



# **INPATIENT MEDICATIONS**

## **PHARMACIST'S USER MANUAL**

Version 5.0  
January 2005

(Revised September 2012)

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Department of Veterans Affairs  
Product Development

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# Revision History

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

Date	Revised Pages	Patch Number	Description
09/2012	i-vii, 12, 12a-12b, 14, 14a-14b, 17, 17a-17b, 25b-25d, 27, 28, 28a-28b, 29, 55, 64, 64a-64b, 66, 66a-66b, 71, 71a-71b, 119, 119a-119b, 231	PSJ*5*267	Added No Allergy Assessment logic  Updated Special Instructions/Other Print Info  (R. Singer, PM; B. Thomas, Tech Writer)
01/2012	i, v-vii, 10, 21, 25, 29, 42a, 49, 56, 56a, 75, 89, 99, 106-106b, 124c, 124f-124g, 124k-124l, 124x, 124y-124z, 224, 228, 232, 233, 234, 239-244	PSJ*5*254	Updated Table of Contents Added Order Checks/Interventions (OCI) to “Hidden Actions” section Defined OCI Indicator Updated Schedule Type text Updated text under Interventions Menu Updated Pharmacy Interventions for Edit, Renew, and Finish orders for Unit dose and IV  Added note to Drug-Drug Interactions Added note to Drug-Allergy Interactions Updated Allergy/ADR Example Order Checks Added “Display Pharmacist Intervention” section Defined Historical Overrides/Interventions Updated Glossary  Updated Index (R. Singer PM, C Bernier Tech Writer)
09/2011	58	PSJ*5*235	Updated ‘Note’ section regarding Expected First Dose Scott PM, G. Werner Tech Writer)
07/2011	i, 16	PSJ*5*243	Update Revision History Update Index

Date	Revised Pages	Patch Number	Description
	246		Revised the existing display in the <i>Non-Verified/Pending Orders</i> [PSJU VBW] option from a pure alphabetic listing of patient names, to a categorized listing by priority. Added “priority” to Index. (N. Goyal, PM; E. Phelps/John Owczarzak, Tech Writers)
04/2011	i v-vii 9 15-15b  17 19 20 21  27-28 30 31 32 33 34 35-36b  37 40 41 46 61-62b  65 66 67 73-74 76 77 78 79 80 81 83 98 118 120-120b  122 123-124v 125 136	PSJ*5*181	Updated Revision History Updated Table of Contents New: Intervention Menu New: Example: Ward Group Sort option ^OTHER for Patient and Example: Ward Group Sort option ^OTHER for Order Updated: Example: Patient Information Screen Update: “Select DRUG” Note was updated Updated: Example: Dispense Drug with Possible Dosages and Example: Dispense Drug with Local Possible Dosages Updated: Example: New Order Entry Updated: Example: New Intervention Updated: Example: Edit an Intervention Updated: Example: Delete an Intervention Updated: Example: View an Intervention Updated: Example: Print an Intervention New: Discontinued Codes and Example of Inpatient Order Entry New: Example: Patient Information Updated: 4.1.5.1 Discontinue Updated: Example: Discontinue an Order (continued) Updated: Example: Verify an Order (continued) Updated: 4.1.8 Inpatient Profile, Discontinued Codes, & example Updated: Example: Patient Information Updated: Example: Patient Record Updated: Example: Patient Information Updated: Example: New Order Entry Updated: Example: New Intervention Updated: Example: Edit an Intervention Updated: Example: Delete an Intervention Updated: Example: View an Intervention Updated: Example: Print an Intervention Updated: 4.2.3.5 View Profile Updated: Example: Patient Information Updated: 4.1.5.4 Hold Updated text Updated: 4.2.7. Inpatient Profile, Discontinued Codes, & example Updated: Example: Inpatient Profile Updated: 4.3. Order Checks Added Note Updated: Example: Extra Units Dispensed Report

Date	Revised Pages	Patch Number	Description
	137 153 190 192a-192b 194-195 196-196d 219-220 221-222 223-238 239-246		Updated: Example: Reporting Medication Returns Updated: Example: Patient Profile Updated: Example: Extended Patient Profile Report Updated: 8.1.5. Patients on Specific Drug(s) Updated: Example: IV Individual Labels New: Example: IV Individual Labels (Print New Labels) New: 10. CPRS Order Checks – How They Work New: 11. Error Messages Updated: Glossary page numbering Updated: Index & page numbering (C. Flegel, developer; S. Heiress, Tech Writer)
9/2010	i-ii, 174	PSJ*5*232	Deleted paragraph referring to Start/Stop date prompts of Action Profile #1 option as this is not how the option works. (A. Scott, PM; G. Werner, Tech Writer)
06/2010	i-v, 33-34, 25a-25d, 124a-124b, 124e-124f, 239-241	PSJ*5*113	Added new Order Validation Requirements.  Removed Duplicate Order Check Enhancement functionality, (removed in a prior patch). (R. Singer, DM, B. Thomas, Tech Writer)
02/2010	i-ii, iv-v, 192a-b, 214a-b, 239-241	PSJ*5*214	Updated Table of Contents to include new sections. Added new sections 8.1.5 and 8.2.4 to reference <i>Patients on Specific Drug(s)</i> option that is now commonly used by pharmacists who may have been assigned this option directly and not as part of the Supervisor's Menu. Added <i>Patients on Specific Drug(s)</i> option to the Index. (C. Willette, DM; R. Silverman/D. Dertien, Tech Writer)
12/2009	56, 56a, 56b iii	PSJ*5*222	Added description of warning displayed when finishing a Complex Unit Dose Order with overlapping admin times. Corrected page numbers in Table of Contents. (E. Wright, PM; R. Sutton, Tech Writer)
07/2009	43	PSJ*5*215	When Dispense Drug is edited for an active Unit Dose, an entry is added to the activity log. (G. Tucker, PM; S. B. Scudder, Tech Writer)
02/2009	226	PSJ*5*196	Update to IV Duration (A. Scott, PM; G. Werner, Tech Writer)
0829 /2008	iii, 20-27, 54, 68-76, 94-95, 104- 106, 236, 240-241	PSJ*5*134	Inpatient Medication Route changes added, plus details on IV type changes for infusion orders from CPRS, pending renewal functions, and expected first dose changes. (S. Templeton, PM; G. O'Connor, Tech Writer)

