Per Session so schedulers can decide whether they should receive a notification for orders pended during their ordering session.
8. In the Response type field, enter Networked.
9. In the Response INI field, enter HIP.
10. In the Answer Restriction LPP field, enter your copy of extension 1061.
11. Release your order-specific question.
12. In Chronicles, access the Extension (LPP) master file and duplicate extension 1063-IB - Send Notification to Pool on Order Sign.
13. Go to the Parameters screen and enter your order-specific question in the fourth parameter.
14. In Clinical Administration, open the profile record of your schedulers and follow the path Procedures, Scheduling, Task > General Options > Orders Extensions I screen.
15. In the After signing field, enter your copy of extension 1063.
16. Navigate back to Clinical Administration, follow the path Procedures, Scheduling > Procedures (EAP) and open an order your scheduling staff places.

17. Go to the Order Specific Questions screen and enter your order-specific question in the Outpatient Questions field.
18. Repeat steps 16 and 17 for all orders your scheduling staff place.

Show Pending Users in an In Basket Column

 Starting in November 2021

 August 2021 by SU I9802646

 May 2021 by SU I9706541

To facilitate follow-up and communication by making it easier for users to see who initially pended the orders associated with their Schedules messages, you can add a column that shows the pending user's name in the message list.

To show the first user who pended orders in an encounter in a column in the In Basket message list:

1. Create a copy of message type definition 3-Schedules. Refer to the [Create a Custom Message Type](#) topic for instructions on creating a copy of a message type definition. If you already have a copy, use your existing one.
2. In Hyperspace, open your copy of the Schedules message type definition (search: Message Type Definitions).
3. On the Listing Columns form, in the Additional Columns table, add a name for the column showing the first user to pend orders in the Column Name (I HIS 120) field, such as Pending User.
4. In the same row, find the Extension (I HIS 110) field and enter 1072-IB-First Order Pending User.
5. Optionally, add a width for the column in the Width (I HIS 130) field.
6. To apply these changes to Schedules messages at a system-wide level, go to Epic-wide Settings (search: Epic-wide Settings). On the Message Type Defaults form, enter your message type definition in the Definition (I HDF 10015) field in the Schedules row. Refer to the [Configure Default Message Type Settings](#) topic for more information.

Configuring Validation Rules

Order validation extensions are called when a user signs an order. The extensions run checks on the orders that are being signed and present an appropriate warning or alert. These warnings can either be read and accepted by the user or prevent the user from signing the orders until corrections are made.

For example, extension 34960-IP Order Validation - Check Patient Weight warns clinicians or prevents them from signing orders if a patient's weight has not been documented in the current encounter.

Order validation extensions are specified in profile records on the Order Validation screen. To use an order validation extension, you include it on this screen and choose a value for the Allow Accept? column. Entering Yes allows users to continue signing the orders, even when they see a warning. Entering No prevents users from signing the orders until the issues are corrected.

Find and Configure Extensions

For a complete list of order validation extensions that you can use, configure a report from the [Extension Search Report Template](#):

1. In Hyperspace, open the Analytics Catalog.
2. Search for report template 34090.
3. Click New Report. The Report Settings window opens.
4. On the Criteria tab, configure the Extension type criterion to search for Order Validation extensions.
 - In the Relationship field, enter Equal to.
 - In the Extension Type field, enter Order Validation.
5. Configure any other criteria as desired. For example, you might configure the Extension name criterion to include only extensions that contain the word lab in the extension name.
6. Click Run.

To configure an extension:

1. In Chronicles, access the Extension (LPP) master file.
2. Duplicate the extension record you want to use.
3. Set the parameters as desired.

After you set up the extension, add it to a profile for the relevant clinicians:

1. In Clinical Administration, open the profile record you want to modify.
2. Follow the path Procedure, Scheduling, Task > Order Validation.
3. In the Accept Order Validation Extensions (I LPR 830) field, enter the extension you configured.
4. If you want to warn clinicians but still allow them to sign with more than the maximum number of occurrences, enter Yes in the Allow Accept? column. Otherwise, enter No.

Create Your Own Validation Checks for Unsigned Orders

If you need an order validation check for orders that have not yet been signed, and there is no released extension you can use, you can create your own rule in the Rule Editor and attach it to an order validation extension. If your rule returns true, the error message specified in the rule appears to clinicians when they try to sign the order.

There are many ways you could use order validation rules for unsigned orders, but here are two example use cases:

- A hospital wants to make sure that certain immunizations are not given to patients under a certain age or patients who have been given other immunizations. This hospital creates a rule to check the patient's age and immunization history when certain immunizations are ordered and show a warning if the unsigned medication is incompatible with the patient.
- Another hospital wants to make sure that patients with a certain lab status always have a certain frequency for their medication and procedure orders. They create a rule to check the patient's lab status and whether they have that frequency and show a warning if not.

We built a few example rules in the Foundation System. To see how we set them up, log in to the [Foundation Hosted environment](#) as your organization's OpTime administrator (ORADM) and open the following rules in the Rule Editor (search: Rule Editor).

- 1070004001-OR Unsigned Case Request Order ASC. This rule returns true if the patient has risk factors that indicate they should not undergo surgery at an ambulatory surgical center (ASC).
- 1070004003-OR Unsigned Case Request Order Add-on. This rule identifies case requests that should be considered add-on cases. If the rule returns true, the physician receives a message to contact the

scheduling desk to schedule the surgery.

- 1070004004-OR Unsigned Case Request Order OB Patient < 39 Weeks C-Section. This rule checks that a patient will be at least 39 weeks pregnant on the procedure date before a physician can schedule a c-section procedure.



Your Epic representative can help move these Foundation System records into your system. Contact your Epic representative and mention project 197114.

To create your own validation check, first create a rule in the Rule Editor:

1. In Hyperspace, open the Rule Editor (search: Rule Editor) and create a rule with a context of 8500-Order Validation.
2. On the criteria form, expand property 42047-Unsigned Order Session.
3. Under this property, expand property 42036-Unsigned Orders.
4. Choose a property from the list of properties under 42036-Unsigned Orders that you want to use as part of your rule.
5. Build your rule according to your needs. Keep in mind that you can nest your existing Patient context rules within any rule you create in the Order Validation context. For full instructions on creating rules, refer to the [Create or Edit a Rule](#) topic.

To add your rule to an order validation extension:

1. In Chronicles, access the Extension (LPP) master file and duplicate extension 88128.
2. In Hyperspace, open the Extension editor (search: Extension) and open your copy of extension 88128.
3. In the fourth parameter, enter the ID of the rule you created.
4. Optionally, you can set up this extension to run an additional extension depending on whether your rule returns true or false. This is not required, and if you just want to use the rule you made, leave the fifth and sixth parameters blank. A word of caution here: running a rule and an additional extension can create some complicated logic, so be careful with how you combine rules and extensions. For example, we recommend against combining your rule and an additional extension that simply look for unsigned orders. That's because it can cause a situation in which the rule evaluates the logic for every unsigned order and then the additional extension evaluates logic for each unsigned order. When multiple orders are placed at the same time, the rule and the extension might inconsistently evaluate the orders. If you do want to run an additional extension:
 - a. Enter your additional extension in the fifth parameter.
 - b. In the sixth parameter, choose True or False. For example, if you set the sixth parameter to True and your rule returns true, the extension in the fifth parameter runs.
5. Save and close the record.
6. In Clinical Administration, follow the path Management Options > Profiles and open the profile where you want to apply this order validation extension.
7. Follow the path Procedure, Scheduling, Task > Order Validation.
8. On the Order Validation screen, enter your copy of extension 88128 in the Accept Order Validation Extensions column.
9. In the corresponding Allow Accept? column, enter one of the following:
 - Enter Yes or leave this column blank to make the order validation message a warning and allow

clinicians to choose to sign or not to sign the orders.

- Enter No to restrict clinicians from signing the orders if the order matches the validation extension.

Prevent Clinicians from Signing Orders with Duplicate PRN Reasons

You can warn clinicians or prevent them from signing an inpatient order if the PRN reasons are the same as other orders being signed or already active for the patient. This feature is useful for ensuring that orders have unique PRN reasons so that nurses have a clear understanding of which orders to administer and when.

To enable this, use extension 88125-IP Order Validation - Duplicate PRN Reason. You can modify a copy of the extension to meet your needs, including specifying PRN reasons that shouldn't be evaluated, whether signed and held orders should be considered, and the option to display a custom error message. For more information, refer to the extension's help text.

Starting in May 2022, February 2022 with special update E10100244, or November 2021 with special update E9905423, you can specify whether route and PRN comments should be considered when determining whether the orders represent duplicate therapy.

To warn or prevent clinicians from signing inpatient orders with duplicate PRN reasons:

1. In Chronicles, access the Extension (LPP) master file and duplicate extension 88125.
2. In Hyperspace, open the Extension editor (search: Extension) and open your copy of extension 88125.
3. Configure the parameters as needed.
4. In Clinical Administration, follow the path Management Options > Profiles and open the profile for the clinicians you want to apply this to.
5. Follow the path Procedure, Scheduling, Task > Order Validation.
6. If you want to run the extension when clinicians sign orders, do the following:
 - a. On the Order Validation screen, enter your copy of extension 88125 in the Accept Order Validation Extensions (I LPR 830) column.
 - b. In the Allow Accept? (I LPR 832) column, enter Yes to have the extension warn clinicians but still allow them to accept orders with duplicate PRN reasons. Enter No to prevent clinicians from accepting orders with duplicate PRN reasons.
7. If you want to run the extension when clinicians release orders, do the following:
 - a. On the Pre-Release Order Validation screen, enter your copy of extension 88125 in the Pre-Release Order Validation Extensions (I LPR 831) column.
 - b. In the Allow Release? (I LPR 833) column, enter Yes to have the extension warn clinicians but still allow releasing the orders with duplicate PRN reasons. Enter No to prevent clinicians from releasing orders with duplicate PRN reasons.

Prevent Clinicians from Signing or Signing and Holding Certain Orders

You can prevent clinicians from signing and holding orders that should be signed, or signing orders that should be signed and held. The clinician can bypass this warning and place the orders if his profile is configured to allow continuation, as specified in the Allow Accept? (I LPR 832) field. Otherwise, he is unable to bypass this warning.

To enable this, use extension 39236-Order Validation - Allow Sign/S&H. You can configure extension 39236 to require clinicians to sign or sign and hold orders based on numerous criteria, such as by encounter type, order mode, order type, order source, phase of care, priority, and frequency. Setup steps for this extension are included below.

Note: If you have order validation set to run during the pending process, and you have set up this extension to be triggered when clinicians sign and hold orders, the record is also triggered when orders are pended.

1. In Chronicles, access the Extension (LPP) master file and duplicate extension 39236.
2. In your copy of extension 39236, configure the following parameters as needed:
 - 5-message. Required. This parameter determines the error message that appears if the user is not allowed to sign an order, and must sign and hold it. As released, this parameter is null and the extension record does not run. You must enter a message, enclosed in quotation marks.
 - 6-signMode. Optional. This parameter determines whether users can sign orders. If it is set to 1, this parameter prevents users from signing orders and they must instead sign and hold the orders. As released, this parameter is null and users can sign orders, but not sign and hold them.
 - 7-incEncs. Optional. This parameter is a caret-delimited list that determines the encounter types for which this check should run. The list can consist of either values from the Contact Type (I EPT 30) category list, or the following strings:
 - INP - Inpatient contact
 - ED - ASAP contact
 - OR - OpTime surgical encounter
 - HOV - HOV encounter
 - AMB - Ambulatory encounter (office visits)
 - TEL - Telephone/Refill encounter
 - If this parameter is left null, as released, all encounter types are included (except the ones explicitly excluded in other parameters). If this parameter is configured, the eighth parameter should not be.
 - 8-exEncs. Optional. This parameter is a caret-delimited list that determines the encounter types for which this check should not run. This list is formatted the same as the seventh parameter. If this check is used, the seventh parameter should not be.
 - 9-inlPOP. Optional. If this parameter is set to "1", this record is run only for outpatient-mode orders. If this parameter is set to "2", this record is run only for inpatient-mode orders. If this parameter is not set, as released, orders of both modes are checked.
 - 10-incType. Optional. If this parameter is set to "1", this record is run only for procedure orders. If it is set to "2", this record is run only for medication orders. If this parameter is not set, as released, both medication orders and procedure orders are checked.
 - 11-incSource. Optional. This parameter is a caret-delimited list of values from the Order Source (I ORD 295) category list. Order source is determined based on where in the system the order is placed, such as the Admission Navigator or a SmartSet. If this parameter is set, only orders with an order source that matches the values entered here are checked. As released, the parameter is null and orders with any order source are checked. If this parameter is used, exSource should not be.
 - 12-incCat. Optional. This parameter is a caret-delimited list for Procedure Categories (EDP) for which this check should run. If it is left blank, all Procedure Categories will be checked. If this parameter is used, exlCat should not be.
 - 13-exlCat. Optional. This parameter is a caret-delimited list of Procedure Categories (EDP) for which this check should not run. If it is left blank, all Procedure Categories will be checked. If this parameter is used, incCat should not be.

- 14-incExlCAMs. Optional. This parameter determines whether this check runs on clinic-administered medications. If this parameter is set to 1-Include CAMs, only clinic-administered medications are checked by this extension. If it is set to 2-Exclude CAMs, this extension does not include clinic-administered medications. If it is left blank, as released, the extension runs regardless of whether the order is a clinic-administered medication.
 - This extension defines clinic-administered medications as orders that are known to be clinic-administered medications at the time of ordering. This includes orders placed from clinic-administered medication preference lists and clinic-administered medication orders in SmartGroups. If it cannot be determined whether the order is a clinic-administered medication at the time this extension evaluates orders, such as inpatient medications that might become clinic-administered medications depending on the encounter on which they are released, the order is not treated as a clinic-administered medication.
 - 15-incPhase. Optional. This parameter is a caret-delimited list that determines the phases of care for which this check should run. If it is left blank, as released, all phases of care as well as orders with no phase of care are checked. If this parameter is configured, nothing should be configured in the sixteenth parameter.
 - 16-exlPhase. Optional. This parameter is a caret-delimited list that determines the phases of care for which this extension should not run. If it is left blank, as released, all phases of care as well as orders with no phase of care are checked. If this parameter is configured, nothing should be configured in the fifteenth parameter.
 - 17-incPriority. Optional. This parameter is a caret-delimited list that determines the priorities for which this extension should run. If it is left blank, as released, all priorities are checked.
 - 18-incFrequency. Optional. This parameter is a caret-delimited list that determines the frequencies for which this extension should run. If it is left blank, as released, all frequencies are checked.
 - 19-exSource. Optional. This parameter is a caret-delimited list of values from the Order Source (I ORD 295) category list for which this extension should not run. Order source is determined based on where in the system the order is placed, such as the Admission Navigator or a SmartSet. If this parameter is set, only orders with an order source that does not match one of the values entered here are checked. As released, the parameter is null and orders with any order source are checked. If this parameter is used, incSource should not be.
3. In Clinical Administration, open a profile record and follow the path Procedure, Scheduling, Task > Order Validation.
 4. On the Order Validation screen, enter your extension copy in the Accept Order Validation Extension field.
 5. On the same screen, enter Yes or No in the Allow Accept? field. If you enter Yes, clinicians can sign orders after viewing the order validation message. If you enter No, clinicians cannot sign the orders.

Prevent Clinicians from Signing an Order when the Number of Occurrences Doesn't Match the Frequency

You can warn clinicians or prevent them from signing an order if the selected frequency doesn't match the number of occurrences. This feature is useful for ensuring that clinicians have the appropriate amount of blood available to administer to a patient. You can use this feature for other types of procedure orders, but we recommend it only for blood transfusion orders because typically, only blood transfusion orders are used with custom frequency records configured as described below.

To get a better idea of how this feature might be useful to you, consider the following about blood transfusion ordering. Typically, for blood transfusion orders, organizations use custom frequencies that correspond to the

number of occurrences for the order. For example, you might have a custom frequency such as "Transfuse 4 Units." When clinicians order a blood transfusion, the custom frequency should match the number of occurrences to make sure that the correct amount of blood is ordered. To continue with the example, a custom frequency of "Transfuse 4 Units" should always be used with an occurrence value of 4.

To warn or prevent clinicians from signing an order when the selected frequency doesn't match the number of occurrences:

1. In Chronicles, access the Extension (LPP) master file and duplicate extension 88339. If you want to use the extension for blood transfusion orders, you can use the extension as released.
2. Configure your copy of extension 88339 as follows:
 - 1-INFOUNIQ. Required. Do not modify this parameter.
 - 2-Validation Message. Optional. Enter the text you want to appear when an order fails the validation check. By default, the following text appears: "The following orders cannot be signed because the selected count or count type conflicts with the order frequency."
 - 3-EAP. Optional. Determines the list of procedures that the extension checks. Enter a caret-delimited list of procedures for the extension to check. If this parameter and the fourth parameter are left blank, then by default, the extension checks administerable procedures with a type of Blood.
 - 4-EDP. Optional. Determines the list of procedure categories that the extension checks. Enter a caret-delimited list of procedures for the extension to check. If this parameter and the third parameter are left blank, then by default, the extension checks administerable procedures with a type of Blood.
3. In Clinical Administration, open the profile for clinicians who order blood transfusions and follow the path Procedure, Scheduling, Task > Order Validation.
4. On the Order Validation screen, enter your extension copy in the Accept Order Validation Extension field.
5. On the same screen, enter Yes or No in the Allow Accept? field. If you enter Yes, clinicians can sign orders after viewing the order validation message. If you enter No, clinicians cannot sign the orders.

Prevent Clinicians from Signing Orders with a Missing Submitter

 Starting in May 2023

You can warn clinicians or prevent them from signing an order if the unsigned order is missing a submitter in Order Entry. You might want to use this option if it's important for orders at your organization to always include a submitter. For example, if the submitter field is blank for a test ordered using the transcribe order workflow, results might not be routed to external systems as expected or billing might be impacted if your organization uses submitter billing. To set this up, you create a rule using a rule property that looks at the submitter field, set the rule in an order validation extension, and enter your extension at the profile level.

To build a rule:

1. In Hyperspace, open the Rule Editor (search: Rule Editor) and create a rule with a context of 8500-Order Validation.
2. On the criteria form, expand property 42047-Unsigned Order Session.
3. Under this property, expand property 42036-Unsigned Orders.
4. Choose property 42720-Submitter.
5. In the Operator field, enter Equal to (=).

6. Leave the value field blank.

Build the rest of your rule according to your needs. For full instructions on creating rules, refer to the [Create or Edit a Rule](#) topic. For example, you might build your rule to require a submitter to be documented for an unsigned order when the visit type is Office Visit.

Next, create your extension record:

1. In Chronicles, access the Extension (LPP) master file and create a new copy of extension 88128-ORDER VALIDATION - RUN RULE or open an existing copy.
2. Enter the ID of the rule you created in the fourth parameter.

Add your extension to a profile:

1. In Clinical Administration, select Management options > Profiles to open a profile you want to attach your extension to.
2. Select Procedure, Scheduling, Task > Order Validation, and enter your new extension copy in the Accept Order Validation Extensions (I LPR 830) field.
3. If you want clinicians to be able to override the warning, enter Yes in the Allow Signing? column.

Prevent Clinicians from Placing an Order Not Included on a Profile Preference List

To give order validation more flexibility for organizations that want clinicians to sign orders only from organizationally approved preference lists, you can warn or prevent clinicians from signing orders not included in profile preference lists as well as facility or user preference lists.

For example, orders approved for specific departments can be included in facility preference lists, in profile preference lists, or in both, and the system can check both lists to warn or prevent a clinician from placing an order.

To prevent clinicians from signing orders not included in profile preference lists, you can use order validation extension 34968-IP Order Validation - Absent From Preference List.

1. In Chronicles, access the Extension (LPP) master file and duplicate extension 34968.
2. Set the twelfth parameter in your copy of the extension to 1 to warn or prevent clinicians from signing orders that aren't on profile preference lists.
3. Configure the following optional parameters as desired. If you set the twelfth parameter to 1 and also set values for the second and third parameters, the extension warns or prevents clinicians from signing orders that aren't on facility or user preference lists.
 - 2. Pref List Level - Determines whether the extension checks facility records for preference lists with acceptable orders. This is a two-piece caret (^) delimited string.
 - The first piece determines the lowest level of the facility structure to look at for preference lists. The choices are D (department), L (location), or S (service area).
 - The second piece determines whether the extension record should look at higher level facility records if it does not find a preference list at the level specified in the first piece. The possible values are 1 (continue to higher levels) or 0 (stop at specified level). If left blank, no facility record is considered and only user preference lists are checked.
 - 3. Check User - Determines whether the extension record checks user preference lists for acceptable orders. If it is set to 1, user preference lists are checked. If left blank or set to 0, as

released, user preference lists are not checked. If both this parameter and the second parameter are null, the extension record does nothing because there are no preference lists to compare orders against.

- 4. Message - Determines the message that appears when an order is not on any of the acceptable preference lists. If this parameter is left blank, the default message is "The selected ordering provider is not allowed for the following order(s)":. The message is followed by a list of the orders that caused the validation check to fail.
- 5. Check Panel - Determines whether the individual orders in a panel (either a classic panel or a SmartGroup panel) are compared to contents of the preference lists or if the panel as a whole must be on the preference lists. If this parameter is set to 0, the individual procedures or medications that make up the panel are compared to the preference list, but the panel as a whole is not. If it is set to 1, as released, the panel is compared to the preference lists and the order validation warning appears if the panel is not on the preference lists.
- 6. Show Panel List- Determines whether classic panels and SmartGroup panels are shown in their own section in the Order Validation form. If this parameter is set to 1, an additional section appears at the bottom of the validation message that indicates which panels caused the message to appear. If this parameter is set to 0 or left blank, the addition section is hidden.
- 7. Panel Message - Determines the message that appears as the header of the panel section configured in the sixth parameter. If the sixth parameter is not set to 1, the extension record does not use this parameter. The default message is, "Some of the above medications/procedures originated from one or more of the following panels. These panels should not be used."
- 8. Order Mode - Determines whether inpatient or outpatient orders are compared to the preference lists. The following settings are available:
 - 1-Ambulatory
 - 2-Inpatient. This is the default value.
 - 3-Both
- 9. Encounter Types - Determines what types of encounters this extension record is used for. If left blank, it is used in all encounter types. Enter a caret (^) delimited list of the contact types that this extension should be used in:
 - INP - Inpatient
 - HOV - Hospital Outpatient Visit
 - ED - Emergency
 - OR - Surgery. This type applies only if the Share Periop Data with Inpatient item (I EAF 53214) is not set to 1 - Yes.
 - TEL - Telephone
 - AMB - Ambulatory
- 10. Procedures or Meds - Determines whether procedure orders, medication orders, or both are compared to the appropriate preference lists. If this parameter is set to 1, only procedures are checked. If it is set to 2, only medications are checked. If left blank, it checks all orders.
- 11. Only User Orders - Determines whether orders that originate only from user preference lists are compared to the acceptable preference lists. If this parameter is set to 1, only orders that are placed from user preference lists are checked. If left blank, all orders are compared. Note that this parameter has no effect if the third parameter is set to 1.

- 12. Check Profile - Determines whether the extension record checks profile preference lists for acceptable orders. If set to 1, it does. If left blank, it does not. If both this parameter and the second parameter are null, the extension record does nothing because there are no preference lists to compare orders against.
 - 13. Starting in February 2025 Exclude Medication Filtering - Determines whether the extension record checks if medications are hidden from profile preference lists due to configured medication filtering. If this parameter is set to 1, medication filtering is ignored and all orders on preference lists are considered available. If this parameter is set 0 or left blank, medication filtering is respected.
4. In Clinical Administration, access a profile and follow the path Procedure, Scheduling, Task > Order Validation.
 5. On the Order Validation screen, enter your copy of extension 34968 in the Accept Order Validation Extension Column. Alternatively, confirm that your copy of this extension is in this column.
 6. In the Allow Accept? column, enter Yes to have the extension warn clinicians but still allow them to accept orders not on profile preference lists. Enter No to make clinicians unable to accept orders not on profile preference lists.

Prevent Clinicians from Placing Certain Orders Ahead of Time

You can prevent clinicians from placing orders of specific types ahead of time. For example, you might prevent clinicians from placing restraint orders more than one hour in the future because restraint orders shouldn't be placed in advance.

You can restrict certain order types by using an extension record or a second sign rule, if your organization uses second signatures.

To use an extension record to restrict certain order types:

1. In Chronicles, enter LPP at the database initials prompt and duplicate extension record 34328-Start Date Too Far in Future.
2. Edit the second parameter of your duplicate extension record to specify the number of days in the future after which a clinician can't place the order. As released, the value is seven days.
3. Edit the fourth parameter of your duplicate extension record to check only orders of the desired order type, such as Procedures or Supplies. As released, the extension record checks orders of all types.
4. In Clinical Administration, open the profile record for clinicians whose ordering you want to restrict.
5. Follow the path Procedure, Scheduling, Task > Order Validation and enter your extension record in the Accept Order Validation Extension column.

To use a second sign rule to restrict certain order types:

1. In Hyperspace, follow the path Epic button > Tools > Patient Care Tools > Second Sign Editor - Full Access.
2. Open an existing rule or create a rule that uses property 2510-Order Hours to Start Time.
3. Add a condition that uses property 2510.
4. Add a case specifying a number of hours. For example, if you want to prevent clinicians from signing an order that has a start time over an hour from the order time, use the operator "Greater than" and enter a value of 1 for your case.
5. Add a directive to set the value of property 2451-Prevent Signing to 1.
6. If you created a new rule, go to Clinical Administration and open the profile record for clinicians whose

ordering you want to restrict.

