INPATIENT MEDICATIONS

PHARMACIST'S USER MANUAL

Version 5.0
January 2005

(Revised January 2012)

Department of Veterans Affairs
Product Development

Revision History

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

Date	Revised Pages	Patch Number	Description
01/2012	i, v-vii, 10, 21 25 29 42a, 49, 56, 56a, 75, 89, 99, 106- 106b, 124c 124f-124g 124k-124l 124x 124y-124z 224, 228, 232, 233, 234 239-244	PSJ*5*254	Updated Table of Contents Added Order Checks/Interventions (OCI) to "Hidden Actions" section Defined OCI Indicator Updated Schedule Type text Updated text under Interventions Menu Updated Pharmacy Interventions for Edit, Renew, and Finish orders for Unit dose and IV Added note to Drug-Drug Interactions Added note to Drug-Allergy Interactions Updated Allergy/ADR Example Order Checks Added "Display Pharmacist Intervention" section Defined Historical Overrides/Interventions Updated Glossary Updated Index (R. Singer PM, C Bernier Tech Writer)
09/2011	58	PSJ*5*235	Updated 'Note' section regarding Expected First Dose Scott PM, G. Werner Tech Writer)
07/2011	i, 16 246	PSJ*5*243	Update Revision History Update Index Revised the existing display in the *Non-Verified/Pending Orders* [PSJU VBW] option from a pure alphabetic listing of patient names, to a categorized listing by priority. Added "priority" to Index. (N. Goyal, PM; E. Phelps/John Owczarzak, Tech Writers)
04/2011	i v-vii 9 15-15b 17 19 20 21 27-28 30	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

Date	Revised Pages	Patch Number	Description
	31 32 33 34 35-36b 37 40 41 46 61-62b 65 66 67 73-74 76 77 78 79 80 81 83 98 118 120-120b 122 123-124v 125 136 137 153 190 192a-192b 194-195 196-196d 219-220 221-222 223-238 239-246		Updated: Example: Edit an Intervention Updated: Example: Delete an Intervention Updated: Example: View an Intervention Updated: Example: Print an Intervention New: Discontinued Codes and Example of Inpatient Order Entry New: Example: Patient Information Updated: 4.1.5.1 Discontinue Updated: Example: Discontinue an Order (continued) Updated: Example: Verify an Order (continued) Updated: 4.1.8 Inpatient Profile, Discontinued Codes, & example Updated: Example: Patient Information Updated: Example: Patient Record Updated: Example: Patient Information Updated: Example: New Order Entry Updated: Example: New Intervention Updated: Example: Edit an Intervention Updated: Example: Delete an Intervention Updated: Example: View an Intervention Updated: Example: Print an Intervention Updated: 4.2.3.5 View Profile Updated: Example: Patient Information Updated: 4.1.5.4 Hold Updated text Updated: 4.2.7. Inpatient Profile, Discontinued Codes, & example Updated: Example: Inpatient Profile Updated: 4.3. Order Checks Added Note Updated: Example: Extra Units Dispensed Report 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)

Date	Revised Pages	Patch Number	Description
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 *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)
0829 /2008	iii, 20-27, 54, 68-76, 94-95, 104-106, 236, 240-241	PSJ*5*134	Inpatient Medication Route changes added, plus details on IV type changes for infusion orders from CPRS, pending renewal functions, and expected first dose changes. (S. Templeton, PM; G. O'Connor, Tech Writer)
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)

