

CERNER Inpatient Medication Order Entry Tips for Providers

Department of Pharmacy

June 19th, 2014

COMPUTERIZED PROVIDER ORDER ENTRY: AD-HOC ORDERS

"Find" Field

Find: tylenol Contains Advanced Options Type: Inpatient

Orderables:

- Tylenol
- Tylenol with Codeine #3

Orderable

Enter the desired order in the "Find" field. You may press Enter or select the Binoculars Icon to view all existing orderables.

This drop down menu allows the prescriber to view orders that "Start With" or "Contains" the text in the "Find" field.

When using "Contains", ensure at least 3 characters are used.

Order Sentences

Order sentences for: lisinopril

- (None)
- 2.5 mg, form: Tab, Oral, Daily
- 5 mg, form: Tab, Oral, Daily
- 10 mg, form: Tab, Oral, Daily
- 20 mg, form: Tab, Oral, Daily
- 40 mg, form: Tab, Oral, Daily

Reset

Choose from one of the pre-built sentences. **Do NOT use the (NONE) option.**

Select desired dose

Do NOT Modify (see below)

Modifying these fields will result in stop type "Physician Stop"

Review differences between daily/BID/TID/QID frequencies & Q24H/Q12H/Q8H/Q6H frequencies (see below).

Consider using "NOW" priority if a dose is desired immediately (see below)

Details for furosemide

Strength dose: 30 mg

Drug Form: Soln

Frequency: Daily

PRN reason:

Duration unit: days

Stop Date/Time: 11/18/2013 0959 PST

Remaining Administrations: 30 Stop: 18-Nov-2013 09:59:00 PST

*Strength dose unit: mg

*Route of administration: IV Push

PRN: Yes No

Duration: 30

*First Dose Date/Time: 19-Oct-2013 10:00 PDT

First Dose Priority:

Drug Form: Do NOT modify. Drug forms are set by the system to reflect what is already in stock. If there are doubts about dosage forms, call pharmacy for questions.

Route of Administration: Do NOT modify for intravenous routes. Routes of administration serve a specific purpose on the pharmacy end to select the correct product. Modifying this may cause the

CERNER Inpatient Medication Order Entry Tips for Providers

Department of Pharmacy

June 19th, 2014

system to choose the wrong product. **It is best practice to “remove” the current order and re-select the sentence with the desired route.**

The following table provides a summary on the different types of intravenous routes and what their purpose/definition in the system is:

ROUTE	DEFINITION	WHEN TO USE	EXAMPLE
IV Push	<u>Medication:</u> Drug orders given in one quick push	- For drug orders that are slow IV push (<10 minutes), where you would put the administration time in the “special comments” field	- Zofran 4 mg, Soln, IV Push
IV Bolus	<u>Intermittent:</u> Any kind of medication given over time, anywhere from 30 minutes to several hours. They are given based on a frequency, NOT continuously.	- Fluid (not drugs) boluses ONLY	- NS Bolus IV Bolus Over 15 minutes - LR Bolus IV Bolus Over 15 minutes
IV Syringe		- Intermittent drug situations where the drug may be prepped in a syringe (typically pediatric doses)	- Most of the pediatric doses
IV Piggyback		- Intermittent drug situations where drug is prepped in IV piggybacks	- Cefazolin 1 gm IV Piggyback q8h
IV	<u>Continuous:</u> Given continuously until a physician discontinues it	- For use in fluids running at specific rates - For use in IV drips	- NS, IV, 125 ml/hr

Frequency: There are major differences between Daily & Q24H, BID & Q12H, TID & Q8H, and QID & Q6H frequencies in CERNER.

Scheduled Frequencies: The scheduled frequencies are defined by hospital policy *100.025 Medications: Administration, Ordering, and Documentation*. If an order placed sometime after this defined scheduled time, the first dose will not be scheduled until the next defined schedule time. For example, if a daily frequency order is entered at 11:05, the order will not start until 10:00 the next day. The prescriber must designate the “First Dose Priority” as NOW if the first dose is desired the same day of order entry.

FREQUENCY	SCHEDULED TIMES			
Daily	1000			
BID	1000	2200		
TID	0600	1400	2200	
QID	0600	1200	1800	2200

Note: Some medications have special administrations, such as warfarin (1400) and Arixtra (0900).

Interval Frequencies: A Q \times H frequency (**interval** frequency) will result in the first dose to be scheduled at the time of order entry (unless the start time is modified) with subsequent doses scheduled every \times hours thereafter.

CERNER Inpatient Medication Order Entry Tips for Providers

Department of Pharmacy

June 19th, 2014

Unscheduled Frequencies: When these are used, the nurse is going to have an ongoing task on the MAR that allows them to give the medication at any time, so it is important to communicate to the nurse when you would like the medication given. Unscheduled includes “pre-op”, “post-op”, “post-delivery”, “one time (unscheduled)”, “post-HD”, etc. **Remember to include the duration of your unscheduled frequency, otherwise it will default to only one dose.**

Example: Zosyn 0.75 gm IV Piggyback Post-HD ← Must include order duration, or the item will fall off after 1 dose.