<b>Date</b>	<b>Revised Pages</b>	<b>Patch Number</b>	<b>Description</b>
10/2007	iii, 124 a-d 5, 17-18, 27-28, 30-34, 37- 38, 65-68, 76-80, 83-84, 119- 120, 123- 124, 149- 150, 195- 196, 209-210	PSJ*5*175  PSJ*5*160	Modified outpatient header text for display of duplicate orders. Added new functionality to Duplicate Drug and Duplicate Class Order Check definitions.  Modifications for remote allergies, to ensure all allergies are included when doing order checks using VA Drug Class; Analgesic order checks match against specific class only; check for remote data interoperability performed when entering patient's chart; and list of remote allergies added to Patient Information screen.  (R. Singer, PM; E. Phelps/C. Varney, Tech Writer)
07/2007	155a-155b, 162a-162b, 168a-168b	PSJ*5*145	On 24-Hour, 7-Day, and 14-Day MAR Reports, added prompt to include Clinic Orders when printing by Ward or Ward Group. Also added prompt to include Ward Orders when printing by Clinic or Clinic Group. (R. Singer, PM; E. Phelps, Tech. Writer)
05/2007	25	PSJ*5*120	Modified Inpatient Medications V. 5.0 to consider the duration the same way as all other stop date parameters, rather than as an override. (R. Singer, PM, E. Phelps, Tech. Writer)
12/2005	1, 124-124b	PSJ*5*146	Remote Data Interoperability (RDI) Project: Removed document revision dates in Section 1. Introduction. Updated Section 4.3. Order Checks to include new functionality for checking allergies, drug reactions, and interactions. (E. Williamson, PM; M. Newman, Tech. Writer)
03/2005	iv-vii, 114-116, 223, 236-241	PSJ*5*112	Updated TOC to correct Index page number. (p. iv) In Unit Dose Menu Tree, changed Clinic Stop Dates to Clinic Definition. (p. v) In Section 1., Introduction, updated revision dates and added reference to Release Notes. (p. 1) In Sections 4.2.5.1., 4.2.5.3., and 4.2.5.3., added a sentence that refers to the IMO parameter NUMBER OF DAYS UNTIL STOP from the CLINIC DEFINITION file. (p.114-116) Updated Glossary; added definition for CLINIC DEFINITION File. (p. 223) Updated Index; added CLINIC DEFINITION file and Inpatient Medication Orders for Outpatients page number references; reflowed all following Index pages. (p. 236-241) (S. Templeton, PM, R. Singer, PM, M. Newman, Tech. Writer)
01/2005	All	PSJ*5*111	Reissued entire document to include updates for Inpatient Medication Orders for Outpatients and Non-Standard Schedules.  (S. Templeton, PM, R. Singer, PM, M. Newman, Tech. Writer)

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## 4. Order Options

### 4.1. Unit Dose Medications Option

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

#### Example: Unit Dose Menu

```
Select Unit Dose Medications Option: ?

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

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



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

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

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

### 4.1.1. Order Entry

#### [PSJU NE]

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

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

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

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

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

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



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

#### Example: Pharmacist Answers ‘Yes’ and Enters Allergy Information

```
Select PATIENT: PSJPATIENT1, ONE

NO ALLERGY ASSESSMENT exists for this patient!

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

Enter Causative Agent: LATEX

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

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

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

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

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

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

LATEX OK? Yes// (Yes)

### Example: Pharmacist Answers ‘No’ and Intervention is Created

Select PATIENT: PSJPATIENT1, ONE

NO ALLERGY ASSESSMENT exists for this patient!

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

Now creating Pharmacy Intervention

PROVIDER:

Select one of the following:

1	UNABLE TO ASSESS
2	OTHER

RECOMMENDATION: ^

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

Press Return to continue...

The Patient Information Screen is displayed:

### Example: Patient Information Screen

Patient Information	Sep 11, 2000 16:09:05	Page: 1 of 1
PSJPATIENT1,ONE Ward: 1 EAST		
PID: 000-00-0001	Room-Bed: B-12	Ht(cm): _____ (_____)
DOB: 08/18/20 (80)		Wt(kg): _____ (_____)
Sex: MALE		Admitted: 05/03/00
Dx: TESTING		Last transferred: *****
Allergies/Reactions: No Allergy Assessment		
Inpatient Narrative: INP NARR...		
Outpatient Narrative:		
Enter ?? for more actions		
PU Patient Record Update	NO New Order Entry	
DA Detailed Allergy/ADR List	IN Intervention Menu	
VP View Profile		
Select Action: View Profile//		

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

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### 4.1.2. Non-Verified/Pending Orders

[PSJU VBW]

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

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

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

#### Example: Non-Verified/Pending Orders

Select Unit Dose Medications Option: **NON-Verified/Pending Orders**  
 Display an Order Summary? NO// **YES**

Searching for Pending and Non-Verified orders.....

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



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

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

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

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

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

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

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

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



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

#### **Example: Pharmacist Answers 'Yes' and Enters Allergy Information**

```
Select PATIENT: PSJPATIENT1, ONE

NO ALLERGY ASSESSMENT exists for this patient!

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

Enter Causative Agent: LATEX

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

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



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

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

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

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

LATEX OK? Yes// (Yes)

### Example: Pharmacist Answers 'No' and Intervention is Created

Select PATIENT: PSJPATIENT1, ONE

NO ALLERGY ASSESSMENT exists for this patient!

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

Now creating Pharmacy Intervention

PROVIDER:

Select one of the following:

- 1 UNABLE TO ASSESS
- 2 OTHER

RECOMMENDATION: ^

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

Press Return to continue...

- 1) Unit Dose Orders
- 2) IV Orders

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

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

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

Select WARD GROUP: SOUTH WING <Enter>

PHARMACY HOME

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

ORDERS NOT VERIFIED BY A PHARMACIST - 1 EAST

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

Select 1 - 4:

ORDERS NOT VERIFIED BY A PHARMACIST - 2 EAST

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

Select 1 - 3: **1**

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

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

### 4.1.3. Inpatient Order Entry

#### [PSJ OE]

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

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

#### Example: Inpatient Order Entry

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

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

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

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

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



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

### Example: Pharmacist Answers ‘Yes’ and Enters Allergy Information

```
Select PATIENT: PSJPATIENT1, ONE

NO ALLERGY ASSESSMENT exists for this patient!