Date	Revised Pages	Patch Number	Description
05/2007	25	PSJ*5*120	Modified Inpatient Medications V. 5.0 to consider the duration the same way as all other stop date parameters, rather than as an override. (R. Singer, PM, E. Phelps, Tech. Writer)
12/2005	1, 124-124b	PSJ*5*146	Remote Data Interoperability (RDI) Project: Removed document revision dates in Section 1. Introduction. Updated Section 4.3. Order Checks to include new functionality for checking allergies, drug reactions, and interactions. (E. Williamson, PM; M. Newman, Tech. Writer)
03/2005	iv-vii, 114-116, 223, 236-241	PSJ*5*112	Updated TOC to correct Index page number. (p. iv) In Unit Dose Menu Tree, changed Clinic Stop Dates to Clinic Definition. (p. v) In Section 1., Introduction, updated revision dates and added reference to Release Notes. (p. 1) In Sections 4.2.5.1., 4.2.5.3., and 4.2.5.3., added a sentence that refers to the IMO parameter NUMBER OF DAYS UNTIL STOP from the CLINIC DEFINITION file. (p.114-116) Updated Glossary; added definition for CLINIC DEFINITION File. (p. 223) Updated Index; added CLINIC DEFINITION file and Inpatient Medication Orders for Outpatients page number references; reflowed all following Index pages. (p. 236-241) (S. Templeton, PM, R. Singer, PM, M. Newman, Tech. Writer)
01/2005	All	PSJ*5*111	Reissued entire document to include updates for Inpatient Medication Orders for Outpatients and Non-Standard Schedules. (S. Templeton, PM, R. Singer, PM, M. Newman, Tech. Writer)

Table of Contents

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Synonym	Action	Description
IN	Intervention Menu	Displays, allows actions to be taken on orders where interventions are required or suggested.
PRO	Patient Profiles	Displays the *Patient Profile Menu*
IP	Inpatient Medications Profile	Generates an Inpatient Profile for a patient
IV	IV Medications Profile	Generates an IV Profile for a patient
UD	Unit Dose Medications Profile	Generates a Unit Dose Profile for a patient
OP	Outpatient Prescriptions	Generates an Outpatient Profile for a patient
AP1	Action Profile #1	Generates an Action Profile #1
AP2	Action Profile #2	Generates an Action Profile #2
EX	Patient Profile (Extended)	Generates an Extended Patient Profile
CWAD	CWAD Information	Displays the crises, warnings, allergies, and directives information on a patient

The 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.

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

The following actions are available while viewing an order.

Synonym	Action	Description
CO	Copy an order	Allows the user to copy an active, discontinued, or expired Unit Dose order
DIN	Drug Restriction/Guideline Information	Displays the Drug Restriction/Guideline Information for both the Orderable Item and Dispense Drug
I	Mark Incomplete	Allows the user to mark a Non-Verified Pending order incomplete
JP	Jump to a Patient	Allows the user to begin processing another patient
N	Mark Not to be Given	Allows the user to mark a discontinued or expired order as not to be given

Synonym	Action	Description
OCI	Order Checks/Interventions	Indicates there are associated CPRS Overrides and/or Pharmacist Interventions. When the OCI indicator displays on the Order Detail screen, the user can type "OCI" to display associated CPRS Provider Overrides and/or Pharmacist Interventions.

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

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

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

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

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

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

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

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

Example: Dispense Drug with Possible Dosages

```
Select DRUG:    BACLOFEN 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.

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

This defines the type of schedule to be used when administering the order. If the Schedule Type entered is One-time, the ward parameter, DAYS UNTIL STOP FOR ONE-TIME, is accessed to determine the stop date. When the ward parameter is not available, the system parameter, DAYS UNTIL STOP FOR ONE-TIME, will be used to determine the stop date. When neither parameter has been set, one-time orders will use the ward parameter, DAYS UNTIL STOP DATE/TIME, to determine the stop date instead of the start and stop date being equal. When a new order is entered or an order entered through CPRS is finished by pharmacy, the default Schedule Type is determined as described below:

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

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

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

This defines the time(s) of day the order is to be given. Administration times must be entered in a two or four digit format . If multiple administration times are needed, they must be separated by a dash (e.g., 09-13 or 0900-1300). This field must be left blank for odd schedules, e.g., Q16H. If the schedule for the order contains "PRN", all Administration Times for the order will be ignored. In new order entry, the default Administration Times are determined as described below:

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

- **Order Validation Checks:**

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

Note: IV orders do not have Schedule Type.

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

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

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

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

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

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.

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

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

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

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

Example: New Intervention

