



# **INPATIENT MEDICATIONS**

## **PHARMACIST'S USER MANUAL**

Version 5.0  
January 2005

(Revised April 2011)



# 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
04/2011	i v-vii 9 15-15b  17 19 20 21  27-28 30 31 32 33 34 35-36b  37 40 41 46 61-62b  65 66 67 73-74 76 77 78 79 80 81 83 98 118 120-120b	PSJ*5*181	Updated Revision History Updated Table of Contents New: Intervention Menu New: Example: Ward Group Sort option ^OTHER for Patient and Example: Ward Group Sort option ^OTHER for Order Updated: Example: Patient Information Screen Update: “Select DRUG” Note was updated Updated: Example: Dispense Drug with Possible Dosages and Example: Dispense Drug with Local Possible Dosages Updated: Example: New Order Entry Updated: Example: New Intervention Updated: Example: Edit an Intervention Updated: Example: Delete an Intervention Updated: Example: View an Intervention Updated: Example: Print an Intervention New: Discontinued Codes and Example of Inpatient Order Entry New: Example: Patient Information Updated: 4.1.5.1 Discontinue Updated: Example: Discontinue an Order (continued) Updated: Example: Verify an Order (continued) Updated: 4.1.8 Inpatient Profile, Discontinued Codes, & example Updated: Example: Patient Information Updated: Example: Patient Record Updated: Example: Patient Information Updated: Example: New Order Entry Updated: Example: New Intervention Updated: Example: Edit an Intervention Updated: Example: Delete an Intervention Updated: Example: View an Intervention Updated: Example: Print an Intervention Updated: 4.2.3.5 View Profile Updated: Example: Patient Information Updated: 4.1.5.4 Hold Updated text Updated: 4.2.7. Inpatient Profile, Discontinued Codes, & example

Date	Revised Pages	Patch Number	Description
	122 123-124v 125 136 137 153 190 192a-192b 194-195 196-196d 219-220 221-222 223-238 239-246		Updated: Example: Inpatient Profile Updated: 4.3. Order Checks Added Note Updated: Example: Extra Units Dispensed Report Updated: Example: Reporting Medication Returns Updated: Example: Patient Profile Updated: Example: Extended Patient Profile Report Updated: 8.1.5. Patients on Specific Drug(s) Updated: Example: IV Individual Labels New: Example: IV Individual Labels (Print New Labels) New: 10. CPRS Order Checks – How They Work New: 11. Error Messages Updated: Glossary page numbering Updated: Index & page numbering (C. Flegel, developer; S. Heiress, Tech Writer)
9/2010	i-ii, 174	PSJ*5*232	Deleted paragraph referring to Start/Stop date prompts of Action Profile #1 option as this is not how the option works. (A. Scott, PM; G. Werner, Tech Writer)
06/2010	i-v, 33-34, 25a-25d, 124a-124b, 124e-124f, 239-241	PSJ*5*113	Added new Order Validation Requirements.  Removed Duplicate Order Check Enhancement functionality, (removed in a prior patch). (R. Singer, DM, B. Thomas, Tech Writer)
02/2010	i-ii, iv-v, 192a-b, 214a-b, 239-241	PSJ*5*214	Updated Table of Contents to include new sections. Added new sections 8.1.5 and 8.2.4 to reference <i>Patients on Specific Drug(s)</i> option that is now commonly used by pharmacists who may have been assigned this option directly and not as part of the Supervisor's Menu. Added <i>Patients on Specific Drug(s)</i> option to the Index. (C. Willette, DM; R. Silverman/D. Dertien, Tech Writer)
12/2009	56, 56a, 56b iii	PSJ*5*222	Added description of warning displayed when finishing a Complex Unit Dose Order with overlapping admin times. Corrected page numbers in Table of Contents. (E. Wright, PM; R. Sutton, Tech Writer)
07/2009	43	PSJ*5*215	When Dispense Drug is edited for an active Unit Dose, an entry is added to the activity log. (G. Tucker, PM; S. B. Scudder, Tech Writer)
02/2009	226	PSJ*5*196	Update to IV Duration (A. Scott, PM; G. Werner, Tech Writer)
08/2008	iii, 20-27, 54, 68-76, 94-95, 104- 106, 236, 240-241	PSJ*5*134	Inpatient Medication Route changes added, plus details on IV type changes for infusion orders from CPRS, pending renewal functions, and expected first dose changes. (S. Templeton, PM; G. O'Connor, Tech Writer)

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

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<b><u>Synonym</u></b>	<b><u>Action</u></b>	<b><u>Description</u></b>
IN	Intervention Menu	Displays, allows actions to be taken on orders where interventions are required or suggested.
PRO	Patient Profiles	Displays the <i>Patient Profile Menu</i>
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 Intervention menu hidden action is available to the Medication Profile and Detailed Order List Manager screens when utilizing the following options:

- *Inpatient Order Entry* [PSJ OE]
- *Non-Verified/Pending Orders* [PSJU VBW]
- *Order Entry* [PSJU NE]
- *Order Entry (IV)* [PSJI ORDER]

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

<b><u>Synonym</u></b>	<b><u>Action</u></b>	<b><u>Description</u></b>
DC	Speed Discontinue	Speed discontinue one or more orders (This is also available in the <i>Inpatient Order Entry</i> and <i>Order Entry (IV)</i> 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.

<b><u>Synonym</u></b>	<b><u>Action</u></b>	<b><u>Description</u></b>
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

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The next example shows the *Ward Group Sort* option ^OTHER that lists patients for whom orders are available for processing.

#### Example: Ward Group Sort option ^OTHER

```
1) Unit Dose Orders
2) IV Orders

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

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

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

Select WARD GROUP: ^OTHER <Enter>
```

ORDERS NOT VERIFIED BY A PHARMACIST - ^OTHER

No.	TEAM	PATIENT
1	Not Found	PSJPATIENT10,TEN (0010)
2	Not Found	PSJPATIENT12,TWELVE (0012)
3	Not Found	PSJPATIENT15,FIFTEEN (0015)
4	Not Found	PSJPATIENT20,TWENTY (0020)

Select 1 - 4: 1

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

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

#### Example: After selecting a patient:

```

      I N P A T I E N T   M E D I C A T I O N S           03/05/10  13:56
      VAMC:  CAMP MASTER (500)
-----
EIGHT,INPATIENT                      Ward: 7A GEN MED
PID: 666-00-0808      Room-Bed: 726-B      Ht(cm): _____ (_____)
DOB: 03/09/45  (64)      Wt(kg): _____ (_____)
Sex: MALE                      Admitted: 01/05/09
Dx: stress
Allergies: No Allergy Assessment
ADR:
-----
      A C T I V E -----
1      MULTIVITAMINS 2 ML                      C 02/25  03/27  H
      in 0.9% SODIUM CHLORIDE 100 ML  QID
-----
      N O N - V E R I F I E D -----
2      CEFAZOLIN INJ                      ? ***** *****  N
      Give: 1GM/1VIAL IVPB 3ID

View ORDERS (1-2):
```

#### Example: After selection, an order (if selected):

```
-----
Patient:  EIGHT,INPATIENT                      Status:  HOLD

*(1)  Additives:      Order number: 1                      Type:  PIGGYBACK
      MULTIVITAMINS 2 ML

(2)  Solutions:
      0.9% SODIUM CHLORIDE 100 ML
      Duration:      *(4)      Start: 02/25/10  18:51

(3)  Infusion Rate:  INFUSE OVER 125 MINUTES

*(5)  Med Route:  IV                      *(6)      Stop: 03/27/10  23:59
```

```

*(7)      Schedule: QID                               Last Fill: 02/25/10 19:03
(8)      Admin Times: 09-13-17-21                     Quantity: 1
*(9)      Provider: PROVIDER,ONE [w]                  Cum. Doses: 1
*(10)Orderable Item: MULTIVITAMINS INJ
      Instructions: MULTIVITAMIN INJ
(11)     Other Print:

(12)     Remarks :
      IV Room: ALBANY IV ROOM
      Entry By: NURSE,EIGHTEEN                        Entry Date: 02/25/10 18:51
Enter RETURN to continue or '^' to exit:

Select profile type for order processing.

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

```

After selecting a patient or an order, a profile prompt is displayed asking the pharmacist to choose a profile for the patient. The pharmacist 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 Unit Dose order has a STAT priority, this order will always be displayed first in the order 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.

#### Example: Short Profile

```

Non-Verified/Pending Orders  Feb 28, 2002@13:41:21          Page: 1 of 3
PSJPATIENT1,ONE              Ward: 1 EAST
PID: 000-00-1001             Room-Bed: B-12                Ht(cm): _____ (_____)
DOB: 08/18/20 (81)           Wt(kg): _____ (_____)
Sex: MALE                    Admitted: 05/03/00
Dx: TESTING                  Last transferred: *****
- - - - - A C T I V E - - - - -
1  HEPARIN 10000 UNITS          C 02/27 02/27 E
   in 5% DEXTROSE 1000 ML 125 ml/hr
2  HEPARIN INJ,SOLN            O 02/27 02/27 E
   Give: 1000UNT/1ML IV NOW
3  MORPHINE SULFATE 250 MG      O 02/27 02/27 E
   in DEXTROSE 5% 250 ML STAT
4  MULTIVITAMIN INJ 10 ML       O 02/27 02/27 E
   in 5% DEXTROSE 1000 ML 125 ml/hr

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

Select Action: Next Screen//  <Enter>  NEXT SCREEN

```

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

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### Example: Short Profile (continued)

Non-Verified/Pending Orders		Feb 28, 2002@13:42:56		Page: 2 of 3	
PSJPATIENT1,ONE		Ward: 1 EAST			
PID: 000-00-1001		Room-Bed: B-12		Ht(cm): _____ (_____)	
DOB: 08/18/20 (81)				Wt(kg): _____ (_____)	
Sex: MALE				Admitted: 05/03/00	
Dx: TESTING		Last transferred: *****			
+					
- - - - - P E N D I N G R E N E W A L S - - - - -					
5	THEOPHYLLINE TAB,SA	O	02/27	02/27	E
	Give: 500MG PO STAT				
6	WARFARIN TAB	O	02/27	02/27	E
	Give: 2 MG PO NOW				
7	WARFARIN TAB	O	02/27	02/27	E
	Give: 2 MG PO NOW				
8	WARFARIN TAB	O	02/28	02/28	E
	Give: 4 MG PO NOW				
Enter ?? for more actions					
PI Patient Information		SO Select Order			
PU Patient Record Update		NO New Order Entry			
Select Action: Next Screen//		<Enter>		NEXT SCREEN	

Non-Verified/Pending Orders		Feb 28, 2002@13:43:11		Page: 3 of 3	
PSJPATIENT1,ONE		Ward: 1 EAST			
PID: 000-00-1001		Room-Bed: B-12		Ht(cm): _____ (_____)	
DOB: 08/18/20 (81)				Wt(kg): _____ (_____)	
Sex: MALE				Admitted: 05/03/00	
Dx: TESTING		Last transferred: *****			
+					
- - - - - N O N - V E R I F I E D - - - - -					
9	CEFTAZIDIME 1000 MG	?	*****	*****	N
	in 5% DEXTROSE 100 ML Q12H				
10	HALOPERIDOL TAB	C	10/31	01/29	N
	Give: 10MG PO QID				
11	WARFARIN TAB	C	11/01	01/29	N
	Give: 5MG PO QDAILY-WARF				
- - - - - P E N D I N G - - - - -					
12	POTASSIUM CHLORIDE 40 MEQ	?	*****	*****	P
	in DEXTROSE 5% IN N. SALINE 1000 ML 125 ml/hr				
Enter ?? for more actions					
PI Patient Information		SO Select Order			
PU Patient Record Update		NO New Order Entry			
Select Action: Quit//					

The pharmacist 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 pharmacist holds the PSJ RPHARM key, it will be possible to take any available actions on selected Unit Dose or IV orders.



### 4.1.3. Inpatient Order Entry

[PSJ OE]

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

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

#### Example: Inpatient Order Entry

```
Select Unit Dose Medications Option: IOE Inpatient Order Entry

You are signed on under the BIRMINGHAM ISC IV ROOM

Current IV LABEL device is: NT TELNET TERMINAL

Current IV REPORT device is: NT TELNET TERMINAL

Select PATIENT: PSJPATIENT1
```

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

#### Example: Patient Information Screen

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

  Adverse Reactions:
  Inpatient Narrative:
  Outpatient Narrative:

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

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

#### 4.1.4. Patient Actions

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

##### 4.1.4.1. Patient Record Update

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

##### Example: Patient Record Update

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

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

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



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

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



**Note:** If this parameter is not enabled, the user can still edit a patient's default stop date. Unless the parameter is enabled, the default stop date will not be seen or used by the module.

#### Examples of Valid Dates and Times:

- JAN 20 1957 or 20 JAN 57 or 1/20/57 or 012057
- T (for TODAY), T+1 (for TOMORROW), T+2, T+7, etc.
- T-1 (for YESTERDAY), T-3W (for 3 WEEKS AGO), etc.
- If the year is omitted, the computer uses CURRENT YEAR. Two-digit year assumes no more than 20 years in the future, or 80 years in the past.
- If only the time is entered, the current date is assumed.
- Follow the date with a time, such as JAN 20@10, T@10AM, 10:30, etc.
- The pharmacist may enter a time, such as NOON, MIDNIGHT, or NOW.
- The pharmacist may enter NOW+3' (for current date and time Plus 3 minutes \*Note--the Apostrophe following the number of minutes)
- Time is REQUIRED in this response.

#### 4.1.4.2. New Order Entry

The New Order Entry action allows the pharmacist to enter new Unit Dose or IV orders for the patient, depending upon the order option selected (*Order Entry, Non-Verified/Pending Orders, or Inpatient Order Entry*). Only one user is able to enter new orders on a selected patient due to the patient lock within the VistA applications. This minimizes the chance of duplicate orders.

For Unit Dose order entry, a response must be entered at the "Select DRUG:" prompt. The pharmacist can select a particular drug or enter a pre-defined order set.

Depending on the entry in the "Order Entry Process:" prompt in the *Inpatient User Parameters Edit* option, the pharmacist will enter a regular or abbreviated order entry process. The abbreviated order entry process requires entry into fewer fields than regular order entry. Beside each of the prompts listed below, in parentheses, will be the word regular, for regular order entry and/or abbreviated, for abbreviated order entry.

- **"Select DRUG:"** (Regular and Abbreviated)

Pharmacists select Unit Dose medications directly from the DRUG file. The Orderable Item for the selected drug will automatically be added to the order, and all Dispense Drugs entered for the order must be linked to that Orderable Item. If the Orderable Item is edited, data in the DOSAGE ORDERED field and the DISPENSE DRUG field will be deleted. If multiple Dispense Drugs are needed in an order, they may be entered by selecting the DISPENSE DRUG field from the edit list before accepting the new order. After Dispense Drugs are selected and the order is accepted, they will be checked against the patient's current medications for duplicate therapy, drug-drug/drug-allergy interactions, and the three CPRS order checks that are new. (See Section 4.3 Order Checks for more information.)



**Note:** No special order checks are performed for specific drugs (e.g., Clozapine). Orders for Clozapine or similar special medications 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 National Clozapine Coordinating Center (NCCC) package). Any patients requiring special monitoring should also have an order entered through Outpatient Pharmacy at this time

The pharmacist 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 physician 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 be entered automatically. 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 automatically be entered. 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.

- **“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 10MG TABS      MS200
...OK? Yes// <Enter> (Yes)

Now Processing Enhanced Order Checks! Please wait...

Press Return to continue...

Available Dosage(s)
  1.    10MG
  2.    20MG

Select from list of Available Dosages or Enter Free Text Dose: 1  10MG
You entered 10MG is this correct? Yes// <Enter>
```

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

**Example: Dispense Drug with Local Possible Dosages**

```
Select DRUG:      GENTAMICIN CREAM 15GM      DE101      DERM CLINIC ONLY
...OK? Yes// <Enter> (Yes)

Now Processing Enhanced Order Checks! Please wait...

Press Return to continue...

Available Dosage(s)
  1.    SMALL AMOUNT
  2.    THIN FILM

Select from list of Available Dosages or Enter Free Text Dose: 2  THIN FILM
You entered THIN FILM is this correct? Yes// <Enter>
```



**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

When the user has chosen the drug and Dosage Ordered is defined for the order, it will be displayed as:

**Example: Order View Information when Dosage Ordered is Defined**

ORDERABLE ITEM NAME    DOSE FORM
Give: DOSAGE ORDERED    MEDICATION ROUTE    SCHEDULE

The DOSAGE ORDERED and the UNITS PER DOSE fields are modified to perform the following functionality:

- Entering a new backdoor order:
  1. If the Dosage Ordered entered is selected from the Possible Dosages or the Local Possible Dosages, the user will not be prompted for the Units Per Dose. Either the BCMA Units Per Dose or the Dispense Units Per Dose, defined under the Dispense Drug, will be used as the default for the Units Per Dose.
  2. If a free text dose is entered for the Dosage Order, the user will be prompted for the Units Per Dose. A warning message will display when the entered Units Per Dose does not seem to be compatible with the Dosage Ordered. The user will continue with the next prompt.
- Finishing a pending order:
  1. If the Dosage Ordered was selected from the Possible Dosages or the Local Possible Dosages, either the BCMA Units Per Dose or the Dispense Units Per Dose, defined under the Dispense Drug, will be used as the default for the Units Per Dose.
  2. If a free text dose was entered for the pending order, the UNITS PER DOSE field will default to 1. A warning message will display when the Units Per Dose does not seem to be compatible with the Dosage Ordered when the user is finishing/verifying the order.
- Editing an order:
  1. Any time the DOSAGE ORDERED or the UNITS PER DOSE field is edited, a check will be performed and a warning message will display when the Units Per Dose does not seem to be compatible with the Dosage Ordered. Neither field will be automatically updated.

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

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

### Example: New Order Entry

Patient Information	Feb 14, 2001 10:21:33	Page: 1 of 1
---------------------	-----------------------	--------------

PSJPATIENT1,ONE      Ward: 1 EAST

PID: 000-00-0001      Room-Bed:      Ht (cm): \_\_\_\_\_ (\_\_\_\_\_)

DOB: 08/18/20 (80)      Wt (kg): \_\_\_\_\_ (\_\_\_\_\_)

Sex: MALE      Admitted: 11/07/00

Dx: TEST      Last transferred: \*\*\*\*\*

Allergies/Reactions: No Allergy Assessment

Remote:

Adverse Reactions:

Inpatient Narrative: Narrative for Patient PSJPATIENT1

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// **NO**      New Order Entry

Select DRUG: POTASSIUM CHLORIDE

Lookup: GENERIC NAME

1	POTASSIUM CHLORIDE 10MEQ SA TAB	TN430
2	POTASSIUM CHLORIDE 20MEQ PKT	TN430
3	POTASSIUM CHLORIDE 20MEQ/15ML (SF) LIQ	TN430
4	POTASSIUM CHLORIDE 2MEQ/ML INJ	TN430      BCMA
5	POTASSIUM CHLORIDE 40MEQ/20ML INJ	TN430

Press <RETURN> to see more, '^' to exit this list, '^ ^' to exit all lists, OR

CHOOSE 1-5: 1      POTASSIUM CHLORIDE 10MEQ SA TAB      TN430

Now Processing Enhanced Order Checks! Please wait...

Press Return to continue...

Available Dosage(s)

1.	10MEQ
2.	20MEQ
3.	30MEQ
4.	40MEQ
5.	50MEQ

Select from list of Available Dosages or Enter Free Text Dose: 1      10MEQ

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

### Example: New Order Entry (continued)

You entered 10MEQ is this correct? Yes// YESMED ROUTE: ORAL// <Enter> PO  
SCHEDULE TYPE: CONTINUOUS// <Enter> CONTINUOUS  
SCHEDULE: BID 08-16  
ADMIN TIMES: 08-16// <Enter>  
SPECIAL INSTRUCTIONS: <Enter>  
START DATE/TIME: FEB 14,2001@16:00// <Enter> FEB 14,2001@16:00  
STOP DATE/TIME: FEB 23,2001@24:00// <Enter> FEB 23,2001@24:00  
PROVIDER: PSJPROVIDER,ONE// <Enter>

NON-VERIFIED UNIT DOSE	Feb 14, 2001 10:23:37	Page: 1 of 2
PSJPATIENT1,ONE	Ward: 1 EAST	
PID: 000-00-0001	Room-Bed:	Ht(cm): _____ (_____)
DOB: 08/18/20 (80)		Wt(kg): _____ (_____)

(1)Orderable Item: POTASSIUM CHLORIDE TAB,SA  
Instructions:  
(2)Dosage Ordered: 10MEQ  
Duration: (3)Start: 02/14/01 16:00  
(4) Med Route: ORAL (5) Stop: 02/23/01 24:00  
(6) Schedule Type: CONTINUOUS  
(8) Schedule: BID  
(9) Admin Times: 08-16  
(10) Provider: PSJPROVIDER,ONE [w]  
(11) Special Instructions:

(12) Dispense Drug	U/D	Inactive Date
POTASSIUM CHLORIDE 10 mEq U/D TABLET	1	

+ Enter ?? for more actions  
ED Edit AC ACCEPT  
Select Item(s): Next Screen// AC ACCEPT

NATURE OF ORDER: WRITTEN// <Enter>

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

NON-VERIFIED UNIT DOSE	Feb 14, 2001 10:24:52	Page: 1 of 2
PSJPATIENT1,ONE	Ward: 1 EAST	
PID: 000-00-0001	Room-Bed:	Ht(cm): _____ (_____)
DOB: 08/18/20 (80)		Wt(kg): _____ (_____)

\*(1)Orderable Item: POTASSIUM CHLORIDE TAB,SA  
Instructions:  
\*(2)Dosage Ordered: 10MEQ  
Duration: (3)Start: 02/14/01 16:00  
\*(4) Med Route: ORAL (5) Stop: 02/23/01 24:00  
(6) Schedule Type: CONTINUOUS  
\*(8) Schedule: BID  
(9) Admin Times: 08-16  
\*(10) Provider: PSJPROVIDER,ONE [w]  
(11) Special Instructions:

(12) Dispense Drug	U/D	Inactive Date
POTASSIUM CHLORIDE 10 mEq U/D TABLET	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// VF Verify  
...a few moments, please.....



### Example: New Order Entry (continued)

