INPATIENT MEDICATIONS

PHARMACIST'S USER MANUAL

Version 5.0
January 2005

(Revised September 2010)

Department of Veterans Affairs
Office of Enterprise Development

Revision History

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

Date	Revised Pages	Patch Number	Description
09/2010	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, 24-25, 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 *Patients on Specific Drug(s)* 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 *Patients on Specific Drug(s)* 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)

Date	Revised Pages	Patch Number	Description
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)
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)

Example: 14 Day MAR Report (continued)

```
CONTINUOUS SHEET                              14 DAY MAR               09/07/2000  through  09/20/2000
   SAMPLE HEALTHCARE SYSTEM                                            Printed on  09/20/2000  16:11
   Name:  PSJPATIENT1,ONE                      Weight (kg): _____ (_____)      Loc: 1 EAST
   PID:   000-00-0001  DOB: 08/18/1920  (80)   Height (cm): _____ (_____)      Room-Bed: B-12
   Sex:   MALE         Dx: TESTING                                                 Admitted: 05/03/2000  13:29
Allergies:  No Allergy Assessment    ADR:
                                            Admin  SEP
  Order   Start      Stop                   Times  07   08   09   10   11   12   13   14   15   16   17   18   19   20   notes
-------------------------------------------------------------------------------------------------------------------------------
        |         |                        |01   |****|____|____|____|____|____|____|____|____|____|____|____|____|____|
09/07 |09/07 15:00 |09/21/00 24:00 (A9111) |09   |****|____|____|____|____|____|____|____|____|____|____|____|____|____|
AMPICILLIN CAP                            C|15   |____|____|____|____|____|____|____|____|____|____|____|____|____|____|
Give: 500MG PO QID                         |20   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
                                           |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
              RPH: PI   RN: _____|         |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
-------------------------------------------------------------------------------------------------------------------------------
        |         |                        |01   |****|____|____|____|____|____|____|____|****|****|****|****|****|****|
09/07 |09/07 15:00 |09/14/00 16:54 (A9111) |09   |****|____|____|____|____|____|____|____|****|****|****|****|****|****|
AMPICILLIN 1 GM                           C|15   |    |    |    |    |    |    |    |    |****|****|****|****|****|****|
in  0.9% NACL 100 ML                       |20   |    |    |    |    |    |    |    |****|****|****|****|****|****|****|
IVPB QID                                   |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
See next label for continuation            |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
-------------------------------------------------------------------------------------------------------------------------------
THIS IS AN INPATIENT IV EXAMPLE            |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
                                           |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
                                           |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
                                           |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
                                           |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
              RPH: PI   RN: _____|         |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
-------------------------------------------------------------------------------------------------------------------------------
        |         |                        |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
09/07 |09/07 17:00 |09/07/00 12:34 (A9111) |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
HYDROCORTISONE CREAM,TOP                  C|17   |****|****|****|****|****|****|****|****|****|****|****|****|****|****|
Give: 1% 0 QDAILY                          |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
                                           |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
              RPH: MLV  RN: _____|         |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
-------------------------------------------------------------------------------------------------------------------------------
        |         |                        |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
09/07 |09/07 17:00 |09/07/00 12:50 (A9111) |09   |****|****|****|****|****|****|****|****|****|****|****|****|****|****|
METHYLPREDNISOLNE INJ                     C|21   |****|****|****|****|****|****|****|****|****|****|****|****|****|****|
Give: 500MG IV Q12H                        |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
THIS IS AN INPATIENT IV EXAMPLE            |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
              RPH: MLV  RN: _____|         |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
-------------------------------------------------------------------------------------------------------------------------------
        |         |                        |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
09/07 |09/07 17:00 |09/07/00 12:50 (A9111) |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
METHYLPREDNISOLNE INJ                     C|17   |****|****|****|****|****|****|****|****|****|****|****|****|****|****|
Give: 1000MG IV QDAILY                     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
THIS IS AN INPATIENT IV EXAMPLE            |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
              RPH: MLV  RN: _____|         |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
-------------------------------------------------------------------------------------------------------------------------------
|      SIGNATURE/TITLE          |  INIT  |    INJECTION SITES     |   MED/DOSE OMITTED   |    REASON    |  INIT  |
|-------------------------------|--------|------------------------|---------------------|--------------|--------|
|-------------------------------|--------|   Indicate RIGHT (R) or LEFT (L) |-----------|--------------|--------|
|-------------------------------|--------|                        |---------------------|--------------|--------|
|-------------------------------|--------|  (IM)           (SUB Q)|---------------------|--------------|--------|
|-------------------------------|--------|1. DELTOID       6. UPPER ARM|-----------------|--------------|--------|
|-------------------------------|--------|2. VENTRAL GLUTEAL  7. ABDOMEN|----------------|--------------|--------|
|-------------------------------|--------|3. GLUTEUS MEDIUS   8. THIGH|------------------|--------------|--------|
|-------------------------------|--------|4. MID(ANTERIOR) THIGH 9. BUTTOCK|-------------|--------------|--------|
|-------------------------------|--------|5. VASTUS LATERALIS  10. UPPER BACK|-----------|--------------|--------|
|-------------------------------|--------| PRN: E=Effective  N=Not Effective |-----------|--------------|--------|
-------------------------------------------------------------------------------------------------------------------------------
    PSJPATIENT1,ONE            000-00-0001  Room-Bed: B-12           LAST PAGE: 1      VA FORM 10-2970
```

1.1.1.1.   Action Profile #1
[PSJU AP-1]

The *Action Profile #1* option creates a report form that contains all of the active inpatient medication orders for one or more patients. These patients may be selected by ward group (**G**), ward (**W**) , or patient (**P**). If selection by ward is chosen, the administration teams may be specified. The default for the administration team is ALL and multiple administration teams may be entered. If selecting by ward or ward group, the profile may be sorted by patient name or room-bed. Entering a Ward Group of ^OTHER will automatically sort by patient and print a report for Outpatients that are receiving Inpatient Medications and that meet the report parameters. If the user chooses to run this option by patient, the opportunity is given to select as many patients as needed, but only those that have <u>active</u> orders will print.

There are six medication choices. The user may select multiple choices of medications to be printed on the Action Profile #1 report. Since the first choice is ALL Medications, the user will not be allowed to combine this with any other choices. The default choice is "Non-IV Medications only" if:

1. The MAR ORDER SELECTION DEFAULT parameter was not defined.

2. Selection by Ward group.

3. Selected by patients and patients are from different wards.

The form is printed so the attending provider will have a method of periodically reviewing these active medication orders.

Also on this profile, the provider can renew, discontinue, or not take any action regarding the active orders for each patient. A new order will be required for any new medication prescribed or for any changes in the dosage or directions of an existing order. If no action is taken, a new order is not required.

It is recommended that the action profiles be printed on two-part paper, if possible. Using two-part paper allows a copy to stay on the ward and the other copy to be sent to the pharmacy.

 Note: This report uses a four-digit year format.