Inpatient Pharmacist Guided Practice

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# Verifying Orders

## Logging into Epic

* Open Citrix with your credentials then open the Epic Playground.
  + Epic > Training > Playground (PLY).
* Find your user and password on your classroom info sheet.
* Log in as the pharmacist from your classroom info sheet.
  + If you see a What’s New pop-up when you login in, click Remind Me Later.

## Verifying Christina’s Orders

* PATIENT: Christina

### Reviewing Christina's Relevant Details

SCENARIO:

You are verifying orders for patients admitted to the AWH IMC-MSIMC unit. Christina's physician has just completed medication reconciliation and entered admission orders. The nurse released the orders after Christina arrived on the floor, so she appears in the Verify Queue. You need to review and verify each of her new orders.

TRY IT OUT:

* Open your Verify Queue.
  + Click the  **Pharmacist Queue** button on the red Hyperspace toolbar.
* The Verify Queue shows all patients with orders that need to be verified or reviewed by pharmacy.
* Find your **Christina** patient in the Verify Queue and review her details.
  + How long has Christina been in the queue?
  + How many new orders does Christina have?
  + Who entered these orders?
* Open Christina's chart. Use the patient's Storyboard to answer the following:
  + How old is she?
  + Do we have a CrCl for her yet?
  + Does she have any allergies? Who was the last person to review her allergies? When?
* Hint: Hover to discover!  
  + What are the problems on her hospital problem list? Does she have any problems that aren't being addressed during the admission?
* Hint: Hover to discover.
* Use the Rx Sidebar to answer the following (check the Answer Key if you are unsure):
  + Does Christina have any active, verified orders?
  + Does she have any completed or discontinued orders?

### Reviewing Christina's Orders

SCENARIO:

Now that you've gotten an overview of Christina, you can start reviewing and verifying each of her orders. As you review these orders, pretend that it's about 0730.

TRY IT OUT:

* Double-click on Christina in the Verify Queue to open her chart if the chart is not already open.
  + Hint: if you get a Best Practice Advisory pop-up, click OK.
  + Hint: if you see a Welcome tab, click Let’s Go to be taken to the Verify Orders activity tab.
* In the Verify Orders activity, you can sort by any of the column headers. Click on Order to alphabetize your list.
* Double-click on the first medication order in the list.
* Review the acetaminophen (TYLENOL) 650 mg dose:
  + Where did this order come from? (An order set? A previous order?)
  + What are the dose, route, and frequency?
* What size package is being dispensed? Is that appropriate?
* Where is this order being dispensed from? Does that make sense?
* If everything looks right for the acetaminophen, **Verify** the order.
* Review the aspirin (chew) (BAYER) 81 mg dose:
  + Was this reordered from a patient-reported medication or an actual prescription?
  + When did the patient take the last dose at home?
  + Compare the first dose of this order to the last dose the patient took at home. Is the first dose scheduled appropriately (assuming it's around 0730 right now)?
* Confirm that the dose, route, and frequency are appropriate.
* When you are confident this order is correct, click Verify.
* Review the Medication Warnings window.
  + Will be able to review all warning details.
  + For now, click Override and Accept.
* Note the arrows above the cefepime order name.
  + Can use these arrows to quickly move forward and back in your list of orders to verify.
  + Click the next arrow to skip the cefepime for now.
* Look at the dextrose 5% and saline 0.45% with KCl 20 mEq infusion order
  + Note this order is Discontinued and was modified to a different order.
  + Click the next arrow to see the active order.
  + What modification was made?
  + Review the lab results that appear in the Order Details.
  + The Dispense Code dictates the type of label. What is the Dispense Code for this order?
  + Once you have finished reviewing these orders, Verify both orders.
* Review the docusate sodium (COLACE) 100 mg capsule. If everything is OK, verify it.
* Click the next arrows to skip the enoxaparin, Vytorin, and Advair orders for now.
* Review the furosemide (LASIX) 40 mg injection.
  + Take a look at the Ordered by hyperlink.
  + Who placed this order?
  + Who authorized this order?
* Look at the Order Instructions (in purple box) sometimes give hints on how to order for special populations.
  + These appear for ordering user, but we see in Verify Orders as well.
* Verify the furosemide.
* Start reviewing the order details for the Hydrocodone-acetaminophen 5-325 mg tablet.
  + Uh oh, note the med warning with allergies. (Hint: in purple box)
* Let’s review to see if patient has tolerated before.
  + Open the Medications activity, select the History tab.
  + In the filter, search for Hydrocodone-acetaminophen.
  + Double-click the Hydrocodone-acetaminophen line to show the report.
  + Review the details for this medication.
  + You have decided that the benefit outweighs the risk for this order.
  + Close report and close the filter search.
* Go back to the Verify Orders activity and verify order.
* In the Medication Warnings window, document an override reason: benefit outweighs risk.
* Click the next arrows to skip the insulin – per pharmacy order for now.
* Review and verify the ipratropium-albuterol (DUONEB):
  + What is the frequency for this order?
* Review the levothyroxine tablet 300 mcg:
  + Was this reordered from a patient-reported medication or an actual prescription? How can you tell?
  + When did the patient take the last dose at home?
* Confirm that the dose, route, and frequency are appropriate.
  + Your hospital does not carry the 300 mcg tablet. What strength did Epic convert to?
* When you are confident this order is correct, click Verify.
* Click the next arrows to skip the Hyzaar, Lutein, Metformin, Metoprolol, and Metronidazole orders for now.
* Review the omeprazole order.
  + Click the next button. We once again have duplicate orders.
  + Where did both orders come from?
* In situations like this, always select the home medication if possible.
  + Makes for a cleaner review in the Discharge Navigator.
* Verify the omeprazole reordered from home med.
  + Override and Accept the Medication Warning.
* Reject omeprazole from order set.
  + Select a Reasons for Discontinuation of Duplicate Orders.
  + Select Discontinue Selected Orders in the Orders to Review for Discontinuation window.
  + In the Providers window, fill in Rishi, Daljeet, M.D. as the ordering and authorizing providers.
* Review the ondansetron injection, and then verify it.
* Review the saline 0.9% flush. If everything is OK, verify it.
* Click the Back to Order List button to return to the Order List.

# Cleaning Up Orders in Verification

## Placing Orders for Christina

* PATIENT: Christina

SCENARIO:

You are continuing to verify Christina’s orders. You have found that some of her orders will need to be replaced with new orders.

### Updating Frequency and Dispensable

SCENARIO:

The first order to review is the cefepime 1 g, but it was ordered as an IV Push, you want to dispense it as a V2B mixture. This order also does not have the correct frequency.

