SELF-GUIDED PRACTICE WORKBOOK [N1] CST Transformational Learning

WORKBOOK TITLE: Pharmacist (Workbook #1)



Last update: April 10, 2018 (v2)



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# **SELF-GUIDED PRACTICE WORKBOOK**

Duration	4 hours
Before getting started	<ul><li>Sign the attendance roster (this will ensure you get paid to attend the session).</li><li>Put your cell phones on silent mode.</li></ul>
Session Expectations	<ul> <li>This is a self-paced learning session.</li> <li>A 15 min break time will be provided. You can take this break at any time during the session.</li> <li>The workbook provides a compilation of different scenarios that are applicable to your work setting.</li> <li>Each scenario will allow you to work through different learning activities at your own pace to ensure you are able to practice and consolidate the skills and competencies required throughout the session.</li> </ul>
Key Learning Review	<ul> <li>At the end of the session, you will be required to complete a Key Learning Review.</li> <li>This will involve completion of some specific activities that you have had an opportunity to practice through the scenarios.</li> <li>Your instructor will review and assess these with you.</li> <li>Upon completion of the Key Learning Review, both you and your instructor will complete your Competency Assessment Checklist.</li> </ul>



# **Using Train Domain**

You will be using the train domain to complete activities in this workbook. It has been designed to match the actual Clinical Information System (CIS) as closely as possible.

Please note:

- Scenarios and their activities demonstrate the CIS functionality not the actual workflow
- An attempt has been made to ensure scenarios are as clinically accurate as possible
- Some clinical scenario details have been simplified for training purposes
- Some screenshots may not be identical to what is seen on your screen and should be used for reference purposes only
- Follow all steps to be able to complete activities
- If you have trouble to follow the steps, immediately raise your hand for assistance to use classroom time efficiently
- Ask for assistance whenever needed



# Overview of PowerChart

### 1

### Introduction

PowerChart will replace the current paper-based chart and will support clinical practice by adding functionality to facilitate the four goals of the Clinical Systems & Transformation (CST) project: Safety First, Best Way Every Day, Face Time not Chase Time, Draw on Data.

As a pharmacist, you will access PowerChart to obtain the necessary information required to ensure the patient's medication profile is safe and accurate. As pharmacists will not actively use all parts of PowerChart, this section will introduce you to the pertinent parts of PowerChart relevant to your clinical practice.

Other applications within Cerner but outside PowerChart include Pharmacy Medication Manager (Workbook #3) and other Supply Chain applications.





After logging into PowerChart as a new Pharmacist Cerner user, the default screen is the **Pharmacy Patient Monitor** (PPM).

2 PowerChart Organizer for TestMM, Pharmacisk PharmAdd0, PP Task fast Venu: Peters Chart Links Notifications He PPM (Crinical WorksistJMessage Center ()) Pharmacy Cent & Dir @ Antice	n Digenter ∰ Ambulatory Organizer ∰ Myfor atlen + Add + - M Me 2] Upfelter: _}	penence 🖕 Patient Lint 🕮 Multi-Patient Task (int Tracking Shell 🛛 append <b>Toolbars</b> ) i 🕃 Cauco eduction Manager 📎 Charge/Credit Entry 🐨 Discern Reporting Pe	Note: Your default PowerChart screen can be changed if needed.
View: LGH Commo LGH Med Request Only PEM Med Request Only SGH Med Request Only SGH Med Request Only SGH Med Request Only	231 14 0 CS	TPRODONC, JUHIPHARNACY HER: 700008292 DOB: 01-3en-1980 Age: 37 years Sex: Female Impatient Orders • celecoxib 200 mg, PQ, BD with feed, drug form: cap, state 09 Cer-2017 17:00 PST States Ordered R2 pilotop:	weight: 72 kg Refer to the Pharmacy Tips and Tricks QRG.
CSTI WHC MR2N WHC Med Request Only 7 years	Quesie time: 13 days DOB: 10-Oct-1980	Medication Request	
CSTORC, CHERRY - 26 years HR9: 70004349 File: 70000006508 LGH Chemo / LGH Chemo	Queue bine: 13 days DOB: 23-Feb-1991	Reputated detaclismin 040-040-2017 31:38 PFT Resource Cannot Disorde © 😥 vancomycin 2,000 mg, 1V, once, administer over: 2 hour, start: 08-Dec 2017 14:00 PST, stop: 08-Dec 2017 14:00	Quese time: 3 days History PST, bag volume (mL): 500
CSTPRODONC, NURSEREVIEWSTEPH - 32 years HRN: 700008454	Queue time: 12 days DOB: 29-Nov-1985	Requiring directions (de Dec 2017 13:18 PST     Reason: Cannot locate	Quent time: 3 days Heatry View Process
CSTPRODONC, REVENUEARMACY - 37 years 700008294 700000015371 LGH Chem J, LGH Chemo	12 days 01-Jan-1980		Will launch Pharmacy Medication Manager
CSTONC, LEARNINGVIC - 37 years HEN: 700008500 FIN: 700000015809	Queue time: 11 days DDB: 12-May-1980		

### Frequently used toolbar icons in PowerChart

Pharmacy Patient Monitor,	. PPM	Clinical Worklist,	Clinical Worklist
Pharmacy Care Organizer	🚏 Pharmacy Care Organizer	Message Center	🖃 Message Centre

**REFERENCE**: PPM is the default screen that will most commonly be used in the dispensary, as it allows us to process medications by launching the Medication Manager. We will re-visit medication processing and verification through the PPM in the Pharmacist Workbook #2.



# 4 Refresh your screen

When in PowerChart, you are looking at a snapshot of information in the system. For this information to be updated, you will need to refresh.

Click the Refresh button regularly.

- 1. Click the time shown to refresh your screen.
- 2. The time will reset to 0 minutes ago
- 3. Each screen viewed, i.e. Pharmacy Care Organizer and Clinical Worklist screens will require their own separate refresh.

P owerChart Organizer for TestMM, Pharmacist-PharmNet11, RPh	
Task Edit View Patient Chart Links Notifications Navigation Help	
PPM 👫 Clinical Worklist 🖃 Message Centre 🎬 Pharmacy Care Organizer 🎬 Ambulatory Organizer	🙄 😳 🖓 PACS 👘 🙄 👯 Remin.: 0 Saved.: 0 Msg:: 0 📮
🗄 📶 Exit 🎬 AdHoc 💵 Medication Administration 🆀 PM Conversation 👻 Communicate 👻 🕂 Add	🝷 M Medication Manager 📎 Charge/Credit Entry 🛛 💡
	ि Recent → Name → Q
Pharmacy Care Organizer	🕞 Full serven 👘 🖓 t 👌 1 hours 9 minutes ago
👫 🗎   🖣 🗎   🍣 🔩   100% 🔹   🌑 🖓	
	Recent + Name + Q
	[□] Full screen



# **PATIENT SCENARIO 1 – Pharmacy Organization Tools**

Duration	Learning Objectives
35 minutes	At the end of this Scenario, you will be able to:
	Use the pharmacy organization tools to help guide your day
	Set up a patient list
	Use the Pharmacy Care Organizer to view a concise listing of all patients and their relevant statuses concerning their medication regime
	Understand how to navigate the patient's chart and view patient data related to your role
	Use the Clinical Worklist to view a listing of all medication based on a inclusion and exclusion criteria for a specific category
	Use the Single Patient Task list to mark pharmacy consults as complete

## SCENARIO

One of the pharmacy organizational tools is the Pharmacy Care Organizer. In the following activity you will find your assigned patient and identify items specific to your patient in each column of the Pharmacy Care Organizer.

The 2<sup>nd</sup> pharmacy organizational tool is the Clinical Worklist. This list displays patients based on inclusion and exclusion criteria for a specific category. In the following activity you will find your assigned patient on this list and identify which columns appear for them.

The Single Patient Task List reflects activities or consults that need to be addressed by the pharmacist. We will set up this list however discuss how to use it in Pharmacist Workbook #2.



# Activity 1.1 – Using Pharmacy Care Organizer

Estimated Completion Time - 10 min

We will start by learning to use the Pharmacy Care Organizer

Click on Pharmacy Care Organizer icon <sup>Pharmacy Care Organizer</sup> from the toolbar. The Pharmacy Care Organizer utilizes existing lists. If there are no lists to display, you will see the message: 'There are no active lists'. To create patient lists, access 'List Maintenance'

Pharmacy Care Organizer	💭 Full screen 🛱 Print	෫ 1 minutes ago
Ah ]]   ]]   ]]		
Patient Organizer Worklist 🛛 🕄 🕂		_ ≡•
Patient List: List Maintenance Establish Relationships		≡-
There are no active lists		
To manage your patient lists, access List Maintenance		



1

### Creating a new list in the Patient Care Organizer.

Use List Maintenance to create a new list. You may maintain as many lists for as many wards as you cover; however, for the purpose of this exercise, we will populate with only one list.

### Set up your patient list

1. Click on the List Maintenance button.

Pharmacy Care Organizer				
🔏 🐚   📥 🖿   🔍 🔍   100%	-   🛛 🗶 🟠			
Patient Organizer Worklist	≍ +			
Patient List:	List Maintenance	Establish Relationships		

Note: To access different units, your Patient lists will need to have been created in advance. Refer to Foundational QRG – Create a Patient List.

Ignore this—this is not searching. Begin your task (follow steps below)

2. Click the New button.

Modify Patient Lists		
Available lists:	Active lists:	
	New OK	Cancel



3. Select Location from the Patient List Type screen and click Next.

ient List Type	2
ein List type eielect a patient list type: Assignment Assignment Assignment CareTeam Coration Medical Service Provider Group Query Query Scheduled	
Back Neat Finish Cancel	

- 4. Look for Location. Click [+] to expand
- 5. Look for Facility name (LGH Lions Gate Hospital). Click [+] to expand
- Facility name LGH Lions Gate Hospital will appear once again below. Click [+] to expand.
- 7. Click the box and checkmark your desired unit. i.e. LGH 7 Neuro Critical Care

Location Patient List		
Location Patient List	Image: Section	Euro Crit
Enter a name for the list: (Limite	ed to 50 cha	
	EGH 7 East 	-

- 8. The unit name will be populated.
- 9. Click Finish button.



Location Patient List		×		
<ul> <li>✓ *Locations [LGH 7 Neuro Cri</li> <li>Medical Services</li> <li>Encounter Types</li> <li>Care Teams</li> <li>Relationships</li> <li>Time Criteria</li> <li>Discharged Criteria</li> <li>Admission Criteria</li> </ul>	Generation     G			
Enter a name for the list: (Limited to 50 characters) LGH 7 Neuro Critical Care				
	Back Next Finish Cancel			

- 10. Select your list from the available list column
- 11. Click the right facing arrow to move to the Active lists box.
- 12. Click the OK button.

weilable lists LGH 7 Neuro Cobcal Care	Active lists:	
	0	(9) (8)



Views in the Pharmacy Care Organizer include: Patient information such as: Location, Height/Weight/SCr, Visit, Allergy, Medication History, Unverified Orders, Medication Request, Consult Orders, Diagnoses and Problems.

PowerChart Organizer for Test, Med	tifications Navigation L	lain.								l	
2 DDM 22 Multi-Datient Tack List & Datient List De	PPM 📸 Multi-Patient Task List 🖕 Patient List Perioperative Tracking 🐘 Clinical Worklist Tracking Shell 🐘 Discharge Dashboard 🖃 Message Centre 🐘 MyExperience 👘 🔅 MACS 🗄 🐁 Remin. 0 Micari O Saved: 0										
11 suseend - H Fut Message Sender MAdder IIII Medication and annipitation of a communicate + 10 Patient Education + 204 + 10 Medication Manager Character (Petit Entry & Discore Renation Bortal											
a - معند معند معند معند معند معند معند معند											
Pharmacy Care Organizer				_	_	_	íri <sup>°</sup> Fu	II screen	ā	Print (	2 minutes ago
Patient Organizer Worklist 🛛 🗧 +					Unver	ified Ord	ers	Problems			■
Patient List: LGH ICU	✓ List Ma	intenance Establish Relation	iships	Allergy		1	Con	isult Ord	ers	1	≡-
Patient	Location A	Ht/Wt/SCr	Visit	Ă.	м.	U	M	C.	D.	P.,	
CSTPRODREG, CMTESTLGHPT J 47 yrs M DOB: Mar 1, 1970	LGH ICU IC01 - 01		Length of Stay: 4 weeks 2 days Admit Date: Jul 31, 2017	۹ Media	ation Hi	istory	Ŧ	 D	T. iagnose:	5	*
MRN: 700005540 FIN: 700000008323		CrCl: Missing IBW: Missing	Anticipated Discharge Date:		-	Media	ation Red	quest			
CSTPROMED, CHLOE	LGH ICU	80 kg	Length of Stay: 6 days	۰	*			1		3	
86 yrs F DOB: Sep 29, 1930 MRN: 700006130 FIN: 700000009330	1002 - 01	CrCl: Missing IBW: Missing	Admit Date: Aug 23, 2017 Anticipated Discharge Date:		ě						
*CSTPRODMED, TEST-R 47 yrs F DOB: Apr 20, 1970	LGH ICU IC04 - 01	65 kg	Length of Stay: 5 weeks 4 days Admit Date: Jul 25, 2017	o	8						
MRN: 700005005 FIN: 700000008094		CrCl: Missing IBW: Missing	Anticipated Discharge Date:		0						
*CSTADTJAMTWO, PATIENTFIVE 18 vrs F. DOB: Apr 21, 1999	LGH ICU IC05 - 01	-	Length of Stay: 5 weeks 4 days	đ	0						
MRN: 700005393 FIN: 700000008085		CrCl: Missing IBW: Missing	Anticipated Discharge Date:		0						
CSTEICIA, UTTEST	LGH ICU IC06 - 01	60 kg	Length of Stay: 5 days	۰	3	13					
MRN: 700002097 FIN: 700000009486		CrCl: Missing IBW: Missing	Anticipated Discharge Date:		0						
*CSTPRODMED, APATEST-ONE 35 vrs M DOB: Aug 29, 1982	LGH ICU IC07 - 01	75 kg	Length of Stay: 1 day	o	8	107					
MRN: 700006263 FIN: 7000000009564		CrCl: Missing IBW: 62.31 kg	Anticipated Discharge Date:		0						
*CSTPRODMED, TESTICUOMNI-B 38 yrs F DOB: Mar 29, 1979	LGH ICU IC08 - 01	75 kg 	Length of Stay: 4 months 3 weeks Admit Date: Apr 7, 2017	۰	ě						Ŧ
Opens the PPM					PRODBC	MMTES	T.RX1 W	/ednesda	v. 2017-	August-	30 09:18 PDT

**REFERENCE:** The complete name of the column cannot be maximized to be displayed. Hover to discover.

Scr available X 72 hours

**Note:** Relationship Declaration Exemption for Pharmacists- it is no longer required for pharmacists to establish relationships. We are the only group exempt!





Click the binoculars icon A
 In the Find search field, type the name of your patient.

Clinical Worklist	
👬 📔 🍋 🔍 🔍   100% 🔹   🌑 🖬 🖄	
Cinical Pharn       Find         Patient List:       LGF         Patient List:       Image: Match whole word only         Match whole word only       Match case         Ny Populati       Image: Match whole word only         Remove       Previous         Patient:       Inform         [+]       CSTDEN	Se

2. For your assigned patient, use the hover and click functionality to find more details of your patient for the values in the columns "A", "M", "U", "C", "D", "P".