```
Pre-Exchange DOSES: <Enter>
ORDER VERIFIED.
Enter RETURN to continue or '^' to exit:
```

#### 4.1.4.3. Detailed Allergy/ADR List

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

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

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

- **Select Allergy**

Allows the user to view a specific allergy.

#### 4.1.4.4. Intervention Menu



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

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

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

### Example: New Intervention

Patient Information	Sep 22, 2000 08:03:07	Page: 1 of 1
PSJPATIENT2,TWO	Ward: 1 West	<A>
PID: 000-00-0002	Room-Bed: A-6	Ht(cm): 167.64 (04/21/99)
DOB: 02/22/42 (58)		Wt(kg): 85.00 (04/21/99)
Sex: MALE		Admitted: 09/16/99
Dx: TEST PATIENT		Last transferred: *****
Allergies - Verified: CAMEL, CN900, LOMEFLOXACIN, PENTAMIDINE, PENTAZOCINE, CHOCOLATE, NUTS, STRAWBERRIES, DUST		
Non-Verified: AMOXICILLIN, AMPICILLIN, TAPE, FISH, FLUPHENAZINE DECANOATE		
Remote:		
Adverse Reactions:		
Inpatient Narrative: Inpatient narrative		
Outpatient Narrative: This is the Outpatient Narrative. This patient doesn't like waiting at the pickup window. He gets very angry.		
Enter ?? for more actions		
PU Patient Record Update	NO New Order Entry	
DA Detailed Allergy/ADR List	IN Intervention Menu	
VP View Profile		
Select Action: View Profile// <b>IN</b> 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): <b>NE</b> Enter Pharmacy Intervention		
Select APSP INTERVENTION INTERVENTION DATE: <b>T</b> SEP 22, 2000		
Are you adding 'SEP 22, 2000' as a new APSP INTERVENTION (the 155TH)? No// <b>Y</b> (Yes)		
APSP INTERVENTION PATIENT: <b>PSJPATIENT2,TWO</b> 02-22-42 000000002 N		
SC VETERAN		
APSP INTERVENTION DRUG: <b>WAR</b>		
1 WARFARIN 10MG	BL100	TAB
2 WARFARIN 10MG U/D	BL100	TAB **AUTO STOP 2D**
3 WARFARIN 2.5MG	BL100	TAB
4 WARFARIN 2.5MG U/D	BL100	TAB **AUTO STOP 2D**
5 WARFARIN 2MG	BL100	TAB
Press <RETURN> to see more, '^' to exit this list, OR		
CHOOSE 1-5: <b>1</b>	WARFARIN 10MG	BL100 TAB
PROVIDER:	<b>PSJPROVIDER,ONE</b>	PROV
INSTITUTED BY: PHARMACY// <Enter> PHARMACY		
INTERVENTION: <b>ALLERGY</b>		
RECOMMENDATION: <b>NO CHANGE</b>		
WAS PROVIDER CONTACTED: <b>N</b> NO		
RECOMMENDATION ACCEPTED: <b>Y</b> YES		
FINANCIAL COST:		
REASON FOR INTERVENTION:		
1>		
ACTION TAKEN:		
1>		
CLINICAL IMPACT:		
1>		
FINANCIAL IMPACT:		
1>		
Select Item(s):		

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

### Example: Edit an Intervention

Patient Information	Sep 22, 2000 08:03:07	Page: 1 of 1
PSJPATIENT2,TWO	Ward: 1 West	<A>
PID: 000-00-0002	Room-Bed: A-6	Ht(cm): 167.64 (04/21/99)
DOB: 02/22/42 (58)		Wt(kg): 85.00 (04/21/99)
Sex: MALE		Admitted: 09/16/99
Dx: TEST PATIENT		Last transferred: *****

Allergies - Verified: CARAMEL, CN900, LOMEFLOXACIN, PENTAMIDINE, PENTAZOCINE, CHOCOLATE, NUTS, STRAWBERRIES, DUST  
Non-Verified: AMOXICILLIN, AMPICILLIN, TAPE, FISH, FLUPHENAZINE DECANOATE

Remote:  
Adverse Reactions:  
Inpatient Narrative: Inpatient narrative  
Outpatient Narrative: This is the Outpatient Narrative. This patient doesn't like waiting at the pickup window. He gets very angry.

Enter ?? for more actions

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

--- Intervention Menu ---

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

Select Item(s): ED Edit Pharmacy Intervention

Select INTERVENTION: T SEP 22, 2000 PSJPATIENT2,TWO WARFARIN 10MG  
INTERVENTION DATE: SEP 22,2000// <Enter>  
PATIENT: PSJPATIENT2,TWO// <Enter>  
PROVIDER: PSJPROVIDER,ONE // <Enter>  
PHARMACIST: PSJPHARMACIST,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:  
1>  
ACTION TAKEN:  
1>  
CLINICAL IMPACT:  
1>  
FINANCIAL IMPACT:  
1>

- **Delete:** This option is used to delete an entry from the APSP INTERVENTION file. The pharmacist may only delete an entry that was entered on the same day.

#### Example: Delete an Intervention

Patient Information	Sep 22, 2000 08:03:07	Page: 1 of 1
PSJPATIENT2,TWO	Ward: 1 West	<A>
PID: 000-00-0002	Room-Bed: A-6	Ht(cm): 167.64 (04/21/99)
DOB: 02/22/42 (58)		Wt(kg): 85.00 (04/21/99)
Sex: MALE		Admitted: 09/16/99
Dx: TEST PATIENT		Last transferred: *****
<p>Allergies - Verified: CAMEL, CN900, LOMEFLOXACIN, PENTAMIDINE, PENTAZOCINE, CHOCOLATE, NUTS, STRAWBERRIES, DUST</p> <p>Non-Verified: AMOXICILLIN, AMPICILLIN, TAPE, FISH, FLUPHENAZINE DECANOATE</p> <p>Remote:</p> <p>Adverse Reactions:</p> <p>Inpatient Narrative: Inpatient narrative</p> <p>Outpatient Narrative: This is the Outpatient Narrative. This patient doesn't like waiting at the pickup window. He gets very angry.</p>		
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// <b>IN</b> 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): DI Delete Pharmacy Intervention		
You may only delete entries entered on the current day.		
Select APSP INTERVENTION INTERVENTION DATE: <b>T</b> SEP 22, 2000 PSJPATIENT2,TWO		
WARFARIN 10MG		
SURE YOU WANT TO DELETE THE ENTIRE ENTRY? <b>YES</b>		

- **View:** This option is used to display Pharmacy Interventions in a captioned format.

#### Example: View an Intervention

Patient Information	Sep 22, 2000 08:03:07	Page: 1 of 1
PSJPATIENT2,TWO	Ward: 1 West	<A>
PID: 000-00-0002	Room-Bed: A-6	Ht(cm): 167.64 (04/21/99)
DOB: 02/22/42 (58)		Wt(kg): 85.00 (04/21/99)
Sex: MALE		Admitted: 09/16/99
Dx: TEST PATIENT		Last transferred: *****
<p>Allergies - Verified: CARAMEL, CN900, LOMEFLOXACIN, PENTAMIDINE, PENTAZOCINE, CHOCOLATE, NUTS, STRAWBERRIES, DUST</p> <p>Non-Verified: AMOXICILLIN, AMPICILLIN, TAPE, FISH, FLUPHENAZINE DECANOATE</p> <p>Remote:</p> <p>Adverse Reactions:</p> <p>Inpatient Narrative: Inpatient narrative</p> <p>Outpatient Narrative: This is the Outpatient Narrative. This patient doesn't like waiting at the pickup window. He gets very angry.</p>		
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// <b>IN</b> 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):VP View Pharmacy Intervention		
Select APSP INTERVENTION INTERVENTION DATE: <b>T</b> SEP 22, 2000 PSJPATIENT2,TWO		
WARFARIN 10MG		
ANOTHER ONE: <Enter>		
INTERVENTION DATE: SEP 22, 2000		
PROVIDER: PSJPROVIDER,ONE	PATIENT: PSJPATIENT2,TWO	
DRUG: WARFARIN 10MG	PHARMACIST: PSJPHARMACIST,ONE	
INTERVENTION: ALLERGY	INSTITUTED BY: PHARMACY	
WAS PROVIDER CONTACTED: NO	RECOMMENDATION: NO CHANGE	
	RECOMMENDATION ACCEPTED: YES	

- **Print:** This option is used to obtain a captioned printout of Pharmacy Interventions for a certain date range. It will print out on normal width paper and can be queued to print at a later time.

### Example: Print an Intervention

Patient Information	Sep 22, 2000 08:03:07	Page: 1 of 1															
PSJPATIENT2,TWO	Ward: 1 West	<A>															
PID: 000-00-0002	Room-Bed: A-6	Ht(cm): 167.64 (04/21/99)															
DOB: 02/22/42 (58)		Wt(kg): 85.00 (04/21/99)															
Sex: MALE		Admitted: 09/16/99															
Dx: TEST PATIENT		Last transferred: *****															
<p>Allergies - Verified: CAMEL, CN900, LOMEFLOXACIN, PENTAMIDINE, PENTAZOCINE, CHOCOLATE, NUTS, STRAWBERRIES, DUST</p> <p>Non-Verified: AMOXICILLIN, AMPICILLIN, TAPE, FISH, FLUPHENAZINE DECANOATE</p> <p>Remote:</p> <p>Adverse Reactions:</p> <p>Inpatient Narrative: Inpatient narrative</p> <p>Outpatient Narrative: This is the Outpatient Narrative. This patient doesn't like waiting at the pickup window. He gets very angry.</p>																	
<p>Enter ?? for more actions</p> <p>PU Patient Record Update                      NO New Order Entry</p> <p>DA Detailed Allergy/ADR List                      IN Intervention Menu</p> <p>VP View Profile</p> <p>Select Action: View Profile// <b>IN</b>    Intervention Menu</p> <p>--- Intervention Menu ---</p> <p>DI    Delete Pharmacy Intervention                      PO    Print Pharmacy Intervention</p> <p>ED    Edit Pharmacy Intervention                      VP    View Pharmacy Intervention</p> <p>NE    Enter Pharmacy Intervention</p> <p>Select Item(s): PO            Print Pharmacy Intervention</p> <p>* Previous selection: INTERVENTION DATE equals 7/2/96</p> <p>START WITH INTERVENTION DATE: FIRST// <b>T</b> (SEP 22, 2000)</p> <p>GO TO INTERVENTION DATE: LAST// <b>T</b> (SEP 22, 2000)</p> <p>DEVICE: &lt;Enter&gt;    NT/Cache virtual TELNET terminal                      Right Margin: 80//</p> <p>PHARMACY INTERVENTION LISTING                      SEP 22,2000    09:20                      PAGE 1</p> <p>-----</p> <p>INTERVENTION: ALLERGY</p> <p>INTERVENTION DATE: SEP 22,2000                      PATIENT: PSJPATIENT2,TWO</p> <p>PROVIDER: PSJPROVIDER,ONE                      PHARMACIST: PSJPHARMACIST,ONE</p> <p>DRUG: WARFARIN 10MG                      INSTITUTED BY: PHARMACY</p> <p>RECOMMENDATION: NO CHANGE                      RECOMMENDATION ACCEPTED: YES</p> <p>WAS PROVIDER CONTACTED: NO</p> <p>PROVIDER CONTACTED:</p> <p>-----</p> <table> <tr> <td>SUBTOTAL</td> <td></td> <td>1</td> </tr> <tr> <td>SUBCOUNT</td> <td>1</td> <td></td> </tr> <tr> <td colspan="3">-----</td> </tr> <tr> <td>TOTAL</td> <td></td> <td>1</td> </tr> <tr> <td>COUNT</td> <td>1</td> <td></td> </tr> </table>			SUBTOTAL		1	SUBCOUNT	1		-----			TOTAL		1	COUNT	1	
SUBTOTAL		1															
SUBCOUNT	1																
-----																	
TOTAL		1															
COUNT	1																

#### 4.1.4.5. View Profile

The View Profile action allows selection of a Long, Short, or NO profile for the patient. The profile displayed in the *Inpatient Order Entry* and *Non-Verified/Pending Orders* options will include IV and Unit Dose orders. The long profile shows all orders, including discontinued and expired orders. The short profile displays recently discontinued/expired orders based on HOURS OF RECENTLY DC/EXPIRED parameter values found in the system and ward parameter files.

##### Example: Profile View

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 in 5% DEXTROSE 50 ML Q8H	C 06/12 06/22	H
2	CIMETIDINE TAB Give: 300MG PO BID	C 06/12 07/12	A
3	FUROSEMIDE TAB Give: 40MG PO QAM	C 06/01 06/15	HP
- - - - - N O N - V E R I F I E D - - - - -			
4	CAPTOPRIL TAB Give: 25MG PO BID	C 06/14 06/28	N
- - - - - P E N D I N G - - - - -			
5	HEPARIN/DEXTROSE INJ,SOLN Give: IV	? *****	***** P
6	LACTULOSE SYRUP Give: 10GM/15ML PO BID PRN	? *****	***** P NF
7	LACTULOSE SYRUP Give: 10GM/15ML PO BID PRN	? *****	***** P NF
- - - - - R E C E N T L Y D I S C O N T I N U E D / E X P I R E D ( L A S T 8 H O U R S ) - - - - -			
8	FOLIC ACID TAB Give: 1MG PO QAM	C 06/14 06/16	D
9	GENTAMICIN 80 MG in 5% DEXTROSE 100 ML Q8H	C 06/12 06/12	DE
10	ISONIAZID TAB Give: 300MG PO QD	C 04/03 04/17	DF
11	POTASSIUM CHLORIDE 10MEQ in 5% DEXTROSE 1000 ML Q8H	C 06/12 06/12	DA
12	POTASSIUM CHLORIDE 40 MEQ in 5% DEXTROSE 250 ML 120 ml/hr	C 06/12 06/12	DD
13	PROPRANOLOL TAB Give: 40MG PO Q6H	C 06/15 06/20	DP
14	THIAMINE TAB Give: 100MG PO BID	C 04/03 04/17	E

  

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

The HOURS OF RECENTLY DC/EXPIRED field (#7) has been created in the INPATIENT WARD PARAMETERS file (#59.6). The Inpatient Medications profiles will display the recently discontinued/expired orders that fall within the number of hours specified in this field. The value defined in this field will take precedence over the Inpatient System parameter. The inpatient ward parameter allows for a minimum value of one (1) hour and a maximum value of one hundred twenty (120) hours. The Inpatient Ward Parameters Edit [PSJ IWP EDIT] option allows the user to edit this new ward parameter. If this parameter is not set the software will use the value in the HOURS OF RECENTLY DC/EXPIRED field (#26.8) in the PHARMACY SYSTEM file (#59.7). If neither parameter is set the software will default to twenty-four (24) hours.

The HOURS OF RECENTLY DC/EXPIRED field (#26.8) has been created in the PHARMACY SYSTEM file (#59.7). The Inpatient Medications profiles will display the recently discontinued/expired orders that fall within the number of hours specified in this field. This parameter allows for a minimum value of one (1) hour and a maximum value of one hundred twenty (120) hours. The Systems Parameters Edit [PSJ SYS EDIT] option includes the ability for a user to edit this inpatient site parameter. If neither parameter is set the software will default to twenty-four (24) hours.

On the medication profile in the status column, the codes and the action they represent are as follows:

Order Status: The current status of the order. These statuses include:

A	Active
N	Non-Verified
O	On Call (IV orders only)
I	Incomplete
HP	Placed on hold by provider through CPRS
H	Placed on hold via backdoor Pharmacy
E	Expired
DP	Discontinued by provider through CPRS
DE	Discontinued due to edit via backdoor Pharmacy (Unit Dose orders only)
D	Discontinued via backdoor Pharmacy (IV & UD); discontinued due to edit via backdoor Pharmacy (IV)

The Status column will also display some additional discontinue type actions performed on the order. The codes and the action they represent are as follows:

DF	Discontinued due to edit by a provider through CPRS
DD	Auto discontinued due to death
DA	Auto discontinued due to patient movements

Sets of Complex Orders with a status of “Pending” or “Non-Verified” will be grouped together in the Profile View. They appear as one numbered list item, as shown in the following examples. Once these orders are made active, they will appear individually in the Profile View, with a status of “Active”.



If a Unit Dose order has been verified by nursing but has not been verified by pharmacy, it will be listed under the ACTIVE heading with an arrow (->) to the right of its number. A CPRS Med Order will have a “DONE” priority and will display a “d” to the right of the number on all profiles. These orders will display with active orders under the Active header until the pharmacist verifies them.

Orders may be selected by choosing the Select Order action, or directly from the profile using the number displayed to the left of the order. Multiple orders may be chosen by entering the numbers for each order to be included, separated by commas (e.g., 1,2,3), or a range of numbers using the dash (e.g., 1-3).



**Note:** The START DATE and DRUG sort may be reversed using the INPATIENT PROFILE ORDER SORT field in the INPATIENT USER PARAMETERS file.

**Example: Pending Complex Order in Profile View**

Inpatient Order Entry	Mar 07, 2004@13:03:55	Page: 1 of 1
PSJPATIENT1,ONE Ward: 1 EAST		
PID: 000-00-0001	Room-Bed: B-12	Ht(cm): _____ (_____)
DOB: 08/18/20 (81)		Wt(kg): _____ (_____)
Sex: MALE		Admitted: 03/03/04
Dx: TESTING		Last transferred: *****

---

- - - - - P E N D I N G C O M P L E X - - - - -			
1	CAPTOPRIL TAB	? *****	P
	Give: 25MG PO QDAILY		
	CAPTOPRIL TAB	? *****	P
	Give: 50MG PO BID		
	CAPTOPRIL TAB	? *****	P
	Give: 100MG PO TID		

Enter ?? for more actions

PI Patient Information	SO Select Order
PU Patient Record Update	NO New Order Entry
Select Action: Next Screen//	

**Example: Non-Verified Complex Order in Profile View**

Inpatient Order Entry	Mar 07, 2004@13:03:55	Page: 1 of 1
PSJPATIENT1,ONE Ward: 1 EAST		
PID: 000-00-0001	Room-Bed: B-12	Ht(cm): _____ (_____)
DOB: 08/18/20 (81)		Wt(kg): _____ (_____)
Sex: MALE		Admitted: 03/03/04
Dx: TESTING		Last transferred: *****

---

- - - - - N O N - V E R I F I E D C O M P L E X - - - - -			
1	CAPTOPRIL TAB	C 03/26 03/27	N
	Give: 25MG PO QDAILY		
	CAPTOPRIL TAB	C 03/28 03/29	N
	Give: 50MG PO BID		
	CAPTOPRIL TAB	C 03/30 03/31	N
	Give: 100MG PO TID		

Enter ?? for more actions

PI Patient Information	SO Select Order
PU Patient Record Update	NO New Order Entry
Select Action: Next Screen//	

### Example: Active Complex Order in Profile View

Inpatient Order Entry	Mar 07, 2004@15:00:05	Page: 1 of 1
PSJPATIENT1,ONE Ward: 1 EAST		
PID: 000-00-0001	Room-Bed: B-12	Ht(cm): _____ (_____)
DOB: 08/18/20 (81)		Wt(kg): _____ (_____)
Sex: MALE	Admitted: 03/03/04	
Dx: TESTING	Last transferred: *****	

---

- - - - - A C T I V E - - - - -		
1	CAPTOPRIL TAB Give: 25MG PO QDAILY	C 03/26 03/27 A
2	CAPTOPRIL TAB Give: 50MG PO BID	C 03/28 03/29 A
3	CAPTOPRIL TAB Give: 100MG PO TID	C 03/30 03/31 A

Enter ?? for more actions

PI Patient Information	SO Select Order
PU Patient Record Update	NO New Order Entry

Select Action: Next Screen//

### 4.1.4.6. Patient Information

The Patient Information screen is displayed for the selected patient. This header contains the patient's demographic data, while the list area contains the Allergy/Adverse Reaction data, and Pharmacy Narratives. If an outpatient is selected, all future appointments in clinics that allow Inpatient Medications unit dose orders will display in the list area, too.

### Example: Patient Information

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

Allergies - Verified: STRAWBERRIES  
Non-Verified:  
Remote: No remote data available

Adverse Reactions:  
Inpatient Narrative:  
Outpatient Narrative:

Enter ?? for more actions

PU Patient Record Update	NO New Order Entry
DA Detailed Allergy/ADR List	IN Intervention Menu
VP View Profile	

Select Action: View Profile//

### 4.1.4.7. Select Order

The Select Order action is used to take action on a previously entered order by selecting it from the profile, after the patient is selected and length of profile is chosen.

### Example: Selecting and Displaying an Order

Inpatient Order Entry	Mar 07, 2002@13:10:28	Page: 1 of 1
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---

PSJPATIENT1,ONE	Ward: 1 EAST	
PID: 000-00-0001	Room-Bed: B-12	Ht(cm): _____ (_____)
DOB: 08/18/20 (81)		Wt(kg): _____ (_____)
Sex: MALE		Admitted: 05/03/00
Dx: TESTING		Last transferred: *****

---

- - - - - A C T I V E - - - - -						
1	d->in 5% DEXTROSE 50 ML 125 ml/hr	C	03/06	03/06	E	
2	ASPIRIN CAP,ORAL	C	03/07	03/08	A	
	Give: 325MG PO QID					
3	CEPHAPIRIN 1 GM	C	03/04	03/09	A	
	in DEXTROSE 5% IN N. SALINE 1000 ML QID					
- - - - - P E N D I N G - - - - -						
4	in DEXTROSE 10% 1000 ML 125 ml/hr	?	*****	*****	P	

Enter ?? for more actions

PI Patient Information	SO Select Order
PU Patient Record Update	NO New Order Entry

Select Action: Quit// 2

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

### Example: Selecting and Displaying an Order (continued)

ACTIVE UNIT DOSE	Mar 07, 2002@13:10:46	Page: 1 of 2
PSJPATIENT1,ONE      Ward: 1 EAST		
PID: 000-00-0001	Room-Bed: B-12	Ht(cm): _____ (_____)
DOB: 08/18/20 (81)		Wt(kg): _____ (_____)
*(1)Orderable Item: ASPIRIN CAP,ORAL      <DIN> Instructions:		
*(2)Dosage Ordered: 325MG		
Duration:	*(3)Start: 03/07/02 13:10	
*(4) Med Route: ORAL		
BCMA ORDER LAST ACTION: 03/07/02 13:09 Given*		*(5) Stop: 03/08/02 24:00
(6) Schedule Type: CONTINUOUS		
*(8) Schedule: QID		
(9) Admin Times: 09-13-17-21		
*(10) Provider: PSJPROVIDER,ONE [es]		
(11) Special Instructions:		
(12) Dispense Drug	U/D	Inactive Date
ASPIRIN BUFFERED 325MG TAB	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//		

### Example: Order View For An Outpatient With Inpatient Orders

ACTIVE UNIT DOSE	Nov 28, 2003@10:55:47	Page: 1 of 2
PSJPATIENT3,THREE      Clinic: CLINIC (PAT)		
PID: 000-00-0003	Clinic Date: 10/31/03 08:00	Ht(cm): _____ (_____)
DOB: 02/01/55 (48)		Wt(kg): _____ (_____)
*(1)Orderable Item: CAPTOPRIL TAB      <DIN> Instructions:		
*(2)Dosage Ordered: 25MG		
	*(3)Start: 10/31/03 08:00	
*(4) Med Route: ORAL (BY MOUTH)		
	*(5) Stop: 11/29/03 12:56	
(6) Schedule Type: CONTINUOUS		
*(8) Schedule: BID		
(9) Admin Times: 08-20		
*(10) Provider: PSJPROVIDER,ONE [s]		DURATION:
(11) Special Instructions:		
(12) Dispense Drug	U/D	Inactive Date
CAPTAPRIL 25MG TABS	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//		

The list area displays detailed order information and allows actions to be taken on the selected Unit Dose order. A number displayed to the left of the field name identifies fields that may be edited. If a field, marked with an asterisk (\*) next to its number, is edited, it will cause this order to be discontinued and a new one created. If a pending order is selected, the system will determine any default values for fields not entered through CPRS and display them along with the data entered by the provider.

The BCMA ORDER LAST ACTION field will only display when an action has been performed through BCMA on this order. This information includes the date and time of the action and the BCMA action status. If an asterisk (\*) appears after the BCMA status, this indicates an action was taken on the prior order that is linked to this order. Actions, displayed in the Action Area, enclosed in parenthesis are not available to the user. In the example above, the action Verify is not available to the user since it was previously verified. If an order was placed for an Outpatient for a clinic appointment date/time for an appropriate clinic, the Order View screen will display the Clinic and the Clinic Date and Time.



Only users with the appropriate keys will be allowed to take any available actions on the Unit Dose or IV order. (See p. 69 under IV.)

#### 4.1.5. Order Actions

The Order Actions are the actions available in the Action Area of the List Manager Screen. These actions pertain to the patient's orders and include editing, discontinuing, verifying, etc.

##### 4.1.5.1. Discontinue

When an order is discontinued, the order's Stop Date/Time is changed to the date/time the action is taken. An entry is placed in the order's Activity Log recording who discontinued the order and when the action was taken. Pending and Non-verified orders are deleted when discontinued and will no longer appear on the patient's profile. Please see the Patient Profile section of this document for more discussion about the discontinued statuses available and screen captures of how they appear.



**Note:** Any orders placed through the Med Order Button cannot be discontinued.

##### Example: Discontinue an Order

Inpatient Order Entry		Sep 28, 2000 13:32:18	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: *****	

  

----- A C T I V E -----			
1	MULTIVITAMINS 1 ML in 0.9% NACL 500 ML QID PRN	C	09/27 10/02 A
----- P E N D I N G -----			
2	AMPICILLIN CAP Give: 500MG PO QID	? *****	***** P
3	AMPICILLIN INJ Give: 1MG IVPB QID	? *****	***** P
4	PROPRANOLOL TAB Give: 10MG PO TID	? *****	***** P

Enter ?? for more actions

PU Patient Record Update	NO New Order Entry
Select Action: Quit// 2	

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

```

PENDING UNIT DOSE (ROUTINE)      Sep 28, 2000 13:33:17      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): _____ (_____)
  Sex: MALE                                          Admitted: 05/03/00
  Dx: TESTING                                      Last transferred: *****
* (1) Orderable Item: AMPICILLIN CAP
      Instructions:
* (2) Dosage Ordered: 500MG
      Duration:
* (4)      Med Route: ORAL
      (3) Start: 09/27/00 15:00
      REQUESTED START: 09/27/00 09:00
      (5) Stop: 10/11/00 24:00
  (6) Schedule Type: CONTINUOUS
* (8)      Schedule: QID
  (9)      Admin Times: 01-09-15-20
* (10)      Provider: PSJPROVIDER,ONE [w]
  (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// DC Discontinue
Do you want to discontinue this order? Yes// <Enter> (Yes)
NATURE OF ORDER: WRITTEN// <Enter>
Requesting PROVIDER: PSJPROVIDER,ONE // <Enter> PROV      ...ORDER DISCONTINUED!
Select DRUG:

```

### Example: Discontinue a Complex Order

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

```
This order is part of a complex order. If you discontinue this order the
following orders will be discontinued too (unless the stop date has already
been reached).

