INPATIENT MEDICATIONS

NURSE'S USER MANUAL

Version 5.0
January 2005

(Revised September 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
09/2012	i-iii, 12, 12a-12b, 14, 14a-14b, 16d-16f, 24b-24d, 26-27, 27a-27b, 30, 30a-30b, 59, 59a-59b, 131	PSJ*5*267	Added No Allergy Assessment logic Updated Special Instructions/Other Print Info (R. Singer, PM; B. Thomas, Tech Writer)
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)

Date	Revised Pages	Patch Number	Description
04/2011	i	PSJ*5*181	Updated Revision History
	v-vi		Updated Table of Contents
	12		New Example: Patient Information Screen
	13		New Example: Non-Verified/Pending Orders
	15-16d		Updated: Example: Short Profile, HOURS OF RECENTLY DC/EXPIRED field (#7) and INPATIENT WARD PARAMETERS file (#59.6) information, and Example: Profile.
	18		Updated "Select DRUG:"
	20		New Example: Dispense Drug with Possible Dosages and New Example: Dispense Drug with Local Possible Dosages
	26-27		New Example: New Order Entry
	33-34b		New Example: New Order Entry (Clinic Location)
	35-39		New Examples of all the New Interventions
	40-40d		Updated the View Profile and New Example: Profile View
	46		New Medication Profile Discontinue Type Codes
	67		New Example: Flagged Order
	71		New Example: Inpatient Profile
	72-73		Updated Order Checks
	74		New Example: Local Outpatient Order Display and New Example: Remote Outpatient Order Display
	74a-74c		Duplicate Therapy
	74d-74f		Drug-Drug Interaction
	74f-74g		CPRS Order Checks
	105		Updated Example: Authorized Absence/Discharge Summary (continued)
	119-120		CPRS Order checks: How they work
	121-122		Error Messages
	123-136		Glossary - fix page numbering
	137-140		Index - new entries and fix page numbering (C.Flegel, S. Heiress, Tech Writer)

Date	Revised Pages	Patch Number	Description
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)
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)

Date	Revised Pages	Patch Number	Description
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)

4.   Order Options

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 nurse can take to enter a new 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 nurse has reached the point of entering a new order or selecting an existing order, the process becomes the same for each path.

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

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

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

4.1. Order Entry
[PSJU NE]

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

The *Order Entry* 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 nurse 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 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            Feb 10, 2011@10:44:55          Page:   1 of    1
TESTYPATNM,TEST                      Ward: GEN MED                        A
   PID: 666-00-0423        Room-Bed:               Ht(cm): _____ (_____)
   DOB: 01/01/50 (61)                              Wt(kg): _____ (_____)
   Sex: MALE                                      Admitted: 02/13/07
    Dx: OBSERVATION                         Last transferred: ********


Allergies - Verified: PENICILLIN, ASPIRIN
        Non-Verified:

    Adverse Reactions:
 Inpatient Narrative:
Outpatient Narrative:




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

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

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4.2. 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.

If this is the first time into this option, the first prompt will be: Select IV ROOM NAME. If not, then the first prompt is "Display an Order Summary? NO// ". A **YES** answer will allow the nurse 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 nurse 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

```
Non-Verified/Pending Orders
Select IV ROOM NAME:    TST ISC ROOM

You are signed on under the TST ISC ROOM IV ROOM

Enter IV LABEL device: HOME//   COMPUTER ROOM


Enter IV REPORT device: HOME//   COMPUTER ROOM

Display an Order Summary? NO// YES

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

              Pending/Non-Verified Order Totals by Ward Group/Clinic Location

                              Pending                 Non-Verified
Ward Group/Clinic Location    IV        UD           IV          UD

Ward Groups

GEN MED                       5         5            0           3
TST 1 Group                   1         3            0           0
TST 3                         0         2            0           0
^OTHER                        5         27           1           5

Clinics

45 CLINIC PATTERN             5         0            0           0


1) Non-Verified Orders
2) Pending Orders

Select Order Type(s) (1-2):
```

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.

