

PharmaNet Downtime Quick Guide

There are a number of different scenarios when the Cerner Clinical Information System (CIS) will not connect with PharmaNet and a downtime may be called. These downtimes may be planned or unplanned.

Planned downtime:

- The Ministry of Health (MOH) reserves a window from 12 AM midnight and 8 AM every Thursday for maintenance of the PharmaNet system.
 - The system may be offline for the whole period, just a portion of the period or not at all.
- The MOH will send a downtime notification to the CST Service Desk representatives if a downtime is called with the expected duration of the downtime.
- The CST Service Desk will send a downtime notification to CIS users Wednesday at approximately 7 PM.
- There is no notification when the system returns to online status.
- Preparations should be made ahead of the outage (e.g., printing profiles if possible) and downtime procedures and documentation should be followed during the outage. These procedures are outlined below.

Unplanned downtime:

- As soon as it is discovered that PharmaNet is offline, a notification is sent out stating that PharmaNet is down and downtime procedures should be followed.
- Once the issue is resolved, a notification is sent stating that PharmaNet is back online.
- During the outage, procedures and documentation should be followed as outlined below.

Procedures and Documentation:

Depending on the type of outage, documentation of BPMH and Medication Reconciliation will need to occur on different forms. The following table summarizes which form to use when PharmaNet is down, the CIS is down or the connection is broken between the two.

	PharmaNet	Connection	CIS	Documentation
1	Up	Up	Down	BPMH and Adm MedRec: Medication Reconciliation Orders Form (PharmaNet profile)
2	Down	Up/Down	Up	BPMH: directly in PowerChart or if needed, Medication Reconciliation Orders Form (blank template) with Med Orders column crossed out
				Adm MedRec: done in PowerChart
3	Down	Up/Down	Down	BPMH and Adm MedRec: Medication Reconciliation Orders Form (blank template)
4	Up	Down	Up	BPMH: Best Possible Medication History Form
				Adm MedRec: done in PowerChart

Scenario 1: PharmaNet is accessible and the CIS is down

- For BPMH, use the [Medication Reconciliation form](#) printed from Excelleris with other collateral information (patient interview, medication lists, etc.) to document the BPMH.
- To complete Admission medication reconciliation, use the [Medication Reconciliation form](#) with completed BPMH information to reconcile and order medications.

Scenario 2: PharmaNet is down and CIS is available

- For BPMH, this can be done by entering medication information directly into the Document Meds by History list in the CIS using collateral information other than PharmaNet (patient interview, medication lists, etc.).
 - If a paper template is required, the [Medication Reconciliation Form - blank template](#) (printed from FormsFast, Code Grey Kit or 724 Computer) can be used with the "Medication Orders" column crossed out.
- Admission medication reconciliation can occur directly within the CIS.