PRN orders: Use the drop down menu to select your reason. If you cannot find an appropriate PRN reason, use the “Other (see comments)” reason and place your customized PRN reason in special instructions. *Note:* For pain indications, please do not overlap indications.

Duration/Stop Date: There are three types of “stops”. If the duration field is left alone, it will default to a “Soft Stop” or “Hard Stop” depending on the medication. If the duration is modified or the stop date is modified, the stop type becomes a “Physician Stop”. Stop types are as follows:

“Soft Stop”: Orders with a soft stop will fire a renewal notice X hours prior to the stop date/time. When the order expires, the order will remain active on the patient’s chart until an action is taken upon it (i.e. physician renewal or discontinuation of order)

“Hard Stop”: Orders with a hard stop will fire a renewal notice X hours prior to the stop date/time. If the order is not renewed, the order will automatically discontinue once it expires.

“Physician Stop”: Physician stop is a “hard stop” that occurs whenever the prescriber defines the duration of the order or defines the stop date/time. The order will automatically discontinue once it expires.

First Dose Priority: Use this drop down menu to define when the first dose shall be given. There are three options: Routine, NOW, and STAT. Routine first doses will be scheduled as defined by hospital policy (see frequencies). A NOW dose will schedule the first dose to the date/time the order is entered. STAT priority will communicate to the pharmacy that a dose is needed immediately.

After selecting a NOW or STAT, go back to the “First Dose Date/Time” field to define whether to give the next dose in addition to the NOW dose or to *skip administration* of the next dose altogether.

The screenshot shows the 'Details for lisinopril' window in a Cerner system. It includes fields for 'First Dose Date/Time (First Administration)' set to 07/18/2013 at 1148 PDT, 'Next administration' set to 07/19/2013 at 1000 PDT with a 'Skip administration' checkbox, and 'Following administration' set to 07/20/2013 at 1000 PDT. The 'First Dose Date/Time' is set to 18-Jul-2013 11:48 PDT, and the 'First Dose Priority' is set to NOW. There are also fields for 'Stop Date', 'Special Instr', and 'Patient's Ow'.

CERNER Inpatient Medication Order Entry Tips for Providers

Department of Pharmacy

June 19th, 2014

Note: For **PRN orders**, please do NOT use the NOW or STAT. When this is used, it causes confusion on the MAR and will cause a STAT order to fire indefinitely for the nurse to give the medication to the patient, regardless of the frequency defined.

Special Instructions: Use the “Special Instructions” field for any issue you would like to communicate to the pharmacy (*i.e. dispense oral solution, minimal fluids, dilute in NS only, etc*).

COMPUTERIZED PROVIDER ORDER ENTRY: SPECIAL ORDERS

NON-FORMULARY MEDICATIONS

There are two methods by which non-formulary medications can be entered. They are as follows:

1. First, always try to search for the non-formulary item. The non-formulary items will be listed either with a “(non-formulary)” signifier in the name OR a pop-up alert will state “Non-Formulary.” The resulting required fields must all be accurately completed or you will receive a call from the pharmacy.
2. Secondly, if there is no entry for the item, you may search for “Template Non Formulary” and fill out all the required fields. Frequently ordered non-formulary medications will eventually be entered into our database while awaiting approve by P&T for full formulary status.

Restricted Medications

Restricted medications are ordered the same way as regular medications. However, there will be a pop-up alert that will warn you that the medication is restricted when you attempt to order. These medications may also have a “High Alert” signifier in the name. Please review the alert message before completing any orders on these medications. *i.e.* ID restricted medications require an ID consult for scheduled orders.

CERNER Inpatient Medication Order Entry Tips for Providers

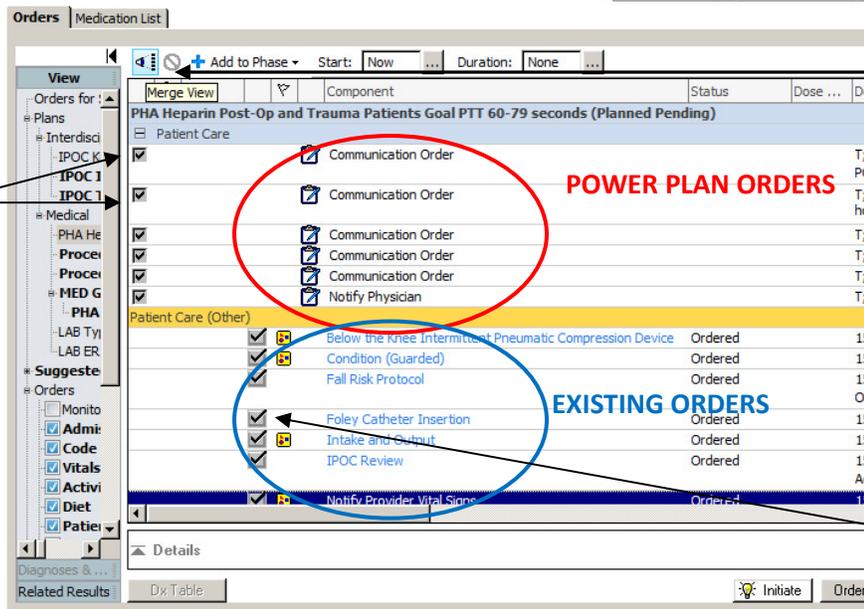
Department of Pharmacy

June 19th, 2014

POWER PLANS

Use the “Merge View” option to identify any duplication of orders. Duplicate orders may be discontinued from this view.