TRY IT OUT:

* Double-click the cefepime in the Order List to open up the Order Details.
* Click Edit Clinical & Dispensing Information:
  + In the Frequency field type q6h
    - Review the frequencies listed
      * Note the Specified, non-specified, and PRN options
      * Select the first or third q6h listed (a specified frequency)
        + Choose the appropriate option using your clinical judgement, based on when this guided practice is completed.
  + In the Dispensable field:
    - Click drop-down arrow and select the appropriate V2B mixture.
* Click the Back to Summary button.
  + Note the order name and the Products to Dispense changed.
* Finish reviewing medication order details and verify.

### Updating Frequency

SCENARIO:

The order for enoxaparin 40 mg injection was placed with a frequency of Q24 given early in the morning. However, we want to change to be administered “now” because of an incident in the past with two doses given too close.

TRY IT OUT:

* Open Edit Clinical and Dispensing Information.
  + Click Include Now to adjust the timing of today’s dose.
  + Click Back to Summary and verify the order.
* Click the next arrow to skip the Vytorin for now.

### Updating Dispensable Product

SCENARIO:

The order for fluticasone-salmeterol (ADVAIR) was ordered from one of Christina’s home medications. However, it is policy that if the patient is not in isolation, then the product to dispense should be changed to the common cannister.

TRY IT OUT:

* First, check if the patient is in isolation.
  + Hint: Check Christina’s Storyboard.
* Click on the medication hyperlink under Products to Dispense.
* In Product field, type ‘Advair’
* Select Advair HFA 115-21 “DOSE” (ERX 977617) and click Recalculate dispensing pharmacy.
* Click Back to Summary.
* Once you have finished reviewing all order details, Verify the Advair.
* Click Back to Order List.

### Updating Admin Instructions

SCENARIO:

Christina’s next order is for metoprolol. The Admin instructions have been entered in the incorrect location and need to be adjusted.

TRY IT OUT:

* Double-click on the first metoprolol on the Order List.
* Once again, we have 2 orders. One is the original order that was discontinued after modification for the new order.
  + For the discontinued order, when the last dose was administered?
* Verify the discontinued order.
* For the new orders, take a look at the Note to Pharmacy. These are hold instructions for the nurse.
* We want to move these instructions to the Admin Instructions section to make things clearer for the nurse.
* Click Edit Admin Instructions & Note to Pharmacy.
* Cut and Paste the hold parameters from the Notes to Pharmacy to the Admin Instructions.
* Review order. Verify.
* Click Back to Order List.

### Updating Schedule for Antibiotic

SCENARIO:

Now that you have taken care of the cefepime, you are now able to review and adjust the timing for another antibiotic, metronidazole.

TRY IT OUT:

* Double-click the metronidazole in the Order List to open up the Order Details.
* Recall that you adjusted the cefepime is q6h, and it is infused over 30 minutes. Review the cefepime order scheduled dose time if needed.
  + When should the scheduled time of metronidazole be?
* Click Adjust Schedule hyperlink.
  + Correct the schedule. Click Accept when done.
* After changing the scheduled time, verify the order.
* Override and Accept the Medications Warnings window.
* Click Back to Order List.

# Placing New Orders

## Cleaning Up Christina's Orders

* PATIENT: Christina

SCENARIO:

You are continuing to verify Christina’s orders. You have found that the details for some of her orders are incorrect and you need to make changes before verifying.

### Placing an Order

SCENARIO:

The first order to review is the metformin. However, to follow the request in the Note to Pharmacy section, you will need to place an additional metformin order and edit the original order.

TRY IT OUT:

* Double-click the metformin in the Order List to open up the Order Details.
* Review the Note to Pharmacy section.
  + Where did provider get the info that the patient takes “2 tabs with breakfast and 1 tab with supper”?
  + Does the frequency listed match what the provider requested in the Note to Pharmacy section?
* Open the Orders activity tab.
* In the Manage Orders sidebar, search for metformin in the Place new orders field.
  + Select metformin 500 mg (ERX 12373) and click Accept.
* In the Order Composer, fill in the order details:
  + Dose: 500 mg
  + Frequency: Daily with supper
  + Click Accept to close the Order Composer
* In the bottom right-hand corner, click Sign & Verify.
* In the Medication Warning window select Dose appropriate for the reason.
* In the Providers window, fill in Rishi, Daljeet, M.D. as the ordering and authorizing providers.
  + Hint: use an equal sign (=) to fill in these fields with the last provider entered.
* Click Back to Order List.
* Note there are now two metformin orders.
  + Hint: You may want to click on Order Name column header again to re-sort the list alphabetically.
* Verify the one you just placed (Hint: frequency is daily with supper).
* Now you need to fix the original order.
* Double-click to open the original metformin if it is not open already.
* Click Edit Clinical & Dispensing Information.
  + Update dose to 1000 mg and frequency to daily with breakfast.
* Click Back to Summary.
* Click Edit Admin Instructions & Note to Pharmacy.
  + REMOVE note since you have resolved this.
* Note the changes to original order highlighted in red lettering.
* Verify the order.
* Click Back to Order List.

### Placing an Order for a Combo Tablet

SCENARIO:

The next order to review is the Ezetimibe-simvastatin (Vytorin). The provider declined the alternative for this order, but you want to use the alternative. You will need to place a new order to make that change.

TRY IT OUT:

* Double-click the Ezetimibe-simvastatin in the Order List to open up the Order Details.
* Review the flags at the top of the order details.
  + NF flag indicates a non-formulary order.
    - Note the “Approved substitution to formulary product” and “Alternative declined”
* To resolve this order, you will need to head back the Orders activity.
* Click Orders, and in the Manage Orders sidebar, search for Vytorin.
  + Select Ezetimibe-simvastatin (Vytorin) (ERX 840018).
* In the Order Composer, fill in the order details:
  + Dose: 10 mg
    - Note that there are two dose fields
  + Click Accept to close the Order Composer
* Click Sign & Verify
* Instead of having to reject the original order in the Verify Orders activity, we can discontinue the non-formulary Vytorin in the Medications Warning window.
* Click the Discontinue button for the original order. Then click Accept for the Medication Warnings window.
* Select Discontinue Selected Orders in the Orders to Review for Discontinuation window.
* Fill out the providers window with Rishi, Daljeet, M.D. and click Accept
  + Hint: You will need to do this twice.
* Verify the order you just placed.
* Click Back to Order List.

### Placing Linked Orders

SCENARIO:

The next order to review is the Losartan-HCTZ (HYZAAR). Once again, the provider declined the alternative for this order, but you want to use the alternative. You will need to place linked orders to make that change.

