Order Management in Cerner, Inpatient

Site Applicability

All acute and sub acute care inpatient units

Practice Level

RN, RPN, LPN and Providers (as indicated in this document)

Need to Know

- As part of ensuring safe patient care, all orders in the CST-Cerner Electronic Health Record (EHR) are reviewed after they are received, at the end of the shift, and comprehensively once every 24 hours.

- Providers have a key role in ensuring correct orders are in place and reviewing and managing orders to ensure patient safety and must ensure that the COPE orders profile is maintained at least once per day (refer to Orders Management Policy).

- Nurses play a critical role in identifying human and system factors that may contribute to order errors, including medication errors or near misses, and they act to prevent or minimize them.

- "Nurse review" in CST-Cerner, when properly completed, ensures all orders have been appropriately initiated and verified (e.g. right patient, right drug, right dose, right reason) and the urgency of carrying out the orders is noted (e.g. STAT, ASAP).

- It is the responsibility of nurses to review all orders received, including PowerPlans, throughout the shift. Any discrepancy or ambiguity must be clarified with the prescriber in a timely manner. Determine the level of urgency when deciding whether a clarification of an order can wait for a later time (e.g. during rounds, during daytime hours).

- Nurses must follow the British Columbia College of Nurses and Midwives (BCCNM) medication practice standards when performing activities involving medication.

- In CST- Cerner, not all order information is forward facing. To view the additional information clinicians must be familiar with navigating the EHR, for example use mouse to hover over the order in the screen or click the order to see the full details.

- In CST-Cerner PowerPlans (order sets) may be placed in a *planned* or an *initiated* state. When appropriate and criteria met, planned orders need to be initiated for the orders to be active. (For example planned procedure or admission order).

- Orders will be written on approved forms during downtime (Refer to Downtime and Recovery - Cerner).

Procedure

See Appendix A for quick checklist

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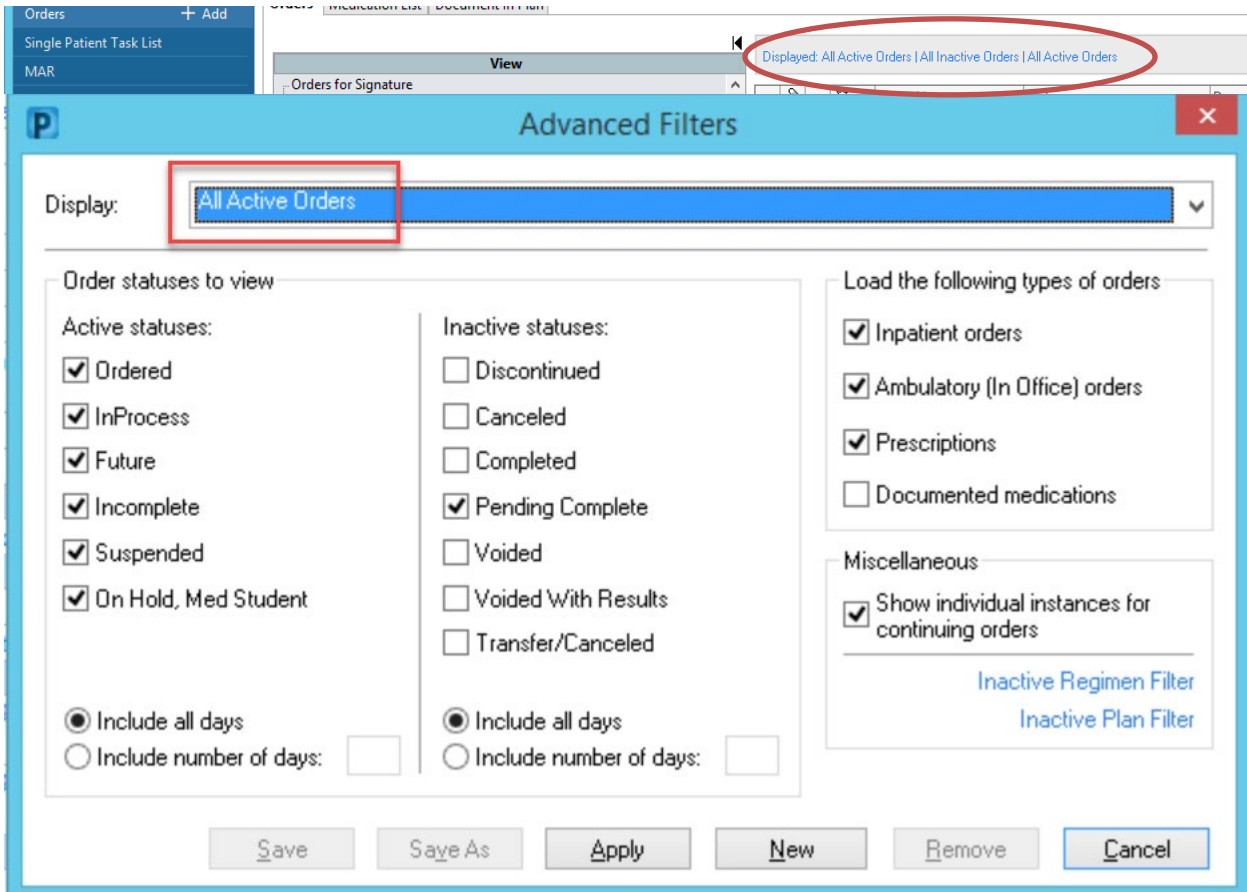
Step one   Navigate to CareCompass