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

Enter Causative Agent: LATEX

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

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

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

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

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

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

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

### Example: Pharmacist Answers ‘No’ and Intervention is Created

```
Select PATIENT: PSJPATIENT1, ONE

NO ALLERGY ASSESSMENT exists for this patient!

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

Now creating Pharmacy Intervention

PROVIDER:

    Select one of the following:

        1          UNABLE TO ASSESS
        2          OTHER

RECOMMENDATION: ^

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

Press Return to continue...
```

The Patient Information Screen is displayed:

### Example: Patient Information Screen

```
Patient Information      Oct 20, 2010@11:46:54      Page: 1 of 1
PSOPATIENT,TWO         Ward: W5BI                 A
  PID: 666-66-0968      Room-Bed:                 Ht(cm): _____ (_____)
  DOB: 01/06/47 (63)                    Wt(kg): _____ (_____)
  Sex: FEMALE                               Admitted: 10/14/09
  Dx: CHEST PAIN                      Last transferred: *****
-----
Allergies - Verified: ASPIRIN
              Non-Verified:
              Remote:

Adverse Reactions:
Inpatient Narrative:
Outpatient Narrative:

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

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

#### 4.1.4. Patient Actions

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

##### 4.1.4.1. Patient Record Update

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

##### Example: Patient Record Update

Patient Information	Sep 12, 2000 14:39:07	Page: 1 of 1
PSJPATIENT1, ONE      Ward: 1 EAST		
PID: 000-00-0001	Room-Bed: B-12	Ht (cm): _____ (_____)
DOB: 08/18/20 (80)		Wt (kg): _____ (_____)
Sex: MALE		Admitted: 05/03/00
Dx: TESTING		Last transferred: *****
Allergies/Reactions: No Allergy Assessment		
Remote:		
Adverse Reactions:		
Inpatient Narrative: INP NARR ...		
Outpatient Narrative:		
Enter ?? for more actions		
PU Patient Record Update      NO New Order Entry		
DA Detailed Allergy/ADR List      IN Intervention Menu		
VP View Profile		
Select Action: View Profile// PU		
INPATIENT NARRATIVE: INP NARR...// <b>Narrative for Patient PSJPATIENT1</b>		
UD DEFAULT STOP DATE/TIME: SEP 21,2000@24:00//		

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

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



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

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

- **Order Validation Check Four**

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

- **Order Validation Check Five**

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

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

- **Order Validation Check Six**

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

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

- **Order Validation Check Seven**

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

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

- **“SPECIAL INSTRUCTIONS:” (Regular and Abbreviated)**

These are the Special Instructions (using abbreviations whenever possible) needed for the administration of this order. This field allows unlimited characters. For new order entry, when Special Instructions are added, the user is prompted whether to flag this field for display in a BCMA message box. Should the pharmacist choose to copy and flag these comments for display in a BCMA message box on the Virtual Due List (VDL), an exclamation mark “!” will appear in the order next to this field.

The following menu choices regarding copying of provider comments are available:

- Y Yes (copy) – This will copy Provider Comments into the Special Instructions field.
- N No (don't copy) – This will bypass copying Provider Comments
- ! Copy and flag for display in a BCMA Message Box – This will copy Provider Comments into the Special Instructions field and flag for display in a BCMA Message Box
- E Copy and Edit – This will copy Provider Comments into the Special Instructions field and open in a word processing window for editing.

#### Example: Special Instructions

```
PROVIDER COMMENTS:
This text is Provider Comments.

Select one of the following:

Y          Yes (copy)
N          No (don't copy)
!          Copy and flag for display in a BCMA Message Box
E          Copy and Edit

Copy the Provider Comments into Special Instructions (Yes/No/!/E): e Copy and Edit

SPECIAL INSTRUCTIONS:
This text is Provider Comments.

EDIT? NO// y YES

==[ WRAP ]==[ INSERT ]=====< SPECIAL INSTRUCTIONS >===== [ <PF1>H=Help ]====
For Low Magnesium***Magnesium <2.4 give 1lgm; Mag <2.2 give 2 gm: mag < 2
give 3 gm; Mag < 1.8 give 2 x 2gm** Then Recheck Magnesium

=====T=====T=====T=====T=====T=====T=====T=====T=====T>=====

Would you like to flag the Special Instructions field for display in a BCMA
Message box?

Select one of the following:

Y          Yes
N          No

Flag the Special Instructions (Yes/No):
```



**Note:** For “DONE” Orders (CPRS Med Order) only, the Provider Comments are automatically placed in the Special Instructions. If the Provider Comments are greater than 180 characters, Special Instructions will display “REFERENCE PROVIDER COMMENTS IN CPRS FOR INSTRUCTIONS.”



**Note:** The up arrow character “^” is not allowed in Special Instructions. If detected, the following prompts appear:



### Example: Prompts when “^” is detected in Special Instructions

```
SPECIAL INSTRUCTIONS:
  No existing text
  Edit? NO// Yes  YES

==[ WRAP ]==[ INSERT ]=====< SPECIAL INSTRUCTIONS >===== [ <PF1>H=Help ]====

for low magnesium *** <2.4 give 1 gm; Mag <2.2gm; Mag <2 give 3gm; Mag
<1.8 give 2 x 2gm**. Then recheck magnesium^          Y          Yes (copy)

<=====T=====T=====T=====T=====T=====T=====T=====T=====T>=====

SPECIAL INSTRUCTIONS must not contain embedded uparrow "^".