## **REFERENCE:** Icons found in the Pharmacy Care Organizer

A	Allergy Reaction Severity	
	penicillin Anaphylaxis Severe	
<b>11</b>	shellfish Rash Moderate	
· · · · ·		
A	No Known Medication Allergies	
õ		
~		
A	No Allergies Recorded	
<b>69</b>		
-1		
1000		
M.	Medication History	
	Meds History Complete	
<b>V</b>		
53		
õ	Admission Partial	
0		
	Discharge Not Started	
	Unverified Orders	
U	heparin 2 days ago	
12	Potassium chloride 2 dwr ann	
15	for a category refer to the number o	f
	items that are documented for a give	en
	magnesium sulfate 2 days ago	
	SODIUM phosphate 2 days ago	
	6 Needs Product Assignment	
	potassium chloride 2 days ago	
U	Unverhed Orders	
	non-formulary medication 24 hours, 11 minutes ago	
2 🛕	A PHARMACY ROUTE FORM COMPATABILITY RULE	
	Needs Product Assignment	
M	Medication Request	
	moletonia ( hun o minimum	
2		
	bisOPROLOL 2 hours, 24 minutes ago	
C	Consult Orders	
1	IP Consult to Pharmacy	
-		
D.	Diagnoses	
	Term Confirmation Classification Diagnosis date	
1	Mediastinitis Confirmed Medical 08/17/2017	
	Chaw Dispanses Details	
L		
P		
	Tarm Confirmation Classification Credue Owner	
3	Arrhythmia Confirmed Medical Active	
	Diabetes Confirmed Medical Active	
	MI (myocardial infarction) Confirmed Medical Active 09/29/1980	
	Show Problem Details	



# Activity 1.2 – Navigating Patient's Record in PowerChart

Estimated Completion Time – 15 min

A patient's chart can be accessed from any of the Pharmacy Organizer tools using the patient name hyperlink in the Patient Care Organizer.



Note: An alternate way to search for a patient would be to use the search bar as described in the previous scenario.



#### Select your patient

- 1. Click on your patient's hyperlink in the Patient Care Organizer.
- 2. A listing of all of the patient's encounters will appear at the bottom of the screen. **ENSURE** you select the CORRECT encounter.

3. Click the OK buttor	).
------------------------	----

PHN:	MP	Deceased .	Alerts	BC PHN	MBN	Name	DOD	A	90	Gender	Address	Address (2)	City	Postal/Zip Col	de Home Phone	Historical MRI
	5	No		3876810287	700000319	CSTPRODME	D. TEST-A 21-J	n-2000 1	7 Years	Maie	123 CST RD		VANCOU	VER	(604)905-9098	
IN:																
0002107																
it Name:																
il Name.																
18-	-															
	-															
ndec	-															
etal/Zp Code	•															
y Phone Number:	Facil	ly .	Enco	unter 11	Veil #	Enc Type	Med Service	Uni/Cin	ic Room	n Bed	Est Annual Date	Reg Date		Disch Date	Attending Provider	
	-20	GH Lions Gate	7000	000010837	700000010895	Inpatient	Dematology	LGH 2E	212	02		25 Sep-20	17 12:44		Plassee, Trever, MD	
icounter #:	-91	GW1 in G to	2000	000002162	2000000007195	Incident.	Carlobage	LOW AS	101	02		05.14.2012	21205	26 Sep 2017 12 /2	PL P M	
	Stro	GH Lions Gale	: /000	000003314	700000003330	Inpatient	Genatic Medicini	LGH 4E	412	03		26-Feb-201	7 10.30	20-Jun-2017 15:39	Ramos, NULLIAP,	John
17 H.	L															
downal MRN																
	-															
	-															
Search Heset																
	-															
	-															

**NOTE:** In the training environment, you will not see this screen as your patient has no previous encounters. You will be launched directly into the patient's electronic chart.



In some scenarios, the patient's hyperlink is not readily accessible. Alternatively, you may perform a Patient Search at the top right hand corner of the screen. When using the search function, MRN is the preferred method of searching.

- 1. Click the dropdown menu beside the Name field and select MRN.
- 2. Type patient's MRN and click the magnifying glass.
- 3. A listing of all of the patient's encounters will appear at the bottom of the screen. **ENSURE** you select the **CORRECT** encounter.
- 4. Click the OK button.

Historical MRN:

Search Reset



**RECOMMENDATION:** Open a patient's chart from

Organizer to ensure you choose the correct active

the name hyperlink in the Pharmacy Care

encounter.

Cancel



### **REFERENCE: Maximum number of Open Charts**

You will only be able to open 2 charts in PowerChart at one time. When trying to open a 3<sup>rd</sup> chart, you will be prompted to close a chart.





### View the Pharmacist Workflow Menu

2

After selecting your patient the **Pharmacist Workflow** Menu will appear—this is the default menu for a pharmacist when a patient's chart is opened.

#### Patient Summary tab will appear.

The Pharmacist Workflow Menu contains three tabs: Pharmacist Summary, Quick Orders and Pharmacy Workflow. **The Quick Order tab may currently be unavailable in the training environment** 

CSTPRODMED, 1	EST-MELAN	NIE 🛛							
CSTPRODMED, 1	EST-MELAN	NIE	DOB:13-Feb-1978	MRN:700008728	Code	de Status:			
	-		Age:39 years	Enc:7000000016315			Di	sease:	
Allergies: codeine s	ultate, NSAID	s, Kiwi, penicillin	Gender:Male	PHN:9876413961	Dosi	ng vvt:	ISC	plation:	
Menu		S 2 🔹 📩	Pharmacist Work	flow					
Pharmacist Workflow	N		🔍 🔍   100%	• • • •					
Results Review		Pharmacist Sum	mary	X Ouick Orders		C Pharmacy Workflow	53	+	
Allergies	🕂 Add							•	
Orders	🕈 Add	Allergies (4)	+		≡• 😔	Home Medications (2)			≣• 📀
Medication List	🕂 Add	Active issue	5		=• 💫	Current Medications			≡• 🙈
Documentation	🛉 Add	All Visits				Selected visit			
Diagnoses and Probler	ns	Classification	: All			⊿ Scheduled (10)			
MAR						Next Dose			
Immunizations		Priority Problem				salbutamol 2.5 mg, nebulized, q4h		24/01/18 10:00	
in in internazione		This Visit (0)				ondansetron 4 mg, PO, QID		24/01/18 12:00	
		1110 VIOIC (V)	0			budrocorticopo 3E0 ma B/ a9b		24/01/10 14:00	

#### Pharmacist Workflow Menu → Pharmacy Summary Tab

The first tab under the Pharmacist Workflow Menu is the Pharmacy Summary page.

The data under the various components on the Pharmacy Summary provides a summary of what is included in the chart.

For a more detailed view of the data in each of the components, double click on the individual headings and the hyperlink will take you to that section of the chart, where you will be provided with more detail.

#### NOTE: The following information is available in the Banner Bar

Pharmacist, Courtney 🛛					🔶 List 🔶 🌆 Recent - 🛛 Marr
Pharmacist, Courtney	DO8:1971 Jan 15	MRN:76000001	Code Status:	Process:	Location:LGH NCU; 7NC1; 01
	Age:47 years	Enc:760000000001		Disease:	Enc Typednpatient
Allergies: penicillin, shellfish	GenderFemale	PHN:1076000001	Dosing Wt80 kg	Isolation:	Attending:Train, OralMaxillofacialSu

### Process: (Violence Risk), Disease: (MRSA) Isolation: (Contact)





### **REFERENCE:** Modifying the contents of your Pharmacist Summary screen

The content and amount of information you would like to have displayed on the Pharmacist Summary screen can be modified as per your personal requirements.

I	< 🔹 🔹 🏦 Pharmacist Wor	kflow				🗇 Full screen 👘 Print 🔊 8 r	ninutes ago
ì	🗚 🗋   🖶 📄   🔍 🔍   100%	-   🤤 🌑 🗳					
I	Pharmacist Summary	☆ Pharmacy Workflow	* +			💽 🗕 👯 No-Severity 🔊 🧏 🔍	/ ≡•
I	Allergies (2) 🚽	≣⊷⊘	Home Medications (2)	≣∙⊚	High Risk Categori	ies 4	• 🔗 🔺
I	Problem List	≣∗⊗	Medications	≣∗⊘	Renal Dosing	Creatinine: 160 umol/L; 23/01/18 08:15 Creatinine: 145 umol/L; 23/01/18 07:45	
I	All Visits Classification: All		Selected visit A Scheduled (6)			Glomerular Filtration Rate Estimated: 4 28 mL/min; 23/01/ Glomerular Filtration Rate Estimated: 48 mL/min; 23/01/ Estimated: 48 mL/min; 23/01/	.8 08:15 18 07:45
I	Priority Problem		Next Dose furosemide 40 mg, PO, BID	24/01/18 17:00		insulin regular (human) additive 100 unit + sodium chlori morphine 5 mg, PO, q4h, PRN: pain-breakthrough	de 0.9% <sup>⊟</sup>
	This Visit (1) Pneumonia		digoxin 0.125 mg, PO, qdaily nadolol 40 mg, PO, qdaily			morphine PRN range dose 5 mg, IV, q4h, PRN: pain nadolol 40 mg, PO, qdaily	
I	Chronic (3)     Archuthmia	2	non-formulary medication (Ezetimibe) 10 mg, PO, qdail vancomycin 2,000 mg = 0.2 each, 250 mL/h, IV, once		Hematology	Hemoglobin: * 88 g/L; 23/01/18 07:30 INR: <sup>1</sup> 3.8 ; 23/01/18 08:15 Platelet Count: 216 ; 23/01/18 07:30	
I	Chest pain on breathing		Continuous (1) insulin regular (human) additive 100 unit + sodium chlo	ride 0.9% (NS) titratable	Drug Levels	warfarin 7 mg, PO, qdaily Digoxin Level: 2 nmol/L; 23/01/18 09:30	
I	Diabetes mellitus type 1     Historical(1)	Show Previous Visits	infusion 100 mL titrate, IV 4 PRN/Unscheduled Available (2) Last 48 hours		Antibiotic Stewardship	Vancomycin Random Level: 23.5 mg/L; 23/01/18 09:45 pharmacy to dose - vancomycin Pharmacy to Dose, IV, as dim	acted
I	Patient Information	≡•⊘	morphine 5 mg, PO, q4h, PRN: pain-breakthrough	23/01/18 07:00 23/01/18 03:00		vancomycin 2,000 mg = 0.2 each, 250 mL/h, IV, once	
	Chief Complaint:	Shortness of breath, fever,	PRN: pain Administered (0) Last 24 hours	20/02/20 00/00	Labs		• •
1	Primary Physician:	Train, GeneralMedicine-Physician7.	Discontinued (0) Last 24 hours		Microbiology (0)	-	=• 💿

Using the tab on the upper far right of the screen click on the arrow and you will see the following:



By highlighting **components** you can remove or add checkmarks for the fields you wish to have displayed in your **Pharmacist Summary** tab.





### 3 View the Pharmacist Workflow Menu $\rightarrow$ Quick Order Tab

In the Quick Order Tab, you will find pre-defined orders that you can use to order medications for your patient through PowerChart.

**NOTE:** These are still unverified orders. Verification will occur through Pharmacy Medication Manager. Order verification will be addressed in Workbook #3.

### This tab may currently be unavailable in the training environment.

< 🔹 📩 Pharmacist Workflow			🗇 Full screen 👘 Print 🏕 ago
🗚 🕽   🖶   🔍 🔍   100% 🛛 -   🖷 🖷 🚮			
Pharmacist Summary 🛛 Quick Orders		* +	🔄 — 🚉 No-Severity 🔖 🕼 🔍 🚍 🗉
Venue: Inpatient v			
Medications =• 📀	Specialty Orders 🔤 - 🔊	Labs = - 🔿	New Order Entry 🕂 🗧 🍝 🔨
⊿ Analgesics	▶ Pediatrics	▶ Bloodwork Routine	Inpatient 🗸
acetaminophen 650 mg, PO, q4h, drug form: tab	Critical Care	Microbiology	
acetaminophen 650 mg, PO, q4h, pain-mild or fever, drug form:	Mental Health	Therapeutic Drug Monitoring	Q Search New Order
TVI ENOL #2 EOUTV tab 1 lab DO ath DBN asia days forms	▶ Nephrology		Personal Public Shared
tab		Frequent Conditions =• 😞	Favorites
ibuprofen			
Anticoagulants		INR Management	💋 My Plan Favorites
Antiemetics		2 vancomycin Dosing	
Antimicrobials		Vancomycin 15 mg/kg, 1V, once, hirst dose: NOW	
Antiplatelets		vancomycin 15 mg/kg, IV, qan	
Antihypertensives		vancomycin Trough Draw Instructions	
Beta Blockers		Vancomycin Trough Level	
Bronchodilators		Vancomycin Random Level	
Continuesteroids		Creatinine Level Blood, AM Draw, Collection: T+1:0330, once	
Diuretics		► IV/PO Stepdown	
Flectrolyte Management			
Gastrointestinal Agents			
Sedatives			
Vitamins and Minerals			



## 4 View the Pharmacist Workflow Menu → Pharmacy Workflow Tab

The 3<sup>rd</sup> tab in the Pharmacist Workflow menu is the Pharmacy Workflow tab

1. Click the Pharmacy Workflow tab

Menu 0	🗧 👌 🔹 🛖 Pharmacist Workflow			2	(D) Full screen	🤄 1 minutes ago
Pharmacist Workflow	A B B B 9 9 100% - 0	0.4				
Results Review	Pharmacist Summary 23	Ouick Orders	25 Pharmacy Workflow	8 + 5	Antio Summers D. P.	a (
Allergies 🕈 Add				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	denominal de de	
Orders 🕂 Add	Vital Signs Pharmacy V	Vorkflow	SH	ected visit- Latest* Selected visit Last 7	4 hours More -	1.0 - 1
Medication List 🔹 🕈 Add	Chief Complaint Men	u				
Documentation 🛛 🕂 Add	Past Medical History	11:43		JAN 19, 2018 12:14		
Diagnoses and Problems	Documents (0) (mm	12		12		
MAR	Active issues p to 10 cr	olumns of information for the selec	ted visit			
Immunizations	Labs					
	Microbiology				Selected vis	sit 2 =-
CareConnect	Allergies					
Clinical Research	Home Medications					
Form Browser	Current Medications					
Histories	Imaging (0)					
Interactive View and I&O	Custom Links				All Visi	ts 2 =-
MAR Summary	5 5	Constant Linkson (0)	Franke Ulatana (0)	Casial Library (A)	9	
Medication Request	Create Note	Surgical History (0)	Pamiry History (0)	Social History (0)		
Oncology	Discharge Medication Review	(*)	Classification			
Patient Information	Pharmacist Consultation Note					
Perioperative Summary	Pharmacist Progress Note		Medical - POA	1		
Reference	Pharmacokinetic Assessment					
Since Last Visit	Select Other Note			Reconciliation Status: Inco	Complete Complete Reco	onciliation
Single Patient Task List						

The Pharmacy Workflow tab has its own menu. It is organized in sections found to the right of the main menu (not the grey menu). For example, you will see Vital Signs, Chief Complaint, Past Medical History, Documents....etc. This page has been organized to follow how pharmacists traditionally do a patient work-up.

**NOTE**: By scrolling through these workflow pages, you will get a snapshot of your patient's condition.

At the bottom of the page, you will find

- 1. **Custom Links**. These links may include direct launch into Pharmacare Formulary information, VCH/PHC websites.
- The link to Create Note, which allows you to access frequently used note templates that can be launched directly from Pharmacy Workflow. We will discuss creating notes in Workbook #2.