```
Patient Information           Sep 22, 2000 08:03:07          Page:    1 of    1
PSJPATIENT2,TWO                  Ward: 1 West                        <A>
   PID: 000-00-0002          Room-Bed: A-6         Ht(cm): 167.64 (04/21/99)
   DOB: 02/22/42 (58)                              Wt(kg): 85.00 (04/21/99)
   Sex: MALE                                     Admitted: 09/16/99
    Dx: TEST PATIENT                        Last transferred: ********
Allergies - Verified: CARAMEL, CN900, LOMEFLOXACIN, PENTAMIDINE, PENTAZOCINE,
                      CHOCOLATE, NUTS, STRAWBERRIES, DUST
        Non-Verified: AMOXICILLIN, AMPICILLIN, TAPE, FISH,
                      FLUPHENAZINE DECANOATE
              Remote:
   Adverse Reactions:
 Inpatient Narrative: Inpatient narrative
Outpatient Narrative: This is the Outpatient Narrative. This patient doesn't
like waiting at the pickup window. He gets very angry.

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

                           --- Intervention Menu ---

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

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

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

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

Example: Edit an Order with Provider Overrides/Interventions

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

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

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

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

Press RETURN to Continue or '^' to Exit :


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

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

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4.1.5.5. Renew

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

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

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

Renewing Orders with CPRS Overrides/Pharmacist Interventions

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

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

Example: Renew an Order with Provider Overrides/Interventions

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

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

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

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

```
  torsades de pointes. - Monograph Available

Press RETURN to Continue or '^' to Exit :

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

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

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

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

No Provider Overrides to display
```

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

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

Renewing Active Orders

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

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

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

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Renewing Discontinued Orders

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

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

Renewing Expired Unit Dose Orders

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

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

4.1.5.6. Activity Log

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

Example: Activity Log

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

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

 (12) Dispense Drug                                    U/D        Inactive Date
      AMPICILLIN 500MG CAP                             1
+         Enter ?? for more actions
DC  Discontinue           ED  Edit                   AL  Activity Logs
HD  Hold                  RN  Renew
FL  Flag                  VF  Verify
Select Item(s): Next Screen// AL   Activity Logs

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

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

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

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

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

4.1.5.7. Finish

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

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

Note: Order Checks happen during the finish process – refer to the Notes and Screen Example below.

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

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

Example: Complex Unit Dose Orders with Overlapping Administration Times

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

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

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

Please ensure the schedules and administration times are appropriate.

Press Return to continue...
```

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

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

Example: Finish an Order

```
PENDING UNIT DOSE (ROUTINE)   Feb 25, 2001@21:37:08          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: MULTIVITAMINS TAB
       Instructions: 1 TABLET
 *(2)Dosage Ordered: 1 TABLET
           Duration:                                    (3)Start: 02/26/01  14:40
 *(4)     Med Route: PO                          REQUESTED START: 02/26/01  14:40
                                                       (5) Stop: 02/28/01  24:00
  (6) Schedule Type: FILL on REQUEST
 *(8)      Schedule: QDAILY
  (9)   Admin Times: 1440
*(10)      Provider: PSJPROVIDER,ONE [es]
 (11) Special Instructions:

 (12) Dispense Drug                                  U/D        Inactive Date
      MULTIVITAMIN TABLETS                           1

+         Enter ?? for more actions
BY  Bypass                FL  Flag
DC  Discontinue           FN  Finish
Select Item(s): Next Screen// FN   Finish
COMPLETE THIS ORDER AS IV OR UNIT DOSE? UNIT DOSE//  <Enter>
```

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

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

Example: Finish an Order with Provider Overrides/Interventions

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

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

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

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

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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.

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

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

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

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

Example: New Intervention

```
Patient Information           Sep 22, 2000 08:03:07          Page:    1 of    1
PSJPATIENT2,TWO                  Ward: 1 West                        <A>
   PID: 000-00-0002          Room-Bed: A-6         Ht(cm): 167.64 (04/21/99)
   DOB: 02/22/42 (58)                              Wt(kg): 85.00 (04/21/99)
   Sex: MALE                                     Admitted: 09/16/99
    Dx: TEST PATIENT                        Last transferred: ********
Allergies - Verified: CARAMEL, CN900, LOMEFLOXACIN, PENTAMIDINE, PENTAZOCINE,
                      CHOCOLATE, NUTS, STRAWBERRIES, DUST
        Non-Verified: AMOXICILLIN, AMPICILLIN, TAPE, FISH,
                      FLUPHENAZINE DECANOATE
              Remote:
   Adverse Reactions:
 Inpatient Narrative: Inpatient narrative
Outpatient Narrative: This is the Outpatient Narrative. This patient doesn't
like waiting at the pickup window. He gets very angry.