Press Return to continue editing SPECIAL INSTRUCTIONS...
```

### “START DATE/TIME:” (Regular and Abbreviated)

This is the date and time the order is to begin. For Inpatient Medications orders, the Start Date/Time is initially assigned to the CLOSEST ADMINISTRATION TIME, NEXT ADMINISTRATION TIME or NOW (which is the login date/time of the order), depending on the value of the DEFAULT START DATE CALCULATION field in the INPATIENT WARD PARAMETERS file. Start Date/Time may not be entered prior to 7 days from the order’s Login Date.

- “STOP DATE/TIME:” (Regular)

This is the date and time the order will automatically expire. The system calculates the default Stop Date/Time for order administration based on the STOP TIME FOR ORDER site parameter.

The default date shown is the least of (1) the <IV TYPE> GOOD FOR HOW MANY DAYS site parameter (where <IV TYPE> is LVPs, PBs, etc.), (2) the NUMBER OF DAYS FOR IV ORDER field (found in the IV ADDITIVES file) for all additives in this order, (3) the DAY (nD) or DOSE (nL) LIMIT field (found in the PHARMACY ORDERABLE ITEM file) for the orderable item associated with this order or (4) the duration received from CPRS (if applicable). The Site Manager or Application Coordinator can change any field except duration.

For a one-time order, the ward parameter, DAYS UNTIL STOP FOR ONE-TIME, is accessed. When this parameter is not available, the system parameter, DAYS UNTIL STOP FOR ONE-TIME, will be used to determine the stop date. When neither parameter has been set, the ward parameter, DAYS UNTIL STOP DATE/TIME, will be used instead of the start and stop date being equal.

- **“PROVIDER:”** (Regular and Abbreviated)

This identifies the provider who authorized the order. Only users identified as active Providers, who are authorized to write medication orders, may be selected.

- **“SELF MED:”** (Regular and Abbreviated)

Identifies the order as one whose medication is to be given for administration by the patient. This prompt is only shown if the ‘SELF MED’ IN ORDER ENTRY field of the INPATIENT WARD PARAMETERS file is set to On.

- **“NATURE OF ORDER:”**

This is the method the provider used to communicate the order to the user who entered or took action on the order. Nature of Orders is defined in CPRS. Written will be the default for new orders entered. When a new order is created due to an edit, the default will be Service Correction. The following table shows some Nature of Order examples.

Nature of Order	Description	Prompted for Signature in CPRS?	Chart Copy Printed?
Written	The source of the order is a written doctor’s order	No	No
Verbal	A doctor verbally requested the order	Yes	Yes
Telephoned	A doctor telephoned the service to request the order	Yes	Yes
Service Correction	The service is discontinuing or adding new orders to carry out the intent of an order already received	No	No
Duplicate	This applies to orders that are discontinued because they are a duplicate of another order	No	Yes

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

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

### Example: New Order Entry

```

Patient Information      Apr 26, 2012@12:34:57      Page: 1 of 1
PSJPATIENT1,ONE        Ward: GENERAL          A
  PID: 000-00-0202      Room-Bed: GENMED-2      Ht(cm): _____ (_____)
  DOB: 05/16/70 (41)    Wt(kg): _____ (_____)
  Sex: FEMALE           Admitted: 10/12/10
  Dx: LUNG CANCER       Last transferred: *****

Allergies - Verified: LATEX
Non-Verified:

  Adverse Reactions:
  Inpatient Narrative:
  Outpatient Narrative:
    Enter ?? for more actions
DA Detailed Allergy/ADR List      IN Intervention Menu
VP View Profile
Select Action: View Profile//      View Profile

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

Inpatient Order Entry      Apr 26, 2012@12:35:21      Page: 1 of 2
PSJPATIENT1,ONE        Ward: GENERAL          A
  PID: 000-00-0202      Room-Bed: GENMED-2      Ht(cm): _____ (_____)
  DOB: 05/16/70 (41)    Wt(kg): _____ (_____)
  Sex: FEMALE           Admitted: 10/12/10
  Dx: LUNG CANCER       Last transferred: *****

Select from list of Available Dosages or Enter Free Text Dose: 2  SLIDING SCALE

You entered SLIDING SCALE is this correct? Yes// YES
MED ROUTE: SUBCUTANEOUS//  SQ
  1  SUBCUTANEOUS          SQ
  2  SUBCUTANEOUS          SC
  3  SUBCUTANEOUS ABDOMEN  SUBCUT ABD
CHOOSE 1-3: 1  SUBCUTANEOUS  SQ
SCHEDULE: TID
  1  TID      09-13-17
  2  TID      01-02-03-04
CHOOSE 1-2: 1      09-13-17

SCHEDULE TYPE: CONTINUOUS//  CONTINUOUS
ADMIN TIMES: 09-13-17//
SPECIAL INSTRUCTIONS:
  No existing text
  Edit? NO// YES

```

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

### Example: New Order Entry (continued)

```
==[ WRAP ]==[ INSERT ]=====< SPECIAL INSTRUCTIONS >===== [ <PF1>H=Help ]====  
BELOW.
```

```
VERY INSULIN SENSITIVE:  
FOR BG= 159-199 [GIVE 1 UNIT]  
FOR BG= 200-249 [GIVE 2 UNITS]  
FOR BG= 250-299 [GIVE 3 UNITS]  
FOR BG= 300-349 [GIVE 4 UNITS]  
FOR BG= >349      [GIVE 5 UNITS] AND CONTACT HO
```

```
NORMAL INSULIN SENSITIVE:  
FOR BG= 159-199 [GIVE 1 UNIT]  
FOR BG= 200-249 [GIVE 3 UNITS]  
FOR BG= 250-299 [GIVE 4 UNITS]  
FOR BG= 300-349 [GIVE 7 UNITS]  
FOR BG= >349      [GIVE 8 UNITS] AND CONTACT HO
```

```
VERY INSULIN RESISTANT:  
FOR BG= 159-199 [GIVE 2 UNITS]  
FOR BG= 200-249 [GIVE 4 UNITS]  
<=====T=====T=====T=====T=====T=====T=====T=====T=====
```

Apr 26, 2012@12:50:48

Would you like to flag the Special Instructions field for display in a BCMA Message box?

Select one of the following:

Y	Yes
N	No

```
Flag the Special Instructions (Yes/No): YES  Yes  
START DATE/TIME: APR 26,2012@12:51//   APR 26,2012@12:51  
STOP DATE/TIME: MAY 10,2012@12:51//   MAY 10,2012@12:51  
Expected First Dose: APR 26,2012@13:00  
PROVIDER: McCOY, BONES//
```

NON-VERIFIED UNIT DOSE	Apr 26, 2012@12:50:48	Page:	1 of 3
PSJPATIENT1,ONE	Ward: GENERAL		A
PID: 000-00-0202	Room-Bed: GENMED-2	Ht (cm):	_____ (_____)
DOB: 05/16/70 (41)		Wt (kg):	_____ (_____)