TRY IT OUT:

* Double-click the Losartan-HCTZ (HYZAAR) in the Order List to open up the Order Details.
* Review the flags at the top of the order details.
* This time, you want to order the tablets as linked medications. To do so, you will need to head back the Orders activity.
* Select the Orders activity.
* Place an order for losartan tablets (ERX 17676)
  + Fill in the order details:
    - Dose: 100 mg
    - Frequency: daily
* In bottom left-hand corner of the Order Composer, select the Link Orders button.
  + Select 'And’ for Select link type
  + In the ‘A new order’ field, search for hydrochlorothiazide (ERX 22605)
  + Fill in the order details:
    - Dose: 25 mg
    - Update frequency to match the losartan (or vice versa base on your clinical judgement)
* Sign & Verify both orders and discontinue the original order in Medication Warnings window.
* Fill out the Providers window.
* Back in the Verify Orders activity, verify the losartan tablets.
  + On the Rx Sidebar, the tablet you just verified still has a stop sign.
  + Critical: When orders are linked, none of them are verified until all of them are verified.
* Review the hydrochlorothiazide capsules. If everything looks OK, verify it.
  + Now that you just verified the last order in a linked group, what is the system asking you to do?
* Review the details of the linked group. Confirm that these orders are verified.
* Click Back to Order List.

### Placing an Order with Custom Frequencies

SCENARIO:

The next order to review is the warfarin. Once again, there is a request from the provider in the Notes to Pharmacy section. To fulfill the provider’s request, you will need to place new warfarin orders with custom frequencies.

TRY IT OUT:

* Double-click the warfarin in the Order List to open up the Order Details.
* Review the Note to Pharmacy section.
  + What is the request?
* Head to the Orders activity to place the new warfarin orders.
* In the Order Sidebar, search for warfarin.
  + Select warfarin (Coumadin) (ERX 13620).
  + Note: bypass any Best Practice Advisory warnings you encounter.
* Fill in the Order Details:
  + Dose: 5 mg
  + Frequency: search ‘custom’
    - Fill in the Adjust Schedule window.
      * Select the check boxes for Monday, Wednesday, and Friday.
      * In the Time field, enter 2000.
      * Click Accept and bypass the Adjust Schedule warning.
  + Accept this order.
* Order the second warfarin (ERX 13620)
  + Note: bypass any Best Practice Advisory warnings you encounter.
* Fill in the Order Details:
  + Dose: 2.5 mg
  + Frequency: Custom
    - Select the check boxes for Sunday, Tuesday, Thursday, and Saturday.
    - In the Time field, enter 2000.
    - Click Accept and bypass the Adjust Schedule warning.
  + Accept the order.
* Select Sign & Verify.
* Override and Accept the Medication Warnings.
* Process the Provider window. Bypass any Best Practice Advisory warnings
* Back in Verify Orders, verify both new warfarin orders and bypass the Best Practice Advisory warnings.
* Reject the original warfarin using a Reasons for Discontinuation of “Reorder”.
* Click Back to Order List.

# Verifying Patient-Supplied Medications

## Verifying Christina's Patient-Supplied Medication

* PATIENT: Christina

SCENARIO:

During your verification of Christina’s orders, you found a non-formulary order that will be supplied with the patient’s own medication. You will need to make some changes to the order to indicate to the nurse that they need to send the medication down to pharmacy for identification.

TRY IT OUT:

* Double-click the lutein in the Order List to open up the Order Details.
* Review the flags for the lutein 6 mg.
  + Note: allowed products for patient’s own medications is dictated by hospital policy.
* Make the changes to alert the nurse that this is a patient’s own medication order:
  + Click Edit Clinical and Dispensing Information:
    - In the Dispense Information section:
      * Check the box for Patient Supplied (Note that Do not dispense automatically is marked as well)
    - Click Back to Summary
  + Click Edit Admin Instructions & Note to Pharmacy
    - In the Admin Instructions section, type in ‘.POMP’
      * This is a SmartPhrase that will indicate to the nurse that they need to deliver the medication to pharmacy identification
    - Click Accept
  + Shift-click on the medication name ‘lutein 6 mg’
    - This brings up the Order Name Configuration window that allows you to adjust the medication name
    - In the Use this override name field, type ‘- Patient’s own med – lutein 6 mg’
    - Click OK.
* You will also need to select a package (NDC) to be allowed to verify this order.
  + Epic will not allow any order to be verified if there are any unresolved hard stops (stop signs)
* Click on the lutein 6 mg PO Caps hyperlink under Products to Dispense.
  + Next to the package field, click the magnifying glass button on the right.
  + Select any NDC listed here.
    - You will select the appropriate NDC once you have reviewed the patient’s medication after the nurse has brought it down to pharmacy.
* Verify the order.
* Click on the MAR and note the nurse’s view of the lutein.

## Reverifying Christina's Patient-Supplied Medication

* PATIENT: Christina

SCENARIO:

Christina’s nurse has delivered the lutein 6 mg to the pharmacy. You have verified the product and now you need to edit the order once more so the nurses can document administrations on the MAR.

TRY IT OUT:

* Navigate to the Medications activity in Christina’s chart.
* Select the - help/NF med - lutein 6mg order.
* Click Order Hx on the Medications toolbar.
  + This brings up the Order Action History for this order.
* On the Order Hx toolbar, click Reverify Order.
  + This allows you to edit any non-clinical details for this order in the Verify Orders activity.
  + Note: if when you return to the Verify Orders everything is greyed out, close out of the activity by clicking the ‘X’ in the upper right-hand corner. Then click Reverify Orders once more.
* Make the changes to alert the nurse that this order can be administered:
  + Shift-click on the medication name
    - You want to remove the -help/NF med indicator.
    - In the Use this override name field, type ‘lutein 6 mg’
    - Click OK.
  + Click Edit Admin Instructions & Note to Pharmacy
    - In the Admin Instructions section, clear out the original Smart Phrase.
    - Type ‘.POMV’
      * This is a SmartPhrase that will indicate to the nurse that they need to use the patient’s own medication that has been identified by pharmacy.
    - Click Accept
* You will also need to select the NDC as indicated by identification of the product.
  + Click on the lutein 6 mg PO Caps hyperlink under Products to Dispense.
  + Next to the package field, click the magnifying glass button on the right.
  + Select the 43292-56403 NDC.
  + Click Back to Summary.
* Click Edit Clinical and Dispensing Information to make one more change.
  + In the Dispense Information section:
  + Change the Dispense Code to Patient’s Own Med.
    - A label with a barcode will print upon verification.
  + Click Back to Summary
* Confirm the following details:
  + Click Edit Clinical and Dispensing Information:
    - Dispense Location is listed as AWH Central Pharmacy
    - Dispense Code is Patient’s Own Med
    - Patient supplied and Do not dispense are marked as ‘Yes’
* Verify the order.