Check CareCompass for new and existing tasks (including PRN/Continuous tasks) and activities that are due.

Check CareCompass tasks that are no longer relevant (e.g. Med Responses, Septic Shock Alert, MEWS Responses). Right click on a task. Select: "Done" or "Not Done"

Step two   Review Orders

1. Filter the orders that are displayed, e.g. by date and/or to include completed or discontinued orders if needed. See Cerner Help for information on how to do this. Ensure all orders and PowerPlans are reviewed

2. Open and review PowerPlans. Check for PowerPlan Phases in planned state and initiate **when it is appropriate**:
   - If you are unclear whether a planned PowerPlan /PowerPlan Phase needs to be initiated, please clarify with the provider as soon as you can or include in the shift handover to be addressed in the following shift. For example:
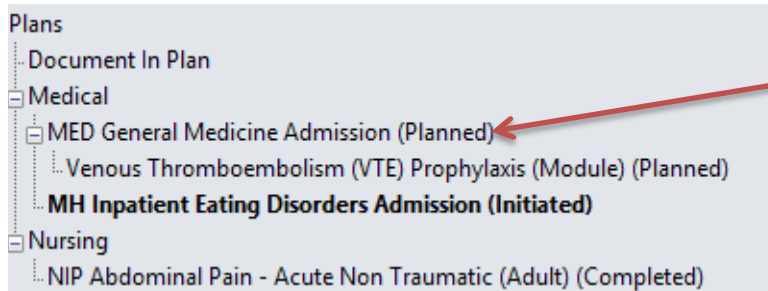
This plan needs to be initiated when the patient arrives to the unit.

- Right-click to initiate.
- Co-signature is NOT required as the orders are already signed by the provider.

3. Check PowerPlans for instructions to discontinue the orders. For example, PowerPlans for completed procedures or phases of multiphase PowerPlans (e.g. CSICU, PACU) often need to be discontinued when patient condition changes or on transfer to an inpatient unit.
   a. When discontinuing any part of a multiphase PowerPlan ensure only the intended phase is discontinued and not the entire PowerPlan to prevent patient/medication errors.
   b. PowerPlans that may be appropriate to be discontinued but do not contain an order sentence to discontinue require provider order to discontinue. Nurses may not change or cancel a client-specific order given by a listed health professional when the activity is outside of the nurse's autonomous scope of practice or the nurse's individual competence (BCCNM)
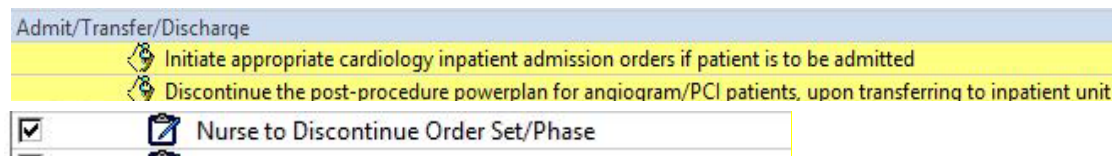
Step Three   Review orders by category