7. Follow the path Procedure, Scheduling, Task > Cosign, Acknowledgement, etc and go to the Second Sign screen. Enter your rule in the Second sign and cosign rule field.

Prevent Clinicians Placing Verbal Orders from Searching for Providers by Name

If your organization has a policy that nurses must enter IDs, rather than names, and your nurses are familiar with the IDs of the providers they enter as authorizing or ordering providers, you might want to implement this feature.

You can enforce your organization's policy to enter only provider IDs with three profile settings. If you include an order mode in the fields on the Verbal Orders and Order Modes - 2 screen, clinicians can't search for providers by name when they place orders with that order mode. Instead, they must search for providers by ID.

Note that the ID with which clinicians search for providers is the MPI ID contained in the MPI ID (I SER 9301) item in provider records. To be searchable by ID, the provider's MPI ID type must match the type you enter in step two of the setup instructions.

1. In Clinical Administration, open a profile and go to Medication, Allergy, Imm, etc. > Cosign, Acknowledgment, etc.
2. Access the Verbal Orders and Order Modes - 2 screen.
3. In the MPI ID Type to search for provider field, enter the type of ID clinicians must enter from the MPI ID Type (I SER 9300) category list.
4. In the Search authorizing provider by ID only field, enter all verbal order modes for which clinicians must search for authorizing providers only by ID. Enter values from the Verbal Order Modes (I ORD 34830) category list.
5. In the Search ordering provider by ID only field, enter all verbal order modes for which clinicians must search for ordering providers only by ID. Enter values from the Verbal Order Modes (I ORD 34830) category list.

Prevent Clinicians from Ordering a Dose That Cannot Be Dispensed

You can prevent clinicians from ordering a dose that cannot be properly dispensed by removing any outpatient dose buttons from the Order Composer that are not even multiples of the administration dose rounding factor set in the medication record.

For example, if a clinician places an outpatient order for a medication with 40 mg tabs, the administration dose rounding factor is .5 tab. Therefore, the dose can be rounded to 20 mg, but cannot be rounded to 10 mg or 5 mg. However, the Order Composer might be configured to show the 10 mg and 5 mg buttons.

1. In Clinical Administration, follow the path Management Options > Utilities; then:
 - a. Starting in August 2025: Application Utilities > Orders > General Orders > Order Information Utilities > EC Ambulatory Order Information Utilities > Suggested Dose Conversion.
 - b. In May 2025, February 2025, November 2024, and August 2024: Application Utilities > Orders > General Orders > Order Information Utilities > EC Ambulatory TS Order Utilities > Suggested Dose Conversion.
 - c. In May 2024 and earlier: Orders > General Orders > Order Information Utilities > EC Ambulatory TS Order Utilities > Suggested Dose Conversion.

- Follow the prompts that appear. Note that you cannot run this utility for panels, mixtures/TPNs, medications without a specified strength or unit, or medications without a medication unit specified in the medication record.

Prevent Clinicians from Releasing Orders Based on Phase of Care

To help ensure that signed and held orders are not released when they shouldn't be, you can specify some rules to warn clinicians if they are trying to release an order outside of its original encounter or if they try to release an order that was placed too far in the past. You can customize these warnings based on phases of care. This configuration can help prevent nurses from accidentally modifying or releasing signed and held orders when they are not appropriate to modify or release.

To duplicate and customize this validation extension:

- In Chronicles, access the Extension (LPP) master file and duplicate extension 87760-IP Order Validation - Check Phase of Care.
- Open your copy of extension 87760 in Chronicles.
- Configure the following parameters as needed:
 - 2-Phase of Care. Enter a caret-delimited list of phases of care for which orders should not be able to be released outside of the original encounter. If both this parameter and the fourth parameter are left blank, this extension does not check any orders.
 - 3-Encounter Validation. Enter a warning message that should appear when a clinician tries to release a signed and held order on an encounter that is not the original encounter. If this parameter is left blank, the default warning message is "The following orders are not being released on their original encounter."
 - 4-Phase of Care and Lookback Hours. Enter a list of phases of care, each with a corresponding a number of hours after which orders with a certain phase of care should be considered too old and not safe to release. To edit this parameter, press F6, then press Tab to edit the first Value row. In the Phase of Care field, enter a phase of care, and in the corresponding Number of Hours field, enter a number of hours after which orders using that phase of care should be considered too old to release. You can add more rows by pressing F7. To specify a number of hours for all phases of care that are not already explicitly specified in this parameter as well as orders without a phase of care, leave the Phase of Care field blank and enter a number of hours in the Number of Hours field.
 - 5-Order Age Validation. Enter a warning message that should appear when a clinician tries to release a signed and held order that is older than the allowed number of hours specified in the fourth parameter. If this parameter is left blank, the default warning message is "The following signed and held orders are too old."

Next, add your extension to a profile. Note that you need to add your extension to two different fields in the profile. Step 3 (below) applies the extension when signed and held orders are modified, whereas step 6 applies the extension when signed and held orders are released.

- In Clinical Administration, open a profile you want to attach your extension to.
- Follow the path Medication, Allergy, Imm, etc. > Order Validation.
- On the Order Validation screen, enter your copy of extension 87760 in the Accept Order Validation Extensions (I LPR 830) field.
- In the Allow Accept? (I LPR 832) field, enter either Yes or No.
 - If you enter Yes, clinicians see the warning but can choose to override it and release the orders

anyway. This is the default setting if this field is left blank.

- If you enter No, clinicians are prevented from releasing the orders.
5. Navigate to the Pre-Release Order Validation screen.
 6. In the Pre-Release Order Validation Extensions (I LPR 831) field, enter your copy of extension 87760.
 7. In the Allow Release? (I LPR 833) field, enter either Yes or No.
 - If you enter Yes, clinicians see the warning but can choose to override it and release the orders anyway. This is the default setting if this field is left blank.
 - If you enter No, clinicians are prevented from releasing the orders.

Require Clinicians to Associate a Diagnosis for Certain Orders

You can use an order validation warning to stop clinicians from signing or to warn them if they haven't associated an order with diagnosis. For example, you might want to do so if payers require that certain orders be associated with a diagnosis or if they reimburse the cost only if the patient has a certain diagnosis.

While you can also require clinicians to associate a diagnosis using profile settings, the order validation warning gives you more flexibility if you want the warning to appear only if a patient has a certain payer or only for certain admission types or order types. You can also configure the warning to appear only for medications within a certain medication grouper.

To require clinicians to associate a diagnosis before they sign, configure a copy of extension 34284-Order Validation - Diagnosis Association Required With Payor Check, and add that extension to a profile.

Create a Medication Grouper to Specify Only Certain Medication

You can optionally show the warning only for certain medications by entering a medication grouper in the extension's tenth parameter. Note that if you use the extension with a medication grouper, the warning does not appear for any procedure orders. If you want to show warnings for both medications and procedures, you need to configure two separate copies of the extension

If you want to show the warning for a certain group of medications, specify them in a grouper record:

1. In Hyperspace, open the Grouper Editor (search: Grouper Editor) and create a new grouper.
2. In the Master file field, enter the Medications (ERX) master file. In the Type field, enter General.
3. On the Medication Concepts tab, enter the medications for which diagnosis association should be required.

Configure Your Extension Record

1. In Chronicles, access the Extension (LPP) master file and create a new copy of extension 34284 or open an existing copy.
2. If you want to show the warning only for patients with a certain payer or plan, configure how the extension determines a patient's payer and enter a list of payers or plans that require an associated diagnosis:
 - a. In the fourth parameter, choose one of three ways to determine a patient's payer or plan:
 - Use the system-wide payer or plan locator extension, which is specified in the Payor/plan locator ext (I LSD 670) field in EMR System Definitions. To do so, leave parameter 4 blank.
 - Use any extension of type 47-Payor/Plan Locator. To do so, enter the extension in parameter 4.
 - Do not check for a payer or plan. To do, enter -1 in parameter 4.
 - b. In the fifth parameter, enter a list of payer or plan IDs, separated by a caret (^), for which diagnosis

association is required. If you leave this parameter blank, the warning appears for patients with any payer or plan.

3. Configure parameters 6-9 as needed to show or hide the warning according to order type, admission type, and procedure-specific settings.
4. Starting in Epic 2018, if you want to show the warning only for certain medications, enter your medication grouper in the tenth parameter.

Add Your Extension to a Profile

To enable the order validation warning for clinicians:

1. In Clinical Administration, go to Management Options > Profiles (LPR) and open a profile record.
2. Select Procedure, Scheduling, Task > Order Validation, and enter your new extension copy in the Accept Order Validation Extensions (I LPR 830) field.
3. If you want clinicians to be able to override the warning, enter Yes in the Allow Signing? column.

After setting up the order validation warning, if you can't sign some medications that you should be able to sign, make sure that clinicians aren't required to associate a diagnosis for all medication orders. Check your configuration for the settings in the [Require Clinicians to Associate Orders with a Diagnosis](#) topic.

Require Clinicians to Specify a Provider for Consult Orders

When clinicians place inpatient consult orders, the recommended workflow from the Foundation System is to assign the consult to a provider team. To set up your consult orders using this Foundation System workflow, refer to the [Inpatient Physician Consults Setup and Support Guide](#).

Alternatively, if your organization doesn't use provider teams, we recommend using an order-specific question to check whether the clinician has contacted the consultant. Clinicians should enter Yes if they want to send the patient to a specific person or No if they want the unit clerk to complete the order. If the clinician chooses Yes, the clinician is expected to enter the consultant they contacted. However, if a clinician indicates that they contacted the consultant but does not enter that provider's name, the unit clerk then has to call the clinician to ask them which provider they wanted to consult with. You can avoid this issue by showing a warning when a clinician indicates that they want a specific provider but fails to specify that provider.

1. In Chronicles, access the Extension (LPP) master file and duplicate extension 87795-Order Validation - Consult/Refer to Provider Check.
2. Open your copy of extension 87795 in Chronicles. This extension has one parameter that cannot be edited in Hyperspace, so do not use the Extension activity in Hyperspace.
3. Configure the following parameters in your extension:
 - 2-Questions and Answers. Required. To enter data in this parameter, press F6, and then press Tab. In the Question row, enter the order-specific question (LQL) record that you use to indicate whether the clinician contacted the refer-to or consult-to provider. Note that only order-specific questions with a response type (I LQL 110) of Custom List, Category, or Yes/No are allowed. In the Affirmative Answer row, enter the answer choice that should cause this warning to appear when chosen. To add another question and answer combination, press F7 to add another row to the list, and then press Tab with your cursor in that row. The order needs to match only one pairing in the list to trigger the validation warning. If you want to check multiple answers to the same question, list the question multiple times with different answer choices indicated. When you're done editing this parameter, press Shift+F7 to return to the parameter list.
 - 3-Order Types to Include. Required. Enter a pipe-delimited list of order types (I ORD 30) that should

be included in this validation check. If this parameter is left blank, this extension does not run at all, so be sure to enter at least one order type.

- 4-Custom Message. Optional. Enter text to customize the warning message that clinicians see. The message is always followed by a list of affected orders. If this parameter is left blank, the message is "You must indicate a Refer-To/Consult-To provider for the following orders."
4. In Clinical Administration, open a profile record and follow the path Procedure, Scheduling, Task > Order Validation.
 5. On the Order Validation screen, enter your copy of extension 87795 in the Accept Order Validation Extension (I LPR 830) field.
 6. On the same screen, enter either Yes or No in the Allow Accept? (I LPR 832) field. If you enter Yes, clinicians can still sign orders after viewing the order validation message. If you enter No, clinicians cannot sign the orders until they specify a provider in the Refer To or Consult To field.

Warn Clinicians Before Sending Patients To Multiple Resulting Agencies

To potentially reduce the number of places a patient must visit for lab work and imaging exams, you can show clinicians a warning when they place multiple orders of the same order type and attach them to multiple resulting agencies. For example, if a clinician orders a lipid panel sent to lab A and a C-reactive protein test sent to lab B, a warning message prompts her to verify that this was her intended action. If not, she can then go back and send both orders to the same lab so the patient can complete them in a single visit.

This warning message does not appear under either of the following conditions:

- A clinician places multiple orders of different order types and attaches them to multiple resulting agencies.
 - A clinician places multiple orders of the same order type and attaches them to multiple resulting agencies, verifies that this is correct, and then places another order for any of the original resulting agencies. However, if she then places an order attached to a resulting agency that is not on the original list, the message appears.
1. In Clinical Administration, open a profile and follow the path Procedure, Scheduling, Task > Order Validation, and then navigate to the Procedure Order Validation - 2 screen.
 2. Enter Yes in the Check for multiple resulting agencies field.
 3. Configure the other fields to fit your organization's needs as follows:
 - Limit to order types. Enter a list of order types to filter the orders checked during order validation. Only orders with an order type listed here are included. By default, all order types are checked.
 - Procedures to filter. Enter a procedure-based grouper record ID to filter the orders that are checked. Orders with a procedure included in the specified grouper are not checked. By default, all procedures are checked.
 - Warning text. Enter text to override the default warning message of: "Multiple resulting agencies have been selected. Please review these orders and verify that you want the patient to visit multiple locations."
 - Hospital encounter lookback hours. Enter the number of hours the system should look back for previously signed orders with multiple resulting agencies. This setting is used only for hospital admissions. The default value is 24 hours.

Allow Signed and Held Orders Without a Weight on File

 Starting in February 2021

Extensions 3928-Order Validation - Check for Calc Dose and 34960-IP Order Validation - Check Patient Weight prevent signing weight-based orders when the patient has no weight on file. This ensures that these medications have all the information they need to calculate doses, but your organization might want to allow weight-based orders to be signed and held even when there is no weight on file. For example, a medication order might need to be placed before the patient comes in from out of town. In this case there might not be a weight on file but the provider might still want to sign and hold the order because the weight will be documented before the order is released.

By default, neither signed orders nor signed and held orders are permitted if there is no weight on file. Review your copies of extensions 3928 and 34960 and determine what behavior you want to use for signed orders versus signed and held orders. For each extension that you want to allow an order without a weight on file, complete the following:

1. In Chronicles, open your extension copy in the Extension (LPP) master file.
2. Go to the Parameters screen.
3. If you want to stop only signed orders from being placed when there is no weight on file, set the Fire for signed or signed and held parameter to 2-Signed Orders. If you want to stop only signed and held orders from being placed, set the parameter to 1-Signed and Held Orders.
4. In Clinical Administration, open the profile record you want to use the extension you just created.
5. Go to the Order Validation screen.
6. Add the extension to the Accept Order Validation Extensions (I LPR 830) list.
7. Go to the Pre-Release Order Validation screen.
8. Add the extension to the Pre-Release Order Validation Extensions (I LPR 831) list.

Warn Clinicians of Large Dispenses and High MME/Day Values for Controlled Medications

To help meet state or national regulations that require you to prevent clinicians from placing orders with large dispenses for controlled medications, you can set up warnings to notify clinicians when they place such orders. You can use:

- An OurPractice Advisory for inpatient orders that exceed a Morphine Equivalent Daily Dose (MME/day) threshold.
- An OurPractice Advisory for outpatient prescriptions, which allows you to include follow-up actions such as removing the controlled medication orders.
- An order validation extension.

Use a MME/Day or Days Supply OurPractice Advisory in an Outpatient Context

We recommend using an OurPractice Advisory to warn clinicians of large dispenses for controlled medications, because clinicians can take action on orders directly from the advisory using follow-up actions. You can set up your OurPractice Advisory to appear when prescriptions exceed either a specified days' supply or a specified Morphine Equivalent Daily Dose (MME/day) recommendation.

You can use the Build Wizard to create the records you need. To get started, open the Build Wizard activity in Hyperspace (search: Build Wizard) and search for Build Wizard feature 630010-Alert Clinicians About Possible Opioid Overprescribing (application: EpicCare Ambulatory). You set MME/day and days' supply thresholds based on your state regulations and organizational policies. The Build Wizard creates the necessary rules, SmartLinks, OurPractice Advisory criteria records, and OurPractice Advisory base records, which you can then customize as needed. Note that the rules created by the Build Wizard use the Diagnosis Grouper Search property, which causes them to search both active and resolved problems to determine if the rule applies to a patient.

To complete manual setup:

First, set up a rule to determine when your advisory is triggered. You can copy and customize the following rules:

- 47050-MME/day Threshold Exceeded - Cancer and Chronic Pain Patients
- 47051-MME/day Threshold Exceeded - Acute Pain Patients
- 47052-Opioid Max Recommended Days Supply Exceeded - Pediatric Patient
- 47053-Opioid Max Recommended Days Supply Exceeded - Adult Patient

To build your own rules from scratch:

1. In Hyperspace, open the Rule Editor (search: Rule Editor) and create a rule with a context of Unsigned Order.
2. On the criteria form, add a combination of the following properties from the property tree to the criteria form according to your needs. You should have separate rules for evaluating MME/day and days' supply, because these properties use different SmartLinks to show the information in the OurPractice Advisory and you can use only one SmartLink per OurPractice Advisory.
 - 75500-Is Opioid. This property returns whether an unsigned order is considered an opioid medication. A medication is considered an opioid if it is in the grouper listed in the Medication Grouper (I LSD 10716) field corresponding to medication concept 1-Opioids (All). Mixture medications are considered opioids if at least one component is considered an opioid.
 - In versions prior to February 2019, a medication is considered an opioid if it is in the grouper listed in the Opioid Medication Grouper (I LSD 10710) field in EMR System Definitions.
 - 75501-Exceeds MME/day Threshold. This property determines whether the unsigned medication exceeds any of the specified MME/day Thresholds. In the Total MME/day Calculation Context field, enter Outpatient Only. The parameter returns true if at least one of the following is true:

- The patient's total MME/day after signing this order will be greater than the value specified in the Total MME/day Threshold parameter.
- This order's MME/day exceeds the value specified in the Single Order MME/day Threshold parameter.
- This order's MME/day is unknown, and the Ignore if MME/day unknown parameter is empty or set to NO.
- 75510-Prescription Days Supply - Calculated. This property returns the prescription's calculated days' supply. Use the Operator and Value fields to specify a threshold. In the Single Fill? parameter, you can specify whether to calculate the days' supply for just a single fill or all refills.
- 75515-Prescription Days Supply - Is Over Max Days. This property determines if this prescriptions supply is over the max days if the user could have lowered the supply and still met the max days supply value. This parameter will return the following values
 - yes = Supply is greater than max
 - no = Supply is less than max
 - N/A = Supply cannot be calculated

3. Build the rest of your rule according to your needs. For full instructions on creating rules, refer to the [Create or Edit a Rule](#) topic. For example, you might build your rule to:

- Exclude cancer patients, who are frequently exempt from state regulations regarding MME/day thresholds. You can use diagnosis grouper 1748050-EDG Concept Cancer and Chronic Pain to identify these patients.
- Exclude hospice patients, who are frequently exempt from state regulations regarding MME/day thresholds.
- Use different MME/day thresholds based on the patient's weight or diagnosis.

Next, configure SmartLinks to show the relevant information in your OurPractice Advisory:

1. In Hyperspace, access the SmartLink Editor (search: SmartLink).
 - To set up a SmartLink for prescriptions that exceed the MME/day, duplicate SmartLink 85500-MME/day Threshold Exceeded Info - Acute Pain Patients (mnemonic: MME/dayEXCEEDED).
 - To set up a SmartLink for prescriptions that exceed the days' supply, duplicate SmartLink 85510-Prescriptions Over Max Recommended Days Supply (mnemonic: DAYSSUPPLYEXCEEDED).
2. In your copy of the SmartLink, configure the parameters as desired. Refer to the in-system help text for more information on what each parameter controls. For more information on editing parameters, refer to the [Edit a SmartLink](#) topic.

Next, create the necessary OurPractice Advisory records:

1. In Hyperspace, access the OurPractice Advisory Editor (search: OurPractice Advisory) and create a record with a type of Criteria.
2. Enter some criteria for medications to include in this locator. For example, enter items in the "Include" fields on the Medication, Medication Groupers, or Pharm Class forms.
3. On the Medication Properties form, enter an order status of 3-Entered in the Order Status (I LGL 5100) field.
4. In the Unsigned order context rule (I LGL 5200) field, enter the rule you created above.
5. Configure the rest of your Criteria record according to your needs with other pieces of exclusion or

- inclusion criteria.
6. Create a new OurPractice Advisory record with a type of Base.
 7. On the General Info form, enter the SmartLink you configured above in the SmartLink (I LGL 67) field.
 8. On the Follow-up Orders form, select the Suggest removal of all triggering orders check box to allow clinicians to remove the unsigned orders that triggered the advisory. A link to see build recommendations appears next to the check box, which you can click to view recommendations in the advisory editor preview.
 9. Configure the rest of the OurPractice Advisory Base record as desired. For more information, refer to the [OurPractice Advisories Setup: Essentials](#) topic.

Use a MME/Day OurPractice Advisory in an Inpatient Context

Depending on the needs of your organization, you can create an OurPractice Advisory to let clinicians know about inpatient orders that exceed a specified MME/day threshold. You can set these up to appear when clinicians initiate the Sign Orders, Sign SmartSet, or Sign Community Orders triggering actions.

Prerequisite

Setting up MME/day calculation at your organization is a prerequisite for creating these OurPractice Advisories. Refer to the [Promote Opioid Safety with Morphine Equivalence Tools](#) topic for more information, including inpatient-specific strategy in the [Considerations for Setting up the MME/day in Inpatient Contexts](#) topic.

Work with stakeholders to determine if an OurPractice Advisory is necessary in an inpatient context. Consider whether your existing decision support mechanisms might be sufficient without an advisory, particularly if you use print group [49184-Rx Morphine Equivalence for Patient \(IP\)](#), which shows the potential and administered MME/day of a patient's orders, as part of relevant workflows.

For situations where you decide to use an OurPractice Advisory, consider which departments and groups of patients you want to exclude from the advisory. For example, MME/day threshold advisories are unlikely to be useful for clinicians attending patients in intensive care units, or patients receiving anesthesia, because acceptable doses of opioids are likely to be much higher in those situations than in other contexts. Make sure to take these exceptions into account when creating the rule to determine when your advisory is triggered.

To create an OurPractice Advisory, first, set up a rule to determine when your advisory is triggered:

1. In Hyperspace, open the Rule Editor (search: Rule Editor) and create a rule with a context of Unsigned Order.
2. On the criteria form, add a combination of the following properties according to your needs:
 - 75500-Is Opioid. This property returns whether an unsigned order is considered an opioid medication. A medication is considered an opioid if it is in the grouper listed in the Medication Grouper (I LSD 10716) field that corresponds with a Medication Concept (I LSD 10715) of Opioids (All) in EMR System Definitions. Mixture medications are considered opioids if at least one component is considered an opioid.
 - 75501-Exceeds MME/day Threshold. This property determines whether the unsigned medication exceeds the MME/day threshold specified in its parameters. It can also determine whether the order's MME/day is unknown. In the Total MME/day Calculation Context field, enter Inpatient Only. The property returns true if at least one of the following is true:
 - The patient's total MME/day after signing this order will be greater than the value specified

- in the Total MME/day Threshold parameter.
- This order's MME/day exceeds the value specified in the Single Order MME/day Threshold parameter.
 - This order's MME/day is unknown, and the Ignore if MME/day unknown parameter is empty or set to No.
- 75503-Calculated MME/day. This property returns the calculated MME/day value for an unsigned order.
3. Build the rest of your rule according to your needs. For full instructions on creating rules, refer to the [Create or Edit a Rule](#) topic. For example, you might build your rule to:
 - Exclude patients in an intensive care or hospice units, who frequently receive high doses of opioids that would be unacceptable in other departments.
 - Exclude patients receiving anesthesia, for whom MME/day thresholds based on the use of opioids as analgesics might not apply.

Next, configure SmartLinks to show the relevant information in your OurPractice Advisory:

1. In Hyperspace, open the SmartLink Editor (search: SmartLink).
2. Duplicate SmartLink 85500-MME/day Threshold Exceeded Info - Acute Pain Patients (mnemonic: MME/dayEXCEEDED).
3. In your copy of the SmartLink, go to the SmartLink tab and in the Total MME/day Calculation Context field enter Inpatient Only.
4. Configure the other parameters as desired. Refer to the in-system help text for more information on what each parameter controls. For more information on editing parameters, refer to the [Edit a SmartLink](#) topic.

Next, create the necessary OurPractice Advisory records:

1. In Hyperspace, open the OurPractice Advisory Editor (search: OurPractice Advisory) and create a record with a type of Criteria.
2. Enter some criteria for medications to include in this locator. For example, enter items in the "Include" fields on the Medication, Medication Groupers, or Pharm Class forms.
3. On the Medication Properties form, enter an order status of 3-Entered in the Order Status (I LGL 5100) field.
4. In the Unsigned order context rule (I LGL 5200) field, enter the rule you created above.
5. Configure the rest of your Criteria record according to your needs with other pieces of exclusion or inclusion criteria.
6. Create a new OurPractice Advisory record with a type of Base.
7. On the General Info form, enter the SmartLink you configured above in the SmartLink (I LGL 67) field.
8. On the Follow-up Orders form, select the Suggest removal of all triggering orders check box to allow clinicians to remove the unsigned orders that triggered the advisory. The See build recommendations link appears next to the check box, which you can click to view recommendations on how to set up the OurPractice Advisory.
9. Configure the rest of the OurPractice Advisory Base record as desired. For more information, refer to the [OurPractice Advisories Setup: Essentials](#) topic.