```
(1)Orderable Item: INSULIN,ASPART,HUMAN 100UNT/ML INJ  
    Instructions:  
(2)Dosage Ordered: SLIDING SCALE  
    Duration: (3)Start: 04/26/12 12:51  
(4)    Med Route: SUBCUTANEOUS (5) Stop: 05/10/12 12:51  
(6) Schedule Type: CONTINUOUS  
(8)    Schedule: TID  
(9)    Admin Times: 09-13-17  
(10)    Provider: McCOY, BONES  
(11) Special Instructions!: (see below)  
    CHECK INSULIN SENSITIVITY DESIGNATED BY PROVIDER AND ADMINISTER SCALE AS  
    BELOW.  
    VERY INSULIN SENSITIVE:  
    FOR BG= 159-199 [GIVE 1 UNIT]  
+    Enter ?? for more actions  
ED Edit AC ACCEPT  
Select Item(s): Next Screen// AC ACCEPT  
NATURE OF ORDER: WRITTEN// W
```

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

### Example: New Order Entry (continued)

```
NON-VERIFIED UNIT DOSE      Apr 26, 2012@12:50:54      Page: 1 of 4
PSJPATIENT1,ONE              Ward: GENERAL          A
  PID: 000-00-0202            Room-Bed: GENMED-2      Ht(cm): _____ (_____)
  DOB: 05/16/70 (41)          Wt(kg): _____ (_____)

*(1)Orderable Item: INSULIN,ASPART,HUMAN 100UNT/ML INJ
    Instructions:
*(2)Dosage Ordered: SLIDING SCALE
    Duration: (3)Start: 04/26/12 12:51
*(4) Med Route: SUBCUTANEOUS
    (5) Stop: 05/10/12 12:51

(6) Schedule Type: CONTINUOUS
*(8) Schedule: TID
(9) Admin Times: 09-13-17
*(10) Provider: McCOY, BONES [w]
(11) Special Instructions: (see below)
    CHECK INSULIN SENSITIVITY DESIGNATED BY PROVIDER AND ADMINISTER SCALE AS
    BELOW.
    VERY INSULIN SENSITIVE:
+      Enter ?? for more actions
DC Discontinue      ED Edit      AL Activity Logs
HD (Hold)           RN (Renew)
FL Flag            VF Verify
Select Item(s): Next Screen// VF Verify
...a few moments, please.....

Pre-Exchange DOSES:

ORDER VERIFIED.

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

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

#### 4.1.4.3. Detailed Allergy/ADR List

The Detailed Allergy/ADR List action displays a detailed listing of the selected item from the patient's Allergy/ADR List. Entry to the *Edit Allergy/ADR Data* option is provided with this list also.

- **Enter/Edit Allergy/ADR Data**

Provides access to the Adverse Reaction Tracking (ART) package to allow entry and/or edit of allergy adverse reaction data for the patient. See the Allergy package documentation for more information on Allergy/ADR processing.

- **Select Allergy**

Allows the user to view a specific allergy.

#### 4.1.4.4. Intervention Menu



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

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



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

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

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

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

### Example: New Intervention

Patient Information	Sep 22, 2000 08:03:07	Page: 1 of 1
---------------------	-----------------------	--------------

PSJPATIENT2,TWO      Ward: 1 West      <A>  
PID: 000-00-0002      Room-Bed: A-6      Ht(cm): 167.64 (04/21/99)  
DOB: 02/22/42 (58)      Wt(kg): 85.00 (04/21/99)  
Sex: MALE      Admitted: 09/16/99  
Dx: TEST PATIENT      Last transferred: \*\*\*\*\*

Allergies - Verified: CARAMEL, CN900, LOMEFLOXACIN, PENTAMIDINE, PENTAZOCINE,  
CHOCOLATE, NUTS, STRAWBERRIES, DUST  
Non-Verified: AMOXICILLIN, AMPICILLIN, TAPE, FISH,  
FLUPHENAZINE DECANOATE  
Remote:  
Adverse Reactions:  
Inpatient Narrative: Inpatient narrative  
Outpatient Narrative: This is the Outpatient Narrative. This patient doesn't  
like waiting at the pickup window. He gets very angry.

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

--- Intervention Menu ---

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

Select Item(s): **NE**    Enter Pharmacy Intervention  
Select APSP INTERVENTION INTERVENTION DATE: **T**    SEP 22, 2000  
Are you adding 'SEP 22, 2000' as a new APSP INTERVENTION (the 155TH)? No// **Y**  
(Yes)  
APSP INTERVENTION PATIENT: **PSJPATIENT2,TWO**    02-22-42    000000002    N  
SC VETERAN  
APSP INTERVENTION DRUG: **WAR**  
1    WARFARIN 10MG    BL100    TAB  
2    WARFARIN 10MG U/D    BL100    TAB \*\*AUTO STOP 2D\*\*  
3    WARFARIN 2.5MG    BL100    TAB  
4    WARFARIN 2.5MG U/D    BL100    TAB \*\*AUTO STOP 2D\*\*  
5    WARFARIN 2MG    BL100    TAB  
Press <RETURN> to see more, '^' to exit this list, OR  
CHOOSE 1-5: **1**    WARFARIN 10MG    BL100    TAB  
PROVIDER: **PSJPROVIDER,ONE**    PROV  
INSTITUTED BY: PHARMACY// <Enter>    PHARMACY  
INTERVENTION: **ALLERGY**  
RECOMMENDATION: **NO CHANGE**  
WAS PROVIDER CONTACTED: **N**    NO  
RECOMMENDATION ACCEPTED: **Y**    YES  
FINANCIAL COST:  
REASON FOR INTERVENTION:  
1>  
ACTION TAKEN:  
1>  
CLINICAL IMPACT:  
1>  
FINANCIAL IMPACT:  
1>  
Select Item(s):



#### 4.1.5.6. Activity Log

This action allows viewing of a long or short activity log, dispense log, history log, or instructions history of the order. A short activity log only shows actions taken on orders and does not include field changes. The long activity log shows actions taken on orders and does include the requested Start and Stop Date/Time values. If a history log is selected, it will find the first order, linked to the order where the history log was invoked from, then show an order view of each order associated with it, in the order that they were created. If an instructions history log is selected, it will find the first order linked to the order where the history log was invoked from, then show each incremental change to the instructions in the order they were created. When a dispense log is selected, it shows the dispensing information for the order.