1. Patient care
   - Check for and discontinue any duplicate orders that are exactly the same. This applies *only* to patient care section

   - Right click on the order and select Discontinue. Select Co-signature required. Always remember to sign after making the changes.
   - For orders that are similar, e.g. multiple orders for vital sign monitoring but with different frequency, contact the prescriber to clarify the order.
   - If the task was appropriately completed from the single patient task list or CareCompass, then the order will change to "Completed" automatically. If it does not, then manually complete the task.

- E.g. catheter has been inserted, or bed transfer is done.
- Right-click on order to change the order status to "**Completed**".

⅋	Order Name	Status
□ 🔳	Remove Peripheral IV ...	Completed

2. Medications
- Under the medication orders section, review the medication orders and ensure correct medication is ordered for the right reason, dose, route and time.
- Check for duplicate orders, e.g. multiple orders of HYDROmorphone by the same route.
- For any concerns, duplicate orders or if clarity is needed, contact the provider.
- Click on "Orders for Nurse Review" and review all outstanding orders. If you don't understand the orders - **ask questions** before clicking "Reviewed". This can also be done from CareCompass where new orders will be flagged.

Orders For Nurse Review	☑ ⚭ 🔳	POC Glucose Whole B... Ordered

3. Laboratory

- Check that bloodwork orders are entered for the same collection priority if possible (and appropriate) to avoid multiple blood draws. Additionally, check for duplicate lab orders to avoid the same and discontinue orders when necessary.
Note: Routine lab work will be done the following day.

4. Consults/Referrals

- Ensure all necessary nursing and allied health referrals (e.g. Palliative Care Outreach, PT, OT) have been ordered.

5. Communication Orders

- Check all communication orders, and if an order is noted that should have been entered differently by the provider, follow up with that provider or designate (e.g. an order for IV fluids is placed as a communication order when it should be a continuous infusion order).

- Remove irrelevant or overdue medication orders by charting 'Not given' or reschedule with a reason (e.g. pre-procedure hold order etc.)
- Check any hold orders. Orders contain specific information as to when the medication is to be held. Clarify with provider as needed

✍		⅋	Order Name	Status
Communication Orders				
	☑ 🔳		Hold Medication(s)	Ordered
	☑ 🔳		Hold Medication(s)	Ordered
	☑ 🔳		Hold Medication(s)	Ordered

6. Review order section for other categories of orders. Check all orders within these categories for accuracy and completeness.

- activity
- continuous infusions
- blood products (including type and screen)
- diagnostic tests
- procedures

Step Four   Navigate to the MAR

1. Check for overdue medication tasks and when a medication is not given at the scheduled administration time, it needs to be rescheduled. See the Practice Pointer on the Medication Resource Page of the intranet.

2. Review the next day's medication times to ensure the times align with the ordered frequency (i.e. look for missing tasks, that might have been been "borrowed" to document at another time. If a scheduled task is missing on the MAR for a medication that comes in an AUD strip, this medication will be missing from the strip. Contact pharmacy to ensure the dose will be available when needed

3. Check stop dates of medications to ensure that medications that are still needed have not been automatically discontinued and not reordered.

Hard Stop Medications

A red hourglass with a lock icon will appear next to the medication 24 hours before the hard stop date and time is reached. Providers will get a notification at this time to reassess and reorder if necessary.