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

                           --- Intervention Menu ---

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

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

4.2.4.2. Edit

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

Example: Edit an Order

```
ACTIVE IV                    Mar 20, 2001@16:41:14          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
       AMPICILLIN 1000 MG
 (2)  Solutions:
       0.9% SODIUM CHLORIDE 100 ML
           Duration:                          *(4)     Start: 03/19/01  11:30
 (3)  Infusion Rate: INFUSE OVER 30 MIN.
*(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: AMPICILLIN INJ
      Instructions:
 (11)   Other Print:

+         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// ED   Edit

Select FIELDS TO EDIT: 11
OTHER PRINT INFO: TESTING
```

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

Editing Orders with CPRS Overrides/Pharmacist Interventions

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

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

Refer to “*Edit an Order with Provider Overrides/Interventions*” for an example of the screen.

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

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

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

Example: Edit an Order (continued)

```
ACTIVE IV                    Mar 20, 2001@16:42:02          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
       AMPICILLIN 1000 MG
 (2)  Solutions:
       0.9% SODIUM CHLORIDE 100 ML
           Duration:                          *(4)     Start: 03/19/01  11:30
 (3)  Infusion Rate: INFUSE OVER 0 MIN.
*(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: AMPICILLIN INJ
       Instructions:
 (11)   Other Print: TESTING

 (12)  Remarks :
+         Enter ?? for more actions
AC   Accept              ED   Edit
Select Item(s): Next Screen// AC   Accept
```

```
Orderable Item: MULTIVITAMINS INJ
Give: IVPB QID

[64]0001  1 EAST  03/20/01
PSJPATIENT1,ONE   B-12AMPICILLIN 1000 MG     0.9% SODIUM CHLORIDE 100 ML

INFUSE OVER 30 MIN.
TESTING
QID
09-13-17-21
1[1]

Start date: MAR 19,2001 11:30  Stop date: MAR 20,2001 24:00


Is this O.K.:  Y//  <Enter>   YES
REASON FOR ACTIVITY: <Enter>

7 Labels needed for doses due at ...

03/19/01 1300 : 03/19/01 1700 : 03/19/01 2100 : 03/20/01 0900 : 03/20/01 1300 :
03/20/01 1700 : 03/20/01 2100 :

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

Next delivery time is 1500 ***


Action (PB) P// BYPASS
```

4.2.4.5. Renew

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

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

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

Renewing Orders with CPRS Overrides/Pharmacist Interventions
When renewing an order, if CPRS Provider Overrides and/or Pharmacy Interventions exist for the order, entering Y (Yes) at the prompt: "Order Check Overrides/Interventions exist for this order. Display? (Y/N)? Y//" displays the following:

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

Refer to "*Renew an Order with Provider Overrides/Interventions*" for an example of the screen.

