INPATIENT MEDICATIONS

NURSE'S USER MANUAL

Version 5.0
January 2005

(Revised January 2012)

Department of Veterans Affairs
Product Development

Revision History

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

Date	Revised Pages	Patch Number	Description
01/2012	i-iv v-vi 10 20 23 35 47, 53, 60 74d 74f-74g 74k 74l 124, 127, 131, 133, 134 137-140	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 Added note to Drug-Drug Interactions Added note to Drug-Allergy Interactions Added "Display Pharmacist Intervention" section Defined Historical Overrides/Interventions Updated Glossary Updated Index (R. Singer, PM; C. Bernier, Tech Writer)
09/2011	65	PSJ*5*235	Updated 'Note' section regarding Expected First Dose Scott PM, G. Werner Tech Writer)
07/2011	Cover Page i, 16 140	PSJ*5*243	Removed the acronym PD on Cover page Update Revision History Update Index Revised the existing display in the *Non-Verified/Pending Orders* [PSJU VBW] option from a pure alphabetic listing of patient names, to a categorized listing by priority. Added "priority" to Index. (N. Goyal, PM; E. Phelps/John Owczarzak, Tech Writers)
04/2011	i v-vi 12 13 15-16d 18 20	PSJ*5*181	Updated Revision History Updated Table of Contents New Example: Patient Information Screen New Example: Non-Verified/Pending Orders Updated: Example: Short Profile, HOURS OF RECENTLY DC/EXPIRED field (#7) and INPATIENT WARD PARAMETERS file (#59.6) information, and Example: Profile. Updated "Select DRUG:" New Example: Dispense Drug with Possible Dosages and New Example: Dispense Drug with Local Possible Dosages

Date	Revised Pages	Patch Number	Description
	26-27 33-34b 35-39 40-40d 46 67 71 72-73 74 74a-74c 74d-74f 74f-74g 105 119-120 121-122 123-136 137-140		New Example: New Order Entry New Example: New Order Entry (Clinic Location) New Examples of all the New Interventions Updated the View Profile and New Example: Profile View New Medication Profile Discontinue Type Codes New Example: Flagged Order New Example: Inpatient Profile Updated Order Checks New Example: Local Outpatient Order Display and New Example: Remote Outpatient Order Display Duplicate Therapy Drug-Drug Interaction CPRS Order Checks Updated Example: Authorized Absence/Discharge Summary (continued) CPRS Order checks: How they work Error Messages Glossary - fix page numbering Index - new entries and fix page numbering (C.Flegel, S. Heiress, Tech Writer)
06/2010	i-vi, 22-23, 23a-23b, 24, 24a-24b, 74a-74b, 74e-74f, 133, 136-137 77, 100, 103, 108-110, 112, 114	PSJ*5*113	Added new Order Validation Requirements. Removed Duplicate Order Check Enhancement functionality, PSJ*5*175 (removed in a prior patch). Miscellaneous corrections. (R. Singer, DM, B. Thomas, Tech Writer)
12/2009	60a, 60b vi	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	48	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	125	PSJ*5*196	Update to IV Duration (A. Scott, PM; G. Werner, Tech Writer)

Date	Revised Pages	Patch Number	Description
08/2008	19-37, 58-59, 65, 134	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)
10/2007	iv, 74a-74d 5, 12, 16- 17, 26, 34-38, 41-42, 72-73	PSJ*5*175 PSJ*5*160	Modified outpatient header text for display of duplicate orders. Added new functionality to Duplicate Drug and Duplicate Class 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	79a-79b, 86a-86b, 92a-92b	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	24	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, 73-74b	PSJ*5*146	Remote Data Interoperability (RDI) Project: Removed document revision dates in Section 1. Introduction. Updated Section 4.9. Order Checks, to include new functionality for remote order checking. (E. Williamson, PM; M. Newman, Tech. Writer)
01/2005	All	PSJ*5*111	Reissued entire document to include updates for Inpatient Medications Orders for Outpatients and Non-Standard Schedules. (S. Templeton, PM, R. Singer, PM, M. Newman, Tech. Writer)

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Table of Contents

Synonym	Action	Description
RPL	Reprint Pick List	Allows reprint of a pick list
SND	Send Pick list to ATC	Allows a pick list to be sent to the ATC (Automated Tablet Counter)
UP	Update Pick List	Allows an update to a pick list
RET	Returns/Destroyed Menu	Displays the Returns/Destroyed options
RR	Report Returns	Allows entry of units returned for a Unit Dose order
RD	Returns/Destroyed Entry (IV)	Allows entry of units returned or destroyed for an order
PRO	Patient Profiles	Displays the *Patient Profile Menu*
IP	Inpatient Medications Profile	Generates an Inpatient Profile for a patient
IV	IV Medications Profile	Generates an IV Profile for a patient
UD	Unit Dose Medications Profile	Generates a Unit Dose Profile for a patient
OP	Outpatient Prescriptions	Generates an Outpatient Profile for a patient
AP1	Action Profile #1	Generates an Action Profile #1
AP2	Action Profile #2	Generates an Action Profile #2
EX	Patient Profile (Extended	Generates an Extended Patient Profile
CWAD	CWAD Information	Displays the crises, warnings, allergies, and directives information on a patient

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

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

The following actions are available while viewing an order.

Synonym	Action	Description
CO	Copy an order	Allows the user to copy an active, discontinued, or expired Unit Dose order
DIN	Drug Restriction/Guideline Information	Displays the Drug Restriction/Guideline Information for both the Orderable Item and Dispense Drug
I	Mark Incomplete	Allows the user to mark a Non-Verified Pending order incomplete
JP	Jump to a Patient	Allows the user to begin processing another patient
N	Mark Not to be Given	Allows the user to mark a discontinued or expired order as not to be given
OCI	Order Checks/Interventions	Indicates there are associated CPRS Overrides and/or Pharmacist Interventions. When the OCI indicator displays on the Order Detail screen, the user can type "OCI" to display associated CPRS Provider Overrides and/or Pharmacist Interventions.

Note: No special order checks are performed for specific drugs (e.g., Clozapine). Orders for Clozapine or similar special meds entered through Inpatient Medications will not yield the same results that currently occur when the same order is entered through Outpatient Pharmacy (including eligibility checks and national rollup to the National Clozapine Coordinating Center (NCCC). Any patients requiring special monitoring should also have an order entered through Outpatient Pharmacy at this time.

