

Sunrise Clinical Manager

Patient Care Information System

Order Entry Additional Information - Tips & Tricks

Oct 2018

Completion of WBT Lessons and Assessments provides an awareness and familiarization with the concepts and functions of SCM.

This information - tips & tricks document is designed to support the practical application of basic SCM functionality and reinforce the knowledge attained from the SCM eLearning modules and/or in class instruction.

These additional information provides practical experience of key SCM principles, according to your area of care that may arise in your day to day work.

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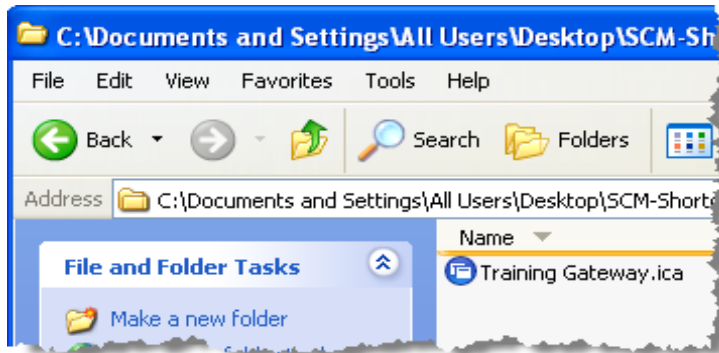
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Accessing the SCM Training Environment

1. From the desktop, double click:



2. Double click **Training Gateway.ica**



3. **Log on Instruction:**

Clinical Clerks:

User: 1clinical to 64clinical

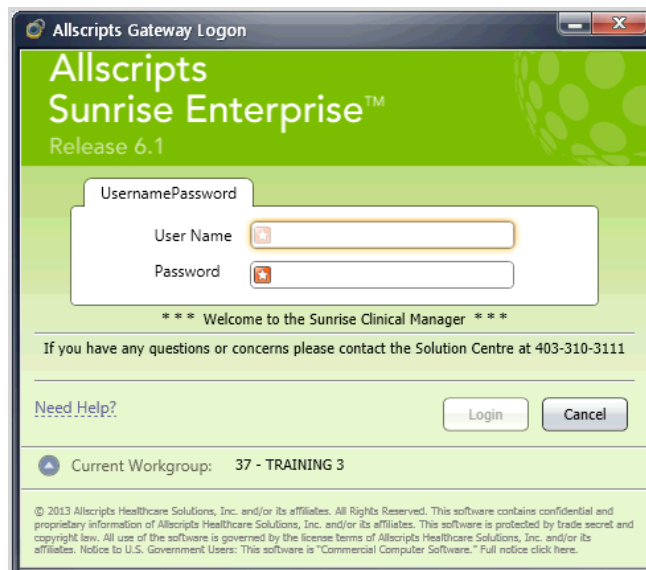
Password: training **Residents:**

User: 1resident to 64resident

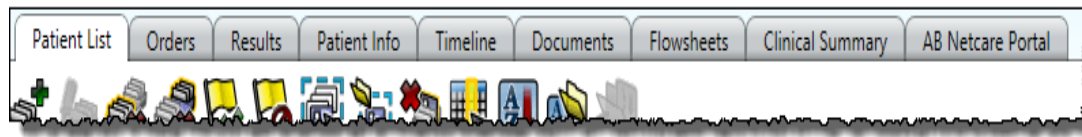
Password: training **Physicians**

User: 1physician to 20physician

Password: training



The tabs above the patient list take you to different parts of the patient's chart.



- **Orders:** Review all current Active/Pending/Hold orders. Filters can be set to view other types of orders such as discontinued orders, cancelled orders, prn orders, meds due to expire in X days, etc.
- **Results:** Review Lab/DI results
- **Patient Info:** Review Allergies, Intolerances. There are other patient demographics that can be viewed such as height, weight, health issues, alerts, phone numbers, address, contacts, etc.
- **Timeline:** Review past visits
- **Documents:** Review transcribed reports and SCM documents (review nursing document **Surgical Assessment and History**)
Other patient information is in the patient's paper chart (e.g. Physician progress notes)
- **Flowsheets:** Review Vital Signs, Intake/Output, and other Nursing Assessment(s)
- **Clinical Summary:** Can click on different views such as Surgery or Medicine to get a quick snapshot of patient status
- **AB Netcare Portal:** Links you directly to the Netcare portal


Review Order

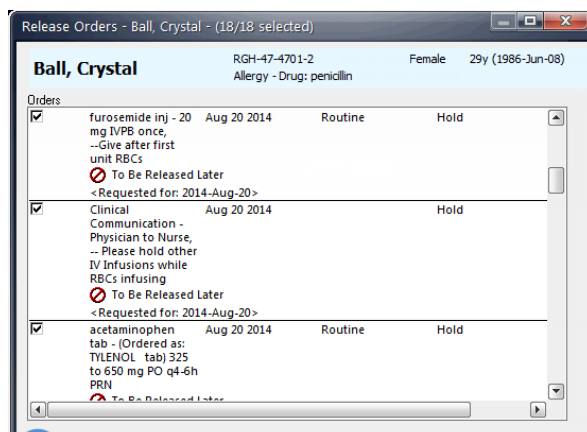
- Highlight assigned Patient if in a classrooms session, or use patient "Crystal Ball" if completing independently, from "Physician Training Patients".
- Click on the **Orders** tab.

Clinicians may enter orders prior to patient admission (pre-admission). These orders must be put on hold, and are to be released upon patient's arrival to the unit. If your assigned patient has orders on hold, review the orders and select those you want to release.

After assessing the patient, review the orders tab for the current treatment plan. Review your patient's orders and release any orders on hold.

Release Orders - Note: Clinical clerks, clinical assistant level 1 and IMGs cannot release orders. Please skip this step.

- Click  (located on the Tab level toolbar)



The family arrives as the patient is being settled into bed. They state the patient is allergic to penicillin –

Reaction: Hives.

“Unreviewed Allergies” in the header bar indicates the allergies have not been reviewed.

Further review of the ‘Allergies Summary’ on the ‘Patient Info’ tab shows no listed allergies.

Enter the allergy.

Allergies Summary

Click the toolbar to access the allergies summary.

Patient Name	Assigned Location	Age	Provider	Family MD	Admit Date
Charming, Prince	RGH-72-7212-2	67y	Way, Jeffrey C	Aaron, Stephen Louis	2010-Dec-15
Line, Power	RGH-72-7215-1	41y	Sutherland, Francis Rober	Aaron, Stephen Louis	2010-Dec-15
Payment, Bill	RGH-72-7216-1	72y	Sutherland, Francis Rober	Aaron, Stephen Louis	2010-Dec-15
Apple2, Big	RGH-73-7301-1	73y	Bosch, J Douglas	Aaron, Stephen Louis	2010-Dec-15
Boat2, Sail	RGH-73-7302-1	56y	Way, Jeffrey C	Aaron, Stephen Louis	2010-Dec-15
Buns2, Brown	RGH-73-7303-1	67y	Abelseth, Gregory Allan	Aaron, Stephen Louis	2010-Dec-15
Cabinet2, Kitchen	RGH-73-7304-1	23y	Abelseth, Gregory Allan	Aaron, Stephen Louis	2010-Dec-15
Candle2, Scented	RGH-73-7305-1	29y	Conway, Patrick F	Aaron, Stephen Louis	2010-Dec-15
Charming2, Prince	RGH-73-7306-1	67y	Way, Jeffrey C	Aaron, Stephen Louis	2010-Dec-15
Devilsfood2, Fluffy	RGH-73-7307-1	51y	Way, Jeffrey C	Aaron, Stephen Louis	2010-Dec-15
Driftwood2, Old	RGH-73-7308-1	47y	Anderson, Daphne Lois	Aaron, Stephen Louis	2010-Dec-15
Elephant2, African	RGH-73-7309-1	67y	Way, Jeffrey C	Aaron, Stephen Louis	2010-Dec-15
Fest2, October	RGH-73-7310-1	62y	Abelseth, Gregory Allan	Aaron, Stephen Louis	2010-Dec-15
Fly2, Dragon	RGH-73-7311-1	51y	Way, Jeffrey C	Aaron, Stephen Louis	2010-Dec-15

• Click 

• Click 

• Enter the following data: 

Category: select **Allergy**

Type: select **Drug Category**

Allergen: select **penicillin drugs** (hint: type pen)


Select **Hives** from the ‘Reaction Details’ window and indicate the severity as ‘Moderate’.

• Click 

• Enter data for:

Confidence Level select **Confirmed**

Info Source select **Family**

Confirmed By:  select to add electronic signature

- Click  then click 

After seeing the patient in the ED a decision is made to admit the patient for fractured right hip. Enter admission orders for your new patient.

Admitted Patient Requires Surgery (on ward or from ED).



Enter Orders

- From the Orders tab, review all Emergency department orders for appropriateness of therapy, correct dosage, and to prevent duplication.
- Click to open the Order Entry Worksheet.
- Use the Manual Entry option. You will enter the “home medications” from the Best Possible Medication History (use example on page 9).
 - The MRHP needs to review the medication list with the patient /family/ caregiver for accuracy.
 - The MRHP reviews the patient’s home medication list (BPMH) and determines if the medication is to be continued, held, discontinued or changed.
 - If held, discontinued or changed a rationale must be included on the BPMH form (see example page9).

Resources for Completing Medication Reconciliation

On Insite home page, under “Info for”, click on “Medical Staff”.

The screenshot shows the Insite intranet interface. At the top, there are navigation links for Email, e-People, Policies & Forms, Paging, On Call/ROCA, and Scheduling. The main header includes the 'insite' logo, a search bar for 'Everything Search Insite', and a 'Search People' button. Below the header is a navigation menu with links for About, Tools, Teams, News, Social, and Contact.

The main content area features several sections:

- 150 Minute Challenge:** A banner for a September Physical Activity Challenge with a penguin illustration.
- Headline News:** A list of news items including 'One Province, One Healthcare System: A Decade of Healthcare Transformation in Alberta', 'ELT Notables - Latest Edition', 'Save the Date: President's Speaker Series Event, Sept. 17', 'Workers' Compensation Act Amendments', and 'Mandatory Breach Reporting'.
- Report Safety Problems:** Links for Patient Event and Worker Incident.
- Policy & Forms:** A search bar for policies and forms by keyword, ID number, or title.
- Legacy Insite:** A menu with 'View Legacy Insite' and 'Info For' (highlighted with a red box). The 'Info For' sub-menu includes 'New Employees', 'Managers', 'Medical Staff', and 'Everybody'.
- TOOLS:** A list of tool categories including Branding, Learning, Emergency Preparedness, Safety & Reporting, and Connect Care.
- Zone Info:** A list of zones: North Zone, Edmonton Zone, Central Zone, Calgary Zone, and South Zone.
- Other sections:** 'Insite Redesign' with a 'New' badge, 'Speak Up' with a megaphone icon, and a 'Please note' box about a Microsoft upgrade.

Click on "Drug Information" – there is a large selection of pharmacy and formulary resources.

The screenshot shows the 'insite' website interface. At the top, there are navigation links for 'Email', 'e-People', 'Policies & Forms', 'Paging', 'On Call/ROCA', and 'Scheduling'. Below this is a search bar with 'Everything' selected. The main navigation bar includes 'About', 'Tools', 'Teams', 'News', 'Social', and 'Contact'. The breadcrumb trail reads 'Home > Tools > Employee Tools by Audience - Medical Staff'. The 'Tools' section is active, and the 'Medical Staff' tab is selected. A list of tool categories is shown, with 'Drug Information' highlighted in a red box. Other categories include 'Acts & Legislation', 'Contact Information & Scheduling', 'Clinical Resources', 'Emergency Information Technology (EIT)', 'Forms, Policies & Protocols', 'Learning & Development', 'Patient Information', and 'Resources'. To the right, there are sections for 'Need Help?', 'Top Searches', 'Staff Scheduling', 'On Call / Paging', and 'Popular Resources'.

Best Possible Medication History

In the Calgary Zone, there are 2 forms used for Medication Reconciliation.

1) This is an example of the Netcare generated Best Possible Medication History (BPMH) form #20539. **This is NOT the BPMH until it is verified with a SECOND source such as the patient/family/caregiver for accuracy.** Medications on this list are from pharmacy dispensed information that has been pre-populated from the PIN profile and does not reflect how the patient is actually taking their medications. This is not part of the electronic chart. It is printed off from Netcare and is filed in the History and Physical section of the patient's paper chart. Note: check your site if using this Netcare form to complete the BPMH and reconciliation.

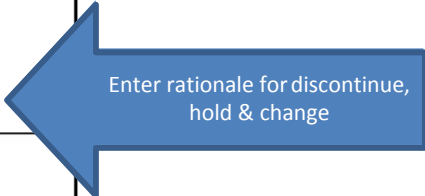
Alberta **Netcare** Best Possible Medication History (BPMH) and Reconciled Medication Orders

Affix patient label

12030-9000	Male	1961-May-19	Report Generated:
Test Patient			2016-Nov-24 14:19:46

This report has been generated based on the past **4** months of medications via Netcare. PLEASE NOTE: changes MAY have been made to list of medications since this report was generated. It may contain discontinued medications and does NOT contain any updated instructions received from a patient's physician. It is not inclusive for all items such as over the counter medications, herbal medications, drug samples or clinical trials or prescriptions from outside of the province of Alberta.

Allergies:						Emergency Department/Urgent Care Adverse Drug Event Screening <input type="checkbox"/> High Risk Result <input type="checkbox"/> Low Risk						
Information Sources – minimum one additional source: <input type="checkbox"/> Patient/Caregiver interview (primary source where possible) <input type="checkbox"/> Interview not possible <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Unable to verify with a second source Reason: _____						Prescriber Orders It is the prescriber's responsibility to verify each medication (including dose and frequency) prior to processing. Please enter into electronic order entry system where applicable						
Medications Add any additional prescriptions, over the counter and herbal medications including regular and PRN <input type="checkbox"/> No Home Medications	Taken per Netcare	Complete if information is not taken per Netcare, incomplete or for patient medications not listed in Netcare				Time of last dose	Continue per Netcare	Continue per verified history	Discontinue	Hold	Change	Comments/Rationale for Discontinuations, Holds and Changes
		Dose	Route	Frequency								
Metformin HCL (METFORMIN 500 MG TABLET) 1 Tablet(s) Three times daily 2016-Oct-26 270 Tablet(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No											
Insulin Glargine, Hum. Rec. Anlog (LANTUS (OPTISET) 100U/ML) 1 Inject 24 units at bedtime 2016-Oct-26 3 Vials	<input type="checkbox"/> Yes <input type="checkbox"/> No											
Carvedilol (CARVEDILOL 25 MG TABLET) 1 Tablet(s) Two times daily Take with a meal 2016-Nov-08 180 Tablet(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No											
Ticagrelor (BRILINTA 90 MG TABLET)	<input type="checkbox"/> Yes											



Medication Reconciliation/Best Possible Medication History

Inpatient Units: File in the History/ Physical section of the chart

2) The second form is the Calgary Zone Med Rec form #19143 shown here. During this scenario you will have the opportunity to review the Best Possible Medication History (BPMH), complete reconciliation, and enter orders from the following sample "home medication list". This form is not part of the electronic chart. It is filed in the History and Physical section of the patient's paper chart. Note: check your site if using this form for completing the BPMH and reconciliation.