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

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

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

Renewing Discontinued Orders

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

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

Renewing Expired Unit Dose Orders

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

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

Example: Activity Log (continued)

```
*(3)  Infusion Rate: 80 ml/hr
*(5)      Med Route: IV                     *(6)      Stop: 02/20/02  24:00
BCMA ORDER LAST ACTION: 02/20/02 15:50 Infusing*
*(7)       Schedule:                          Last Fill: 02/20/02  15:55
 (8)    Admin Times:                           Quantity: 1
*(9)       Provider: PSJPROVIDER,ONE [es]     Cum. Doses: 1
 (10)   Other Print:

 (11)  Remarks :
+         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// AL   Activity Logs
(A)ctivity (L)abel (H)istory: Activity Log

ACTIVITY LOG:
#  DATE       TIME      REASON                    USER
================================================================================
1  FEB 20,2002 15:55:09 COMPLETE                  PSJPHARMACIST,ONE
   Comment: DISCONTINUED  (EDIT)

2  FEB 20,2002 15:55:12 VERIFY                    PSJPHARMACIST,ONE
   Comment: ORDER VERIFIED BY PHARMACIST
```

```
 (A)ctivity (L)abel (H)istory: Label Log

LABEL LOG:

#  DATE/TIME      ACTION        USER               #LABELS      TRACK          COUNT
================================================================================

1  FEB 20,2002@15:55:12
                  DISPENSED     PSJPHARMACIST,ONE    1        ORDER ACTION     YES

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

Unique IDs for this order:

Label Date/Time   Unique ID             Status    Count BCMA Action - Date/Time

02/20/02 15:55    739V443                         YES
```

```
 (A)ctivity (L)abel (H)istory: History Log

DEVICE: HOME// <Enter>  NT/Cache virtual TELNET terminal    Right Margin: 80// <Enter>


     ------------------------------------------------------------------
     Patient: PSJPATIENT4,FOUR                        Status: DISCONTINUED

*(1) Additives:              Order number: 444          Type: ADMIXTURE
       POTASSIUM CHLORIDE XXXXXXXXXX 35 MEQ
*(2) Solutions:
       DEXTROSE 5% 1/2 NS 1000 ML
           Duration:                          *(4)     Start: 02/20/02  15:46
*(3)  Infusion Rate: 80 ml/hr                 *(4)     Start: 02/20/02  15:46
*(5)      Med Route: IV                       *(6)      Stop: 02/20/02  15:55
BCMA ORDER LAST ACTION: 02/20/02 15:50 Infusing
*(7)       Schedule:                            Last Fill: 02/20/02  15:46
 (8)    Admin Times:                           Quantity: 2
*(9)       Provider: PSJPROVIDER,ONE [es]     Cum. Doses: 2
 (10)   Other Print:

 (11)  Remarks :
       Entry By: PSJPROVIDER,ONE                Entry Date: 02/20/02  15:46
Enter RETURN to continue or '^' to exit: <Enter>
```

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

Example: Activity Log (continued)

```
     Patient: PSJPATIENT4,FOUR                          Status: ACTIVE

*(1) Additives:              Order number: 445           Type: ADMIXTURE
       POTASSIUM CHLORIDE XXXXXXXXXX 35 MEQ
*(2) Solutions:
       DEXTROSE 5% 1/2 NS 1000 ML
           Duration:                          *(4)     Start: 02/20/02  15:46
*(3)  Infusion Rate: 80 ml/hr
*(5)      Med Route: IV                       *(6)      Stop: 02/20/02  24:00
BCMA ORDER LAST ACTION: 02/20/02 15:50 Infusing*
*(7)       Schedule:                                Last Fill: 02/20/02  15:55
 (8)    Admin Times:                                 Quantity: 1
*(9)       Provider: PSJPROVIDER,ONE [es]          Cum. Doses: 1
 (10)   Other Print:

 (11)  Remarks :
       Entry By: PSJPROVIDER,ONE                   Entry Date: 02/20/02  15:55
Enter RETURN to continue or '^' to exit: <Enter>
(A)ctivity (L)abel (H)istory:
```

4.2.4.7. Finish

Users must hold the PSJ RPHARM key for the ability to finish orders placed through CPRS.

Pharmacy Technicians must hold the PSJI PHARM TECH key for the ability to finish orders placed through CPRS. These users are not allowed to verify orders, only finish orders.

When an order is placed or renewed by a provider through CPRS, the pharmacist needs to finish this order. The same procedures are followed to finish the renewed order as to finish a new order.

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

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

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

Note: For more details on ordering, see *New Order Entry*.

4.2.4.8. Expected First Dose Changes

Inpatient Medications no longer displays an expected first dose for an order containing a schedule with a schedule type of One-time. The system also no longer displays an expected first dose for an order containing a schedule with a schedule type of On-call.

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```
Display Interaction Monograph? No//   NO

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

         Local RX#: 504361
              Drug: WARFARIN (C0UMADIN) NA 5MG TAB (Active)
               SIG: TAKE ONE TABLET BY MOUTH EVERY 2 HOURS
     Processing Status: Not released locally (Window)

     Pending Order: WARFARIN (C0UMADIN) 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.