Use an Order Validation Extension

You can configure an order validation extension to warn clinicians of large dispenses for controlled

medications such as opioids. You can make this order validation warning a hard or soft stop for clinicians. To use this extension, first create and configure a copy:

1. In Chronicles, access the Extension (LPP) master file. Go to Enter Data > Duplicate Extension and create a copy of extension 84764.
2. In the first parameter, enter a caret-delimited list of controlled statuses for medications that should trigger this validation check. This parameter respects any state-level DEA overrides for the state in which the dispensing pharmacy is located, and the most restrictive DEA level is used for mixtures. If this parameter is left blank, the validation check applies only to the medications in the grouper that you specify in the second parameter. If you configure this parameter and the second parameter, this validation check applies for all of the statuses that you list in this parameter and all medications in the grouper that you list in the second parameter.
3. In the second parameter, enter the grouper (VCG) record that lists the medications you want to include in the validation check. If this parameter is left blank, the validation check applies only to the statuses that you specify in the first parameter. If you configure this parameter and the first parameter, this validation check applies for all of the statuses that you list in the first parameter and all medications in the grouper that you list in this parameter. Refer to the [Build a General Grouper](#) topic for instructions on creating a grouper record for applicable medications.
4. In the third parameter, enter a caret-delimited list of the provider types of prescription-ordering providers that should trigger the warning message. If you leave this parameter blank, as released, any provider type can trigger the warning message.
5. In the fourth parameter, enter the number of days that you want to be considered as the maximum allowable days' supply. For example, let's say a provider chooses a 90-day supply. A prescription written with a sig to take one tablet by mouth daily should have a dispense quantity of 30 tablets and a max number of refills of 2. 30 tablets per fill at 3 fills equals a 90-day supply. If the provider accidentally writes the script with a dispense quantity of 90 tablets but forgets to change the refill quantity to 0, then this validation will fail because 90 tablets per fill at 3 fills equals a 270-day supply.
6. Set the fifth parameter to the error message you want the user to see when the prescription is invalid. The default message is as follows: "{MedName} does not have a valid total day supply. {FailedDaysSupply} is greater than the maximum allowed total days' supply of {DaysSupplyMax}. Please review the prescribed quantity and refill amount, and dispense information." You can use the following mnemonics in your message:
 - {MedName} - The name of the medication. Font is bold.
 - {DaysSupplyMax} - The maximum days' supply allowed. Font is red.
 - {FailedDaysSupply} - The prescription's current written days' supply. Font is red.
 - {WrittenDate} - The written date.
 - {WrittenRefill} - The prescription's current number of refills.
 - {DispDaysSupply} - The calculated days' supply for one fill.

You can optionally use a rule-based order validation extension to prevent these warnings from appearing for patients who might be expected to have large opioid dispenses, such as those in your oncology department.

If you want to prevent dispense warnings from appearing for certain patients:

1. Create a rule that returns as False for all patients who should not have these warnings appear, such as day surgery and oncology patients. Refer to the [Create or Edit a Rule](#) topic for detailed instructions on creating rule records.

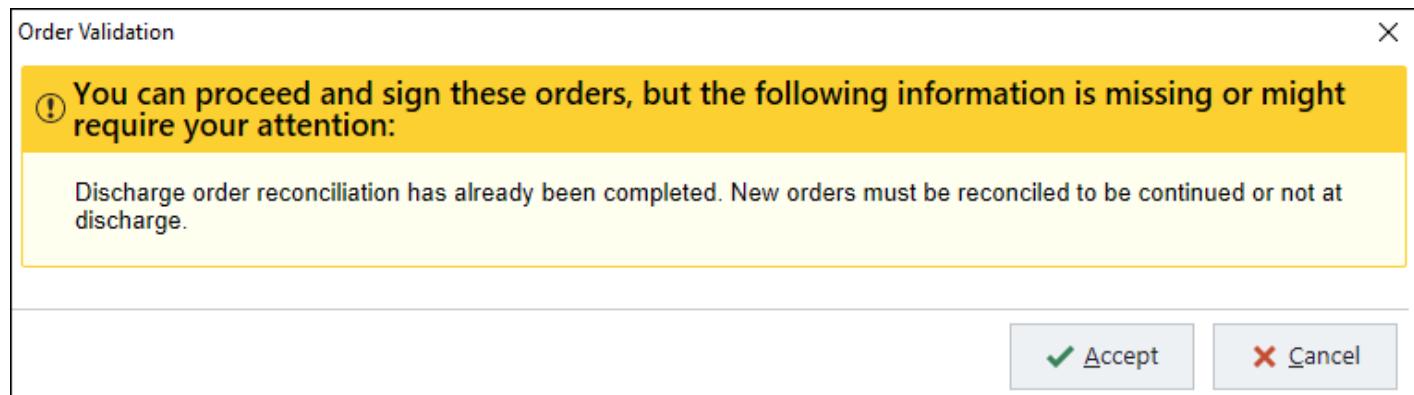
2. In Chronicles, access the Extension (LPP) master file. Go to Enter Data > Duplicate Extension and create a copy of extension 88128-Order Validation - Run Rule.
3. Enter the ID of the rule you created in the fourth parameter.
4. Enter the ID of your copy of extension 84764 in the fifth parameter.

Finally, specify your copy of extension 84764 in the profile. If you created a copy of extension 88128 to house it, specify that extension instead.

1. In Clinical Administration, go to Management Options > Profiles (LPR) and open the appropriate profile record.
2. Go to Medication, Allergy, Imm, etc > Order Validation, and enter your copy of extension 84764, or your copy of extension 88128 if you created one, in a new row of the Accept Order Validation Extensions (I LPR 830) field on the first screen.
3. To make the order validation warning a hard stop, enter No in the corresponding Allow Accept? (I LPR 832) field. To make the warning a soft stop, enter Yes.

Prevent Clinicians from Signing Orders After Discharge Medication Reconciliation is Complete

You can build an extension to remind clinicians to reconcile inpatient medication orders placed after discharge medication reconciliation. The extension shows the warning when medication reconciliation goes from complete to incomplete. For example, if a clinician prescribes ibuprofen for a patient with complete medication reconciliation, ignores the warning, and fails to reconcile the medication, the warning doesn't appear for medication orders placed in subsequent ordering sessions. If the physician completes medication reconciliation, and later places another medication order, the warning appears again.



To duplicate and customize this validation extension:

1. In Chronicles, access the Extension (LPP) master file and duplicate extension 85502-IP Order Validation - Check if DC Ord Rec is Complete.
2. Open your copy of extension 85502 in Chronicles.
3. Configure the following parameters as needed:
 - 1-msgComp. This is the message displayed to a user if discharge order reconciliation is complete. The default message is "Discharge order reconciliation is complete. Additional orders must be reconciled."
 - 4-Mode. This determines if the check is performed on inpatient orders, outpatient orders, or both. This parameter is set to 2-Inpatient Orders in the Foundation System.

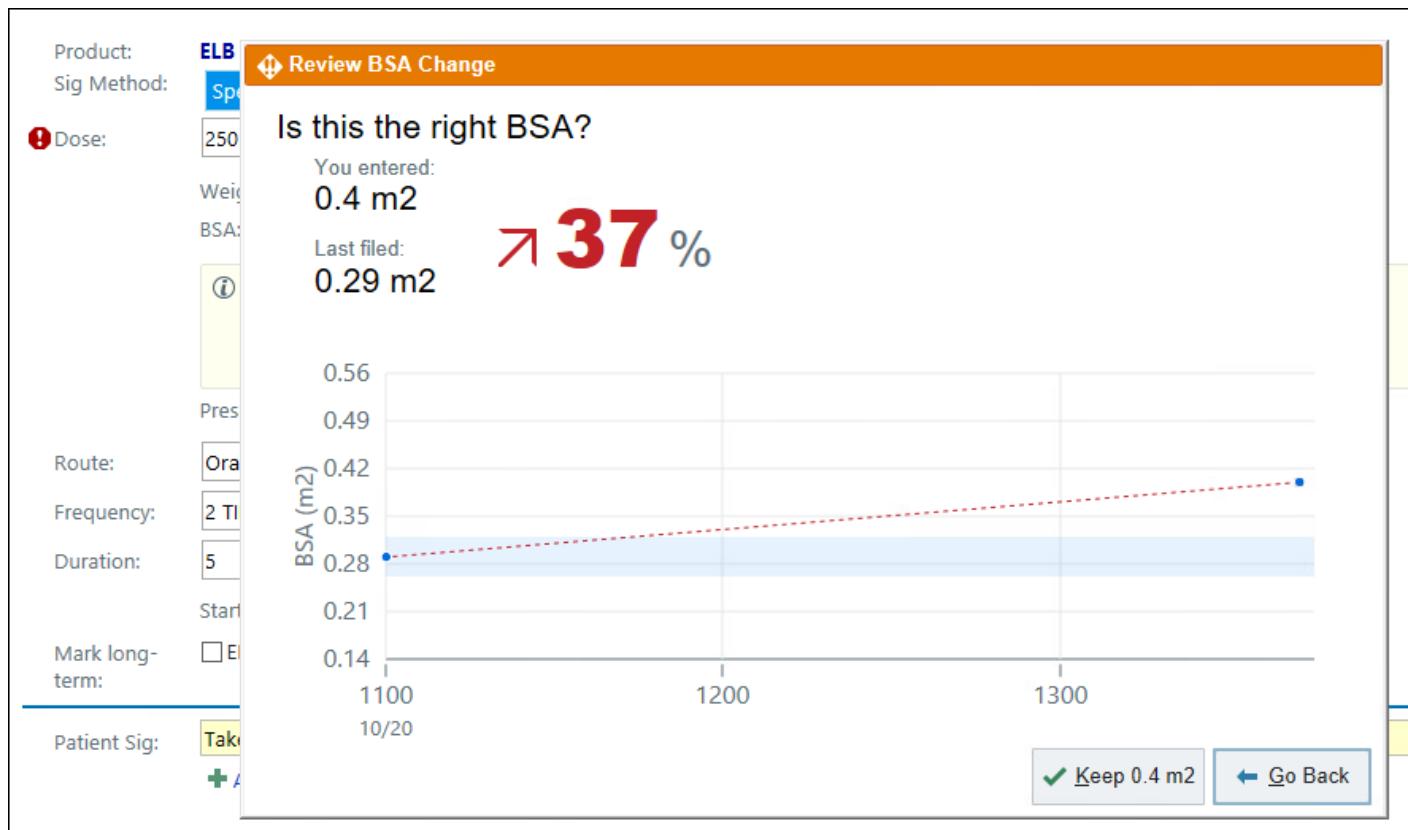
- 5-medsonly. Set this to 1 to perform this check only for medication orders.

Attach your copy of extension 85502 to a profile.

1. In Clinical Administration, go to Management Options > Profiles (LPR) and open the appropriate profile record.
2. Go to Medication, Allergy, Imm, etc > Order Validation, and enter your copy of extension 85502 in a new row of the Accept Order Validation Extensions (I LPR 830) field on the first screen.
3. To make the order validation warning a hard stop, enter No in the corresponding Allow Accept? (I LPR 832) field. To make the warning a soft stop, enter Yes.

Warn Clinicians If BSA Changes Significantly

To ensure that clinicians do not accidentally record a BSA that differs greatly from the BSA calculated from the patient's height and weight in Flowsheets, you can configure a warning to appear when the values differ by too much. By default, the warning appears if the two BSAs differ by at least 10 percent.



To customize the BSA warning:

1. In EMR System Definitions, go to Age, Height, Weight and navigate to the Body Surface Area Formula screen.
2. In the BSA Change Warning Percentage (I LSD 4373) field, enter a percentage to use as a threshold for change in BSA. If the BSA value defined in the Order Composer differs from the recorded BSA by more than this percentage, a warning appears. If this setting is left blank, a threshold of 10 percent is used.

Warn Clinicians when Labs Are Released Too Close to Rounding Time

When a lab order is released just before its scheduled start time, there is a chance that phlebotomists might miss the new orders on their draw lists. This can cause patients to miss lab draws, delaying patient care. To prevent this, you can use an order validation extension to warn clinicians if they try to release a signed and held order too

close to the start time of the order.

1. In Chronicles, access the Extension (LPP) master file and duplicate extension 88722-Order Validation - Check if Start Time Is Too Close.
2. In Hyperspace, go to the Extension activity (search: Extension) and open your copy of extension 88722. Configure the following parameters as desired:
 - In the second parameter, enter the number of hours before an order's start time within which the order should cause a validation warning. If left blank, the default is 0.5 hours.
 - In the third parameter, you can customize the message that appears in the validation warning. A list of orders that failed the validation appear after this message, along with their start times. If left blank, the default message is "There are orders set to begin in the next <timeframe>."
 - In the fourth parameter, you can limit this validation check to run only for orders with certain frequencies. Enter a comma-delimited list of frequencies. If left blank, the extension checks all frequencies.
3. In Clinical Administration, open a profile (LPR) record and follow the path Procedure, Scheduling, Task > Order Validation. Navigate to the Pre-Release Order Validation screen.
4. In the Pre-Release Order Validation Extensions (I LPR 831) field, enter your copy of extension 88722.
5. In the Allow Release? (I LPR 833) field, enter Yes if you want to allow clinicians to continue signing the order after seeing the warning, or enter No to make the warning a hard stop.

Determine Whether Medication Dispense Undersupply Warnings Appear

When a clinician enters dispense and refill amounts for a medication that would provide a quantity significantly greater than the calculated days' supply, a warning appears in the Order Composer informing him of this.

A warning also appears for potential undersupplies, medication dispenses that are calculated to an amount more than 10 percent lower than the duration of the calculated days' supply.

Some organizations regularly place medication orders with very large durations to keep them from disappearing from the medication list or otherwise intentionally order undersupplies. If clinicians at your organization would not benefit from seeing the warning so often due to such reasons, consider disabling it.

To disable the undersupply warning:

1. In Clinical Administration, go to Management Options > Edit System Definitions (LSD) > Medication, Allergy, Imm, etc. > General Options.
2. On the EpicCare Prescription Dispense Calculation screen, enter 2-No in the Show undersupply warning in order composer (I LSD 9671) field.

Limit Order Expiration Date by Order Type

To make placing orders with varying expiration dates more flexible, you can set up expiration date limits based on order type. For example, you might want to allow a later expiration date for imaging orders that do not require revalidation. Consider implementing this change if you want to control what expiration dates are allowed when placing orders of certain types, which can affect whether users can place such orders in advance.

To perform this setup, you configure two parameters in a copy of extension 3828-Order Validation - Expiration Date Too Far in Future.

1. In Chronicles, duplicate extension 3828 or open an existing copy.
2. If you're using a new copy or haven't already, modify the second parameter, Number of days, so that it

equals the maximum number of days in the future allowed for an expiration date. As released, this parameter is set to 365.

3. In the fifth parameter, Order type(s), enter the order types you want to include or exclude from the validation check. If you leave this parameter null, as released, all order types are included and the extension ignores the sixth parameter.
4. If you entered order types in the fifth parameter, you can also modify the sixth parameter, Include or exclude. In this parameter, enter Include if you want the extension to include the order types in its check. Enter Exclude if you don't want these order types included. If you leave this parameter blank, as released, the parameter behaves as if it's set to Include.
5. Modify the other parameters as desired.
6. In Clinical Administration, open a profile record and follow the path Procedures, Scheduling, Task > Order Validation > Order Validation Screen.
7. In the Accept Order Validation Extension field, enter your copy of extension 3828.

Customize Pharmacy Validation Checks

Customize Pharmacy Validation for Unsigned Orders

By default, the pharmacy association grid automatically appears when a clinician signs multiple prescription orders if the orders meet at least one of the following conditions:

- Multiple pharmacies have been selected for the orders.
- At least one prescription is not yet associated with a pharmacy.

This validation check helps ensure that prescriptions are sent to the correct pharmacies every time. You can change the default behavior of the pharmacy grid to make it appear more or less often. To configure this setting:

1. In Clinical Administration, open a profile record and follow the path Medication, Allergy, Imm, etc. > Formulary, Pharmacy.
2. Go to the Outpatient Pharmacy Options screen.
3. In the Pharmacy association validation (I LPR 1230) field, enter a combination of conditions for which the pharmacy association grid should appear. The default behavior uses conditions 4 and 6. In Canto version 5.1 and above, the default behavior uses conditions 4, 5, and 6.
 - 1-Always. The pharmacy association grid always appears during signing. If you use this setting, do not use any other settings.
 - 2-Never. The pharmacy association grid never appears during signing. If you use this setting, do not use any other settings.
 - 3-No Pharmacy Selected. The grid appears during signing if no pharmacies have been selected in the current ordering session.
 - 4-Any OP Medication Missing Pharmacy Association. The grid appears during signing if any of the prescriptions is not associated with a pharmacy.
 - 5-Pharmacy Association Form Has Not Been Opened. The grid appears during signing if it has not already been opened during the current ordering session.
 - 6-Multiple Pharmacies Selected. The grid appears during signing if there is more than one pharmacy available. Note that this setting only considers whether multiple pharmacies are possible for the order, so even if all of the prescriptions are already associated with a single pharmacy, the grid still appears.

- 7-Multiple Pharmacies Associated. The grid appears during signing if there are multiple prescriptions associated with different pharmacies.
4. Close the record.

Customize Pharmacy Validation for Releasing Signed and Held Discharge Orders

You can also allow the pharmacy association grid to show signed and held orders that are being released as part of discharge alongside the unsigned orders that appear there normally. These orders are denoted in the pharmacy association form with an icon to the left of the order name and the text "Signed and Held" beneath the order name.

To show the pharmacy association form when releasing signed and held discharge orders:

1. In Clinical Administration, open a profile record and follow the path Medication, Allergy, Imm, etc. > Formulary, Pharmacy.
2. Go to the Outpatient Pharmacy Options screen.
3. In the Pharmacy association validation for releasing signed and held orders (I LPR 1231) field, enter one of the following values:
 - 1-Always for Signed and Held Orders. If you choose this option, the pharmacy association form appears when a user releases signed and held orders.
 - 2-Never for Signed and Held Orders. If you choose this option, the pharmacy association form never appears when a user releases signed and held orders.
 - 3-Any Signed and Held Medications Missing Association. If you choose this option, the pharmacy association form appears when a user releases signed and held orders that do not have a pharmacy already associated with them.
4. Close the profile record.

Use Patient Photos to Confirm a Patient's Identity When Clinicians Place Orders

If you collect patient photos at your organization as described in the [Patient Photo Setup and Support Guide](#), you can show these photos as an order validation warning to clinicians to ensure that they verify they are placing the orders for the correct patient. Refer to the [Confirm that Clinicians Place Orders for the Correct Patient](#) topic for information on configuring these warnings.

Limit the Number of Occurrences for Certain Standing Orders

You can use an order validation extension to limit the number of occurrences that clinicians can place for certain procedures. For example, organizations in Australia can use this extension to limit the count of certain orders that are covered by Medicare rule 3 exemptions.

By default, this extension limits the number of occurrences for inpatient orders that you configure. Starting in May 2020, February 2020 with special update E9202747, and November 2019 with special update E9105695, you can configure the extension to also limit the number of occurrences for outpatient orders.

1. In text, create a copy of extension 34189-Order Validation - Occurrence Check.
2. In the occrFltr parameter, press F6 and then Tab to add the procedures that you want to limit. In the Procedure segment, enter the procedure number (I EAP 100) of the procedure to limit. In the Maximum Occurrences segment, enter the maximum count that clinicians can enter for the order.
3. In the edpList parameter, press F6 and then Tab to add the procedure categories of the orders that you

want to limit. In the EDP ID segment, enter the procedure category with orders that you want to limit. In the Maximum Occurrences segment, enter the maximum count that clinicians can enter for orders in that procedure category.

4. In the message parameter, press F6 and then Tab to customize the warning message that appears if clinicians try to place an order with more than the maximum number of occurrences. In the Warning Message Pc 1 segment, enter the text that should appear before the maximum number of scheduled occurrences. In the Warning Message Pc 2 segment, enter the text that should appear after the maximum number. By default, the following message appears: The following order has a limit of [maximum number] scheduled occurrence(s)
5. In the Include OP Orders? parameter, enter Yes to use this order validation check for both inpatient and outpatient orders.
6. Exit the record and open a profile record.
7. Go to Procedure, Scheduling, Task > Order Validation > Order Validation screen.
8. Enter your copy of extension 34189 in the Accept Order Validation Extensions (I LPR 830) field.
9. In the corresponding Allow Accept? (I LPR 832) field, enter Yes to allow clinicians to override the warning or No to prevent clinicians from placing the order without changing the Count.

View and Validate Responsible Hospital Area and Unit Information in Orders



Applies only to organizations in Denmark.

You can help users check their work when placing orders by adding fields for responsible hospital areas and responsible units to orders and configuring an error message that appears if the orders aren't in the same parent hospital or update the patient class to one that isn't supported in the responsible unit.

Add Responsible Hospital Area and Responsible Unit to Orders

To add the responsible hospital area and responsible unit display items to your admission, transfer, leave of absence, or patient update orders:

1. In Clinical Administration, go to Procedures, Scheduling > Order Composer Config (OCC). Open your Order Composer configuration record for a procedure order.
2. Go to the Procedure Items screen. In the Display Items (I OCC 2000) field, enter display item 142- Responsible Hospital Area & Unit.
3. If your Order Composer configuration record uses Summary Sentences, enter 142-Responsible Hospital Area & Unit in the Summary Items (I OCC 2010) field.
4. If you want to make the responsible hospital area or responsible unit fields required or recommended:
 - In the Item Control (I OCC 2020) field, enter any of the following:
 - 141-Responsible Hospital Area
 - 142-Responsible Unit
 - In the Item Status (I OCC 2030) field, enter one of the following for each item control you entered:
 - Required. Users can't place the order if the field is blank
 - Recommended. Users receive a warning if the field is blank, but they can still place the order

To add buttons for responsible hospital areas and responsible units in your Order Composer for the procedure categories or procedures that you added the display item to:

1. In Clinical Administration, go to one of the following:
 - Procedures, Scheduling > Categories (EDP). Open a procedure category record.
 - Procedures, Scheduling > Procedures (EAP). Open a procedure record.
2. Go to the Responsible Hospital Area - Inpatient screen. In the Order Composer Button Selection fields, enter the responsible hospital areas and responsible units you want to appear as buttons for inpatient orders.
3. Go to the Responsible Hospital Area - Outpatient screen. In the Order Composer Button Selection fields, enter the responsible hospital areas and responsible units you want to appear as buttons for outpatient orders.

Validate That the Responsible Hospital Areas and Responsible Units on Orders Are in the Same Parent Hospital

To create and add an order validation that checks whether responsible hospital areas and responsible units entered in admission, transfer, and leave of absence orders are in the same parent hospital:

1. In text, go to the Extension (LPP) master file. Copy extension 31045-PAS DK Order Validation - Facility Structure.
2. Go to the Parameters screen. Enter Yes or No for the following parameters for your copied extension to determine how it validates orders:
 - Check Transfers?
 - Check Admissions?
 - Check Leave of Abs?
 - Hard Stop Transfer?
 - Hard Stop Adm?
 - Hard Stop LoA?
 - Ignore at S&H?
3. In Clinical Administration, go to Management Options > Profiles (LPR). Open a profile record.
4. Go to the Order Validation Screen. In the Accept Order Validation Extensions (I LPR 830) field, enter your copy of extension 31045 on a new line.
5. In the Allow Accept field, enter Yes or No for the copied extension you entered, depending on whether you want to allow users to accept the orders even if a warning appears.
6. In the Pre-Release Order Validation Extensions (I LPR 831) field enter your copy of extension 31045 on a new line.
7. In the Allow Release field, enter Yes or No for the copied extension you entered, depending on whether you want to allow users to release the Signed & Held orders even if a warning appears.

If users at your organization can place orders that change only the responsible hospital area and unit, specify these procedures or order types as patient update events so that the system validates them as well:

1. In text, go to the Extension (LPP) master file. Open your existing copy of extension 73480-ADT Order Validation - Patient Update.
2. Go to the Parameters screen. Enter the following:

- Addl Orders EAP Rule: enter a rule that, if it evaluates to true for the order, allows the system to validate the order as a patient update order.
- Addl Orders Order Types: enter order types that should be considered Patient Update orders.

Validate That the Patient Class on the Order Is Supported in the Responsible Unit

 Epic 2017 by SU E8310282

Create a department grouper that contains values for inpatient-only and outpatient-only departments and associate that grouper with the department records for responsible units:

1. In Hyperspace, open a department grouper item, such as Rpt Grp Six C (I DEP 4305), in Category List Maintenance (search: Category List Maintenance).
2. Add two category values to the item. One value should correspond to responsible units that see only inpatients. The other value should correspond to responsible units that see only outpatients.
3. In Grand Central text, open the department (DEP) record for a responsible unit and go to the Report Groupers screen.
4. Find the department grouper item you modified in the Category Groupers columns. If the responsible unit sees only inpatients, enter the value you created in the department grouper item that corresponds to inpatient-only. If the responsible unit sees only outpatients, enter the value you created in the department grouper item that corresponds to outpatient-only.

Add the department grouper you modified to extension 31045:

1. In Chronicles, access the Extensions (LPP) master file and open your copy of extension 31045.
2. Configure the following new parameters:
 - Department Grouper Item. Specify the department grouper item you modified.
 - Inpatient-Only Value. Specify the value you added to the department grouper item that corresponds to responsible units that see only inpatients.
 - Outpatient-Only Value. Specify the value you added to the department grouper item that corresponds to responsible units that see only outpatients.