Next, the nurse can select which packages to display: Unit Dose Orders, IV Orders, or both, provided this user holds the PSJ RNFINISH and the PSJI RNFINISH keys. If the user holds only one of the RNFINISH keys, then either Unit Dose or IV orders will be displayed.

The next prompt allows the nurse 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.

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: ˆ

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), PATIENT (P), or PRIORITY (PR): PATIENT <Enter>

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

Select PATIENT:    PSJPATIENT1,ONE        000-00-0001  08/18/20   B-12 1 EAST

Select PATIENT: <Enter>
```

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

(This page included for two-sided copying)

Example Profile

```
Inpatient Order Entry        Jun 12, 2006@23:12:54       Page:   1 of   1
PSJPATIENT11, ONE                  Ward: 2ASM
  PID: 000-55-3421             Room-Bed: 102-1       Ht(cm): _____ (_____)
  DOB: 12/02/23 (82)                             Wt(kg): 100.00 (06/24/03)
  Sex: MALE                                  Admitted: 12/11/01
   Dx: HE IS A PAIN.                   Last transferred: 12/11/01

- - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - -
  1    CEFAZOLIN 1 GM                         C  06/12  06/22  H
       in 5% DEXTROSE 50 ML Q8H
  2    CIMETIDINE TAB                         C  06/12  07/12  A
         Give: 300MG PO BID
  3    FUROSEMIDE TAB                         C  06/01  06/15  HP
         Give: 40MG PO QAM
- - - - - - - - - - - - - - N O N - V E R I F I E D - - - - - - - - - - - - -
  4    CAPTOPRIL TAB                          C  06/14  06/28  N
         Give: 25MG PO BID

- - - - - - - - - - - P E N D I N G   R E N E W A L S - - - - - - - - - - - -
  5    HALOPERIDOL TAB                        ?  *****  *****  P    06/14
         Give: 5MG PO BID
- - - - - - - - - - - - - - - P E N D I N G - - - - - - - - - - - - - - - - -
  6    HEPARIN/DEXTROSE INJ,SOLN              ?  *****  *****  P
         Give:  IV
  7    LACTULOSE SYRUP                        ?  *****  *****  P NF
         Give: 10GM/15ML PO BID PRN

- - - - - - - - - - RECENTLY DISCONTINUED/EXPIRED (LAST 24 HOURS) - - - - - - - -
  8    FOLIC ACID TAB           C  06/14  06/16  D
         Give: 1MG PO QAM
  9    GENTAMICIN 80 MG                       C  06/12  06/12  D
       in 5% DEXTROSE 100 ML Q8H
 10    ISONIAZID TAB                          C  04/03  04/17  DF
         Give: 300MG PO QD
 11    POTASSIUM CHLORIDE 10MEQ               C  06/12  06/12  DA
       in 5% DEXTROSE 1000 ML Q8H
 12    POTASSIUM CHLORIDE 40 MEQ              C  06/12  06/12  DD
       in 5% DEXTROSE 250 ML 120 ml/hr
 13    PROPRANOLOL TAB                        C  06/15  06/20  DP
         Give: 40MG PO Q6H
 14    THIAMINE TAB                           C  04/03  04/17  E
         Give: 100MG PO BID


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

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

When the nurse holds the PSJ RNURSE key, it will be possible to take any available actions on selected Unit Dose or IV orders and verify non-verified orders.

The following keys may be assigned if the user already holds the PSJ RNURSE key:

PSJ RNFINISH key will allow the nurse to finish Unit Dose orders.

PSJI RNFINISH key will allow the nurse to finish IV orders.