##### Example: Activity Log

ACTIVE UNIT DOSE	Sep 21, 2000 12:44:25	Page: 1 of 2
------------------	-----------------------	--------------

  

PSJPATIENT1,ONE	Ward: 1 EAST
PID: 000-00-0001	Room-Bed: B-12
DOB: 08/18/20 (80)	Ht (cm): _____ (_____) Wt (kg): _____ (_____)

  

\* (1) Orderable Item: AMPICILLIN CAP  
Instructions:  
\* (2) Dosage Ordered: 500MG  
Duration: \_\_\_\_\_  
\* (3) Start: 09/07/00 15:00  
\* (4) Med Route: ORAL  
\* (5) Stop: 09/21/00 24:00  
(6) Schedule Type: CONTINUOUS  
\* (8) Schedule: QID  
(9) Admin Times: 01-09-15-20  
\* (10) Provider: PSJPROVIDER,ONE [es]  
(11) Special Instructions:  
(12) Dispense Drug U/D Inactive Date  
AMPICILLIN 500MG CAP 1

+ Enter ?? for more actions

DC Discontinue	ED Edit	AL Activity Logs
HD Hold	RN Renew	
FL Flag	VF Verify	

Select Item(s): Next Screen// **AL** Activity Logs

1 - Short Activity Log  
2 - Long Activity Log  
3 - Dispense Log  
4 - History Log  
5 - Instructions History

Select LOG to display: **2** Long Activity Log  
Date: 09/07/00 14:07 User: PSJPHARMACIST,ONE  
Activity: ORDER VERIFIED BY PHARMACIST

Date: 09/07/00 14:07 User: PSJPHARMACIST,ONE  
Activity: ORDER VERIFIED  
Field: Requested Start Date  
Old Data: 09/07/00 09:00

Date: 09/07/00 14:07 User: PSJPHARMACIST,ONE  
Activity: ORDER VERIFIED  
Field: Requested Stop Date  
Old Data: 09/07/00 24:00

Enter RETURN to continue or '^' to exit:

#### 4.1.5.7. Finish

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

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



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

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



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

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

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

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

Part 1 has a schedule of BID and admin time(s) of 10-22.
AND
Part 2 has a schedule of QDAY and admin time(s) of 10.

Please ensure the schedules and administration times are appropriate.

Press Return to continue...
```

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

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

### Example: Inpatient Profile (continued)

```
Patient: PSJPATIENT1,ONE                      Status: NON-VERIFIED
Orderable Item: DOXEPIN CAP,ORAL
Instructions:
Dosage Ordered: 100MG
Duration:                                     Start: 09/20/00 09:00
Med Route: ORAL (PO)                        Stop: 10/04/00 24:00
Schedule Type: NOT FOUND
Schedule: Q24H
(No Admin Times)
Provider: PSJPROVIDER,ONE [es]
Special Instructions: special for DOXEPIN
```

Dispense Drugs	U/D	Units Disp'd	Units Ret'd	Inactive Date
DOXEPIN 100MG U/D	1	0	0	
DOXEPIN 25MG U/D	1	0	0	

```
ORDER NOT VERIFIED
Self Med: NO
Entry By: PSJPROVIDER,ONE                      Entry Date: 09/19/00 09:55
```

## 4.2. IV Menu Option [PSJI MGR]

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

### Example: IV Menu

```
Select IV Menu Option: ?

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

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

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

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

#### **4.2.1. Order Entry (IV)** **[PSJI ORDER]**

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

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

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

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

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



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

pharmacist/user.

### Example: Pharmacist Answers ‘Yes’ and Enters Allergy Information

```
Select PATIENT: PSJPATIENT1, ONE

NO ALLERGY ASSESSMENT exists for this patient!

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

Enter Causative Agent: LATEX

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

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

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

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

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

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

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

### Example: Pharmacist Answers ‘No’ and Intervention is Created

```
Select PATIENT: PSJPATIENT1, ONE

NO ALLERGY ASSESSMENT exists for this patient!

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

Now creating Pharmacy Intervention

PROVIDER:

    Select one of the following:

        1          UNABLE TO ASSESS
        2          OTHER

RECOMMENDATION: ^

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

Press Return to continue...
```

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### Example: Patient Information

Patient Information	Feb 28, 2011@09:15:52	Page: 1 of 1
BCMA,EIGHTYNINE-PATIENT		
PID: 666-33-0089	Ward: BCMA	A
DOB: 04/07/35 (75)	Room-Bed: 13-A	Ht (cm): _____ (_____)
Sex: FEMALE		Wt (kg): _____ (_____)
Dx: BROKEN LEG		Admitted: 02/08/02
		Last transferred: *****
Allergies - Verified: STRAWBERRIES		
Non-Verified:		
Remote: No remote data available		
Adverse Reactions:		
Inpatient Narrative:		
Outpatient Narrative:		
Enter ?? for more actions		
PU Patient Record Update	NO New Order Entry	
DA Detailed Allergy/ADR List	IN Intervention Menu	
VP View Profile		
Select Action: View Profile//		

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

#### 4.2.2. Inpatient Order Entry [PSJ OE]

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

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

#### Example: Inpatient Order Entry

```
Select IV MENU Option: IOE Inpatient Order Entry

You are signed on under the BIRMINGHAM ISC IV ROOM

Current IV LABEL device is: NT TELNET TERMINAL

Current IV REPORT device is: NT TELNET TERMINAL

Select PATIENT: PSJPATIENT1,ONE
```

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

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

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

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



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

#### Example: Pharmacist Answers ‘Yes’ and Enters Allergy Information

```
Select PATIENT: PSJPATIENT1, ONE

NO ALLERGY ASSESSMENT exists for this patient!