Press Return to continue... <Enter>

CAPTOPRIL TAB                                C  03/26  03/27  N
Give: 25MG PO QDAILY

CAPTOPRIL TAB                                C  03/26  03/29  N
Give: 100MG PO TID

Press Return to continue... <Enter>

Do you want to discontinue this series of complex orders? Yes//
```

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

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//			

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### Example: Verify an Order

Inpatient Order Entry	Mar 07, 2002@13:03:55	Page: 1 of 1
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---

PSJPATIENT1,ONE	Ward: 1 EAST	
PID: 000-00-0001	Room-Bed: B-12	Ht(cm): _____ (_____)
DOB: 08/18/20 (81)		Wt(kg): _____ (_____)
Sex: MALE		Admitted: 05/03/00
Dx: TESTING		Last transferred: *****

---

- - - - - A C T I V E - - - - -						
1 d->	in 5% DEXTROSE 50 ML 125 ml/hr	C	03/06	03/06	E	
2	CEPHAPIRIN 1 GM	C	03/04	03/09	A	
	in DEXTROSE 5% IN N. SALINE 1000 ML QID					
3 d->	ASPIRIN CAP,ORAL	O	03/07	03/07	E	
	Give: 650MG PO NOW					
- - - - - P E N D I N G - - - - -						
4	in DEXTROSE 10% 1000 ML 125 ml/hr	?	*****	*****	P	

Enter ?? for more actions

PI Patient Information	SO Select Order
PU Patient Record Update	NO New Order Entry

Select Action: Quit// 3

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

### Example: Verify an Order (continued)

EXPIRED UNIT DOSE (DONE)	Mar 07, 2002@13:05:07	Page: 1 of 2
--------------------------	-----------------------	--------------

  

PSJPATIENT1,ONE	Ward: 1 EAST	
PID: 000-00-0001	Room-Bed: B-12	Ht(cm): _____ (_____)
DOB: 08/18/20 (81)		Wt(kg): _____ (_____)

  

*(1)Orderable Item: ASPIRIN CAP,ORAL		<DIN>
Instructions: 650MG		
*(2)Dosage Ordered: 650MG		
Duration:	*(3)Start: 03/07/02 12:57	
*(4) Med Route: ORAL (BY MOUTH)		
BCMA ORDER LAST ACTION: 03/07/02 12:59 Given		*(5) Stop: 03/07/02 12:57
(6) Schedule Type: ONE TIME		
*(8) Schedule: NOW		
(9) Admin Times:		
*(10) Provider: PSJPROVIDER,ONE [es]		
(11) Special Instructions:		

  

(12) Dispense Drug	U/D	Inactive Date
ASPIRIN BUFFERED 325MG TAB	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// <b>VF</b> Verify		

  

WARNING: Dosage Ordered and Dispense Units do not match.  
Please verify Dosage.

  

Would you like to continue verifying the order? Yes// **<Enter>** YES  
...a few moments, please....

  

Pre-Exchange DOSES: 0// **<Enter>**

  

ORDER VERIFIED.

  

Enter RETURN to continue or '^' to exit: **<Enter>**

When orders have been verified, the pharmacist must provide information for the Pre-Exchange Units Report. After verifying an order, the user is prompted to identify the number of units required before the next cart exchange (pre-exchange units). Information will be requested for each order that has been verified. When the user finishes entering new orders, a Pre-Exchange Report will be printed. The report lists the patients' name, ward location, room and bed, Orderable Item, Dispense Drug, and pre-exchange needs for each order. This report can be printed to the screen or queued to print on a printer. It is advisable that the user prints a copy on the printer. The default device for the Pre-Exchange Units Report is the PRE-EXCHANGE REPORT DEVICE field in the INPATIENT WARD PARAMETER file. If the pharmacist enters an output device that is different from the device in this file, an option to override the field and define a temporary device for the remainder of this session is displayed. Once the user exits this option, the report cannot be reprinted.

**Note:** The user will have the ability to enter a Progress Note for a "DONE" priority order.

To take the orders off of hold, choose this same option and the following will be displayed:

#### Example 2: Take All of a Patient's Orders Off of Hold

```
Select Unit Dose Medications Option: HOLD All of a Patient's Orders
```

```
Select PATIENT:      PSJPATIENT2,TWO      000-00-0002    02/22/42    A-6
```

```
THIS PATIENT'S ORDERS ARE ON HOLD.
```

```
DO YOU WANT TO TAKE THIS PATIENT'S ORDERS OFF OF HOLD? Yes// <Enter> (Yes).....
```

```
.....DONE!
```



**Note:** Individual orders can be placed on hold or taken off of hold through the *Order Entry* and *Non-Verified/Pending Orders* options.

### 4.1.8. Inpatient Profile

[PSJ PR]

The *Inpatient Profile* option allows the user to view the Unit Dose and IV orders of a patient simultaneously. The user can conduct the Inpatient Profile search by ward group, ward, or patient. If the selection to sort is by ward, the administration teams may be specified. The default for the administration team is ALL and multiple teams may be entered. If selecting by ward or ward group, the profile may be sorted by patient name or room-bed. To print Outpatients, the user should select the ward group ^OTHER or print by Patient.

When the user accesses this option from the Unit Dose Medications module for the first time within a session, a prompt is displayed to select the IV room. When only one active IV room exists, it will be selected automatically. 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.

In the following description, viewing a profile by patient is discussed; however, ward and ward group are handled similarly. The orders on the profile are sorted first by status (ACTIVE, NON-VERIFIED, NON-VERIFIED COMPLEX, PENDING RENEWALS, PENDING COMPLEX, PENDING, RECENTLY DISCONTINUED/EXPIRED) then alphabetically by SCHEDULE TYPE.

The HOURS OF RECENTLY DC/EXPIRED field (#7) has been created in the INPATIENT WARD PARAMETERS file (#59.6). The Inpatient Medications profiles will display the recently discontinued/expired orders that fall within the number of hours specified in this field. The value defined in this field will take precedence over the Inpatient System parameter. The inpatient ward parameter allows for a minimum value of one (1) hour and a maximum value of one hundred twenty (120) hours. The Inpatient Ward Parameters Edit [PSJ IWP EDIT] option allows the user to edit this new ward parameter. If this parameter is not set the software will use the value in the HOURS OF RECENTLY DC/EXPIRED field (#26.8) in the PHARMACY SYSTEM file (#59.7). If neither parameter is set the software will default to twenty-four (24) hours.

The HOURS OF RECENTLY DC/EXPIRED field (#26.8) has been created in the PHARMACY SYSTEM file (#59.7). The Inpatient Medications profiles will display the recently discontinued/expired orders that fall within the number of hours specified in this field. This parameter allows for a minimum value of one (1) hour and a maximum value of one hundred twenty (120) hours. The Systems Parameters Edit [PSJ SYS EDIT] option includes the ability for a user to edit this inpatient site parameter. If neither parameter is set the software will default to twenty-four (24) hours.

On the medication profile in the status column, the codes and the action they represent are as follows:

Order Status: The current status of the order. These statuses include:

- A Active
- N Non-Verified
- O On Call (IV orders only)
- I Incomplete
- HP Placed on hold by provider through CPRS
- H Placed on hold via backdoor Pharmacy
- E Expired
- DP Discontinued by provider through CPRS
- DE Discontinued due to edit via backdoor Pharmacy (Unit Dose orders only)
- D Discontinued via backdoor Pharmacy (IV & UD); discontinued due to edit via backdoor Pharmacy (IV)

The Status column will also display some additional discontinue type actions performed on the order. The codes and the action they represent are as follows:

- DF Discontinued due to edit by a provider through CPRS
- DD Auto discontinued due to death
- DA Auto discontinued due to patient movements

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 - - - - -									
5	HEPARIN/DEXTROSE INJ,SOLN	?	*****	*****	P				
	Give: IV								
6	LACTULOSE SYRUP	?	*****	*****	P NF				
	Give: 10GM/15ML PO BID PRN								
	Give: IV								
7	LACTULOSE SYRUP	?	*****	*****	P NF				
	Give: 10GM/15ML PO BID PRN								
- - - - - RECENTLY DISCONTINUED/EXPIRED (LAST 8 HOURS) - - - - -									
8	FOLIC ACID TAB	C	06/14	06/16	D				
	Give: 1MG PO QAM								
9	GENTAMICIN 80 MG	C	06/12	06/12	DE				
	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						

After the user selects the patient for whom a profile view is needed, the length of profile is chosen. The user can choose to view a long or short profile or, if the user decides not to view a profile for the chosen patient, “**NO Profile**” can be selected. When “**NO Profile**” is chosen, the system will return to the “Select PATIENT:” prompt and the user may choose a new patient.

Once the length of profile is chosen, the user can print the patient profile (by accepting the default or typing **P** at the “SHOW PROFILE only, EXPANDED VIEWS only, or BOTH: Profile/” prompt), an expanded view of the patient profile (by typing **E**), or both (by typing **B**). The expanded view lists the details of each order for the patient. The activity logs of the orders can also be printed when the expanded view or both, the expanded view and profile, are chosen.

The advantage of this option is that by viewing the combined Unit Dose/IV profile of a patient, the user can quickly determine if any corrections or modifications need to be made for existing or future orders based on Unit Dose or IV medications already being received by the patient. Sometimes the pharmacist must revise a prospective order for a patient based on the Unit Dose or IV medications already prescribed for the patient.



**Note:** For Unit Dose orders, the long activity log shows all activities of an order, while the short activity log excludes the field changes, and shows only the major activities.

### Example: Inpatient Profile

Select Unit Dose Medications Option: **IPF** Inpatient Profile

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

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

Select another PATIENT: <Enter>

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

Show PROFILE only, EXPANDED VIEWS only, or BOTH: PROFILE// **BOTH**

Show SHORT, LONG, or NO activity log? NO// **SHORT**

Select PRINT DEVICE: **0;80** NT/Cache virtual TELNET terminal

```

      I N P A T I E N T   M E D I C A T I O N S           09/21/00  12:33
      SAMPLE HEALTHCARE SYSTEM
-----
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
Allergies:
ADR:
-----
      - - - - - A C T I V E - - - - -
1 -> AMPICILLIN CAP           C 09/07  09/21  A
    Give: 500MG PO QID
-----
      - - - - - N O N - V E R I F I E D - - - - -
2   DOXEPIN CAP,ORAL         ? ***** ***** N
    Give: 100MG PO Q24H
-----
Patient: PSJPATIENT1,ONE           Status: ACTIVE
Orderable Item: AMPICILLIN CAP
Instructions:
Dosage Ordered: 500MG
Duration:                               Start: 09/07/00  15:00
Med Route: ORAL (PO)                  Stop: 09/21/00  24:00
Schedule Type: CONTINUOUS
Schedule: QID
Admin Times: 01-09-15-20
Provider: PSJPROVIDER,ONE [es]
-----
Dispense Drugs                U/D    Units  Units  Inactive
                               U/D    Disp'd Ret'd  Date
-----
AMPICILLIN 500MG CAP          1     0     0
-----
ORDER NOT VERIFIED
Entry By: PSJPROVIDER,ONE           Entry Date: 09/07/00  13:37
Enter RETURN to continue or '^' to exit:
Date: 09/07/00  14:07      User: PSJPHARMACIST,ONE
Activity: ORDER VERIFIED BY PHARMACIST
-----

```

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

### Example: Patient Information

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

---

Allergies - Verified: STRAWBERRIES  
Non-Verified:  
Remote: No remote data available

Adverse Reactions:  
Inpatient Narrative:  
Outpatient Narrative:

Enter ?? for more actions

PU Patient Record Update	NO New Order Entry
DA Detailed Allergy/ADR List	IN Intervention Menu
VP View Profile	

Select Action: View Profile//

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

### 4.2.2. Inpatient Order Entry

[PSJ OE]

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

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

### Example: Inpatient Order Entry

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

You are signed on under the BIRMINGHAM ISC IV ROOM

Current IV LABEL device is: NT TELNET TERMINAL

Current IV REPORT device is: NT TELNET TERMINAL

Select PATIENT: PSJPATIENT1,ONE
```

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

#### Example: Patient Information

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

Allergies - Verified: STRAWBERRIES
Non-Verified:
  Remote: No remote data available

Adverse Reactions:
Inpatient Narrative:
Outpatient Narrative:

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

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

#### 4.2.3. Patient Actions

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



#### 4.2.3.1. Patient Record Update

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

##### Example: Patient Record Update

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

Allergies - Verified: STRAWBERRIES
Non-Verified:
  Remote: No remote data available

Adverse Reactions:
Inpatient Narrative:
Outpatient Narrative:

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

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

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



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

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



**Note:** If this parameter is not enabled, the user can still edit a patient's default stop date. Unless the parameter is enabled, the default stop date will not be seen or used by the module.

Examples of Valid Dates and Times:

- JAN 20 1957 or 20 JAN 57 or 1/20/57 or 012057
- T (for TODAY), T+1 (for TOMORROW), T+2, T+7, etc.
- T-1 (for YESTERDAY), T-3W (for 3 WEEKS AGO), etc.
- If the year is omitted, the computer uses CURRENT YEAR. Two-digit year assumes no more than 20 years in the future, or 80 years in the past.
- If only the time is entered, the current date is assumed.
- Follow the date with a time, such as JAN 20@10, T@10AM, 10:30, etc.
- The pharmacist may enter a time, such as NOON, MIDNIGHT, or NOW.
- The pharmacist may enter NOW+3' (for current date and time Plus 3 minutes \*Note--the Apostrophe following the number of minutes)
- Time is REQUIRED in this response.

#### 4.2.3.2. New Order Entry

The New Order Entry action, from the *Inpatient Order Entry* option, allows the pharmacist to enter new Unit Dose and IV orders for the patient. Only one user is able to enter new orders on a selected patient due to the patient lock within the VistA applications. This minimizes the chance of duplicate orders.

For IV order entry, the pharmacist 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 pharmacist can expect to encounter while entering a new IV order for the patient.

- **“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 pharmacist 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.

## Example: New Order Entry

Inpatient Order Entry		Feb 28, 2002@13:48:47		Page: 1 of 3	
PSJPATIENT1,ONE					
Ward: 1 EAST					
PID: 000-00-0001	Room-Bed: B-12	Ht(cm):	( )		
DOB: 08/18/20 (81)		Wt(kg):	( )		
Sex: MALE		Admitted:	05/03/00		
Dx: TESTING		Last transferred:	*****		
----- A C T I V E -----					
1	BACLOFEN TAB	C	02/20	03/06	A
	Give: 10MG PO QDAILY				
	PATIENT SPITS OUT MEDICINE				
2	PREDNISONE TAB	C	02/25	03/11	A
	Give: 5MG PO TU-TH-SA@09				
3	RESERPINE TAB	C	02/20	03/06	A
	Give: 1MG PO QDAILY				
4 d->	FUROSEMIDE 1 MG	O	02/11	02/11	E
	in 5% DEXTROSE 50 ML NOW				
5 d->	FUROSEMIDE 10 MG	O	02/11	02/11	E
	in 5% DEXTROSE 50 ML STAT				
+ Enter ?? for more actions					
PI Patient Information		SO Select Order			
PU Patient Record Update		NO New Order Entry			
Select Action: Next Screen// NO New Order Entry					
Select Drug:					
Select IV TYPE: P PIGGYBACK.					
Select ADDITIVE: MULTI					
1 MULTIVITAMIN INJ					
2 MULTIVITAMINS					
CHOOSE 1-2: 2 MULTIVITAMINS					
(The units of strength for this additive are in ML)					
Strength: 2 ML					
Select ADDITIVE: <Enter>					
Select SOLUTION: 0.9					
1 0.9% SODIUM CHLORIDE 100 ML					
2 0.9% SODIUM CHLORIDE 50 ML					
CHOOSE 1-2: 1 0.9% SODIUM CHLORIDE 100 ML					
Now Processing Enhanced Order Checks! Please wait...					
Enhanced Order Checks cannot be performed for Local Drug: MULTIVITAMINS 2 ML					
Reason: Drug not matched to NDF					
Press Return to continue...					
INFUSION RATE: 125 INFUSE OVER 125 MIN.					
MED ROUTE: IV// <Enter>					
SCHEDULE: QID					
1 QID 09-13-17-21					
2 QID AC 0600-1100-1630-2000					
CHOOSE 1-2: 1 09-13-17-21					
ADMINISTRATION TIMES: 09-13-17-21// <Enter>					
REMARKS: <Enter>					
OTHER PRINT INFO: <Enter>					
START DATE/TIME: FEB 28,2002@13:56// <Enter> (FEB 28, 2002@13:56)					
STOP DATE/TIME: MAR 30,2002@24:00// <Enter>					
PROVIDER: PSJPROVIDER,ONE // <Enter>					
-----report continues-----					

After entering the data for the order, the system will prompt the pharmacist to confirm that the order is correct. The IV module contains an integrity checker to ensure the necessary fields are answered for each type of order. The pharmacist must edit the order to make corrections if all of these fields are not answered correctly. If the order contains no errors, but has a warning, the user will be allowed to proceed.

### Example: New Order Entry (continued)

Orderable Item: MULTIVITAMINS INJ  
Give: IV QID

754  
[29]0001 1 EAST 02/28/02  
PSJPATIENT1,ONE B-12  
  
MULTIVITAMINS 2 ML  
0.9% SODIUM CHLORIDE 100 ML  
  
INFUSE OVER 125 MIN.  
QID  
09-13-17-21  
Fld by: \_\_\_\_\_ Chkd by: \_\_\_\_\_  
1[1]

Start date: FEB 28,2002 13:56 Stop date: MAR 30,2002 24:00

Is this O.K.: YES//<Enter> YES  
NATURE OF ORDER: WRITTEN// <Enter> W  
...transcribing this non-verified order....

NON-VERIFIED IV	Feb 28, 2002@13:56:44	Page: 1 of 2
-----------------	-----------------------	--------------

---

PSJPATIENT1,ONE	Ward: 1 EAST
PID: 000-00-0001	Room-Bed: B-12
DOB: 08/18/20 (81)	Ht(cm): _____ (_____)
Sex: MALE	Wt(kg): _____ (_____)
Dx: TESTING	Admitted: 05/03/00
	Last transferred: *****

---

* (1) Additives:	Type: PIGGYBACK
MULTIVITAMINS 2 ML	
(2) Solutions:	
0.9% SODIUM CHLORIDE 100 ML	
Duration:	(4) Start: 02/28/02 13:56
(3) Infusion Rate: INFUSE OVER 125 MIN.	
* (5) Med Route: IV	(6) Stop: 03/30/02 24:00
* (7) Schedule: QID	Last Fill: *****
(8) Admin Times: 09-13-17-21	Quantity: 0
* (9) Provider: PSJPROVIDER,ONE [w]	Cum. Doses:
* (10) Orderable Item: MULTIVITAMINS INJ	
Instructions:	
(11) Other Print:	

---

+ Enter ?? for more actions			
DC Discontinue	RN (Renew)	VF Verify	
HD (Hold)	OC (On Call)	FL Flag	
ED Edit	AL Activity Logs		

Select Item(s): Next Screen// **VF** Verify

3	6	9	12	15	18	21	24
.....	.....	.....	.....	.....	.....	.....	.....
P							
N							

Next delivery time is 1330 \*\*\*

Action (PB) B// <Enter> BYPASS

When the order is correct and verified, and the Activity Ruler site parameter is turned on, the system will display a time line. The time line is a visual representation of the relationship between start of coverage times, doses due, and order start times. The letters **P**, **A**, **H**, **S**, or **C** show the start of coverage times for each IV type. If there is an asterisk (\*) after the letter, this means that the Ward List has been run for this start of coverage type. The caret (^) shows when the doses are due, and the **N** indicates current time in relation to the order. The next delivery time will also be listed.

The “Action (PBS)” prompt will appear next, with all of the valid actions listed in parentheses. The following are the codes for the possible actions:

- **P** - Print specified number of labels now.
- **B** - Bypass any more action (entering a caret (^) will also do this).
- **S** - Suspend a specified number of labels for the IV room to print on demand.

The **S** will only appear as a valid action if the USE SUSPENSE FUNCTIONS site parameter is answered with **1** or **YES**. The user can perform more than one action, but each action must be done one at a time. As each action is taken, those that operate on labels will reduce the total labels by that amount (e.g., eight labels are needed, three are suspended, then five are available to print).

#### 4.2.3.3. Detailed Allergy/ADR List

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

- **Enter/Edit Allergy/ADR Data**  
Provides access to the Adverse Reaction Tracking (ART) package to allow entry and/or edit of allergy adverse reaction data for the patient. See the Allergy package documentation for more information on Allergy/ADR processing.
- **Select Allergy**  
Allows the user to view a specific allergy.

#### 4.2.3.4. 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 edit, delete, view, or printing of an existing intervention. Each kind of intervention will be discussed and an example will follow.



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

### Example: Edit an Intervention

Patient Information	Sep 22, 2000 08:03:07	Page: 1 of 1
PSJPATIENT2,TWO	Ward: 1 West	<A>
PID: 000-00-0002	Room-Bed: A-6	Ht(cm): 167.64 (04/21/99)
DOB: 02/22/42 (58)		Wt(kg): 85.00 (04/21/99)
Sex: MALE		Admitted: 09/16/99
Dx: TEST PATIENT		Last transferred: *****

Allergies - Verified: CARAMEL, CN900, LOMEFLOXACIN, PENTAMIDINE, PENTAZOCINE, CHOCOLATE, NUTS, STRAWBERRIES, DUST  
Non-Verified: AMOXICILLIN, AMPICILLIN, TAPE, FISH, FLUPHENAZINE DECANOATE

Remote:  
Adverse Reactions:  
Inpatient Narrative: Inpatient narrative  
Outpatient Narrative: This is the Outpatient Narrative. This patient doesn't like waiting at the pickup window. He gets very angry.

Enter ?? for more actions

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

--- Intervention Menu ---

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

Select Item(s): **ED** Edit Pharmacy Intervention  
Select INTERVENTION:**T** SEP 22, 2000 PSJPATIENT2,TWO WARFARIN 10MG  
INTERVENTION DATE: SEP 22,2000// <Enter>  
PATIENT: PSJPATIENT2,TWO// <Enter>  
PROVIDER: PSJPROVIDER,ONE // <Enter>  
PHARMACIST: PSJPHARMACIST,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>  
FINANCIAL COST: <Enter>  
AGREE WITH PROVIDER: <Enter>  
REASON FOR INTERVENTION:  
1>  
ACTION TAKEN:  
1>  
CLINICAL IMPACT:  
1>  
FINANCIAL IMPACT:  
1>

- **Delete:** This option is used to delete an entry from the APSP INTERVENTION file. The pharmacist may only delete an entry that was entered on the same day.

#### Example: Delete an Intervention

Patient Information	Sep 22, 2000 08:03:07	Page: 1 of 1
PSJPATIENT2,TWO	Ward: 1 West	<A>
PID: 000-00-0002	Room-Bed: A-6	Ht(cm): 167.64 (04/21/99)
DOB: 02/22/42 (58)		Wt(kg): 85.00 (04/21/99)
Sex: MALE		Admitted: 09/16/99
Dx: TEST PATIENT		Last transferred: *****
<p>Allergies - Verified: CAMEL, CN900, LOMEFLOXACIN, PENTAMIDINE, PENTAZOCINE, CHOCOLATE, NUTS, STRAWBERRIES, DUST</p> <p>Non-Verified: AMOXICILLIN, AMPICILLIN, TAPE, FISH, FLUPHENAZINE DECANOATE</p> <p>Remote:</p> <p>Adverse Reactions:</p> <p>Inpatient Narrative: Inpatient narrative</p> <p>Outpatient Narrative: This is the Outpatient Narrative. This patient doesn't like waiting at the pickup window. He gets very angry.</p>		
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// <b>IN</b> 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): <b>DEL</b> Delete Pharmacy Intervention		
You may only delete entries entered on the current day.		
Select APSP INTERVENTION INTERVENTION DATE: <b>T</b> SEP 22, 2000 PSJPATIENT2,TWO		
WARFARIN 10MG		
SURE YOU WANT TO DELETE THE ENTIRE ENTRY? <b>YES</b>		



- **View:** This option is used to display Pharmacy Interventions in a captioned format.

#### Example: View an Intervention

Patient Information	Sep 22, 2000 08:03:07	Page: 1 of 1
PSJPATIENT2,TWO	Ward: 1 West	<A>
PID: 000-00-0002	Room-Bed: A-6	Ht(cm): 167.64 (04/21/99)
DOB: 02/22/42 (58)		Wt(kg): 85.00 (04/21/99)
Sex: MALE		Admitted: 09/16/99
Dx: TEST PATIENT		Last transferred: *****
<p>Allergies - Verified: CARAMEL, CN900, LOMEFLOXACIN, PENTAMIDINE, PENTAZOCINE, CHOCOLATE, NUTS, STRAWBERRIES, DUST</p> <p>Non-Verified: AMOXICILLIN, AMPICILLIN, TAPE, FISH, FLUPHENAZINE DECANOATE</p> <p>Remote:</p> <p>Adverse Reactions:</p> <p>Inpatient Narrative: Inpatient narrative</p> <p>Outpatient Narrative: This is the Outpatient Narrative. This patient doesn't like waiting at the pickup window. He gets very angry.</p>		
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// <b>IN</b> 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): <b>VW</b> View Pharmacy Intervention		
Select APSP INTERVENTION INTERVENTION DATE: <b>T</b> SEP 22, 2000 PSJPATIENT2,TWO		
WARFARIN 10MG		
ANOTHER ONE: <Enter>		
INTERVENTION DATE: SEP 22, 2000		PATIENT: PSJPATIENT2,TWO
PROVIDER: PROVIDER,ONE		PHARMACIST: NURSE,EIGHTEEN
DRUG: WARFARIN (COUMADIN) NA 10MG TAB		
INSTITUTED BY: PHARMACY		INTERVENTION: ALLERGY
RECOMMENDATION: NO CHANGE		WAS PROVIDER CONTACTED: NO
RECOMMENDATION ACCEPTED: YES		

- **Print:** This option is used to obtain a captioned printout of Pharmacy Interventions for a certain date range. It will print out on normal width paper and can be queued to print at a later time.

#### Example: Print an Intervention

Patient Information	Sep 22, 2000 08:03:07	Page: 1 of 1
PSJPATIENT2,TWO	Ward: 1 West	<A>
PID: 000-00-0002	Room-Bed: A-6	Ht(cm): 167.64 (04/21/99)
DOB: 02/22/42 (58)		Wt(kg): 85.00 (04/21/99)
Sex: MALE		Admitted: 09/16/99
Dx: TEST PATIENT		Last transferred: *****
<p>Allergies - Verified: CAMEL, CN900, LOMEFLOXACIN, PENTAMIDINE, PENTAZOCINE, CHOCOLATE, NUTS, STRAWBERRIES, DUST</p> <p>Non-Verified: AMOXICILLIN, AMPICILLIN, TAPE, FISH, FLUPHENAZINE DECANOATE</p> <p>Remote:</p> <p>Adverse Reactions:</p> <p>Inpatient Narrative: Inpatient narrative</p> <p>Outpatient Narrative: This is the Outpatient Narrative. This patient doesn't like waiting at the pickup window. He gets very angry.</p>		
<p>Enter ?? for more actions</p> <p>PU Patient Record Update                      NO New Order Entry</p> <p>DA Detailed Allergy/ADR List                      IN Intervention Menu</p> <p>VP View Profile</p> <p>Select Action: View Profile// <b>IN</b>    Intervention Menu</p> <p>---</p> <p>DI    Delete Pharmacy Intervention                      PO    Print Pharmacy Intervention</p> <p>ED    Edit Pharmacy Intervention                      VP    View Pharmacy Intervention</p> <p>NE    Enter Pharmacy Intervention</p> <p>Select Item(s): <b>PRT</b>    Print Pharmacy Intervention</p> <p>* Previous selection: INTERVENTION DATE equals 7/2/96</p> <p>START WITH INTERVENTION DATE: FIRST// <b>T</b> (SEP 22, 2000)</p> <p>GO TO INTERVENTION DATE: LAST// <b>T</b> (SEP 22, 2000)</p> <p>DEVICE: &lt;Enter&gt;    NT/Cache virtual TELNET terminal                      Right Margin: 80//</p> <p>PHARMACY INTERVENTION LISTING                      SEP 22,2000    09:20                      PAGE 1</p> <p>-----</p> <p>INTERVENTION: ALLERGY</p> <p>INTERVENTION DATE: FEB 24,2010                      PATIENT:    EIGHT,INPATIENT</p> <p>PROVIDER: PROVIDER,ONE                      PHARMACIST:    NURSE,EIGHTEEN</p> <p>DRUG: WARFARIN (COUMADIN) NA 10MG TA                      INSTITUTED BY:    PHARMACY</p> <p>RECOMMENDATION: NO CHANGE</p> <p>WAS PROVIDER CONTACTED: NO                      RECOMMENDATION ACCEPTED:    YES</p> <p>PROVIDER CONTACTED:</p> <p>REASON FOR</p> <p>ACTION TAKEN:</p> <p>CLINICAL IMPACT:</p> <p>FINANCIAL IMPACT:</p> <p>-----</p> <p>SUBTOTAL                      1</p> <p>SUBCOUNT                      1</p> <p>-----</p> <p>TOTAL                      1</p> <p>COUNT                      1</p>		

#### 4.2.3.5. View Profile

The View Profile action allows selection of a Long, Short, or NO profile for the patient. The profile displayed in the *Inpatient Order Entry* and *Non-Verified/Pending Orders* options will include IV and Unit Dose orders. The long profile shows all orders, including discontinued and expired orders. Please see the Patient Profile section of this document for more discussion about the discontinued or expired statuses available and screen captures of how they appear.