### We will now return to viewing the PowerChart Menu (located on the left side of your view)

#### **Results Review**

5

- 1. Click on Results Review from the grey MENU for your assigned patient
- 2. Click on the various tabs to view the different ways in which the results are presented (e.g. Recent results, Advance Care Panning, Lab-Recent, Lab- Extended etc.)
- 3. Right click on the anywhere on the grey bar to modify your Search Criteria.

< 🔹 🔹 🔒 Results Review	1					🗇 Full screen 🛛 🛱 Print 🕹 0 mini	utes ago
Recent Results Advance Care Plan	nning Lab - Recer	t Lab - Extended Pathology N	ficrobiology Cultures Microb	iology Other   Transfusion   Diagr	nostics Vitals - Recent N	Vitals - Extended	
Flowsheet: Lab View	¥ [	Level:	✓ ● Table C	Group 🔿 List			
+ >		Wednorday	17 January 2010 11:05 DCT 1 ange Search Criteria	hursday, 25-January-2018 11:05	PST (Clinical Range)		< >
Navigator 🛛		Set	to Today				
	Show more result	2					
CSTPRODMED, LG	iH-TEST 🛛 🗵						
CSTPRODMED, LG	H-TEST		OOB:1966-Apr-23	MRN:700003716	Code St	atus:	
		,	Age:51 years	Enc:7000000005151	1		
Allergies: No Known I	Medication All	ergies (	Gender:Male	PHN:9876978157	Dosing 1	Wt:69 kg	
Menu	7	🕻 🔿 👻 者 Results Re	view				
Pharmacist Workflow		-0.0					1
Results Review							
Allergies	+ Add	Recent Results Lab - Recent	Lab - Extended I atho	logy Microbiology Imaging	g Vitals - Recent Vit	tals - Extended Assessments View	
Orders	+ Add						
Medication List	+ Add	Flowsheet: Lab View	•	Level: Lab View	• @	) Table 🔘 Group 🔘 List	
Documentation	+ Add	4.1				Sunday, 2016-March-13 00:00 PST - Saturday, 2017-0	De
Diagnoses and Problems	;	Naviantes	_		2017 1		
MAR		CBC and Peripheral Sme	ar	Lab View	2017-Jun-15 00:00 - 23:59 PDT		
Immunizations			CBC and Peripheral Sm	ear			
			BBC Count		3.56 (1)		
		Therapeutic Drug Monito	Prin Hemoglobin		101 (L)	Hint: Set your Search Criter	ria har
CareConnect			Hematocrit		0.34 (L)	mint. Set your Search Chiler	
Clinical Research			MCV		96	to reflect the time you nee	d to
Earry Province					12.9	conturo by right clicking on	the
			Platelet Count		106 (L)	capture by right-clicking on	the
Interactive View and I&O	,		NRBC Absolute		0.0	gray date range above.	
MAR Summary			General Cnemistry		135		
Medication Request			Potassium		6.2 (H)		
Oncology			Chloride		101		
Patient Information			Anion Gap		15.2		
			Glomerular Filtratio	n Rate Estimated	48 (I)		
Perioperative Summary			Therapeutic Drug Mon	itoring / Toxicology			
Reference			Vancomycin Randor	n Level	42.0 (H)		
Since Last Visit			Vancomycin Date Last D	Dose	20170612		
Single Dationt Task List			Vancomycin Time Last D	lose	22:00		
Single Patient Task List							



## 6 Orders

1. Click the Orders Menu. The Orders Tab will be displayed as the default screen.

Note: There are 2 other tabs, Medication List and Document in Plan. You will be able to toggle back and forth from Orders to Medication on both the MENU and in the screen.

Menu 9	< 🕘 - 🏦 Orders	(D) Full scree
Pharmacist Workflow	+ 6dd   -2 Document Medication by He   Responsibilition = A Check Interactions	Reconciliation 5
Results Review		<ul> <li>Meds Histor</li> </ul>
10-144	Orders Medication List Document In Plan	
And and a second second	Filters	
1 AD	Displayed AlActive Orders (Al Intellive Orders (Al Intellive Orders (Al Statutes)	
namenanian kon		
Documentation + Add	🖓 Order Name Last Updated Status Dose Details	
Diagnoses and Problems		
MAR	Engline Gran     Achieved us     Achieved	
Sector Control of Cont	A Activity	
Immunitations	🗹 😢 Ĝia" Activity as Tolerated 30-Nov-2017 14:31 P., Ordered 30-Nov-2017 14:30 PST	
	a Diet/Nutrition	
CareConnect	M Bélőr Dabetic Det 30-Nov-2017 14:31 P Ordered 30-Nov-2017 14:30 PST, Change patient to NPO at midnight	
Clinical Research	A Contractions Intraction	
Categories	M 19 Béir setaminghen 30-160-2011433 Ordered 500 mg PO (00, 400 mg PO) (00, 4	
Transmission (1)	M Refer diphenhyddAMMH 30-New-201714.31 Ordered 33 mg PQ, obh. PRM kining, drug form: cap, stark 30-New-201714.30 PST BRUADRY. (CUIV	
MAR Summary	🐱 🐂 🗒 skir dightembydorAMNE 30-Nov-2017 14-31 Ordered 25-mg, Xr, dik, PRN Aching, drug form inj, start: 30 -Nov-2017 14-30 PST BENDARYN LCUN	
Medication Result	a Laboratory	
And the second research in the second	📓 📴 der 📴 Basis Metabolic Panel 30-Nov-2017 14:31 P Ordered 🛛 Blood, Routine, Collection: 30-Nov-2017 14:30 PST, once	
Oncelogy	Beday CBC (CBC Without DL. 30-Nov-2017 14:31 P., Ordered Blood, Routine, Collection 30-Nov-2017 14:39 PST, once	
Patient Information	Book a vector and scheme and the weat water and the content content of the content content and the scheme	
Perioperative Summary	Befer Bit and PT hand 30-flow-2021 14:31 P. Ordered Bicock Ratine, Collection 30-flow-2021 14:39 PST, once	
Reference	a Respiratory	
	👷 🕑 θe" Coxyopen Therapy 30-Nov-2017 14:31 P Ordered 30-Nov-2017 14:30 PST, Routine, 10 L/min if naloscone required and notify treating provider	
Since Last Visit	Me 60° Oxygen Therapy 30-Nov-2017 14:31 Ordered 30-Nov-2017 14:30 PST, Routine, Trainte 02 to keep Sp02 92% or greater	
Single Patient Task List	P31 moting physician in unbible to maintain U2 saturation greater than S2%	
	🖉 🖥 🖓 ** Nochy Treating Prov 30-Nov-3017 14:31 P	

The orders menu will display an inclusive list of all orders placed on your patients, such as but not limited to medications, labs, consults, dietary, ambulation, and communication orders such as "Vancomycin – Pharmacy to Dose".

PowerPlans are built in order sets that replace traditional PPO's (Pre-printed orders). Orders such as Insulin Sliding Scale with multiple orders (medication and non-medication) will only appear in Orders section and not Medication List.

## Reference: Most frequently seen lcons

Remember, to see the meaning of each icon, you can hover above each icon.

0	Requires Pharmacy Verification	ۍد	Ambulatory order
0	Pharmacy has refused order	60	Nurse review required
	Part of a PowerPlan® (Order Set)	× a	Medication has an associated Intervention form
D	Order has a comment	٠	Therapeutic Substitution or non- formulary medication
C.	Documented by History Medication	$\checkmark$	Special Access Program (SAP) and Restricted
<b>**</b>	Physician cosign required	M	To be Renewed Indicator
<mark>;8</mark> :	Physician has refused to cosign the order	P	Reference Material is available for this medication
<b>—</b> •	Prescription Order		



## 8 Medication Administration Record (MAR)

By default, the MAR is set to display the last 24 hours from the current time and the future 24 hours.

Understanding the MAR

1. Click on MAR from the MENU.

The electronic view of MAR is set to Reverse Chronological Order The next dose administration time will appear to the right of the medication name. The past medication times will be shown sequentially from right to left.

In order to view future administration times, use the scroll bar at the bottom of the MAR and scroll left. In the training environment you will be unable to use this function.

CSTPROMED, CHLOE						List I Recent - Minne - Q
CSTPROMED, CHLOE	DOB:1930-Sep-	29 MRN:700006130	Code Status:		Process:	Location:LGH ICU; IC02: 01
Allergies: Septra, shellfish	Agedo years Gender:Female	PHN:9676735583	Dosing Wt80 kg		Isolation:	Attending:Plisvcl, Antonio, MD
Menu 9	< 🕘 - 🏦 MAR					(0) Full screen 🛛 👘 Print 😪 1 minutes ago
Patient Summary	*1 66' 🚍					
Orders 🕂 Add Single Patient Task List	All Medications (System)	•		Tuesday, 2017-September-1215:	31 PDT - Thursday, 2017 1	nber-14 15:31 PDT (Clinical Range) • •
MAR	Show All Rate Change Docu	Medications	2017-Sep-13 2017-Sep-13	2017-Sep-13 2017-Sep-13 201	17-Sep-13 2017-Sep-13	2017-Sep-13 2017-Sep-13 2017-Sep-13 2017-Sep-13 2017-Sep-13 2017-
Interactive View and I&O	Time View	piperacillin-tazobactam	4.5 g	4.5 9	1553 PD1	1430 PD1 1335 PD1 1230 PD1 1130 PD1 1050 PD1 052
Results Review	🗑 Scheduled	4.5 g, IV, QID after food and bedtime, administer over 0.5	2017-Sep-13	2017-Sep-13		
Documentation 🔶 Add	Unscheduled	hour, drug form: bag, start: 2017-Sep-12 10:20 PDT, bag	LEOS POL	1305 PDI		2
Medication Request	PRN .	volume (mL): 50	100	3		A Sing Auge Divert
Histories	Continuous Infusions	ramipril 2.5 mg PO BID drug form:	2.5 mg			
Allergies 🔶 Add 🍯	🛃 Future	cap, start: 2017-Sep-11 14:36	2017-Sep-15			
Diagnoses and Problems	🛃 Discontinued Scheduled	ramipril	2015 101			
	Discontinued Unscheduled	Systolic Blood Pressure				
CareConnect	😰 Discontinued PRN	100° I	1.000 mg 4			L000 mg
Clinical Research	Discontinued Continuous Infus	ceFAZolin 1,000 mg, IV, q12h, start:	given			Not previously given
Form Browser		2017-Sep-07 14:15 PDT ce#47 olin				
Growth Chart						
Immunizations						,

The current time will always be displayed in the yellow column.

**Note:** different sections of the MAR and statuses of medication administration are identified using color coding:

- Scheduled medications- blue
- PRN medications-green
- Future medications grey
- Discontinued medications- grey
- Overdue- red

As was possible in the Results section, right clicking on the grey Search Criteria bar, will allow you to modify your viewing criteria.

< > -   ↑ MAR										[🗆] Full screen	Print	æ
*16 60' 🗎												
All Medications (System)	✓ …		Tuesda	y, 23-January-20	018 11:41 PST -	Thursday, 25-Ja	nuary-2018 11:	41 PST (Clinical I	Range)			
Show All Rate Change Docu	Medications	24-Jan-2018 18:00 PST	24-Jan-2018 17:00 PST	24-Jan-2018 14:00 PST	24-Jan-2018 12:00 PST	24-Jan-2018 11:41 PST	24-Jan-2018 10:00 PST	24-Jan-2018 09:00 PST	24-Jan-2018 08:00 PST	24-Jan-2018 06:00 PST	24-Jan-20 02:00 PS	18 T
Time View	Scheduled											
👿 Scheduled	estradiol (estradiol 50 mcg/day patch)											





### Interactive View and I&O (I&O = ins & outs)

This is found in the bottom half of the MENU. Pharmacist will have **Read-Only** access to view trends.

- 1. Click on Interactive View and I&O from the MENU.
- 2. The Adult Quick View banner will appear with available Categories.
- 3. Click the different categories to view the information contained in the Interactive View and I&O
- 4. For example, click IV Drips. For patient with an continuous IV medication, this will populate the up-to-date volume infused

Menu 7	< 🔹 🔺 🏦 Interactive View and I&O	
Pharmacist Workflow	🛰 🔜 🖽 🔐 🖌 😥 🤤 🖿 🚔 🗶	
Results Review		
Allergies 🕂 Add	🗙 Adult Quick View	4
Orders + Add	VITAL SIGNS Modified Early Warning System	
Medication List	PAIN ASSESSMENT	
	Pain Modalities	Result Comments Flag
Documentation 🕂 Add	IV Drips	
Diagnoses and Problems	Heparin Infusion	
MAR	Apnea/Bradycardia Episodes	
Immunizations	Mental Status/Cognition	
	Sedation Scales	2017-Sep-13
	Environmental Safety Management	1012 00T
CareConnect	Activities of Daily Living	A IV Drips
Clinical Research	Measurements	insulin regular (human) Bolus mL
Free Province	Glucose Blood Point of Care	additive 100 unit + sodiu Rate
Form browser	Comfort Measures	insulin regular
Interactive View and I&O	Transfer/Transport	oxytocin IV additive 30 unit Bolus ml
MAR Summary	Shift Report/Handoff	+ sodium chloride 0.9% (N Rate
Medication Request		oxytocin
		Begin Bag
Chicology		glass container 50 mL Rate
Patient Information		proPOFol
Perioperative Summary		2 Environmental Salety Management
Reference		Environmental Safety Implemented
Cinera Lant Vinit		Demos Ability-Uses Call Light w/ Success
		Special Call Device
Single Patient Task List		

5. Again, right-clicking anywhere on the grey Search Criteria Bar will allow you to modify your viewing criteria. Set: Admission to Current





# Activity 1.3 – Viewing the Clinical Worklist

Estimated Completion Time - 5 min

1

2

The Clinical Worlkist displays patients based on defined inclusion and exlusion criteria for a specific category. Each category will appear as a column. These are: Consults, Renal Dosing, Potassium, Hematology, Chemistry, Drug Levels, Antimicrobial Stewardship and Target Drugs. Your patient will only appear on this list if they meet inclusion criteria and do not meet exclusion criteria.

If the patients in a selected list or view do not meet any inclusion criteria for a category, that column will not appear on the worklist.