The nurse can enter an order set at this prompt. An order set is a group of pre-written orders. The maximum number of orders is unlimited. Order sets are created and edited using the *Order Set Enter/Edit* option found under the *Supervisor's Menu*.

Order sets are used to expedite order entry for drugs that are dispensed to all patients in certain medical practices or for certain procedures. Order sets are designed to be used when a recognized pattern for the administration of drugs can be identified. For example:

- A pre-operative series of drugs administered to all patients undergoing a certain surgical procedure.
- A certain series of drugs to be dispensed to all patients prior to undergoing a particular radiographic procedure.
- A certain group of drugs, prescribed by a provider for all patients, that is used for treatment on a certain medical ailment or emergency.

Order sets allow rapid entering of this repetitive information, expediting the whole order entry process. Experienced users might want to set up most of their common orders as order sets.

Order set entry begins like other types of order entry. At the "Select DRUG:" prompt, **S.NAME** should be entered. The **NAME** represents the name of a predefined order set. The characters **S.** tell the software that this will not be a single new order entry for a single drug, but a set of orders for multiple drugs. The **S.** is a required prefix to the name of the order set. When the user types the characters **S.?**, a list of the names of the order sets that are currently available will be displayed. If **S.** (<**Spacebar**> and <**Enter**>) is typed, the previous order set is entered.

After the entry of the order set, the software will prompt for the Provider's name and Nature of Order. After entry of this information, the first order of the set will automatically be entered. The options available are different depending on the type of order entry process that is enabled– regular, abbreviated, or ward. If regular or abbreviated order entry is enabled, the user will be shown one order at a time, all fields for each order of the order set and then the "Select Item(s): Next Screen //" prompt. The user can then choose to take an action on the order. Once an action is taken or bypassed, the next order of the order set will be entered automatically. After entry of all the orders in the order set, the software will prompt for more orders for the patient. At this point the user can proceed exactly as in new order entry, and respond accordingly.

When a drug is chosen, if an active drug text entry for the Dispense Drug and/or Orderable Item linked to this drug exists, then the prompt, "Restriction/Guideline(s) exist. Display?:" will be

displayed along with the corresponding defaults. The drug text indicator will be <**DIN**> and will be displayed on the right hand corner on the same line as the Orderable Item. This indicator will be highlighted.

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

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

```
*(1)Orderable Item: METRONIDAZOLE TAB                                  <OCI><DIN>
      Instructions: 250MG
*(2)Dosage Ordered: 250MG
          Duration:                                    (3)Start: 07/11/11  15:33
*(4)     Med Route: ORAL                        REQUESTED START: 07/11/11  16:00
                                                      (5) Stop: 07/25/11  15:33
 (6) Schedule Type: CONTINUOUS
*(8)      Schedule: Q36H
 (9)   Admin Times:
*(10)     Provider: PSJPROVIDER,ONE[es]
 (11) Special Instructions:

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

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

- **"DOSAGE ORDERED:"** (Regular and Abbreviated)

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

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

Example: Dispense Drug with Possible Dosages

```
Select DRUG: BACLOFEN
  Lookup: GENERIC NAME
BACLOFEN 10 MG TAB  MS200
         ...OK? Yes//   (Yes)
```

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

Press Return to continue......

Available Dosage(s)
 1. 5MG
 2. 10MG
 3. 15MG
 4. 20MG
 5. 30MG
 6. 40MG

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

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

Example: Dispense Drug with Local Possible Dosages

```
Select DRUG:  GENTAMICIN SULFATE 0.1% CREAM    DE101    DERM CLINIC ONLY
  ...OK? Yes//   (Yes)



Now Processing Enhanced Order Checks!   Please wait...

Press Return to continue......

Available Dosage(s)
 1.
 2. SMALL AMOUNT
 3. THIN FILM
 4. MODERATE AMOUNT
 5. LIBERAL AMOUNT

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

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

The user has the flexibility of how to display the order view on the screen. When the user has chosen the drug and when no Dosage Ordered is defined for an order, the order will be displayed as:

Example: Order View Information when Dosage Ordered is not Defined

```
DISPENSE DRUG NAME
Give: UNITS PER DOSE  MEDICATION ROUTE  SCHEDULE
```

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If the user changes the schedule, a warning message will be generated stating that the administration times and the schedule type for the order will be changed to reflect the defaults for the new schedule selected. The warning message: "This change in schedule also changes the ADMIN TIMES and SCHEDULE TYPE of this order" shall appear.

- Schedule Validation Check Three

  If the schedule type is changed from Continuous to PRN during an edit, the system shall automatically remove any administration times that were associated with the schedule so that the order will not include administration times.

- **"SCHEDULE:"** (Regular and Abbreviated)

This defines the frequency the order is to be administered. Schedules must be selected from the ADMINISTRATION SCHEDULE file, with the following exceptions:

- Schedule containing PRN: (Ex. TID PC PRN). If the schedule contains PRN, the base schedule must be in the ADMINISTRATION SCHEDULE file.
- Day of week schedules (Ex. MO-FR or MO-FR@0900)
- Admin time only schedules (Ex. 09-13)

While entering a new order, if a Schedule is defined for the selected Orderable Item, that Schedule is displayed as the default for the order.

- **"SCHEDULE TYPE:"** (Regular)

This defines the type of schedule to be used when administering the order. If the Schedule Type entered is one-time, the ward parameter, DAYS UNTIL STOP FOR ONE-TIME, is accessed to determine the stop date. When the ward parameter is not available, the system parameter, DAYS UNTIL STOP FOR ONE-TIME, will be used to determine the stop date. When neither parameter has been set, one-time orders will use the ward parameter, DAYS UNTIL STOP DATE/TIME, to determine the stop date instead of the start and stop date being equal.

When a new order is entered or an order entered through CPRS is finished by pharmacy, the default Schedule Type is determined as described below:

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

Note: During backdoor order entry, the Schedule Type entered is used unless the schedule is considered a ONE-TIME schedule. In that case, the Schedule Type is changed to ONE TIME.

- **ADMINISTRATION TIME:"** (Regular)

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

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

- **Order Validation Checks:**

The following order validation checks will apply to Unit Dose orders and to intermittent IV orders.

Note: IV orders do not have Schedule Type.