Source of Medication List (Minimum of 2 sources required)

- Patient *o*check if unable to obtain Netcare PIN
 Old Chart MAR
 Review of Patient Medication Vials/Med List
 Community Pharmacy Name: _____
 Ph: _____
 Other: _____

Allergies No allergies Allergies entered in electronic system

No Home Medications

Prescriber Confirmed Medications

Write all medication changes & rationale below

Home Medication List (BPMH)	Dose	Route	Frequency	Last Dose	Initials	Prescriber Confirmed Medications				Reason for Discontinuation/Change
						Continue	Discontinue	Hold	Change	
Januvia	100mg	PO	daily	Today @ 0800	JN	X				
Corversyl plus	1 tab	PO	daily	Today @	JN	X				
BISOPROLOL	5mg	PO	Daily	Today @ 0800	JN	X				
Aviane Birth Control Pill	1 tab	PO	Daily for 21 days	Today @ 0800	JN	X				
Hydrochlorothiazide	12.5 mg	PO	Daily	Today @ 0800	JN			X		Increase to 25mg due to ↑ BP
Warfarin	2mg	PO	Even days	Today @ 1700	JN			X		Hold for surgery
Warfarin	4mg	PO	Odd days	Yesterday @ 1700	JN			X		Hold for surgery
Amoxicillin	500mg	PO	Three times daily	Today @ 0800	JN		X			Allergic reaction
Quinapril	20mg	PO	Daily	Today @0800	JN				X	Therapeutic Interchange to Ramipril
Nifedipine XL	30mg	PO	Daily	Today @ 0800	JN	X				

Date (yyyy-Mon-dd) 2018/02/28

Time 1200

Signature: JSMITH

Name (please print)
Jane Nurse

Designation
RN

Initials JN

Name (please print)
Dr John Smith

Designation
MD

Name (please print)

Designation

Initials

Name (please print)

Designation

Initials

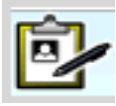
Date (yyyy-Mon-dd)
2018/02/28

Time
1430

Comments

Enter Orders

Click



Non-Formulary/Restricted Drugs

Type in Januvia. Drug items are listed by generic names but can be searched by their common brand name. Whenever possible search the drug item by generic name. Type in Januvia (brand name) and you will see that the generic name is listed in brackets.

- Januvia is a “**Restricted Medication**”.
- The instructions refers you to Provincial Formulary via PCIS link to find out what the restrictions are.

To access the PCIS link information on the computer...the prescriber will exit the order entry screen.

Under the “Medication References” section - click on “AHS Provincial Drug Formulary”

The screenshot shows the Insite website interface. At the top, there is a navigation bar with links for Email, e-People, Policies & Forms, Paging, On Call/ROCA, Scheduling, and Help. Below this is the Insite logo and search bars for 'Search Insite' and 'Search People'. A secondary navigation bar includes About, Tools, Teams, News, Social, and Contact. The main content area shows a breadcrumb trail: Home > Teams > Information Technology > Applications > PCIS Links. The 'PCIS Links' section is titled and contains a list of links. The 'Medication References' link is highlighted with a red box. Other links include Clinical Applications, Sunrise Clinical Manager, Nursing Policy & Procedure Manual, Pediatric Nursing, ACHEWS Resources, Regional OnCall Application (ROCA), Inform Alberta, MyHealth Alberta, and several monographs. A sidebar on the left lists various tools like Clinibase, Downtime Resources - Calgary Zone, eClinician, Millennium Scheduler, Meditech, Medworxx UMS, and PCIS Links. A right sidebar contains 'Report Safety Incidents' and 'Report Patient Incidents' sections.

When you get into the AHS Provincial Drug Formulary page, type in Januvia or sitagliptin. Click Search.

The screenshot shows the AHS Provincial Drug Formulary search page in a browser. The browser address bar shows the URL: http://webappsint.albertahealthservices.ca/Pharmacy/AHS_FORMULARY/search_formulary.aspx. The page title is 'AHS Provincial Drug Formulary'. The main content area is titled 'Search Formulary Database' and includes a 'Note' section with instructions on how to use the formulary. Below the note, it says 'Welcome! You may search the formulary using one of the options below:'. There are two search options: 'Search By Drug:' and 'Browse Drug Alphabetically:'. The 'Search By Drug:' option is highlighted with a red box and contains the text 'sitagliptin' in the search input field. The 'Browse Drug Alphabetically:' option is checked and shows a list of letters from A to Z. A right sidebar contains various links related to the formulary, such as 'Search AHS Provincial Drug Formulary', 'Criteria Of Use / Restrictions, Guidelines and Therapeutic Interchange Reports', 'Formulary Change Request Forms', 'Drugs and Therapeutics Committee', 'Formulary Terminology', 'Tall Man Lettering', 'Former Region/Entity Formularies', 'Short Term Exceptional Drug Therapy (STEDT)', 'AHS Provincial Drug Formulary Tutorial (How to Use)', 'Low Cost Non-Formulary Process', and 'CORRECTIONAL FACILITIES'.

Sitagliptin is Formulary Restricted (FR). Click on sitagliptin 100 mg strength to find out what the restrictions are.

AHS Provincial Drug Formulary

[Drug Utilization](#) > [Search AHS Provincial Drug Formulary](#) > [Search Results](#)

Search Results For Formulary: ALL Drugs with Brand or Generic Name Containing 'januvia'

Please click on the drug's GENERIC NAME to see further details, including restrictions, guidelines and therapeutic interchanges. Brand names are listed for information only. Brand name or equivalent generic product may be dispensed.

Non-Formulary Drugs

Generic Name	Brand Name & Synonyms	Strength	Dosage Form (Size)	Formulary Status
sitagliptin	Januvia	100 mg	tablet	FR
sitagliptin	Januvia	25 mg	tablet	FR
sitagliptin	Januvia	50 mg	tablet	FR

Formulary Status Code:

Note: Each of the formulary status codes outlined in the table below can be used individually and/or in combination to describe a product's formulary status on the AHS Provincial Drug Formulary and Supplements.

Abbreviation	Description	Comments
C	Correctional facilities	Indicates that the formulary status of a drug on the AHS Correctional Facilities Drug Formulary Supplement differs from its status on the AHS Provincial Drug Formulary. <i>Exception: Formulary status code "DC": Manufacturer Discontinued.</i>
DC	Discontinued by manufacturer	No longer commercially available on the Canadian market.
DEF	Deferred	Item deferred to the Provincial Drugs and Therapeutics Committee (DTC) for decision; initial provincial formulary consolidation recommendation had major disagreement from former regions.
DNP	Do not provide	Will not be provided by AHS Pharmacy Departments.
F	Formulary	Listed for use on formulary or Supplement(s).
G	Guidelines	Listed with guidelines to optimize appropriate use.
NF	Non-Formulary	Reviewed and excluded from the formulary or Supplement(s).
NPP	Not a pharmacy product	This product is not supplied by pharmacy departments within AHS but may be available from other departments (e.g. Diagnostic Imaging or CPSM (Contracting, Procurement Supply Management))
PEND	Pending	Formulary status is recommended but pending provincial review or feedback, other policy decision, or other factors.
R	Restricted	Listed with restrictions for use.
SAP	Special Access Programme (Health Canada)	Not marketed for sale in Canada but may be available and require approval for use through the Health Canada Special Access Programme.
TI	Therapeutic Interchange	This product is interchanged to another drug, dosage form, or dosing regimen.
UR	Under review	Currently being reviewed for formulary by Provincial Drugs and Therapeutics Committee (DTC).

The restrictions are listed.

Acute Care Drug Details:

AHFS Class

- 68:00 - Hormones and Synthetic Substitutes
- 68:20 - Antidiabetic Agents
- 68:20.05 - Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

DRUG'S DETAILS:

Generic Name	Brand Name & Synonyms	Strength	Dosage Form (Size)	Formulary Status
sitagliptin	Januvia	100 mg	tablet	FR

Formulary Restricted

RESTRICTIONS:

- 1) As add-on therapy for the treatment of type 2 diabetes in patients with intolerance to and/or inadequate glycemic control on:
a previous sufficient trial (i.e. a minimum of 6 months) of metformin (first line),
AND a sulfonylurea (second line),
AND for whom insulin is not an option (e.g. unable to manage injections) OR
for whom sulfonylurea or insulin are contraindicated OR
- 2) [Redacted]
- 3) Stabilized prior to admission.

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AND for whom insulin is not an option (e.g. unable to manage injections) OR
for whom sulfonylurea or insulin are contraindicated OR
- 2) [Redacted]
- 3) Stabilized prior to admission.

- If the patient meets one of the criteria listed, then the Pharmacy department will provide the restricted medication. In this case, the patient meets the criteria of “stabilized prior to admission”.
- If you are unsure if the patient meets the criteria for a restricted medication or unable to determine an alternative medication, then connect with Pharmacy to discuss the options.
- One more step: when ordering Januvia (sitagliptin) in SCM, put a reason for ordering the restricted medication in the “additional information” box such as “stabilized on med at home prior to admission”. This way Pharmacy will have this information when reviewing the order and will not contact you for clarification of why a restricted medication needs to be ordered.

Please note:

There may be some restricted medications that will not be provided. There are also select medications that need approval from a specialty consult (i.e. Infectious Disease) before it can be provided. Contact Pharmacy for more information.

Link to [AHS Provincial Drug Formulary](http://webappsint.albertahealthservices.ca/Pharmacy/AHS_FORMULARY/search_details.aspx?id=73)

On BPMH select “Continue”no further documentation is required.

Combination Drugs

Next enter order for **Corversyl Plus**.

Corversyl Plus is a **combination drug** and needs to be ordered as its separate components.

Use **Netcare** print out or medication pill bottle to determine dose of each component.

The patient's dosing is:

- Indapamide 1.25 mg PO daily
- Perindopril 4 mg PO daily

Enter both medications in SCM Orders. In comments section – add “Part of combination drug (Corversyl plus) that patient was on at home.”

On BPMH select “Continue”no further documentation is required.

Options Panel

Chart Selection
 This chart All available char

Date Range
Based on date: Ordered E
From: 2010-Dec-15
Start of This Chart
To:
 Retain selections for next patier

Display Format
Department and Order Name

Filters
Status/Priority:
Active/Pending/Hold
Order Selection:

Some orders may not be shown for this chart for order dates from 2010-Dec-15;
Display Format: **Department and Order Name**; Filtered by: **Status/Priority**; Grouped/Sorted by: **Department and Order Name**

Order Summary			Order Date	Status	Stop Date
Medications and IV's					
<input type="checkbox"/>	indapamide tab - 1.25 mg PO daily, --Part of combination drug-Corversyl Plus that patient was on at home		2018-Mar-01	Active Routine	
<input type="checkbox"/>	perindopril tab - 4 mg PO daily, --Part of combination drug-Corversyl Plus that patient was on at home		2018-Mar-01	Active Routine	

Important to Remember:

When completing “Discharge MedRec” remember these 2 medications are part of the original combination drug - Corversyl Plus. Discharge the patient home on their original medication unless changed or discontinued in hospital.

Enter order for BISOPROLOL

- Enter order for **Bisoprolol 5 mg PO daily**.

On the BPMH you would select “Continue” at admission. If you change doses later, you do not need to go back to the admission BPMH and change the documentation.

For STAT dose

The patient has been ordered BISOPROLOL 5 mg PO daily, but now days later his condition warrants a “top up dose” of 5 mg and then a change to the current daily dose – an increase to 10 mg PO daily.

- Type in BISOPROLOL
- Select “BISOPROLOL” tabs (no specific dose)
- In order field:
 - ✓ Enter dose (5 mg)
 - ✓ Route (PO)
 - ✓ Frequency (once)
 - ✓ Start priority “STAT” - pharmacy will deliver as soon as possible to the unit.
 - ✓ Click OK.