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

Enter Causative Agent: LATEX

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

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

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

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

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

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

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



### Example: Pharmacist Answers 'No' and Intervention is Created

```
Select PATIENT: PSJPATIENT1, ONE

NO ALLERGY ASSESSMENT exists for this patient!

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

Now creating Pharmacy Intervention

PROVIDER:

    Select one of the following:

        1          UNABLE TO ASSESS
        2          OTHER

RECOMMENDATION: ^

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

Press Return to continue...
```

The Patient Information Screen is displayed:

### Example: Patient Information

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

Allergies - Verified: STRAWBERRIES
      Non-Verified:
          Remote: No remote data available
      Adverse Reactions:
      Inpatient Narrative:
      Outpatient Narrative:

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

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

#### **4.2.3. Patient Actions**

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

FR@10-22". The schedule after the "@" will be a valid schedule from the ADMINISTRATION SCHEDULE file (#51.1).

- **"ADMINISTRATION TIME:"**

This is free text. The pharmacist might want to enter the times of dose administration using military time such as 03-09-15-21. Administration times must be entered in a two or four digit format. If multiple administration times are needed, they must be separated by a dash (e.g., 09-13 or 0900-1300). This field must be left blank for odd schedules (e.g., Q16H).

- **"OTHER PRINT INFO:"**

The system allows a word processing entry of unlimited free text. For new order entry, when Other Print Info is added, the pharmacist is prompted whether to flag this field for display in a BCMA message box. When finishing orders placed through CPRS, where the Provider Comments are not too long to be placed in this field, the pharmacist is given the option to copy the comments into this field. Should the pharmacist choose to copy and flag these comments for display in a BCMA message box on the VDL, an exclamation mark "!" will appear in the order next to this field.

The following menu choices regarding copying of provider comments are available:

- Y Yes (copy) – This will copy Provider Comments into the Other Print Info field.
- N No (don't copy) – This will bypass copying Provider Comments.
- ! Copy and flag for display in a BCMA Message Box – This will copy Provider Comments into the Other Print Info field and flag for display in a BCMA Message Box.
- E Copy and Edit – This will copy Provider Comments into the Other Print Info field and open in a word processing window for editing.

The system enables the pharmacist to review the provider comments received from CPRS during the finishing of an IV order. A maximum of 60 characters of text is printed on the IV label from Other Print Info. When Other Print Info exceeds 60 characters, the message: "Instructions too long. See Order View or BCMA for full text." appears on the IV label.

Before the pharmacist enters Other Print Info information, the message: "WARNING, IF OTHER PRINT INFO exceeds one line of 60 characters, 'Instructions too long. See Order View or BCMA for full text.' prints on the IV label instead of the full text."

After the pharmacist enters Other Print Info information, if the entry exceeds one line of 60 characters, the message: "WARNING OTHR PRINT INFO exceeds one line of 60 characters, 'Instructions too long. See Order View or BCMA for full text.' prints on the IV label instead of the full text."



### Example: Other Print Info

OTHER PRINT INFO  
This text is Other Print Info

Would you like to flag the Other Print Info field for display in a BCMA  
Message box?

Select one of the following:

Y            Yes

N            No

Flag the Other Print Info (Yes/No): y    Yes



**Note:** For “DONE” Orders (CPRS Med Order) only, the Provider Comments are automatically placed in the Other Print Info. If the Provider Comments are greater than 60 characters, Other Print Info will display “REFERENCE PROVIDER COMMENTS IN CPRS FOR INSTRUCTIONS.”

- **“START DATE / TIME:”**

The system calculates the default start date/time for order administration based on the DEFAULT START DATE CALCULATION field in the INPATIENT WARD PARAMETERS file. This field allows the site to use the NEXT or CLOSEST administration or delivery time, or NOW, which is the order’s login date/time as the default start date. When NOW is selected for this parameter, it will always be the default start date/time for IVs. This may be overridden by entering the desired date/time at the prompt.

When NEXT or CLOSEST is used in this parameter and the IV is a continuous-type IV order, the default answer for this prompt is based on the delivery times for the IV room specified for that order entry session. For intermittent type IV orders, if the order has administration times, the start date/time will be the NEXT or CLOSEST administration time depending on the parameter. If the intermittent type IV order does not have administration times, the start date/time will round up or down to the closest hour. The Site Manager or Application Coordinator can change this field.

- **“STOP DATE / TIME:”**

The system calculates the default Stop Date/Time for order administration based on the STOP TIME FOR ORDER site parameter. The default date shown is the least of (1) the <IV TYPE> GOOD FOR HOW MANY DAYS site parameter (where <IV TYPE> is LVPs, PBs, etc.), (2) the NUMBER OF DAYS FOR IV ORDER field (found in the IV ADDITIVES file) for all additives in this order, or (3) the DAY (nD) or DOSE (nL) LIMIT field (found in the PHARMACY ORDERABLE ITEM file) for the orderable item associated with this order. The Site Manager or Application Coordinator can change these fields.

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- **“NATURE OF ORDER:”**

This is the method the provider used to communicate the order to the user who entered or took action on the order. Nature of Order is defined in CPRS. “Written” will be the default for new orders entered. When a new order is created due to an edit, the default will be Service Correction. The following table shows some Nature of Order examples.

Nature of Order	Description	Prompted for Signature in CPRS?	Chart Copy Printed?
Written	The source of the order is a written doctor’s order	No	No
Verbal	A doctor verbally requested the order	Yes	Yes
Telephoned	A doctor telephoned the service to request the order	Yes	Yes
Service Correction	The service is discontinuing or adding new orders to carry out the intent of an order already received	No	No
Duplicate	This applies to orders that are discontinued because they are a duplicate of another order	No	Yes
Policy	These are orders that are created as a matter of hospital policy	No	Yes

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

- **“Select CLINIC LOCATION:”**

This prompt is only displayed for Outpatient IV orders entered through the Inpatient Medications package. The user will enter the hospital location name when prompted.



**Note:** While entering an order, the pharmacist can quickly delete the order by typing a caret (^) at any one of the prompts listed above except at the “STOP DATE/TIME:” prompt. Once the user has passed this prompt, if the order still needs to be deleted, a caret (^) can be entered at the “Is this O.K.:” prompt.



The detailed view of the order presents all available data pertaining to the order. This includes patient identification and location, status of the order, additive(s) with strength, solution(s), infusion rate, medication route, the schedule, administration times, remarks, and other print information. Other information includes type of order, IV room, start and stop date and time, entry date and time (when order was entered into the system), last fill (date and time when last label was printed), and quantity (the number of labels printed). The entry by field of the user placing the order, provider, provider comments, and the number of cumulative doses is also included.