4.3. Inpatient Order Entry
[PSJ OE]

The *Inpatient Order Entry* option, if assigned, allows the nurse 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           Sep 12, 2000 10:36:38        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//
```

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

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.

- **"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 nurse 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 nurse is given the option to copy the comments into this field. Should the nurse 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 11gm; 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 field. 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.

- **"EXPECTED FIRST DOSE:" (Regular and Abbreviated)**

Inpatient Medications no longer displays an expected first dose for orders containing a schedule with a schedule type of One-time. The system also no longer displays an expected first dose for orders containing a schedule with a schedule type of On-call. The Inpatient Medications application performs the following actions.

- Modifies order entry to allow entry of a Day-of-Week schedule in the following format: days@schedule name. For example, MO-WE-FR@BID or TU@Q6H.
- Translates the schedule into the appropriate administration times. For example, MO-WE-FR@BID is translated to MO-WE-FR@10-22.
- Modifies the expected first dose calculation to accept the new format of schedules. For example, MO-WE-FR@BID or MO@Q6H.
- Accepts the new formatted schedules from CPRS. For example, MO-WE-FR@BID or TU@Q6H.

Translates a schedule received in the new format from CPRS into the appropriate schedule and administration times.

- **"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 fields. This package initially calculates a default Stop Date/Time, depending on the INPATIENT WARD PARAMETERS file except for one-time orders and Inpatient orders for Outpatients.

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:"** (Regular and Abbreviated)

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

Nature of Order	Description	Prompted for Signature in CPRS	Chart Copy Printed?
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.

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
```

Example: New Order Entry (continued)

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

==[ 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=======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
```

Example: New Order Entry (continued)

```
(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....
```

```
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:
```

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IV

For IV order entry, the nurse must bypass the "Select DRUG:" prompt (by pressing <**Enter**>) and then choosing the IV Type at the "Select IV TYPE:" prompt. The following are the prompts that the nurse can expect to encounter while entering a new IV order for the patient.

This option is only available to those nurses who have Inpatient Order Entry access.

- **"Select IV TYPE:"**

IV types are admixture, piggyback, hyperal, syringe, and chemotherapy. An admixture is a Large Volume Parenteral (LVP) solution intended for continuous parenteral infusion. A piggyback is a small volume parenteral solution used for intermittent infusion. Hyperalimentation (hyperal) is long-term feeding of a protein-carbohydrate solution. A syringe IV type order uses a syringe rather than a bottle or a bag. Chemotherapy is the treatment and prevention of cancer with chemical agents.

When an order is received from CPRS, Inpatient Medications will accept and send updates to IV Types from CPRS. When an IV type of Continuous is received, Inpatient Medications defaults to an IV type of Admixture. However, when an IV type of Intermittent is received, Inpatient Medications defaults to an IV type of piggyback.

- **"Select ADDITIVE:"**

There can be any number of additives for an order, including zero. An additive or additive synonym can be entered. If the Information Resources Management Service (IRMS) Chief/Site Manager or Application Coordinator has defined it in the IV ADDITIVES file, the nurse may enter a quick code for an additive. The quick code allows the user to pre-define certain fields, thus speeding up the order entry process. The **entire** quick code name must be entered to receive all pre-defined fields in the order.

Note: Drug inquiry is allowed during order entry by entering two question marks (??) at the STRENGTH prompt for information on an additive or solution.

When an additive is chosen, if an active drug text entry for the Dispense Drug and/or Orderable Item linked to this additive 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 side of the IV Type on the same line. This indicator will be highlighted.

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

- **"Select SOLUTION:"**

There can be any number of solutions in an order, depending on the type. It is even possible to require zero solutions when an additive is pre-mixed with a solution. If no solutions are chosen, the system will display a warning message, in case it is an oversight, and gives the opportunity to add one. The nurse may enter an IV solution or IV solution synonym.

When a solution is chosen, if an active drug text entry for the Dispense Drug and/or Orderable Item linked to this solution 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 side of the IV Type on the same line. This indicator will be highlighted.

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

- **"INFUSION RATE:"**

The infusion rate is the rate at which the IV is to be administered. This value, in conjunction with the total volume of the hyperal or the admixture type, is used to determine the time covered by one bag; hence, the system can predict the bags needed during a specified time of coverage. This field is free text for piggybacks. For admixtures, a number that will represent the infusion rate must be entered. The nurse can also specify the # of bags per day that will be needed.

Example: 125 = 125 ml/hr (IV system will calculate bags needed per day), 125@2 = 125 ml/hr with 2 labels per day, Titrate@1 = Titrate with 1 label per day. The format of this field is either a number only or <FREE TEXT > @ <NUMBER OF LABELS PER DAY > (e.g., Titrate @ 1).

When an order is received from CPRS, Inpatient Medications accepts infusion rates in both ml/hr and as "infuse over time." In the Order View screen, for orders with an IV Type considered Intermittent, the infusion rate will display as "infuse over" followed by the time. For example, infuse over 30 minutes.

Note: If an administration time(s) is defined, the number of labels will reflect the administration time(s) for the IVPB type orders. **Example:** one administration time of 12:00 is specified. The infusion rate is entered as 125@3. Only 1 label will print.

- **"MED ROUTE:"** (Regular and Abbreviated)

Inpatient Medications uses the medication route provided by CPRS as the default when finishing an IV order, and transmits any updates to an order's medication route to CPRS.

Inpatient Medications determines the default medication route for a new order entered through Inpatient Medications, and sends the full Medication Route name for display on the BCMA VDL.

This is the administration route to be used for the order. If a Medication Route is identified for the selected Orderable Item, it will be used as the default for the order. Inpatient Medications applies the Medication Route provided by CPRS as the default when finishing an IV order.

- If no medication route is specified, Inpatient Medications will use the Medication Route provided by CPRS as the default when finishing an IV order.

- If updates are made to the medication route, Inpatient Medications will transmit any updates to an order's Medication Route to CPRS.

- Inpatient Medications determines the default Medication Route for a new order.

- Inpatient Medications sends the full Medication Route name for display on the BCMA VDL.

- **"SCHEDULE:"**

This prompt occurs on piggyback and intermittent syringe orders. 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)

- **"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 nurse 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 nurse is given the option to copy the comments into this field. Should the nurse 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 nurse 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 nurse 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 nurse enters Other Print Info information, if the entry exceeds one line of 60 characters, the message: "WARNING 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."

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
```