RX Standard /WC Medication Form - Hour, Rush

Hour, Rush
PLC-31-3113-1
Unreviewed Allergies
2160024036 / 100041602605
14y (2003-Aug-04)
Female

Order: bisoPROLOl tab
Requested By: Physician, One Generic
Template Name: bisoPROLOl tab --
Order ID: 001BCK917

Messages:

Dose: 5
Unit: mg
Route: PO
Frequency: once

Withhold Dose If:

OR:

Advisory Note:

Start Priority: STAT
OR Enter Start Date:

Stop After: [Clear] OR Enter Stop Date: Stop Time:

Review Date: Review Time:

Additional Information:

Use Patient's Own Supply: Patient/Parent/Other May Administer:

Administration Instructions:

Ordered as:

Repeat Drug Info View Document OK Cancel

11:10 AM
2/21/2018

Changing Current BISOPROLOL Dose After Admission Reconciliation

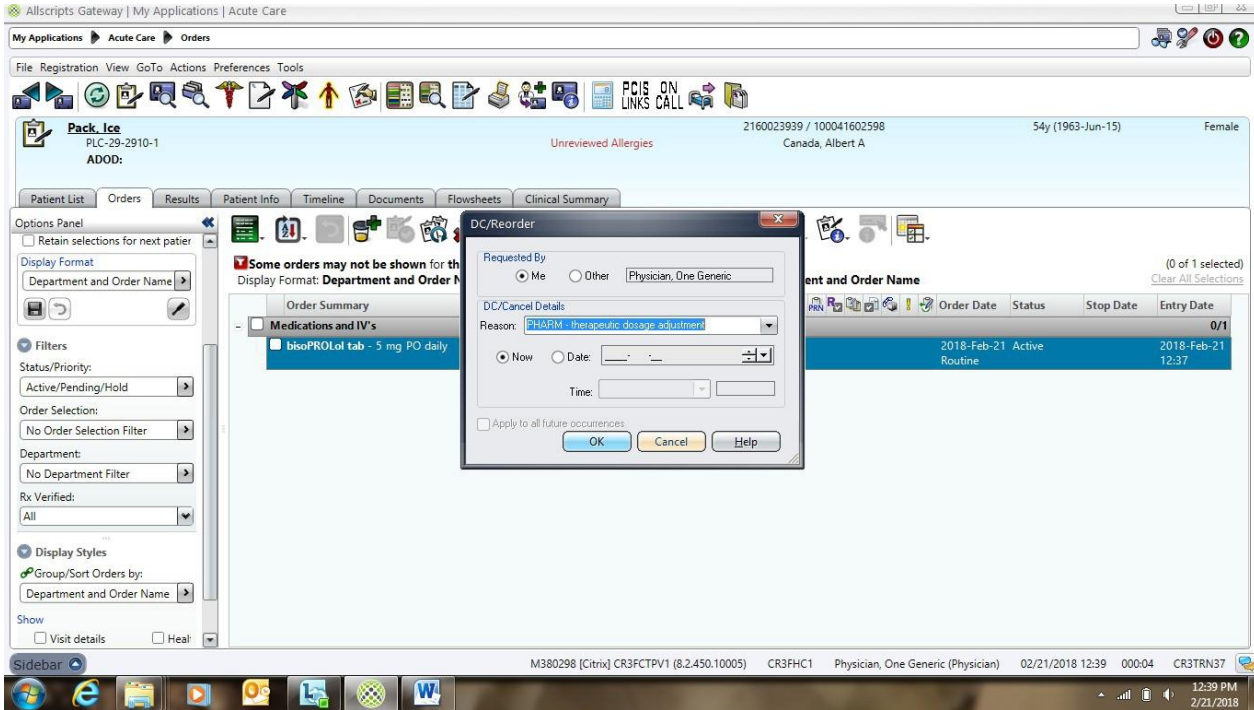
- Patient needs BISOPROLOL order increased to 10 mg PO daily.
- Right click on BISOPROLOL 5 mg PO daily order.
- Select Discontinue/Reorder.

The screenshot shows the Allscripts Gateway interface for a patient named Hour Rush (PLC-31-3113-1). The 'Orders' tab is active, and a right-click context menu is open over a 'bisoproloLol tab - 5 mg PO daily' order. The menu options include: Activate..., Add Specimen..., Approve/Verify..., Complete, Copy/Reorder, Discontinue/Cancel..., Discontinue/Reorder (highlighted), Extend Stop Date, Mark as Reviewed..., Modify Order, Modify Order Set, Print/Reprint Labels..., Reinstater..., Release/Manage Hold Orders..., Rx Generate Task..., Sign..., Suspend, Unsuspend, View, Item Info, and Grid Options. A sub-menu for 'Discontinue/Reorder' is open, showing options: Current..., bisoproloLol tab - 5 mg PO daily..., bisoproloLol tab - 10 mg PO daily... (highlighted), and bisoproloLol tab --... The main interface shows a table of orders with columns for Order Date, Status, Stop Date, and Entry Date. The current order is listed as '2018-Feb-21 Active Routine' with an entry date of '2018-Feb-21 11:08'.

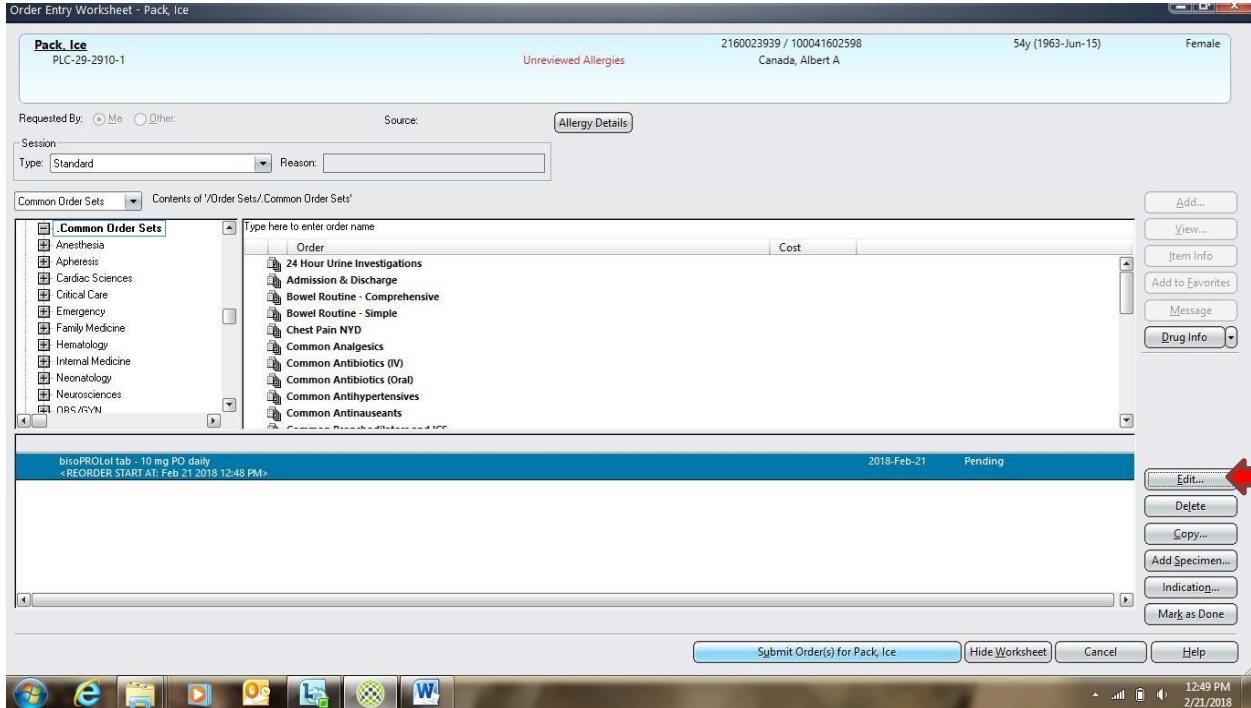
- Select BISOPROLOL 10 mg tabs.

The screenshot shows the Allscripts Gateway interface for a patient named Pack Ice (PLC-29-2910-1). The 'Orders' tab is active, and a right-click context menu is open over a 'bisoproloLol tab - 5 mg PO daily' order. The menu options are the same as in the first screenshot. The sub-menu for 'Discontinue/Reorder' is open, and the option 'bisoproloLol tab - 10 mg PO daily...' is highlighted. The main interface shows a table of orders with columns for Order Date, Status, Stop Date, and Entry Date. The current order is listed as '2018-Feb-21 Active Routine' with an entry date of '2018-Feb-21 12:45'.

- Select reason for discontinuing original order.
- Click OK.



- Prior to submitting.... Click on order in submission window to highlight the order. This will make "Edit" button available. Click on Edit.



- On drug item form - Enter time when to start next dose and change Start Date to next day.
- Click OK.
- Then submit order.
- BISOPROLOL 10 mg will appear with start date for tomorrow AM.

RX Standard /WC Medication Form - Pack, Ice

Pack, Ice
PLC-29-2910-1

Unreviewed Allergies

2160023939 / 100041602598
Canada, Albert A

54y (1963-Jun-15) Female

Order: bisopROLOl tab Order ID: 0018CK927

Requested By: Physician, One Generic Template Name: bisopROLOl tab - 10 mg PO daily

Messages:

Dose: 10 Unit: mg

Route: PO

Frequency: daily

Withhold Dose If:

OR:

Advisory Note:

Start Priority:

OR Enter Start Date: 2018-Feb-22

Stop After: Clear OR Enter Stop Date: Stop Time:

Review Date: 2018-Mar-23 Review Time: 00:00

Additional Information:

Use Patient's Own Supply: Patient/Parent/Other May Administer:

Administration Instructions:

Ordered as:

Repeat Drug Info View Document

OK Cancel

12:47 PM
2/21/2018

Non-Formulary Medication Ordering

- Type in Non-formulary medication.
- If you've typed the drug name correctly when ordering in SCM and the drug item doesn't show in the order entry screen, then most likely it is non-formulary (NF). You can also search in the AHS Provincial Drug Formulary to see if a drug is on formulary or not.

Order Entry Worksheet - Devilsfood12, Fluffy

Devilsfood12, Fluffy
FMC-32-363-1
Weight: 50kg

Way, Jeffrey C
2250002942 / 100042500757
51y (1966-Jun-06)
Female

Requested By: Me Other: Way, Jeffrey C
Source: 2. Verbal with Repeat
Allergy Details

Session:
Type: Standard Reason:

Manual Entry: Searching for ...

Order
Non (Weightbearing)
non formulary medication (non-formulary medication) --
Please consider a Formulary alternative. Requests for non-formulary medications (i.e. not approved for use in Acute Care) can result in delays in therapy. Medications entered using this form are not automatically checked for interactions or allergies.
non formulary chemo inj (non-formulary chemo inj) --

Submit Order(s) for Devilsfood12, Fluffy Hide Worksheet Cancel Help

In the order screen, enter the following: (Remember to document "Continue" on the BPMH)

- Select most appropriate reason for non-formulary drug (No Formulary alternative).
- Exact name of Medication (Aviane Birth Control Pill).
- Dose of medication (1 tab).
- Route (PO).
- Frequency (daily).
- Click on "Use Patients Own Supply". Ensure the patient has enough of their own supply to last the entire anticipated LOS. If not, order formulary alternative or call Pharmacy to discuss options.

RX Non Formulary Medication Form - Hour, Rush

Hour, Rush
PLC-31-3113-1
Unreviewed Allergies
2160024036 / 100041602605
Canada, Albert A
14y (2003-Aug-04)
Female

Order: non-formulary medication Order ID: 001BCK915
Requested By: Physician, One Generic Template Name: non-formulary medication --

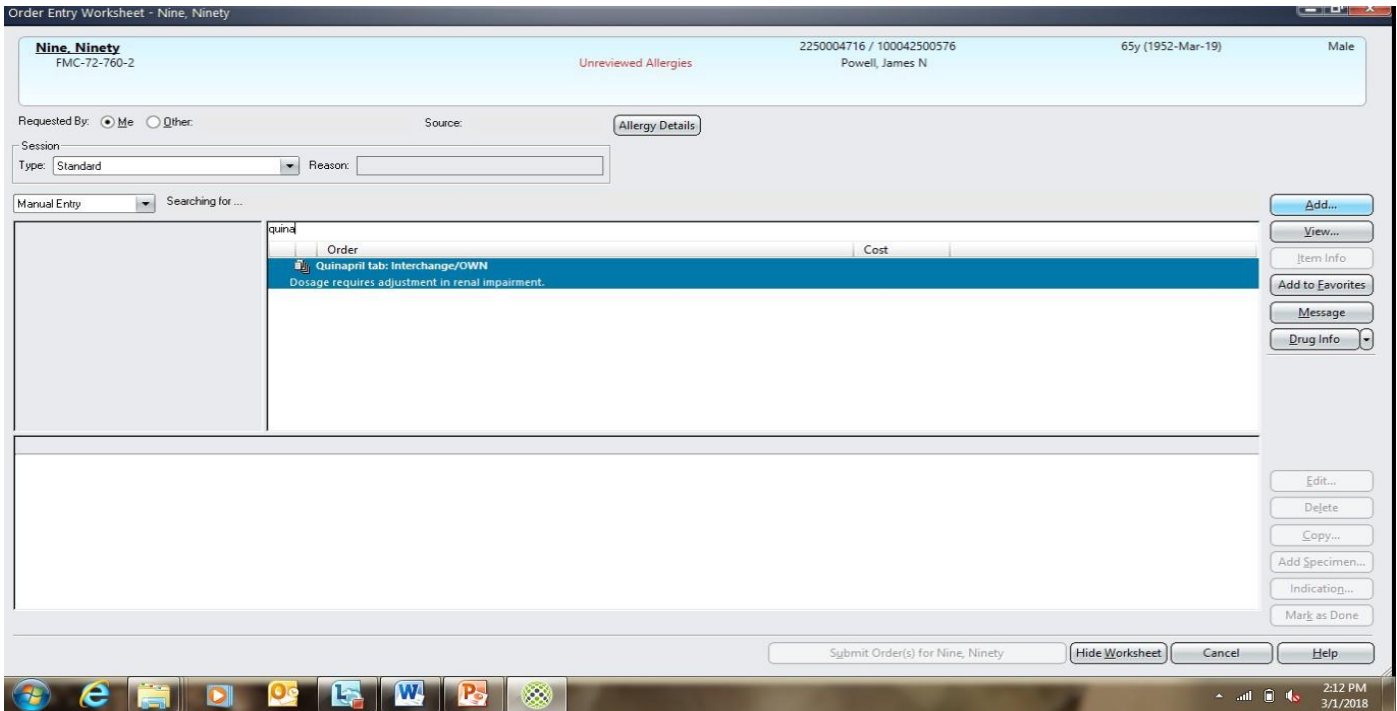
Messages: Please consider a Formulary alternative. Requests for non-formulary medications (i.e. not approved for use in Acute Care) can result in delays in therapy. Medications entered using this form are not automatically checked for interactions or allergies.