##### Example: Profile View

Inpatient Order Entry	Feb 28, 2002@14:06:01	Page: 1 of 3
PSJPATIENT1,ONE	Ward: 1 EAST	
PID: 000-00-0001	Room-Bed: B-12	Ht(cm): _____ (_____)
DOB: 08/18/20 (81)		Wt(kg): _____ (_____)
Sex: MALE		Admitted: 05/03/00
Dx: TESTING		Last transferred: *****
- - - - - A C T I V E - - - - -		
1	BACLOFEN TAB Give: 10MG PO QDAILY PATIENT SPITS OUT MEDICINE	C 02/20 03/06 A
2	MULTIVITAMINS 2 ML in 0.9% SODIUM CHLORIDE 100 ML QID	C 02/28 03/30 A
3	PREDNISONE TAB Give: 5MG PO TU-TH-SA@09	C 02/25 03/11 A
4	RESERPINE TAB Give: 1MG PO QDAILY	C 02/20 03/06 A
5 d->	FUROSEMIDE 1 MG in 5% DEXTROSE 50 ML NOW	O 02/11 02/11 E
+ Enter ?? for more actions		
PI	Patient Information	SO Select Order
PU	Patient Record Update	NO New Order Entry
Select Action: Next Screen//		

The orders on the profile are sorted first by status (ACTIVE, NON-VERIFIED, NON-VERIFIED COMPLEX, PENDING RENEWALS, PENDING COMPLEX, PENDING, RECENTLY DISCONTINUED/EXPIRED) then alphabetically by SCHEDULE TYPE. Pending orders with a priority of STAT are listed first and are displayed in a bold and blinking text for easy identification. After SCHEDULE TYPE, orders are sorted alphabetically by DRUG (the drug name listed on the profile), and then in descending order by START DATE.

Sets of Complex Orders with a status of “Pending” or “Non-Verified” will be grouped together in the Profile View. They appear as one numbered list item, as shown in the following examples. Once these orders are made active, they will appear individually in the Profile View, with a status of “Active”.

If an IV order has been verified by nursing but has not been verified by pharmacy, it will be listed under the ACTIVE heading with an arrow (->) to the right of its number. A CPRS Med Order will have a “DONE” priority and will display a “d” to the right of the number on all profiles. These orders will display with active orders under the Active header until the pharmacist verifies them.

Orders may be selected by choosing the Select Order action, or directly from the profile using the number displayed to the left of the order. Multiple orders may be chosen by entering the numbers for each order to be included, separated by commas (e.g., 1,2,3), or a range of numbers using the dash (e.g., 1-3).



**Note:** The START DATE and DRUG sort may be reversed using the INPATIENT PROFILE ORDER SORT field in the INPATIENT USER PARAMETERS file.

### Example: Pending Complex Order in Profile View

Inpatient Order Entry		Mar 07, 2004@13:03:55		Page: 1 of 1	
PSJPATIENT1,ONE		Ward: 1 EAST			
PID: 000-00-0001	Room-Bed: B-12	Ht(cm): _____	(_____)		
DOB: 08/18/20 (81)		Wt(kg): _____	(_____)		
Sex: MALE		Admitted: 03/03/04			
Dx: TESTING		Last transferred: *****			
- - - - - P E N D I N G C O M P L E X - - - - -					
1	CAPTOPRIL TAB	?	*****	*****	P
	Give: 25MG PO QDAILY				
	CAPTOPRIL TAB	?	*****	*****	P
	Give: 50MG PO BID				
	CAPTOPRIL TAB	?	*****	*****	P
	Give: 100MG PO TID				
Enter ?? for more actions					
PI	Patient Information	SO	Select Order		
PU	Patient Record Update	NO	New Order Entry		
Select Action: Next Screen//					

### Example: Non-Verified Complex Order in Profile View

Inpatient Order Entry		Mar 07, 2004@13:03:55		Page: 1 of 1	
PSJPATIENT1,ONE		Ward: 1 EAST			
PID: 000-00-0001	Room-Bed: B-12	Ht(cm): _____	(_____)		
DOB: 08/18/20 (81)		Wt(kg): _____	(_____)		
Sex: MALE		Admitted: 03/03/04			
Dx: TESTING		Last transferred: *****			
- - - - - N O N - V E R I F I E D C O M P L E X - - - - -					
1	CAPTOPRIL TAB	C	03/26	03/27	N
	Give: 25MG PO QDAILY				
	CAPTOPRIL TAB	C	03/28	03/29	N
	Give: 50MG PO BID				
	CAPTOPRIL TAB	C	03/30	03/31	N
	Give: 100MG PO TID				
Enter ?? for more actions					
PI	Patient Information	SO	Select Order		
PU	Patient Record Update	NO	New Order Entry		
Select Action: Next Screen//					

### Example: Active Complex Order in Profile View

Inpatient Order Entry	Mar 07, 2004@15:00:05	Page: 1 of 1
-----------------------	-----------------------	--------------

---

PSJPATIENT1,ONE	Ward: 1 EAST	
PID: 000-00-0001	Room-Bed: B-12	Ht(cm): _____ (_____)
DOB: 08/18/20 (81)		Wt(kg): _____ (_____)
Sex: MALE	Admitted: 03/03/04	
Dx: TESTING	Last transferred: *****	

---

- - - - - A C T I V E - - - - -					
1	CAPTOPRIL TAB	C	03/26	03/27	A
	Give: 25MG PO QDAILY				
2	CAPTOPRIL TAB	C	03/28	03/29	A
	Give: 50MG PO BID				
3	CAPTOPRIL TAB	C	03/30	03/31	A
	Give: 100MG PO TID				

---

Enter ?? for more actions

PI Patient Information	SO Select Order
PU Patient Record Update	NO New Order Entry

Select Action: Next Screen//

### 4.2.3.6. Patient Information

The Patient Information screen is displayed for the selected patient. The header contains the patient's demographic data, while the list area contains Allergy/Adverse Reaction data, and Pharmacy Narratives. If an outpatient is selected, all future appointments in clinics that allow Inpatient Medications orders will display in the list area, too.

### Example: Patient Information

Patient Information	Feb 28, 2011@09:15:52	Page: 1 of 1
---------------------	-----------------------	--------------

---

BCMA,EIGHTYNINE-PATIENT	Ward: BCMA	A
PID: 666-33-0089	Room-Bed: 13-A	Ht(cm): _____ (_____)
DOB: 04/07/35 (75)		Wt(kg): _____ (_____)
Sex: FEMALE	Admitted: 02/08/02	
Dx: BROKEN LEG	Last transferred: *****	

---

Allergies - Verified: STRAWBERRIES  
Non-Verified:  
Remote: No remote data available

Adverse Reactions:  
Inpatient Narrative:  
Outpatient Narrative:

---

Enter ?? for more actions

PU Patient Record Update	NO New Order Entry
DA Detailed Allergy/ADR List	IN Intervention Menu
VP View Profile	

Select Action: View Profile//

### Example: Patient Information Screen for Outpatient Receiving Inpatient Medications

Patient Information	May 12, 2003 14:27:13	Page: 1 of 1
PSJPATIENT3,THREE	Last Ward: 1 West	
PID: 000-00-0003	Last Room-Bed:	Ht(cm): _____ (_____)
DOB: 02/01/55 (48)		Wt(kg): _____ (_____)
Sex: FEMALE		Last Admitted: 01/13/98
Dx: TESTING		Discharged: 01/13/98

---

Allergies/Reactions: No Allergy Assessment  
Remote:  
Adverse Reactions:  
Inpatient Narrative:  
Outpatient Narrative:

Clinic: Date/Time of Appointment:  
Clinic A May 23, 2003/9:00 am  
Flu Time Clinic June 6, 2003/10:00 am

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//	

### 4.2.3.7. Select Order

The Select Order action is used to take action on a previously entered order by selecting it from the profile, after the patient is selected and length of profile is chosen (i.e., short or long).

#### Example: Select an Order

Inpatient Order Entry	Mar 07, 2002@13:01:56	Page: 1 of 1
PSJPATIENT1,ONE	Ward: 1 EAST	
PID: 000-00-0001	Room-Bed: B-12	Ht(cm): _____ (_____)
DOB: 08/18/20 (81)		Wt(kg): _____ (_____)
Sex: MALE		Admitted: 05/03/00
Dx: TESTING		Last transferred: *****

---

- - - - - A C T I V E - - - - -						
1	in 0.9% SODIUM CHLORIDE 1000 ML 125 ml/hr	C	03/07	03/07	E	
2	in 5% DEXTROSE 50 ML 125 ml/hr	C	03/06	03/06	E	
3	CEPHAPIRIN 1 GM	C	03/04	03/09	A	
4	in DEXTROSE 5% IN N. SALINE 100 ML QID	O	03/07	03/07	E	
	ASPIRIN CAP,ORAL					
	Give: 650MG PO NOW					
- - - - - P E N D I N G - - - - -						
5	in DEXTROSE 10% 1000 ML 125 ml/hr	?	*****	*****	P	

---

Enter ?? for more actions

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

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

**Example: Verify a “DONE” Order (CPRS Med Order) (continued)**

```

      3      6      9      12      15      18      21      24
.....:.....:.....:.....:.....:.....:.....:.....:.....:
              A
                      N

Next delivery time is 1500 ***

Action (PB) B// <Enter>      BYPASS

    Select one of the following:

        Y      Yes
        N      No

Do you want to enter a Progress Note: No// <Enter>
```



**Note:** The user will have the ability to enter a Progress Note for a “DONE” priority order.

#### 4.2.4.4. Hold

Only active orders may be placed on hold. Orders placed on hold will continue to show under the ACTIVE heading on the profiles until removed from hold. Any orders placed on hold through the pharmacy options cannot be released from hold using any of the CPRS options. An entry is placed in the order's Activity Log recording the user who placed/removed the order from hold and when the action was taken. The codes and the action they represent are as follows:

- HP – Placed on hold by provider through CPRS
- H – Placed on hold via backdoor Pharmacy

If the Dispense Drug tied to the Additive, Solution, and/or Orderable Item has a non-formulary status, this status will be displayed on the screen as “\*N/F\*” beside the Additive, Solution, and/or Orderable Item. Notice that the order shows a status of “H” for hold in the right side of the Multivitamins order below.

#### Example: Place an Order on Hold

ACTIVE IV	Sep 28, 2000 13:36:31	Page:	1 of 2
PSJPATIENT1,ONE Ward: 1 EAST			
PID: 000-00-0001	Room-Bed: B-12	Ht (cm): _____ (_____)	
DOB: 08/18/20 (80)		Wt (kg): _____ (_____)	
*(1) Additives: Order number: 333 Type: PIGGYBACK <DIN>			
MULTIVITAMINS 1 ML			
(2) Solutions:			
0.9% NACL 500 ML			
Duration: *(4) Start: 09/27/00 13:00			
(3) Infusion Rate:			
*(5) Med Route: IVPB *(6) Stop: 10/02/00 16:54			
*(7) Schedule: QID Last Fill: *****			
(8) Admin Times: 09-13-17-21 Quantity: 0			
*(9) Provider: PSJPROVIDER,ONE [es] Cum. Doses:			
*(10)Orderable Item: MULTIVITAMINS INJ *N/F*			
Instructions: Doctor's order.			
(11) Other Print: THIS IS AN INPATIENT IV EXAMPLE.			
+ Enter ?? for more actions			
DC Discontinue	ED Edit	AL	Activity Logs
HD Hold	RN Renew		
FL Flag	OC On Call		
Select Item(s): Next Screen// HD Hold			
NATURE OF ORDER: WRITTEN// <Enter>			
REASON FOR ACTIVITY: <Enter>			

Inpatient Order Entry	Sep 28, 2000 13:37:57	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: *****	
- - - - - A C T I V E - - - - -			
1	MULTIVITAMINS 1 ML	C	09/27 10/02 H
	in 0.9% NACL 500 ML QID		
- - - - - P E N D I N G - - - - -			
2	AMPICILLIN INJ	?	***** ***** P
	Give: 1000MG IVPB QID		
3	PROPRANOLOL TAB	?	***** ***** P
	Give: 10MG PO TID		
Enter ?? for more actions			
PI Patient Information	SO Select Order		
PU Patient Record Update	NO New Order Entry		
Select Action: Quit//			



#### 4.2.5.4. Syringe-Type Order Entry

Once the pharmacist selects the syringe-type order, the system will prompt if the syringe is intermittent. If a syringe is continuous (not intermittent), the user will follow the same order entry procedure as in entering a hyperal or admixture order. If the syringe is intermittent, the user will follow the same order entry procedure as a piggyback order.

On all syringe orders, a separate volume prompt appears during order entry to allow any necessary volume changes to the solution (if any) for the order. The pharmacist should use caution during order entry of syringe types to ensure that the total volume for the syringe additive and solution is not greater than the total syringe volume. There is no “BOTTLE” prompt as in other order entry types, and a separate “SYRINGE SIZE” prompt appears during order entry to allow the user to enter the syringe size for the order. All syringe sizes are printed on the labels.

If the pharmacist uses additive quick codes for an intermittent syringe order, they will be handled like they are for piggyback orders. If quick codes are used for a continuous syringe order, they will be handled like they are for admixture orders.

#### 4.2.5.5. Chemotherapy-Type Order Entry

Chemotherapy is the treatment and prevention of cancer with chemical agents. A chemotherapy IV order can be one of three types: admixture, piggyback, or syringe. Once the pharmacist selects chemotherapy as the type of order, the system will prompt the user to further identify the order as admixture, piggyback, or syringe. Once the type is established, the prompts are the same as the examples for regular admixture, piggyback, and syringe. All chemotherapy orders have warnings on the labels.

#### 4.2.6. Profile (IV)

##### [PSJI PROFILE]

The *Profile (IV)* option shows all IV medications a patient has received during his most recent episode of care. The pharmacist is allowed to view all information on file for any or all orders in the profile. Unlike the *Patient Profile (Unit Dose)* option, this option does not allow the user to print a report. To print a report, the *Patient Profile Report (IV)* option under the *Reports (IV)* option must be used.

After selecting the patient for whom a profile view is needed, the length of the profile is chosen. The user may choose to view a long or short profile or, if the user decides not to view a profile for the chosen patient, “**NO Profile**” can be selected. When “**NO Profile**” is chosen, the system will return to the “Select PATIENT:” prompt and the user may choose a new patient.

Each profile includes:

- Patient Name
- Ward Location
- Patient Identification Number (PID)
- Room-Bed Location
- Height & date/time of measurement
- Weight & date/time of measurement
- Date of Birth
- Sex of Patient
- Admission Date
- Admitting Diagnosis
- Verified Drug Allergies and Adverse Reactions

The patient's orders are displayed depending on the type of profile chosen. The long profile shows all orders, including discontinued and expired orders. Orders are sorted first by status, with active orders listed first, followed by pending and non-active orders. Within each status, orders are displayed in order of entry, with the most recent order first. Please see the Inpatient Profile section for more discussion on possible statuses and sample displays.

The information is displayed for each order under the following column headings:

- **Number** - The user can choose a number at the left of the screen to view detailed information about the orders, or to look at the activity log.
- **Additive** - The data listed under Additive includes strength of additive, type and volume of solution, and infusion rate or schedule.
- **Last fill** - The number of labels printed and the date and time of the last one printed.
- **Type of order** - Type will be **A** for admixture, **P** for piggyback, **H** for hyperal, **C** for chemotherapy, or **S** for syringe.
- **Start and stop dates** - The start and stop dates for this specific order
- **Status of the order** - (Column marked Stat) **A** for active, **P** for pending, **E** for expired, **D** for order discontinued, **O** for on call, and **H** for hold.

After the patient profile is displayed, the user can choose one or more order numbers (e.g., 1, 3, 5) for a detailed view of the order(s) or, <Enter> can be pressed when a order view is not needed.

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

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

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

#### Example: Profile Report

```

Select IV Menu Option:  Profile (IV)

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

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

Allergies/Reactions: No Allergy Assessment
Remote:
Adverse Reactions:
Inpatient Narrative:
Outpatient Narrative:

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

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

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

```

### Example: Profile Report (continued)

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

  

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

Enter ?? for more actions

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

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

  

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

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

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

  

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

Enter RETURN to continue or '^' to exit:

#### 4.2.7. Inpatient Profile

##### [PSJ PR]

The *Inpatient Profile* option allows the user to view the Unit Dose and IV orders of a patient simultaneously. The user can conduct the Inpatient Profile search by ward group, ward, or patient. If the selection to sort is by ward, the administration teams may be specified. The default for the administration team is ALL and multiple teams may be entered. If selecting by ward or ward group, the profile may be sorted by patient name or room-bed. To print Outpatients, the user should select the ward group ^OTHER or print by Patient.

When the user accesses this option from the Unit Dose Medications module for the first time within a session, a prompt is displayed to select the IV room. When only one active IV room exists, it will be selected automatically. 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.

In the following description, viewing a profile by patient is discussed; however, ward and ward group are handled similarly. The orders on the profile are sorted first by status (ACTIVE, NON-VERIFIED, NON-VERIFIED COMPLEX, PENDING RENEWALS, PENDING COMPLEX, PENDING, RECENTLY DISCONTINUED/EXPIRED) then alphabetically by SCHEDULE TYPE.

The HOURS OF RECENTLY DC/EXPIRED field (#7) has been created in the INPATIENT WARD PARAMETERS file (#59.6). The Inpatient Medications profiles will display the recently discontinued/expired orders that fall within the number of hours specified in this field. The value defined in this field will take precedence over the Inpatient System parameter. The inpatient ward parameter allows for a minimum value of one (1) hour and a maximum value of one hundred twenty (120) hours. The Inpatient Ward Parameters Edit [PSJ IWP EDIT] option allows the user to edit this new ward parameter. If this parameter is not set the software will use the value in the HOURS OF RECENTLY DC/EXPIRED field (#26.8) in the PHARMACY SYSTEM file (#59.7). If neither parameter is set the software will default to twenty-four (24) hours.

The HOURS OF RECENTLY DC/EXPIRED field (#26.8) has been created in the PHARMACY SYSTEM file (#59.7). The Inpatient Medications profiles will display the recently discontinued/expired orders that fall within the number of hours specified in this field. This parameter allows for a minimum value of one (1) hour and a maximum value of one hundred twenty (120) hours. The Systems Parameters Edit [PSJ SYS EDIT] option includes the ability for a user to edit this inpatient site parameter. If neither parameter is set the software will default to twenty-four (24) hours.

On the medication profile in the status column, the codes and the action they represent are as follows:

Order Status: The current status of the order. These statuses include:

A Active  
 N Non-Verified  
 O On Call (IV orders only)  
 I Incomplete  
 HP Placed on hold by provider through CPRS  
 H Placed on hold via backdoor Pharmacy  
 E Expired  
 DP Discontinued by provider through CPRS  
 DE Discontinued due to edit via backdoor Pharmacy (Unit Dose orders only)  
 D Discontinued via backdoor Pharmacy (IV & UD); discontinued due to edit via backdoor Pharmacy (IV)

The Status column will also display some additional discontinue type actions performed on the order. The codes and the action they represent are as follows:

DF Discontinued due to edit by a provider through CPRS  
 DD Auto discontinued due to death  
 DA Auto discontinued due to patient movements

```

PSJPATIENT,ELEVEN                      Ward: 7AS
PID: 666-00-2921                      Room-Bed:
DOB: 08/09/54 (56)                    Ht(cm): _____ (_____)
Sex: MALE                             Wt(kg): _____ (_____)
Dx: RESPIRATORY DISTRESS               Admitted: 06/09/10
Last transferred: *****

- - - - - A C T I V E - - - - -
1  ->AMIODARONE TAB                     C 10/19 11/18 A
    Give: 400MG PO TID
2  CIMETIDINE TAB                       C 10/19 11/18 R
    Give: 300MG PO QHS
- - - - - N O N - V E R I F I E D - - - - -
3  LOVASTATIN TAB                      C 10/19 11/18 N NF
    Give: 20MG PO QPM
- - - - - N O N - V E R I F I E D C O M P L E X - - - - -
4  HALOPERIDOL TAB                     C 10/19 11/18 N
    Give: 10MG PO BID
    HALOPERIDOL TAB                     C 10/19 11/18 N
    Give: 15MG PO QHS
- - - - - P E N D I N G   R E N E W A L S - - - - -
5  CIMETIDINE TAB                       ? ***** P 10/19
    Give: 300MG PO QHS
- - - - - P E N D I N G   C O M P L E X - - - - -
6  PREDNISONE TAB                       ? ***** P
    Give: 20MG PO QAM
    PREDNISONE TAB                       ? ***** P
    Give: 10MG PO QOD
    PREDNISONE TAB                       ? ***** P
    Give: 5MG PO QD
- - - - - P E N D I N G - - - - -
7  ACETAMINOPHEN TAB                   ? ***** P
    Give: 650MG PO Q4H PRN
- - - - - R E C E N T L Y   D I S C O N T I N U E D / E X P I R E D ( L A S T   1 2 0   H O U R S ) - - - - -
8  ASPIRIN TAB,EC                       C 10/19 10/19 D
    Give: 325MG PO QHS
9  ->NAPROXEN TAB                       C 10/19 10/19 D
    Give: 250MG PO BID
  
```

After the user selects the patient for whom a profile view is needed, the length of profile is chosen. The user can choose to view a long or short profile or, if the user decides not to view a profile for the chosen patient, “**NO Profile**” can be selected. When “**NO Profile**” is chosen, the system will return to the “Select PATIENT:” prompt and the user may choose a new patient.

Once the length of profile is chosen, the user can print the patient profile (by accepting the default or typing **P** at the “SHOW PROFILE only, EXPANDED VIEWS only, or BOTH: Profile//” prompt), an expanded view of the patient profile (by typing **E**), or both (by typing **B**). The expanded view lists the details of each order for the patient. The activity logs of the orders can also be printed when the expanded view or both, the expanded view and profile, are chosen.

The advantage of this option is that by viewing the combined Unit Dose/IV profile of a patient, the user can quickly determine if any corrections or modifications need to be made for existing or future orders based on Unit Dose or IV medications already being received by the patient. Sometimes the pharmacist must revise a prospective order for a patient based on the Unit Dose or IV medications already prescribed for the patient.



**Note:** For Unit Dose orders, the long activity log shows all activities of an order, while the short activity log excludes the field changes, and shows only the major activities. For IV orders, the short and long activity logs give the user the same results.

## Example: Inpatient Profile

```
Select IV Menu Option:  IPF  Inpatient Profile

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

Select PATIENT:        PSJPATIENT11,ONE      000-55-34211  08/18/20    1 EAST

Select another PATIENT:  <Enter>

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

Show PROFILE only, EXPANDED VIEWS only, or BOTH: PROFILE//  EXPANDED VIEWS

Show SHORT, LONG, or NO activity log?  NO//  LONG

Select PRINT DEVICE:  <Enter>  NT/Cache virtual TELNET terminal
```

```
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: Breathing Difficulty.  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
- - - - - R E C E N T L Y   D I S C O N T I N U E D / E X P I R E D   ( L A S T   2 4   H O U R S ) - - - - -
  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
```



### 4.3. Order Checks

Order checks (allergy/adverse drug reactions, drug-drug interactions, duplicate therapy, dangerous medications for patient over 64 years of age, glucophage lab results, and aminoglycosides ordered) are performed when a new medication order is placed through Inpatient Medications or when various actions are taken on medication orders through the Inpatient Medications application. This functionality will ensure the user is alerted to possible adverse drug reactions and will reduce the possibility of a medication error due to the omission of an order check when a non-active medication order is acted upon.



**Note:** The check for remote data availability is performed when entering a patient's chart, rather than on each order.

The following actions will initiate an order check:

- Action taken through Inpatient Medications to enter a medication order will initiate order checks (allergy, drug-drug interaction, and duplicate therapy) against existing medication orders.
- Action taken through Inpatient Medications to finish a medication order placed through CPRS will initiate order checks (allergy, drug-drug interaction, and duplicate therapy) against existing medication orders.
- Action taken through IV Menu to finish a medication order placed through CPRS will initiate order checks (allergy, drug-drug interaction, and duplicate therapy) against existing medication orders.
- Action taken through Inpatient Medications to renew a medication order will initiate order checks (allergy, drug-drug interaction, and duplicate therapy) against existing medication orders.
- Action taken through IV Menu to renew a medication order will initiate order checks (allergy, drug-drug interaction, and duplicate therapy) against existing medication orders.
- Action taken through IV Menu to copy a medication order, thereby creating a new order.

The following are the different items used for the order checks:

- Checks each Dispense Drug within the Unit Dose order for allergy/adverse drug reactions.
- Checks each Dispense Drug within the Unit Dose order against existing orders for drug-drug interaction, and duplicate therapy.
- Checks each additive within an IV order for drug-drug interaction, and duplicate therapy against solutions or other additives within the order.
- Checks each IV order solution for allergy/adverse reactions.
- Checks each IV order solution for drug-drug interaction against other solutions or additives within the order if they are defined as a PreMix.
- Checks each IV order additive for allergy/adverse reaction.
- Checks each IV order additive for drug-drug interaction, and duplicate therapy against existing orders for the patient.
- Checks each IV order solution for drug-drug interaction against existing orders for the patient.

Override capabilities are provided based on the severity of the order check, if appropriate.

Order Checks will be displayed/processed in the following order:

- System Errors
- Allergy/ADR (local & remote)
- CPRS checks generated backdoor (3 new checks)
- Drug Level Errors
- Inpatient Critical Drug Interaction
- Local & Remote Outpatient Critical Drug Interactions
- Inpatient Significant Drug Interactions
- Local & Remote Outpatient Significant Drug Interactions
- Order Level Error Messages – Drug Interactions
- Duplicate Therapy –Inpatient, Local & Remote Outpatient
- Order Level Error Messages – Duplicate Therapy

These checks will be performed at the Dispense Drug level. Order checks for IV orders will use Dispense Drugs linked to each additive/solution in the IV order. All pending, non-verified, active and renewed Inpatient orders, active Outpatient orders and active Non-Veterans Affairs (VA) Meds documented in CPRS will be included in the check. In addition, with the release of OR\*3\*238, order checks will be available using data from the Health Data Repository Historical (HDR-Hx) and the Health Data Repository Interim Messaging Solution (HDR-IMS). This will contain both Outpatient orders from other VAMCs as well as from Department of Defense (DoD) facilities, if available. Any remote Outpatient order that has been expired for 30 days or less will be included in the list of medications to be checked.

There is a slight difference in the display of local Outpatient orders compared with remote Outpatient orders. Below are examples of the two displays:

**Example: Local Outpatient Order Display**

Duplicate Drug in Local Rx:

```
Rx #: 2608
Drug: ASPIRIN 81MG EC TAB
SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING
QTY: 30 Refills remaining: 11
Provider: PSOPROVIDER,TEN Issued: 03/24/08
Status: Active Last filled on: 03/24/08
Processing Status: Released locally on 3/24/08@08:55:32 (Window)
Days Supply: 30
```

**Example: Remote Outpatient Order Display**

Duplicate Drug in Remote Rx:

```
LOCATION NAME: <NAME OF FACILITY>
Rx #: 2608
Drug: ASPIRIN 81MG EC TAB
SIG: TAKE ONE TABLET BY MOUTH EVERY MORNING
QTY: 30 Refills remaining: 11
Provider: PSOPROVIDER,TEN Issued: 03/24/08
Status: Active Last filled on: 03/24/08
Days Supply: 30
```

In the Remote Outpatient Order Display example above, notice the name of the remote location has been added. In addition, the number of refills is not available.