# Interventions

## Intervening on Orders

Intervention documentation in Epic is called i-Vents. i-Vents are a pharmacist-to-pharmacist communication tool and are designed to help pharmacists track issues. Other clinicians cannot see i-Vents.

### Intervening on Christina’s Orders

* PATIENT: Christina

SCENARIO:

You are finishing up verifying Christina’s orders. The last three orders are pharmacy consults from the provider.

TRY IT OUT:

* Double-click the – pharmacy consult in the Order List to open up the Order Details.
* Review the Note to Pharmacy and the flag documented by the nurse.
  + RN documented as “dose not required”
* Cut and Paste the hold parameters from the Notes to Pharmacy to the Admin Instructions.
* Note the intervention already placed on this order.
  + Click on the Interventions hyperlink to review the details of this i-Vent.
  + Click Accept to close the i-Vent.
* Since a dose is not required, you can verify this order.
* Click Back to Summary.
* Double-click the insulin - per pharmacy consult in the Order List to open up the Order Details.
* Note the Administration Instructions for the nurse.
  + Insulin – per pharmacy order which is one of the pharmacy consults (AWH).
* You want to start an i-Vent to document to other pharmacists, details about monitoring Christina’s insulin.
  + Click New i-Vent on Verify Orders toolbar.
    - In the pop-up, you can select the sidebar or full activity. For your normal activities, it is recommended to choose the sidebar so you will be able to reference the Verify Orders activity as you document.
  + Note the hard stops (red stop signs) fields. You must fill these out, otherwise Epic will not allow you to accept your i-Vent. Fill in the i-Vent details:
    - Type: Hyperglycemic Management
    - Status: Open
    - Time spent: Document your time once you have finished filling in the rest of the fields
    - Note the Scratch Notes section
      * These notes are not for clinical document and can be removed at any time without an audit trail.
    - Documentation
      * These notes are for clinical documentation, such as a SOAP note.
      * Can free-text or use SmartText.
  + Once you have filled in the Documentation section, you will want to copy this into a Note.
  + Click the yellow paper icon in the upper right-hand corner of the Documentation section.
    - Fill out any further information if desired.
    - Click Sign to sign your note. This note will be visible in the Notes activity.
  + Fill in your Time Spent field if you have not done so already.
  + Accept your i-Vent.
  + Back in Verify Orders, verify the consult order.
  + Click Back to Order List.
* Double-click the vancomycin - per pharmacy consult in the Order List to open up the Order Details.
  + Review the lab results.
* This time, along with creating your i-Vent, you will also place the order for the dose of vancomycin and a lab.
  + Click New i-Vent on Verify Orders toolbar.
  + Fill in the i-Vent details:
    - Type: Kinetics
    - Status: Open
    - Time spent: Document your time once you have finished filling in the rest of the fields
    - Documentation
      * Click in the Insert SmartText field and search ‘RX’
        + This shows the full list of pharmacy-related SmartText
      * Select the Rx Vancomycin Initial Dosing SmartText
        + \*\*\*: Wildcards

Indicators for free text

* + - * + Yellow dropdown

Can select one option

Left-click to pick; right-click to stick

* + - Once you are done filling out the Documentation section, make sure to copy it into a Note.
    - Document your time spent on this i-Vent. Then Accept.
  + Open the Orders activity.
    - Place an order for Vancomycin (ERX 890133)
      * Frequency: q12 hours.
        + Adjust the times to schedule the doses appropriately around the other antibiotics.
      * Indications: Community-Acquired Pneumonia
    - Order a vancomycin trough lab for tomorrow before a scheduled vanco dose.
      * Adjust the time of the lab in the First Occurrence field.
    - Sign and Verify these orders.
      * Override Medication Warning Window.
        + Fill out the Providers window.
  + Verify both the vancomycin and vancomycin – per pharmacy consult orders.
    - Note that you did not have to verify the trough lab.

# Supporting Admission Medication Reconciliation

## Supporting Nurses Entering Home Medications

### Documenting Lucy's Home Medications

* PATIENT: Lucy

SCENARIO:

Lucy was just admitted with abdominal pain. Her husband has brought along the medications that Lucy normally takes, and you're ready to interview her and update the home medications list.

TRY IT OUT:

* Log in and open Lucy's chart from the Order Entry button on the red Hyperspace toolbar.
* Open the Nursing Navigator activity.
  + Click Home Meds to take you directly to the appropriate section.
* Why does Lucy already have home medications documented?
* Update Lucy's home meds list with the following medications:
  + Ibuprofen 200 mg tablet, every 6 hours PRN for pain
  + Fluoxetine 20 mg capsule, 20 mg oral, daily
  + Tylenol sinus, 1 tablet every 4 hours PRN for congestion
  + Vitamin C 1000 mg, 1000 mg daily
  + Are you required to enter an indication of use for any of these orders?
* Once you are finished entering in the home medications for Lucy, look at the bottom of the field and note the Med List Status and Mark as Reviewed button.
  + The Med List Status is how you and the nurse sign off that review is complete. It is also used to measure med rec compliance.
  + Which status would the nurse use when their review is complete? Which status should you use?
  + Mark as Reviewed acts as a signature and time stamp for when the Home Med List was last reviewed.
* Indicate that your review of the home meds is complete by updating the Med List Status to Pharmacy Complete.
* Click Mark as Reviewed to indicate that your review is complete.
  + Take a look at the History hyperlink to see the Reconciliation Review History for Lucy.
  + Close the History report window.

CHECK YOUR WORK:

* Click the History link. If you see your username in the Med List Status History section with a status of Pharmacy Complete, you have signed off on the home med list.

### Adding Last Dose Times to Lucy's Home Medications

* PATIENT: Lucy

SCENARIO:

After you have Lucy's home medications documented, you want to add more detail about the last time that she took them. This will help her provider understand how compliant Lucy has been, and how they should schedule the med if they order it for the admission.

TRY IT OUT:

* Use the buttons to indicate the last date that Lucy took each medication, and the keyboard to type in specific times that she took the medications:
  + Ascorbic Acid (Vitamin C): Yesterday
  + When you first click the Yesterday button, what time populates the med list?
  + Lucy took this yesterday at 6:00 PM. Update that now.
  + Fluoxetine: Today at breakfast time
* Can you enter descriptions of the time of day a medication was taken, rather than the exact time?  
  + pseudoephedrine-acetaminophen (TYLENOL SINUS): Today at 7:00 AM
  + ibuprofen: Within the past week
* Click Mark as Reviewed to indicate that you've updated your review.