Reason for Non-Formulary Drug: No Formulary alternative
Medication Name: Aviane Birth Control Pill Form:
Range Dose:
Dose: 1 Unit: tab/cap
Dose Calculation:
Route: PO
Frequency: daily
PRN:
Advisory Note:
Start Priority: Routine OR Enter Start Date:
Stop After: Clear OR Enter Stop Date: Stop Time:
Review Date: Review Time:
Additional Information:
Use Patient's Own Supply: Patient/Parent/Other May Administer:
Ordered as:

Repeat Drug Info View Document OK Cancel

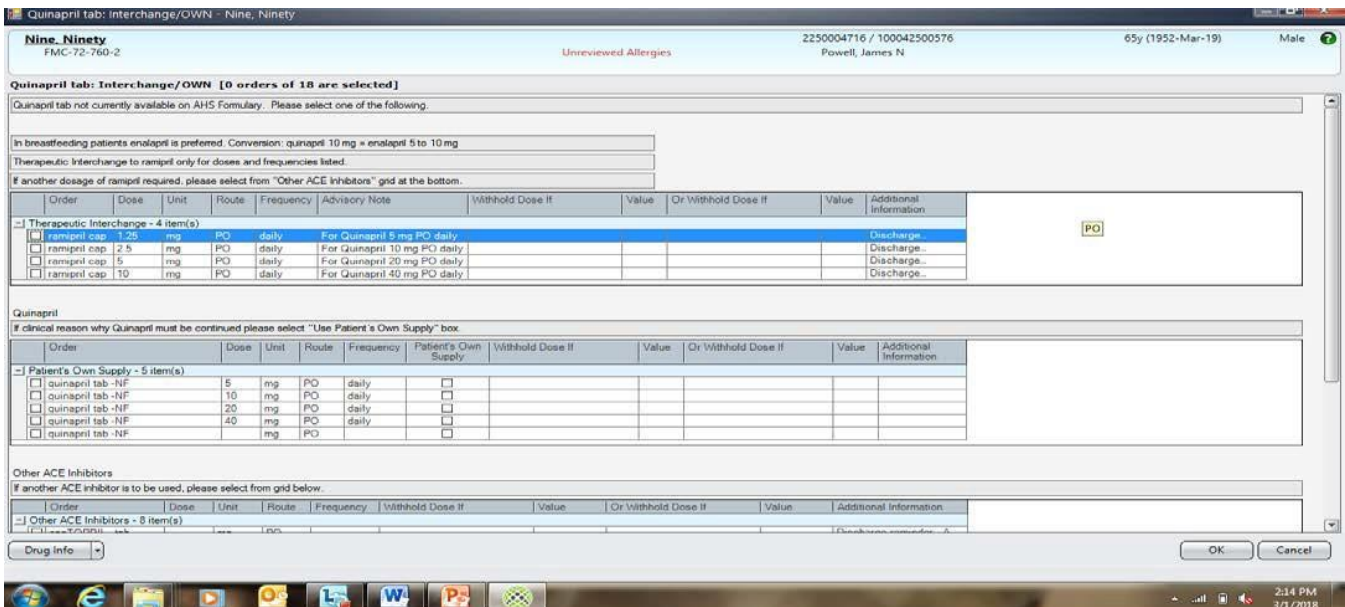
Therapeutic Interchange

- Type in Quinapril - "Interchange/Own" appears.



Option 1:

- Click "View", Therapeutic Interchange will display.
- Select appropriate/correct dose equivalent. (Do not just select first dose on screen).
- The dose equivalent for Quinapril 20 mg is Ramipril 5 mg.
- Click OK and Submit.



Option 2:

You can also find this information by clicking on the PCIS Links that takes you to the AHS Provincial Drug Formulary Page.

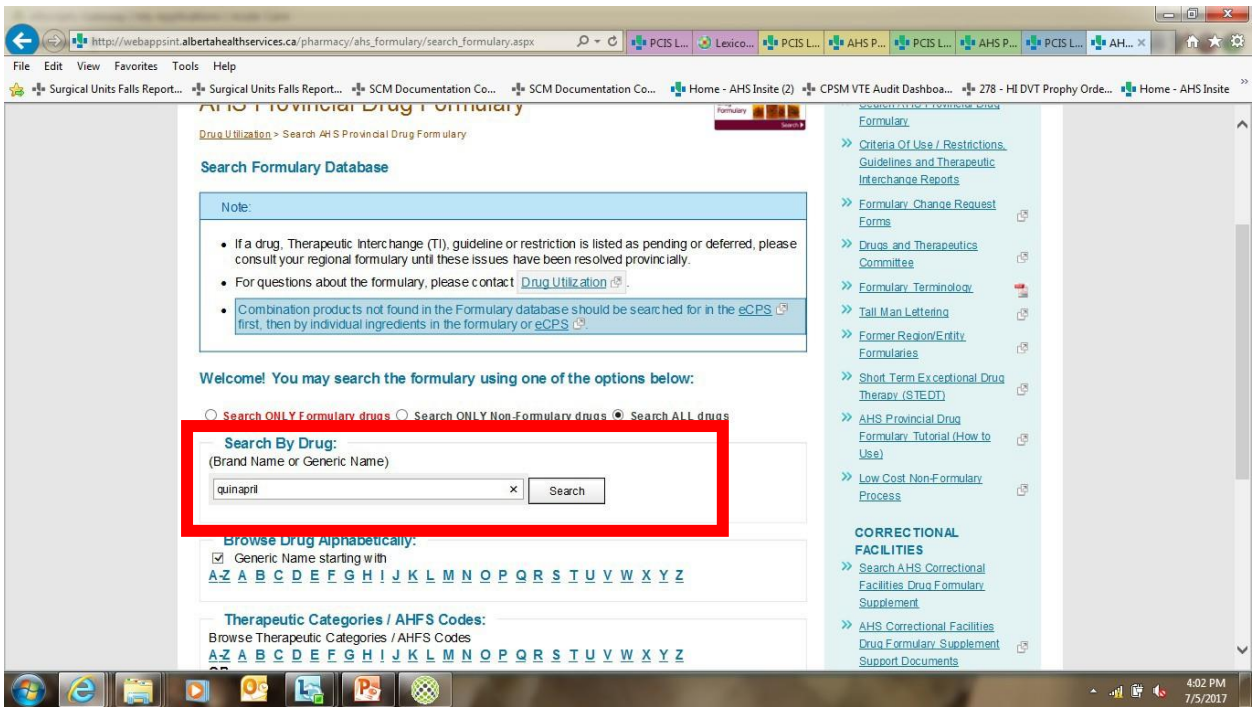
- On Main SCM screen locate PCIS links. **You will need to exit the order entry screen to access PCIS links.**

The screenshot shows the Allscripts Gateway interface for a patient named Charming Prince. The top navigation bar includes 'My Applications', 'Acute Care', and 'Orders'. A red box highlights the 'PCIS LINKS' icon in the top toolbar. Below the patient information, there are tabs for 'Patient List', 'Orders', 'Results', 'Patient Info', 'Timeline', 'Documents', 'Flowsheets', and 'Clinical Summary'. The 'Orders' tab is active, displaying a table of medication orders. The table has columns for 'Order Summary', 'Order Date', 'Status', 'Stop Date', and 'Entry Date'. Two orders are listed: 'indapamide tab - 1.25 mg PO daily' and 'perindopril tab - 4 mg PO daily', both dated 2018-Mar-01 and in 'Active Routine' status. The interface also includes a sidebar with various filters and a taskbar at the bottom.

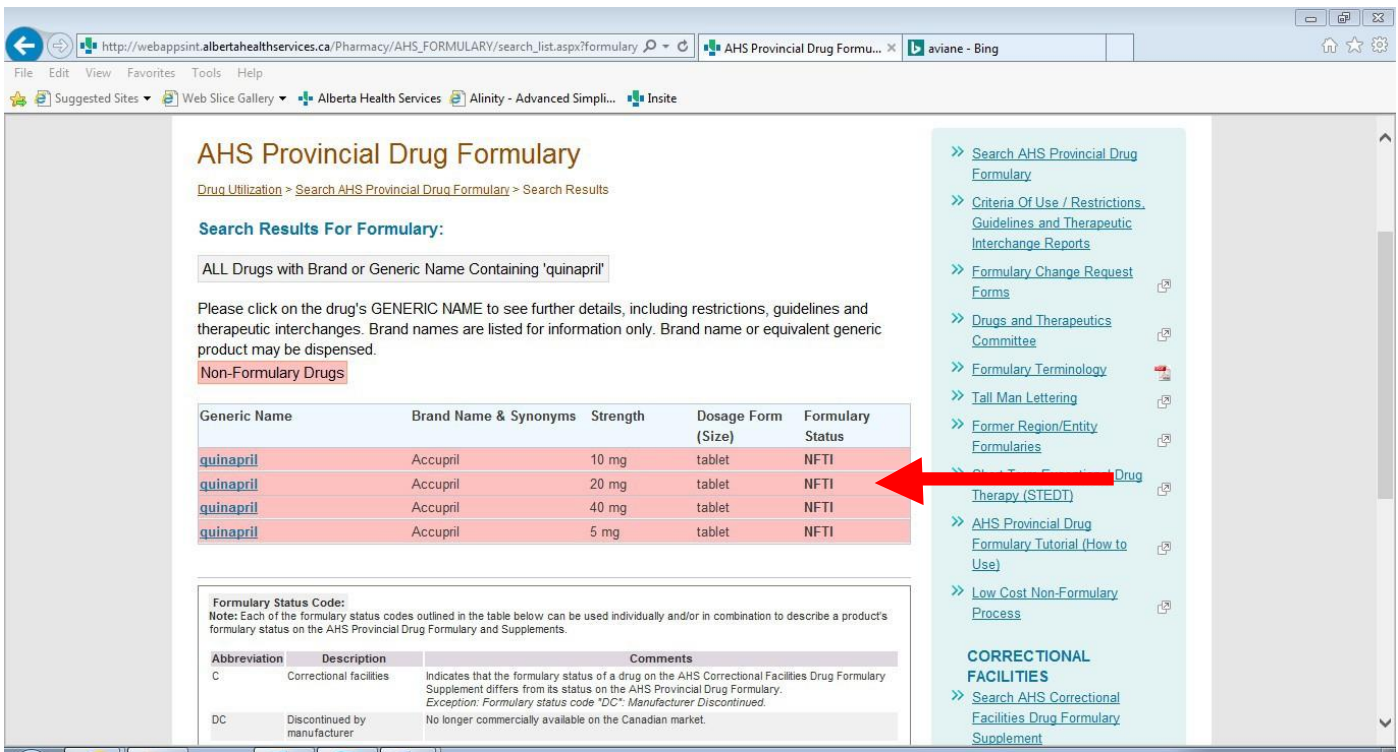
- Under the “Medication References” section - click on “AHS Provincial DrugFormulary”.

The screenshot shows the 'insite' website interface. The top navigation bar includes 'Email', 'e-People', 'Policies & Forms', 'Paging', 'On Call/ROCA', 'Scheduling', and 'Help'. The 'insite' logo is on the left, and search bars are on the right. Below the navigation bar, there are tabs for 'About', 'Tools', 'Teams', 'News', 'Social', and 'Contact'. The breadcrumb trail reads 'Home > Teams > Information Technology > Applications > PCIS Links'. The main content area is titled 'PCIS Links' and contains several sections: 'Clinibase', 'Downtime Resources - Calgary Zone', 'eClinician', 'Millennium Scheduler', 'Meditech', 'Medworxx UMS', 'PCIS Links' (highlighted in yellow), 'Sunrise Clinical Manager (SCM)', 'ARIA MO', and 'MUSE & ECG Web'. The 'Insite Pages' section lists various links, including 'Clinical Applications', 'Sunrise Clinical Manager', 'Nursing Policy & Procedure Manual', 'Pediatric Nursing', 'ACHEWS Resources', 'Regional OnCall Application (ROCA)', 'Inform Alberta', and 'MyHealth Alberta'. The 'Medication References' section lists 'AHS Provincial Drug Formulary' (highlighted in a red box), 'MICROMEDEX® Healthcare Series - Medication Reference (Adult)', 'Lexi-Comp ONLINE® - Medication Reference', 'Alberta Drug Benefit List', 'Adult Parenteral Monographs (Calgary Zone)', and 'Neonatal & Pediatric Parenteral Monographs (Calgary Zone)'. A 'Report Safety Incidents' box is also visible on the right side of the page.

- Type in Quinapril, click Search.



- Click on Quinapril 20 mg. The formulary status states quinapril is not formulary but has a therapeutic interchange (NFTI).



- The therapeutic interchange for Quinapril 20 mg PO daily is Ramipril 5 mg PO daily.

Acute Care Drug Details:

AHFS Class

- 24:00 - Cardiovascular Drugs
- 24:32 - Renin-Angiotensin-Aldosterone System Inhibitors
- 24:32.04 - Angiotensin-Converting Enzyme Inhibitors

DRUG'S DETAILS:

Generic Name	Brand Name & Synonyms	Strength	Dosage Form (Size)	Formulary Status	Rationale*
quinapril	Accupril	20 mg	tablet	NFTI	c

Non-Formulary with Therapeutic Interchange

THERAPEUTIC INTERCHANGE:

Original Order	Interchange	Complexity Level ¹
Quinapril (Accupril)	Ramipril (Altace)*	Level 2
5 mg PO daily	1.25 mg PO daily	
20 mg PO daily	5 mg PO daily	

* The evidence to support the use of ramipril in breastfeeding patients is lacking; enalapril is

Guidelines and Therapeutic Interchange Reports

- Formulary Change Request Forms
- Drugs and Therapeutics Committee
- Formulary Terminology
- Tall Man Lettering
- Former Region/Entity Formularies
- Short Term Exceptional Drug Therapy (STEDT)
- AHS Provincial Drug Formulary Tutorial (How to Use)
- Low Cost Non-Formulary Process

CORRECTIONAL FACILITIES

- Search AHS Correctional Facilities Drug Formulary Supplement
- AHS Correctional Facilities Drug Formulary Supplement Support Documents

If you are unsure if a medication is on the formulary or not, you can search for specific drug classes, individual drugs or the entire list for therapeutic interchanges.

- From the main AHS Provincial Formulary page, on the right hand of the screen click on “Criteria of Use/Restrictions/Guidelines and Therapeutic Interchange Reports”.

AHS Provincial Drug Formulary

Drug Utilization > Search AHS Provincial Drug Formulary

Search Formulary Database

Note:

- If a drug, Therapeutic Interchange (TI), guideline or restriction is listed as pending or deferred, please consult your regional formulary until these issues have been resolved provincially.
- For questions about the formulary, please contact [Drug Utilization](#).
- Combination products not found in the Formulary database should be searched for in the eCPS first, then by individual ingredients in the formulary or eCPS.