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

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

- **Order Validation Check Three**
  If an order has the Schedule Type of Continuous, the Schedule entered is NOT in Day of Week(Ex. MO-FR) or PRN (Ex. TID PC PRN) format, and the frequency associated with the schedule is one day (1440 minutes) or less, the system will not allow the number

4.4.4 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           Feb 11, 2011@11:17:44          Page:    1 of    1
BCMAPATIENT,FIVE                  Ward: 3 NORTH
   PID: 000-00-5555           Room-Bed: 1-2           Ht(cm): ______ (________)
   DOB: 09/16/45 (65)                                 Wt(kg): ______ (________)
   Sex: MALE                                    Admitted: 12/05/08
    Dx: FLUID IN LUNGS                   Last transferred: ********

 Allergies/Reactions: NKA
 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// 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   FEB 11, 2011
  Are you adding 'FEB 11, 2011' as a new APSP INTERVENTION (the 526TH)? No// Y
  (Yes)
   APSP INTERVENTION PATIENT:    PRETST,PATTHREE        8-1-61    000009677
NO     NSC VETERAN
   Combat Vet Status: ELIGIBLE                          End Date: 02/12/2015
```

```
   APSP INTERVENTION DRUG:    CIMETIDINE 200MG TAB         GA301
PROVIDER: PHARMACIST,LINDA J              LP
INSTITUTED BY: PHARMACY//   PHARMACY
INTERVENTION: ?
 Answer with APSP INTERVENTION TYPE, or NUMBER
 Do you want the entire 22-Entry APSP INTERVENTION TYPE List? N  (No)
INTERVENTION: ALLERGY
RECOMMENDATION: NO CHANGE
WAS PROVIDER CONTACTED: NO  NO
RECOMMENDATION ACCEPTED: Y  YES
FINANCIAL COST:
REASON FOR INTERVENTION:
  No existing text
  Edit? NO//
ACTION TAKEN:
  No existing text
  Edit? NO//
                                        CLINICAL IMPACT:
```

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```
 No existing text
  Edit? NO//
FINANCIAL IMPACT:
  No existing text
  Edit? NO//
Select APSP INTERVENTION INTERVENTION DATE:
```

- **Edit**: This option is used to edit an existing entry in the APSP INTERVENTION file.

Example: Edit an Intervention

```
Patient Information           Feb 11, 2011@11:52:02          Page:    1 of    1
PRETST,PATTHREE                   Ward:
   PID: 000-00-9677           Room-Bed:               Ht(cm): ______ (________)
   DOB: 08/01/61 (49)                                 Wt(kg): ______ (________)
   Sex: MALE                                    Admitted:
    Dx:                                  Last transferred: ********

 Allergies/Reactions: NKA
 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// 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): ED   Edit Pharmacy Intervention

Select INTERVENTION:T   SEP 22, 2000       PRETST,PATTHREE    WARFARIN 10MG
INTERVENTION DATE: SEP 22,2000// <Enter>
PATIENT: PRETST,PATTHREE// <Enter>
PROVIDER: PSJPROVIDER,ONE // <Enter>
PHARMACIST: PSJNURSE,ONE // <Enter>
DRUG: WARFARIN 10MG// <Enter>
INSTITUTED BY: PHARMACY// <Enter>
INTERVENTION: ALLERGY// <Enter>
OTHER FOR INTERVENTION:
  1>
RECOMMENDATION: NO CHANGE// <Enter>
OTHER FOR RECOMMENDATION:
  1>
WAS PROVIDER CONTACTED: NO// <Enter>
PROVIDER CONTACTED:
RECOMMENDATION ACCEPTED: YES// <Enter>
AGREE WITH PROVIDER: <Enter>
FINANCIAL COST:
REASON FOR INTERVENTION:
  No existing text
Edit? NO//
ACTION TAKEN:
  No existing text
Edit? NO//
CLINICAL IMPACT:
  No existing text
Edit? NO//
FINANCIAL IMPACT:
  No existing text
Edit? NO//
```

4.5.2. Edit

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

Example: Edit an Order

```
ACTIVE UNIT DOSE              Sep 13, 2000 15:20:42          Page:    1 of    2
PSJPATIENT1,ONE                   Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)

 *(1)Orderable Item: 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//
```

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

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

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

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

Example: Edit an Order with Provider Overrides/Interventions

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

Overriding Provider: PSJPROVIDER,ONE (PROVIDER)
Override Entered By: PSJPROVIDER,ONE (PROVIDER)
  Date/Time Entered: 07/11/11 09:45
    Override Reason: testing functionality of PO & PI

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

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

Press RETURN to Continue or '^' to Exit :


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

Intervention Date/Time: 07/11/11 09:50
 Pharmacist: PSJPHARMACIST,ONE               Drug: TAMOXIFEN CITRATE 10MG TAB
 Instituted By: PHARMACY
 Intervention: CRITICAL DRUG INTERACTION
 Originating Package: INPATIENT
```

Once a Complex Order is made active, the following fields may <u>not</u> be edited:

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

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

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Example: Edit an Order (continued)

```
NON-VERIFIED UNIT DOSE        Sep 13, 2000 15:26:46          Page:    1 of    2
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              Wt(kg): ______ (________)

 *(1)Orderable Item: AMPICILLIN CAP
       Instructions:
 *(2)Dosage Ordered: 500MG
           Duration:                                  *(3)Start: 09/13/00  20:
 *(4)     Med Route: ORAL
                                                    *(5) Stop: 09/27/00  24:00
  (6) Schedule Type: CONTINUOUS
 *(8)      Schedule: QID
  (9)   Admin Times: 01-09-15-20
*(10)      Provider: PSJPROVIDER,ONE
 (11) Special Instructions:

 (12) Dispense Drug                                 U/D        Inactive Date
      AMPICILLIN 500MG CAP                          1