Examples of Hard Stop Medications: Anti-infectives (with some exceptions), Rifaximin, Vancomycin, Oseltamivir, and Nitrofurantoin.
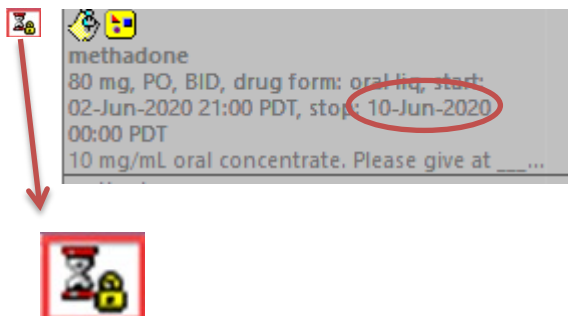
Does this patient still require this medication?
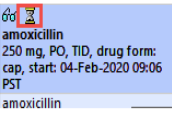
- If yes or unsure, let the provider know that they will need to reorder.

Soft Stop Medications

- Under **Orders** in PowerChart: A yellow hourglass icon will appear next to the order 24 hours before the soft stop date and time is reached.

- Under **MAR** in PowerChart: A yellow hourglass with a lock icon will appear next to the medication 24 hours before the soft stop date and time is reached

Examples of Soft Stop Medications: inhaled solutions, injectable controlled/narcotics

4. Check the "Unscheduled Medications" section of the MAR to check if there are any pre-procedure medications that need to be considered, or endorsed at handover for administration.

Step Five   Navigate to Team Communication (Discoverable) under Handoff Tool

The **Team Communication (Discoverable)** component is a tool that is available under the Handoff Tool for non-urgent communication with the interdisciplinary care team. This section can be used for documenting actions and reminders or key information (situational awareness & planning) to communicate to other interdisciplinary care team members.

Important

Information documented in Team Communication (Discoverable) becomes part of the permanent health record

Team communication (Discoverable) DOES NOT replace iView and dynamic documentations

All information documentation in Team Communication (Discoverable) is retained and discoverable by a formal request for release of information to Health Information Management (HIM)

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1. Review **"Actions and Situation Awareness & Planning"** and remove tasks that are no longer relevant

2. Add "**Actions"** or "**Situational Awareness & Planning"** as needed:

   Use the "**Actions**" section to document to-do tasks, example:

   - Attn: MRP, please re-order morphine
   - PICC change next due: XXX
   - Wound dressing next due: XXX
     Deleting note will strikethrough the actionable item

Use the "**Situational Awareness & Planning**" section to add the patient plan, example:

- Family meeting scheduled for Friday at 1400
- Surgery Friday AM case
- Patient Transfer Network request (PTN) logged
- Next hemodialysis time: XXX
  Deleting note will make it disappear from the section

> Please note: this section appears in the physician hand off reports. Do not include narrative documentation or assessments that can be found elsewhere in the health record

Documentation

Document the completion of checking orders at the end of each shift in the 'Orders Reviewed' section of the Shift Report/Handoff Tool.

Related Documents

1. Cerner Help topics
   - Night Shift Chart Check
   - Customize Order Profile
2. BCD-11-11-41008 – Orders Management Policy (CST)
3. B-00-07-10095 – Nursing Handover
4. Shift Handover – Practice Pointer

References

BC College of Nurses and Midwives (2021). Practice Standards- Medication.
https://www.bccnm.ca/RN/PracticeStandards/Pages/Medication.aspx

Persons and Groups Consulted:

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Nurse Educators Medicine Program

Nurse Educators Professional Practice, Pharmacy Nursing

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Appendix A: Order Checking Checklist

Review CareCompass

- ☐   Review CareCompass for tasks that are no longer relevant

Review Orders

- ☐   Filter orders
- ☐   PowerPlans to be initiated/discontinued
- ☐   Review/delete duplicate orders
- ☐   Orders that have been completed, change status to "completed"
- ☐   Review any outstanding orders
- ☐   Review collection priority of blood tests
- ☐   Ensure appropriate interdisciplinary consults have been ordered
- ☐   Review communication orders
- ☐   Check for hold orders, update MAR if needed
- ☐   Review other categories of orders

Review MAR

- ☐   Review any overdue medication tasks
- ☐   Review med times to align with the ordered frequency
- ☐   Check stop dates

Review Team Communication

- ☐   Clear old/irrelevant comments and tasks
- ☐   Update actions and situational awareness section with relevant requests and updates

Documentation

- ☐   Complete shift order check by checking the "Orders Reviewed" section of the Shift Report/Handoff Tool