Welcome! You may search the formulary using one of the options below:

Search ONLY Formulary drugs Search ONLY Non-Formulary drugs Search ALL drugs

Search By Drug:
(Brand Name or Generic Name)

quinapril x Search

Browse Drug Alphabetically:

Generic Name starting with

A Z A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Criteria of Use / Restrictions, Guidelines and Therapeutic Interchange Reports

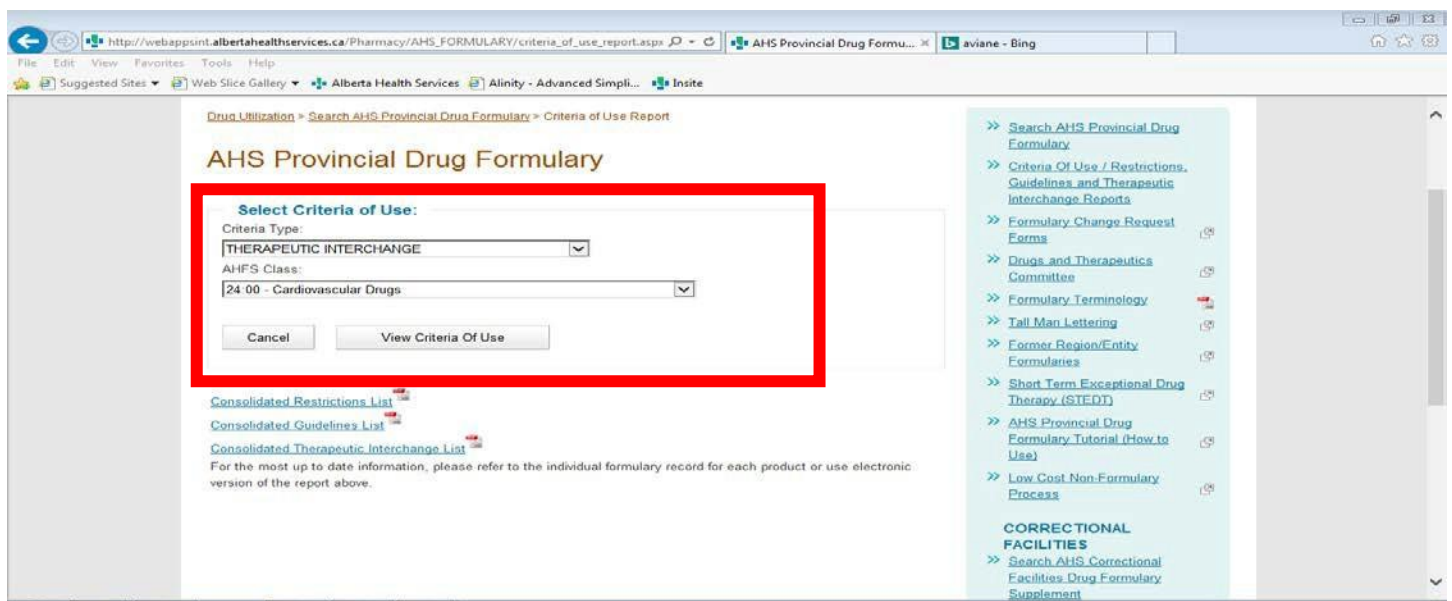
- Formulary Change Request Forms
- Drugs and Therapeutics Committee
- Formulary Terminology
- Tall Man Lettering
- Former Region/Entity Formularies
- Short Term Exceptional Drug Therapy (STEDT)
- AHS Provincial Drug Formulary Tutorial (How to Use)
- Low Cost Non-Formulary Process

CORRECTIONAL FACILITIES

- Search AHS Correctional Facilities Drug Formulary Supplement

In the example of the therapeutic interchange for Quinapril:

- Click on therapeutic interchange in the drop down box under Criteria type.
- Click on cardiovascular drugs in the drop down box under AHFS class.
- Click View Criteria of Use.
- A list will show all the cardiovascular drugs that have therapeutic interchange. Quinapril is listed with Ramipril as therapeutic interchange.
- If there are no therapeutic interchange options for the non-formulary drug you are looking for, you can also click on the AHS Class and select the general category of drugs. This will guide you to other drugs within this class that are on formulary for you to choose from. Contact Pharmacy if you need further assistance.




On the BPMH select “Change”... documentation of rationale is required. Document.... “therapeutic interchange to Ramipril”.

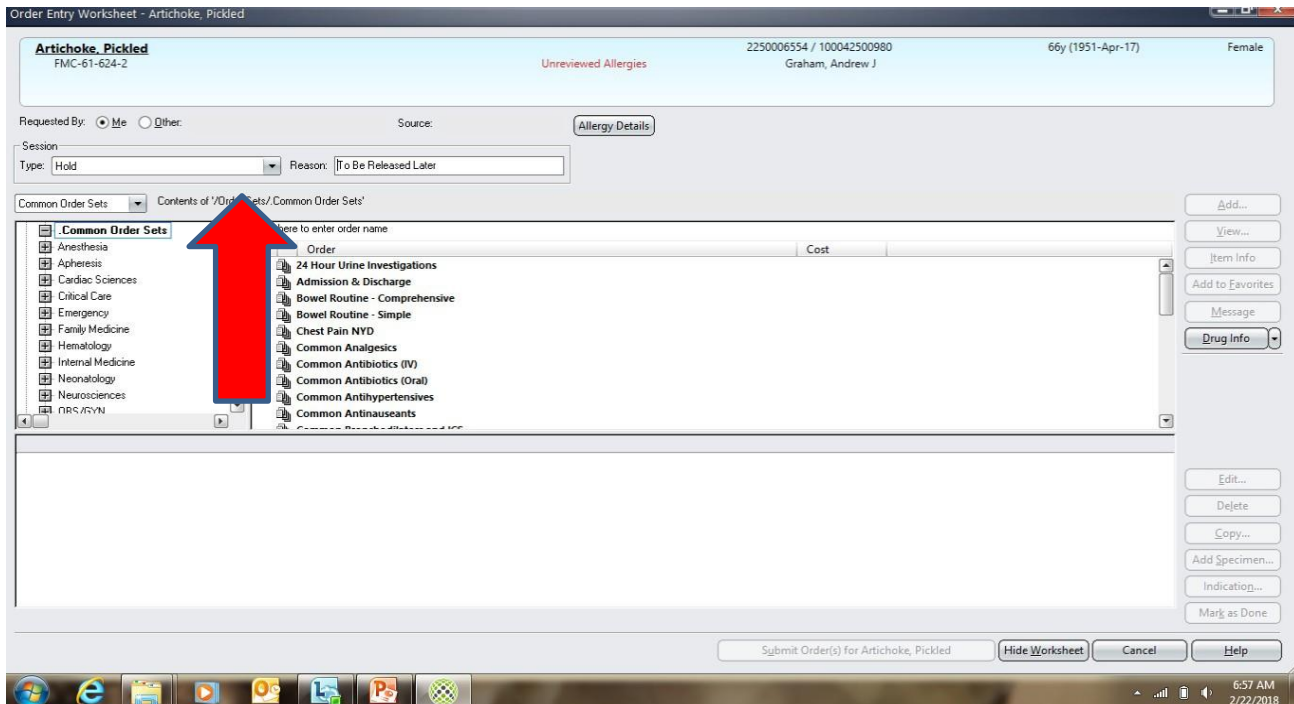
Placing an Order on Hold

The physician can place medications from the home medication list on “hold” to be released at a later date. The physician will need to enter any medications to continue from the home medication list and submit.

To place medications on hold, the physician will need to change the order selection to “HOLD”.

Example: Patient is going for surgery - his Warfarin is to be “held”.

- On order entry screen – click on session type - select “hold”.
- Any medications entered under ‘hold’ will appear on patient orders with  symbol.



Order Entry Worksheet - Artichoke, Pickled

Artichoke, Pickled
FMC-61-624-2

Unreviewed Allergies

2250006554 / 100042500980
Graham, Andrew J

66y (1951-Apr-17) Female

Requested By: Me Other Source: Allergy Details

Session
Type: Hold Reason: To Be Released Later

Common Order Sets: Contents of 'Order Sets/Common Order Sets'

Common Order Sets

Order

24 Hour Urine Investigations

Admission & Discharge

Bowel Routine - Comprehensive

Bowel Routine - Simple

Chest Pain NYD

Common Analgesics

Common Antibiotics (IV)

Common Antibiotics (Oral)

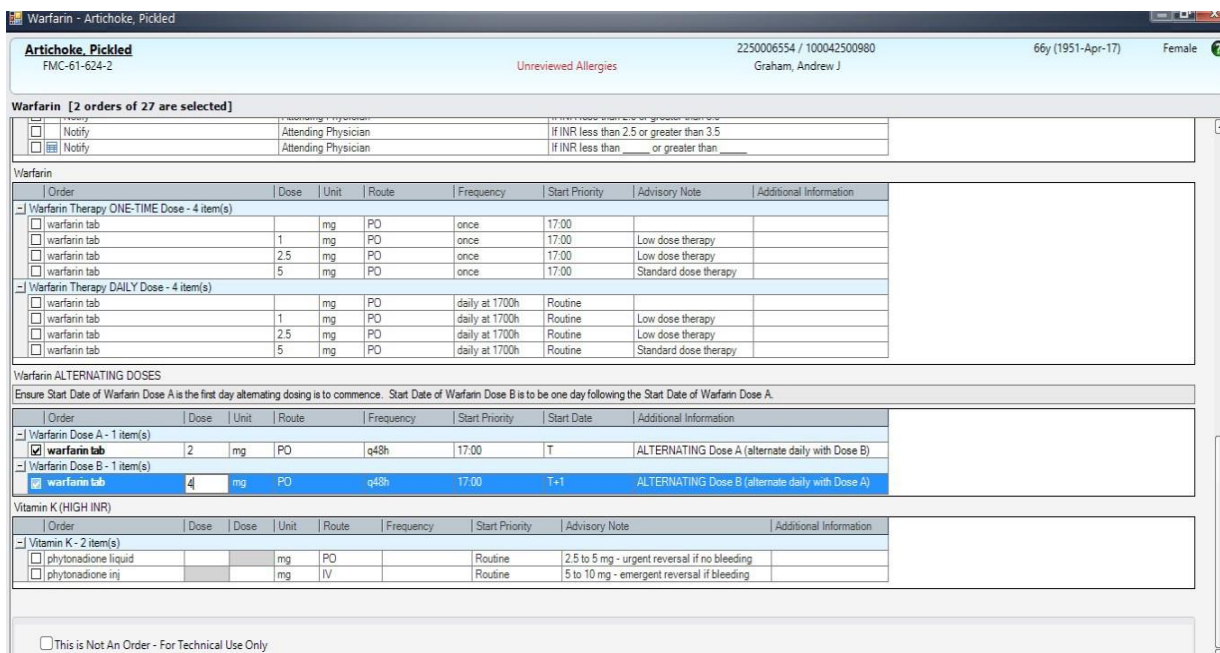
Common Antihypertensives

Common Antinauseants

Submit Order(s) for Artichoke, Pickled Hide Worksheet Cancel Help

6:57 AM 2/22/2018

- Type in Warfarin.
- Select order set - “Warfarin”.
- Select Option “Alternating Doses”.
- Enter Warfarin 2 mg and 4 mg. Click OK.



Warfarin - Artichoke, Pickled

Artichoke, Pickled
FMC-61-624-2

Unreviewed Allergies

2250006554 / 100042500980
Graham, Andrew J

66y (1951-Apr-17) Female

Warfarin [2 orders of 27 are selected]

Notify

Attending Physician

If INR less than 2.5 or greater than 3.5

Notify

Attending Physician

If INR less than _____ or greater than _____

Warfarin

Order	Dose	Unit	Route	Frequency	Start Priority	Advisory Note	Additional Information
Warfarin Therapy ONE-TIME Dose - 4 item(s)							
<input type="checkbox"/> warfarin tab		mg	PO	once	17:00		
<input type="checkbox"/> warfarin tab	1	mg	PO	once	17:00	Low dose therapy	
<input type="checkbox"/> warfarin tab	2.5	mg	PO	once	17:00	Low dose therapy	
<input type="checkbox"/> warfarin tab	5	mg	PO	once	17:00	Standard dose therapy	
Warfarin Therapy DAILY Dose - 4 item(s)							
<input type="checkbox"/> warfarin tab		mg	PO	daily at 17:00h	Routine		
<input type="checkbox"/> warfarin tab	1	mg	PO	daily at 17:00h	Routine	Low dose therapy	
<input type="checkbox"/> warfarin tab	2.5	mg	PO	daily at 17:00h	Routine	Low dose therapy	
<input type="checkbox"/> warfarin tab	5	mg	PO	daily at 17:00h	Routine	Standard dose therapy	

Warfarin ALTERNATING DOSES

Ensure Start Date of Warfarin Dose A is the first day alternating dosing is to commence. Start Date of Warfarin Dose B is to be one day following the Start Date of Warfarin Dose A.

Order	Dose	Unit	Route	Frequency	Start Priority	Start Date	Additional Information
Warfarin Dose A - 1 item(s)							
<input checked="" type="checkbox"/> warfarin tab	2	mg	PO	q48h	17:00	T	ALTERNATING Dose A (alternate daily with Dose B)
Warfarin Dose B - 1 item(s)							
<input checked="" type="checkbox"/> warfarin tab	4	mg	PO	q48h	17:00	T+1	ALTERNATING Dose B (alternate daily with Dose A)

Vitamin K (HIGH INR)

Order	Dose	Unit	Route	Frequency	Start Priority	Advisory Note	Additional Information
Vitamin K - 2 item(s)							
<input type="checkbox"/> phytonadione liquid		mg	PO		Routine	2.5 to 5 mg - urgent reversal if no bleeding	
<input type="checkbox"/> phytonadione inj		mg	IV		Routine	5 to 10 mg - emergent reversal if bleeding	

This is Not An Order - For Technical Use Only

- Submit order.