+         This change will cause a new order to be created.
ED  Edit                              AC  ACCEPT
Select Item(s): Next Screen//
```

If the ORDERABLE ITEM or DOSAGE ORDERED fields are edited, the Dispense Drug data will not be transferred to the new order. If the Orderable Item is changed, data in the DOSAGE ORDERED field will not be transferred. New Start Date/Time, Stop Date/Time, Login Date/Time, and Entry Code will be determined for the new order. Changes to other fields (those without the asterisk) will be recorded in the order's activity log.

If the DISPENSE DRUG is edited, an entry in the order's activity log is made to record the change.

4.5.5. Renew

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

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

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

Renewing Orders with CPRS Overrides/Pharmacist Interventions

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

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

Example: Renew an Order with Provider Overrides/Interventions

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

Overriding Provider: PSJPROVIDER,ONE (PROVIDER)
Override Entered By: PSJPROVIDER,ONE (PROVIDER)
  Date/Time Entered: 07/11/11 09:45
    Override Reason: testing functionality of PO & PI

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

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

```
  torsades de pointes. - Monograph Available

Press RETURN to Continue or '^' to Exit :

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

Intervention Date/Time: 07/11/11 09:50
 Pharmacist: PSJPHARMACIST,ONE               Drug: TAMOXIFEN CITRATE 10MG TAB
 Instituted By: PHARMACY
 Intervention: CRITICAL DRUG INTERACTION
 Originating Package: INPATIENT
```

Note: When Renewing an Order in Inpatient Medications, if Current CPRS Provider Overrides do not exist and Pharmacist Interventions do exist for the order, the following displays:

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

No Provider Overrides to display
```

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

Intervention Date: 07/11/11 14:55
 Provider: PSJPROVIDER,ONE               Pharmacist: PSJPHARMACIST,ONE
 Drug: WARFARIN NA (GOLDEN STATE) 1MG TAB
 Instituted By: PHARMACY
 Intervention: CRITICAL DRUG INTERACTION
 Recommendation: OTHER                    Originating Package: INPATIENT
 Other For Recommendation:
  TEST INTERVENTION FOR CRITICAL DRUG-DRUG
```

Renewing Active Orders

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

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

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

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

Renewing Discontinued Orders

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

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

Renewing Expired Unit Dose Orders

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

1. The RN (Renew) action will not be available on an order with a status of "Expired" if either of the following two conditions exist:
   a. If the difference between the current system date and time and the last scheduled administration time is greater than the frequency of the schedule. This logic will be used for schedules with standard intervals (for example, Q7H).
   b. If the current system date and time is greater than the time that the next dose is due. This logic is used for schedules with non-standard intervals (for example, Q6H – 0600-1200-1800-2400).
2. A new Default Stop Date/Time is calculated for the order using the same calculation applied to new orders. The starting point of the Default Stop Date/Time calculation is the date and time that the order was signed in CPRS or the date and time that the RN (Renew) action was taken in Inpatient Medications.
3. The (RN) Renew action does not create a new order.
4. The Start Date/Time is not available for editing when an order is renewed.
5. The renewed order has a status of "Active."

Orders That Change Status During Process of Renew

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

4.5.6. Activity Log

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

Example: Activity Log

```
ACTIVE UNIT DOSE              Sep 21, 2000 12:44:25          Page:    1 of    2
PSJPATIENT1,ONE                  Ward: 1 EAST
   PID: 000-00-0001          Room-Bed: B-12        Ht(cm): ______ (________)
   DOB: 08/18/20 (80)                              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

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:
```

4.5.7. Finish

 Nurses who hold the PSJ RNFINISH key will have the ability to finish and verify Unit Dose orders placed through CPRS.

 Nurses who hold the PSJI RNFINISH key will have the ability to finish and verify IV orders placed through CPRS.

When an order is placed or renewed by a provider through CPRS, the nurse or pharmacist needs to 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 from within the Unit Dose *Order Entry* option. The user may enter an **SF**, for speed finish, at the "Select ACTION:" 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.

Note: When finishing an order, if CPRS Order Checks/Provider Overrides and Pharmacist Interventions exist, they will display during the finish process. Heading information displays first, followed by a summary of the Current CPRS Order Checks overridden by the Provider, as well as the Overriding Provider, plus title, Override Entered By, plus title, Date/Time Entered, and the Override Reason.

Example: Finish an Order with Provider Overrides/Interventions

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

Overriding Provider: PSJPROVIDER,ONE (PROVIDER)
Override Entered By: PSJPROVIDER,ONE (PROVIDER)
  Date/Time Entered: 07/11/11 17:40
    Override Reason: Provider gave permission to administer

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

Note: If no Current CPRS Provider Overrides were entered at the time the order was created in CPRS, they will NOT display during finishing, and no heading or messages will display when finishing the Pending order in Inpatient Medications.

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

```
+---------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....

NON-VERIFIED UNIT DOSE        Mar 16, 2011@12:10:24          Page:    1 of    2
BCMA,EIGHTEEN-PATIENT             Ward: 7A GEN                          A
   PID: 666-33-0018           Room-Bed:               Ht(cm): 175.26 (12/15/08)
   DOB: 04/07/35 (75)                                 Wt(kg): 100.00 (12/15/08)
--------------------------------------------------------------------------------
*(1)Orderable Item: SIMVASTATIN TAB
      Instructions:
*(2)Dosage Ordered: 40MG
          Duration:                                   (3)Start: 03/16/11  12:10
*(4)     Med Route: ORAL (BY MOUTH)
                                                     (5) Stop: 03/18/11  24:00
 (6) Schedule Type: CONTINUOUS
*(8)      Schedule: QPM
 (9)   Admin Times: 2100
      SIMVASTATIN 20MG TAB                          2
+---------Enter ?? for more actions-----------------------------------------------
DC  Discontinue           ED  Edit                 AL  Activity Logs
HD  (Hold)                RN  (Renew)
FL  Flag                  VF  Verify
Select Item(s): Next Screen// vf   Verify
...a few moments, please.....

Pre-Exchange DOSES:

ORDER VERIFIED.