Add an extension to your patient update confirmation record to show users a warning or error message when the patient class isn't supported in the responsible department:

1. In Chronicles, access the Extensions (LPP) master file and create a copy of 31106-PAS DK Order Val Match Resp Unit and Pt Class - Warning.
2. Configure the following parameters:
 - Error or Warning? Specify whether an error or warning appears in the confirmation record when there is a mismatch between the patient class in the update order and the responsible department.
 - Department Grouper Item. Specify the department grouper item you modified.
 - Inpatient-Only Value. Specify the value you added to the department grouper item that corresponds to responsible units that see only inpatients.
 - Outpatient-Only Value. Specify the value you added to the department grouper item that corresponds to responsible units that see only outpatients.
3. Find the confirmation record associated with your patient update workflow:
 - If you use a copy of extension 73480-ADT Order Validation - Patient Update to validate the content of patient update orders, the confirmation record you need to modify is listed in the Change Event

Validation HCF parameter of the extension.

- If you don't use a copy of extension 73480, the confirmation record you need to modify is listed in the Change Event (I EAF 70186) field of your service area record (Grand Central Text > Service Area (EAF) > Edit ADT Event Confirmations screen).

4. Open your confirmation record:

- Starting in February 2024: In Hyperspace, open the Confirmation Editor activity and open the confirmation record you found in the previous step.
- November 2023 and earlier: In Chronicles, access the Workflow Confirmation (HCF) master file and open the confirmation record you found in the previous step.

5. Add your extension to the confirmation record:

- Starting in February 2024: Go to the Extensions tab and add your copy of extension 31106 as a patient extension.
- November 2023 and earlier: On the Confirmation Patient Specifications screen, enter your copy of extension 31106 in the Patient Validation Extensions column.

Linking Related Orders



This functionality is for inpatient orders only.

To better manage complex ordering workflows, clinicians can place groups of inpatient orders that are linked together in the system. After the clinician signs the orders, they are considered as linked and can only be modified as a group. This behavior helps preserve the intentions of the ordering clinician. When a clinician links medication A and procedure B in a SmartGroup panel, and another clinician tries to discontinue one of them, the system shows the remaining linked orders in the Orders to Review for Discontinuation window if at least one other order in the group is still active. This prompts the second clinician to review and possibly discontinue the other linked orders.

You can enable clinicians to place three types of linked orders:

- And-linked orders: These orders give clinicians a way to show that multiple orders are part of the same treatment plan. Linking orders together with 'And' logic requires providers to consider orders together when going through workflows such as modification or discontinuation, which for certain orders could be critical. Note that And-linked orders might be administered together, but they do not need to be (they can have different frequencies). Unlike Or-linked or Followed By-linked orders, And-linked groups can include procedures.
- Followed By-linked orders: These orders follow one another sequentially. The second order in the sequence does not begin until the first order is complete, the third order does not begin until the second order is complete, and so on. If a clinician adjusts the schedule of any of the orders in a Followed By-linked group, the system automatically adjusts the schedule of the others to maintain the correct order. If a clinician tries to discontinue one order, the system shows the remaining orders in the Orders to Review for Discontinuation window. The clinician must discontinue any subsequent orders. A medication taper with gradually decreasing doses is one situation in which Followed By-linked orders can be useful. Followed By-linked orders are limited to medications.
- Or-linked orders: These orders present a clinician with several alternatives to choose from based on a patient's current situation. For example, if a patient needs a cough suppressant, a clinician can place an Or-linked group consisting of a tablet and a syrup. When a nurse administers the medication, she could

choose one form or another, depending on which route is more comfortable for the patient. Or-linked orders help prevent duplicate therapy while still giving nurses several options for administration. Or-linked orders are limited to medications.

Enable Clinicians to Place Linked Orders from Order Entry activities

You can enable clinicians to place linked orders system-wide in EMR System Definitions. The options set here determine which types are available in all order entry activities, composers, and editors. Changing these settings might affect order panels that you already built, so validate your decision before making changes.

Once you enable one or more types of linked ordering, clinicians can place linked orders on the fly in order entry activities, either by right-clicking on a Summary Sentence, by clicking the gear icon, or by clicking the chain link button in the Order Entry toolbar. However, because linked orders can appear complicated, we recommend that you pre-configure linked groups as order panels.

1. In EMR System Definitions, follow the path Medication, Allergy, Imm, etc. > General Options and access the Linked Orders Options screen.
2. Set the Allow placing linked Inpatient meds? (I LSD 34039) field to Yes.
3. In the Allowed Linked Types field, list each linked order type that you want to enable.

Let Clinicians Order Pre-Configured Linked Panels

To prevent clinicians from having to manually link orders on the fly, you can create pre-configured linked order groups in SmartGroup panels:

1. In Hyperspace, open the SmartGroup Editor (search: SmartGroup Editor).
2. Click Create a new record and give your panel a name. Click Continue, then click Finish.
3. In the General Info section, select the Panel (requires this contact to be released) checkbox.
4. In the Panel Info section, enter Followed By, Or, or And in the Link Type field.
5. Select Mixed Panel, Medication Panel, or Procedure Panel in the Panel Type field. Note that you cannot change this setting after it is set.
6. From the toolbar, click Add Item and select an order to be placed in your linked panel (August 2021 and earlier: go to the Configuration form and click Add Item). Set the overrides as appropriate and click Accept at the top right of the Order details form.
7. Repeat step 6 as many times as necessary. When you are finished, click Release.

Give the System Rules for Makeup Doses in Linked Orders

You can change the way that the system schedules Followed By-linked orders to ensure that makeup doses are scheduled if there is too large of a gap between doses. To do so, you can change a setting in frequency records that applies only to linked orders. However, you should understand the system's default behavior before making these changes.

A subsequent order in a Followed By-linked group must begin at or after what would have been the next dose time of the prior order. For example, if the prior medication order has a TID frequency with scheduled doses at 0600, 1400, and 2200, and the final dose of that medication comes at 1400, the first dose of the subsequent medication order would begin at or after 2200.

However, the system determines a maximum interval between doses so that there is never too large of a gap between linked orders. By default, the maximum interval is equal to the greatest gap between doses in the frequency record. In the example above, the maximum interval is 8 hours. If the subsequent order is scheduled to

begin more than 8 hours after the final dose of the prior order, the system schedules a makeup dose.

In Followed By-linked groups, the system makes the maximum interval between doses equal to the greatest amount of time between doses in the entire group. For example, if the first order in the group has a frequency of Q12H, and the second order in the group has a frequency of Q4H, the maximum interval for the entire group is 12 hours, because 12 is greater than 4.

To understand the effect of the default behavior, consider the following scenario:

- At 0500, a clinician places a Followed By-linked group consisting of two medications, A and B.
- He gives medication A a specified TID frequency with doses at 0600, 1400, and 2200.
- He gives medication B a specified BID frequency with doses at 0900 and 2100.
- He gives medication A a count of 5 doses and medication B a count of 3 doses.

In this scenario, the maximum interval is 12 hours. The final dose of Medication A is at 1400 tomorrow. Medication B must begin tomorrow at or after 2200 tomorrow, but that means that the first dose of Medication B comes at 0900 on the day after tomorrow. This is 19 hours after the final dose of Medication A, which is greater than the maximum interval of 12 hours. As a result, the system schedules a makeup dose at 2200.

If you set a maximum interval in frequency records, the system does not use the rules laid out above. Rather it simply uses the number of minutes specified in the Schedule makeup dose if interval is more than field.

In most systems, we recommend that you add the following numbers together to arrive at the optimal setting:

- Duplicate dose interval x 0.5
- Actual maximum interval

This configuration minimizes the chance that the makeup dose accidentally creates even bigger intervals between doses.

1. In frequency records, access the screen on which you set makeup dose intervals.
2. Set the Schedule makeup dose if interval is more than field as appropriate.

Configuring Encounter Selection for Reflex Orders

When clinicians click the Reflex button in In Basket, Enter/Edit Results, Result Notes, or MyChart Results Release, the system opens an encounter in which clinicians can place their orders. Each reflex order is linked to the original order using the Reflex Order (I ORD 275) item in the order record.

Not all encounters should be available for clinicians to place reflex orders in. For example, if a clinician places an inpatient-mode reflex order in an inpatient encounter after the patient has been discharged, that order cannot be acted upon. To help clinicians place reflex orders on the right types of encounters, the system automatically searches for the appropriate encounter using the following criteria. If any one of these criteria is not met, the encounter is not selected:

- The system looks for encounters within the lookback period you specify. If a lookback period isn't specified, the system looks back 30 days.
- The system excludes encounters in the departments you specify.
- The system excludes encounters that aren't on the user's current deployment.

Starting in August 2024, reflex orders are added to a Results Follow-Up encounter for the related results. In May 2024 and earlier versions, reflex orders can be added to any encounter types in which orders can be placed, including open admission encounters. In addition, the following selection criteria also apply:

- The system excludes encounters the ordering clinician doesn't have permission to open, such as sensitive encounters.
- The logged-in user must be the encounter provider, the attending provider, or a treatment team member for the encounter. You can disable this selection criterion at the profile level if necessary, as described in the Allow Other Clinicians to Add Reflex Orders to Certain Encounters section below.
- Clinicians can place reflex orders on encounters in hospital outpatient departments (HODs) only if the ordering mode of the encounter department is Dual Mode or Outpatient Mode. This helps prevent reflex orders from being placed on inpatient encounters in which orders cannot be released or acted upon outside of that encounter.
- The system excludes admission encounters after the patient is discharged and completed encounters in hospital outpatient departments (HODs).

If an encounter can't be found that meets all of the above criteria, the system creates or opens an Orders Only quick encounter based on [Automatic Encounter Selection](#) criteria. Starting in November 2023, you can bypass the automatic encounter selection criteria and instead use the original order's ordering, releasing, or resulting department. This behavior is in place if the Use order department for encounter selection? (I LPR 792) field in a profile is set to 1-Yes or left blank. If an encounter cannot be found or created in one of those departments, the system falls back to the automatic encounter selection criteria.

Configure Encounter Department for Results Follow-Up Encounters

 Starting in May 2025

 February 2025 by SU E11300219

 November 2024 by SU E11206154

 August 2024 by SU E11110664

By default, when a clinician creates a Results Follow-Up encounter the system uses their current log-in department as the encounter department for the Results Follow-Up encounter. When the clinician's current log-in department does not match the encounter department of the ordering encounter, you might want to use the ordering encounter department as the encounter department of Results Follow-Up encounters. For example, if a cardiologist places an order for a patient during an outpatient visit, but then reviews the result while logged into an inpatient Cardiology department you might want the Results Follow-Up encounter and any additional orders placed to be associated with the outpatient department.

You can configure whether the log-in department or ordering department is used at both a system and department level. If you always want the ordering department to be used as the encounter department for Results Follow-Up encounters:

1. In Clinical Administration, go to Management Options > Edit System Definitions (LSD) > Encounter, Episode.
2. Set the Use ordering encounter department? (I LSD 19801) field to Yes.

If you want to prevent only some log-in departments from being used as the encounter department for Results Follow-Up encounters, such as inpatient or log-in only departments, then for each department:

1. In Clinical Administration, go to Facility Structure > Departments/Units (DEP).
2. Enter the department you want to edit.
3. Set the Use ordering encounter department? (I DEP 19801) field to Yes.

Exclude Certain Departments from Encounter Selection

You can make sure that reflex orders open in an appropriate encounter by specifying the departments that should not be used for reflex orders. For example, imagine a clinician places a future order for a patient during an office visit and the order is released and resulted in a hospital outpatient visit (HOV). If the clinician creates a reflex order from it, the reflex order opens in the HOV encounter. Because the order entry activity that opens in this encounter is different from the order entry activity that opens in an office visit, the clinician might not be familiar with the layout or find the features that she needs. You can prevent the reflex order from opening in the HOV encounter by excluding that hospital outpatient department (HOD) in which the HOV takes place.

1. In Clinical Administration, follow the path Management Options > Edit System Definitions (LSD) > Encounter, Episode > Automatic Encounter Selection screen.
2. Enter the departments that you want to exclude for reflex orders in the Encounter departments to exclude for reflex orders (I LSD 2138) field.

Specify the Number of Lookback Days

The system automatically looks back 30 days when searching for encounters to link to.

To change this behavior:

1. In Clinical Administration, follow the path Management Options > Edit System Definitions (LSD) > Encounter, Episode > Automatic Encounter Selection screen.
2. In the Number of days to look back for Reflex Order (I LSD 2139) field, enter a number from 0 to 365. If you only want to include today's encounter, enter 0.

Allow Other Clinicians to Add Reflex Orders to Certain Encounters

Most of the time, when a clinician places a reflex order, they are the encounter provider, the attending provider, or a treatment team member on a recent encounter for the patient, like the encounter where the source procedure was performed. The system finds this encounter when determining where to link the new reflex order, which means the reflex order isn't linked to a new or recent Orders Only encounter.

But at certain organizations, other clinicians often place reflex orders, such as nurses in a results review pool who place reflex orders per protocol. These nurses weren't necessarily linked to an earlier encounter, so the system likely can't find an existing encounter to link their reflex orders to. Instead, the reflex order is likely linked to a new or recent Orders Only encounter.

If your organization wants to let other clinicians link new reflex orders to existing encounters that aren't Orders Only, you can do so at the profile level:

1. In Clinical Administration, go to Management Options > Profiles and open the profile you want to update.
2. Select Encounter, Episode and go to the Reflex Order Settings screen. We recommend using Home+F9 to find item 791.
3. In the Require reflex provider to match encounter (I LPR 791) field, enter No.

Bulk Ordering

You can allow clinicians to place orders for multiple patients simultaneously. This ability allows primary care providers and care managers to better manage large groups of patients with similar ages, diagnoses, or medications.

For example, consider a primary care provider with a large number of diabetic patients, many of whom are overdue for their hemoglobin A1c tests. Instead of opening several patient charts and placing separate

hemoglobin A1c orders, the clinician can quickly order those tests at the same time from a Reporting Workbench report by clicking the Place Orders button.

Labs: My Department's Scheduled Diabetic Patients Overdue for Hemoglobin A1c [6143244] as of Tue 7/20/2021 11:14 AM

Chart Encounter Place Orders Communication Track Pt Outreach HM Modifiers Add to List Questionnaire Series Study Association PCP Care Team Add to Care Path Create Case Episode

Detail List Explore Summary Filter

Patient Name	Age Sex	PCP	Last HBA1C	HBA1C Date	Pt. Portal Status	Phone	Last Appt With Me	Next Appt With Me	MRN
Him, Phil	31 y.o. Male	Physician Family Medicine, MD			Hm: Nstd Myc Sta	Hm: 608-546-9458			202974
Hofmeister, Moana	60 y.o. Female				Wk: Nstd Myc Sta	Wk: 608-777-5904			204618
Ingham, Paige Hayley	7 y.o. Female				Inactivated	Hm: 608-271-9000			202462
Johnston, Chuck	51 y.o. Male	Physician Family Medicine, MD							204119

Clinicians are then taken to a preference list browser, from which they can place and sign orders for all of the selected patients.

Place Orders

Authorizing Provider: POTF, KASEY Use PCP as Authorizing Provider

PCP Type: General

Only Favorites

Bulk Orders

- Manual Filtering
- Automatic Filtering
 - Preventive Care
 - Vaccines
 - Procedures
 - Chronic Disease Care
 - Congestive Heart Failure
 - Opioid Monitoring

Diabetes

- Flu vaccine 6-35 months old, preservative free IM
- Flu vaccine greater than or equal to 3 years old, preservative free IM
- Hepatitis B vaccine pediatric / adolescent 3-dose IM
- Poliovirus vaccine IPV subcutaneous/IM
- SARS-CoV-2 Vaccine 1st Dose Appointment
- Tdap vaccine greater than or equal to 7 years old IM

Coronary Artery Disease

- ALT
- Ambulatory referral to Diabetic Education
- Hemoglobin A1c
- Lipid panel
- Microalbumin / creatinine urine ratio
- MyChart glucose flowsheet
- MyChart weight flowsheet
- Potassium

Hypertension

- Comprehensive metabolic panel
- MyChart blood pressure patient entered flowsheet

TAVR

- Case Request Cath Lab
- CT Angiogram TAVR
- Pulmonary function testing
- Transthoracic echo (TTE)

Procedures

- MyChart glucose flow-sheet
- Lipid panel
- MyChart BP flowsheet

After the action has been processed, check In Basket to verify that the orders were placed for all selected patients.

Add Communication

After they place a batch of orders, clinicians receive an In Basket message notifying them whether their orders were placed successfully, and if not, informing them of the reason why their orders could not be placed.

> Bulk Action Results 0 unread, 3 total

Sort & Filter ▾ 

Acting User	Date	Action Taken	Actions Success...	Actions Failed
Nurse Care Manager	6/30/2021 10:28 AM	Orders: Colonoscopy	7	0
Nurse Care Manager	6/30/2021 10:26 AM	Orders: Lipid panel, MyChart gl...	0	10
Nurse Care Manager	4/14/2015 2:54 PM	Orders: Creatinine, serum	4	0

 Orders Placed during Bulk Ordering Session [59]

Ordering User Nurse Care Manager	Ordering Date 6/30/2021 10:28 AM	Authorizing Provider Physician Family Medicine, MD	Orders Selected Colonoscopy	Number of Orders Placed 7
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 Links

 [Placed Order Report](#)

In Epic 2017 with special updates C8305551 and E8305551, you can place different orders for patients on the same report. For example, the clinician in the example above might also need to order creatinine clearance tests for patients with diabetes-related kidney disease. You can specify criteria patients must meet for an order to be placed. Then, clinicians can place all the orders that might apply to patients in a report and the system takes care of the rest.

When clinicians sign bulk orders, they can give instructions to support staff for contacting the patients about their scheduled tests. If you set up bulk communications, clinicians can also send communications to the patients for whom they place bulk orders. For information about bulk communications, refer to the [Set Up Bulk Communications](#) topic.

Note that clinicians can select a maximum of 10,000 patients to place bulk orders for at once.

Epic recommends using bulk orders and bulk communications in conjunction with patient outreach. Refer to the [Tracking Patient Outreach Setup and Support Guide](#) to learn more about the patient outreach tracking.

Considerations

The following safeguards help prevent inappropriate bulk orders:

- The system checks for duplicate orders in the bulk ordering session. For example, if a clinician selects a SmartGroup panel that contains duplicate orders, the system prevents those orders from being signed. You can configure System Definitions to skip checking for duplicate orders (I LSD 25250).
- Order validation extension records apply to bulk orders. By default, the system does not place any order that would otherwise cause a clinician to see a warning message. Starting in February 2021, November 2020 with special update E9503241, August 2020 with special update E9407218, May 2020 with special update E9308948, and February 2020 with special update E9210127, you can configure profiles so that overridable order validation extensions don't prevent bulk orders from being placed. Refer to the [Skip Overridable Order Validation Extensions for Bulk Orders](#) topic for more information.
- If a clinician makes a mistake, she can immediately cancel all of the bulk orders from her ordering session by clicking Cancel Bulk Orders in her resulting In Basket message.

Keep the following considerations in mind when deciding how to implement bulk orders:

- When placing bulk orders, clinicians can place only outpatient-mode procedure orders.
- Clinicians can't place bulk orders from a user preference list. They can place bulk orders only from the preference list designated for use in this activity.
- Administrators can associate diagnoses with orders in the Preference List Composer, and those diagnoses are automatically added to the bulk ordering encounter that the system creates for each patient. However, clinicians cannot add or change diagnoses while placing bulk orders.
- Phases of Care and Second Sign are not supported.
- The patient's preferred lab, if entered in the Demographics activity (I EPT 18971), is not respected by bulk orders.
- If a clinician cancels bulk orders, the system attempts to retract any communication associated with those orders. However, the retraction is not always successful and the clinician is informed if the communication was made prior to the cancellation.
- Clinicians who place bulk orders cannot change the details of those orders after they select them in the preference list browser. For example, they cannot change the frequency of an order from every 3 months to every 6 months. If you want to give clinicians the option of placing the same order with different details, you must include two separate orders on your bulk orders preference list.
- If a clinician placing bulk orders is not linked to a valid provider record, they must have an entering provider specified in the Bulk Orders entered-by (I LPR 38815) field in their profile.

Let Clinicians Place Bulk Orders

When a clinician clicks the Place Orders button from a Reporting Workbench report or, starting in August 2024, from a SlicerDicer session, a preference list browser appears. You must create a preference list and attach it to EMR System Definitions if you want clinicians to be able to place bulk orders.

Considerations

We recommend that any procedure orders placed as part of a bulk ordering session go through order transmittal in the same way that individual procedure orders do. This helps ensure that procedure orders get to their expected destinations, such as interfaces.

Give Clinicians Security

1. In Clinical Administration, follow the path Security Management > EpicCare Security Classes and open the security classification of clinicians who should be able to place bulk orders.
2. Add security points 353-Place Bulk Orders and 375-Batch Communication to the classification.

Create the Bulk Ordering Preference List

1. In Hyperspace, open the Preference List Composer.
2. On the Preference List Selector form, click Create New. The Preference List Properties window appears.
3. In the List type field, enter Procedures.
4. In the Sub type field, enter Bulk Orders.
5. In the Ordering mode field, enter Outpatient.
6. Configure the preference list as appropriate, adding only outpatient procedures that are appropriate for bulk ordering. For additional information about configuring preference lists, refer to the [Preference Lists Setup and Support Guide](#).

Attach the Bulk Ordering Preference List to a Profile or EMR System Definitions

1. Determine whether you want to add your bulk ordering preference list to a profile or at the EMR System Definitions level.
 - Profile: In a profile record, select Decision Support, Pop Management and access the Bulk Orders Options screen.
 - EMR System Definitions: In Clinical Administration, follow the path Management Options > Edit System Definitions > Decision Support, Pop Management and access the Bulk Orders Options screen.
2. In the Bulk Orders preference list (I LPR 38805) field, enter the preference list you configured above.

Allow Users to Place Bulk Orders from SlicerDicer



You can allow clinicians to place bulk orders from a SlicerDicer session in the same way they can from a Reporting Workbench report. Refer to the [Enable Bulk Actions in SlicerDicer](#) topic for setup instructions.

Find Patients Who Need Bulk Orders Placed

Before clinicians can use your bulk orders preference list, they need to identify the patients who need those orders placed. Create Reporting Workbench reports to find patients who meet specific criteria, then give clinicians access to those reports.

Considerations

Bulk ordering is a powerful tool with which clinicians can theoretically place hundreds of orders at once. Therefore, you should carefully validate the reports from which you allow clinicians to place bulk orders. Enlist the help of your physician champions to help ensure that only the appropriate reports are enabled for bulk ordering. Remember that clinicians can place only bulk outpatient procedure orders, so be sure to create reports that are related to those types of orders.

Follow the steps in the [Creating Reporting Workbench Reports](#) chapter to set up reports using template [17500-Find Patients - Generic Criteria](#) and distribute them to users. Note that users must have shared security point 17200-RW-Do not allow "All Patients" search set to No to use the "All Patients" patient base.

If you want clinicians to place bulk orders from a report built from a different template, follow the steps in the [Allow Clinicians to Place Bulk Orders from Different Reporting Workbench Templates](#) topic to add the Bulk Orders button to that template. Then, complete the steps in the [Creating Reporting Workbench Reports](#) chapter.

Place Different Orders for Patients Found Using the Same Report

Instead of using report criteria to find patients who need specific orders placed, you can use less specific criteria and then place orders for groups of patients using rules.

For example, imagine a care manager needs to order pap smears for female patients 18 years of age and older. She also needs to place mammogram orders for female patients 50 years of age and older.

The analysts at her organization decide that instead of creating one report that finds patients 18 and older who need pap smears and one report that finds patients 50 and older who need mammograms, they want to build one report to find female patients with no pap smear in the last three years, and then use a rule to order mammograms for patients who need one as well.

Create a Rule to Place Orders Based on Patient Criteria

You can create Patient context rules to define which patients have certain bulk orders placed. Refer to the [Create or Edit a Rule](#) topic for general information about creating rules. The rule you create should evaluate to False for the patients who need the orders placed. Step 8 in the example below shows you how to create a rule that does this.

Example: Create a rule that determines whether a patient is overdue for a mammogram. This rule uses Health Maintenance topics to determine whether the patient is overdue.

1. In Hyperspace, create a grouper (search: Edit Grouper Record).
2. Enter Health Maintenance Topic (HMT) in the Master file field.
3. Enter General in the Type field.
4. Add Health Maintenance topics for the same preventive care item, such as breast cancer screening.
5. Accept the record.
6. Create a Patient context rule (search: Rule Editor).
7. On the Properties tab, go to Patient and add property 82333-Is Currently Overdue for HM Topic Data. Update its parameters like this:
 - Topic Grouper ID: Enter the ID of the grouper you created.
 - Operator: Str Contain
 - Value: 11. Topics have a value of 11 when a patient is assigned the topic and it has a status of

Overdue.

8. In the Evaluation logic field, select Custom and enter Not 1. The system places orders only for patients for whom the rule fails. By setting the Evaluation Logic to Not 1, the rule fails if the patient is assigned a topic from the grouper and is overdue for it.
9. Accept the property.
10. Accept the rule.

Restrict a Bulk Order Based on a Rule

After creating your bulk ordering rule, you need to assign it to an order on your bulk orders preference list.



If your organization decides to have a single preference list that contains orders with rules assigned and orders without rules assigned, Epic recommends that you divide your preference list into sections that clearly indicate which orders are filtered based on rules. For example, label one section "General Preventive Care - System Assigns" and one section "General Preventive Care - Select Patients Manually".

If you haven't created a preference list yet or want to edit an existing list, complete the steps in the [Let Clinicians Place Bulk Orders](#) topic before following the steps below.

1. In Hyperspace, open a bulk orders preference list (search: Preference List Composer).
2. Select an item on the list and click Edit Defaults.
3. In the Filter Rule field, enter the ID of the Patient context rule you created above.