Order Entry Worksheet - Artichoke, Pickled

Artichoke, Pickled
FMC-61-624-2

Unreviewed Allergies

2250006554 / 100042500980
Graham, Andrew J

66y (1951-Apr-17) Female

Requested By: Me Other
Source: Allergy Details

Session
Type: Hold Reason: To Be Released Later

Manual Entry Searching for ...

warfarin	Order	Cost
Warfarin		
Warfarin Argatroban Transition		

To Be Released Later

Warfarin		
Warfarin Dose A		
warfarin tab - (Known as: APO-WARFARIN tab) 2 mg PO q48h, Start at 17:00, --ALTERNATING Dose A (alternate daily with Dose B)		Hold
Warfarin Dose B		
warfarin tab - (Known as: APO-WARFARIN tab) 4 mg PO q48h, Start at 17:00, --ALTERNATING Dose B (alternate daily with Dose A)	T+1	Hold

Submit Order(s) for Artichoke, Pickled Hide Worksheet Cancel Help

- Medications will appear with Hold symbol next to medication order on Patient order summary. **On the BPMH (MedRec document) you need to document the reason for the medication being placed on hold - "Pending Surgery".**

Patient List Orders Results Patient Info Timeline Documents Flowsheets Clinical Summary

Options Panel

Chart Selection
This chart All available charts

Date Range
Based on date: Ordered
From: 2011-Aug-30
To: []
Retain selections for next patient

Display Format
Department and Order Name

Filters
Status/Priority: Active/Pending/Hold
Order Selection: No Order Selection Filter
Department: No Department Filter

Some orders may not be shown for this chart for order dates from 2011-Aug-30; (0 of 12 selected)
Display Format: Department and Order Name; Filtered by: Status/Priority; Grouped/Sorted by: Department and Order Name

Order Summary	Order Date	Status	Stop Date	Entry Date
<input type="checkbox"/> niFEDipine XL tab - 30 mg PO daily	2018-May-16	Active		2018-May-16 11:17
<input type="checkbox"/> non-formulary medication - Aviane tablet 1 tab PO daily, Use Patient's Own Supply Indication : No Formulary alternative Medication Name:	2018-May-16	Active		2018-May-16 11:12
<input type="checkbox"/> perindopril tab - 4 mg PO daily, --part of combination drug Coversyl Plus that patient was on at home	2018-May-16	Active		2018-May-16 11:11
<input type="checkbox"/> ramipril cap - 5 mg PO daily, --Discharge reminder: A different ACE Inhibitor has been used in hospital. Patient's home medication may differ.	2018-May-16	Active		2018-May-16 11:16
<input type="checkbox"/> SItagliptin tab - (Ordered as: JANUVIA tab) 100 mg PO daily, --stabilized at home prior to admission	2018-May-16	Active		2018-May-16 11:09
<input type="checkbox"/> sulfamethoxazole / trimethoprim DS tab - (Each tab contains: sulfamethoxazole 800 mg and trimethoprim 160 mg) 1 tab PO bid	2018-May-16	Active		2018-May-16 11:14
<input checked="" type="checkbox"/> warfarin tab - (Known as: APO-WARFARIN tab) 2 mg PO q48h, Start at 17:00, --ALTERNATING Dose A (alternate daily with Dose B) To Be Released Later	17:00	Hold		2018-May-16 11:19
<input checked="" type="checkbox"/> warfarin tab - (Known as: APO-WARFARIN tab) 4 mg PO q48h, Start at 17:00, --ALTERNATING Dose B (alternate daily with Dose A) <Requested for: T+1>To Be Released Later	17:00	Hold		2018-May-16 11:19

Stop Dates

- Enter and submit sulfamethoxazole/trimethoprim DS 1 tab PO twice daily on your patient. At this point you are not sure how many days the patient will be required to receive this medication.
- At time of order entry if a stop date/time is required there are several fields on the drug item form where this can be done.

The screenshot shows a medication order form for 'sulfamethoxazole / trimethoprim DS tab'. The patient is Ball, Crystal, 31y (1986-Jun-08), Female. The order is for 'Physician, One Generic'. The form includes fields for 'Strength and / or Components', 'Dose', 'Route', 'Frequency', and 'Advisory Note'. A red box highlights the 'Stop After' dropdown menu and the 'OR Enter Stop Date' field.

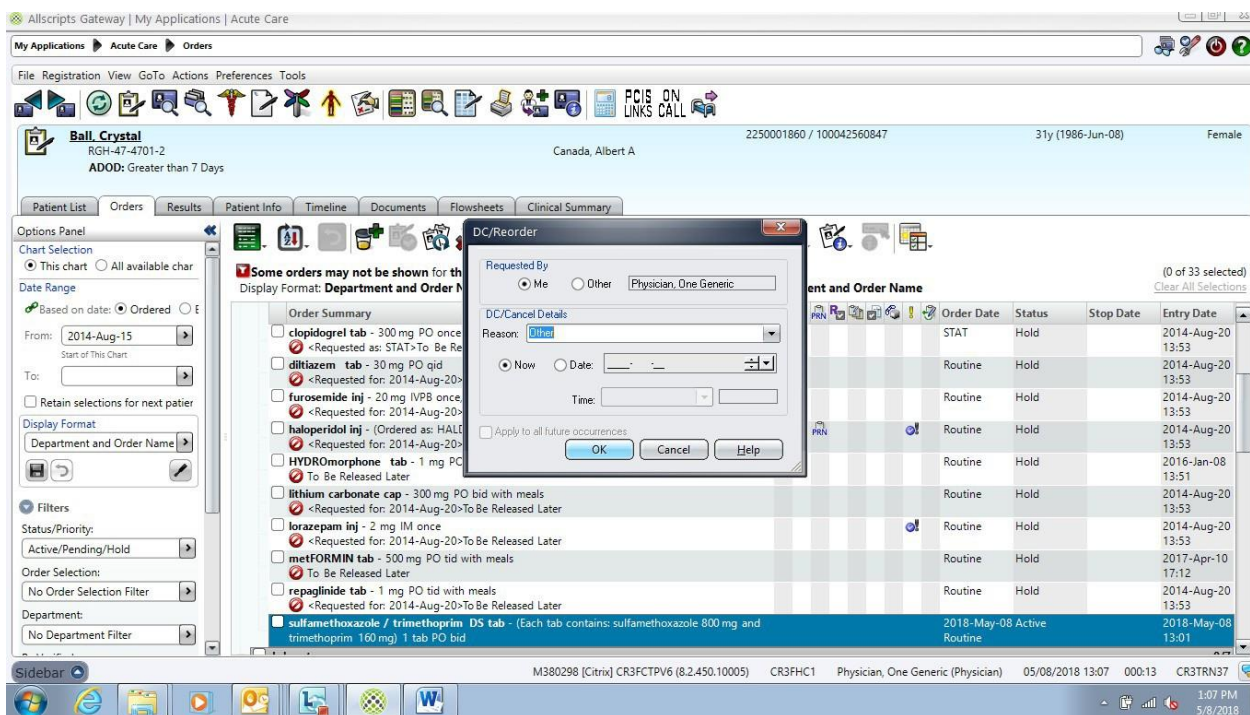
Changing the stop date on an existing order

- You now determine the patient needs to be continued on sulfamethoxazole/trimethoprim DS 1 tab PO twice daily x 7 days.
- Right click on Discontinue/Reorder....Select "Current".

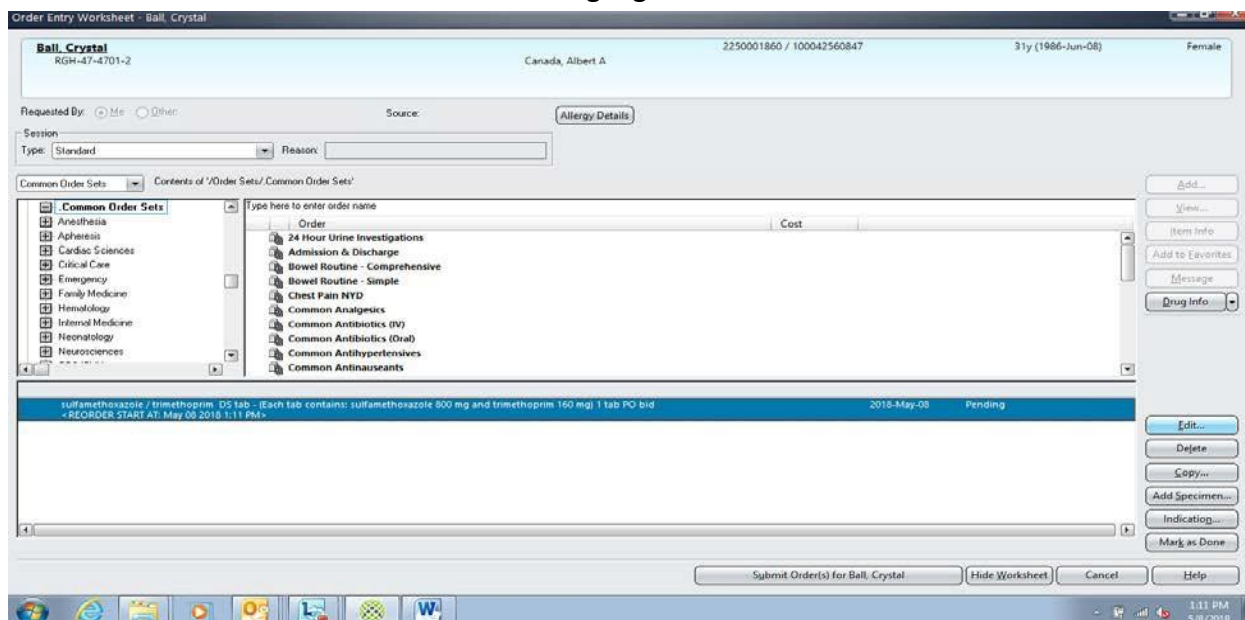
The screenshot shows the 'Orders' tab in the Allscripts Gateway. The patient is Ball, Crystal, 31y (1986-Jun-08), Female. The order is for 'Physician, One Generic'. The order summary shows 'sulfamethoxazole / trimethoprim DS tab - (Each tab contains: sulfamethoxazole 800 mg and trimethoprim 160 mg) 1 tab PO bid'. A context menu is open over this order, with 'Discontinue/Reorder' selected and 'Current...' chosen.

Department and Order Name	Order Date	Status	Stop Date	Entry Date
Current...	2014-Aug-20		13:53	
sulfamethoxazole / trimethoprim DS tab - 1 tab PO bid...	2014-Aug-20		13:53	
sulfamethoxazole / trimethoprim DS tab - ...	2014-Aug-20	Routine	Hold	2014-Aug-20 13:53
	2014-Aug-20	Routine	Hold	2014-Aug-20 13:53
	2016-Jan-08	Routine	Hold	2016-Jan-08 13:51
	2014-Aug-20	Routine	Hold	2014-Aug-20 13:53
	2014-Aug-20	Routine	Hold	2014-Aug-20 13:53
	2017-Apr-10	Routine	Hold	2017-Apr-10 17:12
	2014-Aug-20	Routine	Active	2014-Aug-20 13:53
	2018-May-08	Routine	Active	2018-May-08 13:01

- Click on Reason “Clinician Request” or free-hand in text, click OK.



- Click on order in submission window to highlight.



- This will make “Edit” button available. Click on Edit.
- This will open up drug item - form making fields available to add stop date/time.

Remember to document on the BPMH that amoxicillin is to be “discontinued” as you are ordering sulfamethoxazole/trimethoprim. Rationale: allergic to penicillin.

Setting Parameters: Additional Information – “Withhold dose if”

- Medications currently not required due to patient condition.
- The MRHP can place parameters in SCM.
 - ✓ Enter Metformin 500 mg PO three times daily.
 - ✓ Click “withhold dose if”.
 - ✓ Click on “NPO..... Resume when patient eating and drinking well”.
 - ✓ Click OK.

RX Standard w/Creatinine Clearance WD Medication Form - Devilsfood11, Fluffy

Devilsfood11, Fluffy FMC-102-1063-1 Way, Jeffrey C 2250002934 / 10004250075

Order: metFORMIN Lab

Requested By: Physician, One Generic Template Name: metFORMIN Lab - 500 mg PO tid wit

Messages: Dosage requires adjustment in renal impairment.

Creatinine Clearance : (Actual)
Creatinine (umol/L) Creat Clear (actual) Actual Estimated

Dose: 500 Unit: mg

Route: PO

Frequency: tid with meals

Withhold Dose If: NPO Resume when eating and drinking

Advisory Note:

Start Priority: Routine

Stop After: Clear OR Enter Stop Date:

Review Date: 2017-Aug-16 Review Time: 00:00

Additional Information:

Use Patient's Own Supply: Patient/Parent/Other May Administer:

Administration Instructions:

Ordered as:

Item Info Repeat Drug Info View Document

Other Examples:

In additional information section of the order enter:

1. “Hold Potassium Chloride SR tab - if serum K>5.0”
2. “Hold Ramipril if systolic BP less 90 mmHg”

Order: ramipril cap Order ID: 001BCL743

Requested By: Physician, One Generic Template Name: ramipril cap - 5 mg PO daily

Messages: Dosage requires adjustment in renal impairment.

Creatinine Clearance : (Actual)
Creatinine (umol/L) Creat Clear (actual) Actual Estimated

Most Recent Relevant Result (Check Date)

Dose: 5 Unit: mg

Route: PO

Frequency: daily

Withhold Dose If: Diastolic Blood Pressure less than 50mmHg OR Systolic Blood Pressure less than 90mmHg

Advisory Note:

Start Priority: Routine

Stop After: Clear OR Enter Stop Date: Stop Time:

Review Date: Review Time:

Additional Information:

Use Patient's Own Supply: Patient/Parent/Other May Administer:

Administration Instructions:

Repeat Drug Info View Document Add Clos

Changing Dose from the Home Medication List (BPMH) at Admission

- You decide the dose of Hydrochlorothiazide 12.5 mg PO daily needs to be increased to 25 mg PO daily at admission.

On the BPMH form you need to document the reason for the change.

Example: "To control increased BP"

- In the SCM Orders under "Additional information" section document your rationale. Rationale is required for any change in dose or frequency, discontinued, or held medications on the admission BPMH.

RX Standard Medication Form - Special1, Investigator

Special1, Investigator
FMC-103B-PCI-03

Unreviewed Allergies

2160021065 / 100041602188
Canada, Albert A

72y (1945-Apr-06) Male

Order: hydrochlorothiazide tab Order ID: 001BCL309

Requested By: Physician, One Generic Template Name: hydrochlorothiazide tab - 25 mg PO daily

Messages:

Dose: 25 Unit: mg

Route: PO

Frequency: daily

Advisory Note:

Start Priority: Routine OR Enter Start Date:

Stop After: Clear OR Enter Stop Date: Stop Time:

Additional Information: Increased from original dose of 12.5 mg due to BP management

Use Patient's Own Supply: Patient/Parent/Other May Administer:

Administration Instructions:

Ordered as:

Repeat Drug Info View Document OK Cancel

3:45 PM 3/5/2018

Medication Formulations

Many medications have a variety of formulations. These include: long acting versus immediate release.