CHECK YOUR WORK:

* Click the History link.
  + There should be two sections in the Medication Documentation Review Audit section.
  + The more recent section should include dates and times in the Last Dose column.

### Making Notes on Lucy's Home Medications

* PATIENT: Lucy

SCENARIO:

As you're talking more, Lucy tells you that she doesn't take all of her medications regularly. You want to document this information for others to see.

TRY IT OUT:

* For the fluoxetine, make a note that Lucy has not been taking this regularly since she's been sick.
  + Hint: Hover over the medication row and click the paper icon.
  + Hint: DON'T use the Add Status Comment button, which makes a single note that's associated with the whole home med list, not a specific medication.
* Click Mark as Reviewed to indicate that you've updated your review.

CHECK YOUR WORK:

* Under the fluoxetine, you should see the note you entered highlighted in yellow.

## Supporting Physicians Entering Admission Orders

### Reconciling Lucy's Home Medications

* PATIENT: Lucy

SCENARIO:

Lucy's nurse has already updated the list of medications that Lucy takes at home. Now you're ready to review that information and identify any medications that Lucy should get while she's in the hospital.

TRY IT OUT:

* Go to the **Order Reconciliation** activity.
* Open the **Go to Order Reconciliation** hyperlink in the **Admission Order Reconciliation** section.
  + Click Remove All in the Orders Sidebar. Note this is only for training environment purposes.
* Go to the Review Prior to Admission Medications section.
* After talking with Lucy, you don't have anything to add to the nurse's work. Sign off on the home meds list.
* After talking with Lucy to confirm the home meds, how would the physician sign off on the home meds list?
* Go to the Reconcile Prior to Admission Medications section and reconcile Lucy 's home medications:
  + Don't order the Vitamin C.
  + Order the fluoxetine.
  + Don't order the ibuprofen.
  + Discontinue (remove) the Tylenol Sinus.
  + Click Don’t Order Unselected for the rest of the orders.
* Sign your orders.
  + Select an appropriate order mode and indicate Lange, Ross A, M.D. as the ordering and authorizing provider.

### Placing Orders for Lucy's Admission

* PATIENT: Lucy

SCENARIO:

While you're here, you want to start Lucy on a few additional orders.

TRY IT OUT:

* Reopen the Admission Orders Reconciliation section by clicking the hyperlink.
* Jump to the Order Sets section.
  + Once again, click Remove All to remove all orders from the Order sidebar. Remember, this is only for training purposes.
* In the Orders sidebar, place the following orders:
  + Vancomycin 1250 mg Q12H
  + Cefazolin 1.5 g Q12H
  + Note: these are weird doses, but needed for future exercises.
* Address any required section as indicated by red text or stop signs.
* Sign & Verify your orders and Override any Medication Warnings.
* In the Verify Orders activity, verify both of these orders.

### Documenting Your Work on Medication Reconciliation

* PATIENT: Lucy

SCENARIO:

When a pharmacist received admission orders in the Verify Queue, a New Admit i-Vent should be created. Since you have verified Lucy’s new admission orders, you now need to create that i-Vent.

TRY IT OUT:

* While still in Lucy’s chart, click the i-Vent activity tab. Fill in the details:
  + Type: New Admit
  + This i-Vent does not need to be attached to a medication but can be.
  + You do not need to add documentation.
    - This is just to indicate that the pharmacist needs to review the reconciliation.
  + Accept the i-Vent.
* Review that the home meds have been completely reviewed.
  + Open the Orders activity.
  + Open the Home Meds tab.
  + Confirm that all meds fall under the “Reviewed Prior to Admission Medications” section.
  + Confirm a nurse (or provider or pharmacist) marked the home meds as reviewed:
    - Open the Nursing Navigator and click on Home Meds
* Since all meds are reconciled, then you need to change the i-Vent from “New Admit” to “Medication Reconciliation.” To re-open the i-Vent:
  + Click on My i-Vents on the red Hyperspace toolbar.
  + Click in the box surrounding the Opened by User field.
  + Double-click on the New Admit i-Vent for Lucy.
* Change the i-Vent type to Medication Reconciliation and document the time spent.
  + Change the Status to Closed.
* Click Accept to close the i-Vent.

# Dispensing from the Pharmacy

## Printing Labels with Dispense Queue

* PATIENT: Lucy

SCENARIO:

The Dispense Queue is primarily used by pharmacy technicians to determine when labels should print for all types of doses that are stocked in Central Pharmacy. It affects IV room and the Unit Dose workflow in that doses will remain in the Dispense Queue until a user chooses to print them, rather than printing immediately on verification or when batch runs.

Today you are helping out the pharmacy technicians by working on the orders that have come through the Verify Queue for your Lucy patient.

TRY IT OUT:

* Open the Dispense Queue.
  + Use Chart Search or Epic button > Pharmacy > Dispense Queue
* The first time you open the Dispense queue, you will need to select which pharmacy you are working with. This way when you print a label, it is directed to the correct pharmacy’s printers.
  + Select AWH Central Pharmacy.
* Find your Lucy patient’s orders for vancomycin and cefazolin.
  + **WRITE DOWN THE ORDER ID NUMBER IN BRACKETS**
    - Vancomycin: \_\_\_\_\_\_\_\_\_\_\_\_\_
    - Cefazolin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Note that orders in the Dispense Queue WILL NOT print automatically.
  + You must manually print each dose.
* Select both of Lucy’s orders and click Print Selected.

## Preparing Meds with Dispense Preparation

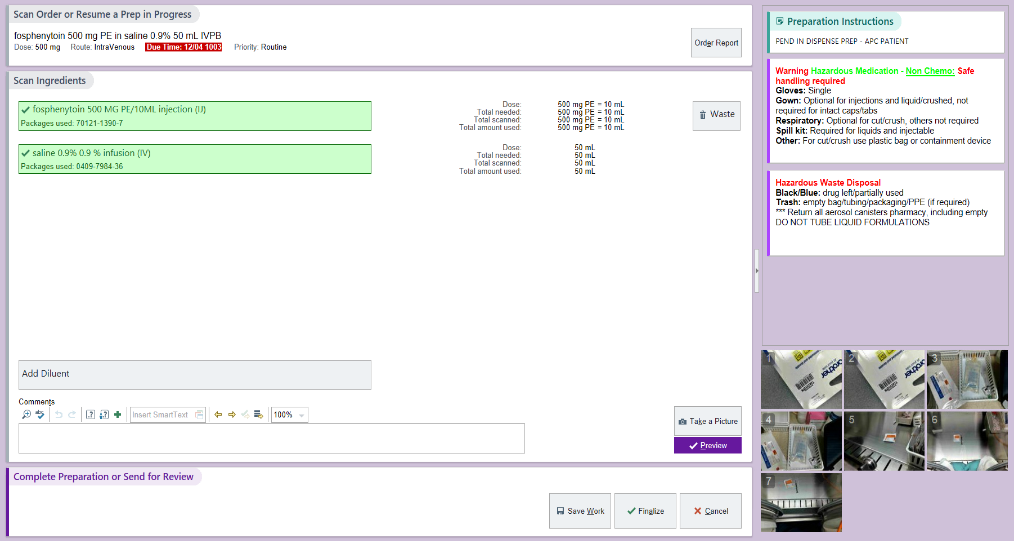
* PATIENT: Lucy

SCENARIO:

You have just printed the labels for Lucy’s orders from the Dispense Queue. Now you need to prepare them using Dispense Preparation.