If the order is entered by the Orderable Item only, these checks will be performed at the time the Dispense Drug(s) is specified. The checks performed include:

- **Duplicate Therapy** - If the patient is already receiving orders containing a Dispense Drug in the same class as one of the Dispense Drugs in the new order, the orders containing the drug in that class are displayed. Inpatient duplicate orders of this kind are displayed in a numbered list. The user is first asked whether or not to continue the current order. If the user selects to continue the order then the user is prompted with which, if any, numbered Inpatient duplicate orders to discontinue. The user may enter a range of numbers from the numbered list of duplicate orders or bypass the prompt by selecting **<Enter>** and continue with the order. Entry of orders with duplicate drugs of the same class will be allowed.

```

Patient Information      Mar 17, 2011@10:40      Page: 1 of 1
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
-----
Allergies - Verified: AMPICILLIN, PENICILLIN, STRAWBERRIES
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//      View Profile

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

Inpatient Order Entry      Mar 17, 2011@10:40:12      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
-----
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// NO      New Order

Eligibility: SERVICE CONNECTED 50% to 100%      SC%: 60
RX PATIENT STATUS: SC//
DRUG: SIMV
Lookup: GENERIC NAME

```

```
1 SIMVASTATIN 10MG TAB CV350
2 SIMVASTATIN 20MG TAB CV350
3 SIMVASTATIN 40MG TAB CV350
4 SIMVASTATIN 5MG TAB CV350
5 SIMVASTATIN 80MG TAB CV350
CHOOSE 1-5: 1 SIMVASTATIN 10MG TAB CV350
```

Now doing allergy checks. Please wait...

Now Processing Enhanced Order Checks! Please wait...

Order Checks could not be done for Drug: BACLOFEN 10MG TAB, please complete a manual check for Drug Interactions, Duplicate Therapy and appropriate Dosing.

Enhanced Order Checks cannot be performed for Local Drug: REBETRON 1000/PEN PKT (1258-02)

Reason: Drug not matched to NDF

Press return to continue:

Enhanced Order Checks cannot be performed for Local Drug: TERFENADINE 60MG TAB

Reason: Drug not matched to NDF

Enhanced Order Checks cannot be performed for Local Drug: RON TEST

Reason: Drug not matched to NDF

Enhanced Order Checks cannot be performed for Local Drug: TERFENADINE 60MG TAB

Reason: Drug not matched to NDF

Press Return to Continue:

-----  
\*\*\*Critical\*\*\* Drug Interaction with Prospective Drug:  
SIMVASTATIN 10MG TAB and

Local RX#: 504280  
Drug: INDINAVIR SULFATE 400MG CAP (Active)  
SIG: TAKE ONE CAPSULE BY MOUTH EVERY DAY  
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 Interaction Monograph? No// NO

-----  
\*\*\*Significant\*\*\* Drug Interaction with Prospective Drug:  
SIMVASTATIN 10MG TAB and

Local RX#: 504196  
Drug: AMIODARONE HCL (PACERONE) 200MG TAB (Active)  
SIG: TAKE THREE TABLETS BY MOUTH EVERY 3 HOURS  
Processing Status: Not released locally (Mail)

Pending Order: AMIODARONE HCL (PACERONE) 200MG TAB  
SIG: TAKE THREE TABLETS BY MOUTH EVERY 3 HOURS

Non-VA Med: AMIODARONE HCL (PACERONE) 200MG TAB  
Dosage: 400MG Schedule: EVERY DAY

\*\*\* Refer to MONOGRAPH for SIGNIFICANT INTERACTION CLINICAL EFFECTS

Display Interaction Monograph? No// NO

-----  
\*\*\*Significant\*\*\* Drug Interaction with Prospective Drug:  
SIMVASTATIN 10MG TAB and

Local RX#: 504361  
Drug: WARFARIN (COUMADIN) NA 5MG TAB (Active)  
SIG: TAKE ONE TABLET BY MOUTH EVERY 2 HOURS  
Processing Status: Not released locally (Window)

Pending Order: WARFARIN (COUMADIN) NA 5MG TAB  
SIG: TAKE ONE TABLET BY MOUTH EVERY 2 HOURS

\*\*\* Refer to MONOGRAPH for SIGNIFICANT INTERACTION CLINICAL EFFECTS

Display Interaction Monograph? No// NO

-----  
\*\*\*Significant\*\*\* Drug Interaction with Prospective Drug:  
SIMVASTATIN 10MG TAB and

Pending Order: RIFAMPIN 300MG CAP  
SIG: TAKE ONE CAPSULE BY MOUTH EVERY DAY

\*\*\* Refer to MONOGRAPH for SIGNIFICANT INTERACTION CLINICAL EFFECTS

Display Interaction Monograph? No// NO

Do you want to Continue? Y// NO  
RX DELETED

- **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.

Patient Information	Mar 17, 2011@10:40	Page: 1 of 1
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

-----  
Allergies - Verified: AMPICILLIN, PENICILLIN, STRAWBERRIES  
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// View Profile

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

Inpatient Order Entry	Mar 17, 2011@10:40:12	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
-----
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// NO    New Order

Eligibility: SERVICE CONNECTED 50% to 100%      SC%: 60
RX PATIENT STATUS: SC//
DRUG: WARFARIN
  Lookup: GENERIC NAME
    1  WARFARIN (COUMADIN) 5MG INJ                BL110
    2  WARFARIN (COUMADIN) NA 1MG TAB              BL110
    3  WARFARIN (COUMADIN) NA 5MG TAB              BL110
    4  WARFARIN (COUMADIN) NA 7.5MG TAB BREKSEN    BL110
    5  WARFARIN (COUMADIN) NA 10MG TAB             BL110
Press <RETURN> to see more, '^' to exit this list, '^ ^' to exit all lists, OR
CHOOSE 1-5: 1  WARFARIN (COUMADIN) 5MG INJ        BL110

Now doing allergy checks.  Please wait...

Now Processing Enhanced Order Checks!  Please wait...

Order Checks could not be done for Drug: BACLOFEN 10MG TAB, please
complete a manual check for Drug Interactions, Duplicate Therapy and
appropriate Dosing.

Press Return to Continue:

-----
***Critical*** Drug Interaction with Prospective Drug:
                WARFARIN (COUMADIN) 5MG INJ and

      Local RX#: 504196
      Drug: AMIODARONE HCL (PACERONE) 200MG TAB (Active)
      SIG: TAKE THREE TABLETS BY MOUTH EVERY 3 HOURS
      Processing Status: Not released locally (Mail)

      Pending Order: AMIODARONE HCL (PACERONE) 200MG TAB
      SIG: TAKE THREE TABLETS BY MOUTH EVERY 3 HOURS

      Non-VA Med: AMIODARONE HCL (PACERONE) 200MG TAB
      Dosage: 400MG                               Schedule: EVERY DAY

The concurrent administration of amiodarone and an anticoagulant may result
in an increase in the clinical effects of the anticoagulant and an
increased risk of bleeding.(1-22) It may take several weeks of concurrent
therapy before the full effects of this interaction are noted. The effect
of amiodarone on anticoagulant levels may continue for several months after
amiodarone is discontinued.

Display Interaction Monograph? No//    NO

```

Press return to continue:

-----  
\*\*\*Critical\*\*\* Drug Interaction with Prospective Drug:  
WARFARIN (COUMADIN) 5MG INJ and

Local RX#: 504183  
Drug: CIMETIDINE 300MG TAB (Active)  
SIG: TAKE TWO TABLETS BY MOUTH EVERY 3 HOURS  
Processing Status: Not released locally (Mail)

Pending Order: CIMETIDINE 300MG TAB  
SIG: TAKE TWO TABLETS BY MOUTH EVERY 3 HOURS

The pharmacologic effects of warfarin may be increased resulting in severe bleeding.

Display Interaction Monograph? No// NO

-----  
\*\*\*Critical\*\*\* Drug Interaction with Prospective Drug:  
WARFARIN (COUMADIN) 5MG INJ and

Pending Order: RIFAMPIN 300MG CAP  
SIG: TAKE ONE CAPSULE BY MOUTH EVERY DAY

Concurrent or recent use of a rifamycin may result in decreased levels of and clinical effects from anticoagulants. If the rifamycin is withdrawn, levels and effects of the anticoagulant may increase, increasing the risk of hemorrhage. This effect may be dose-related and continue beyond discontinuation of the rifamycin.

Display Interaction Monograph? No// NO

-----  
\*\*\*Significant\*\*\* Drug Interaction with Prospective Drug:  
WARFARIN (COUMADIN) 5MG INJ and

Local RX#: 504280  
Drug: INDINAVIR SULFATE 400MG CAP (Active)  
SIG: TAKE ONE CAPSULE BY MOUTH EVERY DAY  
Processing Status: Not released locally (Window)

\*\*\* Refer to MONOGRAPH for SIGNIFICANT INTERACTION CLINICAL EFFECTS

Display Interaction Monograph? No// NO

-----  
\*\*\*Significant\*\*\* Drug Interaction with Prospective Drug:  
WARFARIN (COUMADIN) 5MG INJ and

Local RX#: 504426  
Drug: SIMVASTATIN 40MG TAB (Suspended)  
SIG: TAKE 20 TABLETS BY MOUTH EVERY 4 HOURS AND TAKE 15 TABLETS TWICE A DAY BEFORE MEALS AND TAKE TEN TABLETS TWICE A DAY AND TAKE FIVE TABLETS EVERY 3 HOURS AND TAKE ONE SIXTY MG TABLET(S) Q5H AND TAKE ONE FORTY MG TABLET(S) EVERY EVENING PAT INSTRUCTIONS  
Processing Status: Not released locally (Mail)

\*\*\* Refer to MONOGRAPH for SIGNIFICANT INTERACTION CLINICAL EFFECTS

Display Interaction Monograph? No// NO

Do you want to Continue? Y// NO

- **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:** 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.

- **CPRS Order Check: Aminoglycoside Ordered**

```
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 Dipyrindamole. 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
dipyrindamole.
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 to 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.

### 4.3.1. Inpatient Duplicate Therapy

Inpatient orders are checked for therapeutic duplication with drugs within the same class. If orders have the same drug (meaning the same class), they will be included in the list. The header for Inpatient Duplicate Therapy will be like: This patient is already receiving the following:

INPATIENT and/or OUTPATIENT order(s) for a drug in the same therapeutic class(es) as SIMVASTATIN 40MG TAB:

The user will have the opportunity to discontinue duplicate order(s) after the banner..

#### Example: Duplicate Therapy Banner

```
=====
This patient is already receiving the following INPATIENT and/or OUTPATIENT
order(s) for a drug in the same therapeutic class(es) as SIMVASTATIN 40MG
TAB:

GEMFIBROZIL TAB,ORAL                C  02/08  05/19  A
Give: 600MG PO BID

GEMFIBROZIL TAB,ORAL                C  02/08  05/19  A
Give: 600MG PO BID

Local Rx #504563 (ACTIVE) for FLUVASTATIN NA 20MG CAP
SIG: TAKE ONE CAPSULE BY MOUTH TWICE A DAY
Processing Status: Not released locally (Window)

Class(es) Involved in Therapeutic Duplication(s): HMGCo-A Reductase
Inhibitors, Antihyperlipidemics
=====
Do you wish to continue with the current order? YES//
```

#### Example: Duplicate Order Entry Screen

Unit Dose Order Entry	Jun 27, 2006@16:08:46	Page:	1 of 1
PSJPATIENT,ONE	Ward: 7B		A
PID: 666-666-1234	Room-Bed:	Ht (cm):	( )
DOB: --/--/70 (35)		Wt (kg):	( )

```

Sex: MALE                      Admitted: 03/08/06
Dx: SICK                       Last transferred: *****
-----
Select DRUG: WARF
Lookup: GENERIC NAME
   1  WARFARIN (COUMADIN) 5MG INJ          BL110
   2  WARFARIN (COUMADIN) NA 1MG TAB      BL110
   3  WARFARIN (COUMADIN) NA 5MG TAB      BL110
   4  WARFARIN (COUMADIN) NA 10MG TAB     BL110
   5  WARFARIN (COUMADIN) NA 2.5MG TAB    BL110
Press <RETURN> to see more, '^' to exit this list, '^ ^' to exit all lists, OR
CHOOSE 1-5: 2  WARFARIN (COUMADIN) NA 1MG TAB      BL110

Now Processing Enhanced Order Checks! Please wait..

=====
This patient is already receiving the following INPATIENT and/or OUTPATIENT
order(s) for a drug in the same therapeutic class(es) as WARFARIN (COUMADIN)
NA 1MG TAB:

DIPYRIDAMOLE TAB                ?  *****  *****  P
Give: 50MG PO TID

WARFARIN TAB                     ?  *****  *****  P
Give: 15.3MG PO QPM

Class(es) Involved in Therapeutic Duplication(s): Oral Anticoagulants,
Antiplaetlet and Antithrombotic Drugs
=====

Do you wish to continue with the current order? YES//

```

### 4.3.2 Discontinuing Duplicate Inpatient Orders

When duplicate Inpatient orders are found, the user will be asked if they want to discontinue any of the orders:

Example: Discontinued Order

```

=====
This patient is already receiving the following INPATIENT and/or OUTPATIENT
order(s) for a drug in the same therapeutic class(es) as WARFARIN (COUMADIN)
NA 1MG TAB:

DIPYRIDAMOLE TAB                ?  *****  *****  P
Give: 50MG PO TID

WARFARIN TAB                     ?  *****  *****  P
Give: 15.3MG PO QPM

Class(es) Involved in Therapeutic Duplication(s): Oral Anticoagulants,
Antiplaetlet and Antithrombotic Drugs
=====

Do you wish to continue with the current order? YES//

Do you wish to DISCONTINUE any of the listed INPATIENT orders? NO// YES

```

```

1.  DIPYRIDAMOLE TAB                ?  *****  *****  P
    Give: 50MG PO TID

2.  WARFARIN TAB                    ?  *****  *****  P
    Give: 15.3MG PO QPM

Enter a list or range of numbers (1-2): 2

Do you want to discontinue this order? No// Y  (Yes)

NATURE OF ORDER: WRITTEN//

```



**Note:** If the user selects the default of NO, the order process continues.

If the user enters YES to the DISCONTINUE prompt, the following prompt is presented to allow selecting orders:

```
Choose for DISCONTINUE 1-N:
```



**Note:** N represents the highest numbered duplicate order in the numbered list.

#### 4.3.1.1. Exiting the Order Process

When duplicate Inpatient therapies have been found, the following prompt is displayed after the numbered list of duplicate Inpatient orders:

```
Do you wish to continue with the current order? YES//
```



**Note:** The wording of this existing prompt has been slightly modified. Also, the current default of NO has been changed to YES.

Each time a user chooses to discontinue an Inpatient duplicate order(s), a prompt is presented to enter a value for NATURE OF ORDER. This value applies to all orders just selected to be discontinued.

Also, each time a user chooses to discontinue an Inpatient duplicate order(s), a prompt is presented to enter a value for Requesting PROVIDER. This value applies to all orders just selected to be discontinued.

#### 4.3.2. Allergy/ADR Example Order Checks

Inpatient Medications (Unit Dose and IV) order entry process with check for adverse allergy/ADR reactions:

- Entering a new IV or Unit Dose medication order through pharmacy options
- Finishing a pending IV or Unit Dose medication order
- Renewing an IV or Unit Dose order

- Creating a new Unit Dose order when editing the orderable item (to a new orderable item) through pharmacy options
- When editing the IV additive field (changing existing additive or adding new additive) for an IV order through pharmacy options
- When editing the IV solution field (changing existing solution or adding a new solution) for an IV order through pharmacy options – This applies only to IV solutions marked as a PreMix
- Entering a new Unit Dose medication order through pharmacy options
- using order sets
- Copying an IV or Unit Dose medication order, thereby creating a new order.

Only one warning will be displayed for an Allergy/ADR. The Allergy/ADR warning shall display the following information:

- Drug Text ‘A Drug-Allergy Reaction exists for this medication and/or class:’
- Drug Name
- Ingredient(s) (Indicate Local and/or Remote sites) – if available
- VA Drug Class(es) (Indicate Local and/or Remote sites) – if available

More than one Ingredient and more than one VA Drug Class may be associated with an Allergy/ADR. After the Allergy/ADR warning is displayed, the system shall prompt the user if they want to intervene. The default for this prompt shall be ‘No’. If the user chooses to intervene, the system will proceed with the intervention dialog. If the user chooses not to intervene, the system will proceed with the order entry dialog.

#### **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? N// NO

Available Dosage(s)
  1.    120 MG
  2.    240 MG
.
.
```

### Example: New Order Entry – Backdoor – Local & Remote Allergy/ADR – Ingredients & Drug Class exist

```
Select Unit Dose Medications Option: IOE   Inpatient Order Entry

You are signed on under the GLRISC IV ROOM

Current IV LABEL device is: TELNET

Current IV REPORT device is: NULL DEVICE

Select PATIENT:      PSJPATIENT,TEN          000-00-0000   02/02/39   3AS

                *** Patient Requires a Means Test **

VP View Profile

Allergies - Verified: PENICILLIN, ASPIRIN
             Non-Verified: CODEINE PHOSPHATE 15MG TAB, DIAZEPAM, TETRACYCLINE

Reactions - Verified: SULFAMETHOXAZOLE/TRIMETHOPRIM, VANCOMYCIN
             Non-Verified:

    Inpatient Narrative: Place All Meds in NS
    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// NO   New Order Entry

Select DRUG: SULFAMET
  Lookup: GENERIC NAME
SULFAMETHOXAZOLE/TRIMETHOPRIM DS TAB          AM650
  ...OK? Yes//   (Yes)

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

Drug: SULFAMETHOXAZOLE/TRIMETHOPRIM DS TAB
  Ingredients: SULFAMETHOXAZOLE (LOCAL), TRIMETHOPRIM (LOCAL)
  Drug Class: AM650 SULFONAMIDE/RELATED ANTIMICROBIALS (LOCAL AND REMOTE SITE(S))

Do you want to Intervene? Y// ES

Now creating Pharmacy Intervention
for SULFAMETHOXAZOLE/TRIMETHOPRIM DS TAB

PROVIDER:      PSJPROVIDER, ONE      OPP      119
RECOMMENDATION: 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.      1 TABLET
  2.      2 TABLETS

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

You entered 1 TABLET is this correct? Yes//
.
```

### Example: New Order Entry Backdoor – IV order – Local Allergy/ADR with Ingredient info only

```
PU Patient Record Update          NO New Order Entry
Select Action: Quit// NO    New Order Entry

Select DRUG:

Select IV TYPE: PIGGYBACK.
Select ADDITIVE: VANCOMYCIN

(The units of strength for this additive are in GM)
Strength: 1    1 GM
Select ADDITIVE:
Select SOLUTION: D5250    5% DEXTROSE          250 ML
                *N/F*
    Restriction/Guideline(s) exist.  Display? : (N/D/O/B): No//    NO

Press Return to continue...

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

Drug: VANCOMYCIN 1GM VIAL
    Ingredients: VANCOMYCIN (LOCAL)

Do you want to Intervene? Y// NO

INFUSION RATE:
.
```

### Example: Finishing Pending Unit Dose Order – Local Allergy/ADR –Drug Class Only

```
Select Item(s): Next Screen// FN    Finish

PENDING UNIT DOSE (ROUTINE)    Mar 24, 2008@22:27:46    Page:    2 of    2
PSJPATIENT,TEN                Ward: 3AS                A
    PID: 000-00-0000        Room-Bed: 300-3        Ht(cm): 167.64 (06/10/93)
    DOB: 02/02/39 (69)        Wt(kg): 68.18 (06/10/93)
+
    (7)Self Med: NO

Entry By: PSJPROVIDER, ONE        Entry Date: 03/24/08    22:26

(13) Comments:

Order Checks:

Previous adverse reaction to: (INACTIVE) PENICILLINS: (LOCAL)
Overriding Provider: PSJPROVIDER, ONE
Overriding Reason: TESTING    Mar 25, 2008@10:14:15

ORDER NOT VERIFIED
    Enter ?? for more actions

Press Return to continue...

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

Drug: AMOXICILLIN 500MG/CLAV ACID 125MG TAB
    Drug Class: AM114 PENICILLINS (LOCAL)

Do you want to Intervene? Y// NO
```

```

NON-VERIFIED UNIT DOSE      Mar 25, 2008@10:14:15      Page: 1 of 2
PSJPATIENT,TEN              Ward: 3AS              A
    PID: 000-00-0000        Room-Bed: 300-3        Ht(cm): 167.64 (06/10/93)
    DOB: 02/02/39 (69)      Wt(kg): 68.18 (06/10/93)

*(1)Orderable Item: AMOXICILLIN AND CLAVULANIC ACID TAB
    Instructions: 1 TABLET
*(2)Dosage Ordered: 1 TABLET
    Duration: (3)Start: 03/24/08 22:00
*(4) Med Route: ORAL REQUESTED START: 03/24/08 22:00
    (5) Stop: 04/03/08 22:00

(6) Schedule Type: CONTINUOUS
*(8) Schedule: Q8H
(9) Admin Times: 0600-1400-2200
*(10) Provider: PSJPROVIDER,ONE [es]
(11) Special Instructions:

(12) Dispense Drug          U/D          Inactive Date
    AMOXICILLIN 500MG/CLAV ACID 125MG TAB 1

+ Enter ?? for more actions
ED Edit AC ACCEPT
Select Item(s): Next Screen//
.

```

### Example: Finishing a Pending IV Order – Local Allergy/ADR – Drug Class only

```

PENDING IV (ROUTINE)      Mar 24, 2008@22:29:21      Page: 1 of 2
(2) Solutions:
PSJPATIENT,TEN              Ward: 3AS              A
    PID: 000-00-0000        Room-Bed: 300-3        Ht(cm): 167.64 (06/10/93)
    DOB: 02/02/39 (69)      Wt(kg): 68.18 (06/10/93)

(1) Additives:              Type:
    Duration: (4) Start: *****
(3) Infusion Rate: REQUESTED START: 03/24/08 21:00
*(5) Med Route: IV (6) Stop: *****
*(7) Schedule: Q12H Last Fill: *****
(8) Admin Times: 09-21 Quantity: 0
*(9) Provider: PSJPROVIDER, ONE [es] Cum. Doses:
*(10)Orderable Item: CEFZAZOLIN INJ
    Instructions: 1GM/1VIAL of CEFZAZOLIN 1GM VI
(11) Other Print:

(12) Remarks :
    IV Room: GLRISC
    Entry By: PSJPROVIDER, ONE Entry Date: 03/24/08 22:27
+ Enter ?? for more actions
DC Discontinue FL Flag
ED Edit FN Finish
Select Item(s): Next Screen// FN Finish
COMPLETE THIS ORDER AS IV OR UNIT DOSE? IV//
IV TYPE: PIGGYBACK
Select ADDITIVE:
    1 CEFOX
    2 - CEF2Q6H -
    3 CEFZAZOLIN
Select (1 - 3): 3 CEFZAZOLIN

Restriction/Guideline(s) exist. Display? : (N/D): No// NO

Press Return to continue...

(The units of strength for this additive are in GM)

Strength: 1 1 GM
Select ADDITIVE:
Select SOLUTION: D5100 5% DEXTROSE 100 ML

```

```

*N/F*

Restriction/Guideline(s) exist.  Display? :  (N/D/O/B): No//  NO

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

Drug: CEFAZOLIN 1GM VI
  Drug Class: AM114 PENICILLINS (LOCAL)

Do you want to Intervene? Y// ES

Now creating Pharmacy Intervention
for CEFAZOLIN 1GM VI

PROVIDER:    PSJPROVIDER, ONE      LBB      119
RECOMMENDATION:    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

INFUSION RATE:
.

```

### Example: Local & Remote Allergy/ADR – Multi Ingredients, Pending Order

```

PENDING IV (ROUTINE)          Mar 24, 2008@22:29:21          Page:    1 of    2
(2) Solutions:
PSJPATIENT,TEN                Ward: 3AS                      A
  PID: 000-00-0000            Room-Bed: 300-3                Ht(cm): 167.64 (06/10/93)
  DOB: 02/02/39 (69)          Wt(kg): 68.18 (06/10/93)

(1) Additives:                                     Type:
      Duration:                                     (4) Start: *****
(3) Infusion Rate:                                REQUESTED START: 03/24/08 21:00
*(5) Med Route: IV                                (6) Stop: *****
*(7) Schedule: Q12H                               Last Fill: *****
(8) Admin Times: 09-21                             Quantity: 0
*(9) Provider: PSJPROVIDER, ONE [es]               Cum. Doses:
*(10)Orderable Item: CEFAZOLIN INJ
      Instructions: 1GM/1VIAL of CEFAZOLIN 1GM VI
(11) Other Print:

(12) Remarks :
      IV Room: GLRISC
      Entry By: PSJPROVIDER, ONE                    Entry Date: 03/24/08 22:27
+      Enter ?? for more actions
DC Discontinue          FL Flag
ED Edit                 FN Finish
Select Item(s): Next Screen// FN Finish
COMPLETE THIS ORDER AS IV OR UNIT DOSE? IV//
IV TYPE: PIGGYBACK
Select ADDITIVE:
  1 CEFOX
  2 - CEF2Q6H -
  3 CEFAZOLIN
Select (1 - 3): 3 CEFAZOLIN

Restriction/Guideline(s) exist.  Display? :  (N/D): No//  NO

Press Return to continue...

(The units of strength for this additive are in GM)

```



```

Strength: 1      1 GM
Select ADDITIVE:
Select SOLUTION: D5100  5% DEXTROSE          100 ML
                  *N/F*

Restriction/Guideline(s) exist.  Display? :  (N/D/O/B): No//  NO

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

Drug: CEFAZOLIN 1GM VI
     Drug Class: AM114 PENICILLINS (LOCAL)

Do you want to Intervene? Y// ES

Now creating Pharmacy Intervention
for CEFAZOLIN 1GM VI

PROVIDER:      PSJPROVIDER, ONE      LBB      119
RECOMMENDATION: 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

INFUSION RATE:
.

```

### 4.3.3. Sample Drug/Drug Interactions

#### Example: One Critical Drug Interaction – Backdoor New Order Entry for a Unit Dose Order – No Monograph Display

```

Now Processing Enhanced Order Checks!  Please wait...