- 1. Click on Clinical Worklist icon **Section 2** From the toolbar.
- 2. Patient List: Select your designated area from the drop down menu and click the **Submit** button
- The Clinical Worklist like the Pharmacy Care Organizer above - utilizes existing Patient Lists that you have created for yourself

**NOTE:** To access a different unit, your Patient lists will need to have been created in advance. Refer to the Quick Reference Guide (QRG) **Foundational - Create Patient List** 

ask Edit View Patient	Chart Links Notifications Navigation Help						
PPM 🎬 Clinical Worklist 🚊	🛿 Message Centre: 🎬 Pharmacy Care Organizer 📓 Ambulatory Organize	er 🌃 MyExperience 🎍 Patient	List 🚨 Multi-Patient Task I	list 📋 🗓 CareConnect 😋 PHS	A PACS 🔍 VCH and PHC PACS 🔯 MUSE 💐 Form	mFast WFI 🖕 🦂 Remin: 0	Saved: 0 Msg: 0
ixit MAHoc IIIMedic	cation Administration 🔒 PM Conversation - 🕞 Communicate - 🕂 Ac	dd + 🔂 iAware 🕅 Medication	Manager 🚫 Charge/Credit	Entry Discern Reporting Portal	🙆 Scheduling Appointment Book 💡		
Patient Health Education	Materials Q Policies and Guidelines Q UpToDate						
armacist, Courtney						Recent - Nor	w
linical Worklist						[0] Full screen	€1 minutes a
ABIABISS	100% -   🐵 🖷 🖄						
							1
Jinical Pharmacist Wo	orklist						
Name Lints 164 7 Name /	Attral Care M Backture Calent a Facility Mr. Backs 1	Submit Clear					
Patient List: LGH 7 Neuro (	Critical Care Kacilities: Select a Facility V Hurse I	Units Submit Clear					
Patient List: LGH 7 Neuro ( My Populations Vi	Critical Care 💌 Facilities: Select a Facility 🔍 Hurse L ews: Select a View 💌	Unita Submit Clear					1
Patient List: LGH 7 Neuro 0 My Populations Vi Renorme Reset S	Critical Care  Facility Facili	Units Submit Clear					)
Patient List: LGH 7 Neuro ( My Populations Vi Record Reset S Patient Information	Cotical Care  Factors: Select a Factory  Hatted  Hatte	Submit Clear	Potassium	Chemistry	Drug Levels	Antimicrobial Stewa	ardship
Patient List: LGH 7 Neuro ( My Populations Vu Remove: Reset ( Patient Information [+] Pharmacet. Anta 46 years F	Obtail Care         Facilities:         Select a Facility         Implementation           Select a View         Implementation         Implementation         Implementation           Internal Doction         Implementation         Implementation	Hematology Hemoglobin: 1 88 9/1, 0/24/2018 07:30 INR: 1 36 0/24/2018 09/15 Platelet Count: 216 0/24/2018 07:30	Potassium	Chemistry	Drug Levels Digosin Level: 2 mmol/L 01/24/2018 9 Vancomycin Random Level: 23.5 mg/L 01/24/2018 0045	Antimicrobial Stews pharmacy to dose - van Pharmacy to Dose, IV, as Vancomycin: 2,000 mg = 250 mL/b, IV, once	ardship comycin: drected 0.2 each,

Find your assigned patient and look at the following:

- 1. Column(s) that appear(s):
- 2. Value(s) in column (s):

**NOTE**: The column will only appear if there are values to report. In this example, none of your patients is on a Target Drug or has an IP Consult ordered. Therefore, these columns are not visible.



# **3** Comprehensive list of columns for the Clinical Worklist

Refer to the **Glossary** at the end of the Workbook to view Inclusion and Exclusion criteria for each column

#### **Consults Column**

Will display all patients with consults and/or order for pharmacy to dose. (NOTE: IP = inpatient)

Inclusion criteria: An order for a consult and/or pharmacy to dose is in an Ordered status.

## 4 Renal Dosing Column

Will display all patients with labs results within the last 72 hours for qualifying medications:

Lab Results with the following qualifying results			
Creatinine Level	>150 micromol/L		
GFR	< 30 mL/min		
Urine Eosinophils	any		

Find inclusion criteria for active order for the medications in the **Glossary** at the end of the workbook



**NOTE:** Renal Dosing hyperlink to access Lexicomp. This link is unavailable in the training environment.

Consults

IP Consult to Pharmacy: 2017-Aug-23 09:36 PDT, Reason for Consult: Start Best Drug Treatment per Details



## Hematology Column

Will display all patients with the following labs results within the last **72** hours for qualifying medications

Lab Results with the following qualifying results			
Platelet count	<50		
INR	>3.5		
Hemoglobin	<90		
HIT assay positive	any		

Qualifying Medications				
Warfarin	Heparin			
Fondaparinux	Argatroban			
Rivaroxaban	Bivalirudin			
Dalteparin	Dabigatran			
Enoxaparin	Apixaban			

#### Hematology

HIT Comment: Based on the currently available evidence this assay has a sensitivity of at least 95% and a specificity of 75% at the 1.0 U/mL cut-off, but for results greater than 4.0 U/mL the specificity is 95%. HIT remains a clinical diagnosis and results should b...  $09/25/2017 \ 09:10$ HIT Interpretation: Neg [<1.0]  $09/25/2017 \ 09:10$ Hemoglobin:  $\downarrow$  89 g/L  $09/25/2017 \ 09:10$ INR:  $\downarrow$  <0.7  $09/25/2017 \ 09:10$ Platelet Count:  $\downarrow$  45 x10 9/L  $09/25/2017 \ 09:10$ 

apixaban: 2.5 mg, PO, BID heparin: 5,000 unit, subcutaneous, q8h vitamin K: 10 mg, IV, once

Note: If one value is abnormal within a section (i.e. INR increased), all values in the section Hematology will be displayed (e.g. Hgb, Platelets, HIT etc.)

#### 6

#### Potassium Column

Will display all patients with the following labs results within the last 72 hours for qualifying medications:

Lab Results with the fo qualifying results	llowing
Potassium Level	> 5.5 mmol/L

Find inclusion criteria for active order for the medications in the **Glossary** at the end of the workbook.



### **Chemistry Column**

All patients with the following labs results within the last 96 hours:

Lab Results with	the following qualifying results
TSH	>12
	<0.5
Sodium	>150
	<125
Calcium	>3
	<1.6
Ionized	>1.5
Calcium	<0.85
Phosphate	>3
	<0.59
Magnesium	<0.59
Troponin	>25
BNP	>500
Lipase	>50

Chemistry
Calcium: ↓ 1.58 mmol/L 09/25/2017
09:10
Calcium Ionized Corrected pH 7.40:
Calculated only when pH is between
7.20 and 7.60 mmol/L 09/25/2017
09:10
Lipase: 10 U/L 09/25/2017 09:10
Magnesium: ↓ 0.65
mmol/L 09/25/2017 09:10
Phosphate: \$ 0.65
mmol/L 09/25/2017 09:10
Sodium: 124 mmol/L 09/25/2017
09:10
Thyroid Stimulating Hormone: 0.45
mU/L 09/25/2017 09:10
Troponin I: 0.04 ug/L 09/25/2017
09:10

## 8 Target Drugs Column

Target Drugs will include Restricted or Special Access Drugs, where special approval is required.

This column will display all patients with qualifying medications ordered and/or completed within the last **72** hours.

Find inclusion criteria for active order for the medications in the glossary at the end of the workbook





# **Drug Levels Column**

Will display all patients on whom any of the following qualified medications have been ordered and any of the following qualifying drug levels are required.

Qualifying Medications				
Amiodarone	Lidocaine	Quinidine		
Amikacin	Levetiracetam	Streptomycin		
Carbamazepine	Lamotrigine	Sirolimus		
Clozapine	Lithium	Tacrolimus		
Cyclosporine	Mycophenolate	Theophylline		
Digoxin	Methotrexate	Tobramycin		
Ethosuximide	Phenobarbital	Valproic Acid		
Phenytoin	Posaconazole	Voriconazole		
Gentamicin	Primidone	Vancomycin		
Itraconazole	Procainamide			

Drug Levels		
Amiodarone	Gentamicin Peak	Sirolimus
Amikacin Trough	Gentamicin Trough	Tacrolimus
Amikacin Peak	Itraconazole	Theophylline
Amikacin Random	Lidocaine	Tobramycin Random
Carbamazepine	Levetiracetam	Tobramycin Peak
Carbamazepine epoxide	Lamotrigine	Tobramycin Trough
Clozapine	Lithium	Valproic Acid
Cyclosporine pre dose	Mycophenolic Acid	Voriconazole
Cyclosporine 2h post	Methotrevate	Vancomycin Bandom
Cyclosporine random	Phenobarbital	Vancomycin Rahdolii Vancomycin Peak
Digoxin	Phenobarbital Pre	Vancomycin Trough
Ethosuximide	Posaconazole	
Phenytoin	Primidone	
Phenytoin Free	Procainamide	
Gentamicin Random	Quinidine	



Drug Levels	Drug Levels
Heparin Level: 0.5	Heparin Level: 0.5
U/mL 09/25/2017 09:10	U/mL 09/25/2017 09:10
Lithium Date Last Dose:	Lithium Date Last Dose:
20170921 09/25/2017 09:10	20170921 09/25/2017 09:10
Lithium Level: <0.2	Lithium Level: <0.2
mmol/L 09/25/2017 09:10	mmol/L 09/25/2017 09:10
Lithium Time Last Dose:	Lithium Time Last Dose:
700 09/25/2017 09:10	700 09/25/2017 09:10
Phenytoin Date Last Dose:	Phenytoin Date Last Dose:
Information not on requisition	Information not on requisition
09/25/2017 09:10	09/25/2017 09:10
Phenytoin Free Level: 4 2	Phenytoin Free Level: ↓ 2
umol/L 09/25/2017 09:10	umol/L 09/25/2017 09:10
Phenytoin Level: 10	Phenytoin Level: ↓ 10
umol/L 09/25/2017 09:10	umol/L 09/25/2017 09:10
Phenytoin Time Last Dose:	Phenytoin Time Last Dose:
Information not on requisition	Information not on requisition
09/25/2017 09:10	09/25/2017 09:10
Vancomycin Date Last Dose:	Vancomycin Date Last Dose:
20170921 09/25/2017 09:10	20170921 09/25/2017 09:10
Vancomycin Random Level:	Vancomycin Random Level:
<0.8 mg/L 09/25/2017 09:10	<0.8 mg/L 09/25/2017 09:10
Vancomycin Time Last Dose:	Vancomycin Time Last Dose:
800 09/25/2017 09:10	800 09/25/2017 09:10

# 10 Antimicrobial Stewardship Column

Will display all patients with active antimicrobials (antibiotics, antivirals and/or antifungal) and related orders. See the **glossary** found at the end of the workbook. Antiretroviral medications are not included.

### Antimicrobial Stewardship

pharmacy to dose - vancomycin: Pharmacy to Dose, IV, as directed vancomycin: 2,000 mg = 0.2 each, 250 mL/h. IV, once



## **Opening Patient's Chart from the Clinical Pharmacy Worklist**

A patient chart can be opened at any time from the Clinical Pharmacy Worklist by clicking the hyperlink for the patient's name.

Patient Information	Renal Dosing	Hematology	<b>Potassium</b>	
[+]  Pharmacist, Anita 46 years F 🔀	Creatinine: 1 160 umol/L 01/24/2018 08:15 Creatinine: 1 145 umol/L 01/24/2018 07:45 Glomerular Filtration Rate Estimated: 4 28 ml/min 01/24/2018 08:15 Glomerular Filtration Rate Estimated: 4 48 mL/min 01/24/2018 07:45	Hemoglobin: \$ 88 g/L 01/24/2018 07:30 INR: † 3.8 01/24/2018 08:15 Platelet Count: 216 01/24/2018 07:30		

# 12 Search for your patient within the Clinical Worklist

- 1. Click the binocular icon
- 2. In the Find search field, type the name of your patient.





# Activity 1.4 – Viewing Pharmacy Single-Patient Task List

### Estimated Completion Time - 5 min

The Single-Patient Task List reflects activities or consults that need to be addressed by the pharmacist for a specific patient.

### Click on Single-Patient Task List from the Menu for your patient in PowerChart.

(We will re-visit the Single-Patient Task list in Pharmacist Workbook #2)

### Set up the Single-Patient Task List View

#### → Set Time Frame

1

- 1. Right-click on the grey bar stating (no time frame defined) on the right hand side of the screen and click Change Time Frame Criteria...
- 2. Click Time Frames Tab
- 3. Click to activate Radio button for Defined Time Frame
- Click to activate Radio button for Range Current Frame
- Click appropriate shift, in this case 12 Hour Day Shift



Time Frames Annual List Choose one of the follo Defined Time Frame Choose one of the follo Genetic Time Frame
Range Previous Uurrent 4 12 Hour Day Shift 12 Hour Day Shift 13 Hour Day Shift 5 8 Hour Night Shift 14 15 15 15 15
Show me my: 17:00 • PDT
From: 2017-Sep-05 x v 1710 x PDT To: 2017-Sep-05 x v 1711 x PDT
OK Cancel

## Key Learning Points

- Use the Pharmacy Organizer tools: Pharmacy Care Organizer, Clinical Worklist and Single-Patient Task List to view a snapshot of relevant patient information and to prioritize work.
- Understand the importance of setting up Patient Lists ahead of time as it drives the pharmacy organizer tools.
- Perform a high level review of a Patient's record in PowerChart, including Results Review, Order Profile, MAR, and Interactive I&O flowsheets



# **PATIENT SCENARIO 2 – PowerChart – PowerForms and Allergies**

Duration	Learning Objectives	
30 minutes	At the end of this Scenario, you will be able to:	
	Enter and modify weight and height from the Ad Hoc PowerForm	
	Add allergy from the Allergies Menu	

## **SCENARIO**

From looking at the Pharmacy Care Organizer, you see that your assigned patient's weight, height and allergies have been documented; however, after assessing your patient; you find their weight and height are not correct and their allergy to codeine is not charted.

You will use the PowerForm available from Ad Hoc charting to document your patient's updated weight and height and the Allergies Menu to add their codeine allergy.



# Activity 2.1 – Using Ad Hoc Charting – PowerForms

Estimated Completion Time - 15 min

### **Charting Weight and Height**

1

You will now chart the correct weight and height.

Open Pharmacy Care Organizer <sup>Pharmacy Care Organizer</sup> from the toolbar. You will be directed to your Patient Organizer Worklist.

Pharmacy Care Organizer										(D) Full
🗚 🗎   📥   🔍 🔍   100% 🛛 -   🗰 🖉	) ∰									
Patient Organizer Worklist 🛛 🛱 🕂										
Patient List: LGH 7 West	✓ List Mair	ntenance Establish Relati	onships							
Patient	Ht/Wt/SCr	Location	Visit	P.,	D.	Α.	М.	U	м	<b>C</b>
*CSTPRODMED, PHARMTECH-O 38 vrs M DOB: Mar 22, 1979 MRN: 700008064 FIN: 700000013484	80 kg  CrCl: Missing BSA: 1.94 m2	LGH 7W 719 - 01	Length of Stay: 15 days Admit Date: Nov 14, 2017 Anticipated Discharge Date:		-	1	ě			1
*CSTPRODMED, TEST-DEA 42 yrs M DOB: Jan 23, 1475 MRN: 700005516 FIN: 700000012275	Weight Dosing: 80 kg 11/29/2 Creatinine: CrCI: MISSING DATA	017 13:41	Length of Stay: 5 weeks 3 days Admit Date: Oct 18, 2017 Anticipated Discharge Date:		Allergy Kiwi penicillii	Reactio Anaph n Rash	n S Iylaxis	everity		-
*CSTPRODMED, TEST-FOX 11 yrs M	BSA: 1.94 m2 (Most angth Measured: 170 cm 11/29)	eller) /2017 13:41	No Relationship Exists							

- 2. Click in your patient's Ht/Wt/Scr field. Note the information.
- 3. You have assessed your patient and need to modify weight, and height. Click on your patient name hyperlink to open your patient's chart.



If Relationship window appears, select Pharmacist

4. To modify weight and height, we use PowerForms. PowerForms are templated forms used for documentation, and may be accessed from Ad Hoc button from Action toolbar.



5. Click AdHoc icon MadHoc from Action Toolbar

The default page that opens is the Clinical Pharmacy folder.



P Ad Hoc Charting - CSTPRODM	IED, TEST-	
C Clinical Pharmacy	Delinium Screen      Pain Assessment      Pain Assessment      Pharmacy Chino Clinical Check      Pharmacy Clinical Intervention      Smoking Cessation      Vital Signs and Measurements	
		Chart Close

6. Select the checkmark box for Vital Signs and Measurements and click Chart button.

Clinical Pharmacy	B Delinium Screen      Pain Assessment      Pharmacy Chemo Clinical Check      Pharmacy Clinical Intervention      B. Smokino Clinical Intervention      With Signs and Measurements	
		Chart Close

- 7. Click on the Height/Weight/BMI Menu on left hand side.
- 8. For Dosing Weight type 60 kg
- 9. In Source of Dosing Weight, select radio dot "measured"
- 10. For Height Length Measured enter 154 cm

Performed on: 06-Nov-2017	• 1606 @ PST		
Vital Signs Height/Weight/EMI	Height/Length, We	eight, and BSA/BM	II
	Dosing Weight	Source of Dosing Weight Measured Estimated Reported	Weight Heasured
	Weight Estimated	Ideal Body Weight 45.949 kg	BHI Estimated
	Height/Length Measured 154 60.63 m 154.00 cm 5.05 ft 5 ft 1 m	Height/Length Estimated	BSA Estimated
	Head Circumference	Waist Circumference	

**REFERENCE:** Values previously recorded for your patient will pull forward.



11. When complete, click the green  $\checkmark$  Sign Button found in the top left hand corner of your screen. Please see Icon Reference at the end of this section.