TRY IT OUT:

* Open Dispense Prep.
  + Use Chart Search or Epic > Pharmacy > Dispense Prep.
* Dispense Prep is a barcode-enabled activity to document the preparation of IVs.
  + You will be able to manually enter in orders as well.
* Click the **Manually enter order** button and enter in the Order ID for Lucy’s Vancomycin order.
  + Choose the dose you are preparing by clicking the time button in the Pharmacy Dispense Preparation window.
* Review the Dispense Preparation screen.
  + Prep Instructions, if included, appear on the right.
  + Due time appears at the top, along with order info.
  + Order Report button on far right.
* Next, you need to scan or type in the NDC for each ingredient.
* You decide to start with the saline. Click the saline button and in the Add a package field, type in the saline NDC located on your classroom information sheet.
  + Type in a Lot Number and Expiration Date and click Accept
* Note that the saline button has turned green. This indicates that you have scanned the appropriate amount of the ingredient.
  + There are safeguards surrounding scanning or manually entering NDC’s in Dispense Prep.
    - If an incorrect medication is scanned or if an unexpected package is scanned, a warning appears, requiring you to either go back or override the warning.
    - Every detail is recorded in Epic, including errors and overrides.
* Next, you will click the vancomycin button, and in the Add a package field, type in the NDC for the vancomycin located on your classroom information sheet.
  + Type in a Lot Number and Expiration Date and click Accept
* Ask: Why is the vancomycin button not green?
* If you decided to proceed anyways, you would see a warning from Epic.
* Type in the vancomycin NDC once more to use a partial of a second vial.
  + Confirm the Lot Number and Expiration Date.
* Review the Verify Amount Being Used window.
  + This allows you to confirm the partial amount.
* Now the vancomycin button is highlighted as green as well.
* Normally, you would also take images of each ingredient as you get it ready, as well as an image of the final product.
  + Since there is not a camera set up in the training environment, review the steps below along with the screenshot, then continue on with the preparation of Lucy’s vancomycin.
    - Click Take a Picture 🡪 an Error message will pop up. The pop up might be hiding on another monitor if you are at a computer with two monitors. Click Ok.
    - Then click Snapshot to capture your image.
    - You can keep, retake, or keep and take another.
    - Use options at the top to manipulate the image. Important that all relevant details are legible.



* Click **Finalize** to complete this preparation.

## Preparing Meds with Waste in Dispense Preparation

* PATIENT: Lucy

SCENARIO:

You are ready to prepare the cefazolin for your Lucy patient.

TRY IT OUT:

* Open Dispense Prep if you are not there already.
  + Use Chart Search or Epic > Pharmacy > Dispense Prep.
* Click the **Manually enter order** button and enter in the Order ID for Lucy’s Cefazolin order.
  + Choose the dose you are preparing by clicking the time button in the Pharmacy Dispense Preparation window.
* Review the Dispense Preparation screen.
* You decide to start with the dextrose. Click the dextrose button and in the Add a package field, type in the dextrose NDC located on your classroom information sheet.
  + Type in a Lot Number and Expiration Date and click Accept
* Now that the dextrose button is green, repeat the process and enter in the NDC for the cefazolin.
  + You will need to do this twice for the cefazolin to scan enough.
  + Make sure to confirm the correct amount being used in the Verify Amount Being Used window.
* Notice the waste buttons that have appeared now that you have scanned the ingredients.
* When you scan a medication we can charge for waste, a Waste button appears in Dispense Prep.
  + Used to document when a portion of a single use vial must be wasted.
  + Important for reimbursement.
* Note that you are not required to document waste every single time you see the waste button, only document when it is necessary.
  + There is no waste for the dextrose, but there is for the cefazolin.
* Click the Waste button for the cefazolin.
  + In the Waste Amount field, document the amount of waste and make sure to check the Unit.
  + Once you have entered in the waste, click Enter.
* The associated charge then appears in Order Hx.
* Click Finalize to complete this preparation.