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

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

Example: Drug-Drug Interaction Display

```
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: WARFAR
  Lookup: GENERIC NAME
     1   WARFARIN (C0UMADIN) 5MG INJ           BL110
     2   WARFARIN (C0UMADIN) NA 1MG TAB           BL110
     3   WARFARIN (C0UMADIN) NA 5MG TAB           BL110
     4   WARFARIN (C0UMADIN) 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 (C0UMADIN) 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 (C0UMADIN) 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 (C0UMADIN) 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 (C0UMADIN) 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 (C0UMADIN) 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 (C0UMADIN) 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 Professional Interaction Monograph(s)? NO//

Do you want to Continue with METRONIDAZOLE 500MG IN 100ML? NO// YES

Now creating Pharmacy Intervention
For METRONIDAZOLE 500MG IN 100ML

PROVIDER: PROV  INPATIENT-MEDS,PROVIDER            PROV
RECOMMENDATION: 9  OTHER
OTHER FOR RECOMMENDATION:
  No existing text
  Edit? NO// YES


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

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

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

- **Drug-Allergy Interactions** – 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. Pharmacist Interventions for Drug-Allergy/ADR Interactions are optional.

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

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

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

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


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

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

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

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

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

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

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

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

- **CPRS Order Check: Aminoglycoside Ordered**

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

CrCl (female) = 0.85 x CrCl (male)

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

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


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

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

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

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

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

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

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

1.1.1. 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)
```

4.3.3. Allergy/ADR Example Order Checks

Inpatient Medications (Unit Dose and IV) order entry process with check for adverse allergy/ADR reactions: (conditions by which the user will get new order checks)

- 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.

Pharmacist Interventions for Allergy/ADR interactions are optional. 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 NO// YES

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

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

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

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

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

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))
```

```
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: CEFAZOLIN
               *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 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
================================================================================


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//
```

1.1.2. Display of Provider Overrides and Pharmacist Interventions

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

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

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

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

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

  CRITICAL drug-drug interaction: METRONIDAZOLE 250MG TAB and WARFARIN(GOLDEN
```

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

Press RETURN to Continue or '^' to Exit :


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

Intervention Date: 7/12/11 09:14
 Provider: PSJPROVIDER,ONE                  Pharmacist: PSJPHARMACIST,ONE
 Drug: METRONIDAZOLE 250MG TAB              Instituted By: PHARMACY
 Intervention: CRITICAL DRUG INTERACTION
 Recommendation: OTHER                      Originating Package: INPATIENT
 Other For Recommendation:
  INTERVENTION FOR CRITICAL DRUG-DRUG
Press RETURN to Continue or '^' to Exit :
```

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

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

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

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


Press RETURN to Continue or '^' to Exit :

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

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

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

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

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

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

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

No Pharmacist Interventions to display
```

2. Glossary

Action Prompts

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

ListMan Action Prompts

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

Patient/Order Action Prompts

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

Patient/Order Action Prompts (continued)

RN	Renew
AL	Activity Logs
OC	On Call
NL	Print New IV Labels
RL	Reprint IV Labels
RC	Recycled IV
DT	Destroyed IV
CA	Cancelled IV

Hidden Action Prompts

LBL	Label Patient/Report
JP	Jump to a Patient
OTH	Other Pharmacy Options
MAR	MAR Menu
DC	Speed Discontinue
RN	Speed Renew
SF	Speed Finish
SV	Speed Verify
CO	Copy
N	Mark Not to be Given
I	Mark Incomplete
DIN	Drug Restr/Guide
OCI	Order Check/Interventions

Active Order

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

Activity Reason Log

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

Activity Ruler

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

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.