=====
This patient is receiving the following order(s) that have a Drug Interaction with AMIODARONE
200MG TAB:

INDINAVIR CAP                      C  08/15  08/30  A
Give: 800MG PO Q8H

*** Critical *** The concurrent administration of amiodarone with indinavir,(1) nelfinavir,(2)
ritonavir,(3) or tipranavir coadministered with ritonavir(4) may result in increased levels,
clinical effects, and toxicity of amiodarone.
=====

Display Professional Interaction Monograph? No// No

Do you want to Continue with AMIODARONE 200MG TAB ? N// n  NO

Select DRUG:
.
.
Or

Do you want to Continue with AMIODARONE 200MG TAB ? N// YES

Now creating Pharmacy Intervention
for AMIODARONE 200MG TAB

PROVIDER: PSJPROVIDER, ONE
RECOMMENDATION: NO CHANGE

```



liver disease. Report of two cases. Arch Intern Med 1967 Nov;120(5):620-4.

4.Weiss HJ, Aledort LM, Kochwa S. The effect of salicylates on the hemostatic properties of platelets in man. J Clin Invest 1968 Sep; 47(9):2169-80.

5.Udall JA. Drug interference with warfarin therapy. Clin Med 1970 Aug; 77:20-5.

6.Fausa O. Salicylate-induced hypoprothrombinemia. A report of four cases. Acta Med Scand 1970 Nov;188(5):403-8.

7.Zucker MB, Peterson J. Effect of acetylsalicylic acid, other nonsteroidal anti-inflammatory agents, and dipyridamole on human blood platelets. J Lab Clin Med 1970 Jul;76(1):66-75.

8.O'Reilly RA, Sahud MA, Aggeler PM. Impact of aspirin and chlorthalidone on the pharmacodynamics of oral anticoagulant drugs in man. Ann N Y Acad Sci 1971 Jul 6;179:173-86.

9.Dale J, Myhre E, Loew D. Bleeding during acetylsalicylic acid and anticoagulant therapy in patients with reduced platelet reactivity after aortic valve replacement. Am Heart J 1980 Jun;99(6):746-52.

10.Donaldson DR, Sreeharan N, Crow MJ, Rajah SM. Assessment of the interaction of warfarin with aspirin and dipyridamole. Thromb Haemost 1982 Feb 26;47(1):77.

11.Chesebro JH, Fuster V, Elveback LR, McGoon DC, Pluth JR, Puga FJ, Wallace RB, Danielson GK, Orszulak TA, Piehler JM, Schaff HV. Trial of combined warfarin plus dipyridamole or aspirin therapy in prosthetic heart valve replacement: danger of aspirin compared with dipyridamole. Am J Cardiol 1983 May 15;51(9):1537-41.

12.Chow WH, Cheung KL, Ling HM, See T. Potentiation of warfarin anticoagulation by topical methylsalicylate ointment. J R Soc Med 1989 Aug;82(8):501-2.

13.Meade TW, Roderick PJ, Brennan PJ, Wilkes HC, Kelleher CC. Extra-cranial bleeding and other symptoms due to low dose aspirin and low intensity oral anticoagulation. Thromb Haemost 1992 Jul 6;68(1):1-6.

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OR

Do you want to intervene with ASPIRIN 325MG TAB ? N// YES

Now creating Pharmacy Intervention  
for ASPIRIN 325MG TAB

PROVIDER: PSJPROVIDER, ONE  
RECOMMENDATION: NO CHANGE

See '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. 325MG  
2. 650MG

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

### Example: One Critical Drug Interaction – Backdoor New Order Entry -IV Order, No Monograph Display

Select IV TYPE: PIGGYBACK.  
Select ADDITIVE: GENTAMICIN

(The units of strength for this additive are in MG)

Strength: 120 120 MG

Select ADDITIVE:

Select SOLUTION: NS100

1 NS100 0.9% SODIUM CHLORIDE 100 ML

2 NS1000 0.9% SODIUM CHLORIDE 1000 ML

CHOOSE 1-2: 1 0.9% SODIUM CHLORIDE 100 ML

Restriction/Guideline(s) exist. Display? : (N/O): No// NO

```

Press Return to continue...

Now Processing Enhanced Order Checks! Please wait...

=====
This patient is receiving the following order(s) that have a Drug Interaction with GENTAMICIN
120MG:

FUROSEMIDE TAB                                C 06/05 09/03 A
Give: 80MG PO QAM

*** Critical *** Rapid onset eighth nerve ototoxicity may be observed with possible severe
permanent hearing loss
=====

Display Professional Interaction Monograph? No// No

Do you want to Continue with GENTAMICIN 120MG ? N// Yes

Now creating Pharmacy Intervention
for GENTAMICIN 40MG/ML 2ML VI

PROVIDER: IVPROVIDER, ONE
RECOMMENDATION: 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

INFUSION RATE:
.
.

```

### Example: One Significant Drug Interaction – Backdoor New Order Entry for an IV Order – Monograph display

```

PU Patient Record Update                      NO New Order Entry
Select Action: Quit// NO    New Order Entry

Select DRUG:

Select IV TYPE: ADMIXTURE.
Select ADDITIVE:
Select SOLUTION: HEPARI
    1  HEPARIN 25,000 IN                      250 ML
    2  HEPARIN 25000 UNITS/0.45% NACL          250 ML
CHOOSE 1-3: 2  HEPARIN 25000 UNITS/0.45% NACL          250 ML

Now Processing Enhanced Order Checks! Please wait...

=====
This patient is receiving the following order(s) that have a Drug interaction with HEPARIN 25000
UNITS/0.45% NACL 250ML:

ASPIRIN TAB,EC                                C 10/22 01/20 A
Give: 325MG PO QAM

*** Significant *** Increased risk of bleeding which may extend for several days beyond
discontinuation of salicylates.
=====

Display Professional Interaction Monograph? No// Y es

Device: Home// <Home would print to screen, or a specific device could be specified>

```

Professional Monograph  
Drug Interaction with ASPRIRIN and HEPARIN/SODIUM CHLORIDE

This information is generalized and not intended as specific medical advice. Consult your healthcare professional before taking or discontinuing any drug or commencing any course of treatment.

MONOGRAPH TITLE: Heparin/Salicylates

MECHANISM OF ACTION: Additive prolongation of bleeding time.

CLINICAL EFFECTS: Increased risk of bleeding which may extend for several days beyond discontinuation of salicylates.

PREDISPOSING FACTORS: None determined.

PATIENT MANAGEMENT: Avoid concomitant administration of these drugs. If this combination is used, monitor hematological status carefully. A non-acetylated salicylate may be used to avoid antiplatelet activity.

DISCUSSION: This interaction is likely to occur.

REFERENCES:1.Weiss HJ, Aledort LM, Kochwa S. The effect of salicylates on the hemostatic properties of platelets in man. J Clin Invest 1968 Sep; 47(9):2169-80.2.Zucker MB, Peterson J. Effect of acetylsalicylic acid, other nonsteroidal anti-inflammatory agents, and dipyridamole on human blood platelets. J Lab Clin Med 1970 Jul;76(1):66-75.3.Niklasson PM, Blomback M, Lundbergh P, Strandell T. Thrombocytopenia and bleeding complications in severe cases of meningococcal infection treated with heparin, dextran 70 and chlorpromazine. Scand J Infect Dis 1972; 4(3):183-91.4.Schondorf TH, Hey D. Combined administration of low dose heparin and aspirin as prophylaxis of deep vein thrombosis after hip joint surgery. Haemostasis 1976;5(4):250-7.5.Rubenstein JJ. Letter: Aspirin, heparin and hemorrhage. N Engl J Med 1976 May 13;294(20):1122-3.6.Yett HS, Skillman JJ, Salzman EW. The hazards of aspirin plus heparin. N Engl J Med 1978 May 11;298(19):1092.7.Jick H, Porter J. Drug-induced gastrointestinal bleeding. Report from the Boston Collaborative Drug Surveillance Program, Boston University Medical Center. Lancet 1978 Jul 8;2(8080):87-9.8.Walker AM, Jick H. Predictors of bleeding during heparin therapy. JAMA 1980 Sep 12;244(11):1209-12.9.Heiden D, Rodvien R, Mielke CH. Heparin bleeding, platelet dysfunction, and aspirin. JAMA 1981 Jul 24-31;246(4):330-1.10.Theroux P, Ouimet H, McCans J, Latour JG, Joly P, Levy G, Pelletier E, Juneau M, Stasiak J, deGuise P, et al. Aspirin, heparin, or both to treat acute unstable angina. N Engl J Med 1988 Oct 27;319(17):1105-11.

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Do you want to Intervene with HEPARIN 25000 UNITS/0.45% NACL 250ML ? N// Yes

Now creating Pharmacy Intervention  
for HEPARIN 25,000UNITS IN 0.45% NACL 250ML

PROVIDER: IVPROVIDER  
RECOMMENDATION: 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

INFUSION RATE:

.

## 4.3.4. Sample Therapeutic Order Check Displays

### Example: Outpatient Order Displays

This patient is already receiving the following INPATIENT and/or OUTPATIENT order(s) for a drug in the same therapeutic class as NIZATIDINE 150MG CAP:

Rx#	Drug	REF						ST	REM	Issued	Last Fill
-----											
\$2593	SUCRALFATE 1GM TAB	A	3	03-12-08	03-12-08						
QTY: 270	SIG: TAKE ONE TABLET BY MOUTH THREE TIMES A DAY										
LOCATION NAME: VACLINIC											
\$95438B	RANITIDINE 150MG TAB	A	3	03-12-08	03-12-08						
QTY: 270	SIG: TAKE ONE TABLET BY MOUTH THREE TIMES A DAY										
Pending Drug: FAMOTIDINE 20MG TAB											
Eff. Date: 03-04-08		Qty: 180		Refills: 3 Prov: PSOPROVIDER,ONE							
Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY											
NON - VA Med: CIMETIDINE 300MG TAB											
Dosage: 300MG		Schedule: TWICE A DAY									
Date Documented: 03/03/08		Status: Active									
CIMETIDINE TAB											
		C	03/12	04/11	A						
Give: 400MG PO QHS											
Duplicate Therapy Class(es): Peptic Ulcer Agents											
=====.											

### Example: Inpatient Order Displays IV Additive

This patient is already receiving the following INPATIENT and/or OUTPATIENT order(s) for a drug in the same therapeutic class as CEFAZOLIN 1GM:

CEFOXITIN INJ C 03/20 04/03 A  
Give: 1GM/1VIAL IM Q12H

PENICILLIN TAB C 03/20 03/27 A  
Give: 500MG PO QID

Duplicate Therapy Class(es): Beta-Lactams

### Example: Unit Dose

=====

This patient is already receiving the following INPATIENT and/or OUTPATIENT order(s) for a drug in the same therapeutic class as HCTZ 12.5MG/LISINAPRIL 10MG TAB:

FUROSEMIDE 40MG TAB C 03/20 06/18 A  
Give: ONE TABLET(S) PO QAM

Duplicate Therapy Class(es): Diuretics

### Example: IV Solution Marked as PreMix

=====

This patient is already receiving the following INPATIENT and/or OUTPATIENT order(s) for a drug in the same therapeutic class as PIPERACILIN 3GM IN DEXTROSE 100 ML:

AMOXICILLIN/CLAVULANATE TAB C 03/21 04/20 A  
Give: 1 TABLET PO Q6H

Duplicate Therapy Class(es): Beta-Lactams, Penicillins

### Example: Unit Dose -New order Backdoor - Two Duplicate Therapy Warnings

PI Patient Information	SO Select Order
PU Patient Record Update	NO New Order Entry

Select Action: Quit// NO    New Order Entry

Select DRUG: NIZAT

Lookup: GENERIC NAME

NIZATIDINE 150MG CAP                      GA301

...OK? Yes//    (Yes)

Now Processing Enhanced Order Checks! Please wait...

=====

This patient is already receiving the following INPATIENT and/or OUTPATIENT order(s)  
for a drug in the same therapeutic class as NIZATIDINE 150MG CAP:

Rx#	Drug	REF		
		ST	REM	Issued    Last Fill
\$2593	SUCRALFATE 1GM TAB	A	3	03-12-08    03-12-08
QTY: 270	SIG: TAKE ONE TABLET BY MOUTH THREE TIMES A DAY			

LOCATION NAME: VACLINIC

\$95438B	RANITIDINE 150MG TAB	A	3	03-12-08    03-12-08
QTY: 270	SIG: TAKE ONE TABLET BY MOUTH THREE TIMES A DAY			

Pending Drug: FAMOTIDINE 20MG TAB

Eff. Date: 03-04-08    Qty: 180                      Refills: 3    Prov: PSOPROVIDER,ONE

Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY

NON - VA Med: CIMETIDINE 300MG TAB

Dosage: 300MG                      Schedule: TWICE A DAY

Date Documented: 03/03/08                      Status: Active

CIMETIDINE TAB                                      C    03/12    04/11    A

Give: 400MG PO QHS

Duplicate Therapy Class(es): Peptic Ulcer Agents

=====

Rx#	Drug	REF		
		ST	REM	Issued    Last Fill
\$95438B	RANITIDINE 150MG TAB	A	3	03-12-08    03-12-08
QTY: 270	SIG: TAKE ONE TABLET BY MOUTH THREE TIMES A DAY			

Pending Drug: FAMOTIDINE 20MG TAB

Eff. Date: 03-04-08    Qty: 180                      Refills: 3    Prov: PSOPROVIDER,ONE

Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY

NON - VA Med: CIMETIDINE 300MG TAB

Dosage: 300MG                      Schedule: TWICE A DAY

Date Documented: 03/03/08                      Status: Active

CIMETIDINE TAB                                      C    03/12    04/11    A

Give: 400MG PO QHS

Duplicate Therapy Class(es): Histamine-2 Receptor Antagonists (H2 Antagonists)

Do you wish to continue with the current order? YES//Yes

CIMETIDINE TAB                                      C    03/12    04/11    A

Give: 400MG PO QHS

Do you want to discontinue this order? YES// No

Available Dosage(s)

1. 150MG
2. 300MG

## Example: IV New Order Entry Backdoor

```
Select Action: Next Screen// NO    New Order Entry

Select IV TYPE: PIGGYBACK.
Select ADDITIVE: CEFZOLIN
                *N/F*

    Restriction/Guideline(s) exist.  Display? :  (N/D): No//    NO

(The units of strength for this additive are in GM)
Strength: 1    1 GM
Select ADDITIVE:
Select SOLUTION: D5250    5% DEXTROSE                250 ML
                *N/F*

    Restriction/Guideline(s) exist.  Display? :  (N/D/O/B): No//    NO

Now Processing Enhanced Order Checks!  Please wait...

=====
This patient is already receiving the following INPATIENT and/or OUTPATIENT order(s)
for a drug in the same therapeutic class as CEFZOLIN 1GM:

CEFOXITIN INJ                                C  03/20  04/03  A
Give: 1GM/1VIAL IM Q12H

PENICILLIN TAB                                C  03/20  03/27  A
Give: 500MG PO QID

Duplicate Therapy Class(es): Beta-Lactams
=====

CEFOXITIN INJ                                C  03/20  04/03  A
Give: 1GM/1VIAL IM Q12H

Duplicate Therapy Class(es): Cephalosporins
=====

Do you wish to DISCONTINUE any of the listed INPATIENT orders? NO// Yes

1. CEFOXITIN INJ                                C  03/20  04/03  A
   Give: 1GM/1VIAL IM Q12H

2. PENICILLIN TAB                                C  03/20  03/27  A
   Give: 500MG PO QID

Select (1-2): 1

CEFOXITIN INJ                                C  03/20  04/03  A
Give: 1GM/1VIAL IM Q12H

Do you want to discontinue this order? Yes//    (Yes)

NATURE OF ORDER: WRITTEN//                    W
Requesting PROVIDER: PROVIDER, ONE//          LBB      119

INFUSION RATE: OVER 30 MINTUES

MED ROUTE: IV//IVPB  IV PIGGYBACK            IVPB
SCHEDULE: Q12H
ADMINISTRATION TIMES: 09-21//
```



## 5. Maintenance Options

### 5.1. Unit Dose

All of the Unit Dose Maintenance Options are located on the *Unit Dose Medications* menu.

#### 5.1.1. Edit Inpatient User Parameters

[PSJ UEUP]

The *Edit Inpatient User Parameters* option allows users to edit various Inpatient User parameters. The prompts that will be encountered are as follows:

- “PRINT PROFILE IN ORDER ENTRY:”

Enter **YES** for the opportunity to print a profile after entering Unit Dose orders for a patient.

- “INPATIENT PROFILE ORDER SORT:”

This is the sort order in which the Inpatient Profile will show inpatient orders. The options will be sorted either by medication or by start date of order. Entering the words “**Medication Name**” (or the number **0**) will show the orders within schedule type (continuous, One-time, and then PRN) and then alphabetically by drug name. Entering the words “**Start Date of Order**” (or the number **1**) will show the order chronologically by start date, with the most recent dates showing first and then by schedule type (continuous, One-time, and then PRN).



**Note:** The Profile first shows orders by status (active, non-verified, and then non-active).

- “LABEL PRINTER:”

Enter the device on which labels are to be printed.

- “USE WARD LABEL SETTINGS:”

Enter **YES** to have the labels print on the printer designated for the ward instead of the printer designated for the pharmacy.



**NOTE:** Any changes made take effect immediately.

### 5.1.2. Edit Patient's Default Stop Date

[PSJU CPDD]



This option is locked with the PSJU PL key.

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



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

When the SAME STOP DATE ON ALL ORDERS parameter is set to yes, the module will assign a default stop date for each patient. This date is initially set when the first order is entered for the patient. A new default stop date is assigned for the patient when an order is renewed and the order's stop date plus three days is greater than the current default stop date. This date is shown as the default value for the stop date of each order entered for the patient. However, if a day or dose limit exists for the selected Orderable Item, and the limit is less than the default stop date, the earlier stop date and time will be displayed.

## 5.2. IV

All of the IV Maintenance Options are located on the *IV Menu* option. Non-Standard Schedules is not an option on a menu, but is listed here for informational purposes.

### 5.2.1. Change Report/Label Devices (IV)

[PSJI DEVICE]

The *Change Report/Label Devices (IV)* option allows the user to change the print output devices. When the user first signs into the IV module, the current default devices will be shown. This option does not change the default devices that are defined in the LABEL device or REPORT device site parameters, but will queue the report to the selected device.

This would be useful if the user wishes to print a short report to the screen. The new settings will remain unless the user changes them again or exits the system, at which time the settings will revert to the output devices defined in the site parameters.

Once the pharmacist has finished with a pick list, the prompt, “MAY I FILE THE DATA IN THIS PICK LIST AWAY? NO//” is displayed. Enter **N** (or press **<Enter>**) if the need to enter or edit the data at a later date is desired. Enter **Y** if no more data is to be entered or edited. When a pick list is filed away, the data is placed in the respective patients’ orders and in a file used for printing cost reports. If an order does not have the units dispensed entered, the units needed value is used.

### Example: Enter Units Dispensed Report

```
Select Pick List Menu Option: Enter Units Dispensed

Select WARD GROUP or PICK LIST: <Enter> TEAM 2 GROUP PHARMACY

 1 From: 05/12/96 09:01 Through: 05/14/96 09:00
 2 From: 05/14/96 09:01 Through: 05/16/96 09:00
 3 From: 05/16/96 09:01 Through: 05/18/96 09:00
 4 From: 05/18/96 09:01 Through: 05/20/96 09:00
 5 From: 05/20/96 09:01 Through: 08/27/98 06:00
 6 From: 08/27/98 06:01 Through: 08/29/98 06:00
 7 From: 08/29/98 06:01 Through: 08/31/98 06:00
 8 From: 08/31/98 06:01 Through: 04/06/99 11:17
 9 From: 04/06/99 11:18 Through: 04/08/99 11:17
10 From: 04/08/99 11:18 Through: 04/10/99 11:17
11 From: 04/10/99 11:18 Through: 04/12/99 11:17
12 From: 04/12/99 11:18 Through: 04/14/99 11:17
13 From: 04/14/99 11:18 Through: 04/14/99 15:00
14 From: 04/14/99 15:01 Through: 04/16/99 15:00
15 From: 04/16/99 15:01 Through: 02/21/01 21:55
16 From: 02/21/01 21:56 Through: 02/23/01 21:55

Select 1 - 16: 16

Do you want to see PRN meds only? No// <Enter> (No)

TEAM: GENERAL MED ONE WARD: GEN MED
ROOM-BED: A-1 PSJPATIENT5,FIVE (0005)
LORAZEPAM 1MG TAB NEEDED: 6 DISPENSED: 2
METHYLDOPA 500MG TAB NEEDED: 4 DISPENSED: 4
WARFARIN 2MG TABS NEEDED: 1 DISPENSED: 1
ROOM-BED: A-2 PSJPATIENT,SIX (0006)
(NO ORDERS)
TEAM: GENERAL MED TWO WARD: 1 EAST
ROOM-BED: B-4 PSJPATIENT1,ONE (0001)
ALLOPURINOL 100MG S.T. NEEDED: 6 DISPENSED: 6
ASPIRIN BUFFERED 325MG TAB NEEDED: 1 DISPENSED: 1
ASPIRIN BUFFERED 325MG TAB NEEDED: 0 DISPENSED: 0
ASPIRIN BUFFERED 325MG TAB NEEDED: HD DISPENSED: HD
ATROPINE 0.4MG H.T. NEEDED: 0 DISPENSED: 0
BACLOFEN 10MG TABS NEEDED: 3 DISPENSED: 3
FLUPHENAZINE 0.5MG/ML ELIXIR (OZ) NEEDED: 1 DISPENSED: 1
MULTIVITAMIN TABLETS NEEDED: 0 DISPENSED: 0
ROOM-BED: B-1 PSJPATIENT7,SEVEN (0007)
(NO ORDERS)
ARE YOU FINISHED WITH THIS PICK LIST? Yes// <Enter> (Yes)
MAY I FILE THE DATA IN THIS PICK LIST AWAY? No// <Enter> (No)
```

## 6.3. EXtra Units Dispensed

[PSJU EUD]

The *EXtra Units Dispensed* option allows the pharmacist to enter the number of extra units dispensed for an order, and is used when the nurse on the ward has medications that have been destroyed, lost, etc. and replacements are dispensed. Any data entered here is included in the various cost reports.

The user can choose the length of patient profile needed to view. The long profile lists all orders, but the short profile lists only active orders. The user will be asked to select the order on which an action is to be taken.

If the site is using an ATC for the dispensing of Unit Dose medications, the user will be given the opportunity to use the ATC to dispense any extra units entered for medication designated for the ATC. The prompt "DO YOU WANT TO DISPENSE THESE EXTRA UNITS THROUGH THE ATC: NO// " is displayed. The default is **NO**, but the user can enter **Y** or **YES** for the drug to be dispensed through the ATC.



**Note:** Pick lists are filed away when the user exits this option. Please allow approximately two hours for data to be entered before running any cost reports.

### Example: Extra Units Dispensed Report

```
Select Pick List Menu Option: EXtra Units Dispensed

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

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

02/25/01  22:00
                VAMC:  ALBANY (500)
-----
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
Allergies: No Allergy Assessment
ADR:
-----
- - - - - A C T I V E - - - - -
1      ASPIRIN TAB      C 02/26 02/28  A
      Give: 650MG ORAL QDAILY
2      MULTIVITAMINS TAB      R 02/26 02/28  A
      Give: 1 TABLET IV QDAILY
- - - - - RECENTLY DISCONTINUED/EXPIRED (LAST 24 HOURS) - - - - -
3      CEFAZOLIN INJ      C 03/03 03/09  DE
      Give: 1GM/1VIAL IVPB 3ID
Select ORDERS 1-3: 1
-----
ASPIRIN
Give: 650MG ORAL QDAILY

Dispense drug: ASPIRIN BUFFERED 325MG TAB (U/D: 2)
EXTRA UNITS DISPENSED: 3

Select PATIENT: <Enter>
Select Pick List Menu Option:
```

## 6.4. Report Returns

### [PSJU RET]

The *Report Returns* option allows the pharmacist to enter the number of returned units into the medication order record. Units can be returned when a patient is discharged or when the medication is discontinued, for example. Usually positive numbers are entered; however the system will allow negative numbers to be entered to allow for corrections. Any data entered here is reflected in the various cost reports.

Only active, discontinued, or expired orders are selectable. Once the user selects the patient, the system prompts to choose the length of patient profile needed to view. The profile will list the orders for that patient. The user can then select the order(s) needed to enter returns.

#### Example: Reporting Medication Returns

```
Select Pick List Menu Option: RRS Report Returns

Select PATIENT:      PSJPATIENT1,ONE      000-00-0001  08/18/20      1 EAST
SHORT, LONG, or NO Profile?  SHORT// <Enter>  SHORT

                                02/25/01  22:02
                                VAMC:  ALBANY (500)
-----
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
Allergies: No Allergy Assessment
ADR:
-----
- - - - - A C T I V E - - - - -
1      ASPIRIN TAB      C 02/26 02/28  A
      Give: 650MG ORAL QDAILY
2      MULTIVITAMINS TAB      R 02/26 02/28  A
      Give: 1 TABLET ORAL QDAILY
- - - - - RECENTLY DISCONTINUED/EXPIRED (LAST 24 HOURS) - - - - -
3      CEFAZOLIN INJ      C 03/03 03/09  DE
      Give: 1GM/1VIAL IVPB 3ID
Select ORDERS 1-2: 1

-----
ASPIRIN
Give: 650MG ORAL QDAILY

Dispense drug: ASPIRIN BUFFERED 325MG TAB (U/D: 2)

RETURNS: 1

Select PATIENT: <Enter>

Select Pick List Menu Option:
```

## 6.5. Reprint Pick List

### [PSJU PLRP]

The *Reprint Pick List* option allows the pharmacist to print or reprint any pick list or pick list update previously run. This option does not recalculate any data; it simply reprints the pick list. If the pick list selected has had an update run for it, the choice of printing the entire pick list or only the last update run will be given. The entire pick list will include any data generated from an update. Any dispensed units that have been entered will also print.

#### Example: Reprint Pick List