## Reviewing Meds with Dispense Check

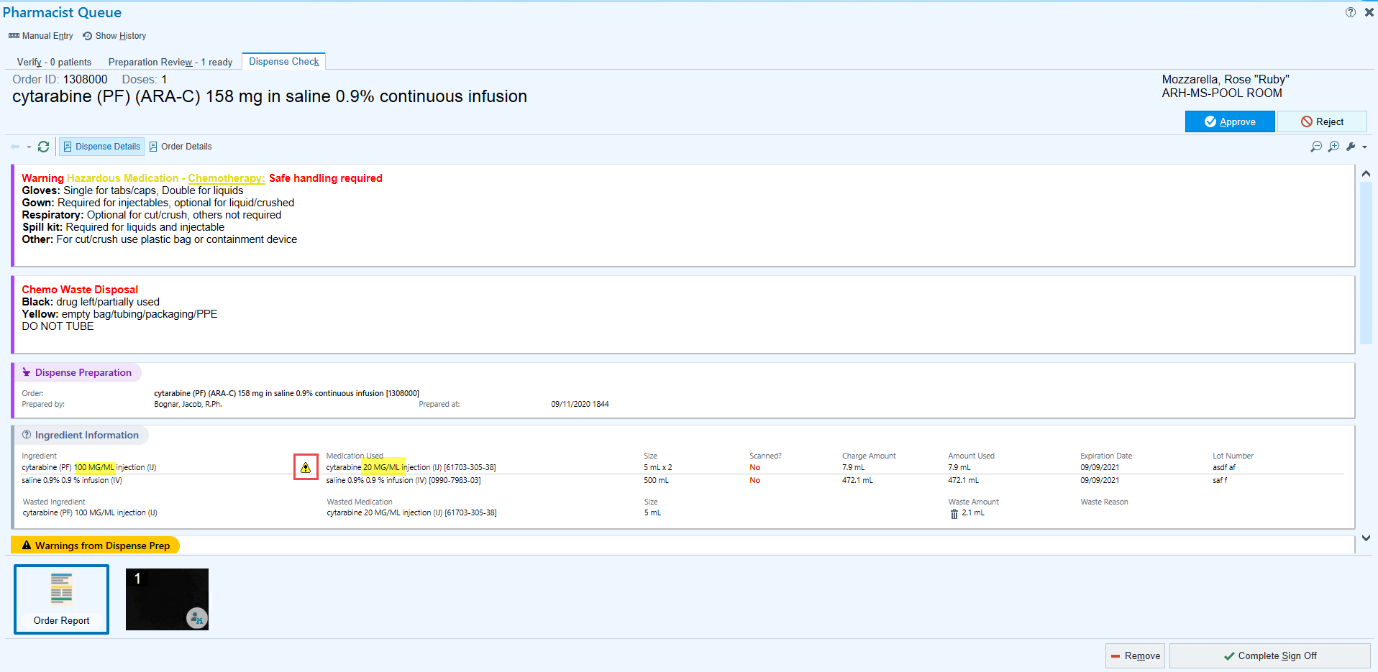
* PATIENT: Lucy

SCENARIO:

You have completed preparing Lucy’s orders. Now these orders need to be checked by a pharmacist before they leave the pharmacy. This takes place in the Dispense Check activity.

TRY IT OUT:

* Dispense Check resides as one of the queues in the Pharmacist Queue
* Open the **Pharmacist Queue**.
* There are two queues that will aid you in checking medications: Preparation Review and Dispense Check.
  + Preparation Review allows you to see at a glance what orders are waiting for review.
  + Dispense Check allows you to check those orders.
* Open **Dispense Check**.
  + This is a barcode enabled activity so you can scan the barcodes from the labels or can click Manual Entry and type in the Order IDs.
  + Another option is to double-click the order from Preparation Review which will open the order report in Dispense Check.
* Using the Manual Entry button or Preparation Review, open the vancomycin order report to review.
  + If photos had been taken during Dispense Preparation, you would see them beneath the report. Review the following screenshot, then continue with reviewing Lucy’s prepared medications.



* This vancomycin looks good.
* Using Manual Entry or Preparation Review, open the Cefazolin order report.
  + Notice now that you have 2 orders up for review, there is a Dispenses Scanned sidebar on the right. This allows you to switch between reports and sign off on multiple items at the same time.
* After reviewing the cefazolin, everything looks good.
* When you are ready, click Complete Sign Off in the bottom right-hand corner to sign off both orders for Lucy.
* Click back to Preparation Review and note that both of Lucy’s orders are in the Recently Competed section.

# Redispensing, Returning Orders and Using Bulk Charge

## Redispensing Orders for Christina

In this activity you will practice redispensing an order for Christina.

* PATIENT: Christina

SCENARIO:

Christina’s nurse called down to the pharmacy and requested a redispense of the methylprednisolone order.

TRY IT OUT:

* Open Christina’s chart.
* Navigate to the **Medications** activity.
* **Dispense** another vial of methylprednisolone for the nurse from AWH Central Pharmacy.
  + Hint: Click **Dispense.**
* Open **Order Hx** for Christina’s methylprednisolone order and confirm there is a new Dispense Action.
* Note that the new Dispense Actions is Dispense (Pending), which means the label is routed to the Dispense Queue.
* Click **Queued Dispenses** to print the label from the Dispense Queue.
* Confirm that the Dispense Action is new Redispense.

## Returning Orders for Christina

In this activity you will practice returning more orders for Christina.

* PATIENT: Christina

SCENARIO:

Christina is about to be discharged and some of her orders are sent back to the pharmacy. You know the medications are Christina s from her name on the drawer of the cart.

TRY IT OUT:

* Open Return Orders
  + Hint: Click Epic > Pharmacy > Return Orders OR use Chart Search.
* Look up your Christina patient.
* Why do you want to use Add by Patient rather than adding each order by Order ID?
* In Christina 's drawer, you find the methylprednisolone vial.
* What quantity do you enter for methylprednisolone?
* What is the final step for a returned order to file to the patient's chart?
* Finish returning the orders.

CHECK YOUR WORK:

Go to Order Hx for Christina's methylprednisolone order from the Medications activity. Confirm that you see a new line indicating a returned dispense.

## Entering Charges with Bulk Charge

In this activity, you will practice entering charges in Bulk Charge for Christina.

* PATIENT: Christina

SCENARIO:

Christina was resuscitated this morning. You received a copy of the medications used during the code. These crash cart medications are not ordered in Epic; the ordering and administration documentation is all kept on paper. However, you do need to make sure these medications are charged correctly in Epic.

TRY IT OUT:

* Click Bulk Charge and search for Christina.
  + Use Chart Search or Epic > Pharmacy > Bulk Charge.
* You need to select an encounter because:
  + Different encounters have different hospital accounts associated.
  + Christina's only encounter is her current admission; other patients might have a number of encounters.
* Indicate that Christina was resuscitated and used medications without an associated order today.
  + Note: the service date automatically populated in for today. If you were documenting for last night, you would need to adjust the service date.
* Why is it important to specify the service date?
* Confirm the pharmacy to dispense from AWH Central Pharmacy.
* Add medications to Christina's account using the **Add Product** button.
  + Atropine 1 mg/10 mL syringe: 1 pkg
  + Dextrose 5% IV: 500 mL
  + Procainamide HCL 100 mg/mL: 5 mL
  + Norepinephrine bitartrate 1 mg/mL: 1 pkg
* Finally, apply the charges to Christina's account but clicking Create Bulk Charges.

CHECK YOUR WORK:

Confirm that you can see charges for the above medications in the charges report.

SCENARIO:

You notice that, in addition to the crash cart charges, Christina received one 10 mL vial of epinephrine 1 mg/10 mL during her code. She also received 10 mLs of lidocaine HCL 2% in a procedure after the code.

TRY IT OUT:

* Add the package of epinephrine to Christina's account in Bulk Charge.
  + Hint: Click Add Product and search for the medication.
* Add the 10 mL of lidocaine to Christina's account. It was pulled from a 20 mL vial.
  + Hint: Use the Dispense Amt column and Package field.
* After entering all of your charges, send the charges to Christina’s account.

CHECK YOUR WORK:

Confirm that you see the charges for the above medications in the Most Recent Charges report.

SCENARIO:

You realize after dropping charges for Christina that the lidocaine order was for a different patient!