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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, 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. Then the log will display 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       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
   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:
```

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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.

MEDICATION INSTRUCTION file File #51. This file is used by Outpatient Pharmacy and Unit Dose Special Instructions. (Not used by IV Other Print Info.) It contains the medication instruction name, expansion, and intended use.

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

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

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

Non-VA Meds Term that encompasses any Over-the-Counter (OTC) medications, Herbal supplements, Veterans Health Administration (VHA) prescribed medications but purchased by the patient at an outside pharmacy, and medications prescribed by providers outside VHA. All Non-VA Meds must be documented in patients' medical records.

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

Orderable Item An Orderable Item name has no strength attached to it (e.g., Acetaminophen). The name with a strength attached to it is the Dispense Drug name (e.g., Acetaminophen 325mg).

Order Check Order checks (drug-allergy/ADR interactions, drug-drug, duplicate drug, and duplicate drug class) are performed when a new medication order is placed through either the CPRS or Inpatient Medications applications. They are also performed when medication orders are renewed, when Orderable Items are edited, or during the finishing process in Inpatient Medications. This functionality will ensure the user is alerted to

possible adverse drug reactions and will reduce the possibility of a medication error.

Order Sets An Order Set is a set of N pre-written orders. (N indicates the number of orders in an Order Set is variable.) Order Sets are used to expedite order entry for drugs that are dispensed to all patients in certain medical practices and procedures.

Order View Computer option that allows the user to view detailed information related to one specific order of a patient. The order view provides basic patient information and identification of the order variables.

Parenteral Introduced by means other than 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.