Enter RETURN to continue or '^' to exit:

Select DRUG:

Select IV TYPE:

Inpatient Order Entry         Mar 16, 2011@12:10:42          Page:    1 of    2
BCMA,EIGHTEEN-PATIENT             Ward: 7A GEN                          A
   PID: 666-33-0018           Room-Bed:               Ht(cm): 175.26 (12/15/08)
   DOB: 04/07/35 (75)                                 Wt(kg): 100.00 (12/15/08)
   Sex: FEMALE                                  Admitted: 01/31/02
    Dx: UPSET                            Last transferred: 06/04/10
--------------------------------------------------------------------------------
 - - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - -
   1    INDINAVIR CAP,ORAL                        C  03/16  03/17 A
          Give: 400MG PO QDAY
   2    SIMVASTATIN TAB                           C  03/16  03/18 A
          Give: 40MG PO QPM
 - - - - - - - - - -  N O N - V E R I F I E D  C O M P L E X - - - - - - - - - -
   3    LITHIUM TAB,SA                            C  10/13  10/15 N
          Give: 450MG PO QID
        LITHIUM TAB,SA                            C  10/13  10/15 N
          Give: 10000MG PO Q4H
   4    RILUZOLE TAB                              C  10/13  10/15 N
          Give: 50MG PO BID
+---------Enter ?? for more actions-----------------------------------------------
PI  Patient Information               SO  Select Order
PU  Patient Record Update             NO  New Order Entry
Select Action: Next Screen//
```

- **Drug-Drug Interactions** - Drug-drug interactions will be either critical or significant. If the Dispense Drug selected is identified as having an interaction with one of the drugs the patient is already receiving, the order the new drug interacts with will be displayed.

Note: For a Significant Interaction, the user who holds the PSJ RPHARM key is allowed to enter an intervention, but one is not required. For a Critical Interaction, the user who holds the PSJ RPHARM key must enter an intervention before continuing.

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

Example: Drug-Drug Interactions Display

```
Inpatient Order Entry         Mar 16, 2011@12:04:33          Page:    1 of    2
BCMA,EIGHTEEN-PATIENT             Ward: 7A GEN                    A
   PID: 666-33-0018           Room-Bed:              Ht(cm): 175.26 (12/15/08)
   DOB: 04/07/35 (75)                                Wt(kg): 100.00 (12/15/08)
   Sex: FEMALE                                   Admitted: 01/31/02
    Dx: UPSET                              Last transferred: 06/04/10
------------------------------------------------------------------------------
 - - - - - - - - - -  N O N - V E R I F I E D  C O M P L E X - - - - - - - - - -
   1    LITHIUM TAB,SA                             C  10/13  10/15 N
          Give: 450MG PO QID
        LITHIUM TAB,SA                             C  10/13  10/15 N
          Give: 10000MG PO Q4H
   2    RILUZOLE TAB                               C  10/13  10/15 N
          Give: 50MG PO BID
        RILUZOLE TAB                               C  10/15  10/16 N
          Give: 10000MG PO Q4H
 - - - - - - - - - - - - - P E N D I N G  C O M P L E X - - - - - - - - - - - - -
   3    HALOPERIDOL TAB                            ?  *****  ***** P
          Give: 40MG PO BID
----------Enter ?? for more actions-------------------------------------------
PI  Patient Information                SO  Select Order
PU  Patient Record Update              NO  New Order Entry
Select Action: Quit// no   New Order Entry

Select DRUG: indinavi
    Lookup: DRUG  GENERIC NAME
INDINAVIR SULFATE 400MG CAP           AM800
         ...OK? Yes//   (Yes)

Now Processing Enhanced Order Checks!  Please wait...


Press Return to continue...

===============================================================================
This patient is receiving the following order(s) that have a CRITICAL Drug
Interaction with INDINAVIR SULFATE 400MG CAP:

Local Rx #501820A (ACTIVE) for SIMVASTATIN 10MG TAB
SIG: TAKE ONE TABLET BY MOUTH EVERY EVENING
Processing Status: Not released locally (Window)

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

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

Display Professional Interaction Monograph(s)? NO//
```

```
Do you want to Continue with INDINAVIR SULFATE 400MG CAP? NO// y  YES

Now creating Pharmacy Intervention
For INDINAVIR SULFATE 400MG CAP

PROVIDER: PSJPROVIDER,ONE             TP
RECOMMENDATION: ?
    Answer with APSP INTERVENTION RECOMMENDATION, or NUMBER
   Choose from:
   1            CHANGE DRUG
   2            CHANGE FORM OR ROUTE OF ADMINISTRATION
   3            ORDER LAB TEST
   4            ORDER SERUM DRUG LEVEL
   5            CHANGE DOSE
   6            START OR DISCONTINUE A DRUG
   7            CHANGE DOSING INTERVAL
   8            NO CHANGE
   9            OTHER

RECOMMENDATION: 8  NO CHANGE

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


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


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

Select from list of Available Dosages or Enter Free Text Dose: 1  400MG

You entered 400MG is this correct? Yes//   YES
MED ROUTE: ORAL (BY MOUTH)//   PO
SCHEDULE: QDAY//
     1   QDAY    0900
     2   QDAY-DIG    1300
     3   QDAY-WARF    1300
CHOOSE 1-3: 1      0900
SCHEDULE TYPE: CONTINUOUS//   CONTINUOUS
ADMIN TIMES: 0900//
SPECIAL INSTRUCTIONS:
START DATE/TIME: MAR 16,2011@12:08//   MAR 16,2011@12:08
STOP DATE/TIME: MAR 17,2011@24:00//    MAR 17,2011@24:00
Expected First Dose: MAR 17,2011@09:00
PROVIDER: PHARMACIST,SEVENTEEN//         145

NON-VERIFIED UNIT DOSE        Mar 16, 2011@12:07:46          Page:    1 of    2
BCMA,EIGHTEEN-PATIENT             Ward: 7A GEN                        A
   PID: 666-33-0018           Room-Bed:               Ht(cm): 175.26 (12/15/08)
   DOB: 04/07/35 (75)                                 Wt(kg): 100.00 (12/15/08)
--------------------------------------------------------------------------------
 (1)Orderable Item: INDINAVIR CAP,ORAL
      Instructions:
 (2)Dosage Ordered: 400MG
          Duration:                                    (3)Start: 03/16/11  12:08
 (4)     Med Route: ORAL (BY MOUTH)
                                                      (5) Stop: 03/17/11  24:00
 (6) Schedule Type: CONTINUOUS
 (8)      Schedule: QDAY
 (9)   Admin Times: 0900
 (10)     Provider: PHARMACIST,SEVENTEEN
 (11) Special Instructions:

 (12) Dispense Drug                                  U/D        Inactive Date
      INDINAVIR SULFATE 400MG CAP                    1

+---------Enter ?? for more actions-------------------------------------------
```

```
ED  Edit                                AC  ACCEPT
Select Item(s): Next Screen// ac   ACCEPT

Press Return to continue...