TRY IT OUT:

* Open Christina 's account in Bulk Charge if it is not already open.
  + Hint: Enter an equal sign (=) to quickly look up the last patient you accessed.
* Find the entry for lidocaine in the All Charges report in the lower half of the screen.
* Click the Credit Charges link, confirm the return amount, and complete the return.

CHECK YOUR WORK:

Confirm that you see the credit in the All Charges report and close the Bulk Charge activity.

# Answer Key

## Answers - Verifying and Cleaning Up Orders

### Answers - Reviewing Christina's Relevant Details

* How long has Christina been in the queue?
  + Answers will vary, based on time of class
* How many new orders does Christina have?
  + 25
* Who entered these orders?
  + Rishi, Daljeet, M.D.
* How old is she?
  + 55 years old
* Do we have a CrCl for her yet?
  + No
* Does she have any allergies? Who was the last person to review her allergies? When?
  + Bactrim [Sulfamethoxazole W/trimethoprim (Co-trimoxazole)]; Penicillin; Oxycodone; Milk [Cow’s Milk]
  + Lange, Victoria, R.N.
  + Today at 6:01 AM
* What are the problems on her hospital problem list? Does she have any problems that aren't being addressed during the admission?
  + Hospital problems are: Pneumonia
  + Non-hospital problem: None
* Does Christina have any active, verified orders?
  + Yes: methylprednisolone sod succ (Solu-MEDROL) 125 mg injection
* Does she have any completed or discontinued orders?
  + Yes: dextrose 5% and saline 0.45% with KCl 20 mEq infusion and metoprolol tartrate (LOPRESSOR) 25 mg dose

### Answers - Reviewing Christina's Orders

* Review the acetaminophen (TYLENOL) 650 mg dose:
  + Where did this order come from? (An order set? A previous order?)
* AWH Pneumonia - Adult Order Set
  + What are the dose, route, and frequency?
  + 650 mg; oral; q4h prn; prn reason: mild pain
* What size package is being dispensed? Is that appropriate?
  + Dispensing 2 325 mg tablets, yes.
* Where is this order being dispensed from? Does that make sense?
  + Yes. AWH Carousel Pharmacy
* Review the aspirin (chew) (BAYER) 81 mg dose:
  + Was this reordered from a patient-reported medication or an actual prescription?
* Patient-reported med (the person with the talk bubble icon tells you this)
  + When did the patient take the last dose at home?
* Yesterday at 0800
  + Compare the first dose of this order to the last dose the patient took at home. Is the first dose scheduled appropriately (assuming it's around 0730)?
* Yes (it's starting today at 0800, the last dose was yesterday at 0800, and the frequency is Daily)
* Look at the dextrose 5% and saline 0.45% with KCl 20 mEq infusion order
  + What modification was made?
    - Rate change 100 mL/hr to 125 mL/hr
  + The Dispense Code dictates the type of label. What is the Dispense Code for this order?
    - Premix
* Review the furosemide (LASIX) 40 mg injection.
  + Who placed this order?
    - Lange, Victoria, R.N.
  + Who authorized this order?
    - Rishi, Daljeet, M.D.
* Review and verify the ipratropium-albuterol (DUONEB):
  + What is the frequency for this order?
    - RT 4 times daily
* Review the levothyroxine tablet 300 mcg:
  + Was this reordered from a patient-reported medication or an actual prescription? How can you tell?
    - Actual prescription, the House icon indicates was from an outpatient prescription.
  + When did the patient take the last dose at home?
    - Yesterday at 0700
* Confirm that the dose, route, and frequency are appropriate.
  + Your hospital does not carry the 300 mcg tablet. What strength did Epic convert to?
    - 150 mcg tablets, admin 2
* Review the omeprazole order.
  + Where did both orders come from?
    - One was reordered from a home med and the provider selected the alternative formular order, other from AWH Pneumonia – Adult order set

### Answers - Cleaning Up Christina's Orders

* For the discontinued order, when the last dose was administered?
  + Today at 0606

### Answers – Updating Schedule for Antibiotic

* Recall that the cefepime is q6h, infused over 30 minutes, scheduled at 04, 10, 16, 22.
  + When should the scheduled time of metronidazole be?
    - Answers based on clinical judgement and time this practice guidebook was completed
    - Important to stick with the standard time as much as possible.

## Answers - Placing New Orders

### Answers - Cleaning Up Christina's Orders

* Review the Note to Pharmacy section.
  + Where did provider get the info that the patient takes “2 tabs with breakfast and 1 tab with supper”?
    - Original order details from home medication
  + Does the frequency listed match what the provider requested in the Note to Pharmacy section?
    - No
* Review the hydrochlorothiazide capsules. If everything looks OK, verify it.
  + Now that you just verified the last order in a linked group, what is the system asking you to do?
    - Review all of the linked orders and confirm that they should be verified.
* Review the Note to Pharmacy section.
  + What is the request?
    - For Monday, Wednesday, and Friday, the dose is 5mg.
    - For all other days of the week, the dose is 2.5 mg

## Answers - Supporting Admission Medication Reconciliation

### Answers - Documenting Lucy's Home Medications

* Why does Lucy already have home medications documented?
  + Could be due to a number of reasons: she’s been here before, visited an Aspirus clinic, etc.
* Are you required to enter an indication of use for any of these orders?
  + No, there are no required fields when you are documenting a patient's home meds.
* Which status would the nurse use when their review is complete? Which status should you use?
  + RN Complete, Pharmacy Complete

### Answers - Adding Last Dose Times to Lucy's Home Medications

* When you first click the Yesterday button, what time populates the med list?
  + Unknown time
* Can you enter descriptions of the time of day a medication was taken, rather than the exact time?
  + Yes, you can enter text such as "breakfast time."

### Answers - Reconciling Lucy's Home Medications

* After talking with Lucy to confirm the home meds, how would the physician sign off on the home meds list?
  + Change the Med List Status to Provider Complete, and click Mark as Reviewed.

## Answers – Dispensing from the Pharmacy

### Answers – Preparing Meds with Dispense Preparation

* Why is the vancomycin button not green?
  + Did not scan enough; only scanned 1000 mg, need 1250 mg

## Answers – Redispensing, Returning Orders and Using Bulk Charge

### Answers - Returning Orders for Christina

* Why do you want to use Add by Patient rather than adding each order by Order ID?
  + Because you are returning a group of orders for the same patient
* What quantity do you enter for insulin lispro?
  + 1 vial
* What is the final step for a returned order to file to the patient's chart?
  + Click Return Orders

### Answers - Entering Charges with Bulk Charge

* Why is it important to specify the service date?
  + Entering the service date/time ensures that the system captures when the medication was actually given