The screenshot shows the 'Preference List Defaults' dialog box for the item 'MAMMOGRAM, SCREENING [76092]'. The 'Filter Rule:' field at the bottom left is highlighted with a red circle. The 'Dx Assoc.' section below it has a red exclamation mark icon next to the 'Dx Assoc.: ' label. The 'Accept', 'Accept & Next', 'Accept & Previous', and 'Cancel' buttons are visible at the bottom right.

4. Click Accept.
5. Repeat steps 1-4 for any other items you built rules for.

Associate Patient-Specific Diagnoses for Bulk Orders

You can automatically associate patient-specific diagnoses during bulk order workflows. This might be useful to help your billing staff ensure that the proper ICD-10 codes are added to claims. For example, consider the following scenario:

Sally is a care manager at the Verona Medical Clinic. Some of the diabetic patients she cares for are due for their semi-annual hemoglobin A1C, so Sally runs a Reporting Workbench report so she can place a bulk order.

When Sally places the order, patients who have a diagnosis of diabetes mellitus with complications in their charts have that diagnosis associated with the order. For the remaining patients, a diagnosis of diabetes mellitus type II is associated with the order. Without automatic patient-specific diagnosis association, all patients would have the same diagnosis associated with the hemoglobin A1C order.

You can build a grouper (VCG) of diagnoses that the system compares to diagnoses in the patient's chart when a bulk order is placed. Depending on your exact build, the system can search both the patient's problem list and a patient's encounter diagnoses for a match. If a matching diagnosis isn't found and you specified a default diagnosis in the Dx Assoc field of the preference list defaults for that order, then that default diagnosis is used. Otherwise, the order won't be placed for those patients, and clinicians can see from the report attached to the bulk orders results In Basket message that the order wasn't placed because an associated diagnosis wasn't found.



Starting November 2022, in May 2022 by special update E10212101, and in February 2022 by special update E10115435, an associated diagnosis isn't found—and the corresponding order isn't placed—if the diagnosis record has been marked clinically inactive (I EDG 207) and no replacement terms (I EDG 4037) are listed. If the diagnosis record has been marked clinically inactive and a replacement term is listed, the replacement term is used as the associated diagnosis for the order.

To enable patient-specific automatic diagnosis association with bulk orders, you need to complete the following tasks:

- Build a grouper (VCG) of diagnoses
- Build a rule (CER) that checks whether a patient has a diagnosis in the grouper
- Add the rule to the order in a bulk orders preference list

Create the Grouper of Diagnoses

You need to build a grouper that contains all of the diagnoses the system should check each patient's chart for. When the system finds a match between a diagnosis in the patient's chart and one of the diagnoses in the grouper, that diagnosis is associated with the bulk order for the patient.

You can build either an ICD code grouper or a concept grouper of diagnoses to check each patient's chart for. You might want to use an ICD code grouper if you want to be precise about which ICD codes are checked, whereas a SNOMED concept is less specific. For instructions on how to build an ICD code grouper of diagnoses, refer to the [Build an ICD Code Grouper](#) topic. For instructions on how to build a concept grouper, refer to the [Build a Concept Grouper](#) topic. If you already have an ICD code grouper of diagnoses or a concept grouper of diagnoses that you want to use, skip to the next set of steps.

Create the Rule

After you have a grouper of diagnoses, you need to build a rule with a context of Registry Metrics that checks

whether a patient has one of those diagnoses.

Refer to the [Create or Edit a Rule](#) topic for general instructions on how to build a rule. The rule that you build can use one or more of the following properties:

- 82269-Last Encounter Diagnosis Data
- 82270-Last Diagnosis in Problem List Data
- 82275-Last Encounter Diagnosis
- 82276-Last Diagnosis in Problem List
- 45080- Diagnosis ID

In the Foundation System, we've created the following automatic association rules that you can use as guides when building your own:

- 21082479-Auto Diabetes DX Association for Bulk Orders
- 21082480-Auto CHF DX Association for Bulk Orders
- 21082481-Auto CAD DX Association for Bulk Orders
- 21082482-Auto Hypertension DX Association for Bulk Orders

For example, rule 21082479-Auto Diabetes DX Association for Bulk Orders includes property 82276-Last Diagnosis in Problem List and 82275-Last Encounter Diagnosis:

Rule Editor - Context: Registry Metrics [17003] - Rule: AUTO DIABETES DX ASSOCIATION FOR BULK ORDERS [21082479]

Rule Logic Display Info

Information
Defining information about the rule, such as the name and description.

Name: AUTO DIABETES DX ASSOCIATION FOR BULK ORDERS
ID: 21082479

Description:
Checks whether a patient has an encounter diagnosis of diabetes or has diabetes in their problem list. Returns the diagnosis ID of the most recent diagnosis.

Logic
Return Type: Networked Database: EDG Item: DIAGNOSIS ID [1]

Concatenate true lines: First true line

Criteria

	Property	Operator	Value	Result
1	Last Diagnosis in Pr... Statuses: Active [1] Grouper ID: EDG CONCEPT HX DIABETES MELLITUS [21000]	≠	Select a record	Property Column Value
2	Last Encounter Diagnosis Diagnosis Grouper ID: EDG CONCEPT HX DIABETES MELLITUS [21000] Compare Diagnosis Code as of Encounter Date: No [2]	≠	Select a record	Property Column Value

+ Add

With this rule, the system searches for a diagnosis to associate with the order using the following logic:

1. The most recent diagnosis added to the patient's problem list that matches a diagnosis in the grouper is associated with the order.
2. If there is no diagnosis in the patient's problem list that matches a diagnosis in the grouper, the most recent encounter diagnosis in the patient's chart that matches a diagnosis in the grouper is associated with the order. If there are two diagnoses in the same encounter that match diagnoses in the grouper, then the first diagnosis listed in that encounter is associated with the order.
3. If the rule doesn't return a diagnosis in the patient's chart that matches a diagnosis in the grouper, then the default diagnosis specified in the Dx Assoc field of the preference list defaults for that order is used. If there is not a default diagnosis specified, the order isn't placed for the patient.

Link the Rule to the Order

After you build your rule, you need to add it to the orders in a bulk orders preference list. In the Foundation System, this is preference list 2100000006-Amb Bulk Procedures. Log in to the [Foundation Hosted environment](#) as your ambulatory administrator (AMBADM) and open the preference list in the Preference List Composer to use it as a guide while you build your own.

1. In Hyperspace, open the Preference List Composer (search: Preference List Composer).
2. On the Preference List Selector form, click Create New to make a new preference list. If you already have an existing preference list for bulk orders that you want to use, open that preference list for editing and skip to the next step.
 - a. In the List type field, enter Procedures.
 - b. In the Sub type field, enter Bulk Orders.
 - c. In the Ordering mode field, enter Outpatient.
 - d. Click Accept.
3. Add an order you want clinicians to be able to place in bulk to your preference list. If you are editing an existing preference list, select an order, click the Edit Defaults button to open the order defaults for that order, and skip to the next step.
 - a. Click New Section to add a section to the preference list. For example, you might add a Diabetes section.
 - b. Click New Subsection if you want to divide the preference list into smaller groups. For example, you might further divide a diabetes section into a blood tests section and an oral medications section.
 - c. Click New Item to add an order to the section or subsection. A window for the order defaults opens.
4. In the order defaults window, enter the rule that you created in the Dx Rule (I OTL 1330) field.
5. Configure any other fields as necessary and click Accept.
6. Repeat steps 3-5 for any other orders as necessary.

For more information about configuring preference lists, refer to the [Preference Lists Setup and Support Guide](#).

If you created a new bulk orders preference list, you need to make that preference list available to clinicians:

1. In Clinical Administration, go to Management Options > Profiles, and open a profile.
2. Select Decision Support, Pop Management and go to the Bulk Orders Options screen.
3. In the Bulk Orders preference list (I LPR 38805) field, enter your preference list.

Show a Placed Orders Link in In Basket Messages

A clinician trying to gather more information about the placed bulk orders can open the In Basket message for that Bulk Order session and see a list of all patients and orders that were placed. From this report, they can open a patient chart or gain information about which patients need the bulk order replaced if some patients still need the order to be performed.

Orders Placed during Bulk Ordering Session [6389]

Ordering User Ostpr, Superuser, MD	Ordering Date 10/17/2023 9:55 AM	Authorizing Provider Smith, Jenny	Orders Selected CT ABDOMEN	Number of Orders Placed 1
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Links

- Placed Order Report

MRN	Patient Name	Orders Placed	Orders Canceled	Orders Skipped	Reason Skipped	Communication	Communication Retracted?	Authorizing Provider
485266	Knudsen, Dale	CT ABDOMEN	0	0			N/A - Patient did not receive communication	Smith, Jenny

Enable the Report Template

To give clinicians access to the Placed Orders report, the related report template must be enabled. Refer to the [Make Released Templates Available](#) topic and enable template [34513 - Bulk Orders-Order Session Summary](#).

Grant Security for Providers to Access the Report

1. In Hyperspace, go to RW Security (search: RW Security).
2. Open the Provider RW Security Class.
3. Select the Enable Private Reports checkbox.

Send Bulk Orders Results Messages to In Basket Pools

A clinician who places bulk orders always receives a Results message in In Basket, informing them whether their orders were placed successfully. However, you can also allow other clinicians to review any bulk orders by specifying an In Basket pool as a recipient for these messages. You can configure this behavior in either EMR System Definitions or at the profile level.

Configure Your System to Send Bulk Action Results Messages

1. In Clinical Administration, follow either path:
 - Management Options > Edit System Definitions (LSD)> Decision Support, Pop Management and access the Bulk Orders Options screen.
 - Management Options > Profiles > Decision Support, Pop Management and access the Bulk Orders Options screen.
2. Specify the In Basket pool(s) to which bulk orders messages are sent in one of the following fields:
 - System Definitions: Bulk Orders message pools (I LSD 25210)
 - Profile: Bulk Orders message pools (I LPR 38790)

Note that the value in the profile setting overrides the value in EMR System Definitions.

Configure In Basket to Send Bulk Action Results Messages

1. In Hyperspace, follow the path Epic button > Admin > In Basket > Epic-wide settings.
2. Enter the following values:
 - In the Message Type column, add Bulk Actions (I HDF 10010).
 - In the Definition column, add Bulk Action Results (I HDF 10015).
 - In the Registry column, add Staff (I HDF 10020).

Let Clinicians Place Bulk Orders on a Certain Type of Encounter

The system creates a new encounter for each patient included in a bulk ordering session. You can determine what type of encounter the system creates, such as Orders Only.

1. In Clinical Administration, follow the path Management Options > Edit System Definitions > Decision Support, Pop Management and access the Bulk Orders Options screen.
2. In the Bulk Orders encounter type field, enter the type of encounter you want bulk orders to be placed on.

Send Bulk Communications When Placing Bulk Orders

Clinicians can send bulk communications and place bulk orders separately. However, you can streamline bulk ordering workflows by integrating the two.

If you are concerned about patients receiving messages related to orders that have since been canceled, you can configure MyChart messages to be delivered in an end-of-day batch runs instead of right away. That way, messages aren't sent for orders that have been canceled before the batch job runs.

Place Orders

Authorizing Provider: BOLHA, SUSAN

PCP Type: General

Preference Lists

- Bulk Orders
 - Manual Filtering
 - Preventive Care
 - Diabetes
 - Coronary Artery Disease
 - Hypertension
 - TAVR
 - Automatic Filtering
 - Preventive Care
 - Chronic Disease Care
 - Congestive Heart Failure
 - Opioid Monitoring
 - Referrals

Diabetes

- ALT - Expires: 1 Month, Auto-release, Interval: , Count: 1
- Ambulatory referral to Diabetic Education
- Hemoglobin A1c - Expires: 1 Month, Auto-release, Interval: , Count: 1
- Lipid panel - Expires: 1 Month, Auto-release, Interval: , Count: 1
- Microalbumin / creatinine urine ratio - Expires: 1 Month, Auto-release, Interval: , Count: 1
- MyChart glucose flowsheet - Expires: 1 Month, Auto-release, Interval: , Count: 1

Coronary Artery Disease

- CREATININE, SERUM - Expires: 1 Month, Auto-release, Interval: , Count: 1
- Lipid panel - Expires: 1 Month, Auto-release, Interval: , Count: 1
- MyChart BP flowsheet - Expires: 1 Month, Auto-release, Interval: , Count: 1
- MyChart weight flowsheet - Expires: 1 Month, Auto-release, Interval: , Count: 1
- Potassium - Expires: 1 Month, Auto-release, Interval: , Count: 1

Hypertension

- Comprehensive metabolic panel - Expires: 1 Month, Auto-release, Interval: , Count: 1

Procedures

- MyChart glucose flowsheet
- Lipid panel

Information: After the action has been processed, check In Basket to verify that the orders were placed for all selected patients.

1. In a profile record, follow the path Decision Support, Pop Management and access the Bulk Orders Options screen.
2. In the Use Bulk Communication (I LPR 38795) field, enter Yes if you want bulk communication to be integrated into bulk ordering workflows. If you enter No, clinicians cannot send communication along with their bulk orders.

If you want to delay delivery of MyChart Messages until an end-of-day batch job:

1. In EMR System definitions, follow the path Decision Support, Pop Management and access the Bulk Orders Options screen.
2. Enter Yes in the Delay MyChart messages (I LSD 806) field.

Define a Non-Verbal Order Mode for Bulk Orders Placed by Certain Users

You can define a non-verbal order mode for bulk orders so that certain users, such as medical students or front-desk staff, can indicate that the orders are being placed per protocol. Defining the order mode ensures that these orders are appropriately excluded from providers' numbers for the CPOE objective for Meaningful Use.

If a non-standard order mode is used for bulk orders, the user can see the order mode in the Place Orders window and he is prompted to enter an ordering provider.

Place Orders

Ordering Provider Order Mode: Per protocol: no cosign required

Authorizing Provider Use PCP as Authorizing Provider

Preference Lists

- ▼ Bulk Orders
- ▼ Manual Filtering
 - Preventive Care
 - Diabetes
 - Coronary Artery Disease
 - Hypertension
 - TAVR
- ▼ Automatic Filtering
 - ▶ Preventive Care
 - Chronic Disease Care
 - Congestive Heart Failure
 - Opioid Monitoring
 - Referrals

Diabetes

- ALT - Expires: 1 Month, Auto-release, Interval: , Count: 1
- Ambulatory referral to Diabetic Education
- Hemoglobin A1c - Expires: 1 Month, Auto-release, Interval: , Count: 1
- Lipid panel - Expires: 1 Month, Auto-release, Interval: , Count: 1
- Microalbumin / creatinine urine ratio - Expires: 1 Month, Auto-release, Interval: , Count: 1
- MyChart glucose flowsheet - Expires: 1 Month, Auto-release, Interval: , Count: 1

Coronary Artery Disease

- CREATININE, SERUM - Expires: 1 Month, Auto-release, Interval: , Count: 1
- Lipid panel - Expires: 1 Month, Auto-release, Interval: , Count: 1
- MyChart BP flowsheet - Expires: 1 Month, Auto-release, Interval: , Count: 1
- MyChart weight flowsheet - Expires: 1 Month, Auto-release, Interval: , Count: 1
- Potassium - Expires: 1 Month, Auto-release, Interval: , Count: 1

Hypertension

- Comprehensive metabolic panel - Expires: 1 Month, Auto-release, Interval: , Count: 1
- MyChart blood pressure patient entered flowsheet - Expires: 1 Month

Browse **Preference List**

No current selections.

Clear All Selected

① After the action has been processed, check In Basket to verify that the orders were placed for all selected patients.

Add Communication Sign Orders Cancel

Considerations

When you configure a profile to use a non-standard order mode, you also need to ensure that users with that profile have EpicCare security point 205-Allow Verbal Modes that Do Not Require Cosign in their security class to continue to have access to Bulk Orders.

To set up a separate order mode for bulk orders, complete the following steps:

1. In a profile record, go to Decision Support, Pop Management > Bulk Orders Options screen.
2. In the Order mode for Bulk Orders (I LPR 38810) field, enter the non-verbal order mode from the Verbal Order Mode (I ORD 34830) category list that should be used for users with that profile. The order mode must be listed in the Verbal Mode (I LSD 34670) field with the corresponding Generate Message (I LSD 34671) field set to No before you can select it in a profile record. Note that the Order mode for Bulk Orders field is set independently of the Available order modes (I LPR 1093) field so that you can have a separate order mode for bulk orders, such as "Per protocol - bulk order," that isn't available in other ordering activities.
3. In the Bulk Orders entered-by provider (I LPR 38815) field, enter the entered-by provider that the system

should use when the user signs bulk orders with a non-standard order mode. This provider is used only if the ordering user isn't linked to a valid provider. A user could not have a provider linked if, for example, the ordering user is non-provider support staff.

To make sure orders with this non-verbal order mode are excluded from the CPOE objective for Meaningful Use, add the order mode to mnemonic MU_OM_P_CPOE_EXCL_PROTOCOL_MODES. For more information about configuring your Meaningful Use reports, refer to the [Objectives Guide for Meaningful Use/Promoting Interoperability and MIPS \(Orange Book\)](#).

Allow Clinicians to Place Bulk Orders from Different Reporting Workbench Templates

The first step in implementing bulk ordering is creating reports from which clinicians can place those orders. Refer to the [Bulk Ordering](#) topic for more information about how clinicians place bulk orders and implementation considerations. Reports created from Reporting Workbench template [17500-Find Patients Generic Criteria](#) include the Place Orders button by default. To add the button to other templates:

1. In Hyperspace, open the Template Editor and select an existing Reporting Workbench template. Alternatively, create a new Reporting Workbench template.
2. In the Template Editor, go to the Actions form and click Add Action.
3. In the Provide Information window, search for action 14020-HP Bulk Orders Launch and click Accept.
4. Starting in May 2024, if there is missing configuration, the Add Action wizard appears. For more information about the Add Action wizard, refer to the [Configure Launch Activities from the Template Editor](#) topic. Adding columns in this pop-up is optional. Click Add Action in this window to add the action to the template.
5. Click Accept to save and close the report template.
6. Open the Analytics Catalog.
7. Find the template you configured above and click Create Report.
8. Configure your report as appropriate.

You can also configure actions in templates and reports in the Analytics System Settings activity. For more information, refer to the [Add a Report Action to a Template or Report](#) topic.

Action 14020-HP Bulk Orders Launch supports the following master files:

- Patient (EPT)
- Order Event Actions (FRA)
- Summary Blocks (HSB)
- Research Study Enrollment (LAR)
- Orders (ORD)
- Campaign Outreach (RCH)

If your report uses an unsupported master file, either configure a copy of action 14020 to use the same master files as your report, or, starting in May 2024, create an override to make the Epic-released action use the same master files as your report. For more information on creating a copy of the action to configure, refer to the [Copy an Existing Action](#) topic. For more information on overriding the Epic-released action to add additional master files, refer to the [Edit an Epic-released Launch Activity](#) topic.

Skip Overridable Order Validation Extensions for Bulk Orders

 Starting in February 2021

 November 2020 by SU E9503241

 August 2020 by SU E9407218

 May 2020 by SU E9308948

 February 2020 by SU E9210127

Order validation extensions can be configured to either prevent clinicians from placing an order or show clinicians a warning that they can override to place the order. By default, a bulk order must pass all order validation extensions specified in the clinician's compiled profile to be placed successfully, even if those extensions are configured to show an overridable warning.

You can optionally configure profile records so that bulk orders can be placed successfully even if they don't pass these overridable order validation extensions. This configuration ensures that clinicians can place bulk orders even if you use order validation extensions to provide information that's useful when clinicians are working directly with patients but that isn't necessary when placing bulk orders.

To allow clinicians with a particular profile to place bulk orders even when those bulk orders don't pass overridable order validation extensions:

1. In Clinical Administration, go to Management Options > Profiles (LPR) and open the profile you want to modify.
2. Go to Decision Support, Pop Management and page down to the Bulk Order Options screen.
3. Enter 1-Yes in the Ignore optional order validation? (I LPR 38820) field.

Automatic Actions for Selected or Signed Orders

Let the System Modify an Order Before Order Transmittal

You can add various extension records to your orders build to analyze and modify an order from the time it's created until it's ready for order transmittal. The following types of extension records can be used for order build, in addition to the order validation extension records described above.

- After Defaulting. Extension records of the type 138-Order Entry: After Defaulting (I LPR 8250) are called as an order is being created, after all defaults and calculations have been applied, but before any information is sent to the client. These extension records can be used to make any final changes to the default order information before it is presented to the user. For example, these records are able to change an order's class or apply SmartText to an order's comments if certain criteria are met.
- After Creation. Extension records of the type 139-Order Entry: After Creation (I LPR 8255) are called immediately after a record is created in the Orders (ORD) master file by either pending or signing the order. These records can be used to change an order after the order record is created but before it is actually signed. For example, it can remove any order comments on reordered inpatient medications.
- After Filing. Extension records of the type 56258-After Order Filing (I LPR 8258) are called after an order is filed to the database, but before it goes through order transmittal. These records can be used to take action on an order without it needing to reach order transmittal (such as refused orders), or just before order transmittal occurs. For example, an After Filing extension record could change automatically change the pharmacy to which a prescription is sent.

- After Releasing. Extension records of the type 141-Orders: After Releasing (I LPR 8265) are called when a child order is released. For example, it can change the encounter department if the child record is released in an encounter whose department should not be an encounter department.
- After Signing. Extension records of type 140-Order Entry: After Signing (I LPR 8260) are called after an order has been signed but before it is sent through order transmittal. For example, it can be set to release a single occurrence of a standing or future order when the clinician signs the order.

The system uses cases configured in the Auto Discontinue Cases (I LPR 8267) field and related fields to determine if orders should be discontinued when an order is signed or when a standing order is released. Refer to the [Automatically Discontinue Unnecessary Orders](#) topic for information about controlling auto discontinue behavior without extension records.

For a complete list of order validation extensions that you can use, configure a report from the [Extension Search Report Template](#):

1. In Hyperspace, open the Analytics Catalog.
2. Search for report template 34090.
3. Click New Report. The Report Settings window opens.
4. On the Criteria tab, configure the Extension type criterion to search for Order Validation extensions.
 - In the Relationship field, enter Equal to.
 - In the Extension Type field, enter Order Validation.
5. Configure any other criteria as desired. For example, you might configure the Extension name criterion to include only extensions that contain the word lab in the extension name.
6. Click Run.

To configure an extension:

1. In Chronicles, access the Extensions (LPP) master file.
2. Duplicate the extension record you want to use.
3. Set the parameters as desired.
4. In Clinical Administration, access your profile and navigate to Procedure, Scheduling, Task > General Options.
 - On the Orders Extensions I screen, enter the appropriate extension records in the After defaulting, After created, After filing, and After signing fields.
 - On the General Procedure Order Options screen, list your after release extension records in the After release extensions for procedures field.

Automatically Discontinue Unnecessary Orders

To prevent unnecessary orders from remaining active in a patient's chart, you can configure your system to automatically discontinue certain types of orders. Profile settings for the user placing the order which initiates the discontinue and the background discontinue user control how the system determines which orders are automatically discontinued. Settings in service area-level profiles and the system default profile affect all departments and locations, including those that have overrides configured. If you need to change these settings at the service area level or the system level, confirm that your updates are appropriate for departments and locations that have overrides before making those changes.

Complete the following steps to control how orders are automatically discontinued in your system:

1. In Clinical Administration, open a profile and go to Procedure, Scheduling, Task > General Options.
2. In the Auto Discontinue Cases (I LPR 8267) field, enter one of the following:
 - General Old Orders. If the child order being released is listed in the grouper specified in the Proc Group (I LPR 8269) field, all released orders for procedures in that grouper are discontinued. If the child order is not listed in the grouper, the system discontinues any procedures with an order type specified in the Mnemonic (I LPR 8268) field. This option replaces extension 34701-IP Auto Discontinue Old Orders.
 - NPO with Nutrition Order. If the patient currently has an NPO diet status and the inpatient procedure order being signed or released is of a type specified in the Mnemonic (I LPR 8268) field, other procedure orders with the same type as specified in the Mnemonic field are canceled for the patient. This option replaces extension 34783-IP Auto Discontinue NPO with Nutrition Orders.
 - Nutrition Order with NPO. If the order being released is a diet order with a type of NPO and that type is specified in the Mnemonic (I LPR 8268) field, other procedure orders with the same type as specified in the Mnemonic field are canceled for the patient. This option replaces extension 34784-IP Auto Discontinue Nutrition with NPO Orders.
 - Code Status Order. By default, the system automatically discontinues a previous code status order when another code status order is released. This option lets you specify whether a user needs to acknowledge a canceled code status order after it's discontinued. The Code Status Order option replaces extension 34817-IP Auto Discontinue Previous Code Status Orders.
3. If you entered General Old Orders in the Auto Discontinue Cases field, the following options are available:
 - In the Mnemonic (I LPR 8268) field, enter a customer-specific install mnemonic that contains a comma-delimited list of category values from the Order Type (I ORD 30) item. If the child order being released is not listed in the grouper specified in the Proc Group (I LPR 8269) field, the system discontinues any procedures with an order type specified in this field.
 - In the Proc Group (I LPR 8269) field, enter a grouper record that contains procedures to discontinue. If the child order being released is listed in the grouper specified in this field, all released orders for procedures in that grouper are discontinued. Take caution when adding new grouper records to this list and when adding additional procedures to existing grouper records in this list. If orders with a high number of child orders are automatically discontinued, such as orders on long-stay patients, the queue that processes orders might become backed up, preventing the releasing of orders system-wide.
 - In the Proc Time (I LPR 8271) field, determine whether all orders evaluated by the auto discontinue case should be discontinued. You can alternatively enter 1-DC Past to discontinue any past child or parent orders or enter 2-DC Future to discontinue any future child orders and all parent orders.
 - In the Unack Ord (I LPR 8272) field, enter Yes to require users to acknowledge the canceled order. By default, users are not required to acknowledge the canceled order.
 - In the Disc User (I LPR 8273) field, enter an external user ID to determine the user who is listed as the discontinuing user of the canceled order. By default, the user who signed the current order is listed as the discontinuing user.
4. If you entered NPO with Nutrition Order or Nutrition Order with NPO, the following options are available:
 - In the Mnemonic (I LPR 8268) field, enter a customer-specific install mnemonic that contains a comma-delimited list of category values from the Order Type (I ORD 30) item. The system discontinues any procedures with an order type specified in this field.
 - In the Proc Time (I LPR 8271) field, determine whether all orders evaluated by the auto discontinue

case should be discontinued. You can alternatively enter 1-DC Past to discontinue any past child or parent orders or enter 2-DC Future to discontinue any future child orders and all parent orders

- In the Unack Ord (I LPR 8272) field, enter Yes to require users to acknowledge the canceled order. By default, users are not required to acknowledge the canceled order.
 - In the Disc User (I LPR 8273) field, enter an external user ID to determine the user who is listed as the discontinuing user of the canceled order. By default, the user who signed the current order is listed as the discontinuing user.
5. If you entered Code Status Order, only the following option is available:
- In the Unack Ord (I LPR 8272) field, enter Yes to require users to acknowledge the canceled order. By default, users are not required to acknowledge the canceled order.