NATURE OF ORDER: WRITTEN//        W

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


NON-VERIFIED UNIT DOSE        Mar 16, 2011@12:08:04          Page:    1 of    2
BCMA,EIGHTEEN-PATIENT             Ward: 7A GEN                    A
   PID: 666-33-0018           Room-Bed:               Ht(cm): 175.26 (12/15/08)
   DOB: 04/07/35 (75)                                 Wt(kg): 100.00 (12/15/08)
------------------------------------------------------------------------------
*(1)Orderable Item: INDINAVIR CAP,ORAL
      Instructions:
*(2)Dosage Ordered: 400MG
          Duration:                                    (3)Start: 03/16/11  12:08
*(4)     Med Route: ORAL (BY MOUTH)
                                                       (5) Stop: 03/17/11  24:00
 (6) Schedule Type: CONTINUOUS
*(8)      Schedule: QDAY
 (9)   Admin Times: 0900
*(10)     Provider: PHARMACIST,SEVENTEEN [w]
 (11) Special Instructions:

 (12) Dispense Drug                                  U/D        Inactive Date
      INDINAVIR SULFATE 400MG 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//    NEXT SCREEN
```

- **Drug-Allergy Interactions** – Drug allergy interactions will be either critical or significant. If the Dispense Drug selected is identified as having an interaction with one of the patient's allergies, the allergy the drug interacts with will be displayed.

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

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

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

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

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

Drug: DILTIAZEM (DILACOR XR) 240MG SA CAP
   Ingredients: DILTIAZEM (REMOTE SITE(S)),
   Drug Class: CV200 CALCIUM CHANNEL BLOCKERS (REMOTE SITE(S))

Do you want to Intervene NO// YES
```

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

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

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

================================================================================
```

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

- **CPRS Order Check: Aminoglycoside Ordered**

```
Trigger:   Ordering session completion.
Mechanism: For each medication order placed during this ordering session,
the CPRS Expert System requests the pharmacy package to determine if the
medication belongs to the VA Drug Class 'Aminoglycosides'.  If so, the
patient's most recent BUN results are used to calculate the creatinine
clearance then OERR is notified and the warning message is displayed.
[Note: The creatinine clearance value displayed in some order check
messages is an estimate based on adjusted body weight if patient height is
> 60 inches.  Approved by the CPRS Clinical Workgroup 8/11/04, it is based
on a modified Cockcroft-Gault formula and was installed with patch
OR*3*221.
For more information:
http://www.ascp.com/public/pubs/tcp/1999/jan/cockcroft.shtml
CrCl (male) = (140 - age) x (adj body weight* in kg)
-------------------------------------
(serum creatinine) x 72
      * If patient height is not greater than 60 inches, actual body weight
is used.

CrCl (female) = 0.85 x CrCl (male)

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

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

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

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

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

```
DANGEROUS MEDS FOR PT > 64 – Yes
This is based on the BEERS list.  This order check only checks for three
drugs: Amitriptyline, Chlorpropamide and Dipyridamole. The workgroup felt
that the list of drugs should be expanded. A request can be sent to CPRS
for this.

Trigger: Acceptance of pharmacy orderable items amitriptyline,
chlorpropamide or dipyridamole.
Mechanism: The CPRS Expert System determines if the patient is greater than
64 years old.  It then checks the orderable item of the medication ordered
to determine if it is mapped as a local term to the national term DANGEROUS
MEDS FOR PTS > 64.
Message:  If the orderable item text contains AMITRIPTYLINE this message is
displayed:
   Patient is <age>.  Amitriptyline can cause cognitive impairment and loss
of balance in older patients.  Consider other antidepressant medications on
formulary.
   If the orderable item text contains CHLORPROPAMIDE this message is
displayed:
   Patient is <age>.  Older patients may experience hypoglycemia with
Chlorpropamide due do its long duration and variable renal secretion.  They
may also be at increased risk for Chlorpropamide-induced SIADH.
   If the orderable item text contains DIPYRIDAMOLE this message is
displayed:
   Patient is <age>.  Older patients can experience adverse reactions at
high doses of Dipyridamole (e.g., headache, dizziness, syncope, GI
intolerance.)  There is also questionable efficacy at lower doses.
Danger Lvl: This order check is exported with a High clinical danger level.
```

- **CPRS Order Check: Glucophage Lab Results**

```
Glucophage-Lab Results Interactions
Trigger: Selection of a Pharmacy orderable item.
Mechanism: The CPRS Expert System checks the pharmacy orderable item's
local text (from the Dispense Drug file [#50]) to determine if it contains
"glucophage" or "metformin". The expert system next searches for a serum
creatinine result within the past x number of days as determined by
parameter ORK GLUCOPHAGE CREATININE.   If the patient's creatinine result
was greater than 1.5 or does not exist, OE/RR is notified and the warning
message is displayed.
Message: Metformin– no serum creatinine within past <x> days.   else:
   Metformin – Creatinine results: <creatinine greater than 1.5 w/in past
<x> days>
Danger Lvl: This order check is exported with a High clinical danger level.
```

4.9.1. Order Validation Checks

The following order validation checks will apply to Unit Dose orders and to intermittent IV orders.

Note: IV orders do not have Schedule Type.

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

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

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

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

  The system shall present warning/error messages to the user if the number of administration times is less than or greater than the maximum admin times calculated for the schedule or if no administration times are entered. If the number of administration times entered is less than the maximum admin times calculated for the schedule, the warning message: "The number of admin times entered is fewer than indicated by the schedule." shall appear. In this case, the user will be allowed to continue after the

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

- **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.