- 12. Click the refresh icon to refresh your screen.
- 13. Pharmacy Care Organizer column for Ht/Wt/Cr column will update. Click documented Weight to display details.

Pharmacy Care Organizer	Pharmacy Care Organizer							
👫 🗎   📥 🖿   🔍 🔍   100%								
Patient Organizer Worklist	× +							
Patient List: LGH 7 West		~	List Main	tenance	Establish Relat	ionships		
Patient		Ht/Wt/SCr		Location		Visit		
*CSTPRODMED, LGH 51 yrs M DOB: May 23, 1 66 MRN: 700003719 FIN: 700000009988	Ht/Wt/SCr We	71 kg ight Dosing: 60 kg Creatinine:	09/18/2017	15:27		Length of Stay: 10 days Admit Date: Sep 7, 2017 Anticipated Discharge Date:		
*CSTPRODMED, LGH-TE 51 yrs M DOB: Apr 23, 1956 MRN: 700003716 FIN: 700000005151	Height/Lengt	CrCl: MISSIN IBW: OUT O BSA: 1.6 m2 h Measured: 154 cm	NG DATA F RANGE 39.13 kg (Traub) (Mosteller) n 09/18/2017 15:27		raub)	Length of Stay: 3 months 3 weeks Admit Date: May 23, 2017 Anticipated Discharge Date:		
*CSTPRODMED, TEST FO 11 yrs M DOB: Aug 30, 2006 MRN: 700006661 FIN: 7000000010371	XTROT	60 kg  CrCl: Missing IBW: OUT OF RAN	IGE	LGH 7W 707 - 01		Length of Stay: 3 days Admit Date: Sep 15, 2017 Anticipated Discharge Date:		
CSTPRODMI, BOATY MCE 57 yrs M DOB: Jul 11, 1960 MRN: 700005001	BOATFA	75 kg  CrCl: Missing		LGH 7W 711 - 01		Length of Stay: 2 months 1 week Admit Date: Jul 11, 2017 Anticipated Discharge Date:		

14. The patient's dosing weight will also be updated on the banner bar.

IED, TEST		
DOB:23-Jan-1975	MRN:700005516	Code Status:
Age:42 years	Enc:700000012275	
Gender:Male	PHN:9876509555	Dosing Wt:60 kg



#### **Reference: PowerForm Toolbar icons**

Button	Action
×	<b>Sign Form</b> . Charting entries are recorded and are displayed on the patient's chart. Results are accessible immediately to others.
	<b>Save Form</b> . This button saves your entries and returns you to the previous window. When you save a form, an In Progress status is displayed in the status bar at the bottom right of the form. The results are not displayed in the Flowsheet until the form is signed.
0	Cancel. This button cancels your entries and returns you to the previous window.
and the second s	Clear. This button clears your entries and allows you to begin again.
<b>7</b>	<b>Result Info</b> . This button allows you to enter the name of the person for whom you are entering ad hoc charting. The system records the charting in the name of that person but tracks that you were the individual who actually entered the results into the system. The person's name you selected, along with the date and time, are shown on the colored banner near the top of the window.
÷	Previous. This button opens the previous section.
•	Next. This button opens the next section.
	<b>Clinical Calculator</b> . This button opens the Online Clinical Calculator window that allows you to calculate the answer to the selected formula.
	<b>Charge Details</b> . This button opens the Charge Details dialog box where you can attach diagnosis codes and other related details to any charges generated as a result of documenting the form.



# Activity 2.2 – Finding your charted PowerForm

Estimated Completion Time - 5 min

Saved and completed PowerForms are accessible from the Form Browser menu.

Do not click the Ad Hoc button as it will only create a new PowerForm.

### 

Do not click the Ad Hoc button to retrieve a saved or completed PowerForm. <u>Only</u> use Ad Hoc for a new PowerForm.



1

1. Click Form Browser in the Menu.

2. Right-click on the document created in Activity 2.1 and select Modify.

Menu	ą	< 🔹 🔹 🎢 Form Browser	[🗆] Full screen	🛑 Print 🛛 🍣 0
MAR	^	Wednesday, October 18, 2017 PDT- Tuesday, November 21,	2017 PST(Admi	ssion - Current)
Immunizations				
		Sort by: Date		
CareConnect		P All Forms		
Clinical Research		- Tuesday, 21-November-2017 PST		
Form Browser		IS 16:48 PST Pain Assessmint (In Progress) TestMM Pharmacist-Phar	mNet10 RPh	Netto DDL
Histories		Modify	-Pha	rmNet10, KPh
Interactive View and I&O		Unchart		
MAR Summary		History		
Medication Request		Change Date/Time	e	

3. Previously charted PowerForm will appear and can be edited.

For the Vital Signs and Measurements PowerForm, previously charted values will pull forward from previous charting.

🗸 🖬 🔕 🖄	74 🔸 🗣 🛄 🔛		
*Performed on: 3	1-Jan-2018 🗘 🗸 1615 🗘 PST		
Vital Sians Height/Weight	Height/Length, We Admit Weight and Height/Length values	ight, and BSA/BM	I asure for BSA values and BM
	Dosing Weight	Source of Dosing Weight	Weight Measured
	60 kg 132.277 lb 132 lb 4 oz	Measured     Estimated     Reported	kg
	Weight Estimated	Ideal Body Weight	BMI Estimated
	кg	56.882 Kg	
	Height/Length Measured	Height/Length Estimated	BSA Estimated
	160 cm 62.99 in 160.00 cm 5.25 ft 5 ft 3 in	cm	1.63 m2
	Head Circumference	Waist Circumference	



# Activity 2.3 – Adding Allergies

Estimated Completion Time - 10 min

1

You also discover from assessing your patient that an allergy to Codeine was not documented. You will add this allergy in their chart through PowerChart.

1. Click on the **Allergies** Menu and click directly on [+Add] button



2. You will be taken to the allergy update section of the chart. In the Substance field, type **codeine** and click the binoculars icon

Type Allergy  An adverse reaction to a drug or sub:	tance which is due to an immur	unological response.
*Substance		Add Comment
Reaction(s): *Severity	Info source	Canada
Add Free Text <not entered=""></not>	<not entered=""></not>	Commerks
At <not entered=""></not>	Onset: <not entered=""></not>	·
Years 🔻		*
Recorded on behalf of	*Category	Status Reason:
	•	Active
		OK & Add New Cancel

3. Select codeine from the Substance Search window and click the OK button.

Substance Search							
Search: codeine		Starts with	▼ Within:	Terminology 👻			
Search by Name Search by Code							
Terminology: Allergy, Multum Alle Terminology Axis: <a href="https://www.axis.org"></a> <a href="https://www.axis.org"></a> <a href="https://www.axis.org">www.axis.org</a> <a href="https://www.axis.org">www.axis.org</a> <a href="https://www.axis.org">www.axis.org</a> <a href="https://www.axis.org">www.axis.org</a> <a href="https://www.axis.org">www.axis.org</a> <a href="https://www.axis.org">www.axis.org</a> <a href="https://www.axis.org">Allergy, Multum Alle</a> <a href="https://www.axis.org">www.axis.org</a> <a href="https://www.axis.org" th="" www.axi<="" www.axis.org"=""></a>							
Categories							
Tem 🔺			Terminology				
<no categories="" found="" matching=""></no>							
Tem 🔺	Code	Terminology	Terminology Axis				
Term ▲ Codeine	Code 1000012	Terminology Multum Drug	Terminology Axis Generic Name				
Term A codeine Codeine Contin Codeine Phosobate	Code 1000012 100012	Terminology Multum Drug Multum Drug	Terminology Axis Generic Name Generic Name				
Tem  Codeine Codeine Codeine Codeine Phosphate Codeine Phosphate	Code d00012 d00012 d00012 d00012	Terminology Multum Drug Multum Drug Multum Drug	Terminology Axis IGeneric Name Generic Name Generic Name				
Term A codeine Codeine Contine Codeine Phosphate codeine phosphate Codeine Phosphate SuaiFENe	Code d00012 d00012 d00012 d00012 d00012 d03393	Terminology Multum Drug Multum Drug Multum Drug Multum Drug	Terminology Axis Generic Name Generic Name Generic Name Generic Name				
Term A codeine Codeine Costine Codeine Phosphate codeine Phosphate GuaiFENe Codeine Phosphate-GuaiFENe	Code d00012 d00012 d00012 d00012 d00012 d03393 d03357	Terminology Multum Drug Multum Drug Multum Drug Multum Drug Multum Drug	Terminology Axis Generic Name Generic Name Generic Name Generic Name Generic Name				
Tem A codeine Cadeine Costin Codeine Phosphate Codeine Phosphate GuaiFEN Codeine Phosphate - Fromethaz. Codeine Phosphate - Fromethaz.	Code d00012 d00012 d00012 d00012 d03393 d03357 d03407	Terminology Multum Drug Multum Drug Multum Drug Multum Drug Multum Drug Multum Drug	Terminology Axis Generic Name Generic Name Generic Name Generic Name Generic Name Generic Name				
Terra A Codeine Code Codeine Phosphate Codeine phosphate GuaiFENe Codeine Phosphate-Fromethaz. Codeine Phosphate/FLP/rom	Code d00012 d00012 d00012 d00012 d00393 d03393 d03407 d03364	Terminology Multum Drug Multum Drug Multum Drug Multum Drug Multum Drug Multum Drug Multum Drug	Terminology Axis Generic Name Generic Name Generic Name Generic Name Generic Name Generic Name Generic Name				
Tem A codeine Codeine Prosphate Codeine Phosphate Codeine Phosphate GualFENe. Codeine Phosphate-Formethaz Codeine Phosphate/ParPhorm Codeine Phosphate/ParPhorm Codeine Shosphate/ParPhorm	Code d00012 d00012 d00012 d03393 d03357 d03407 d03364 d00012	Terminology Multum Drug Multum Drug Multum Drug Multum Drug Multum Drug Multum Drug Multum Drug Multum Drug	Terminology Axis Generic Name Generic Name Generic Name Generic Name Generic Name Generic Name Generic Name Generic Name				
Tem A codene Caste Codene Phosphate codene Phosphate GualFENe. Codene Phosphate GualFEN. Codene Phosphate/GualFEN. Codene Phosphate/GualFEN. Codene Suffate	Code d00012 d00012 d00012 d00012 d03393 d03357 d03407 d03407 d03364 d00012 d00012	Terminology Multum Drug Multum Drug Multum Drug Multum Drug Multum Drug Multum Drug Multum Drug Multum Drug Multum Drug	Terminology Axis Generic Name Generic Name Generic Name Generic Name Generic Name Generic Name Generic Name Generic Name Generic Name				
Tem A codene Codene Phosphate Codene Phosphate Codene Phosphate-Formelhaz Codene Phosphate-Formelhaz Codene Phosphate/Form Codene Suffate codene sulfate codene sulfate	Code d00012 d00012 d00012 d00012 d03393 d03357 d03407 d03364 d00012 d00012 d00012 d00012	Terminology (Multum Drug Multum Drug Multum Drug Multum Drug Multum Drug Multum Drug Multum Drug Multum Drug Multum Drug Multum Drug	Terminology Axis Generic Name Generic Name Generic Name Generic Name Generic Name Generic Name Generic Name Generic Name Generic Name				
Tem A Cadene Caden Cadene Prosphate Codene Prosphate GualFENe Codene Prosphate GualFEN Codene Prosphate/GualFEN Codene Prosphate/FurProm Codene Suffate codeine Suffate codeine staffate	Code 100012 400012 400012 400012 403393 403357 403364 403012 400012 400012 400012 400012 407401 403393	Terminology Multum Drug Multum Drug	Terminology Avis (Generic Name Generic Name				
Tem A Codere Codere Phosphate Codere Phosphate Codere Phosphate Codere Phosphate Codere Codere Phosphate-Formethaz Codere Phosphate/GuayENL Codere Phosphate/GuayENL Codere Suffate codere suffate codere suffate codere guarderesin codere guarderesin coderes guarderesin	Code d00012 d00012 d00012 d03393 d03357 d03407 d03364 d00012 d07401 d07401 d03393 d03393	Terminology Mutum Drug Mutum Drug	Terminology Axis Generic Name Generic Name				
Tem A Cadeno Focale. Coderno Phosphate Coderno Phosphate GualFENe. Coderno Phosphate GualFENe. Coderno Phosphate/FourPerform. Coderno Sufate Coderno Sufate (PEPProm Coderno Sufate (PEPProm Coderno Sufate) Coderno Sufate Coderno Sufate Coderno Sufate Coderno Sufate Coderno Sufate Coderno Sufate (PEPP)	Code (d)0012 d00012 d00012 d00333 d03363 d03407 d03407 d03407 d03407 d00012 d00012 d07401 d03393 d03393 d03394	Terminology Multum Drug Multum Drug	Terminology Axis Idenetic Name Genetic Name				
Tem A Codene Cardio Codene Phosphate Codene Phosphate Gual FENe Codene Phosphate-Tometha- Codene Phosphate-Tometha- Codene Phosphate-Tometha- Codene Suffate codene suffate codene suffate codene suffate codene suffate codene de gual FENesin codene codene gual FENesin codene codene fue fENesin	Code 100012 400012 400012 400333 403357 403367 403364 400012 400012 400012 407401 403393 403393 403394 404550	Terminology Multum Drug Multum Drug	Terminology Avis Generatic Name Generatic Name				



**REFERENCE:** If an interaction is found, you will need to decide whether you need to intervene. If no intervention is required, you will have to give an override reason. Please refer to the following exercise 2.4 on steps to manage a Clinical Decision Support message.

•	Decision Support: CSTPRODMED, TEST-KANON - 700008731					
The new ord	er has created the following alerts:					
morphin	e 🖬					
		Vi. 201 D				
Please com	plete the (1) required override reasons to continue pl	lucing this order.				
Please comp	olete the (1) required override reasons to continue play []]	lacing this order.				
Please comp Allerg Severity	slete the (1) required override reasons to continue p& y [1] Substance	lacing this order. Reaction Type	Override Reason			
Please com Allerg Severity	slete the (1) required override reasons to continue p& y [1] Substance codmon	lacing this order.	Override Reason			

4. In the Reaction field, type **rash** and click the binoculars <sup>1</sup> icon.

CSTPRODMED, TESTICUOMNI-B (MRN: 700002556) -	- Add Allergy/Adverse Effect		
Type Allergy An adverse reaction Substance coderine An Free text Reaction(s): Severi	n to a drug or substance which is due to an immunological resp	onse.	
rash At a	ind entered> Convertered> Conve	Note catal Reason:	: If reaction cannot be found in the ogue, type reaction and click <b>Add</b> <b>Text</b> .
		Rea	es Add Free Text

5. In the reaction search box, choose the appropriate specific reaction and click **OK**.



6. The recorded reaction will show in the box below the Reaction(s): search field with a key icon denoting it is in the Reaction catalogue





CSTPRODMED, TESTICUOMNI-B (MRN: 700	002556) - Add Allergy/Adve	rse Effect						
Type Allergy  An adverse reaction to a drug or substance which is due to an immunological response.								
bodeine	*Substance Ecoderine 🖗 🔄 Free test 🍳 Interaction - A medication is currently prescribed for this allergy. Please review the patient's medications. Add Comment							
Reaction(s):	*Severity Moderate	Info source Patient	Connerts					
💪 hives 🖙 Rash	At <not entered=""></not>	Onset: Year 1991						
	Recorded on behalf of	*Category Drug	Status Resson:					
			OK & Add New Cancel					

7. In the Severity field, choose Severe from the drop down list



8. In Category field, choose from the Drug drop down list



- 9. When documentation of Allergy is complete, click the OK button
- 10. Screen returns to Allergies with newly added Allergy, Codeine

#### NOTE:

 codeine
 No checkmark beside the substance indicates that a system check will be performed.