Automatically Add Diagnoses to Problem List When Entering an Order

To help clinicians maintain up-to-date problem lists for patients, you can configure your system to automatically add a problem when clinicians enter the diagnosis while placing a procedure order.

We expect that this feature will be useful when clinicians enter diagnoses in an admission or transfer order, especially if you have configured your system to require clinicians to enter diagnoses during these workflows. Consider the following workflow example:

1. A clinician selects an admission order for a patient.
2. He enters the patient's diagnoses in the Diagnosis Association field of the Order Composer.
3. When he signs the order, the system automatically adds those diagnoses to the patient's problem list.

You can implement this feature by configuring several settings in EMR System Definitions. Using these settings, you can specify:

- Which order types can be used to automatically add problems to the problem list when a clinician adds a diagnosis to an order.
- Which providers an automatically-added problem can be attributed to if the entering clinician doesn't have the necessary problem list security, such as a nurse entering an order with an order mode of Telephone with readback.
- Where in the Order Composer a clinician can enter the diagnosis, such as in the Diagnosis field or in an order-specific question.
- Whether the system marks a problem automatically added to the problem list as present on admission.

To set up this feature:

1. In Clinical Administration, follow the path Management Options > Edit System Definitions (LSD) > History, Problem List.
2. Go to the Problem Creation From Orders Settings screen.
3. In the Order Types that Will Create Problems field (I LSD 34771), enter one or more order types. When a clinician enters a diagnosis associated with an order that has one of these order types, the diagnosis is automatically added to the patient's problem list.
4. In the Diagnosis Fields field (I LSD 34772), enter one or more of the following order fields to determine from which fields a diagnosis can be added to the problem list:
 - Order-Specific Questions. When a clinician enters a diagnosis as an answer to an order-specific

- question, the diagnosis is automatically added to the patient's problem list.
- Admitting Diagnosis. When a clinician enters a diagnosis in the Admitting Diagnosis field in the Order Composer, the diagnosis is automatically added to the patient's problem list.
 - Diagnosis Association. When a clinician enters a diagnosis in the Diagnosis Association field in the Order Composer, the diagnosis is automatically added to the patient's problem list.
5. If you entered Order-Specific Questions in the Diagnosis Fields field, enter one or more question records in the Order-Specific Questions field (I LSD 34773). To use a question record to add diagnoses to the problem list, you need to configure the following settings in the question record using the Order-Specific Question Editor in Hyperspace (search: Order-Specific Question Editor):
 - Response Type: Networked
 - Response INI: EDG
 6. If you want your system to attribute the diagnosis to another clinician if the entering clinician doesn't have problem list security, enter one or more of the following in the Provider to Attribute Problem field (I LSD 34774): Ordering, Authorizing, or Admitting. These provider types are checked in the order you enter them.
 7. In the Mark problem present on admission field (I LSD 34775), enter Yes if you want diagnoses that are automatically added to the problem list to be marked as present on admission unless they are listed in EMR System Definitions as exempt from being marked as such.

If you choose to network questions to the Diagnosis (EDG) master file, you can prevent clinicians from selecting a non-specific diagnosis term as the answer to an order-specific question. Preventing this selection avoids scenarios where a non-specific diagnosis causes discrepancies in downstream workflows, such as billing.

To enable this change, add extension 13360-Question Answer Filtering to each order-specific question record that's networked to the Diagnosis master file. By default, the extension hides diagnoses that have a value other than 1-Specific in the Generic Diagnosis? (I EDG 4032) field. Starting in November 2021, this extension also has two configurable parameters that can further restrict the diagnoses that are available to clinicians from order-specific questions:

- Show only billing codes?: If this parameter is set to Yes, the extension prevents clinicians from selecting any diagnosis term that is not specific enough for billing as the answer to an order-specific question, even if the diagnosis term is not a generic diagnosis. Whether a diagnosis is billable is based on whether the current date is within its effective date range, as specified in the Effective Date From (I EDG 46) and Effective Date To (I EDG 47) fields.
- Generic/Specific Handling: If this parameter is set to Yes, the extension prevents clinicians from selecting any diagnosis term with diagnosis calculator content that has a value of 2-Both Generic and Specific in the Generic Diagnosis? (I EDG 4032) field.

By default, the extension does not apply any additional restrictions for clinicians. To change this, copy the extension and modify the values of the parameters.

To add extension 13360-Question Answer Filtering or your copy to your order-specific question records:

1. Go to the Order-Specific Question Editor (search: Order-Specific Question Editor) and open an order-specific question that files its answer to the Associated Diagnosis item.
2. In the Answer Restriction LPP field, enter extension 13360 or your copy.

Automatically Fill In a Patient's Provider During Order Entry

You can use an extension to automatically fill in an order-specific question of your choice with a patient's attending provider, the current ordering provider, or a provider of a certain type from the patient's treatment

team. With this feature configured, clinicians do not need to manually enter a patient's provider into certain order-specific question. For example, if a clinician places an order to request a patient's admission to the Oncology department, the Admitting Provider field can be automatically filled in with either the patient's attending provider, the provider who is currently placing the order, or the oncologist on the patient's treatment team. Configuring this feature can save your clinicians 3 to 4 clicks each time one of these questions is asked.

1. In Hyperspace, use the Order-Specific Question Editor to open a question (LQL) record that asks for the patient's provider. Take note of the ID of this record.
 - This question record should have the Response type (I LQL 110) field set to Networked and the Response INI (I LQL 120) field set to SER.
 - This question record should have the Question level (I LQL 160) field set to Per Order. You cannot configure the extension for question records with this item set to Per Encounter or Per Session.
2. In Chronicles, access the Extension (LPP) master file and duplicate extension 34994-ORD / Composer / Default Provider of Type in LQL.
3. Open your copy of extension 34994. This extension has three configurable parameters that you can use to determine how a provider is found; however, be aware that this extension can only fill in one provider. The parameters are searched in this order: 3-Treatment Team Relationship, 4-Attending Provider, 5-Current User. As soon as a provider is found, that provider is filled in by default in the question and the extension stops searching. Configure these parameters as needed:
 - 3-Treatment Team Relationship. This parameter determines the category of patient-provider relationship to fill in by default. Set this parameter to a category value from the Treatment Team Relationship to Patient (I EPT 18869) category list. The extension uses the first provider of that type listed on the patient's treatment team. For example, if you set this parameter to Primary Physician, then the question fills in the primary physician from the patient's treatment team by default. Note that this extension does not search for providers from the patient's care team. Care teams are typically used in outpatient encounters and are different from treatment teams, which are used in inpatient encounters.
 - 4-Attending Provider. If you set this parameter to 1-Yes, the extension finds the patient's current

attending provider. If this parameter is set to 0-No or left blank, the attending provider is ignored.

- 5-Current User. This parameter has two parts, delimited by a semicolon. Press F6 to configure each part. Part 1 determines whether the extension searches for the current user's provider record. If it is set to 1, the current user appears automatically in the answer field. Part 2 is optional, and can be used to limit the provider types for which this parameter functions. If you enter a list of provider types in this part, the current user must belong to one of those listed. If left blank, all provider types are included.

4. Duplicate extension 3951-Order Defaulting - Ord Specific Question.
5. Open your copy of extension 3951. In the seventh parameter, enter your copy of extension 34994. In the eighth parameter, enter the order-specific question that you noted in step 1.
6. In Clinical Administration, open a profile record.
7. Follow the path Medication, Allergy, Imm, etc. > General Options and navigate to the Orders Extensions I screen.
8. Enter your copy of extension 3951 in the After defaulting (I LPR 8250) field.

Repeat the steps above for each order-specific question you would like to configure this extension for.

Set Certain Orders to Automatically Add PCP and Follow-Up Instructions to the Follow-Up Providers Navigator Section

You can save your clinicians time by configuring the system so that certain orders automatically add the following items to the Follow-Up Providers navigator section (36700-SEC IP Follow-Up):

- A patient's primary care physician (PCP)
- Order instructions

To do so, use the fourth parameter of extension 35018-IP OTL Populate Follow-Up.

1. In Chronicles, access the Extension (LPP) master file and open your copy of the extension 35018.
2. In the fourth parameter, enter all procedures from the Procedure (I ORD 40) category list that, when ordered, should add the patient's PCP and order instructions to the Follow-Up Providers navigator section.
3. In Hyperspace, go to Epic button > Tools > Patient Care Tools > Order Rule Editor - Full Access.
4. At the appropriate point in your rule, add a Do directive.
5. Select the "directives" row and enter Cancel in the Event field so the system executes the directive only when a clinician discontinues the order.
6. Select the "do" row and enter your copy of extension 35018 in the Action field. Note that you must enter the name of the extension exactly.

Fax Prescriptions to a Facility with RightFax API

You can create order reports that are sent to a fax machine based on a place of service (EAF) record selected in the order. This allows you to create a generic prescriptions report that can be faxed to a non-pharmacy location. For example, you can use this feature to fax prescriptions to patients' nursing homes.

Faxing prescriptions is available to organizations using either RightFax or Biscom for their faxing needs. For instructions on faxing prescriptions with Biscom, refer to the [Fax Prescriptions to a Facility with Biscom](#) topic.

When you use RightFax, this feature uses an order-specific question to select a recipient. Each possible recipient is defined in the Facility Profile (EAF) master file with a fax number listed for it. When the report is generated, a

custom print group uses the answer to the question to retrieve the fax number and send the report to the fax machine.

For steps to use order-specific questions for faxing procedure orders, refer to the [Fax Order Reports for Procedures](#) topic.

Prerequisites

To use this feature with RightFax, first follow the steps in the [Enable Faxing with RightFax API Integration](#) topic.

First, create facility records that contain the fax numbers for recipients. To do so:

1. Create a Place of Service record (Clinical Administration > Facility Structure > Places of Service).
2. On the Demographics screen, enter an abbreviation for the place of server in the Abbreviation field.
3. Enter the fax number in the Fax Phone field.
4. Exit the record.

Next, create the order-specific question that clinicians use to select the fax recipient. Follow the steps in the [Configure Order-Specific Question Details](#) topic. Make sure to include the following settings:

- In the Response Type field, enter Custom List.
- In the Custom list field, enter the following for each row in which a fax recipient should appear:
 - Enter the name of the location that will receive the fax.
 - Enter a space, a hyphen, and another space.
 - Enter the record ID of the place of service record that defines the recipient and contains the fax number.
- In the Multiple Response field, enter No.



If not all orders for these medications should have the option to fax the order, you can add one of the following to your question build:

- Enter a question rule in the Advised rule field to determine when the question appears. For complete instructions, refer to the [Use Certain Conditions to Determine How a Question Appears](#) topic.
- Include a button for a negative response that clinicians can select when a fax shouldn't be sent.

Assign the question to a medication:

1. Edit a medication record (Clinical Administration > Meds, Allergens, Imm, etc. > Medications (ERX)).
2. Page down to the Order Specific Questions screen.
3. In the Outpatient Questions field, select your question.
4. Exit the medication record.

Add a custom copy of print group [17609-C584_Faxing_to_EAF\(RightFax\)](#) to your fax report for medications:

1. Duplicate print group 17609 and open the copy.
2. Change the fourth parameter to the record ID of your question record.

3. Add the print group to your order completion report for medications.

Finally, make sure your order transmittal rule is configured to fax the order report. Refer to the [Use Your Order Transmittal Rule to Send Reports to Be Printed or Faxed](#) topic for more information.

Send Clinicians In Basket Messages About Expiring Orders

This setup applies to expiring future and standing orders in EpicCare Ambulatory. To alert inpatient clinicians about hospitalized patients' expiring orders, refer to the [Manage Expiring Orders](#) section of the Manage Orders Activity Setup and Support Guide instead.

Prerequisites

Before completing this setup, make sure you have worked with your In Basket team to set up message type 15-Open Orders. The system uses this message type to track each patients' future and standing orders, so it is a prerequisite for all other open orders functionality, including expiring orders.

Create a job from batch template [2510-Expiring Open Orders In Basket Message](#) to send Expiring Orders In Basket messages a certain number of days before the order expires. We strongly recommend routing these messages to an In Basket pool for the authorizing provider's support staff, because not all expiring orders require follow-up.

You can also create a job from batch template [2511-Cancel Expired Open Orders](#) to periodically identify expiring open orders, cancel them, and send In Basket messages announcing the cancellation.

We also recommend the following In Basket setup for Expiring Orders messages:

- Adding an Extend button, so that clinicians can extend the order's expiration date and expected date with one click.
- Adding a Done button, so that clinicians can clear forwarded Expiring Orders messages that are outdated.

Set Up Batch Jobs for Expiring Orders and Canceled Orders Messages

First, make sure that the correct message types are set up in Epic-wide Settings for the batch templates. Refer to the [Define Epic-wide Settings for a Message Type](#) topic for more information.

- For batch template [2510-Expiring Open Orders In Basket Message](#), set up message type 72-Expiring Orders.
- For batch template [2511-Cancel Expired Open Orders](#), set up message type 24-Canceled Orders.

Then, you set up either or both batch jobs to run at specified times. Refer to the [Batch Scheduler Setup: Essentials](#) topic for step-by-step instructions on setting up a batch job.

To send Expiring Orders messages to an In Basket pool, use extension 2731-Authorizing Provider Results Pool from ORD. This extension sends the messages to the first pool in the Send to Pools (I SER 8110) list in the provider record of the order's authorizing provider. If there is no pool listed, Expiring Orders messages are sent directly to the authorizing provider.

1. Access your batch job that uses template [2510-Expiring Open Orders In Basket Message](#).
2. On the Single and Multiple Response Values screen, enter LPP|2731 in the Value column for the Recipient mnemonic.

Add an Extend Speed Button to Expiring Orders In Basket Messages

To make it even easier for clinicians to address expired orders, you can configure Expiring Orders In Basket messages to include In Basket command button 2104-Auto Extend Order, which extends the order by a

preconfigured amount of time with a single click.

By default, this button extends an order's expiration date and expected date by three months. You can optionally customize the button to extend orders by a different amount of time than three months. Then, add the button or your copy of the button to your Expiring Orders message type definition.

Change How Long the Extend Speed Button Extends Orders

If you want your Extend button to extend orders by a different amount of time than three months, copy the extension and command:

1. In Chronicles, go to the Extension (LPP) master file and copy extension 265.
2. Open your copy and set the New Expiration Date and New Expected Date parameters as needed:
 - If both parameters are set, the button extends the expiration and expected dates according to their parameters.
 - If only one parameter is set, the button extends both dates according to that parameter.
 - If only one parameter is set and the order has only the matching date (for example, if New Expiration date is set and the order has only an expiration date), then only the date that is set is extended.
 - To prevent errors when a clinician uses the button, you must:
 - Set at least one parameter.
 - Make sure that the New Expected Date is not later than the New Expiration Date.
3. Go to the In Basket Commands (HIC) master file and copy command 2104.

Add the Extend Button to Your Message Type Definition

The Extend command button doesn't appear in Expiring Orders messages by default, so you need to add the command to your Expiring Orders message type definition:

1. If you already have a customized copy of definition 72-Expiring Orders, use it. Refer to the [Override Message Type Defaults at the User, Profile, and Security Class Levels](#) topic for more information about this setup.
If you don't have a copy, go to the Message Type Definition (HIS) master file and copy message type definition 72.
2. In Hyperspace, open your copy of message type definition 72 (search: Message Type Definitions).
3. In the Command Buttons section, add command 2104 or your copy of it in the Buttons field.
4. If you made a custom button, update the name and extension used by the button:
 - a. In the Display Title field in General Settings, change the display name to indicate how long your button will extend an order.
 - b. In the Server Code field in the Code section, enter your duplicate extension.
 - c. Click Accept.
5. If necessary, enable your custom message type definition at the appropriate level, such as in a profile. Refer to the [Override Message Type Defaults at the User, Profile, and Security Class Levels](#) topic for more information.

Let Clinicians Mark Forwarded Expiring Orders Messages As Done

 Starting in August 2018

Sometimes, Expiring Orders messages become outdated, like if the underlying order's status changes. The system automatically retracts these messages whenever possible, but can't do so in certain cases involving forwarded messages. If one clinician forwards an Expiring Orders message to another clinician, and then the order is resulted or expired, the system automatically retracts the original message, but the forwarded message stays in the second clinician's In Basket.

You can give clinicians a special Done button for these forwarded messages that is disabled unless the underlying order is canceled, extended, resulted, or expired. If the clinician cancels or extends the order using the buttons in the forwarded message, In Basket automatically marks the message as done without needing this button, but not every forwarded message is completed in this way.

The command doesn't appear in Expiring Orders messages by default. To add the command to these messages:

1. If you already have a copy of message type definition 72-Expiring Orders, use it. Refer to the [Override Message Type Defaults at the User, Profile, and Security Class Levels](#) topic for more information about this setup.
If you don't have a copy, go to the Message Type Definition (HIS) master file and copy message type definition 72.
2. In Hyperspace, open your copy of message type definition 72 (search: Message Type Definitions).
3. In the Command Buttons section, add command 2112-Done Message If Order Done in the Buttons field. If this message type definition already includes another Done button, we strongly recommend removing it so users can mark these messages as done only when the underlying order's status changes.
4. If you created a new copy of the message type definition, enable your custom message type definition at the appropriate level, such as in Epic-wide Settings or in a profile. Refer to the [Override Message Type Defaults at the User, Profile, and Security Class Levels](#) topic for more information.

Automatically Print a Unified Prescription Form

This feature applies specifically to organizations in Lebanon, but any organization can use the virtual items mentioned here.

To make it easier to generate the required unified prescription forms, you can set up the form in Epic using data from the patient's chart and automatically print it when clinicians place medication orders.

Configure Printing for Your Form

You might need to create and map a printer class so that clinicians can print your form on a printer that's in their clinic or near their workstation. Talk to your operational database administrator (ODBA) and determine which printer class to use when you [Create the Unified Prescription Form](#).

If your ODBA needs to create a new printer class for your form, they can follow the steps in the [Use Printer Class Mapping to Send Print Jobs to Printers](#) topic.

Configure How Virtual Items Appear on the Form

Epic has a number of released generic items (GIS), also known as virtual items, that you can use to build your paper form. The following items appear by default in paper form 6901-Medication Prescription ABF.

Value	Associated Generic Item (GIS)
Prescriber Name	19005-LAB REQ - PROVIDER'S FULL NAME
Prescriber Address	19047-RX - AUTHORIZING PROVIDER ADDRESS
Prescriber Specialty	19042-PATIENT - ENCOUNTER PROVIDER SPECIALTY
Prescriber Phone	19038-LAB REQ - PROVIDER'S PHONE
Prescriber MPI	19007-LAB REQ - PROVIDER ID
Patient Name	19050-PATIENT - NAME
Patient MRN	19034-LAB REQ - PATIENT MRN
Patient Date of Birth (DOB)	19051-PATIENT - DOB FORMATTED
Level of Service (LOS) CPT Code	19041-PATIENT - ENCOUNTER LOS CPT CODE
Medication Name	19043-RX - MEDICATION NAME
Sig	19044-RX - MEDICATION SIG
Dispense as Written Value	19045-RX - DISPENSE AS WRITTEN
Dispense Amount	19046-RX - MED DISPENSE AMOUNT
Days Supply	19048-RX - MEDICATION DAYS SUPPLY
Number of Refills	19049-RX - MEDICATION REFILLS

Combine Multiple Prescription Details in One Form Field

You can combine virtual items so they appear in the same field of the PDF form. For example, you can combine the medication name and the sig. To do so:

1. Open the Generic Item Specifier (GIS) master file and copy item 19029-Lab Req - Concatenate GIS.
2. In the first parameter, replace "gisIDs" with a pipe-delimited list of GIS values that should appear in the same field. For example, enter 19043|19044 to concatenate medication name and sig.
3. In the second parameter, enter a pipe-delimited list of numbers to determine formatting. For example, enter 1 to insert a space between medication name and sig.
4. Add your copy of item 19029 to the Item Name column that corresponds to the name of the field on your PDF file as described in the [Create the Unified Prescription Form](#) topic.

Complete the above steps for any other virtual items needed.

Print Multiple Orders on the Same Form

You can configure your form to show multiple orders by assigning index numbers to virtual items. For example, to show medication names for multiple orders, do the following:

1. Open the Generic Item Specifier (GIS) master file and copy item 19043-RX - Medication Name.

2. In the first parameter, enter a unique index number. For example, if you want to show three medication orders, enter 1 in your first copy of item 19043. Create two more copies of item 19043 and assign them an index of 2 and 3 respectively. The highest index should match the maximum number of orders configured in your order transmittal rule as described in the [Update Order Transmittal to Automatically Print the Form](#) topic.
3. Add each copy to a new row in the Item Name column of your form as described in the [Create the Unified Prescription Form](#) topic.
4. In each corresponding Field Name column, enter the field name that corresponds to the indexed virtual items.

Complete the above steps for any other virtual items needed.

Print Order-Specific Question Information on the Form

You can configure your form to include the answers to order-specific questions. To do so:

1. Open the Virtual Item (GIS) master file and create a new virtual item.
2. In the Form Type (I GIS 120) field, enter 60-Clinical.
3. In the Value Function (I GIS 140) field, enter `$$getFormattedOrderAnswers^LPRINTRXAUB`. Configure the parameters as follows:
 - a. In the first parameter, enter `%V("orders",index)`.
 - b. In the second parameter, enter a caret-delimited list of the order-specific question IDs you want to include on the form. Use quotation marks around this parameter value, as in the example.
 - c. In the third parameter, enter 1 if you want the comments attached to an answer to appear in parentheses after the answer. Leave this parameter blank if you don't want the comments to appear on the form.
 - d. In the fourth parameter, enter 1 if you want the answers to category or networked questions to include the answer ID in brackets. Leave this parameter blank if you don't want the answer ID to appear on the form.
 - e. In the fifth parameter, enter 1 if you want the question prompt to appear before the answer. Leave this parameter blank if you don't want the question prompt to appear on the form.
 - f. For example, if you want to print the answers and question prompts for order-specific questions 456123 and 231223, the Value Function (I GIS 140) field should read:
`$$getFormattedOrderAnswers^LPRINTRXAUB(%V("orders",index),"456123^231223",,,1)`.
4. Add your item to a new row in the Item Name column of your form as described in the [Create the Unified Prescription Form](#) topic.
5. In the corresponding Field Name column, enter an appropriate field name.

Create the Unified Prescription Form

First, create a new PDF file that replicates the fields on your unified prescription form and host it on your server. All fields in this PDF form must be fillable. For help configuring the fillable PDF version of the form, refer to the documentation for the third-party PDF editor you're using. As you're building your PDF form, record the field names because you'll need them to complete the remaining steps.

After you complete the PDF form, your Epic Client Systems - Web & Service Servers representative can also help you stage your form in an appropriate location on your EPS server. Make a note of the file name and location because you will also need this information to complete the remaining steps.

Next, create a paper form (ABF) in Epic that corresponds to the PDF form you created:

1. In Clinical Administration, go to Questionnaires, Images, Forms > Paper Forms (ABF) > Form Specifications and duplicate form 6901-Medication Prescription ABF.
2. Configure the Clinical Form Options screen as follows:
 - In the Default Print Class (I ABF 110) field, enter the printer class to use to route the form to a printer as described in the [Configure Printing for Your Form](#) topic
 - In the PDF Filename (I ABF 611) field, enter the path to your PDF file. If you don't know the file path, work with your Epic Client Systems - Web & Service Servers representative to find it.
3. On the PDF Specification screen, update the following fields to match your unified prescription form:
 - In the Field Name column, replace the default field name with the name of the corresponding field on your PDF file if they are different.
 - In the Item Name column, enter or replace the corresponding item specification (GIS) record.
 - In the Format column, enter a format to use if applicable. Formats are used to specify formatting for numbers, such as dates, phone numbers, and dollar amounts.
 - In the Type column, enter Tick if the item is used to check a box on the form. Enter None or leave the field blank if the item value is entered in a field in the form.
 - In the Success column, enter 1 if you entered Tick in the Type field.
4. Finally, go to the Form Compilation screen and enter Yes in the Compile this form? field.