Coverage Times	The start and end of coverage period designates administration times covered by a manufacturing run. There must be a coverage period for all IV types: admixtures and primaries, piggybacks, hyperals, syringes, and chemotherapy. For one type, admixtures for example, the user might define two coverage periods; one from 1200 to 0259 and another from 0300 to 1159 (this would mean that the user has two manufacturing times for admixtures).
CPRS	A VistA computer software package called Computerized Patient Record Systems. CPRS is an application in VistA that allows the user to enter all necessary orders for a patient in different packages from a single application. All pending orders that appear in the Unit Dose and IV modules are initially entered through the CPRS package.
Critical Drug-Drug Interaction	One of two types of drug-drug interactions identified by order checks. The other type is a "significant" drug-drug interaction
Cumulative Doses	The number of IV doses actually administered, which equals the total number of bags dispensed less any Recycled, Destroyed, or Cancelled bags.
Default Answer	The most common answer, predefined by the system to save time and keystrokes for the user. The default answer appears before the two slash marks (//) and can be selected by the user by pressing <**Enter**>.
Dispense Drug	The Dispense Drug name has the strength attached to it (e.g., Acetaminophen 325 mg). The name alone without a strength attached is the Orderable Item name.
Delivery Times	The time(s) when IV orders are delivered to the wards.
Dosage Ordered	After the user has selected the drug during order entry, the dosage ordered prompt is displayed.
DRUG ELECTROLYTES File	File #50.4. This file contains the names of anions/cations, and their concentration units.
DRUG File	File #50. This file holds the information related to each drug that can be used to fill a prescription.

Local Possible Dosages	Free text dosages that are associated with drugs that do not meet all of the criteria for Possible Dosages.
LVP	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.
Manufacturing Times	The time(s) that designate(s) the general time when the manufacturing list will be run and IV orders prepared. This field in the *SIte Parameters (IV)* option (IV ROOM file, (#59.5)) is for documentation only and does not affect IV processing.
MEDICATION ADMINISTERING TEAM file	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.
MEDICATION INSTRUCTION file	File #51. This file is used by Unit Dose and Outpatient Pharmacy. It contains the medication instruction name, expansion, and intended use.
MEDICATION ROUTES file	File #51.2. This file contains medication route names. The user can enter an abbreviation for each route to be used at their site. The abbreviation will most likely be the Latin abbreviation for the term.
Medication Routes/ Abbreviations	Route by which medication is administered (e.g., oral). The MEDICATION ROUTES file (#51.2) contains the routes and abbreviations, which are selected by each VAMC. The abbreviation cannot be longer than five characters to fit on labels and the MAR. The user can add new routes and abbreviations as appropriate.
Non-Formulary Drugs	The medications that are defined as commercially available drug products not included in the VA National Formulary.

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

	date of admission, reactions, and any pertinent remarks.
PECS	Pharmacy Enterprise Customization System. A Graphical User Interface (GUI) web-based application used to research, update, maintain, and report VA customizations of the commercial-off-the-shelf (COTS) vendor database used to perform Pharmacy order checks such as drug-drug interactions, duplicate therapy, and dosing.
Pending Order	A pending order is one that has been entered by a provider through CPRS without Pharmacy or Nursing finishing the order. Once Pharmacy or Nursing has finished and verified the order, it will become active.
PEPS	Pharmacy Enterprise Product System. A re-engineering of pharmacy data and its management practices developed to use a commercial off-the-shelf (COTS) drug database, currently First DataBank (FDB) Drug Information Framework (DIF), to provide the latest identification and safety information on medications.
Pharmacist Intervention	A recommendation provided by a pharmacist through the Inpatient Medications system's Intervention process acknowledging the existence of a critical drug-drug interaction and/or allergy/ADR interaction, and providing justification for its existence. There are two ways an intervention can be created, either via the Intervention Menu, or in response to Order Checks.
PHARMACY SYSTEM file	File # 59.7. This file contains data that pertains to the entire Pharmacy system of a medical center, and not to any one site or division.
Piggyback	Small volume parenteral solution for intermittent infusion. A piggyback is comprised of any number of additives, including zero, and one solution; the mixture is made in a small bag. The piggyback is given on a schedule (e.g., Q6H). Once the medication flows in, the piggyback is removed; another is not hung until the administration schedule calls for it.