All allergies should be entered using the catalogue to ensure that system checks will be performed.



### **REFERENCE:** Documenting Substance not in Catalogue

### \*\*\*Pharmacists are the only group able to enter substances not found in the Catalogue

Note: If Substance has no matches found	
in the catalogue, click checkmark box for	
Free Text.	
When a free-text allergen is entered, a	
system message is displayed stating that	
free-text allergens are not considered in	
drug-interaction checking	
*Substance	
Pringles	
Type Allerou	
An adverse reaction	
*Substance	<u>لانا</u>
pringles 🧖 Tree text	
	Allergy interaction checking is not performed on free text allergy
Reaction(s):	- chines.
Add Free Text	
	ОК



# Activity 2.4 - Managing Clinical Decision Support alert for codeine allergy

Clinical Decision Support alerts are designed to provide you with information and warnings regarding medications orders for the patient. Depending on the settings at your facility, you might be interrupted with a Clinical Decision Support alert when you place a medication order or add a new drug allergy for a patient who is already taking the drug. Clinical Decision alerts will also be shown in Pharmacy Medication Manager.

When a Decision Support alert has opened, you must take action, such as removing the new order, removing the order already on the chart, or entering an override reason, before you can proceed.

1

As your patient has indicated they have had no reactions to morphine in the past, you will enter an override reason.

1. Select Patient already tolerating in the Override Reason column and click the Continue button

✤ Decision	Support: CSTPRODMED,	TEST-JANELLE - 700002107				
The followin	ng alerts exist for the allerg	ау:				
codeine						
Please com	plete the (3) required ov	verride reasons.				
▲ Allerg	gy (4)					
Severity	Substance	Details	Status	Reference Information	on Override Reason	
9	morphine (morphin	2 tab, PO, q4h, 360 tab, 0 Refill(s)	Ordered	C,	Patient already tolerating	-
Size Colum	nns to Window		<ul> <li>Appl</li> <li>Appl</li> </ul>	y to all interactions y only to required inte	Override Reason: ractions	•
			C	STPRODMED, T	EST-JANELLE - 7000021	0: Continue

# 2

#### Marking Allergies as Reviewed

It is necessary to mark Allergies Reviewed after assessing your patient.

 When complete, click on the Mark All Reviewed button. Note the Reviewed and Updated by columns will now show the updated date and time.

				See .	not ng							icare i nyoiciana i
< > -   🚹	Allergies									[🗆] Full screen	🖨 Print	€ 0 minutes ago
Mark All as Rev	iewed	lo Known A	Allergies	📿 No Kn	own Medicat	ion Allergies	🔗 Reve	rse Allergy Check	Display Active	•		
D. Substance	Туре	Cat	Severity	Reactions	Interaction	Comments	Source	Reaction Statu:	Reviewed	Est. Onset	Updated	Ву
🗸 codeine	Allergy	Drug		Rash	•			Active	17-Nov-2017 11:36 PST		17-Nov-	2017 TestMM, Pha



#### Allergies are to be reviewed:

3

- 1. Every new patient encounter
- 2. When a patient is transferred from a different unit or facility Note: The alert will not be triggered on ED or outpatient encounters.

#### **REFERENCE:** Active and Inactive Allergies

When looking at your patient's allergy profile, the allergy list is defaulted to Active.

To view the various types of statuses:

- 1. Click the drop down field for Display and select All to show both Active and Inactive Allergies.
- 2. If applicable, allergies with various statuses will appear.

< 🖂 🖌 👫 Allergi	s				_	
Mark All as Reviewed					1	
🕂 Add 🛛 🗹 Modify	🕽 No Known Allergi	es 🛛 🖓 No Known M	fedication Allergies	Reverse Allergy Check	Display Active	
D. Substance Type	Cat Seve	erity Reactions Intera	action Comments	Source Reaction Status	eviewed Inactive st. o	Let Updated By
✓ codeine Allerg	Food			Canceled	1 No. 2017 10:55 1*51	21 Nov 2017 TestUser, PharmacyTechnician PharmNet
No Known Allergy	Drug			Active	25 Oct 2017 11.50 T D T	21-Nov-2017 TestUser, PharmacyTechnician-PharmNet
✓ penicillin Allergy	Drug Seve	ere	Ļ	Resolved	01-Dec-2017 11:42 PST 2004	01-Dec-2017 TestMM, Pharmacist-PharmNet10, RPh

#### **REFERENCE: No Known Allergies vs. No Known Medication Allergies**

No Known Allergies and No Medication Allergies are 2 separate classifications.

For example, the No Known Medication Allergies button can be selected along with a documented known allergy for a food, environment or contrast.

	-				-	-								
		Allergies										[□] Full screen	🗑 Print	🔊 🏖 14 minutes ago
(	N ₽ ₽	lark All as Reviewed	Allergies	📿 No Kno	wn Medic	ation Allerg	ies 🔗 Re	everse Aller	gy Check	Display Activ	re 💌			
	D.,	Substance	Туре	Cat	Severity	Reactions	Interaction	Comm	Source	Reaction Status	Reviewed	Updated By		
		No Known Medication Allergies	Allergy	Drug						Active	12-Jan-2017 10:47 PS	T 12-Jan-201	7 TestCST, (	GeneralMedicine-Pl
	$\checkmark$	shellfish	Allergy	Food	Severe	Rash			Patient	Active	01-Dec-2017 11:16 PS	T 01-Dec-20	17 TestMM,	Pharmacist-Pharm

### Key Learning Points

Use PowerForms to chart or update Weight and Height.

Edit, Modify or Add additional allergies from the Allergies menu.

Importance of Marking Allergies as Reviewed.



# **PATIENT SCENARIO 3 – Best Possible Medication History (BPMH)**

Duration	Learning Objectives
40 minutes	At the end of this Scenario, you will be able to:
	Enter and Manage Best Possible Medication History (BPMH) into PowerChart
	Perform order entry in PowerChart for your patient

### **SCENARIO**

An important part of an admission is reviewing the patient's Best Possible Medication History (BPMH) and completing admission medication reconciliation.

The CIS will provide a list of any previously documented home medications when a patient is admitted. Still, the BPMH must be updated based on PharmaNet information and information obtained during the patient interview.

Admission reconciliation gives the provider the opportunity to review and make decisions about current home medications and prescriptions as well as medications the patient has received so far during the visit.

Please note: BPMH can also be done by nurses, medical students, residents, providers including pharmacists and nurse practitioners, and in certain departments, pharmacy technicians.





# Activity 3.1 – Entering Best Possible Medication History (BPMH)

Duration: Estimated Completion Time - 15 min

Now that Allergies, Weight and Height are entered for your patient, you can now document your patient's medication history within the Clinical Information System.

You are ready to conduct a patient interview to verify medications currently being taken. Along with the PharmaNet profile, you will want to interview your patient to document prescriptions, doctor's samples, minerals, vitamins and herbals, etc.

#### **Indicators of Medication History Status**

- 1. Click on the Pharmacy Care Organizer button from the toolbar at the top of the screen.
- 2. Click on your patient name hyperlink to get into your patient's chart.



3. Click the Orders Menu.



#### Note your patient's Reconciliation Status

θ	Indicates no reconciliation has taken place
4	Indicates reconciliation is in progress
>	Indicates reconciliation is complete.
<b>e</b> 5	Indicates reconciliation is partially completed and planned
*	Indicates reconciliation is completed and planned



4. For this activity, you will document the following medications for your patient.

Medication Name	Source	Dose	Route	Frequency	Comments
1. Glyburide	PharmaNet	5 mg	PO	qdaily	Taking as prescribed
2. Lisinopril	PharmaNet	10 mg	PO	qdaily	Taking as prescribed
3. Furosemide	PharmaNet and Patient	40 mg	PO	BID	Not taking as prescribed. Takes only 40mg qdaily due to urinary frequency.
4. Pantoprazole	PharmaNet	20 mg	PO	BID	Taking as prescribed
5. Ginseng	Patient	1 cap	PO	qdaily	Self-prescribed

5. In the Orders tab, click **Document Medication by Hx** to open the Document Medication by Hx screen.



6. Click the **+Add** button to open the Add Order screen.

?	P Document Medication by Hx		
	CSTPRODREGEMPI, SQT DOB:1990-Jan-04MRN:700000224 Code Status:	Process:	Location:LGH 6W
	Age:27 years Enc:70000000	Disease:	Enc Type:Pre-Inpatient
	Allergies: Alti-Salbutamol SulpGender:Female PHN:9878460411 Dosing Wt:45 kg	Isolation:	Attending:Plisvca, Rocco, MD
	+ Add Medication History	:	Reconciliation Status Meds History   Admission   Discharge
	Document Medication by Hx		



#### Glyburide 5 mg, PO, qdaily – Taking as prescribed

1. In the Search field, type *Glyburide 5 mg* and select the correct medication from the recommended drop down list or or click the

magnifying glass  $^{\label{eq:magnifying}}$  .

1

Two types of orders will appear. **Strength dosing** and **Volumetric Dosing.** 

**HINT:** Entering a partial search for the medication name and a dose will truncate the selection list.

When **strength dosing** is available for a medication, you will **choose this option**.

Publish	ned Desktop - ProdBC	- Citrix Rece	iver	CONTRACTOR OFFICE		-	
CSTPI CSTPI	RODMED, PHARMTECH	H-ONE - Add	l Order				
CSTPR	ODMED, PHARM	ITECH-O	NE	DOB:22-Mar-1979	MRN:700008064		Code Stati
				Age:38 years	Enc:7000000013484		
Allergie	s: Kiwi, penicillin			Gender:Male	PHN:9876482862		Dosing Wi
		_		Stars a set	h Daning		
Search:	glyburide 5 mg	🔍 Тур	e: 🎝	Document Medication by Hx Strength			
	glyBURIDE (5 mg, PO,	BID with foo	d, orde	duration: 30 day, drug torm: tab, dispe	ense qty: 60 tab)		
ide (	glyBURIDE (5 mg, PO,	qdaily with t	iood, or	der duration: 30 day, drug form: tab, di	spense qty: 30 tab)		
glyBU	glyBURIDE 5 mg oral t	ablet					
glyBU	glyBURIDE 5 mg oral t	ablet (1 tab,	PO, qda	ily, after breakfast or the first meal of th	he day, drug form: tab)	d	
2.5 mg	glyBURIDE 5 mg oral t	ablet (2 tab,	PO, qda	ily, after breakfast or the first meal of th	he day, drug form: tab)		
glyBU	Apo GlyBURIDE 5 mg	oral tablet		Volumetri	Desing	d	
alvBU	Apo GlyBURIDE 5 mg	oral tablet (1	tab, PO	, qdaily, after treakfast or the first mea	l of the day, drug form; tab)		
5 mg,	Apo GlyBURIDE 5 mg	oral tablet (2	tab, PO	, qdaily, after breakfast or the first mea	l of the day, drug form: tab)		
alvBU	Ava-GlvBURIDE 5 mg	oral tablet				d	

- 2. From the list that populates, click to select glyBURIDE (5 mg, PO daily, with food...)
- 3. Glyburide is now selected in the Document Medication by Hx screen behind the Add order Screen.
- 4. Click the Done button for the Add Order screen.

#### **Enter Details**

- Under the Pending Home Medications header, click on glyBURIDE. Details tab for glyBURIDE screen will appear.
- 6. Confirm the details of the medication.
  - a. Dose: 5 mg
  - b. Route of Administration: PO
  - c. Frequency: qdaily with food



Document Medication by Hx

Crder Name		Status			Details
		🚯 Medicati	on history has not ye	et been documented. Pl	ease document the medication his
Pending Home Medications alvBURIDE		Docume	ent		5 mg. PO, gdaily with food, order (
<					
■ Details for glyBURIDE					
🚰 Details 📄 Order Comments 🖉 Compl	iance				
Dose Route of Administra	Frequency	Duration	Dispense	Refill	
◆ 5 mg ● PO	📓 qdaily with food	🥥 30 day	60 tab	• 0	🕇 🖀 In. 🛛 💐
PRN:	¥		Specia	al Instructions:	
Drug Form: tab	*		_		
Start Date/Time: 31-Jan-2018	2041	PST	Тур	pe Of Therapy: 🔘 Acu	ıte
Stop Date/Time:	× V			🖲 Mai	ntenance
No Substitution: 🜔 Yes 🌘	No		Perform	ning Location:	~
Order Output Destination:	*		BC Cancer F	Protocol Code:	

7. For Type of Therapy ensure Maintenance is selected

**NOTE**: Acute Therapy: For medications short term medication treatments Maintenance Therapy: For medications for ongoing, long-term medication treatments.

- 8. When documenting some medications, values may pre-populate for
  - a. Duration
  - b. Dispense
  - c. Refill
- 9. You will remove these values for these fields and select **None** from the drop down menu. <u>▼ Details for glyBURIDE</u>

Details Order Comm	ents   PCompliance				
Dose	Route of Administration	Frequency	Duration	Dispense	Refill
🔷 5 mg	DO DO	🔲 qdaily with food	1		
			(None)	(None)	(None)

- 10. Click the **Compliance** tab
- 11. For the Status field, select Taking as prescribed
- 12. For the Last dose date/time, enter today's date and the time 0800.

270ct-2017
With the compliance t
<u>a</u>

Continue to enter the next medication.

otherwise specified.



### Lisinopril 10 mg PO qdaily – Taking as Prescribed

- 1. In the Document Medication by Hx window, click the +Add button to open the Add Order screen.
- 2. Search for *lisin 10* and select the correct medication from the recommended drop down list or or click the magnifying glass
- 3. From the list that populates, click to select *lisinopril 10 mg oral tablet (1 tab, PO, qdaily, #30 tab)*



- 4. Lisinopril is now selected in the Document Medication by Hx screen behind the Add order screen.
- 5. Click the Done button for the Add Order screen.