Scenario 3: PharmaNet is down and the CIS is down

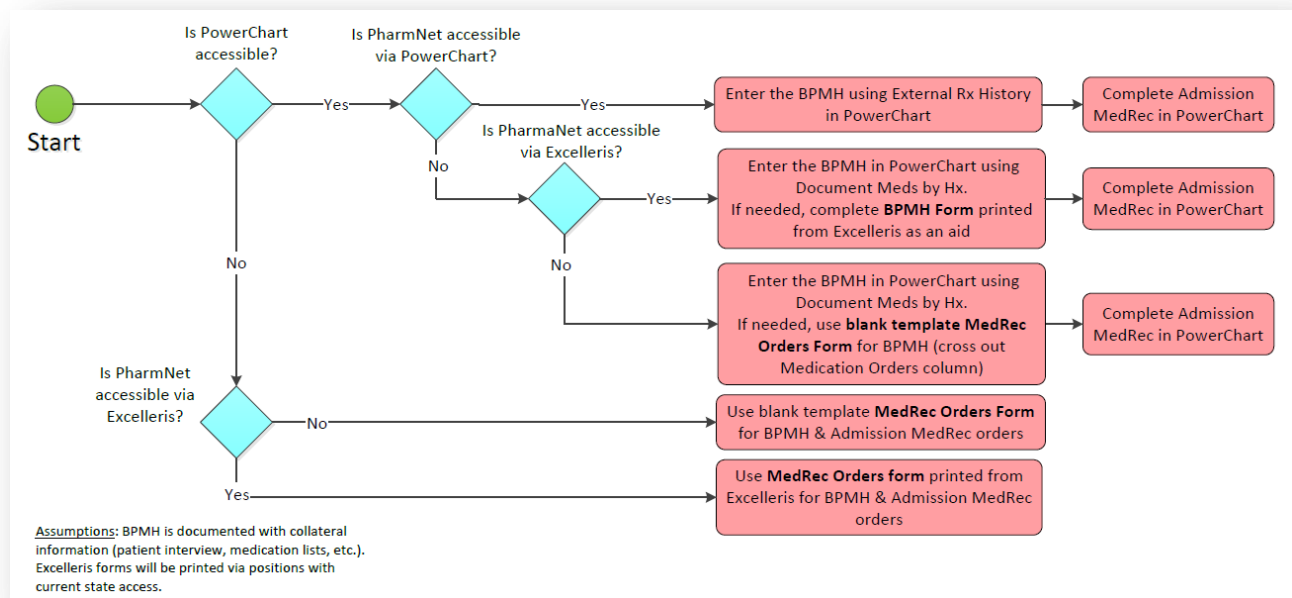
- For BPMH, use the Medication Reconciliation Form - blank template (printed from FormsFast, Code Grey Kit or 724 Computer) with other collateral information (patient interview, medication lists, etc.) to document the BPMH.
- For Admission medication reconciliation, use the Medication Reconciliation Form - blank template (available from FormsFast, Code Grey Kit or 724 Computers) completed with the patient's BPMH information to reconcile and order medications.

Scenario 4: PharmaNet is up and the CIS is up, but the connection between them is down.

- For BPMH, this can be done by entering medication information directly into the Document Meds by History list in the CIS by using collateral information (PharmaNet profile from another source such as Excelleris, patient interview, medication lists, etc.).
 - If PharmaNet is accessible via Excelleris, the Best Possible Medication History form may be printed from Excelleris. Verify this information with the patient and other collateral information and enter into the Document Meds by History list in the CIS.
- Admission medication reconciliation can occur directly within the CIS.

Choosing the Appropriate Method of Documentation

The following diagram is an algorithm for choosing the appropriate method of documenting BPMH and Admission Medication Reconciliation during downtime.



Examples of forms in use:

- Medication Reconciliation form printed from Excelleris – PharmaNet profile with BPMH (Medication History) column and Medication Orders column with PharmaNet profile
 - Perioperative Medication Reconciliation from printed from Excelleris – can be used in place of the Medication Reconciliation form as needed.

Medication Reconciliation Orders
(Page 1 of 3)
Printed on: 2014 Feb 04 11:32

Facility Patient Label
Pathnet, Tanya S
Birthdate: 1955 May 1
PHN: BC-9030146429 Gender: F