After the detailed view is displayed, the user may select the activity log, label log, or both for the order. The activity log provides a trace of every action taken on an order since the original entry. The activity log contains a log number, the date and time of the activity, the reason of activity (i.e., edit, renew, place on call, or discontinue an order), and the user entering the activity. The reason for activity comment allows the user to explain why the activity was necessary. Also, the system will display the field(s) that was affected, the original data contained in that field, and what it was changed to as a result of the activity.

The label log contains a log number, date/time the label is printed, action on the order, user, number of labels printed, track (possible entries are individual, scheduled, suspended, order action labels, or other), and count (which indicates whether the label was counted for that particular day).

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

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

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



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

#### **Example: Pharmacist Answers 'Yes' and Enters Allergy Information**

```
Select PATIENT: PSJPATIENT1, ONE

NO ALLERGY ASSESSMENT exists for this patient!

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

Enter Causative Agent: LATEX

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

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

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

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

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

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

LATEX OK? Yes// (Yes)

### Example: Pharmacist Answers 'No' and Intervention is Created

Select PATIENT: PSJPATIENT1, ONE

NO ALLERGY ASSESSMENT exists for this patient!

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

Now creating Pharmacy Intervention

PROVIDER:

Select one of the following:

- |   |                  |
|---|------------------|
| 1 | UNABLE TO ASSESS |
| 2 | OTHER            |

RECOMMENDATION: ^

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

Press Return to continue...

### Example: Profile Report

Select IV Menu Option: Profile (IV)

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

Patient Information	Mar 20, 2001@16:50:50	Page:	1 of 1
PSJPATIENT1,ONE	Ward: 1 EAST		
PID: 000-00-0001	Room-Bed: B-12	Ht (cm):	_____ (_____)
DOB: 08/18/20 (80)		Wt (kg):	_____ (_____)
Sex: MALE		Admitted:	05/03/00
Dx: TESTING		Last transferred:	*****

Allergies/Reactions: No Allergy Assessment

Remote:

Adverse Reactions:

Inpatient Narrative:

Outpatient Narrative:

Enter ?? for more actions

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

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

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

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### Example: Profile Report (continued)

IV Profile		Mar 20, 2001@16:51:28		Page: 1 of 1	
PSJPATIENT1,ONE		Ward: 1 EAST			
PID: 000-00-0001		Room-Bed: B-12		Ht(cm): _____ (_____)	
DOB: 08/18/20 (80)				Wt(kg): _____ (_____)	
Sex: MALE				Admitted: 05/03/00	
Dx: TESTING				Last transferred: *****	

  

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

Enter ?? for more actions

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

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

  

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

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

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

  

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

Enter RETURN to continue or '^' to exit:

<b>Local Possible Dosages</b>	Free text dosages that are associated with drugs that do not meet all of the criteria for Possible Dosages.
<b>LVP</b>	Large Volume Parenteral — Admixture. A solution intended for continuous parenteral infusion, administered as a vehicle for additive(s) or for the pharmacological effect of the solution itself. It is comprised of any number of additives, including zero, in one solution. An LVP runs continuously, with another bag hung when one bottle or bag is empty.
<b>Manufacturing Times</b>	The time(s) that designate(s) the general time when the manufacturing list will be run and IV orders prepared. This field in the <i>Site Parameters (IV)</i> option (IV ROOM file, (#59.5)) is for documentation only and does not affect IV processing.
<b>MEDICATION ADMINISTERING TEAM file</b>	File #57.7. This file contains wards, the teams used in the administration of medication to that ward, and the rooms/beds assigned to that team.
<b>MEDICATION INSTRUCTION file</b>	File #51. This file is used by Outpatient Pharmacy and Unit Dose Special Instructions. (Not used by IV Other Print Info.) It contains the medication instruction name, expansion and intended use.
<b>MEDICATION ROUTES file</b>	File #51.2. This file contains medication route names. The user can enter an abbreviation for each route to be used at their site. The abbreviation will most likely be the Latin abbreviation for the term.
<b>Medication Routes/Abbreviations</b>	Route by which medication is administered (e.g., oral). The MEDICATION ROUTES file (#51.2) contains the routes and abbreviations, which are selected by each VAMC. The abbreviation cannot be longer than five characters to fit on labels and the MAR. The user can add new routes and abbreviations as appropriate.
<b>Non-Formulary Drugs</b>	The medications that are defined as commercially available drug products not included in the VA National Formulary.

<b>Non-VA Meds</b>	Term that encompasses any Over-the-Counter (OTC) medications, Herbal supplements, Veterans Health Administration (VHA) prescribed medications but purchased by the patient at an outside pharmacy, and medications prescribed by providers outside VHA. All Non-VA Meds must be documented in patients' medical records.
<b>Non-Verified Orders</b>	Any order that has been entered in the Unit Dose or IV module that has not been verified (made active) by a nurse and/or pharmacist. Ward staff may not verify a non-verified order.
<b>Orderable Item</b>	An Orderable Item name has no strength attached to it (e.g., Acetaminophen). The name with a strength attached to it is the Dispense Drug name (e.g., Acetaminophen 325mg).
<b>Order Check</b>	Order checks (drug-allergy/ADR interactions, drug-drug, duplicate drug, and duplicate drug class) are performed when a new medication order is placed through either the CPRS or Inpatient Medications applications. They are also performed when medication orders are renewed, when Orderable Items are edited, or during the finishing process in Inpatient Medications. This functionality will ensure the user is alerted to possible adverse drug reactions and will reduce the possibility of a medication error.
<b>Order Sets</b>	An Order Set is a set of N pre-written orders. (N indicates the number of orders in an Order Set is variable.) Order Sets are used to expedite order entry for drugs that are dispensed to all patients in certain medical practices and procedures.
<b>Order View</b>	Computer option that allows the user to view detailed information related to one specific order of a patient. The order view provides basic patient information and identification of the order variables.
<b>Parenteral</b>	Introduced by means other than by way of the digestive track.
<b>Patient Profile</b>	A listing of a patient's active and non-active Unit Dose and IV orders. The patient profile also includes basic patient information, including the patient's name, social security number, date of birth, diagnosis, ward location,