#### **Enter Details**

2

- 6. Under the Pending Home Medications header, click on lisinopril. The Details tab for lisinopril screen will appear.
- 7. Confirm the details of the medication.
  - a. Dose: 10 mg
  - b. Route of Administration: PO
  - c. Frequency: qdaily

<u>≖ Details for</u> lisinopril (lisinopril 10 mg oral tablet)								
😭 Details 📄 Order Comm	nents Compliance	]						
Dose Rou	te of Administrati Fre	equency	Duration	Dispense	Refill			
🕘 🗓 tab	PO	🕽 qdaily		30 tab	<b>•</b> 0	+ 🖬 lh. 🖡 🛎		
Dosing:					PRN:	×		
Special Instructions:					Drug Form:	tab		
				Requ	ested Refill Date:	× · · · · · · · · · · · · · · · · · · ·		
Start Date/Time:	30-Nov-2017	<ul><li>▼ 1511</li></ul>	PST	т	ype Of Therapy:	C Acute		
Stop Date:	••••••					Maintenance		
No Substitution:	💭 Yes 🔞 No			Perfo	orming Location:	· ·		
Order Output Destination:		~		Pharmacy BCC4	A Protocol Code:			
0 Missing Required Details						Document History Cancel		

8. Ensure **Maintenance** is selected for Type of Therapy.



9. Remove the pre-populated values for Dispense and Refill and select None.

1	포 Details for lisinopril (lisinopril 10 mg oral tablet)									
C	Details 📴 Order Comments 🔐 Compliance									
	Dose	Route of Administration	Frequency	Duration	Dispense	Refill				
🔵 1 tab 🕒 PO 🕘 qdaily										
			(None)	🔺 (None) 🦳						

#### 10. Click the Compliance tab

✓ Details for lisinopril (lisinopril 10 mg oral     ☐ Details)	tablet)	
Status Taking as prescribed	Information source Patient	Last dose date/time 27-oct-2017 V 0800
Comment		

11. For the Status field, select **Taking as prescribed**.

12. For the Last dose date/time, enter today's date and the time 0800.

Do not click the Document History button at this time.

Continue to enter the next medication.

3

#### Furosemide 40 mg PO BID – Taking Not as Prescribed

During the interview with your patient, they advise you they do not take this medication as prescribed. They only take once a day as it causes high urinary frequency. You will reflect this in your documentation for this medication.

- 1. In the Document Medication by Hx window, click the +Add button to open the Add Order screen.
- 2. Search for *furosemide 40* and select the correct medication from the recommended drop down list or or click the magnifying glass
- 3. From the list that populates, click to select furosemide 40 mg ,po,qdaily...

Search:	furosemide 40	🔍 Туре:	۹°	Document Medication by Hx 🚽				
<b>N</b>	furocomido (40 mg, BC	, PID, order du	untio	n 20 day, deug formi tab, disponso qtyr 60 tab)				
	furosemide (40 mg, PC	, qdaily, order	dura	tion: 30 day, drug form: tab, dispense qty: 30 tab)				
Con Turosemide 40 mg oral tablet								

- 4. Furosemide is now selected in the Document Medication by Hx screen behind the Add order screen.
- 5. Click the Done button for the Add Order screen.



#### **Enter Details**

6. Under the Pending Home Medications header, click on furosemide. The Details tab for furosemide screen will appear.

🖙 Order Name			Status				Details	
ļ				yet been documented. F	Please document the	e medication history for thi		
L	⊿ Pending Home Medi	cations						
	🦨 furosemide		Document				40 mg, PO, qdaily,	order duration: 30 day, druc
l	•		III					
-	Details for furose	emide						
	🖀 Details 🛛 🗐 Order Co	mments 🕽 🐖 Compl	iance					
Τ	Dose R	oute of Administra	Frequency	Duration	Dispense	Refill		
	🔷 40 mg	<b>O</b> PO	🔵 qdaily	🥚 30 day	30 tab	• 0	+ <b>*</b> h.	<b>↓</b> ≈
	PI	RN:	¥		Spe	cial Instructions:		
	Drug Fo	rm: tab	~					
	Start Date/Tir	me: 31-Jan-2018	2058	PST	т	ype Of Therapy: 🚺 Ac	ute	
	Stop Date/Tir	me:	× •			Ma	aintenance	

- 7. Confirm the details of the medication.
  - a. Dose: 40 mg
  - b. Route of Administration: PO
  - c. Frequency: qdaily
- 8. Ensure Maintenance is slected for Type of Therapy
- 9. Remove the pre-populated values for Duration, Dispense and Refill and select **None**. **▼** Details for **furosemide**

Details 📴 Order Comments 🛛 🔊 Compliance										
Dose	Route of Administration	Frequency	Duration	Dispense	Refill					
🔶 40 mg	DO 🕘 PO	🔵 qdaily								
			(None)	(None)	(None)					

- 10. Click the **Compliance** tab
- 11. For the Status field, select Taking, NOT as prescribed
- 12. For the Last dose date/time, enter today's date and the time 0800.
- 13. In the \*Comment field, type *Prescribed BID, patient reduced to taking qdaily due to high urinary frequency*.

z Details for <b>furosemide</b> Materia Details ) 🔢 Order Commen <mark>s 🧖 Co</mark> r	mpliance	
Status Taking, not as prescribed	Information source Patient	Last dose date/time 31-Jan-2018  ↓ 0800  ↓
Comment Prescribed BID, patient reduced to taking	ı qdaily due to high urinary frequency.	

Do not click the Document History button at this time.

Continue to enter the next medication.



#### Pantoprazole 20 mg PO BID – Taking as Prescribed

- 1. In the Document Medication by Hx window, click the +Add button to open the Add Order screen.
- 2. Search for *panto 20* and select the correct medication from the recommended drop down list or click the magnifying glass
- 3. Select pantoprazole (20 mg, PO, BID with food...).

Search:	panto 20	🔍 Туре: 🍕	P Document	Medication by Hx 🕠	•			
	Pantoloc 20 mg oral de							
1	pantoprazole (20 mg, PO, BID with food, order duration: 30 day, drug form: tab, dispense qty: 60 tab)							
- Me	g pantoprazole (20 mg, P	<del>form tab, dispense qty. 30 tal</del>	)					
	pantoprazole 20 mg or	al delayed release	tablet					
Panto	Apo-Pantoprazole 20 n	ng oral delayed re	elease tablet			ablet		
Panto	Ava-Pantoprazole 20 m	ng oral delayed re	lease tablet			et		
40 m	g Jamp-Pantoprazole 20	mg oral delayed	release tablet			et		
Panto	PMS-Pantoprazole 20 r	ng oral delayed r	elease tablet			et		
panto	Ran-Pantoprazole 20 m	ng oral delayed re	lease tablet			let		
40 m	Teva-Pantoprazole 20 mg oral delayed release tablet							
pantor 40 mg "Enter" to Search								
panto	ore 40 mg orar delayed release	tablet						
punce	prozone no mg indaveno	as injection		PMS-Pantoprazol	e 40 mg intravenous injection			

- 4. Pantoprazole is now selected in the Document Medication by Hx screen behind the Add order screen.
- 5. Click the Done button for the Add Order

#### **Enter Details**

4

6. Under the Pending Home Medications header, click on pantoprazole. Details tab for pantoprazole screen will appear.

Details for <b>pantopr</b>	razole				
Dose Rou	PO qdaily with food	Duration	Dispense 30 tab	Refill	+ 5 lh. IV
PRN: Drug Form: Start Date/Time: Stop Date/Time: No Substitution: Order Output Destination:	: tab v : tab v : 30Nov-2017 v 1629 v : ••••••••• v : Ves © No	PST	Perfe Pharmacy BCC	cial Instructions:	Acute Maintenance

- 7. Confirm the details of the medication.
  - a. Dose: 20 mg
  - b. Route of Administration: PO
  - c. Frequency: BID



- 8. Ensure Maintenance is selected in Type of Therapy.
- 9. Remove the pre-populated values for Duration, Dispense and Refill and select **None**.

2										
G	🗃 Details 📴 Order Comments 🕼 Compliance									
	Pose Route of Administration Frequency		Duration	Dispense	Refill					
	🥚 20 mg	20 mg OPO IBID with food								
				(None)	(None)	(None)				

- 10. Click the Compliance tab
- 11. For the Status field, select Taking as prescribed
- 12. For the Last dose date/time, enter today's date and the time 0800.

#### Do not click the Document History button at this time.

#### Continue to enter the next medication.

#### Ginseng 1 cap PO qdaily - Self Prescribed

- 1. In the Document Medication by Hx window, click the +Add button to open the Add Order screen.
- 2. Search for *ginseng*. You will not come up with any search results as ginseng is not in the catalogue.
- 3. You will enter this medication using the *non-formulary medication template* (also known as template non formulary [TNF]).
- 4. Delete ginseng from the search field.
- 5. In the search field, type non-formulary and select *non-formulary medication* from the recommended drop down list or click th emagnifying glass icon
- 6. Select non-formulary medication.

Search:	non-formulary	٩	Туре:	C)	Document M	ledication by Hx	•	
<b>A</b>	non-formulary continu non-formulary medica	ious in tion	fusion	dica.S	earch within:	Medications		-

- 7. Non-formulary medication is now selected in the Document Medication by Hx screen behind the Add order screen.
- 8. Click the Done button for the Add Order screen.

#### **Enter Details**

5

- 9. Under the Pending Home Medications header, click on non-formulary medication. Details tab for non-formulary medication screen will appear.
- 10. Enter the details of the medication.



- a. Drug Name: Ginseng
- b. Dose: 1 cap
- c. Route of Administration: PO
- d. Frequency: qdaily

Document Medication b	by Hx
-----------------------	-------

Document medication by fix			
Order Name	Status		Details
	Medica	tion history has not yet been docum	nented. Please document the medication history for t
⊿ Pending Home Medications			
🚽 non-formulary medication (Ginseng)	Docum	ient	Ginseng, 1 cap, PO, refill(s): 0, start: 31-Jan-2
•	III		
<b>T</b> Details for <b>non-formulary medic</b> :	ation (Ginseng)		
Petails Grder Comments			
Dose Route of Administra irequ	ency Duration	Dispense Refill	
1 cap 🔲 PO		• 0	🛨 🖀 lh. 🛛 본
Drug Name: Ginseng		PRN:	~
Special Instructions:	~	Requested Refill Date:	TPST
	-	Start Date/Time:	31-Jan-2018 💌 💌 2111 🚔 PST
Type Of Therapy:		Stop Date:	•••••••
Maintenance		No Substitution::	💭 Yes 🔘 No
Performing Location:	~	Order Output Destination:	¥

- 11. Ensure **Maintenance** is selected for Type of Therapy.
- 12. Remove the pre-populated value for Refill and select None.
- 13. Click the **Compliance** tab
- 14. For the Status field, select Taking as prescribed
- 15. For the Last dose date/time, enter today's date and the time 0800.
- 16. In the Comment field, type Self-administered.

■ Details for non-formulary medication	n (Ginseng)	
🚰 Details 📗 Order Comments 🗖 Compliance		
Status Taking as prescribed	Information source  Patient	Last dose date/time 31-Jan-2018 ♥ 0800 ●
Comment Self-administered		



Click the **Document History** button at the bottom right hand corner of the screen.

Document Medication by Hx					
Order Name	Status	Details	Last Dose Date/Time	Information Source	Coi 🔺
⊿ Pending Home Medications					
🚽 non-formulary medication (Ginseng)	Document	Ginseng, 1 cap, PO, qdaily, start: 2018-Feb-06 12:29 PST	2018-Feb-06 08:00 PST	Patient	Tal ≡
antoprazole	Document	20 mg, PO, BID with food, drug form: tab, start: 2018-Feb-06	2018-Feb-06 08:00 PST	Patient	Tak
4 furosemide	Document	40 mg, PO, qdaily, drug form: tab, start: 2018-Feb-06 12:18 P	2018-Feb-06 08:00 PS1	Patient	Tak
lisinopril (lisinopril 10 mg oral tablet)	Document	1 tab, Po, qdaily, drug form: tab, start: 2018-Feb-06 12:14 PS	T 2018-Feb-06 08:00 PST	Patient	Tak
🚽 multivitamin (multivitamins tab)	Document	1 tab, PO, orgaily, PRN other (see comment), drug form: tab,	2018-Feb-06 08:00 PST	Patient	Tak 🔻
	m				- F
■ Details for non-formulary medication (Ginseng)					
😭 Details 🔠 Order Comments 🖓 Compliance					
Dose Route of Administration Frequency	Duration Disper	nse Refill			
L cap PO gdaily		+ 🖬 lh. [	↓ ¥		
Type Of Therapy: C Acute		Stop Date:			^
( Maintenance		No Substitution:: 🜔 Yes 💿 No			
Performing Location:		Order Output Destination:			Е
Pharmacy BCCA Protocol Code:		Research Study: 🔍 👻			
0 Missing Required Details			De	ocument History Ca	ancel

#### All medications have now been documented.

- 6 1. Screen returns to the patient's chart.
  - 2. Click the Refresh button to update the Reconciliation Status. The status bar as it will be updated.



7

Click Pharmacy Care Organizer icon from the toolbar. Locate the Medication history column and hover over the icons. The Meds History column will be updated with a green checkmark.

Pharmacy Care Organizer												
Patient Organizer Worklist 83 +												
Patient List: LGH 4 East 🔽 List Maintenan	ce Establish Relationship	S										
Patient	Location	Ht/Wt/SCr	Visit		<b>A</b>	М.	U	M	<b>C</b>			
*CSTPRODMED, TEST-L 68 yrs M DOB: Jun 1, 1949 MRN: 700001823 FIN: 700000012658	LGH 4E 404 - 01	65 kg  CrCl: Missing BSA: 1.75 m2	Length of Stay: 2 days Admit Date: Oct 25, 2017 Anticipated Discharge Date:		0	<b>V</b>	24					
*CSTPRODMED, TEST-F 16 yrs F DOB: Jul 15, 2001 MRN: 700000433 FIN: 700000012659	LGH 4E 412 - 01	67 kg  CrCl: Missing BSA: 1.67 m2	Length of Stay: 2 days Admit Date: Oct 25, 2017 Anticipated Discharge Date:	Medica	cation History Meds History Complet			nplete				
CSTADTJAMTHREE, ADTEIGHTEEN 30 yrs F DOB: Apr 1, 1987 MRN: 700006888 FIN: 700000012667	LGH 4E 416 - 01	 CrCl: Missing BSA: Missing	Length of Stay: 1 day Admit Date: Oct 25, 2017 Anticipated Discharge Date:		Image: Provide state state     Not State       Image: Provide state     Not State			tarted				
CSTTHREEFOUR, SITTWODAN	LGH 4E	78 kg	Length of Stay: 1 day	Expan								



**REFERENCE:** In cases where medication history not known or not available

Select No Known Home Medications or Unable to Obtain Information.





# Activity 3.2 – Removing Medication Incorrectly Entered In BPMH

Estimated Completion Time - 5 min

A previously documented medication, metformin 500 mg oral tablet, 1 tab, PO, BID, with meals, drug form: tab was not found on the PharmaNet profile and you confirmed with your patient during the patient interview that they do not take this medication. This is an error and you will mark it as an error in your patient's chart.