1.4.2. Display of Provider Overrides and Pharmacist Interventions

In Inpatient Medications, the first time a field preceded by an asterisk (*) is selected for editing and when renewing an order, if Current Pharmacist Interventions exist for the order, entering Y (Yes) at the prompt, "Order Check Overrides/Interventions exist for this order. Display? (Y/N)? Y//," will display the following information when the fields are populated with data:

- Heading: **Current Pharmacist Interventions for this order**
- Intervention Date/Time
- Provider
- Pharmacist
- Drug,
- Instituted By
- Intervention
- Other For Recommendation
- Originating Package
- Was Provider Contacted
- Provider Contacted
- Recommendation Accepted
- Agree With Provider
- Rx #
- Division
- Financial Cost
- Other For Intervention
- Reason For Intervention
- Action Taken
- Clinical Impact
- Financial Impact

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

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

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

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

Press RETURN to Continue or '^' to Exit :


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

Intervention Date: 7/12/11 09:14
 Provider: PSJPROVIDER,ONE                 Pharmacist: PSJPHARMACIST,ONE
```

```
 Drug: METRONIDAZOLE 250MG TAB              Instituted By: PHARMACY
 Intervention: CRITICAL DRUG INTERACTION
 Recommendation: OTHER                      Originating Package: INPATIENT
 Other For Recommendation:
  INTERVENTION FOR CRITICAL DRUG-DRUG
Press RETURN to Continue or '^' to Exit :
```

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

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

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

Intervention Date: 07/12/11 09:14
 Provider: PSJPROVIDER,ONE                  Pharmacist: PSJPHARMACIST,ONE
 Drug: METRONIDAZOLE 250MG TAB              Instituted By: PHARMACY
 Intervention: CRITICAL DRUG INTERACTION
 Recommendation: OTHER                      Originating Package: INPATIENT
 Other For Recommendation:
  Testing 9 OTHER


Press RETURN to Continue or '^' to Exit :

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

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

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

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

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

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

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

No Pharmacist Interventions to display
```

10. Glossary

Action Prompts

There are three types of Inpatient Medications "Action" prompts that occur during order entry: ListMan, Patient/Order, and Hidden action prompts.

ListMan Action Prompts

+	Next Screen
-	Previous Screen
UP	Up a Line
DN	Down a Line
>	Shift View to Right
<	Shift View to Left
FS	First screen
LS	Last Screen
GO	Go to Page
RD	Re Display Screen
PS	Print Screen
PT	Print List
SL	Search List
Q	Quit
ADPL	Auto Display (on/off)

Patient/Order Action Prompts

PU	Patient Record Updates
DA	Detailed Allergy/ADR List
VP	View Profile
NO	New Orders Entry
IN	Intervention Menu
PI	Patient Information
SO	Select Order
DC	Discontinue
ED	Edit
FL	Flag
VF	Verify
HD	Hold

Patient/Order Action Prompts (continued)

RN	Renew
AL	Activity Logs

	OC	On Call
	NL	Print New IV Labels
	RL	Reprint IV Labels
	RC	Recycled IV
	DT	Destroyed IV
	CA	Cancelled IV
Hidden Action Prompts	LBL	Label Patient/Report
	JP	Jump to a Patient
	OTH	Other Pharmacy Options
	MAR	MAR Menu
	DC	Speed Discontinue
	RN	Speed Renew
	SF	Speed Finish
	SV	Speed Verify
	CO	Copy
	N	Mark Not to be Given
	I	Mark Incomplete
	DIN	Drug Restr/Guide
	OCI	Order Check/Interventions

Active Order

Any order which has not expired or been discontinued. Active orders also include any orders that are on hold or on call.

Activity Reason Log

The complete list of all activity related to a patient order. The log contains the action taken, the date of the action, and the user who took the action.

Activity Ruler

The activity ruler provides a visual representation of the relationship between manufacturing times, doses due, and order start times. The intent is to provide the on-the-floor user with a means of tracking activity in the IV room and determining when to call for doses before the normal delivery. The activity ruler can be enabled or disabled under the *SIte Parameters (IV)* option.

Child Orders	One or more Inpatient Medication Orders that are associated within a Complex order and are linked together using the conjunctions AND and OR to create combinations of dosages, medication routes, administration schedules, and order durations.
Clinic Group	A clinic group is a combination of outpatient clinics that have been defined as a group within Inpatient Medications to facilitate processing of orders.
Complex Order	An order that is created from CPRS using the Complex order dialog and consists of one or more associated Inpatient Medication orders, known as “child” orders.
Continuous IV Order	Inpatient Medications IV order not having an administration schedule. This includes the following IV types: Hyperals, Admixtures, Non-Intermittent Syringe, and Non-Intermittent Syringe or Admixture Chemotherapy.
Continuous Syringe	A syringe type of IV that is administered continuously to the patient, similar to a hyperal IV type. This type of syringe is commonly used on outpatients and administered automatically by an infusion pump.
Coverage Times	The start and end of coverage period designates administration times covered by a manufacturing run. There must be a coverage period for all IV types: admixtures and primaries, piggybacks, hyperals, syringes, and chemotherapy. For one type, admixtures for example, the user might define two coverage periods; one from 1200 to 0259 and another from 0300 to 1159 (this would mean that the user has two manufacturing times for admixtures).
CPRS	A VistA computer software package called Computerized Patient Record Systems. CPRS is an application in VistA that allows the user to enter all necessary orders for a patient in different packages from a single application. All pending orders that appear in the Unit Dose and IV modules are initially entered through the CPRS package.
Critical Drug-Drug Interaction	One of two types of drug-drug interactions identified by order checks. The other type is a “significant” drug-drug interaction

Cumulative Doses	The number of IV doses actually administered, which equals the total number of bags dispensed less any recycled, destroyed, or cancelled bags.
Default Answer	The most common answer, predefined by the system to save time and keystrokes for the user. The default answer appears before the two slash marks (//) and can be selected by the user by pressing <**Enter**>.
Dispense Drug	The Dispense Drug is pulled from the DRUG file (#50) and usually has the strength attached to it (e.g., Acetaminophen 325 mg). Usually, the name alone without a strength attached is the Orderable Item name.
Delivery Times	The time(s) when IV orders are delivered to the wards.
Dosage Ordered	After the user has selected the drug during order entry, the dosage ordered prompt is displayed.
DRUG ELECTROLYTES file	File #50.4. This file contains the names of anions/cations, and their concentration units.
DRUG file	File #50. This file holds the information related to each drug that can be used to fill a prescription.
Duration	The length of time between the Start Date/Time and Stop Date/Time for an Inpatient Medications order. The default duration for the order can be specified by an ordering clinician in CPRS by using the Complex Dose tab in the Inpatient Medications ordering dialog.
Electrolyte	An additive that disassociates into ions (charged particles) when placed in solution.
Entry By	The name of the user who entered the Unit Dose or IV order into the computer.
Hospital Supplied Self Med	Self medication, which is to be supplied by the Medical Center's pharmacy. Hospital supplied self med is only prompted for if the user answers Yes to the SELF MED: prompt during order entry.