```
Select Pick List Menu Option: RPL Reprint Pick List
```

```
Select WARD GROUP or PICK LIST: <Enter> TEAM 2 GROUP PHARMACY
```

1	From:	05/12/96	09:01	Through:	05/14/96	09:00
2	From:	05/14/96	09:01	Through:	05/16/96	09:00
3	From:	05/16/96	09:01	Through:	05/18/96	09:00
4	From:	05/18/96	09:01	Through:	05/20/96	09:00
5	From:	05/20/96	09:01	Through:	08/27/98	06:00
6	From:	08/27/98	06:01	Through:	08/29/98	06:00
7	From:	08/29/98	06:01	Through:	08/31/98	06:00
8	From:	08/31/98	06:01	Through:	04/06/99	11:17
9	From:	04/06/99	11:18	Through:	04/08/99	11:17
10	From:	04/08/99	11:18	Through:	04/10/99	11:17
11	From:	04/10/99	11:18	Through:	04/12/99	11:17
12	From:	04/12/99	11:18	Through:	04/14/99	11:17
13	From:	04/14/99	11:18	Through:	04/14/99	15:00
14	From:	04/14/99	15:01	Through:	04/16/99	15:00
15	From:	04/16/99	15:01	Through:	02/21/01	21:55
16	From:	02/21/01	21:56	Through:	02/23/01	21:55

```
Select 1 - 16: 16
```

```
Select PATIENT to start from (optional): PSJPATIENT1,ONE PSJPATIENT1,ONE 8-18-20  
ASIAN OR PACIFIC ISLANDER 000000001 YES MILITARY RETIREE
```

```
Select PRINT DEVICE: 0;80;999999
```

```
...one moment, please...
```

```
-----report continues-----
```

## 8. Output Options

### 8.1. Unit Dose

Most of the Output Options are located under the *Reports Menu* option on the *Unit Dose Medications* menu. The other reports are located directly on the *Unit Dose Medications* menu.

#### 8.1.1. Patient Profile (Unit Dose)

[PSJU PR]

The *Patient Profile (Unit Dose)* option allows a user to print a profile (list) of a patient's orders for the patient's current or last (if patient has been discharged) admission, by group (G), ward (W), clinic (C), or patient (P). When group is selected, a prompt to select by ward group (W) or clinic group (C) displays. If the user's terminal is selected as the printing device, this option will allow the user to select any of the printed orders to be shown in complete detail, including the activity logs, if any.

##### Example: Patient Profile

```
Select Unit Dose Medications Option: Patient Profile (Unit Dose)
```

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

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

```
Select another PATIENT: <Enter>
```

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

```
Show PROFILE only, EXPANDED VIEWS only, or BOTH: PROFILE// <Enter>
```

```
Select PRINT DEVICE: <Enter> NT/Cache virtual TELNET terminal
```

```

              U N I T   D O S E   P R O F I L E                09/13/00  16:20
              SAMPLE HEALTHCARE SYSTEM
-----
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
Allergies: No Allergy Assessment
  ADR:
-----
              A C T I V E -----
1      AMPICILLIN CAP      C 09/07  09/21  A  NF
      Give: 500MG PO QID
-----
2      CEFAZOLIN INJ      C 03/09  03/10  N
      Give: 2GM/2VIAL IVPB 3ID
      RECENTLY DISCONTINUED/EXPIRED (LAST 24 HOURS)
3      CEFAZOLIN INJ      C 03/03  03/09  DE
      Give: 1GM/1VIAL IVPB 3ID
View ORDERS (1-3): 1
-----
```

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

### Example: Patient Profile (continued)

-----				
Patient:	PSJPATIENT1,ONE	Status: ACTIVE		
Orderable Item:	AMPICILLIN CAP			
Instructions:				
Dosage Ordered:	500MG			
Duration:		Start:	09/07/00	15:00
Med Route:	ORAL (PO)	Stop:	09/21/00	24:00
Schedule Type:	CONTINUOUS			
Schedule:	QID			
Admin Times:	01-09-15-20			
Provider:	PSJPROVIDER,ONE	[w]		
Dispense Drugs	U/D	Units Disp'd	Units Ret'd	Inactive Date
-----				
AMPICILLIN 500MG CAP	1	0	0	
ORDER NOT VERIFIED				
Self Med:	NO			
Entry By:	PSJPROVIDER,ONE	Entry Date:	09/07/00	13:37

## 8.1.2. Reports Menu

### [PSJU REPORTS]

The *Reports Menu* option contains various reports generated by the Unit Dose package. All of these reports are QUEUEABLE, and it is strongly suggested that these reports be queued when run.

### Example: Reports Menu

Select Unit Dose Medications Option: <b>RE</b> ports Menu	
Select Reports Menu Option: ?	
7	7 Day MAR
14	14 Day MAR
24	24 Hour MAR
AP1	Action Profile #1
AP2	Action Profile #2
	AUthorized Absence/Discharge Summary
	Extra Units Dispensed Report
	Free Text Dosage Report
	INpatient Stop Order Notices
	Medications Due Worksheet
	Patient Profile (Extended)



```

MEDICATIONS DUE WORKSHEET For: PSJPATIENT2,TWO                                Page: 1
Report from: 09/19/00 10:00 to: 09/19/00 24:00                                Report Date: 09/19/00
Continuous/One time Orders for: ALL MEDS

For date: 09/19/00

PSJPATIENT2,TWO      A-6      12:00 09/18 | 09/18 12:00 | 09/22/00 22:00
000-00-0002          RANITIDINE TAB
1 West              Give: 150MG PO BID
                   RN/LPN Init: _____

                   09/18 | 09/18 12:00 | 09/22/00 22:00
                   THEOPHYLLINE CAP,SA
                   Give: 400MG PO QID
                   TESTING
                   RN/LPN Init: _____

*                   09/19 | 09/19 12:00 | 09/22/00 18:00
                   AMPICILLIN 1 GM
                   in
                   0.45% NACL 1000 ML QID
                   IV QID
                   RN/LPN Init: _____

15:00 09/18 | 09/18 12:00 | 09/22/00 22:00
                   RANITIDINE TAB
                   Give: 150MG PO BID
                   RN/LPN Init: _____

                   09/18 | 09/18 12:00 | 09/22/00 22:00
                   THEOPHYLLINE CAP,SA
                   Give: 400MG PO QID
                   TESTING
                   RN/LPN Init: _____

20:00 09/18 | 09/18 12:00 | 09/22/00 22:00
                   RANITIDINE TAB
                   Give: 150MG PO BID
                   RN/LPN Init: _____

                   09/18 | 09/18 12:00 | 09/22/00 22:00
                   THEOPHYLLINE CAP,SA
                   Give: 400MG PO QID
                   TESTING
                   RN/LPN Init: _____

* Projected admin. times based on order's volume, flow rate, and start time.

Enter RETURN to continue or '^' to exit:

```

### 8.1.2.11. Patient Profile (Extended)

#### [PSJ EXTP]

The *Patient Profile (Extended)* option creates a report to allow the viewing of all the orders on file for a patient. The user can view all of the orders that have not been purged or enter a date to start searching from.

#### Example: Extended Patient Profile Report

Select Reports Menu Option: **PAT**ient Profile (Extended)

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

Date to start searching from (optional): **083101**

Select another PATIENT: **<Enter>**

Show PROFILE only, EXPANDED VIEWS only, or BOTH: PROFILE// **BOTH**

Show SHORT, LONG, or NO activity log? NO// **SHORT**

Select PRINT DEVICE: **<Enter>** DECSERVER

```

                I N P A T I E N T   M E D I C A T I O N S           02/28/02  14:12
                VAMC:  ALBANY, NY (500)
-----
PSJPATIENT1,ONE                Ward: 1 EAST
PID: 000-00-0001                Room-Bed: B-12                Ht(cm): _____ (_____)
DOB: 08/18/20 (81)                Wt(kg): _____ (_____)
Sex: MALE                        Admitted: 05/03/00
Dx: TESTING                      Last transferred: *****
Allergies: No Allergy Assessment
ADR:
-----
- - - - - A C T I V E - - - - -
1      MULTIVITAMINS 5 ML                C  02/28/02  03/30/02  A
      in 0.9% SODIUM CHLORIDE 1000 ML Q8H
2      BACLOFEN TAB                      C  02/20/02  03/06/02  A
      Give: 10MG PO QDAILY
      PATIENT SPITS OUT MEDICINE
3      PREDNISONE TAB                    C  02/25/02  03/11/02  A
      Give: 5MG PO TU-TH-SA@09
4      RESERPINE TAB                     C  02/20/02  03/06/02  A
      Give: 1MG PO QDAILY
5      PANCREATIN CAP,ORAL               O  02/21/02  03/23/02  A
      Give: 1 CAPSULE PO ONCE
- - - - - N O N - V E R I F I E D - - - - -
6      CEFTAZIDIME INJ                   ?  *****  *****  N
      Give: 1 GM IV QDAILY
7      TRACE ELEMENTS INJ                ?  *****  *****  N
      Give: 1 ML IV QDAILY
- - - - - N O N - A C T I V E - - - - -
8      CEFAZOLIN 1 GM                    C  11/02/01  12/07/01  E
      in 5% DEXTROSE 1000 ML QID
9      zC2TESTDRUG 1 LITER               C  12/14/01  12/21/01  E
      in 5% DEXTROSE 1000 ML QDAILY
Enter RETURN to continue or '^' to exit:  <Enter>
-----report continues-----
```

# Example: Extended Patient Profile Report (continued)

Patient: PSJPATIENT1,ONE

Status: ACTIVE

\* (1) Additives:

MULTIVITAMINS 5 ML

(2) Solutions:

0.9% SODIUM CHLORIDE 1000 ML

(3) Infusion Rate:

INFUSE OVER 8 HOURS.

\* (5) Med Route:

IV

\* (7) Schedule:

QDAILY

(8) Admin Times:

09-13-17-21

\* (9) Provider:

PSJPROVIDER,ONE [w]

\* (10) Orderable Item:

MULTIVITAMINS INJ

Instructions:

(11) Other Print:

(12) Remarks :

Order number: 29

Type: PIGGYBACK

\* (4) Start:

02/28/02 13:56

\* (6) Stop:

03/30/02 24:00

Last Fill:

\*\*\*\*\*

Quantity:

0

Cum. Doses:

Entry By:

PSJPROVIDER,ONE

Entry Date:

02/28/02 13:56

ACTIVITY LOG:

#	DATE	TIME	REASON	USER
1	FEB 28,2002	13:58:30	VERIFY	PSJPHARMACIST,ONE

Comment: ORDER VERIFIED BY PHARMACIST

Patient: PSJPATIENT1,ONE

Status: ACTIVE

Orderable Item: BACLOFEN TAB

Instructions:

Dosage Ordered: 10MG

Duration:

Start: 02/20/02 15:20

Med Route: ORAL (PO)

Stop: 03/06/02 24:00

Schedule Type: CONTINUOUS

Schedule: QDAILY

Admin Times: 1440

Provider: PSJPROVIDER,ONE [w]

Special Instructions: PATIENT SPITS OUT MEDICINE

Dispense Drugs	U/D	Units Disp'd	Units Ret'd	Inactive Date
BACLOFEN 10MG TABS	1	0	0	

Entry By:

PSJPROVIDER,ONE

Entry Date:

02/20/02 15:20

ACTIVITY LOG:

#	DATE	TIME	REASON	USER
---	------	------	--------	------

(THE ORDERABLE ITEM IS CURRENTLY LISTED AS INACTIVE.)

Date: 02/20/02 15:20

User: PSJPHARMACIST,ONE

Activity: ORDER ENTERED AS ACTIVE BY PHARMACIST

Patient: PSJPATIENT1,ONE

Status: ACTIVE

Orderable Item: PREDNISONE TAB

Instructions:

Dosage Ordered: 5MG

Duration:

Start: 02/25/02 10:58

Med Route: ORAL (PO)

Stop: 03/11/02 24:00

Schedule Type: CONTINUOUS

Schedule: TU-TH-SA@09

Admin Times: 09

Provider: PSJPROVIDER,ONE [w]

Dispense Drugs	U/D	Units Disp'd	Units Ret'd	Inactive Date
PREDNISONE 5MG TAB	1	0	0	

Self Med: NO

Entry By:

PSJPROVIDER,ONE

Entry Date:

02/25/02 10:58

ACTIVITY LOG:

#	DATE	TIME	REASON	USER
---	------	------	--------	------

Date: 02/25/02 10:58

User: PSJPHARMACIST,ONE

Activity: ORDER VERIFIED BY PHARMACIST

### 8.1.3. Align Labels (Unit Dose)

[PSJU AL]

The *Align Labels (Unit Dose)* option allows the user to align the label stock on a printer so that Unit Dose order information will print within the physical boundaries of the label.

#### Example: Align Labels (Unit Dose)

```
Select Unit Dose Medications Option: ALIGN Labels (Unit Dose)

Select LABEL PRINTER: <Enter> TELNET
\----- FIRST LINE OF LABEL -----/
<                                     >
<----- LABEL BOUNDARIES ----->
<                                     >
/-----LAST LINE OF LABEL-----\

XX/XX | XX/XX | XX/XX/XX XX:XX (PXXXX) | A T   PATIENT NAME
      ROOM-BED
DRUG NAME                SCHEDULE TYPE | D I   XXX-XX-XXXX   DOB (AGE)
      TEAM
DOSAGE ORDERED   MED ROUTE   SCHEDULE   | M M   SEX           DIAGNOSIS
SPECIAL INSTRUCTIONS | I E   ACTIVITY DATE/TIME  ACTIVITY
WS HSM NF        RPH:_____ RN:_____ | N S   WARD GROUP
      WARD

Are the labels aligned correctly? Yes// Y (Yes)
```

### 8.1.4. Label Print/Reprint

[PSJU LABEL]

The *Label Print/Reprint* option allows the user to print new unprinted labels and/or reprint the latest label for any order containing a label record. When entering this option, the pharmacist will be informed if there are any unprinted new labels from auto-cancelled orders (i.e., due to ward or service transfers). The pharmacist will be shown a list of wards to choose from if these labels are to be printed at this time. The pharmacist can delete these auto-cancel labels; however, deletion will be for all of the labels.

Next, the pharmacist will be instructed if there are any unprinted new labels. The pharmacist can then decide whether to print them now or later.

The pharmacist can choose to print the labels for a group (**G**), ward (**W**), clinic (**C**), or patient (**P**). When group is selected, a prompt to select by ward group (**W**) or clinic group (**C**) displays. If ward, ward group, clinic, or clinic group is chosen, the label start date will be entered and the labels will print on the specified printer device. When the option to print by individual patient is chosen, an Inpatient Profile will be displayed and the pharmacist can then choose the labels from the displayed Unit Dose and IV orders to be printed on a specified printer.

### 8.1.5. Patients on Specific Drug(s)

#### [PSJ PDV]

The *Patients on Specific Drug(s)* option creates a report that lists patients on specific Orderable Item(s), Dispense Drug(s), or Veterans Affairs (VA) class(es) of drugs. When more than one of these drugs is chosen, the user will have the option to only display patients with orders containing ALL of the selected drugs or classes. The default behavior will be to display patients with orders of ANY of the selected drugs or classes.

This option can be found under the *Supervisor's* menu or may have been added to a locally created pharmacist's menu.

The user will be prompted for the start and stop dates. Orders that are active between these two dates will be listed on the report. The user then has the choice to see only IV orders, Unit Dose orders, or both types of orders. These orders may be sorted by patient name or by the start date of the orders. The user will choose to sort by Orderable Items, Dispense Drug, or VA class of drugs and then choose one or multiple drugs or classes. If a single drug or class is chosen, the orders for that drug or class will be listed. If multiple matches for drugs or classes are designated, the report will only include patients for whom orders are found meeting the designated number of matches to drugs or classes. By using the "Select number of matches" prompt, the user may select how many of the items entered must be on the patient's record in order for the patient to be displayed in the report.

For example: Patient A has an order for ACETAMINOPHEN TAB, patient B has an order for ASPIRIN TAB, and patient C has orders for both. If the user chooses two Orderable Items (ACETAMINOPHEN TAB and ASPIRIN TAB), and enters '1' (default) on the number of matches screen, the orders of all three patients will print. If the user chooses two Orderable Items and enters '2' on the number of matches screen, only patient C's orders will print.

Selecting a parent VA class will function as if the user had selected all of its children classes manually. Users will also be able to select one or more divisions and/or wards, which will limit the results to print only patients from the locations entered. When selecting all divisions and all wards, an additional prompt is shown to allow selection of one pharmacy ward group for selected locations.

#### Example: Patients on Specific Drug(s) Report

```
Select MANagement Reports Menu Option: Patients on Specific Drug(s)

Enter start date: T-9 (JAN 30, 2001)

Enter stop date: T (FEB 08, 2001)

List IV orders, Unit Dose orders, or All orders: ALL// <Enter>

Do you wish to sort by (P)atient or (S)tart Date: Patient// <Enter>

List by (O)rderable Item, (D)ispense Drug, or (V)A Class of Drugs: Orderable Item

Select PHARMACY ORDERABLE ITEM NAME: WARFARIN TAB
```

### Example: Patients on Specific Drug(s) Report (continued)

Dispense Drugs for WARFARIN are:

WARFARIN 10MG U/D  
WARFARIN 5MG U/D  
WARFARIN 2.5MG U/D  
WARFARIN 2MG U/D  
WARFARIN 5MG  
WARFARIN 7.5MG U/D  
WARFARIN 2.5MG  
WARFARIN 2MG  
WARFARIN 7.5MG  
WARFARIN 10MG

Select PHARMACY ORDERABLE ITEM NAME: <Enter>

Select number of matches: 1// <Enter>

Select division: ALL// <Enter>

Select ward: ALL// <Enter>

You may optionally select a ward group...

Select a Ward Group: <Enter>

Select PRINT DEVICE: NT/Cache virtual TELNET terminal

...this may take a few minutes...

...you really should QUEUE this report, if possible...

Press RETURN to continue "^" to exit: <Enter>

02/08/01

PAGE: 1

LISTING OF PATIENTS WITH ORDERS CONTAINING ORDERABLE ITEM(S):

WARFARIN

FROM 01/30/01 00:01 TO 02/08/01 24:00

Patient	Order	Start Date	Stop Date
PSJPATIENT,ONE 000-00-0001 1 EAST	WARFARIN TAB Give: 5MG PO QPM PRN	01/30	01/31
	WARFARIN TAB Give: 5MG PO QPM PRN	01/30	01/31

## 8.2. IV

All of the IV Output Options are located under the specified menus on the *IV Menu* option.

### 8.2.1. Label Menu (IV)

[PSJI LBLMENU]

The *Label Menu (IV)* option allows the printing or reprinting of labels for all IV orders. All labels will have a unique Bar Code ID. This ID number is comprised for the patient internal entry number (IEN), a “V” as a delimiter, and the label sequential number for the patient (not the order). Orders suspended for a particular delivery time; however, cannot be printed from here, but must be printed from the suspense functions. This option contains five sub-options.

#### Example: IV Label Menu

```
Select IV Menu Option: LABel Menu (IV)
```

```
Select Label Menu (IV) Option: ?
```

```
    Align Labels (IV)
    Individual Labels (IV)
    Scheduled Labels (IV)
    Reprint Scheduled Labels (IV)
    Test Control Codes (IV)
```

#### 8.2.1.1. Align Labels (IV)

[PSJI ALIGNMENT]

The *Align Labels (IV)* option allows the user to align the labels on the Label printer. It will always print three test labels which display a generic Bar Code ID.

#### Example: IV Align Labels

```
Select Label Menu (IV) Option: Align Labels (IV)
```

```
(Please make any initial adjustments before selecting the label device.)
```

```
Print labels on DEVICE: VIRTUAL TELNET//  <Enter>  VIRTUAL
```



\*nnnVnnn\*


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

### Example: IV Align Labels (continued)

\*nnnVnnn\*

\*nnnVnnn\*

Is the label alignment correct? Yes// <Enter> (Yes)

#### 8.2.1.2. Individual Labels (IV) [PSJI LBLI]

The *Individual Labels (IV)* option allows the printing of labels for a patient's order. The pharmacist can choose whether or not the labels are to be counted as daily usage. This is often used for On-call orders or those not automatically delivered.

Once an order is selected from the patient profile, all of the printed labels that have not been marked as Completed or Given by BCMA, or have not been Reprinted, Recycled, Cancelled, or Destroyed, display on the order view. The pharmacist can select to print new labels or reprint IV labels.

#### Example: IV Individual Labels

Patient Information	Apr 19, 2010@09:05:03	Page:	1 of 1
BCMA, ONE HUNDRED-PATIENT	Ward: BCMA		A
PID: 666-33-0100	Room-Bed: 14-C	Ht (cm): _____	(_____)
DOB: 04/07/35 (75)		Wt (kg): _____	(_____)
Sex: FEMALE		Admitted: 02/08/02	



Dx: SEVERA ANEMIA	Last transferred: *****
-------------------	-------------------------

Allergies - Verified: STRAWBERRIES  
 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// View Profile

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

---

IV Profile	Apr 19, 2010@09:05:31	Page: 1 of 1
BCMA,ONE HUNDRED-PATIENT	Ward: BCMA	A
PID: 666-33-0100	Room-Bed: 14-C	Ht(cm): _____ (_____)
DOB: 04/07/35 (75)		Wt(kg): _____ (_____)
Sex: FEMALE	Admitted: 02/08/02	
Dx: SEVERA ANEMIA	Last transferred: *****	

#	Additive	Last fill	Type	Start	Stop	Stat	Renew
----- A c t i v e -----							
1	CALCIUM GLUCONATE 5 GM (1) **	N/P **	#0 H	04/19	04/22	A	
	MAGNESIUM SULFATE 8 GM (2)						
	POTASSIUM CHLORIDE 20 MEQ						
	in DEXTROSE 10% IN WATER 1000 ML 150 ml/hr						

Enter ?? for more actions

PI Patient Information	SO Select Order
PU Patient Record Update	NO (New Order Entry)

Select Action: Quit// 1

---

Patient: BCMA,ONE HUNDRED-PATIENT      Status: ACTIVE

\* (1) Additives:      Order number: 9      Type: HYPERAL

    CALCIUM GLUCONATE 5 GM 1

    MAGNESIUM SULFATE 8 GM 2

    POTASSIUM CHLORIDE 20 MEQ

\* (2) Solutions:

    DEXTROSE 10% IN WATER 1000 ML

        Duration:      \* (4)      Start: 04/19/10 13:30

\* (3) Infusion Rate: 150 ml/hr

\* (5) Med Route: IV      \* (6)      Stop: 04/22/10 24:00

\* (7) Schedule:      Last Fill: \*\*\*\*\*

(8) Admin Times:      Quantity: 0

\* (9) Provider: PHARMACIST,SEVENTEEN [w]      Cum. Doses:

(10) Other Print:

(11) Remarks :

    IV Room: ONE BCMA

    Entry By: PHARMACIST,SEVENTEEN      Entry Date: 04/19/10 07:30

Enter RETURN to continue or '^' to exit:

### Example: IV Individual Labels (Print New Labels)

```
Individual IV Labels      Apr 19, 2010@09:06:27      Page: 1 of 1
BCMA,ONE HUNDRED-PATIENT      Ward: BCMA
PID: 666-33-0100      Room-Bed: 14-C      Ht(cm): _____ (_____)
DOB: 04/07/35 (75)      Wt(kg): _____ (_____)

      CALCIUM GLUCONATE 5 GM (1)      C 04/19 04/22 A
      MAGNESIUM SULFATE 8 GM (2)
      POTASSIUM CHLORIDE 20 MEQ
      in DEXTROSE 10% IN WATER 1000 ML 150 ml/
      hr

----- Labels available for reprint -----

      Enter ?? for more actions
NL   Print New Labels      RL   Reprint IV Labels
Select Item(s): Quit// NL   Print New Labels

Number of labels to print: 8
Count as daily usage? Yes// (Yes)
```



**Note:** This order needs four bags per day. In this example, printing eight labels will cover two days of usage. The usage count is stored in the order and is part of the calculation for placing the correct additive(s) in the appropriate bag(s).

#### Labels for Day 1

```
100115V56
[9] 0100 BCMA 04/19/10
BCMA,ONE HUNDRED-PATIENT 14-C

=====
DEXTROSE 10% IN WATER 1000 ML
CALCIUM GLUCONATE 5 GM
POTASSIUM CHLORIDE 20 MEQ
=====

ROUTE: INTRAVENOUS
150 ml/hr
Fld by: _____ Chkd by: _____
1[8]
```



**Note:** Label 1[8] showed only two additives and a solution. The reason for this was CALCIUM GLUCONATE 5 GM was specified for bottle (bag) 1 only. POTASSIUM CHLORIDE 20 MEQ appeared on all of the labels because it supposed to be included in all of the bags.

```
100115V57
[9] 0100 BCMA 04/19/10
BCMA,ONE HUNDRED-PATIENT 14-C

=====
DEXTROSE 10% IN WATER 1000 ML
MAGNESIUM SULFATE 8 GM
POTASSIUM CHLORIDE 20 MEQ
```

```
=====
ROUTE: INTRAVENOUS
150 ml/hr
Fld by: _____ Chkd by: _____
2[8]
```



**Note:** Label 2[8] showed only two additives and a solution. The reason for this was MAGNESIUM SULFATE 8 GM was specified for bottle (bag) 2 only. The POTASSIUM CHLORIDE 20 MEQ appeared on all of the labels because it supposed to be included in all of the bags. CALCIUM GLUCONATE 5 GM was omitted since it was not to be added to the second bag.