Update Order Transmittal to Automatically Print the Form

To print the unified prescription form when a clinician signs medication orders configure extension 5792-Print ABF Prescription from Order Transmittal to print a single form. Starting in November 2025, you can also configure extension 5793-Print Multiple ABFs from Order Transmittal to print multiple forms per order.

Configure extension 5792-Print ABF Prescription from Order Transmittal to print a single form:

1. In Chronicles, open the Extension (LPP) master file and create a copy of extension 5792.
2. In your copy's third parameter, enter the ID of your unified prescription paper form (ABF) you just created.
3. In the fourth parameter, enter the maximum number of prescriptions that should appear on one form. This parameter should not exceed the highest index set for any given virtual item as described in the [Print Multiple Orders on the Same Form](#) topic.

Starting in November 2025, configure extension 5793-Print Multiple ABFs from Order Transmittal to print multiple forms per order:

1. In Chronicles, open the Extension (LPP) master file and create a copy of extension 5793.
2. In your copy's third parameter, enter the IDs of any unified prescription paper forms (ABFs) you would like to print.

To enable automatic printing in order transmittal:

1. In Clinical Administration > Order Transmittal > Workstations, create a new workstation with a type of Interface and status of Active.
2. On the Interface Routing screen, enter the ID of your copy of extension 5792 in the Interface field. Starting in November 2025, you might also add your copy of extension 5793 in the same field.
3. In Clinical Administration > Order Transmittal > Descriptors, create a new destination descriptor for your

Interface workstation as described in the [Create Descriptors](#) topic.

4. Link the destination descriptor and your Interface workstation in the relevant destination maps as described in the [Map Descriptors to Specific Workstations](#) topic.
5. In Hyperspace, open your order transmittal rule in the Order Rule Editor - Full Access (search: Order Rule Editor - Full Access).
6. In the relevant set of directives in your order transmittal rules, add a Send directive that sends 6900-Generic Order Completion Report to the destination descriptor mapped to your interface workstation.

Make Order Information Available to Other Users

Filter Order Information Print Groups Using Answers to Order-Specific Questions

You can show or hide orders in order information print groups based on how clinicians answered custom list questions associated with those orders.

If your organization uses answers to order-specific questions to specify when and how the orders should be performed, reports for specific types of orders can filter orders that don't apply because of a clinician's answer to a question. For example, you might show different medications for patients with asthma reactions of varying severity because not all medications apply.

To filter orders based on answers to order-specific questions, you need to configure extension 88284-IP Filter by Answer to Question and add it to an order information print group.

1. In Chronicles, open the Extensions (LPP) master file and duplicate extension 88284.
2. In your copy of the extension, configure the following parameters as needed. If you enter a question and answer in both parameters, orders with that question and answer are excluded:
 - 2-Answers to Include. Optional. Enter the custom list question and answers the order must have associated with it to be included in the print group.
 - 3-Answers to Exclude. Optional. Enter the custom list question and answers the order must have associated with it to be excluded from the print group.
3. In Clinical Administration, follow the path Reports, Print Groups > Print Groups and open a copy of an order information print group that you want to use the filtering option.
4. Go to the Filter Settings screen and enter your copy of extension 88284 in the Pre-Filter Exts field.
5. Add the print group to a report. For information about configuring print group-based reports, refer to the [Defining a Print Group-Based Report](#) topic.

Show a Patient's Discharge Destination in an Order-Specific Print Group

You can show a patient's discharge destination in print group [46015-IP Daily Orders](#), along with the effective date and time of the most recent patient update. To do so, configure a parameter in extension 34049-IP Order Additional Information With Multiple Allowed Items and add the extension to your copy of print group 46015. This configuration option lets you populate the print group with a discharge destination that's entered as a response to a question in the Order Composer.

1. In Chronicles, open the Extension (LPP) master file and either open your copy of extension 34049 or create a new copy.
2. Go to the second parameter and press F6 to edit it.
3. Press Tab to edit the first item in the Value column, and enter the following:

- In the Display Item segment, enter 34315-Discharge Destination.
 - In the Item Title segment, enter the caption you want to show for the destination, or leave it blank to show Discharge Destination.
4. Press Tab to edit the second item in the Value column, and enter the following:
 - In the Display Item segment, enter 34320-Patient Update - Effective Date.
 - In the Item Title segment, enter the caption you want to show for the date, or leave it blank to show Effective Date.
 5. Press Tab to edit the third item in the Value column, and enter the following:
 - In the Display Item segment, enter 34321-Patient Update - Effective Time.
 - In the Item Title segment, enter the caption you want to show for the time, or leave it blank to show Effective Time.
 6. In Clinical Administration, open your copy of print group 46015 or create a new copy.
 7. In the Additional Info Extension (I LPG 35042) field on the Order Display Settings screen, enter the ID of your extension.
 8. Add your print group to a Patient Summary report.

Show Clinicians Relevant Information in an Order Composer Sidebar Report

In certain ordering situations, it might be helpful to show clinicians data in a sidebar report when they're placing a procedure order. This configuration is common in blood administration orders, as described in the [Customize the Blood Data That Appears in the Order Composer](#) topic, but it can also be useful in a wide variety of situations to show information relevant to a procedure order. For information about setting up a report like this for inpatient medication orders, refer to the [Order Entry Summary Report Setup](#) topic.

Note that if the procedure order is placed as part of a SmartSet or Order Set, your report appears at the bottom of the composer rather than as a sidebar. If your procedure record is used frequently in SmartSets or Order Sets, consider avoiding narrow print groups in your report or reducing the number of print groups in your report to reduce scrolling for clinicians.

To show a sidebar report in the Order Composer for procedure orders, first create the report you want to show:

1. In Clinical Administration, follow the path Reports, Print Groups > Reports (LRP) and create a new report.
2. In the Report type (I LRP 50) field, enter one of the following types:
 - 52-Order Entry Summary Report. This option is appropriate if changes a clinician makes to items in the Order Composer don't cause the information in the report to change.
 - 53-Order Entry Refreshable Report. This option is appropriate if changes a clinician makes to items in the Order Composer can cause the report to become out of date.
3. Add the print groups you want to show in the Order Composer to your report. For more detailed information about adding print groups to reports, refer to the [Add Your Print Group to a Report](#) topic.

Then, specify your report in the Order Composer configuration record for the procedure record or procedure category where you want to show the report:

1. In Clinical Administration, do one of the following:
 - Follow the path Procedures, Scheduling > Procedures (EAP) and open the procedure record for

which you want to show the report. Go to the Administrable Procedure - 2 screen (November 2023 and earlier: Administrable Procedure screen).

- Follow the path Procedures, Scheduling > Categories (EDP) and open the procedure category for which you want to show the report. Go to the Blood Settings screen.
2. Enter the report you configured in the Procedure report (I EAP 24170 or I EDP 24170) field.
 3. Go to the Order Composer Configuration screen. In the Configuration (I EAP 24210 or I EDP 24210) column, select the Order Composer configuration record for the context where you want to show the report and press F8 to open it.
 4. Go to the Procedure Items screen and enter 134-Procedure Report in the Display Items (I OCC 2000) field.

Show the Summary Report Expanded Automatically in the Order Composer

 Starting in November 2022

You can include summary reports in the Order Composer for medications to show clinicians additional information while they place orders. For more information about these reports and how to configure them, refer to the [Order Entry Summary Report Setup](#) topic.

In May 2022 and earlier versions, the summary report is collapsed by default in the Order Composer, and clinicians must select a link to expand the report in order to see it. Starting in November 2022, to help clinicians save time and easily view the report, show the summary report as expanded when a clinician opens the Order Composer by using the Summary Report (Expanded) display item.

Display item 210-Summary Report (Expanded) is available for the same Order Composer Configuration contexts as display item 52-Summary Report.



You can use the Build Wizard to replace display item 52-Summary Report with display item 210-Summary Report (Expanded) in Order Configuration Context records. To get started, open the Build Wizard in Hyperspace (search: Build Wizard) and search for feature 630008-Replace Collapsed Summary Report Item in the Order Composer with the Expanded Item (application: Orders). Select the Order Composer Configuration records where the collapsed Summary Report display item should be replaced with the Summary Report (Expanded) item.

To add the Summary Report (Expanded) display item manually:

1. In Clinical Administration, go to Management Options > Meds, Allergens, Imm, etc. > Order Composer Config (OCC) and open the Order Composer Configuration record you'd like to add the display item to.
2. Go to the Medication Items screen.
3. In the Display Items (I OCC 3000) field, enter 210-Summary Report (Expanded).

Use Rules to Return Order Information



Check out our [June 2018 build-along webinar](#) on building patient-context rules.

The following rule properties allow you to return order information for a specific patient when using rules:

- 34244-Orders for Medications. This property returns orders the patient has for a specific medication (ERX).
- 34241-Orders for Procedures. This property returns orders the patient has for a specific procedures (EAP).
- 34243-Orders from Medication Grouper. This property returns orders the patient has from a specific medication grouper (VCG).
- 34249-Orders from Order Set. This property returns orders that were ordered for the patient from a specific Order Set.
- 34242-Orders from Procedure Grouper. This property returns orders the patient has from a specific procedure grouper (VCG).
- 34248-Orders of Order Type. This property returns procedure orders the patient has with a specific order type.
 - The filtering parameters for this property do not work for medications and should not be used to identify medication orders.
- 34250-Orders on Patient. This property returns orders the patient has based on several properties.

You might want to use these properties to determine, for example, when an OurPractice Advisory should appear or whether the patient should appear on a workqueue based on the most recent ADT order. The Orders for Procedures, Orders from Procedure Grouper, and Orders of Order Type properties can be configured to limit the number of orders returned.



During the build process, consider the performance impact of the rules that you create. For example, properties that search over a large number of orders like all treatments (I EPT 19000) or have a long lookback period could cause performance issues when the rules run. Test and adjust your rule build if needed.

To use these properties, first create a copy and fill out the applicable parameters. Then, create a rule that uses your custom property. The steps below outline how to create an example rule to show who the authorizing provider is for a procedure like a referral to a medical marijuana program. Use this example to guide the build for your particular use case.

First, create a copy of the rule property:

1. In Hyperspace, open the Property Editor (search: Property Editor). Starting in May 2024, the General, Lookup, and Restrictions tabs have been converted into sections.
2. Enter Patient in the Context field. In February 2024 and earlier choose the "Select properties from a context to edit" option.
3. Find the property that you want to copy. In this example, select 34241-Orders for Procedures.
4. Click Copy and give your new property a name.
5. Access the Lookup tab/section and complete the parameters. In this example, you might use the following parameters:
 - Procedures. Enter the procedure you want to check for.
 - Encounters to Search. In this example, select Search all encounters to search all encounters for a

relevant referral. We recommend setting this parameter to Related encounters or Current encounter only when possible to search through fewer encounters because searching all encounters is more performance-intensive.

- Order Status. Select Active to look only for active orders.
 - Include/Exclude Order Status. Select Include to include active orders in the results.
6. To limit the results based on a time window to search, use the Lookback Hours and Lookback Logic parameters. You can enter a number with up to 15 digits in the Lookback Hours parameter for the Orders for Procedures, Orders from Procedure Grouper, and Orders of Order Type properties. A longer lookback period is more performance-intensive, so consider the impact on your system when configuring these parameters.

To use the Lookback Logic parameter, use one of the following values:

- 1-Last Medication Administration Instant. The property uses the last medication administration time (I ORD 7205) as the start of the lookback window specified in the Lookback Hours parameter. The property can return orders that have an administration date in the future if the last medication administration time is blank or in the future. You should not use this value for procedure orders.
 - 2-Ordered Instant. The property uses the Prioritized instant UTC (I ORD 40024) item as the start of the lookback window specified in the Lookback Hours parameter.
 - 3-Order End Time. The property uses the latest end time (I ORD 7069) and end date (I ORD 7070) as the start of the lookback window specified in the Lookback Hours parameter. The property can return orders that have an end time and date in the future.
7. To limit the results for the Orders for Procedures, Orders from Procedure Grouper, or Orders of Order Type properties, use the following parameters. If you use the following parameters for the Orders of Order Type property, do not enter Medications in the Order Types parameter because these parameters cannot be used to limit the results for medication orders.
- Order Filter Rule. Enter an order context rule that orders must pass to be returned by this property. The rule entered here is evaluated before orders are filtered based on settings in the Start Order Position and End Order Position parameters. For example, you might use a rule to check that the Standing Status is equal to Standing to return only parent orders.
 - Order Sort Direction. Specify whether to count backward or forward from the most recent order. For example, to find the five most recent orders, enter 1 in the Start Order Position parameter, 5 in the End Order Position parameter, and Count backward from most recent order in the Order Sort Direction parameter.
 - Start Order Position. Enter the starting position of the orders that are returned by this property. Orders are filtered based on the Start Order Position and End Order Position parameters after every other parameter for this property is evaluated.
 - End Order Position. Enter the ending position of the orders that are returned by this property. You must enter a value that is greater than or equal to the value entered in the Start Order Position parameter. Orders are filtered based on the Start Order Position and End Order Position parameters after every other parameter for this property is evaluated.

In the Cache setting (I HFP 119) field, select Inherit from Context.

Next, create a rule:

1. In Hyperspace, open the Rule Editor (search: Rule Editor).

2. Create a new rule with a context of Patient.
3. Add the property that you created and complete the parameters. You can expand the property to access additional properties in the tree that use your property as a starting place.
4. Finally, enter text in the Error message field. You can return information from the order in your error message by inserting a property. For example, you can add the Authorizing Provider property in the tree under your custom property to show the name of the authorizing provider for the referral to a medical marijuana program in the error message.

Preserve End Dates of Active Medication Orders When a Patient Is Admitted or Discharged

If a patient has an active medication order with a specified end date, you can configure the system to preserve that end date if the patient is admitted or discharged. When a patient is admitted or discharged, clinicians can reorder her medications based on the new context.

For example, if a clinician orders a medication for the patient while the patient is admitted, the clinician orders it as an inpatient order. When the patient is then discharged, the clinician reorders the medication as an outpatient order. You can configure the system to preserve the end date in the scenario.

You can choose to preserve end dates for outpatient to inpatient reorders only or inpatient to outpatient reorders only.

Depending on the context and other factors, this feature works as follows:

- Outpatient to Inpatient reordering. The count of the reorder is set so that the end date is same as the original order. One exception is if the order uses a frequency that doesn't schedule a dose for the day that the clinician reorders the medication, such that the start date of the reorder is not today. In this case, the end date shifts with the start date. If the original order has an end date in the past or has an end date of today and you have 24-hour scheduling turned on (you have the IP_SCH_DAYS_AS_24HR mnemonic configured), then the end date is blank and the order is Until Discontinued.
- Inpatient to Outpatient reordering.
 - If duration fields do not appear in the Order Composer for outpatient orders: The end date of the reorder is same as the original order. One exception is if the order uses a frequency that doesn't schedule a dose for the day that the clinician reorders the medication, such that the start date of the reorder is not today. In this case, the end date shifts with the start date.
 - If duration fields appear in the Order Composer and the original order was placed with a specific number of doses: The number of doses remaining becomes the count in doses for the outpatient reorder.
 - If duration fields appear in the Order Composer and the original order was not placed with a specific number of doses: The count of the reorder is set so that the end date is same as the original order. If the original order has an end date of today, then the end date is blank and the order is Until Discontinued.
 - If the original order does not have an end date or count, the default end date of the outpatient order is used. If the outpatient order does not have a default end date configured in the medication record, the end date is left blank.

Note that in any case, if the clinician chooses an alternative medication during reordering, this system-level setting does not apply. The system uses the default end date from the alternative.

1. In EMR System Definitions, access Medication, Allergy, Imm, etc. > Reorder, Modify, Discontinue > Medication Reorder Copy Forward Settings - 2 screen.
2. In the Copy end dates between inpatient and outpatient? (I LSD 4097) field, choose whether to always preserve end dates or only for certain types of reorders.

Allow Clinicians to Create Copies of Medication Orders Appropriate for Different Workflows

You can allow clinicians to duplicate outpatient medication orders on the fly using the Create a Copy feature. After you create several different duplication logics, clinicians can make copies of medication orders that suit their needs in different situations by selecting Create a Copy after right-clicking an order. This helps clinicians who need to place several similar but not identical orders.

1. In Clinical Administration, follow the path Management Options > Profiles and open an appropriate profile.
2. Within the profile, follow the path Medication, Allergy, Imm, etc. > General Options. On the General Medication Options screen, set the Enable order duplication functionality (I LPR 1082) field to Yes to allow clinicians to create duplicate outpatient medication orders using the Create a Copy feature. The feature is enabled by default starting in May 2019 and in the versions listed below when the corresponding special update is installed:
 - February 2019: E8701470
 - November 2018: E8605949
 - August 2018: E8510743
 - Epic 2018: E8421131
 - Epic 2017: E8335245
3. Go to Management Options > Edit System Definitions > Medication, Allergy, Imm, etc. > General Options and access the Duplicate Outpatient Medication Setting. In the left column of the Duplicate Outpatient Medication Settings screen, enter a display name for your new duplication logic.
4. Press F8 to access the Configure Duplicating Logic screen. Enter the display items you want cleared when a clinician copies a medication order using the logic you created in step 3.
5. Repeat steps 3-4 to create other logics as appropriate.

Allow Clinicians to Write Multi-Order Comments in EpicCare Link

During a signing session, providers often sign multiple orders at the same time. Many providers need to document their reasons for placing procedure orders and referrals, which can be time-consuming if a signing session contains several orders. To avoid commenting on each order individually, providers using EpicCare Link can write comments that apply to the entire session. These comments can be as long as 30,000 characters, are associated with each order that has the session comments display item configured in its Order Composer configuration record, and appear in print groups that show information from any of these orders.

Considerations

Session comments, like order-specific questions, have two important considerations:

- The comments written for one signing session are not carried over to another session.
- You can associate a default SmartText comment for certain procedures or procedure categories, but only one default SmartText appears for a set of orders. If a clinician queues up another order that has a default SmartText, that SmartText isn't added to the set of orders.

Add the Session Comments Display Item to an Order Composer Configuration Record

Clinicians can leave session comments when at least one order in a signing session has the session comments display item configured in its Order Composer configuration (OCC) record. To add the session comments display item to an Order Composer configuration record:

In Chronicles, open an Order Composer configuration record with an Ambulatory-Community ordering context.

Go to the Procedure Items screen.

1. Add Session Comments under the Display Items (I OCC 2000) field.
2. Optional: To configure whether this Order Composer configuration record requires session comments, enter Session Comments under the Item Control (I OCC 2020) field and enter Required, Recommended, or Not Required under the Item Status (I OCC 2030) field. If you leave the Item Status field blank, comments are not required.
3. Go to the Display Item Labels screen. In the Label (I OCC 2110) field, enter a display name for the session comments display item.

Add a Default SmartText to a Session Comments Display Item

To help clinicians write session comments faster and to make the information in session comments consistent for similar orders, you can configure the Session Comments display item to use a default SmartText. Before doing so, determine whether you want the SmartText to appear for a procedure category (EDP) record or a specific procedure (EAP) record, and then follow the steps below. If you want to make a new SmartText to use for session-level comments, refer to the [Create and Edit a SmartText](#) topic.

1. In Clinical Administration, go to Procedures, Scheduling.
2. Open the procedure category (EDP) or procedure (EAP) record you want to associate with the default SmartText.
3. Go to the Procedure SmartTexts Settings screen.
4. Insert a new row in the table and specify the order class (I EAP/EDP 10641) or referred to department (I EAP/EDP 10642) for which you want the SmartText to appear.
5. Add a default SmartText to the Session Comments (I EDP 10655 or I EAP 10680) field.

Show Session Comments in Order Information Print Groups

A signing session's comments appear in print groups that show the session's information. These print groups include:

- [45508-HIM ROI All Orders](#)
- [45509-HIM ROI Print Single Order](#)
- [46235-IP Ord Custom Order Info](#)

For example, your view of IP Ord Custom Order Info could look like this:

Order Info
Reason for Referral
Increasing abdominal pain over last 3 months.
CT AP 6/14/18 showed enlargement of distal appendix.
US ABD 6/15/18 showed gallbladder w/ benign cholesterol polyps
6/20/18 seen general surgeon and had laproscopic appendectomy and path showed well differentiated Neuroendocrine tumor of the appendix with negative margins.

To show session comments in print groups 45508-HIM ROI All Orders and 45509-HIM ROI Print Single Order:

1. In Clinical Administration, follow the path Reports, Print Groups > Print Groups (LPG) and open your copy of either print group 45508 or 45509.
2. Go to the parameters screen.
3. Open the Options parameter and add 4294967296 to the comma-delimited list in the Values section.

To show session comments in print group 46235-IP Ord Custom Order Info:

1. In Clinical Administration, follow the path Reports, Print Groups > Print Groups (LPG) and open your copy of print group 46235.
2. Go to the Parameters screen.
3. Open the Display Items parameter.
4. Under List, add a list line and edit the following segments within the list:
 - a. Display Item: Enter 10350-Session Comments.
 - b. Item Title: Enter the title to appear with the item. If this piece is left blank, the default title "Session comments:" appears.
 - c. Show Mult Resp Line Breaks: Enter 1 to use line breaks between lines of multi-response item. If left blank, no line breaks appear.

For example, if you want to add session comments to IP Ord Custom Order Info using the default title and line breaks, enter "10350;;1"

Ensure Certain Orders Are Always Signed, Not Signed and Held

When a clinician signs or releases a code status order for a patient, the previous code status order is automatically cancelled, so that the patient has only one active code status order at a time. Certain other types of inpatient orders, such as transfer and discharge orders, and sometimes diet orders or isolation orders, work the same way to update the patient's status. To ensure that the patient's active order always reflects the most recent change in status, you can prevent clinicians from signing and holding these orders to be released later. There are several ways to configure this in the system.

Starting in November 2019, you can use the profile settings on the File Action Defaulting screen to define which orders should always be signed, based on:

- Order type (I LPR 34680)
- Ordering mode (inpatient or outpatient) (I LPR 34682)

- Encounter type (I LPR 34683)

Orders that meet the criteria you set are always signed, even if the clinician clicks the Sign & Hold button. These settings override all other settings that set an order's default sign action. They don't apply to orders signed in the Discharge Readmit Navigator, which is intended for cross-encounter orders that are almost always signed and held.

We recommend that you evaluate the following types of orders for these settings:

- Code status
- Isolation
- Transfer
- Discharge
- Case request

You might also find that diet orders are a good use case for this functionality, depending on your organization's workflows around diet orders.

Other ways you can prevent clinicians from signing and holding certain orders prior to November 2019 are listed in the table below. If you used one of those methods before upgrading to November 2019, you might be able to simplify your build and make code status orders more consistent by switching over to the file action defaulting profile settings. These settings might also be useful for situations when admission or discharge orders should always be signed immediately. However, the alternative methods are more appropriate if:

- You want to use additional criteria, such as the department, the phase of care, or the navigator where the clinician is placing the order, to determine which orders should always be signed.
- Clinicians should be able to override the default sign action, because it might be appropriate to sign and hold the relevant orders under certain circumstances.

Compare Methods for Ensuring That Certain Orders Are Signed

Method	Details
Configure file action defaulting in a profile (starting in November 2019)	<p>These settings override all other settings that set an order's default sign action. Clinicians can't change the sign action in the Review Phases of Care window. Orders are signed even if the clinician clicks Sign and Hold, or manually selects a phase of care whose default action is sign and hold.</p> <p>These settings don't apply to orders signed in the Discharge Readmit Navigator. Orders from Clinical Pathways, Ancillary Order Entry, Beacon treatment plans and therapy plans, and modifications are also exempt.</p>
Extension 39235-Order Defaulting - Sign Action	<p>You can use this extension to automatically set the sign action before an order goes through order transmittal. It is used only for orders that don't already have a phase of care set before signing. Clinicians can still change the sign action to sign & hold in the Review Phases of Care window, or manually select a phase of care whose default action is sign and hold.</p> <p>As with the profile settings, orders from Clinical Pathways, Ancillary Order Entry, Beacon treatment plans and therapy plans, and modifications are exempt.</p> <p>If you have configured this extension in a way that's compatible with the profile settings, you can use Build Wizard feature 113-File Action Defaulting (application: Orders) to automatically set the profile settings to match when you upgrade to November 2019.</p>
Extension 39236-Order Validation - Allow Sign/S&H	<p>You can use this extension to show clinicians a warning when they attempt to sign and hold orders that should always be signed. Clinicians may or may not be able to override this warning to sign and hold the order anyway, depending on the Allow Accept? (I LPR 832) profile setting.</p> <p>You can set a wide variety of criteria to determine when the warning appears. Refer to the Prevent Clinicians from Signing or Signing and Holding Certain Orders topic for parameter details and instructions.</p>

For more information on how these settings interact with navigator-specific and phase of care-specific default settings, refer to the [Understand How the System Determines an Order's Sign Action](#) topic, which describes the full hierarchy the system uses to determine whether an order should be signed or signed & held.

Configure File Action Defaulting in a Profile

Starting in November 2019

You can set up file action defaulting for multiple profiles at once using Build Wizard feature 113-File Action Defaulting (application: Orders). If you are already using copies of Extension 39235-Order Defaulting - Sign Action whose parameters correspond to the new settings, the Build Wizard can automatically set the new settings to match. To change these settings manually:

1. In Clinical Administration, go to Management Options > Profiles and open the profile you want to configure.
2. Follow the path Procedure, Scheduling, Task > General Options and go to the File Action Defaulting Settings screen.
3. In the Ordering Mode (I LPR 34682) column, enter Inpatient or Outpatient. If you leave this field blank, both inpatient and outpatient orders are evaluated based on the corresponding criteria you list in the other

columns.