MEDICATION INSTRUCTION file	File #51. This file is used by Unit Dose and Outpatient Pharmacy. It contains the medication instruction name, expansion, and intended use.
MEDICATION ROUTES file	File #51.2. This file contains medication route names. The user can enter an abbreviation for each route to be used at their site. The abbreviation will most likely be the Latin abbreviation for the term.
Medication Routes/ Abbreviations	Route by which medication is administered (e.g., oral). The MEDICATION ROUTES file (#51.2) contains the routes and abbreviations, which are selected by each VAMC. The abbreviation cannot be longer than five characters to fit on labels and the MAR. The user can add new routes and abbreviations as appropriate.
Non-Formulary Drugs	The medications that are defined as commercially available drug products not included in the VA National Formulary.
Non-VA Meds	Term that encompasses any Over-the-Counter (OTC) medications, Herbal supplements, Veterans Health Administration (VHA) prescribed medications but purchased by the patient at an outside pharmacy, and medications prescribed by providers outside VHA. All Non-VA Meds must be documented in patients' medical records.
Non-Verified Orders	Any order that has been entered in the Unit Dose or IV module that has not been verified (made active) by a nurse and/or pharmacist. Ward staff may not verify a non-verified order.
Orderable Item	An Orderable Item name has no strength attached to it (e.g., Acetaminophen). The name with a strength attached to it is the Dispense Drug name (e.g., Acetaminophen 325mg).
Order Check	Order checks (drug-allergy/ADR interactions, drug-drug, duplicate drug, and duplicate drug class) are performed when a new medication order is placed through either the CPRS or Inpatient Medications applications. They are also performed when medication orders are renewed, when Orderable Items are edited, or during the finishing process in Inpatient Medications. This functionality will ensure the user is alerted to

	possible adverse drug reactions and will reduce the possibility of a medication error.
Order Sets	An Order Set is a set of N pre-written orders. (N indicates the number of orders in an Order Set is variable.) Order Sets are used to expedite order entry for drugs that are dispensed to all patients in certain medical practices and procedures.
Order View	Computer option that allows the user to view detailed information related to one specific order of a patient. The order view provides basic patient information and identification of the order variables.
Parenteral	Introduced by means other than the digestive track.
Patient Profile	A listing of a patient's active and non-active Unit Dose and IV orders. The patient profile also includes basic patient information, including the patient's name, social security number, date of birth, diagnosis, ward location, date of admission, reactions, and any pertinent remarks.
PECS	Pharmacy Enterprise Customization System. A Graphical User Interface (GUI) web-based application used to research, update, maintain, and report VA customizations of the commercial-off-the-shelf (COTS) vendor database used to perform Pharmacy order checks such as drug-drug interactions, duplicate therapy, and dosing.
Pending Order	A pending order is one that has been entered by a provider through CPRS without Pharmacy or Nursing finishing the order. Once Pharmacy or Nursing has finished and verified the order, it will become active.
PEPS	Pharmacy Enterprise Product System. A re-engineering of pharmacy data and its management practices developed to use a commercial off-the-shelf (COTS) drug database, currently First DataBank (FDB) Drug Information Framework (DIF), to provide the latest identification and safety information on medications.

Pharmacist Intervention	A recommendation provided by a pharmacist through the Inpatient Medications system's Intervention process acknowledging the existence of a critical drug-drug interaction and/or allergy/ADR interaction, and providing justification for its existence. There are two ways an intervention can be created, either via the Intervention Menu, or in response to Order Checks.
PHARMACY SYSTEM file	File #59.7. This file contains data that pertains to the entire Pharmacy system of a medical center, and not to any one site or division.
Piggyback	Small volume parenteral solution for intermittent infusion. A piggyback is comprised of any number of additives, including zero, and one solution; the mixture is made in a small bag. The piggyback is given on a schedule (e.g., Q6H). Once the medication flows in, the piggyback is removed; another is not hung until the administration schedule calls for it.
Possible Dosages	Dosages that have a numeric dosage and numeric dispense units per dose appropriate for administration. For a drug to have possible dosages, it must be a single ingredient product that is matched to the VA PRODUCT file (#50.68). The VA PRODUCT file (#50.68) entry must have a numeric strength and the dosage form/unit combination must be such that a numeric strength combined with the unit can be an appropriate dosage selection.
Pre-Exchange Units	The number of actual units required for this order until the next cart exchange.
Primary Solution	A solution, usually an LVP, administered as a vehicle for additive(s) or for the pharmacological effect of the solution itself. Infusion is generally continuous. An LVP or piggyback has only one solution (primary solution). A hyperal can have one or more solutions.
Print Name	Drug generic name as it is to appear on pertinent IV output, such as labels and reports. Volume or Strength is not part of the print name.
Print Name{2}	Field used to record the additives contained in a commercially purchased premixed solution.

Profile	The patient profile shows a patient's orders. The Long profile includes all the patient's orders, sorted by status: active, non-verified, pending, and non-active. The Short profile will exclude the patient's discontinued and expired orders.
Prompt	A point at which the system questions the user and waits for a response.
Provider	Another term for the physician/clinician involved in the prescription of an IV or Unit Dose order for a patient.
Provider Override Reason	A reason supplied by a provider through the CPRS system, acknowledging a critical drug-drug interaction and/or allergy/ADR interaction and providing justification for its existence.
PSJI MGR	The name of the *key* that allows access to the supervisor functions necessary to run the IV medications software. Usually given to the Inpatient Medications package coordinator.
PSJI PHARM TECH	The name of the *key* that must be assigned to pharmacy technicians using the IV module. This key allows the technician to finish IV orders, but not verify them.
PSJI PURGE	The *key* that must be assigned to individuals allowed to purge expired IV orders. This person will most likely be the IV application coordinator.
PSJI RNFINISH	The name of the *key* that is given to a user to allow the finishing of IV orders. This user must also be a holder of the PSJ RNURSE key.
PSJI USR1	The *primary menu option* that may be assigned to nurses.
PSJI USR2	The *primary menu option* that may be assigned to technicians.
PSJU MGR	The name of the *primary menu* and of the *key* that must be assigned to the pharmacy package coordinators and supervisors using the Unit Dose Medications module.
PSJU PL	The name of the *key* that must be assigned to anyone using the Pick List options.

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