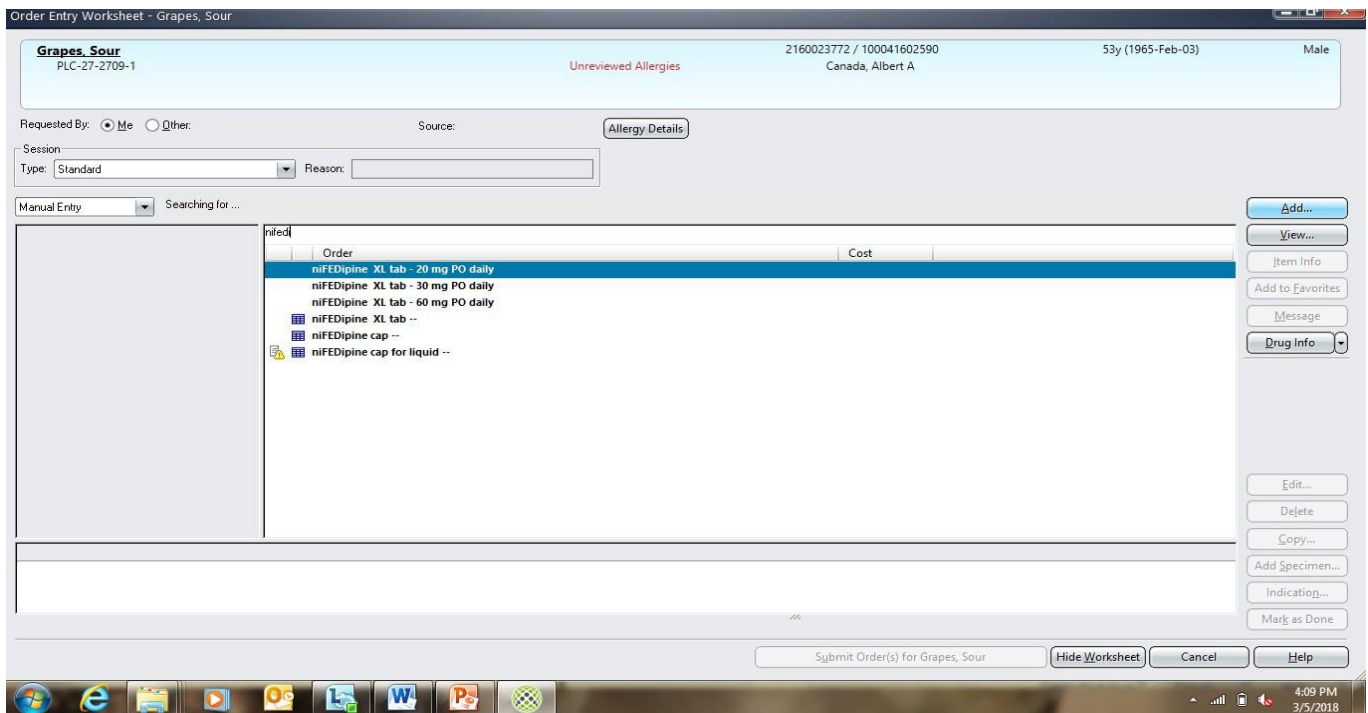
Examples:

- Nifedipine immediate release **20 mg 3 times daily** versus Nifedipine extended release **60 mg daily**
- Wellbutrin **SR 150 mg 2 times daily** versus Wellbutrin **XL 300 mg once daily**
- Oxycodone versus OxyContin

When ordering these medications in SCM do not select the first option. Ensure you have the correct formulation. If you have questions, contact the pharmacist.

Ordering the wrong formulation can have a significant impact on patient outcome.

This patient is on Nifedipine XL 30 mg daily ...which item would you select?



- At times it may be required to convert a long acting to an immediate release formulation.

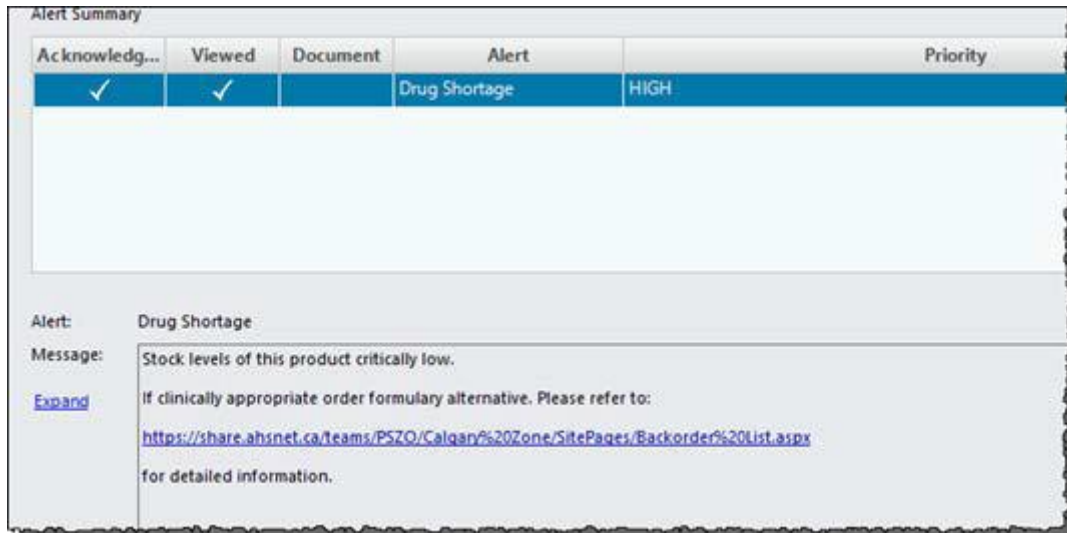
Example: Patient requires medications to be administered via an enteral feeding tube. Long acting or extended release tablets cannot be crushed and administered via the enteral feeding tube.

Another clue for determining if a drug is long acting or not is when you are ordering the drug in SCM, most long acting drugs only have the route option of 'po', not 'ng'. If a drug can be given via ng, it will have the option for you to choose 'po/ng'. Most long acting drugs will also have administration instructions like "swallow tablet whole: do not break, crush or chew". Contact the pharmacist to assist with converting daily extended release dose to an immediate release dose.

Other Tips:

Back Ordered Medications

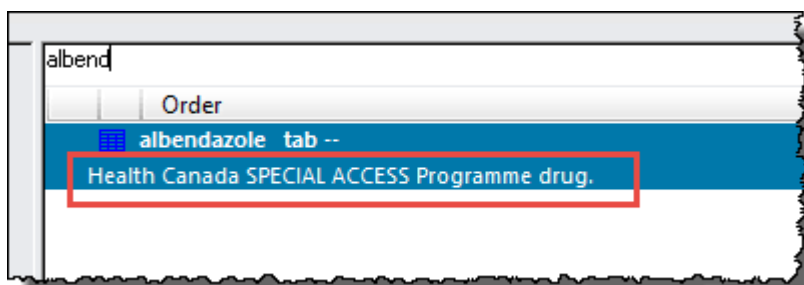
Central Pharmacy inventory puts out shortage alerts. A SCM drug shortage alert may be attached to a corresponding SCM drug item when there are drug shortages and backorders. This way when the end-user orders that drug item an alert pops up.



You can open the link on the alert for more details. If still need assistance call Pharmacy.

Special Access Programme (SAP) Drugs

There is a message visible on the browse on the drug item.



This message also prints on the SCM requisition to Pharmacy, so if you order, Pharmacy will contact you since it is a patient-specific SAP.

Insulin Therapy

Please take the opportunity to review these resources.

<http://www.bbit.ca>

Includes videos- “Overview” & “How to order in SCM” and the following resources:

Physician ordering:

<http://www.bbit.ca/assets/ahs-scn-don-inpatient-diabetes-key-messages.pdf>

<http://www.bbit.ca/assets/ahs-scn-don-bbit-site-implementation-guide.pdf>

<http://www.bbit.ca/assets/ahs-scn-don-how-to-bbit.pdf>

Surgical considerations:

<http://www.bbit.ca/assets/ahs-scn-don-guide-to-surgical-diabetes-management.pdf>

FAQs:

<http://www.bbit.ca/assets/ahs-scn-don-bbit-frequently-asked-questions.pdf>

Pamphlet:

<http://www.bbit.ca/assets/ahs-scn-don-bbit-pamphlet.pdf>

Pocket card:

<http://www.bbit.ca/assets/ahs-scn-don-bbit-prescriber-cards.pdf>

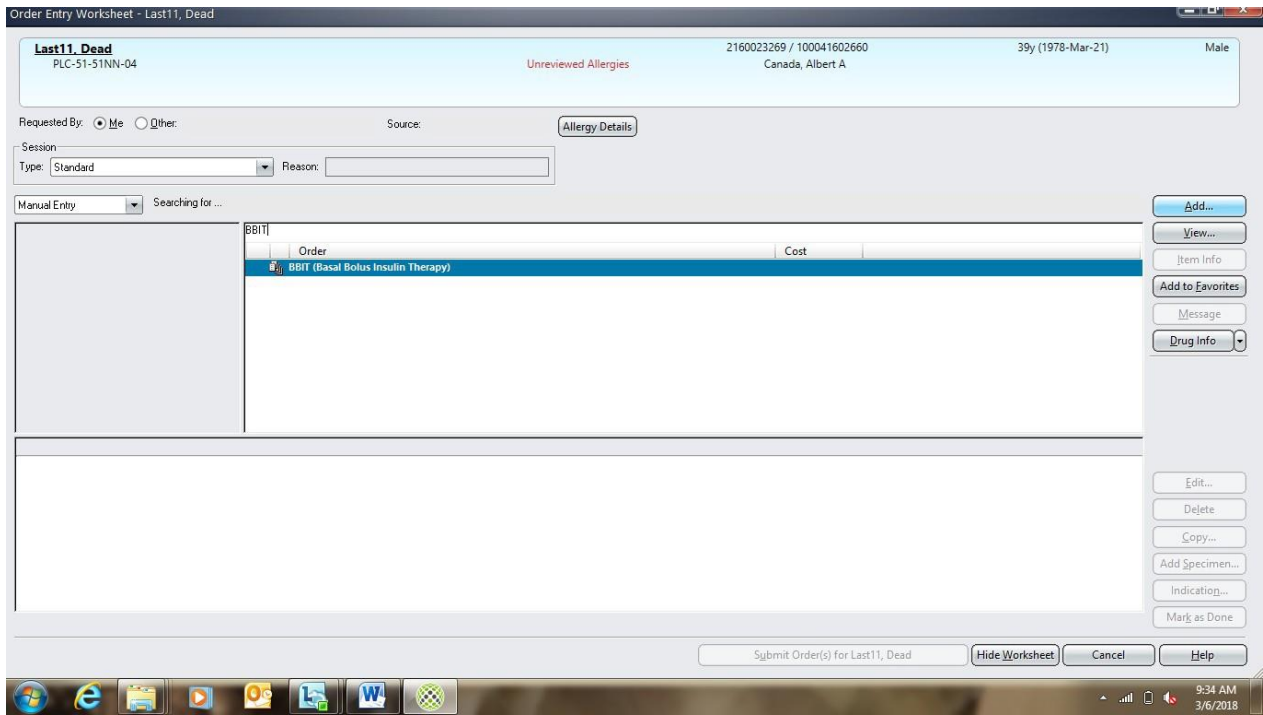
Worksheet:

<http://www.bbit.ca/assets/ahs-scn-don-bbit-worksheet.pdf>

Ordering BBIT

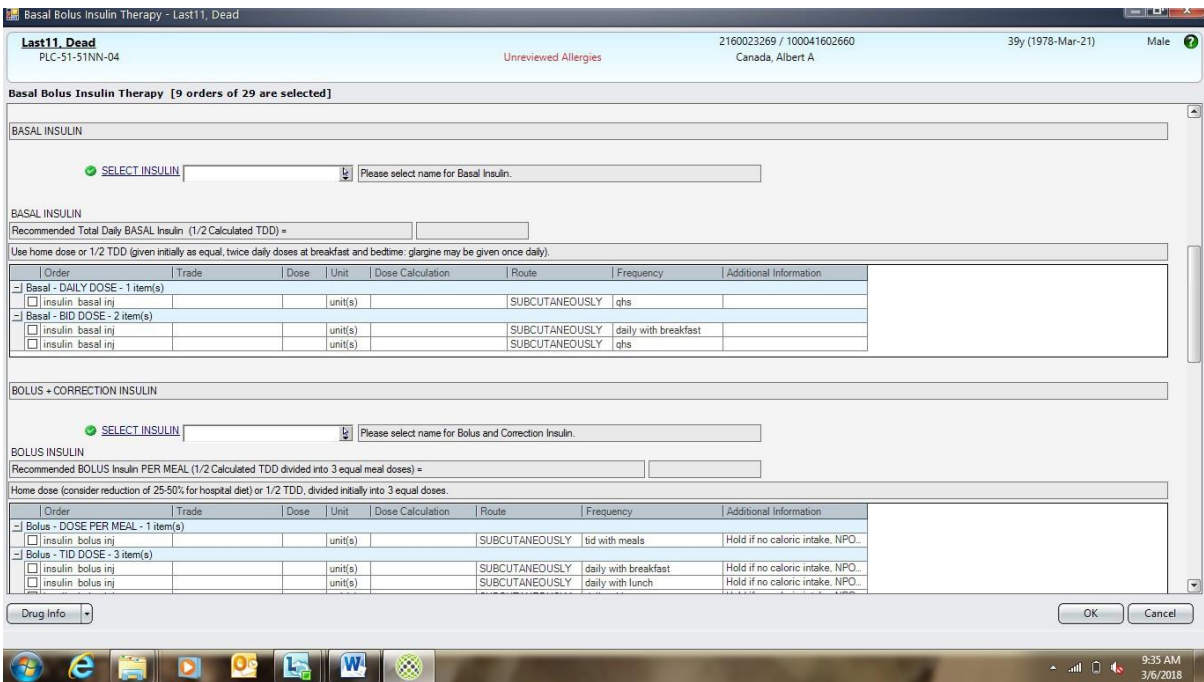
To order in SCM: (Please seek assistance from GIM/hospitalist consult or pharmacist when ordering BBIT).

- Type in BBIT. Select View.



- The order set will appear:

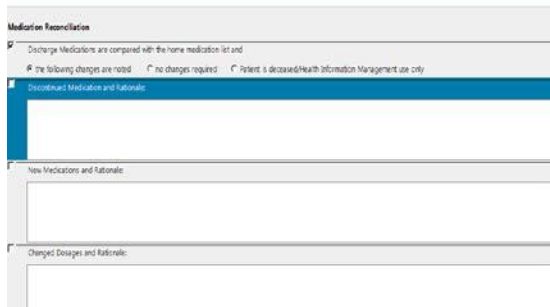
Complete the order set for BBIT.