4. Press F6 to add criteria to the Order Types (I LPR 34680) and Encounter Types (I LPR 34683) columns. Each row is a separate set of criteria, and you can list multiple order types and encounter types in each row. In the example below, code status orders are always signed regardless of the ordering mode or encounter type. Inpatient admission and transfer orders are always signed during any of the specified encounter types.

File Action Defaulting Settings		
The items on this screen affect both medication and procedure orders.		
<u>Ordering Mode</u>	<u>Order Types</u>	<u>Encounter Types</u>
1.	Code Status	
2. Inpatient	Admission, Tra*	Inpatient, Hospital*
F6 Edit Order/Encounter Types ————— F7 Insert Line — F8 Move Up — F9 Move Down —————		

Let Clinicians Order Doses in Convenient Packaging

 Starting in February 2021



This feature is available in Finland and Norway.

If your pharmacies support this workflow, you can give clinicians the option to order medications to be dispensed and packaged in ways that make it easier for patients to take the correct doses at the correct time. This feature is known by different names in different countries. The display item appears as follows, based on locale:

Locale	Display Item Name
Finland	In Bag
Norway	Multidose

To enable this feature, add display item 92-Is Dose Dispensed to the Order Composer, as described in the [Determine Which Details Clinicians See in the Order Composer](#) topic. Use a context of Ambulatory for the display item. The display item is a checkbox with the local name for this feature, so it appears as the Is Multidose checkbox in Norway.

In Norway, this display item works with patient FYI flag 49-Compliance Packager Patient. If this flag is set for a patient, the checkbox is selected by default. This makes it easier for clinicians to order all of a patient's medications to be dispensed in the same way.

Downstream, clinicians using SmartForm 70007-Medication - Edit Due Times see a warning banner under certain

conditions:

Finland

- A warning appears if they do not select the checkbox for a medication that was ordered using this feature.
- Starting in November 2022, they also see a similar banner if they select the checkbox for a medication that was not ordered using this feature.

Norway

- A warning appears if they select the checkbox for a medication that was both not ordered using this feature and is not from the central medication database.
- Starting in May 2025, a warning appears if the patient is enrolled as an eMultidose patient and the pharmacy has indicated that the medication was packaged as multidose. Clinicians can indicate they've reviewed the alert to remove the warning.
- Starting in May 2025, a warning appears if the patient is enrolled as an eMultidose patient, but the pharmacy has indicated the medication was not packaged in the patient's multidose pack.
- Starting in May 2025, a warning appears if the patient is enrolled as an eMultidose patient and the start date documented in the SmartForm is later than the start date sent by the pharmacy.

As an additional option, you can show a OurPractice Advisory for patients who use this feature, so you can stop the medications from being dispensed if the patient is admitted to a hospital. Refer to the [Use an OurPractice Advisory to Identify Patients with Active Dose Dispensed Medications](#) topic for details.

Additional Ordering Options Documented in Other Guides

- [Conditional Orders Setup and Support Guide](#). Clinicians can place an order that should not be carried out until the patient meets a certain condition, such as a fever or low blood count. This ordering option is available in the Foundation System, and has its own setup and support guide.
- [Phases of Care Setup and Support Guide](#). Clinicians can sign and hold an order so it can be released in a later encounter. They can also further specify exactly when during a patient's care (such as pre-op or post-op) the order should be released. This ordering option is available in the Foundation System, and has its own setup and support guide.
- [SmartSets and Order Sets Setup and Support Guide](#). Clinicians can select a group of orders related to a commonly treated illness instead of individually ordering each medication and procedure. These groups are known as Order Sets and SmartSets. This ordering option is available in the Foundation System, and has its own setup and support guide.

To set up any of the features listed above, refer to their individual setup and support guides.

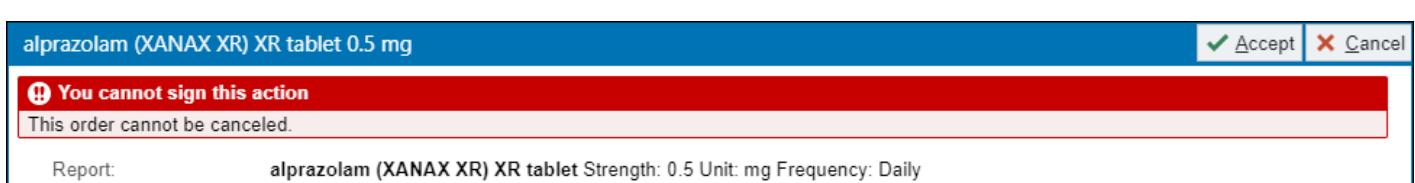
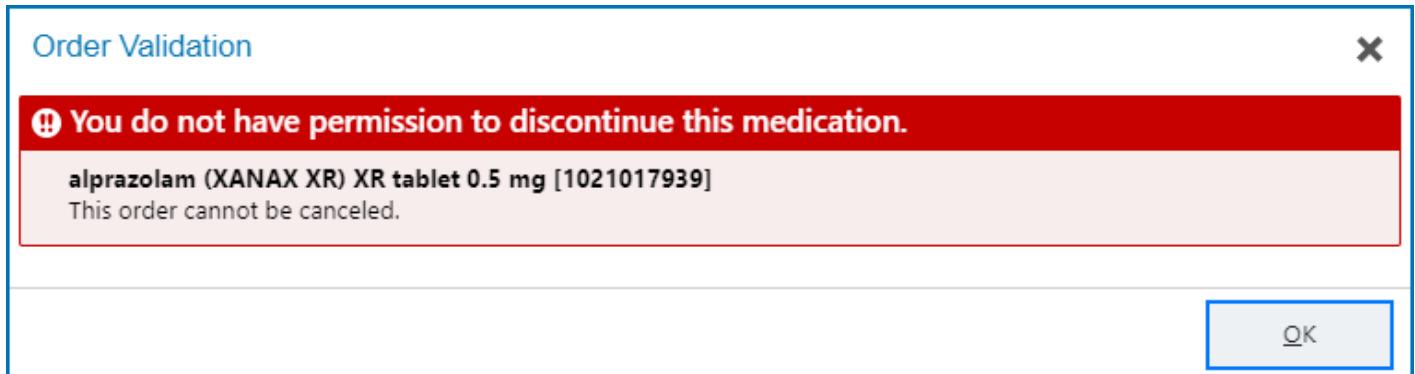
Prevent Clinicians from Modifying, Discontinuing, Holding, or Unholding Certain Medications

You can prevent specific clinicians from discontinuing, modifying, holding, or removing a hold on medication orders, including inpatient medications, outpatient medications, clinic-administered medications, and refill authorizations.

This can be useful when certain clinicians should be able to discontinue and modify some orders but should be prevented from discontinuing or modifying others. For example, a nurse should be able to discontinue a tube-

feeding order configured as a medication but should be unable to discontinue any other medication orders for a patient.

Clinicians stopped from discontinuing because of this method see an error message upon signing and can then pend the discontinue action. Clinicians stopped from modifying, holding, or unholding because of this method see an inline warning in the Order Composer and can then pend the action.



To prevent clinicians from discontinuing, modifying, holding, or unholding certain medication orders, add an extension (LPP) record to the clinicians' profile (LPR) records. The extension references a rule that you configure to list medications or medication groupers that the clinicians shouldn't be able to discontinue, modify, hold, or unhold.

1. In Hyperspace, create a rule in the Order or Patient context for the specific medications or medication groupers the clinicians shouldn't be able to discontinue, modify, hold, or unhold. Refer to the [Create or Edit a Rule](#) topic for more information.
2. Optionally, update the error message in the Return Message field to explain why clinicians can't take actions on these medications. Starting in February 2025 and November 2024 with special update E11201439, this message is shown to clinicians when they discontinue, modify, hold, or unhold a medication and the rule criteria are met. If this field is set to "" in a Patient context rule or left blank in an Order context rule, clinicians see a default message of "This order cannot be canceled." In November 2024 without special updates and earlier, clinicians do not see this message.
3. In Chronicles, open the Extension (LPP) master file and duplicate extension 91929-ORD Discontinue Medication - Check CER Rule.
4. Open your new extension. In the Rule parameter, enter your rule from step 1.
5. In Clinical Administration, open the profile you want to update (Management Options > Profiles (LPR)).
6. On the Medication Discontinue Checks screen, enter your copy of extension 91929 in the Medication Discontinue Extensions (I LPR 18270) field.

Order Entry and Order Composer Support: Ongoing Tasks

In this section, we'll cover the tasks that you might need to perform on a regular basis.

Identify Similar Order Composer Configuration Records

You can use a utility to allow you to better manage Order Composer configuration records. You can run it in either Report or Edit mode. When run in Edit mode, the utility searches for similar records and identifies the medication, procedure, or procedure category records or EMR System Definitions record that contain the similar records. Then, the utility creates a new Order Composer configuration record, populating it with data from the old records. It also enters a comment in the new record describing the change. The new Order Composer configuration record is then attached to the affected medication, procedure, procedure category records or in EMR System Definitions. If appropriate, you can also choose to hide the old Order Composer configuration records.

If the utility is run in Report mode, the utility searches for similar Order Composer configuration records and identifies the records in which they are used. This information appears in a report. When you run the utility in Report mode, no new Order Composer configuration records are created or modified.

The utility checks the following items when searching for records:

- Ordering Type (I OCC 110)
- Ordering Context (I OCC 120)
- Hide More Detail (I OCC 1000)
- Compiled Display Items (I OCC 1010)
- Compiled Summary Items (I OCC 1020)
- Compiled Required Items (I OCC 1030)
- Compiled Recommended Items (I OCC 1040)
- Compiled Non-Required Items (I OCC 1050)

The utility only attempts to combine Order Composer configuration records when the values in all of the items listed above match.

When searching for similar records, the utility does not check the comments noted in the Order Composer configuration records since these are different in nearly every record. The utility skips Order Composer configuration records of the type Multistep-Ambulatory, Multistep-Inpatient, Multistep Collection-Ambulatory, or Multistep Collection-Inpatient. In addition, the utility does not check records that contain too much data (for example, records where nearly every display item, summary item, and required and recommended item is set). It is unlikely that your organization uses Order Composer configuration records that contain too much data. However, if you wish to determine if a record contains too much data, contact your Epic representative.

Please take note of the following considerations when running this utility:

- If you run the utility, it is possible that the order in which the required, recommended, and non-required items are listed in the record may be changed. However, this does not affect the functionality of these settings.
- If you run the utility more than once in Edit mode without hiding the Order Composer configuration records, it is possible for the utility to include already created records in subsequent searches. For example,

consider the following scenario: You have two medication records that each contains similar Order Composer configuration records, Record A and Record B. When you run the utility in Edit mode, you choose to create a new Order Composer configuration record, Record C, to be shared between the two medication records, but you do not choose to hide Records A and B. If you then run the utility in Edit mode a second time, the utility finds that Records A, B, and C are similar, and will suggest creating a new record, Record D, to replace them. This scenario only occurs if you choose to not hide the old records since the utility only searches for non-hidden records.

- While the utility is a useful tool for suggesting Order Composer configuration records that can be shared among multiple records, it is advised that you still analyze the records that you are sharing and not rely solely on the utility to make these determinations. Also note that Order Composer configuration records that are shared in an overly large number of records may result in decreased performance for EMFI-enabled customers that maintain communities that cross multiple versions.
- The search process consumes many resources and should be run when server activity is minimal. EMFI customers should also only run the utility when the system can handle the extra messaging of the new Order Composer configuration records and modifications to the medication, procedure, procedure category records or to EMR System Definitions.

If you run this utility in an EMFI-enabled community, all changes are tracked and records are altered only if the medication, procedure, and procedure category records and EMR System Definitions can be edited in the current deployment and only if all of the affected Order Composer configuration records are owned by the current deployment. If the utility hides any Order Composer configuration records, it is likely that the record status flag will not be propagated by the EMFI. Finally, if you run this utility in Edit mode in an Interconnect community and new Order Composer configuration records are created, the environment in which the utility was run is added to the comments in the record.

1. At the M prompt, enter d main^LNOOCCUT().
2. Choose to run the utility in Report mode. View the report and analyze the records that could be consolidated.
3. Run the utility again in Edit mode.
4. When prompted, choose whether you want to mark the old Order Composer configuration records as hidden.

Test Order Validation Extensions Before Showing Them to Users

If you want to turn on an order validation extension but you're not sure how often it will appear to your users, you can turn it on but hide warnings that would be shown by the extension to your clinicians. This allows you to report on the extension without risking any disruption to your clinicians' workflows.

To hide an extension from users:

1. Complete the standard setup for an extension as described in the [Find and Configure Extensions](#) topic.
2. After entering your extension in the Accept Order Validation Extensions (I LPR 830) field, enter Yes in the Hide From User? (I LPR 838) column.
3. Close the record.

To report on your hidden extensions starting in November 2023:

1. Implement the [Order Validations SlicerDicer Data Model](#) and enable data collection for this data model.

2. In Hyperspace, open SlicerDicer, then open the Order Validations (R FDM 34200) Data Model.
3. Under Population, use the Browse button to launch the criteria selector.
4. Choose the Order Validation (R FDS 61010) filter from the window.
5. Use the search bar on this filter to select your hidden order validation extensions.

To report on your hidden extensions in August 2023 and earlier versions:

1. In Clinical Administration, follow the path Management Options > Utilities; then:
 - a. Starting in August 2023: Application Utilities > Orders > General Orders > Silent Order Validation Report.
 - b. In May 2023 and earlier: Orders > General Orders > Silent Order Validation Report.
2. Follow the prompts to export your data to an output file.



Note that data from silent order validations is stored for the past 60 days, with a maximum of 50,000 entries.

Use the Bulk Order Utility for Charge Testing



This utility should be used only for charge testing in non-production environments.

The Bulk Order Utility can be used to order a large number of outpatient procedures for multiple patients at one time. It also can create encounters, file results and immunizations, validate orders using extension records, and record encounter service levels (LOS).

Note that this utility can be used to place outpatient procedure orders only. It cannot be used for inpatient orders or medication orders.

The Bulk Order Utility is available through the Radiant utilities menu. For instructions on how to use this utility, refer to the [Bulk Order Utility](#) topic in the Imaging Administration guide. Alternatively, you can have your Epic representative run this utility for you. Contact your Epic representative and mention Parent SLG 1825447.

Order Entry and Order Composer Support: Common Issues

Which ordering context should I choose for my Order Composer configuration record?

The display items and summary items that you can configure in an Order Composer configuration (OCC) record vary depending on which ordering context you choose for that record. Use this list as a guideline for what each ordering context can do. If you need to know the exact display items or summary items that are available for a certain ordering context, contact your Epic representative and mention parent SLG 2854556.

Solution

Enter one of the following contexts:

- 1-Ambulatory. OCCs with this context are used for outpatient orders such as prescriptions, discharge orders, and orders with the house icon. The OCC defines which display items appear when a clinician places or modifies an order from any order entry activity.
- 2-Inpatient. OCCs with this context are used for inpatient orders, such as orders with the bed icon. The OCC defines which display items appear when a clinician places or modifies an order from any order entry activity.
- 5-Order Template-Ambulatory. OCCs with this context are used to define which display items appear for an outpatient order in a Beacon treatment or therapy plan builder.
- 6-Order Template-Inpatient. OCCs with this context are used to define which display items appear for an inpatient order in a Beacon treatment or therapy plan builder.
- 7-SmartSet Editor-Ambulatory. OCCs with this context are used to define which display items appear for an outpatient order in a SmartSet, OrderSet, or panel builder.
- 8-SmartSet Editor-Inpatient. OCCs with this context are used to specify defaults for an inpatient order in a SmartSet, OrderSet, or panel builder.
- 9-Preference List Composer-Ambulatory. OCCs with this context are used to define which display items appear when a user with preference list administrator security specifies default values for outpatient orders on a System or User preference list.
- 10-Preference List Composer-Inpatient. OCCs with this context are used to define which display items appear when a user with preference list administrator security specifies default values for inpatient orders on a System or User preference list.
- 11-Additional Outpatient Order Details. OCCs with this context are used to determine which order display items are hidden under the additional order details link at the bottom of the order composer for Ambulatory orders.
- 12-Additional Inpatient Order Details. OCCs with this context are used to determine which order display items are hidden under the additional order details link at the bottom of the order composer for Inpatient orders.
- 15-Signed Order Summary-Ambulatory. OCCs with this context are used to generate the summary sentence that is saved to the ORD record (I ORD 48) when an order is signed. If no summary sentence is set here, the Ambulatory OCC's summary item list will be used.
- 16-Signed Order Summary-Inpatient. OCCs with this context are used to generate the summary sentence

that is saved to the ORD record (I ORD 48) when an order is signed. If no summary sentence is set here, the Inpatient OCC's summary item list will be used.

- 17-Multistep-Ambulatory. OCCs with this context are used when a user accesses an Order Information In Basket task. The items in the OCC specify the additional information that the user enters for a procedure or medication order. The OCC can be set in item 6210 of the task (LTR) record with a task type of Multi-step.
- 18-Multistep-Inpatient. OCCs with this context are used when a user accesses an Order Information In Basket task. The items in the OCC specify the additional information that the user enters for a procedure or medication order. Some examples of the types of inpatient orders used in this context are communication and diet orders. The OCC can be set in item 6210 of the task (LTR) record with a task type of Multi-step. Communication orders and diet orders are two examples that use this context.
- 19-Referral - Ambulatory. If the ambulatory context OCC contains display category 67-Referral Information, the display items specified in this context appear under the referral section. This context is the default referral context, but there are three referral class specific contexts as well: Internal Referral, Incoming Referral, and External Referral.
- 21-Internal Referral - Ambulatory. If the ambulatory context OCC contains display category 67-Referral Information, the display items specified in this context appear under the referral section. This context is the internal referral context, and appears if the order class maps to a referral class of internal in Referrals System Definitions (I POS 1234-1235).
- 23-Incoming Referral - Ambulatory. If the ambulatory context OCC contains display category 67-Referral Information, the display items specified in this context appear under the referral section. This context is the external referral context, and appears if the order class maps to a referral class of incoming in Referrals System Definitions (I POS 1234-1235).
- 25-External Referral - Ambulatory. If the ambulatory context OCC contains display category 67 - Referral Information, the display items specified in this context appear under the referral section. This context is the external referral context, and appears if the order class maps to a referral class of outgoing in Referrals System Definitions (I POS 1234-1235).
- 27-SmartSet Editor (User)-Ambulatory. This context functions the same way as context 7-SmartSet Editor-Ambulatory, but applies to individual users.
- 28-SmartSet Editor (User)-Inpatient. This context functions the same way as context 8-SmartSet Editor-Inpatient, but applies to individual users.
- 29-Preference List Composer (User)-Ambulatory. This context functions the same way as context 9-Preference List-Ambulatory, but applies to individual users.
- 30-Preference List Composer (User)-Inpatient. This context functions the same way as context 10-Preference List-Inpatient, but applies to individual users.
- 31-Multistep Collection-Ambulatory. OCCs with this context are used when a user accesses a Work List task or an Order Information In Basket task. The items in the OCC specify the additional information that the user enters for a procedure, lab, or medication order.
- 32-Multistep Collection-Inpatient. OCCs with this context are used when a user accesses an Order Information In Basket task. The items in the OCC specify the additional information that the user enters for a procedure, lab, or medication order. For example, this context would be used if the user must specify the source of a specimen at the point of collection. The OCC can be set in item 6210 of the task LTR record with a task type of Multi-step Collection.
- 33-Ambulatory-Community. OCCs with this context are used to define display items specifically for EpicCare Link. Display items defined in this OCC overwrite those set in Ambulatory or Additional Display

Items OCCs, which are used by default for EpicCare Link orders.

- 35-Case Request. OCCs with this context are used to define display items for case requests generated from orders. For more information, refer to the [Generate Case Requests from Orders](#) topic.
- 39-Adjust Sig-Ambulatory. OCCs with this context are used to determine which display items will appear to the user when they click Adjust Sig (available in Medication Management or Order Review) to change some details of the medication order. This context cannot be used with mixture medications.
- 40-Resume PTA Medications. OCCs with this context define the display items that appear when clinicians select Resume for a patient's prior-to-admission medications when they reconcile medications for discharge. These OCCs are used to let clinicians add indications to existing prescriptions at discharge without creating a new order.
- 41-Ancillary Order Entry-Ambulatory. OCCs with this context define the display items that appear in the Ancillary Orders and Verify Orders activities in ambulatory contexts.
- 42-Ancillary Order Entry-Inpatient. OCCs with this context define the display items that appear in the Ancillary Orders and Verify Orders activities in inpatient contexts.
- 43-Alternative Suggestion - Ambulatory. OCCs with this context define the summary sentence that appears under Details on the Alternative Selection form when outpatient medications are suggested as alternatives.
- 44-Alternative Suggestion - Inpatient. OCCs with this context define the summary sentence that appears under Details on the Alternative Selection form when inpatient medications are suggested as alternatives.

For Order Template contexts (numbers 5 and 6), you can define Display Items and Summary Items. For the SmartSet Editor, Preference List Composer, and Additional Order Details contexts, you can define only Display Items. For Signed Order Summary contexts, you can define only Summary Items. Note that there are both user-level and administrator-level contexts available for defining display items for SmartSets and preference lists. To use the display items and summary items defined in ordering contexts 7-SmartSet Editor-Ambulatory and 8-SmartSet Editor-Inpatient, you must have one of the following security points:

- 80-SmartSet Editor in your EpicCare security classification.
- 78-SmartSets Builder in your EpicCare Inpatient security classification.

If you don't have one of the above security points, display items defined in ordering contexts 27-SmartSet Editor (User)-Ambulatory and 28-SmartSet Editor (User)-Inpatient are used.

To use the display items defined in ordering contexts 9-Preference List Composer-Ambulatory and 10-Preference List Composer-Inpatient, you must have one of the following security points:

- 92-Edit Preference List in your EpicCare security classification.
- 99-Preference List Editor in your EpicCare Inpatient security classification.
- 50-System Definitions in your OpTime system-level security classification.

If you don't have one of the above security points, display items defined in ordering contexts 29-Preference List Composer (User)-Ambulatory and 30-Preference List Composer (User)-Inpatient are used. If, however, no display items are defined in the user-level context, the administrator-level context is still used.

Which order validation extension is causing this warning to appear?

Order validation extensions are versatile, numerous, and cover a wide variety of use cases. However, after they have been configured, it might be difficult to keep track of which extensions cause which warning messages. Fortunately, there is a way to tell which extension you've triggered whenever a warning message appears.

Solution

To determine the ID of the extension that caused a certain warning message:

1. Log in to Hyperspace and enable report and print group assistance.
 - Search: Show Report and Print Group IDs
 - Path: Epic button > Reports > Report/HTML Assistance.
2. Place an order that triggers a validation warning and sign it.
3. After dealing with any other prompts, a window appears showing the order validation extensions that the order is hitting, as well as all other extensions that are being evaluated for the order. Take note of the IDs of any extensions you want to change, then click Accept to continue signing the order as normal or Cancel to stop processing the order altogether. Note that this window will continue to appear for all orders until you turn off Report/HTML Assistance (see step 1).
4. Now that you have the ID of the extension you want to configure, refer to the [Find and Configure Extensions](#) topic for instructions on how to configure it.

If the window does not list any extensions that were actually triggered, the warning likely did not originate from an order validation extension. Warning messages can come from many different places in Hyperspace, but these are the most likely sources:

- OurPractice Advisories. For setup instructions, refer to the [Build a Basic OurPractice Advisory](#) topic.
- Procedure duplicate checks. For setup instructions, refer to the [Configure Procedure Duplicate Checking](#) topic.
- Second Sign rules. For setup instructions, refer to the [Second Sign Setup](#) topic.

In Epic 2018 and in Epic 2017 with special update E8318517, an order validation warning also automatically appears when a patient's information changes at check-in such that the order class or resulting agency an ASP selected for a precharted order is no longer appropriate. This warning, which isn't configurable, notifies the clinician that they are placing orders with non-default order classes or resulting agencies and suggests the appropriate changes.

Why doesn't my custom load code work with treatment plans and therapy plans?

For treatment plans and therapy plans, you can use custom load code to automatically populate answers to your order-specific questions for question levels other than Per Session. With this setup, your custom load code populates the answer automatically when the treatment plan or therapy plan order is released, as long as there is not already an answer or comment for that question.

Solution

1. In Hyperspace, access the Order-Specific Question Editor (search: Order-Specific Question Editor) and open a question that is attached to a treatment plan or therapy plan and that uses custom load code.
2. In the Load/File section, make sure you have selected the Run load code if unanswered when releasing procedures in treatment and therapy plans? (I LQL 227) check box.

LOAD/FILE		
Link to Flowsheet:	<input type="text"/>	<input checked="" type="checkbox"/> Copy from source order?
Custom load code:	<input type="text"/> d LoadRegion^LQLUTIL6	Custom file code: <input type="text"/> d file3110^LQLUTIL6
File to INI:	<input type="text"/> ORD	File response to item: <input type="text"/> 3110
File comment to item:	<input type="checkbox"/> Preserve patient instructions after answering this question?	
<input type="button"/> Accept <input type="button"/> Cancel		

The patient sig doesn't appear in the Summary Sentence for inpatient orders

This is by design. The patient sig is typically used for outpatient medication orders, to provide information to the patient and the pharmacy filling the prescription. Starting in the August 2018 version, you can add the patient sig to the Summary Sentence for an inpatient medication order for long-term care units configured to e-prescribe inpatient orders to an external pharmacy if you need to confirm that the sig that appears when signing an order matches the sig received by the external pharmacy. The patient sig appears in the Summary Sentence for inpatient orders only in long-term care units set up to e-prescribe inpatient orders.

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