Medication History
Medications as per PharmaNet on 2014 Feb 04 11:32

Medication	Verified with: <input type="checkbox"/> patient <input type="checkbox"/> other:	Medication Orders
ETHCHLORVYNOL 200 MG CAPSULE CLAIM 1006 2014 Jun 6 Qty: 100.0 Filled AS-MORE CPD: 9103113 (Max Daily Dose: 3.333 Per PharmaNet)	<input type="checkbox"/> Taking differently (specify): <input type="checkbox"/> Give as per PharmaNet <input type="checkbox"/> No longer taking <input type="checkbox"/> Unable to verify Last taken at:	<input type="checkbox"/> Give as per verified history <input type="checkbox"/> Give as per PharmaNet <input type="checkbox"/> Discontinue <input type="checkbox"/> Change to:
CASITOR OIL OIL TAKE ONE DAILY 2014 Jan 15 Qty: 900.0 Discontinued OSBROCK CPD: 9103111 (Max Daily Dose: 10.000 Per PharmaNet)	<input type="checkbox"/> Taking differently (specify): <input type="checkbox"/> Per PharmaNet <input type="checkbox"/> No longer taking <input type="checkbox"/> Unable to verify Last taken at:	<input type="checkbox"/> Give as per verified history <input type="checkbox"/> Give as per PharmaNet <input type="checkbox"/> Discontinue <input type="checkbox"/> Change to:
OPIMUM TINCTURE 10 MG/ML TINCTURE TAKE ONE DAILY 2014 Jan 14 Qty: 900.0 Filled OSBROCK CPD: 9103111 (Max Daily Dose: 10.000 Per PharmaNet)	<input type="checkbox"/> Taking differently (specify): <input type="checkbox"/> Per PharmaNet <input type="checkbox"/> No longer taking <input type="checkbox"/> Unable to verify Last taken at:	<input type="checkbox"/> Give as per verified history <input type="checkbox"/> Give as per PharmaNet <input type="checkbox"/> Discontinue <input type="checkbox"/> Change to:
ZINC SALICYLATE/CAMPOR LOTION TAKE ONE DAILY 2014 Jan 13 Qty: 900.0 Filled OSBROCK CPD: 9103111 (Max Daily Dose: 10.000 Per PharmaNet)	<input type="checkbox"/> Taking differently (specify): <input type="checkbox"/> Per PharmaNet <input type="checkbox"/> No longer taking <input type="checkbox"/> Unable to verify Last taken at:	<input type="checkbox"/> Give as per verified history <input type="checkbox"/> Give as per PharmaNet <input type="checkbox"/> Discontinue <input type="checkbox"/> Change to:

Medication History taken by:
☐ Pharmacist ☐ Other:
Date and Time:
Signature/Initial:
Requested by: 911387 Dr. HEATHCOTE, JOHN at BC0130103 LHM-TEST
Form No. VCH-VA-VGH-0268

Prescriber:
Date: Time:
Signature:
Printed Name: College ID:
PLACE ORIGINAL ORDERS SECTION OF CHART
FAX ALL PAGES TO PHARMACY

Peri-Operative Medication Reconciliation Orders
(Page 1 of 4)
Printed on: 2014 Feb 04 11:32

Facility Patient Label
Pathnet, Tanya S
Birthdate: 1955 May 1
PHN: BC-9030146429 Gender: F

Medication History
Medications as per PharmaNet on 2014 Feb 04 11:32

Medication	PAC Verified or With: <input type="checkbox"/> patient <input type="checkbox"/> other:	Pre-Op Verified with: <input type="checkbox"/> patient <input type="checkbox"/> other:	Medication Orders
ETHCHLORVYNOL 200 MG CAPSULE CLAIM 1006 2014 Jun 6 Qty: 100.0 Filled AS-MORE CPD: 9103113 (Max Daily Dose: 3.333 Per PharmaNet)	<input type="checkbox"/> Taking differently (specify): <input type="checkbox"/> Per PharmaNet <input type="checkbox"/> No longer taking <input type="checkbox"/> Holding for surgery Last taken at: <input type="checkbox"/> Unable to verify	<input type="checkbox"/> Taking differently (specify): <input type="checkbox"/> Per PAC verified history <input type="checkbox"/> No longer taking <input type="checkbox"/> Holding for surgery Last taken at: <input type="checkbox"/> Unable to verify	<input type="checkbox"/> Give as per pre-op verified history <input type="checkbox"/> Give as per PharmaNet <input type="checkbox"/> Discontinue <input type="checkbox"/> Hold for evaluation <input type="checkbox"/> Change to: Start on Post-op day #:
CASITOR OIL OIL TAKE ONE DAILY 2014 Jan 15 Qty: 900.0 Discontinued OSBROCK CPD: 9103111 (Max Daily Dose: 10.000 Per PharmaNet)	<input type="checkbox"/> Taking differently (specify): <input type="checkbox"/> Per PharmaNet <input type="checkbox"/> No longer taking <input type="checkbox"/> Holding for surgery Last taken at: <input type="checkbox"/> Unable to verify	<input type="checkbox"/> Taking differently (specify): <input type="checkbox"/> Per PAC verified history <input type="checkbox"/> No longer taking <input type="checkbox"/> Holding for surgery Last taken at: <input type="checkbox"/> Unable to verify	<input type="checkbox"/> Give as per pre-op verified history <input type="checkbox"/> Give as per PharmaNet <input type="checkbox"/> Discontinue <input type="checkbox"/> Hold for evaluation <input type="checkbox"/> Change to: Start on Post-op day #:
OPIMUM TINCTURE 10 MG/ML TINCTURE TAKE ONE DAILY 2014 Jan 14 Qty: 900.0 Filled OSBROCK CPD: 9103111 (Max Daily Dose: 10.000 Per PharmaNet)	<input type="checkbox"/> Taking differently (specify): <input type="checkbox"/> Per PharmaNet <input type="checkbox"/> No longer taking <input type="checkbox"/> Holding for surgery Last taken at: <input type="checkbox"/> Unable to verify	<input type="checkbox"/> Taking differently (specify): <input type="checkbox"/> Per PAC verified history <input type="checkbox"/> No longer taking <input type="checkbox"/> Holding for surgery Last taken at: <input type="checkbox"/> Unable to verify	<input type="checkbox"/> Give as per pre-op verified history <input type="checkbox"/> Give as per PharmaNet <input type="checkbox"/> Discontinue <input type="checkbox"/> Hold for evaluation <input type="checkbox"/> Change to: Start on Post-op day #:

ORIGINAL - ORDERS SECTION OF CHART
FAX ALL PAGES TO PHARMACY POST-OP
Form No. VCH-VA-VGH-0268

Verified in PAC or Pre-Op by: (Date and Time) (Designation) (Date and Time) (Designation)
Initials/Signature Initials/Signature
Requested by: 911387 Dr. HEATHCOTE, JOHN at BC0130103 LHM-TEST - VGH ED

- Best Possible Medication History Form – PharmaNet profile with the Medication History column only. Compliance options match those of the CIS. Can be printed and used as an aid for entering BPMH into the CIS.

Best Possible Medication History
(Page 1 of 2)
Printed on: 2019-06-19 14:22

Facility Patient Label or
PATHNET, TANYA S
Birthdate: 1955 May 1
PHN: BC-9030146429 Gender: F

Medication History
Medications as per PharmaNet: 2019-06-19 14:22

Medication	Medication History: verified by <input type="checkbox"/> patient <input type="checkbox"/> other:
CASITOR OIL OIL TAKE ONE DAILY 2018 Jan 15 Qty: 900.0 Discontinued OSBROCK CPD: 9103111 (Max Daily Dose: 10.000 Per PharmaNet)	<input type="checkbox"/> Taking as prescribed <input type="checkbox"/> Taking differently (specify): <input type="checkbox"/> Unable to obtain information <input type="checkbox"/> Investigating compliance <input type="checkbox"/> On hold (specify): <input type="checkbox"/> No longer taking Last taken at:
OPIMUM TINCTURE 10 MG/ML TINCTURE TAKE ONE DAILY 2018 Jan 14 Qty: 900.0 Filled OSBROCK CPD: 9103111 (Max Daily Dose: 10.000 Per PharmaNet)	<input type="checkbox"/> Taking as prescribed <input type="checkbox"/> Taking differently (specify): <input type="checkbox"/> Unable to obtain information <input type="checkbox"/> Investigating compliance <input type="checkbox"/> On hold (specify): <input type="checkbox"/> No longer taking Last taken at:
ZINC SALICYLATE/CAMPOR LOTION TAKE ONE DAILY 2018 Jan 13 Qty: 900.0 Filled OSBROCK CPD: 9103111 (Max Daily Dose: 10.000 Per PharmaNet)	<input type="checkbox"/> Taking as prescribed <input type="checkbox"/> Taking differently (specify): <input type="checkbox"/> Unable to obtain information <input type="checkbox"/> Investigating compliance <input type="checkbox"/> On hold (specify): <input type="checkbox"/> No longer taking Last taken at:
POTASSIUM IODIDE/IODINE 5% SOLUTION TAKE ONE DAILY 2018 Jan 11 Qty: 900.0 Filled OSBROCK CPD: 9103111 (Max Daily Dose: 10.000 Per PharmaNet)	<input type="checkbox"/> Taking as prescribed <input type="checkbox"/> Taking differently (specify): <input type="checkbox"/> Unable to obtain information <input type="checkbox"/> Investigating compliance <input type="checkbox"/> On hold (specify): <input type="checkbox"/> No longer taking Last taken at:

Best Possible Medication History
(Page 2 of 2)
Printed on: 2019-06-19 14:22

Facility Patient Label or
PATHNET, TANYA S
Birthdate: 1955 May 1
PHN: BC-9030146429 Gender: F

Medication History
Medications as per PharmaNet: 2019-06-19 14:22

Medication	Medication History: verified by <input type="checkbox"/> patient <input type="checkbox"/> other:
SODIUM BICARBONATE 300 MG TABLET TAKE ONE DAILY 2018 Jan 10 Qty: 900.0 Filled OSBROCK CPD: 9103111 (Max Daily Dose: 10.000 Per PharmaNet)	<input type="checkbox"/> Taking as prescribed <input type="checkbox"/> Taking differently (specify): <input type="checkbox"/> Unable to obtain information <input type="checkbox"/> Investigating compliance <input type="checkbox"/> On hold (specify): <input type="checkbox"/> No longer taking Last taken at:
GETRIMIDE 0.5% CREAM (G) TAKE ONE DAILY 2018 Jan 9 Qty: 900.0 Filled OSBROCK CPD: 9103111 (Max Daily Dose: 10.000 Per PharmaNet)	<input type="checkbox"/> Taking as prescribed <input type="checkbox"/> Taking differently (specify): <input type="checkbox"/> Unable to obtain information <input type="checkbox"/> Investigating compliance <input type="checkbox"/> On hold (specify): <input type="checkbox"/> No longer taking Last taken at:
ETHCHLORVYNOL 200 MG CAPSULE To be taken once daily(1) at approx. the same time each day. 2018 Jan 8 Qty: 12 Filled HATHCOTE CPD: 911387 (Max Daily Dose: 4 per PharmaNet)	<input type="checkbox"/> Taking as prescribed <input type="checkbox"/> Taking differently (specify): <input type="checkbox"/> Unable to obtain information <input type="checkbox"/> Investigating compliance <input type="checkbox"/> On hold (specify): <input type="checkbox"/> No longer taking Last taken at:
POTASSIUM ALUM POWDER TAKE ONE DAILY 2018 Jan 6 Qty: 900.0 Filled OSBROCK CPD: 9103111 (Max Daily Dose: 10.000 Per PharmaNet)	<input type="checkbox"/> Taking as prescribed <input type="checkbox"/> Taking differently (specify): <input type="checkbox"/> Unable to obtain information <input type="checkbox"/> Investigating compliance <input type="checkbox"/> On hold (specify): <input type="checkbox"/> No longer taking Last taken at:

☐ Not taking any additional medications (herbal, nonprescription, antiretroviral, sample etc.):
verified by ☐ patient ☐ other:

Additional Medications
Drug, dose, route, frequency and duration
Drug, dose, route, frequency and duration
Drug, dose, route, frequency and duration
Drug, dose, route, frequency and duration

- Medication Reconciliation Orders Form – blank template with BPMH (Medication History) and Medication Orders columns
 - Perioperative Medication Reconciliation Orders Form – can be used in place of the Medication Reconciliation form as needed.

If You Received This Facsimile In Error, Please Call 604-584-5819 Immediately

Vancouver Coastal Health
Prescribing without a licence is illegal

Coastal: ☐ LGH ☐ SGH ☐ SMH ☐ PRGH

Medication Reconciliation Orders
(Page ____ of ____)

*List all medications the patient is currently taking, including nonprescription drugs, herbals, samples, trial drugs and medications obtained out of the Province or over the Internet.