Medication Reconciliation at Discharge

Medication Reconciliation at Discharge can be done by:

SCM Discharge Summary



The screenshot shows a software interface for Medication Reconciliation. At the top, it says "Medication Reconciliation" and "Discharge Medications are compared with the home medication list and the following changes are noted." Below this, there are three sections: "Discontinued Medications and Rationale", "New Medications and Rationale", and "Changed Dosages and Rationale". Each section has a corresponding text area for documentation.

OR





In both methods, ensure to:

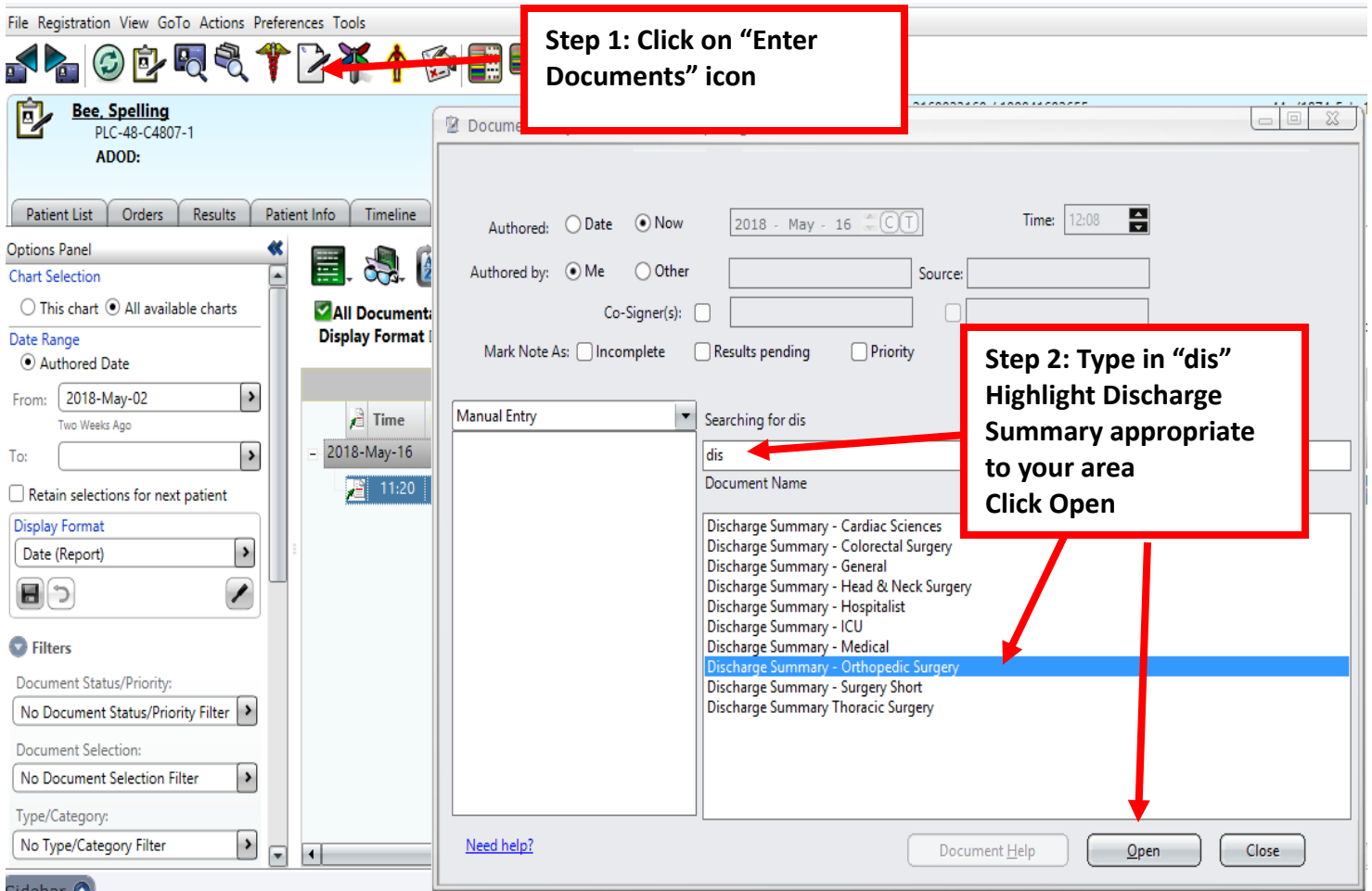
Indicate the discharge medications were compared to home medication list (BPMH), account and explain any changes for:

1. Discontinued Medications and Rationale
2. New Medications and Rationale
3. Changed Dosages and Rationale

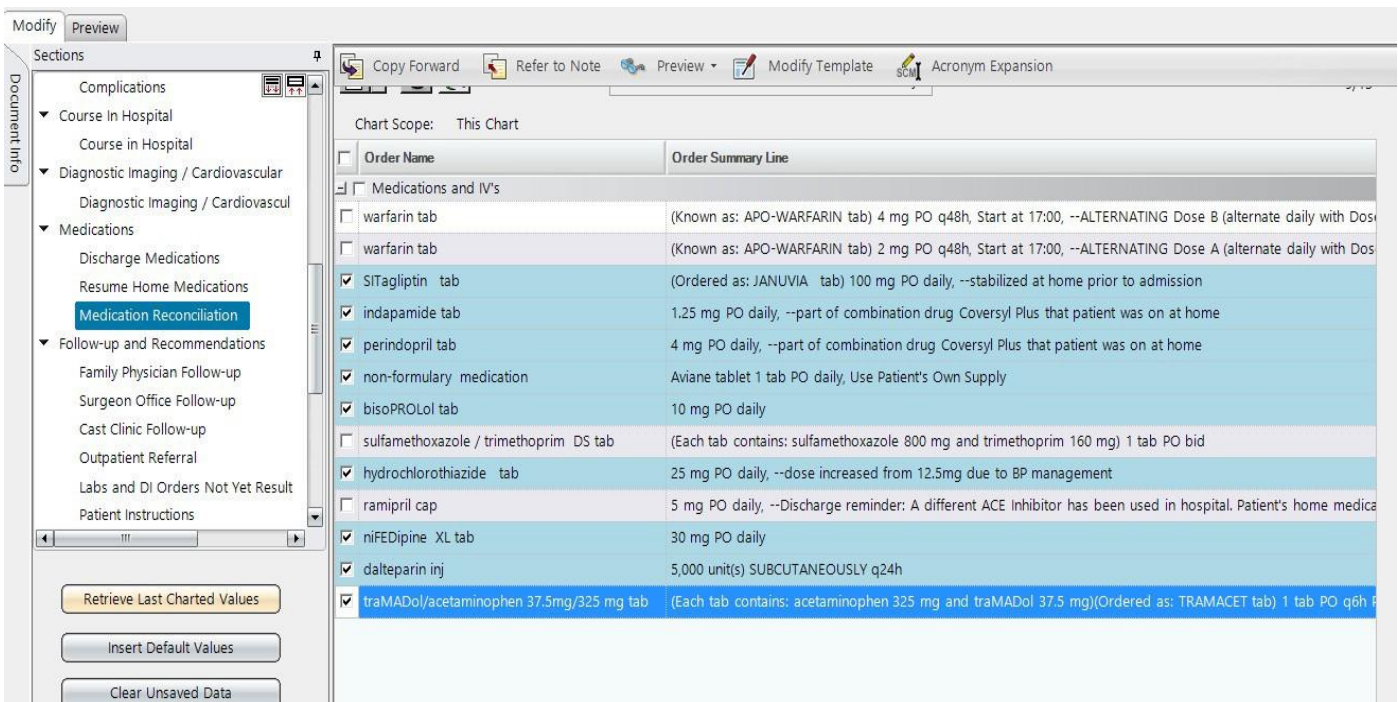
If using Discharge Summary in SCM:

- Ability to free text summary of patient progress throughout hospital stay
- Relevant SCM medications are pulled into “Medications to Continue after Discharge” section
- Click on the medications you would like the patient to continue following discharge
- Under “Medication Reconciliation” field, complete the following:
 - Discharge medications are compared with the home medications
 - If changes are noted, document in the free text boxes for:
 - Discontinued Medications and Rationale
 - New Medications and Rationale
 - Changed Dosages and Rationale
- Explain any changes/differences between the home medication list (admission BPMH) and medications on discharge and provide rationale.

1. Click on “Enter documents” icon. 
2. Type in “dis”.
3. Select Discharge Summary appropriate to your area.
4. Click Open. 



5. Select medications to continue after discharge (this will pre-populate into the discharge summary report).



6. Next Click on box “ Discharge Medications are compared with the home medication list and”

- If changes have occurred click on box and the following will open:

CREATE Preview

Sections

Document Info

Discharge Date

Discharged From

Discharge Other

Goals of Care

Diagnosis

Complications

Course In Hospital

Diagnostic Imaging / Cardiova

Medications

Discharge Medications

Resume Home Medication

Medication Reconciliation

Follow-up and Recommendation

Copies

Completion

Retrieve Last Charted...

Insert Default Values

Clear Unsavd Data

Copy Forward Refer to Note Preview Modify Template Acronym Expansion

Medication Reconciliation

Discharge Medications are compared with the home medication list and
the following changes are noted no changes required Patient is deceased/HIM use only

Discontinued Medication and Rationale:
amoxicillin - allergic to penicillin

New Medications and Rationale:
tramacet 1-2 tab PO q6h as needed for pain
dalteparin 5000 units subcutaneously daily for 28 days for DVT prophylaxis

Changed Dosages and Rationale:
bisoprolol - increased to 10 mg PO daily due to BP management
hydrochlorothiazide - increased to 25 mg PO daily due to BP management
resume warfarin when INR 2-3, follow up with GP for anticoagulation bridging
resume quinapril 20 mg PO daily as formulary change to ramipril while in hospital

Family Physician Follow-up

Family physician follow-up required in one week two weeks one month

Compare the discharge medications to the home med list (admission BPMH).

Free text boxes are available to document the changes to the patient medication home medication list.

Complete information for medication changes in the following categories:

- Discontinued medication and rationale
- New medication and rationale
- Changed medication and rationale

The rationale must be included to explain why changes were made to the patient medication home medication list.

Preview the Discharge Summary

Click preview in top left hand corner.

The discharge summary will include medications to continue at discharge and MedRec at discharge.

Visit Data:

- **Admit Date:** 2018-May-16
- **Discharge Date:** 2018-May-23
- **Discharged From:** Peter Lougheed Centre (PLC-48)

Diagnosis:

- hip fracture.

Discharge Medications:

Order Name	Order Summary Line
• SITagliptin tab	(Ordered as: JANUVIA tab) 100 mg PO daily, --stabilized at home prior to admission
• indapamide tab	1.25 mg PO daily, --part of combination drug Coversyl Plus that patient was on at home
• perindopril tab	4 mg PO daily, --part of combination drug Coversyl Plus that patient was on at home
• non-formulary medication	Aviane tablet 1 tab PO daily, Use Patient's Own Supply Indication : No Formulary alternative Medication Name:
• bisoPROLOl tab	10 mg PO daily
• hydrochlorothiazide tab	25 mg PO daily, --dose increased from 12.5mg due to BP management
• niFEDipine XL tab	30 mg PO daily
• dalteparin inj	5,000 unit(s) SUBCUTANEOUSLY q24h
• traMADol/acetaminophen 37.5mg/325 mg tab	(Each tab contains: acetaminophen 325 mg and traMADol 37.5 mg)(Ordered as: TRAMACET tab) 1 tab PO q6h PRN pain, --ADULT: MAX 8 tabs/day. MAX acetaminophen 4 g/day from all routes &

Medication Reconciliation:

- Discharge Medications are compared with the home medication list and the following changes are noted.
- Discontinued Medication and Rationale: amoxicillin-allergic to penicillin.
- New Medications and Rationale: tramacet 1-2 tab po q6h as needed for pain
dalteparin 5000units subcutaneously daily for DVT prophylaxis.
- Changed Dosages and Rationale: bisoprolol - dose increased to 10 mg po daily due to BP management
hydrochlorothiazide - dose increased to 25 mg po daily due to BP management
resume warfarin when INR 2-3, follow up with GP for anticoagulation bridging
resume quinapril 20 mg po daily as formulary change to ramipril while in hospital.

Note: Please discuss the home anticoagulation therapy with the attending surgeon/physician. Each practitioner may have unique post-procedure/post discharge order sets.

Print Medication Discharge Report (Prescription)



Click on print icon

Select "Orders" in report category.

Select "Discharge Medication report" per visit.

Click print.

Sign & print name underneath signature.

Date and time document.

Patient Address: 566 - 45th Street NW
Calgary, Alberta T6N 3T2
Provider: Family Canada, Albert A
Allergies: Drug 2018-May-15 penicillin - Hives

CHECK THE MEDICATIONS THE PATIENT SHOULD CONTINUE AFTER DISCHARGE

____ **bisoPROLOl tab**
10 mg PO daily
Quantity to Dispense: _____ Duration: _____ Number of refills: _____
 New Continuing Discontinued Dose/Schedule Change
Reason: _____

____ **hydrochlorothiazide tab**
25 mg PO daily, --increased from original dose of 12.5mg due to BP management
Quantity to Dispense: _____ Duration: _____ Number of refills: _____
 New Continuing Discontinued Dose/Schedule Change
Reason: _____

____ **indapamide tab**
1.25 mg PO daily, --part of combination drug - Coversyl Plus that patient was on at home
Quantity to Dispense: _____ Duration: _____ Number of refills: _____
 New Continuing Discontinued Dose/Schedule Change
Reason: _____

____ **niFE Diline XL tab**
30 mg PO daily
Quantity to Dispense: _____ Duration: _____ Number of refills: _____
 New Continuing Discontinued Dose/Schedule Change
Reason: _____

____ **non-formulary medication**
Aviane Birth Control Pill tablet 1 tab/cap PO daily, Use Patient's Own Supply
Indication : No Formulary alternative
Medication Name:
Quantity to Dispense: _____ Duration: _____ Number of refills: _____
 New Continuing Discontinued Dose/Schedule Change

This concludes the SCM Tips & tricks. If you require further SCM training please discuss with your manager.

Other SCM resources and physician training tips are available on Insite:

[Physician Practice Exercises & Tips](#)