```
100115V58
[9] 0100 BCMA 04/19/10
BCMA,ONE HUNDRED-PATIENT 14-C
```

```
=====
DEXTROSE 10% IN WATER 1000 ML
POTASSIUM CHLORIDE 20 MEQ
=====
```

```
ROUTE: INTRAVENOUS
150 ml/hr
Fld by: _____ Chkd by: _____
3[8]
```

```
100115V59
[9] 0100 BCMA 04/19/10
BCMA,ONE HUNDRED-PATIENT 14-C
```

```
=====
DEXTROSE 10% IN WATER 1000 ML
POTASSIUM CHLORIDE 20 MEQ
=====
```

```
ROUTE: INTRAVENOUS
150 ml/hr
Fld by: _____ Chkd by: _____
4[8]
```



**Note:** Label 3[8] and 4[8] show only one additive and a solution. The POTASSIUM CHLORIDE 20 MEQ appeared on the label because it supposed to be included in all of the bags. The CALCIUM GLUCONATE 5 GM and MAGNESIUM SULFATE 8 GM were omitted since they were not specified to be added to the third or fourth bag.

Labels for Day 2:

```
100115V60
[9] 0100 BCMA 04/19/10
BCMA,ONE HUNDRED-PATIENT 14-C
```

```
=====
DEXTROSE 10% IN WATER 1000 ML
CALCIUM GLUCONATE 5 GM
POTASSIUM CHLORIDE 20 MEQ
=====
```

```
ROUTE: INTRAVENOUS
150 ml/hr
Fld by: _____ Chkd by: _____
5[8]
```

100115V61  
[9] 0100 BCMA 04/19/10  
BCMA,ONE HUNDRED-PATIENT 14-C

=====

DEXTROSE 10% IN WATER 1000 ML  
MAGNESIUM SULFATE 8 GM  
POTASSIUM CHLORIDE 20 MEQ

=====

ROUTE: INTRAVENOUS  
150 ml/hr  
Fld by:\_\_\_\_\_Chkd by:\_\_\_\_\_  
6[8]

100115V62  
[9] 0100 BCMA 04/19/10  
BCMA,ONE HUNDRED-PATIENT 14-C

=====

DEXTROSE 10% IN WATER 1000 ML  
POTASSIUM CHLORIDE 20 MEQ

=====

ROUTE: INTRAVENOUS  
150 ml/hr  
Fld by:\_\_\_\_\_Chkd by:\_\_\_\_\_  
7[8]

100115V63  
[9] 0100 BCMA 04/19/10  
BCMA,ONE HUNDRED-PATIENT 14-C

=====

DEXTROSE 10% IN WATER 1000 ML  
POTASSIUM CHLORIDE 20 MEQ

=====

ROUTE: INTRAVENOUS  
150 ml/hr  
Fld by:\_\_\_\_\_Chkd by:\_\_\_\_\_  
8[8]

### Example: IV Individual Labels (Reprint IV Labels)

IV Profile	Apr 19, 2010@09:30:16	Page:	1 of 1
BCMA,ONE HUNDRED-PATIENT	Ward: BCMA		A
PID: 666-33-0100	Room-Bed: 14-C	Ht(cm): _____	(_____)
DOB: 04/07/35 (75)		Wt(kg): _____	(_____)
Sex: FEMALE		Admitted: 02/08/02	
Dx: SEVERA ANEMIA		Last transferred: *****	

#	Additive	Last fill	Type	Start	Stop	Stat	Renew
----- A c t i v e -----							
1	CALCIUM GLUCONATE 5 GM (1)	APR 19 09:07	#8	H	04/19	04/22	A
	MAGNESIUM SULFATE 8 GM (2)						
	POTASSIUM CHLORIDE 20 MEQ						
	in DEXTROSE 10% IN WATER 1000 ML 150						
	ml/hr						

Enter ?? for more actions

PI Patient Information	SO Select Order
PU Patient Record Update	NO (New Order Entry)

Select Action: Quit// 1

-----

Patient: BCMA,ONE HUNDRED-PATIENT	Status: ACTIVE
-----------------------------------	----------------

```

*(1) Additives:          Order number: 9          Type: HYPERAL
      CALCIUM GLUCONATE 5 GM 1
      MAGNESIUM SULFATE 8 GM 2
      POTASSIUM CHLORIDE 20 MEQ
*(2) Solutions:
      DEXTROSE 10% IN WATER 1000 ML
      Duration:          *(4) Start: 04/19/10 13:30
*(3) Infusion Rate: 150 ml/hr
*(5) Med Route: IV          *(6) Stop: 04/22/10 24:00
*(7) Schedule:          Last Fill: 04/19/10 09:07
(8) Admin Times:          Quantity: 8
*(9) Provider: PHARMACIST,SEVENTEEN [w] Cum. Doses: 8
(10) Other Print:

(11) Remarks :
      IV Room: ONE BCMA
      Entry By: PHARMACIST,SEVENTEEN          Entry Date: 04/19/10 07:30

```

```

Individual IV Labels          Apr 19, 2010@09:30:57          Page: 1 of 3
BCMA,ONE HUNDRED-PATIENT          Ward: BCMA          A
PID: 666-33-0100          Room-Bed: 14-C          Ht(cm): _____ (_____)
DOB: 04/07/35 (75)          Wt(kg): _____ (_____)

```

```

      CALCIUM GLUCONATE 5 GM (1)          C 04/19 04/22 A
      MAGNESIUM SULFATE 8 GM (2)
      POTASSIUM CHLORIDE 20 MEQ
      in DEXTROSE 10% IN WATER 1000 ML 150 ml/
      hr

```

```

----- Labels available for reprint -----
1. 100115V56    CALCIUM GLUCONATE 5 GM (1)
                POTASSIUM CHLORIDE 20 MEQ
                DEXTROSE 10% IN WATER 1000 ML
                150 ml/hr
                1[8]
2. 100115V57    MAGNESIUM SULFATE 8 GM (2)
                POTASSIUM CHLORIDE 20 MEQ
                DEXTROSE 10% IN WATER 1000 ML
+      Enter ?? for more actions
NL   Print New Labels          RL   Reprint IV Labels

```

Select Item(s): Next Screen// RL Reprint IV Labels

Count as daily usage? Yes// NO (No)

Select from 1 - 8 or <RETURN> to select by BCMA ID: 1

```

100115V64
[9] 0100 BCMA 04/19/10
BCMA,ONE HUNDRED-PATIENT 14-C

```

```

=====
DEXTROSE 10% IN WATER 1000 ML
CALCIUM GLUCONATE 5 GM
POTASSIUM CHLORIDE 20 MEQ
=====

```

```

ROUTE: INTRAVENOUS
150 ml/hr
Fld by:_____Chkd by:_____
1[8]

```



**Note:** This label is an exact copy of the one printed in the 'Print New Labels' above for Label 1 with the exception of the barcode ID.

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

## 10. CPRS Order Checks – How They Work

In CPRS, Order Checks occur by evaluating a requested order against existing patient data. Most order checks are processed via the CPRS Expert System. A few are processed within the Pharmacy, Allergy Tracking System, and Order Entry packages. Order Checks are a real-time process that occurs during the ordering session and is driven by responses entered by the ordering provider. Order Check messages are displayed interactively in the ordering session.

Order Checks review existing data and current events to produce a relevant message, which is presented to patient caregivers. Order Checks use the CPRS Expert System (OCX namespace), to define logical expressions for this evaluation and message creation. In addition to the expert system Order Checks have some hard-coded algorithms. For example, the drug-drug interaction order check is made via an entry point in the pharmacy package whereas Renal Functions for Patients Over 65 is defined as a rule in the CPRS Expert System.

### 10.1. Order Check Data Caching

Data caching was recently added to improve the speed of order checks. Before data caching, order checks could be slow because each order check retrieved data from the other VISTA packages—even if the order checks used the same data. With data caching, the first order check in an ordering session retrieves data from other VISTA packages, uses the data to evaluate whether it should display a warning, and then stores the retrieved data in the ^XTMP ( "OCXCACHE" global for five minutes. The order checks that occur in the next five minutes can use the cached data, if it is the appropriate data, instead of retrieving data from the other packages. After five minutes, the cached data expires, and order checks must retrieve new data from the VISTA packages.

For example, before data caching was implemented, if an order check took 3 seconds to retrieve data from other VISTA packages, and there were 12 order checks, clinicians might wait 36 seconds to sign orders. With data caching, the first order check might take 3 seconds to retrieve the data, but subsequent order checks could use the cache and might take only .03 seconds each. That would be 3.33 seconds compared to 36 seconds. The numbers in this example are for illustration only and do not reflect real system speed. However, data caching should speed up order checks.

To avoid using all available disk space for storing data from order checks, there are several ways to clear the ^XTMP ( "OCXCACHE" global. ORMTIME removes data from the global when it runs. The suggested frequency for running ORMTIME is every 30 minutes, but not every site runs it that frequently. Kernel clean up utilities also remove data from the cache when they run, which is usually every 24 hours. If needed, users that have access to the programmer's prompt can manually clear the cache from that prompt by using PURGE^OCXCACHE.

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



## 11. Error Messages

Error Level	Error Message	Reason	Why message is being displayed
<b>System</b>	No Enhanced Order Checks can be performed.	Vendor Database cannot be reached.	The connectivity to the vendor database has gone down. A MailMan message is sent to the G. PSS ORDER CHECKS mail group when the link goes down and when it comes back up.
<b>System</b>	No Enhanced Order Checks can be performed.	The connection to the vendor database has been disabled.	A user has executed the Enable/Disable Vendor Database Link [PSS ENABLE/DISABLE DB LINK] option and disabled the interface.
<b>System</b>	No Enhanced Order Checks can be performed	Vendor database updates are being processed	The vendor database (custom and standard data) is being updated using the DATUP (Data Update) process.
<b>Drug</b>	Enhanced Order Checks cannot be performed for Local or Local Outpatient Drug: <DRUG NAME>	Drug not matched to NDF	The local drug being ordered/ or on profile has not been matched to NDF. Matching the drug to a VA Product will eliminate this message.
<b>Drug</b>	Order Checks could not be done for Remote Drug: <DRUG NAME>, please complete a manual check for Drug Interactions and Duplicate Therapy.  Remote order indicator.		If this error message is displayed, it means that the VA product that the local or remote drug being ordered/or on the local or remote profile does not have a GCNSEQNO or in rare cases, the GCNSEQNO assigned to the VA Product does not match up with a GCNSEQNO in the vendor database.
<b>Drug</b>	Enhanced Order Checks cannot be performed for Orderable Item: <OI NAME>	No active Dispense Drug found	Highly unlikely that this error would be seen. At the time the order check was being performed the orderable item did not have an active dispense drug associated.
<b>Drug</b>	Enhanced Order Checks cannot be performed for Orderable Item: <OI NAME>	No active, marked for IV Fluid Order Entry IV Additive/Solution found	The orderable item associate with an IV Fluid order did not have an active IV Additive/IV Solution marked for IV fluid order entry use at the time the order check was executed. This is another error the user will probably not see.

## 11.1. Error Information

The text in the error message and reason column will be displayed to the user. The type of error is displayed in Column 1.

**There are three levels of error messages:**

<b>System</b>	When such an error occurs, no drug interaction or duplicate therapy order checks will be performed. Other order checks that do not use the COTS database (FDB) will still be performed such as allergy/ADRs, duplicate drug (for outpatient only) and new CPRS order checks, etc.
<b>Drug</b>	<p>The second error level is for the drug and no drug interaction/duplicate therapy order checks will be performed for a specific drug. When you are processing an order, you may see a drug level error for a drug that is on the profile. This indicates that a drug interaction or duplicate therapy order check will not be performed for the drug in the order you are processing against this profile drug. Profile drug errors will only be shown once per patient session. So if you process several more orders, you will not see the error again. However, if you exit the option and at some later time reselect this patient to process new orders or take action on any existing orders, you will be shown the profile drug error once again.</p> <p>If a drug level error occurs on the drug in the order you are processing, no profile drug errors will be displayed. No order checks (duplicate therapy or drug interaction) will occur for the processing drug (prospective drug). The only exception to this is when you are processing an IV order with multiple prospective drugs (i.e. multiple additives).</p>
<b>Order</b>	There is only one type of order level error for Drug Interactions and Duplicate Therapy Order checks that you will see. However, functionally it is treated as a drug level error and will be displayed with other drug level errors. Most of the order level errors that you will see will be generated when dosage order checks are performed.

## 12. 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

**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.

<b>Additive</b>	A drug that is added to an IV solution for the purpose of parenteral administration. An additive can be an electrolyte, a vitamin or other nutrient, or an antibiotic. Only electrolyte or multivitamin type additives can be entered as IV fluid additives in CPRS.
<b>ADMINISTRATION SCHEDULE file</b>	File #51.1. This file contains administration schedule names and standard dosage administration times. The name is a common abbreviation for an administration schedule type (e.g., QID, Q4H, PRN). The administration time entered is in military time, with each time separated from the next by a dash, and times listed in ascending order.
<b>Administering Teams</b>	Nursing teams used in the administration of medication to the patients. There can be a number of teams assigned to take care of one ward, with specific rooms and beds assigned to each team.
<b>Admixture</b>	An admixture is a type of intravenously administered medication comprised of any number of additives (including zero) in one solution. It is given at a specified flow rate; when one bottle or bag is empty, another is hung.
<b>APSP INTERVENTION file</b>	File #9009032.4. This file is used to enter pharmacy interventions. Interventions in this file are records of occurrences where the pharmacist had to take some sort of action involving a particular prescription or order. A record would record the provider involved, why an intervention was necessary, what action was taken by the pharmacists, etc.
<b>Average Unit Drug Cost</b>	The total drug cost divided by the total number of units of measurement.
<b>BCMA</b>	A VistA computer software package named Bar Code Medication Administration. This package validates medications against active orders prior to being administered to the patient.
<b>Calc Start Date</b>	Calculated Start Date. This is the date that would have been the default Start Date/Time for an order if no duration was received from CPRS. Due to the existence of a duration, the default Start Date/Time of the order becomes the <u>expected first dose</u> .

**Calc Stop Date**

Calculated Stop Date. This is the date that would have been the default Stop Date/Time for an order if no duration was received from CPRS. Due to the existence of a duration, the default Stop Date/Time of the order becomes the expected first dose plus the duration.

**Chemotherapy**

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

**Chemotherapy “Admixture”**

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

**Chemotherapy “Piggyback”**

The Chemotherapy “Piggyback” IV type follows the same order entry procedure as the regular piggyback IV type. This type of chemotherapy is in use when the chemotherapy drug does not have time constraints on how fast it must be infused into the patient. These types are normally administered over a 30 - 60 minute interval.

**Chemotherapy “Syringe”**

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

**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 DEFINITION File**

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

**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. Inpatient Medications receives the parent order number from CPRS and links the child orders together. If an action of FN (Finish), VF (Verify), DC (Discontinue), or RN (Renew) is taken on one child order, the action must be taken on all of the associated child orders. For example:

- If one child order within a Complex Order is made active, all child orders in the Complex Order must be made active.
- If one child order within a Complex Order is discontinued, all child orders in the Complex Order must be discontinued.
- If one child order within a Complex Order is renewed, all child orders in the Complex Order must be renewed.

**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.

<b>Coverage Times</b>	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).
<b>CPRS</b>	A VistA computer software package called Computerized Patient Record Systems. CPRS is an application in VistA that allows the user to enter all necessary orders for a patient in different packages from a single application. All pending orders that appear in the Unit Dose and IV modules are initially entered through the CPRS package.
<b>Cumulative Doses</b>	The number of IV doses actually administered, which equals the total number of bags dispensed less any Recycled, Destroyed, or Cancelled bags.
<b>Default Answer</b>	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>.
<b>Dispense Drug</b>	The Dispense Drug name has the strength attached to it (e.g., Acetaminophen 325 mg). The name alone without a strength attached is the Orderable Item name.
<b>Delivery Times</b>	The time(s) when IV orders are delivered to the wards.
<b>Dosage Ordered</b>	After the user has selected the drug during order entry, the dosage ordered prompt is displayed.
<b>DRUG ELECTROLYTES File</b>	File #50.4. This file contains the names of anions/cations, and their concentration units.
<b>DRUG File</b>	File #50. This file holds the information related to each drug that can be used to fill a prescription.



<b>Duration</b>	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.
<b>Electrolyte</b>	An additive that disassociates into ions (charged particles) when placed in solution.
<b>Entry By</b>	The name of the user who entered the Unit Dose or IV order into the computer.
<b>Hospital Supplied Self Med</b>	Self med which is to be supplied by the Medical Center's pharmacy. Hospital supplied self med is only prompted for if the user answers Yes to the SELF MED prompt during order entry.
<b>Hyperalimentation (Hyperal)</b>	Long term feeding of a protein-carbohydrate solution. Electrolytes, fats, trace elements, and vitamins can be added. Since this solution generally provides all necessary nutrients, it is commonly referred to as Total Parenteral Nutrition (TPN). A hyperal is composed of many additives in two or more solutions. When the labels print, they show the individual electrolytes in the hyperal order.
<b>Infusion Rate</b>	The designated rate of flow of IV fluids into the patient.
<b>INPATIENT USER PARAMETERS file</b>	File #53.45. This file is used to tailor various aspects of the Inpatient Medications package with regards to specific users. This file also contains fields that are used as temporary storage of data during order entry/edit.
<b>INPATIENT WARD PARAMETERS file</b>	File #59.6. This file is used to tailor various aspects of the Inpatient Medications package with regards to specific wards.
<b>Intermittent Syringe</b>	A syringe type of IV that is administered periodically to the patient according to an administration schedule.
<b>Internal Order Number</b>	The number on the top left corner of the label of an IV bag in brackets ([ ]). This number can be used to speed up the entry of returns and destroyed IV bags.

<b>IV ADDITIVES file</b>	File #52.6. This file contains drugs that are used as additives in the IV room. Data entered includes drug generic name, print name, drug information, synonym(s), dispensing units, cost per unit, days for IV order, usual IV schedule, administration times, electrolytes, and quick code information.
<b>IV CATEGORY file</b>	File #50.2. This file allows the user to create categories of drugs in order to run “tailor-made” IV cost reports for specific user-defined categories of drugs. The user can group drugs into categories.
<b>IV Duration</b>	The duration of an order may be entered in CPRS at the IV DURATION OR TOTAL VOLUME field in the IV Fluids order dialog. The duration may be specified in terms of volume (liters or milliliters), or time (hours or days). Inpatient Medications uses this value to calculate a default stop date/time for the order at the time the order is finished.
<b>IV Label Action</b>	A prompt, requesting action on an IV label, in the form of “Action ( )”, where the valid codes are shown in the parentheses. The following codes are valid: P – Print a specified number of labels now. B – Bypass any more actions. S – Suspend a specified number of labels for the IV room to print on demand.
<b>IV Room Name</b>	The name identifying an IV distribution area.
<b>IV SOLUTIONS file</b>	File #52.7. This file contains drugs that are used as primary solutions in the IV room. The solution must already exist in the DRUG file (#50) to be selected. Data in this file includes: drug generic name, print name, status, drug information, synonym(s), volume, and electrolytes.
<b>IV STATS file</b>	File #50.8. This file contains information concerning the IV workload of the pharmacy. This file is updated each time the <i>COmpile IV Statistics</i> option is run and the data stored is used as the basis for the AMIS (IV) report.
<b>Label Device</b>	The device, identified by the user, on which computer-generated labels will be printed.

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

<b>Non-VA Meds</b>	Term that encompasses any Over-the-Counter (OTC) medications, Herbal supplements, Veterans Health Administration (VHA) prescribed medications but purchased by the patient at an outside pharmacy, and medications prescribed by providers outside VHA. All Non-VA Meds must be documented in patients' medical records.
<b>Non-Verified Orders</b>	Any order that has been entered in the Unit Dose or IV module that has not been verified (made active) by a nurse and/or pharmacist. Ward staff may not verify a non-verified order.
<b>Orderable Item</b>	An Orderable Item name has no strength attached to it (e.g., Acetaminophen). The name with a strength attached to it is the Dispense Drug name (e.g., Acetaminophen 325mg).
<b>Order Sets</b>	An Order Set is a set of N pre-written orders. (N indicates the number of orders in an Order Set is variable.) Order Sets are used to expedite order entry for drugs that are dispensed to all patients in certain medical practices and procedures.
<b>Order View</b>	Computer option that allows the user to view detailed information related to one specific order of a patient. The order view provides basic patient information and identification of the order variables.
<b>Parenteral</b>	Introduced by means other than by way of the digestive track.
<b>Patient Profile</b>	A listing of a patient's active and non-active Unit Dose and IV orders. The patient profile also includes basic patient information, including the patient's name, social security number, date of birth, diagnosis, ward location, date of admission, reactions, and any pertinent remarks.
<b>PECS</b>	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.

<b>Pending Order</b>	A pending order is one that has been entered by a provider through CPRS without Pharmacy or Nursing finishing the order. Once Pharmacy or Nursing has finished and verified the order, it will become active.
<b>PEPS</b>	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.
<b>PHARMACY SYSTEM file</b>	File # 59.7. This file contains data that pertains to the entire Pharmacy system of a medical center, and not to any one site or division.
<b>Piggyback</b>	Small volume parenteral solution for intermittent infusion. A piggyback is comprised of any number of additives, including zero, and one solution; the mixture is made in a small bag. The piggyback is given on a schedule (e.g., Q6H). Once the medication flows in, the piggyback is removed; another is not hung until the administration schedule calls for it.
<b>Possible Dosages</b>	Dosages that have a numeric dosage and numeric dispense units per dose appropriate for administration. For a drug to have possible dosages, it must be a single ingredient product that is matched to the VA PRODUCT file (#50.68). The VA PRODUCT file (#50.68) entry must have a numeric strength and the dosage form/unit combination must be such that a numeric strength combined with the unit can be an appropriate dosage selection.
<b>Pre-Exchange Units</b>	The number of actual units required for this order until the next cart exchange.
<b>Primary Solution</b>	A solution, usually an LVP, administered as a vehicle for additive(s) or for the pharmacological effect of the solution itself. Infusion is generally continuous. An LVP or piggyback has only one solution (primary solution). A hyperal can have one or more solutions.
<b>Print Name</b>	Drug generic name as it is to appear on pertinent IV output, such as labels and reports. Volume or Strength is not part of the print name.

<b>Print Name{2}</b>	Field used to record the additives contained in a commercially purchased premixed solution.
<b>Profile</b>	The patient profile shows a patient's orders. The Long profile includes all the patient's orders, sorted by status: active, non-verified, pending, and non-active. The Short profile will exclude the patient's discontinued and expired orders.
<b>Prompt</b>	A point at which the system questions the user and waits for a response.
<b>Provider</b>	Another term for the physician/clinician involved in the prescription of an IV or Unit Dose order for a patient.
<b>PSJI MGR</b>	The name of the <i>key</i> that allows access to the supervisor functions necessary to run the IV medications software. Usually given to the Inpatient package coordinator.
<b>PSJI PHARM TECH</b>	The name of the <i>key</i> that must be assigned to pharmacy technicians using the IV module. This key allows the technician to finish IV orders, but not verify them.
<b>PSJI PURGE</b>	The key that must be assigned to individuals allowed to purge expired IV orders. This person will most likely be the IV application coordinator.
<b>PSJI RNFINISH</b>	The name of the <i>key</i> that is given to a user to allow the finishing of IV orders. This user must also be a holder of the PSJ RNURSE key.
<b>PSJI USR1</b>	The primary menu option that may be assigned to nurses.
<b>PSJI USR2</b>	The primary menu option that may be assigned to technicians.
<b>PSJU MGR</b>	The name of the <i>primary menu option</i> and of the <i>key</i> that must be assigned to the pharmacy package coordinators and supervisors using the Unit Dose Medications module.
<b>PSJU PL</b>	The name of the <i>key</i> that must be assigned to anyone using the <i>Pick List Menu</i> options.

<b>PSJ PHARM TECH</b>	The name of the <i>key</i> that must be assigned to pharmacy technicians using the Unit Dose Medications module.
<b>PSJ RNFINISH</b>	The name of the <i>key</i> that is given to a user to allow the finishing of a Unit Dose order. This user must also be a holder of the PSJ RNURSE key.
<b>PSJ RNURSE</b>	The name of the <i>key</i> that must be assigned to nurses using the Unit Dose Medications module.
<b>PSJ RPHARM</b>	The name of the <i>key</i> that must be assigned to a pharmacist to use the Unit Dose Medications module. If the package coordinator is also a pharmacist he/she must also be given this key.
<b>Quick Code</b>	An abbreviated form of the drug generic name (from one to ten characters) for IV orders. One of the three drug fields on which lookup is done to locate a drug. Print name and synonym are the other two. Use of quick codes will speed up order entry, etc.
<b>Report Device</b>	The device, identified by the user, on which computer-generated reports selected by the user will be printed.
<b>Schedule</b>	The frequency of administration of a medication (e.g., QID, QDAILY, QAM, STAT, Q4H).
<b>Schedule Type</b>	Codes include: <b>O</b> - one time (i.e., STAT - only once), <b>P</b> - PRN (as needed; no set administration times). <b>C</b> - continuous (given continuously for the life of the order; usually with set administration times). <b>R</b> - fill on request (used for items that are not automatically put in the cart - but are filled on the nurse's request. These can be multidose items (e.g., eye wash, kept for use by one patient and is filled on request when the supply is exhausted). And <b>OC</b> - on call (one time with no specific time to be given, e.g., 1/2 hour before surgery).
<b>Scheduled IV Order</b>	Inpatient Medications IV order having an administration schedule. This includes the following IV Types: IV Piggyback, Intermittent Syringe, IV Piggyback Chemotherapy, and Intermittent Syringe Chemotherapy.
<b>Self Med</b>	Medication that is to be administered by the patient to himself.

<b>Standard Schedule</b>	Standard medication administration schedules stored in the ADMINISTRATION SCHEDULE file (#51.1).
<b>Start Date/Time</b>	The date and time an order is to begin.
<b>Status</b>	<b>A</b> - active, <b>E</b> - expired, <b>R</b> - renewed (or reinstated), <b>D</b> - discontinued, <b>H</b> - on hold, <b>I</b> - incomplete, or <b>N</b> - non-verified, <b>U</b> – unreleased, <b>P</b> – pending, <b>O</b> – on call, <b>DE</b> – discontinued edit, <b>RE</b> – reinstated, <b>DR</b> – discontinued renewal.
<b>Stop Date/Time</b>	The date and time an order is to expire.
<b>Stop Order Notices</b>	A list of patient medications that are about to expire and may require action.
<b>Syringe</b>	Type of IV that uses a syringe rather than a bottle or bag. The method of infusion for a syringe-type IV may be continuous or intermittent.
<b>Syringe Size</b>	The syringe size is the capacity or volume of a particular syringe. The size of a syringe is usually measured in number of cubic centimeters (ccs).
<b>TPN</b>	Total Parenteral Nutrition. The intravenous administration of the total nutrient requirements of the patient. The term TPN is also used to mean the solution compounded to provide those requirements.
<b>Units per Dose</b>	The number of Units (tablets, capsules, etc.) to be dispensed as a Dose for an order. Fractional numbers will be accepted.
<b>VA Drug Class Code</b>	A drug classification system used by VA that separates drugs into different categories based upon their characteristics. IV cost reports can be run for VA Drug Class Codes.
<b>VDL</b>	Virtual Due List. This is a Graphical User Interface (GUI) application used by the nurses when administering medications.
<b>Ward Group</b>	A ward group indicates inpatient nursing units (wards) that have been defined as a group within Inpatient Medications to facilitate processing of orders.



**WARD GROUP file**

File #57.5. This file contains the name of the ward group, and the wards included in that group. The grouping is necessary for the pick list to be run for specific carts and ward groups.

**Ward Group Name**

A field in the WARD GROUP file (#57.5) used to assign an arbitrary name to a group of wards for the pick list and medication cart.

**WARD LOCATION file**

File #42. This file contains all of the facility ward locations and their related data, e.g., Operating beds, Bedsection, etc. The wards are created/edited using the *Ward Definition* option of the ADT module.

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