Medication History	Medication Orders
Verification with: <input type="checkbox"/> patient <input type="checkbox"/> Facility MAR <input type="checkbox"/> other: <input type="checkbox"/> Patient not taking any medications Drug, Dose, Route, Frequency and Duration Last taken at:	Request medical interpreter: 604-675-4099 <input type="checkbox"/> Give as per verified history- <input type="checkbox"/> Discontinue <input type="checkbox"/> Change to:
Drug, Dose, Route, Frequency and Duration Last taken at:	<input type="checkbox"/> Give as per verified history- <input type="checkbox"/> Discontinue <input type="checkbox"/> Change to:
Drug, Dose, Route, Frequency and Duration Last taken at:	<input type="checkbox"/> Give as per verified history- <input type="checkbox"/> Discontinue <input type="checkbox"/> Change to:
Drug, Dose, Route, Frequency and Duration Last taken at:	<input type="checkbox"/> Give as per verified history- <input type="checkbox"/> Discontinue <input type="checkbox"/> Change to:
Drug, Dose, Route, Frequency and Duration Last taken at:	<input type="checkbox"/> Give as per verified history- <input type="checkbox"/> Discontinue <input type="checkbox"/> Change to:
Drug, Dose, Route, Frequency and Duration Last taken at:	<input type="checkbox"/> Give as per verified history- <input type="checkbox"/> Discontinue <input type="checkbox"/> Change to:

Medication History taken by:
☐ Prescriber or
 (Date and Time) (Printed Name) (Signature)
 (Designation) ***Write all new orders on Orders form***

Prescriber:
 (Date and Time) (College ID Number)
 (Printed Name) (Signature)

VCH.CO.0038 | OCT 2014 FAX ALL PAGES TO PHARMACY PLACE ORIGINAL IN ORDERS SECTION OF CHART

If YOU RECEIVED THIS FACSIMILE IN ERROR, PLEASE CALL 604-584-5819 IMMEDIATELY

Vancouver Coastal Health
Prescribing without a licence is illegal

Coastal: ☐ LGH ☐ SGH ☐ SMH ☐ PRGH

Peri-Operative MEDICATION RECONCILIATION ORDERS
(Page ____ of ____)

Label

List all medications the patient is currently taking, including nonprescription drugs, herbals, samples, trial drugs and medications obtained out of the Province or over the Internet

Request medical interpreter: 604-675-4099

Medication History	Medication Orders
<input type="checkbox"/> PAC Verified or <input type="checkbox"/> Pre-op Verified with <input type="checkbox"/> patient <input type="checkbox"/> other: <input type="checkbox"/> Not taking any medications including herbal, nonprescription, antiretroviral, sample, etc. Drug, Dose, Route, Frequency and Duration Last taken at:	Pre-op Verified with: <input type="checkbox"/> patient <input type="checkbox"/> other: <input type="checkbox"/> Taking differently (specify): <input type="checkbox"/> Per PAC verified history <input type="checkbox"/> No longer taking <input type="checkbox"/> Holding for surgery Last taken at: <input type="checkbox"/> Unable to verify Start on post-op day #:
Drug, Dose, Route, Frequency and Duration Last taken at:	<input type="checkbox"/> Give as per pre-op verified history <input type="checkbox"/> Discontinue <input type="checkbox"/> Hold for evaluation <input type="checkbox"/> Change to:
Drug, Dose, Route, Frequency and Duration Last taken at:	<input type="checkbox"/> Give as per pre-op verified history <input type="checkbox"/> Discontinue <input type="checkbox"/> Hold for evaluation <input type="checkbox"/> Change to:
Drug, Dose, Route, Frequency and Duration Last taken at:	<input type="checkbox"/> Give as per pre-op verified history <input type="checkbox"/> Discontinue <input type="checkbox"/> Hold for evaluation <input type="checkbox"/> Change to:
Drug, Dose, Route, Frequency and Duration Last taken at:	<input type="checkbox"/> Give as per pre-op verified history <input type="checkbox"/> Discontinue <input type="checkbox"/> Hold for evaluation <input type="checkbox"/> Change to:
Drug, Dose, Route, Frequency and Duration Last taken at:	<input type="checkbox"/> Give as per pre-op verified history <input type="checkbox"/> Discontinue <input type="checkbox"/> Hold for evaluation <input type="checkbox"/> Change to:

Verified in PAC or Pre-op by: (Date and Time) (Designation) (Signature)
 (Printed Name)

Verified pre-op by: (Date and Time) (Designation) (Signature)
 (Printed Name)

VCH.CO.0038 Rev Oct 2014 FAX ALL PAGES TO PHARMACY POST-OP PLACE ORIGINAL IN ORDERS SECTION OF CHART