Possible Dosages	Dosages that have a numeric dosage and numeric dispense units per dose appropriate for administration. For a drug to have possible dosages, it must be a single ingredient product that is matched to the VA PRODUCT file (#50.68). The VA PRODUCT file (#50.68) entry must have a numeric strength and the dosage form/unit combination must be such that a numeric strength combined with the unit can be an appropriate dosage selection.
Pre-Exchange Units	The number of actual units required for this order until the next cart exchange.
Primary Solution	A solution, usually an LVP, administered as a vehicle for additive(s) or for the pharmacological effect of the solution itself. Infusion is generally continuous. An LVP or piggyback has only one solution (primary solution). A hyperal can have one or more solutions.
Print Name	Drug generic name as it is to appear on pertinent IV output, such as labels and reports. Volume or Strength is not part of the print name.
Print Name{2}	Field used to record the additives contained in a commercially purchased premixed solution.
Profile	The patient profile shows a patient's orders. The Long profile includes all the patient's orders, sorted by status: active, non-verified, pending, and non-active. The Short profile will exclude the patient's discontinued and expired orders.
Prompt	A point at which the system questions the user and waits for a response.
Provider	Another term for the physician/clinician involved in the prescription of an IV or Unit Dose order for a patient.
Provider Override Reason	A reason supplied by a provider through the CPRS system, acknowledging a critical drug-drug interaction and/or allergy/ADR interaction and providing justification for its existence.
PSJI MGR	The name of the *key* that allows access to the supervisor functions necessary to run the IV medications software. Usually given to the Inpatient package coordinator.

PSJI PHARM TECH	The name of the *key* that must be assigned to pharmacy technicians using the IV module. This key allows the technician to finish IV orders, but not verify them.
PSJI PURGE	The key that must be assigned to individuals allowed to purge expired IV orders. This person will most likely be the IV application coordinator.
PSJI RNFINISH	The name of the *key* that is given to a user to allow the finishing of IV orders. This user must also be a holder of the PSJ RNURSE key.
PSJI USR1	The primary menu option that may be assigned to nurses.
PSJI USR2	The primary menu option that may be assigned to technicians.
PSJU MGR	The name of the *primary menu option* and of the *key* that must be assigned to the pharmacy package coordinators and supervisors using the Unit Dose Medications module.
PSJU PL	The name of the *key* that must be assigned to anyone using the *Pick List Menu* options.
PSJ PHARM TECH	The name of the *key* that must be assigned to pharmacy technicians using the Unit Dose Medications module.
PSJ RNFINISH	The name of the *key* 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.
PSJ RNURSE	The name of the *key* that must be assigned to nurses using the Unit Dose Medications module.
PSJ RPHARM	The name of the *key* 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.

Quick Code	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.
Report Device	The device, identified by the user, on which computer-generated reports selected by the user will be printed.
Schedule	The frequency of administration of a medication (e.g., QID, QDAILY, QAM, STAT, Q4H).
Schedule Type	Codes include: **O** - one time (i.e., STAT - only once), **P** - PRN (as needed; no set administration times). **C**-continuous (given continuously for the life of the order; usually with set administration times). **R** - 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 **OC** - on call (one time with no specific time to be given, e.g., 1/2 hour before surgery).
Scheduled IV Order	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.
Self Med	Medication that is to be administered by the patient to himself.
Standard Schedule	Standard medication administration schedules stored in the ADMINISTRATION SCHEDULE file (#51.1).
Start Date/Time	The date and time an order is to begin.
Status	**A** - active, **E** - expired, **R** - renewed (or reinstated), **D** - discontinued, **H** - on hold, **I** - incomplete, or **N** - non-verified, **U** – unreleased, **P** – pending, **O** – on call, **DE** – discontinued edit, **RE** – reinstated, **DR** – discontinued renewal.
Stop Date/Time	The date and time an order is to expire.
Stop Order Notices	A list of patient medications that are about to expire and

	may require action.
Syringe	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.
Syringe Size	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).
TPN	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.
Units per Dose	The number of Units (tablets, capsules, etc.) to be dispensed as a Dose for an order. Fractional numbers will be accepted.
VA Drug Class Code	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.
VDL	Virtual Due List. This is a Graphical User Interface (GUI) application used by the nurses when administering medications.
Ward Group	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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