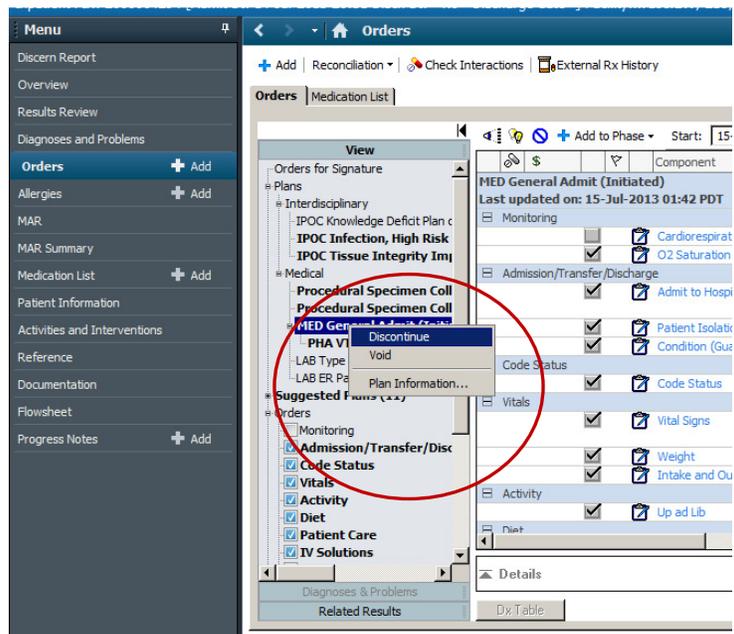
Uncheck unnecessary or duplicate orders.



Merge View option allows the prescriber to reconcile Power Plan orders with existing orders.

You can right-click and discontinue old orders if desired.

Discontinue Power Plans when Power Plans are no longer needed. If orders within this Power Plan are to be continued, you can opt to keep these orders active.



CERNER Inpatient Medication Order Entry Tips for Providers

Department of Pharmacy

June 19th, 2014

Check the boxes if you want to **KEEP** the orders active. **Do NOT** check if the orders are to be discontinued.

Keep Monitor	Component	Status	Order Details
<input checked="" type="checkbox"/>	O2 Saturation (Continuous)	Ordered	15-Jul-2013 01:29:00 PDT, Titrate SPO2 >= 94
<input checked="" type="checkbox"/>	Admit to Hospital	Ordered	15-Jul-2013 01:29:00 PDT, DOU, Admitting Physician: Araujo, David, Resident Physician: Mati, Ben
<input checked="" type="checkbox"/>	Patient Isolation (Isolation)	Ordered	15-Jul-2013 01:29:00 PDT, Standard Precautions
<input checked="" type="checkbox"/>	Condition (Guarded)	Ordered	15-Jul-2013 01:29:00 PDT, Guarded, -1
<input checked="" type="checkbox"/>	Code Status	Ordered	15-Jul-2013 01:29:00 PDT, Full Resuscitation
<input checked="" type="checkbox"/>	Vital Signs	Ordered	15-Jul-2013 01:29:00 PDT, q4hr-RN test
<input checked="" type="checkbox"/>	Weight	Ordered	16-Jul-2013 01:29:00 PDT, Daily
<input checked="" type="checkbox"/>	Intake and Output	Ordered	15-Jul-2013 01:29:00 PDT, Scheduled / PRN
<input checked="" type="checkbox"/>	Up ad Lib	Ordered	15-Jul-2013 01:29:00 PDT, Constant Order, as tolerated
<input checked="" type="checkbox"/>	PHA VTE/DVT Prophylaxis	Initiated	Start: 15-Jul-2013 01:29 PDT
<input checked="" type="checkbox"/>	C-Reactive Protein (CRP)	Ordered (Dispatched)	Blood, AM Draw collect, 15-Jul-2013 01:29:00 PDT, Stop date 15-Jul-2013 02:00:00 PDT, Lab Collect
<input checked="" type="checkbox"/>	Consult to Social Services	Ordered	15-Jul-2013 01:29:00 PDT
<input checked="" type="checkbox"/>	Consult to Palliative Care Team	Ordered	15-Jul-2013 01:29:00 PDT, Discuss further with patient code status and coping with difficult illness.
<input checked="" type="checkbox"/>	Notify Provider Vital Signs	Ordered	15-Jul-2013 01:29:00 PDT, T > 101, HR less than 50, HR greater than 125, CRP less than 90, CRP greater than 180, DP

Please also note that if you keep orders from this screen but discontinue the Power Plan, any future discontinuations of these orders will need to be done outside the Power Plan.