- 1
- 1. Click on Orders from the Menu
- 2. Click Document Medication by Hx
- 3. Right-click on metformin and click Cancel/Discontinue

+	Add	• [	Medication History	U	nable To Obtain Information	Use Last C	Compliance
Þ	Doc	ume	ent Medication by Hx				
		₽?	Order Name			Status	Details
							✓ Last
- E	⊿	Но	me Medications				
н		ď	metFORMIN		Modify	D+-	250 mg, PO, TID with food, drug form: tab, dispense qty is will be an incorrect entry
		-			Suspend		
					Complete		
					Cancel/Discontinue		
					Void		
					Add/Modify Compliance		
					Order Information		
					Comments		
					Reference Information		
					Print		•
				<	Disable Order Information Hy	perlink	

- 4. The medication will appear with a strikeout under the Pending Home Medications header
- 5. For the Discontinue Reason: field, select Order Error.
- 6. Click on Other Discontinue Reason field, type confirmed, not taking
- 7. Click Document History

	Discontinue	21 Jan 2010, Ostar France Care Constantiation at tables
	Uiscontinue	31-Jan-2018, Order Error, Confirmed, patient is not taking
III		Þ
■ Details for metFORMIN		
Details		
+ • III. IV		
Discontinue Date/Time: 31-Jan-2018	Discontinue Reason:	Order Error
Other Discontinue Reason: Confirmed, patient is not taking		Order Error
other biscontinue reason.		Patient Discharged
		System Cancel
		Wrong Encounter
		Wrong Patient
O Missing Required Details		Wrong Request Date/Time



#### **REFERENCE:** Viewing Discontinued Medications

In the Medication List menu, customize your filter (see below) to include discontinued medications, you will notice that metformin has been discontinued

#### **Customizing Filters**

1. Click on the Displayed line



2. Select the checkmark box for All Orders, All statuses and click Apply

P Advanced Filters		×	
Display: All Medications (All	Statuses)		
Order statuses to view		Load the following types of orders	-
Active statuses:	Inactive statuses:	<ul> <li>Inpatient orders</li> <li>Ambulatory (In Office) orders</li> </ul>	
<ul> <li>✓ InProcess</li> <li>✓ Future</li> </ul>	<ul> <li>✓ Canceled</li> <li>✓ Completed</li> </ul>	Prescriptions	
<ul> <li>Incomplete</li> <li>Suspended</li> </ul>	<ul> <li>Pending Complete</li> <li>Voided</li> </ul>	Miscellaneous	
🕢 On Hold, Med Student	Voided With Results Transfer/Canceled	Show individual instances for continuing orders	
<ul> <li>Include all days</li> <li>Include number of days:</li> </ul>	<ul> <li>Include all days</li> <li>Include number of days:</li> </ul>	Inactive Plan Filter	
Save	Save As Apply New	Remove Cancel	
Medication List Document Medication by Hx   Reconciliation • Cation List Document In Plan	・  🔗 Check Interactions		HINT: Depending on your filter settings for the
Medication List Document Medication by Hx   Reconciliation • ication List Document In Plan View		Il Active Medicais	<b>HINT:</b> Depending on your filter settings for the Medication List tab,
Medication List Document Medication by Hx   Reconciliation • ication List Document In Plan      View Signature I List /Transfer/Discharge	Check Interactions  Cipplayed: All Active Orders All Inactive Ord	I Active Medicaty Status Dose Details Ordered 0.125 mg, PO, qdaily, drug for Ordered 40 mg, PO, BID, order duration	HINT: Depending on your filter settings for the Medication List tab, medications with certain
Medication List Document Medication by Hx   Reconciliation - ication List Document In Plan      View      Signature n List //Transfer/Discharge ; t Care y  Lutrition	Check Interactions  Cippleyed All Active Orders All Inactive Order I All  Cippleyed All Active Order Mame  Cippleyed All Active Order Name  Cippleyed Grant All Active Order Name  Cippleyed All Acti	I Active Medicatio	HINT: Depending on your filter settings for the Medication List tab, medications with certain statuses may not appear. Click on the filter line to view what
Medication List Document Medication by Hx   Reconciliation - ication List Document In Plan      View Signature n List VTransfer/Discharge it Care by turtition nuous Influsions ations Products		I Active Medicativ           Status         Dose         Details           Ordered         0.125 ma, PO, gdaily, drug for           Ordered         40 ma, PO, gdaily, drug for           Ordered         10 ma, PO, gdaily, drug for           Discontin         0.125 ma, PO, gdaily, drug for           Discontin         0.125 mg, PO, qdaily, drug for           Ordered         7 mg, PO, qdaily, drug for           H ord given IV         PRN pain-brea	HINT: Depending on your filter settings for the Medication List tab, medications with certain statuses may not appear. Click on the filter line to view what statuses are included.
Medication List Document Medication by Hx   Reconciliation * ication List Document In Plan      View Signature N List VTransfer/Discharge t Care by lutrition nuous Infusions arolons Products atony ostic Tests	Check Interactions  Check	IActive Medicate           Status         Dose         Details           Ordered         0.125 mq, PO, qdaily, drug for           Ordered         40 mq, PO, BID, order duration           Ordered         10 mq, PO, BID, start: 2018-Jar           Ordered         10 mq, PO, GliD, start: 2018-Jar           Ordered         7 mq, PO, qdaily, drug form:           Discontin         0.125 mg, PO, qdaily, drug form:           Ordered         7 mg, PO, qdaily, drug form:           In order drage         25 ns, PO, qdaily, drug form:           If not given IV         Ordered           If not given PO         12 S ng, V, qd	HINT: Depending on your filter settings for the Medication List tab, medications with certain statuses may not appear. Click on the filter line to view what statuses are included.
Medication List Document Medication by Hx   Reconciliation * teation List Document In Plan      View Signature n List VTransfer/Discharge t f t t Care ty lutrition nuous Infusions cations Products atory ostic Tests dures atory Health lit/Pfergals	Check Interactions  Check	IActive Medicate           Status         Dose         Details           Ordered         0.125 mq, PO, qdaily, drug for           Ordered         40 mq, PO, BID, order duration           Ordered         10 mq, PO, BID, start: 2018-Jar           Ordered         10 mq, PO, BID, start: 2018-Jar           Ordered         10 mq, PO, qdaily, drug form:           Ordered         7 mq, PO, qdaily, drug form:           Ordered         5 mg, PO, qdaily, drug form:           Ordered         5 mg, PO, qdaily, drug form:           Ordered         6 mg, PO, qdaily, drug form:           Ordered         7 mg, PO, qdaily, drug form:           Ordered         10 mg, PO, qdaily, drug form:           Ordered         10 mg, PO, qdaily, drug form:           Ordered         125 mg, N, once, PRN hypogly           Administer if capillary blood g         Ordered           2,000 mg, IV, once, administer         Loading Dose: Target Dose: Target Dose:	HINT: Depending on your filter settings for the Medication List tab, medications with certain statuses may not appear. Click on the filter line to view what statuses are included.
Medication List Document Medication by Hx   Reconciliation ▼ ication List Document In Plan View Signature n List VTransfer/Discharge i t Care by Vutrition nuous Infusions ations Products atory ostic Tests dures atory ostic Tests dures atory Health Lits/Referrals nunication Orders es ategorized	Check Interactions  Check Interactions  Content Name Con	IActive Medicativ           Status         Dose         Details           Ordered         0.125 mg, PO, qdaily, drug for Ordered         Ordered, rover           Ordered         40 mg, PO, GBD, order duration Patient's own supply to be use           Ordered         10 mg, PO, qdaily, drug form: Patient's own supply to be use           Ordered         7 mg, PO, qdaily, drug form: t           Discontin         0.125 mg, PO, qdaily, drug form: t           Ordered         7 mg, PO, qdaily, drug form: t           Ordered         5 mg, PO, qdA, PRN pain-brea If not given IV           Ordered         12.5 mg, PO, qdA, PRN pain-brea If not given PO           Ordered         12.5 mg, PO, qdA, PRN Nypoolyn           Ordered         12.5 mg, PO, qdA, pRN Nypoolyn           Ordered         12.5 mg, PO, qdA, pRN statz 2018-Jan           Ordered         12.5 mg, PO, qdA, pRN statz 2018-Jan           Ordered         12.5 mg, PO, qdA, pRN statz 2018-Jan           Ordered         1 tab, PO, qdaily, drug form: t           Discontin         1 tab, PO, BD, with meals, drug form: t	HINT: Depending on your filter settings for the Medication List tab, medications with certain statuses may not appear. Click on the filter line to view what statuses are included. h, PRN pain, drug form: inj. first dose: STAT, start: 2018-Jan-02 11:02 PST placeie i less than 3.5 mmoll. Refer to hypoglycemia protocol. 25 g = 50 mL rowr 2. hou; start: 2018-Jan-02 11:00 PST, tag: 2018-Jan-02 11:00 PST ap, refill(c): 0, start: 2018-Jan-02 2012 PST grome tab, refill(c): 0, start: 2018-Jan-02 09:12 PST

**NOTE:** Medications ordered in hospital are listed as STATUS: ordered. Medication History entered through BPMH are listed as STATUS: Documented



# Activity 3.3 – Marking Documented Medication As Complete

Estimated Completion Time - 5 min

Another previously documented medication Celexa 20 mg oral tablet is found on your patient's profile. It appears on their PharmaNet profile. During their interview, the patient says they have completed this treatment. You will mark this medication as completed on their profile.

- 1
- 1. Click on Orders from the Menu
- 2. Click Document Medication by Hx
- 3. Right-click on citalopram (CeLeXA 20 mg oral tablet) and click Complete

+	Add	Medication History	Use Last Co	ompliance		
M	Docum	nent Medication by Hx				
	L3	Order Name	Status		Details	
	4 H	ome Medications		V Last Docume	ented On 30-Nov-2017 11:	56 PST (TestMM, Pharmacist-PF
		<sup>a</sup> citalopram (CeleXA 20 mg oral tablet)	Docume		1 +	PO, qdaily, drug form: tab, refill(s
				Modity		
				Complete		
				Cancel/Discontinu	e	
	_			Void		
	_			Add/Modify Comr	aliance	
	_			nuu, mouny comp		
				Order Information.		
	-			Reference Informat	tion	
				Print	•	
	_			Disable Order Infor		
	-		$\checkmark$	Disable Order Infor	rmation Hyperlink	

- 4. The medication will appear with a strikeout under the Pending Home Medications header
- 5. Click the **Document History** button.
- 6. The medication will no longer appear under the Home Medications header.

+	Add Medication History Mo Known Home Medications Unable To Obtain Information	Use Last Compliance	5	Reconciliation Status	Admission () Discharge
H	Document Medication by Hx				
	Order Name	Status	Details	Last Dose Date/Time	Information Source Co
	N Hama Madaataa	V Last Docu	umented On 30-Nov-2017 11:56 PST (TestMM, Pharmacist-PharmNet10, RPh)		
r	∠ Pending Home Medications				
	citalopram (CeleXA 20 mg oral tablet)	Complete			
14			4		
	•	m			۴.
	Tetails				
	0 Missing Required Details			Docur	nent History Cancel



# Key Learning Points

- With the PharmaNet profile document home medications
  - Discontinue incorrect home medications from the patient's profile
- Mark documented medications as completed if a patient states they have finished their treatment.
- Customize view of Medication list by applying filters.



# Activity 3.4 – Planning Admission Medication Reconciliation

Estimated Completion Time - 15 min

Pharmacists can assist in the recommendation of medication(s) for Admission Medication Reconciliation and Discharge Medication Reconciliation.

Recommendations can be submitted into the system in a planned state.

We have completed the BPMH for our patient, and will now assist in Admission Medication Reconciliation by submitting it to the system in a planned state.

Please use the following table for our recommended Medication Reconciliation:

Medication Name	Dose	Route	Frequency	BPMH Comments	Admission Medication Reconciliation Action
Glyburide	5 mg	РО	qdaily	Taking as prescribed	Continue
Lisinopril	10 mg	PO	qdaily	Taking as prescribed	Continue. Accept Therapeutic Substitution: Trandolapril 1mg, PO, qdaily
Furosemide	40 mg	PO	qdaily	Not taking as prescribed furosemide 40 mg BID. Takes only 40mg qdaily due to urinary frequency.	Continue
Pantoprazole	20 mg	PO	BID	Taking as prescribed	<b>Discontinue</b> , add new Pantoprazole order. Pantoprazole 40 mg, <b>IV, qdaily</b>
Ginseng	1 cap	РО	qdaily	Self-prescribed	Discontinue.



- 1. Open your patient's chart
- 2. Click the Orders Menu
- 3. Click the Reconciliation button and select Admission from the drop down menu. The Order Reconciliation: Admission screen will appear.

Menu	<del>р</del>	< >      A Orders
Pharmacist Workflow		🕂 Add   🖓 Document Medication by 🗛   Reconciliation 🗸 🔊 Check Inte
Results Review		Admission
Alleraies	🖶 Add	Orders Medication List   Document In Pla
Orders	🛉 Add	Discharge
Medication List	🖶 Add	Displayed, All Orders (All Statuses)
Documentation	🕂 Add	🔊 🕅 Order Name Last Updated Stat
Diagnoses and Proble	ms	
MAR		
Immunizations		

STOMM	AN	DOB:01-Jun-1949	MRN:700003819	Code Status			Process:	Location:LGH 4W: 401:	02
.31010111	, AN	Age:68 years	Enc:7000000005355	s coue status			Disease:	Enc Type:Inpatient	
llergies: N	o Known Medication Aller	Gender:Male	PHN:9876937699	Dosing Wt:4	5 kg		Isolation:	Attending:	
🗕 Add   🔳	Manage Plans							Reconciliation Status V Meds History	on 🔒 Dischi
	(	Orders Prior to Recon	ciliation		_	_	Orders After Rec	onciliation	
	Order Name/Details			Status			🖳 🕅 Order Name/Details		Status
⊿ Media	cations								
2	furosemide 40 mg, PO, qdaily, for 30 day,	30 tab, 0 Refill(s) - Tal	ing, not as prescribed	Documented	۲	0	furosemide 40 mg, PO, qdaily		Order
9	glyBURIDE 5 mg, PO, qdaily with food, for	30 day, 30 tab, 0 Refil	l(s)	Documented	۲	0	glyBURIDE 5 mg, PO, qdaily with food		Order
C.	lisinopril (lisinopril 10 mg ora 1 tab, PO, qdaily, 30 tab, 0 Rej	l tablet) ïll(s)		Documented	۲	0	2.5 mg, PO, qdaily		Order
9	non-formulary medication (C cap, PO, qdaily, 0 Refill(s)	iinseng)		Documented	0	۲			
<u></u>	pantoprazole 20 mg, PO, BID with food, for 3	0 day, 60 tab, 0 Refill(	s)	Documented	0	0			
							•		
🔺 Detail:	\$								
0 Missing	Required Details 1 Unreconciled	Order(s)					Reconcile and [	Plan Sign	<u> </u>
0 Missing	Required Details 1 Unreconciled	Order(s)					Reconcile and	Plan Sign	)



6

# Glyburide 5 mg, PO, qdaily with food

1. For this medication, click the radio button under the Continue column.

١.	Orders Prior to Reconciliation						Orders After Reconciliation	
	🔄 🕅 Order Name/Details	Status				7	Order Name/Details	
	△ Medications							
	🖨 furosemide	Documented		0	6	1	furosemide	
	10 mg, PO, qu'aily, for 30 day, 30 tab, 0 Refall(s) Taking, not as prescribed			~			10 mg, PO, q.tuily	
	🖓 glyBURIDE	Documented		0	- 8	1	glyBURIDE	
	5 mg, PO, qdaily with food, for 30 day, 30 tab, 0 Refill(s)		- U	$\smile$			5 mg, PO, qdaily with food	
	si lisinopril (lisinopril 10 mg oral tablet)	Documented			Ċ	) WH	glvBURIDE (Converted from: glvBURIDE)	
	1 tab, PO, qdaily, 30 tab, 0 Refill(s)		U 🔍					0010 00 00 DCT
	anon-formulary medication (Ginseng)	Documented	0	0			5 mg, PO, qdaiiy with food, drug form: tab, start: 01-Fe Order	0-2018 08:00 PST
	1 cap. PO. adaily. 0 Refill(s)			U U			Order	

2. This medication will move under the Orders After Reconciliation column. **Continue to the next medication.** 



### Lisinopril 10 mg oral tablet

2

- 1. For this medication, click the radio button under the Continue column. The Therapeutic Substitution screen will appear.
- 2. You will accept this therapeutic substitution
- 3. Click the OK button

Therapeutic Substitution - CSTPRODMED TEST-FRANCENE			
CSTPRODMED. TEST-F., DOB:04-Dec-1 MRN/7000085 Code Status: Age:27 years Enc:70000000	Process: Disease:	Location:LGH ASC: ASC: 08 Enc Type:Inpatient	
Allergies: penicillin, shellfish Gender:Female PHN:9876418 Dosing Wt:	Isolation:	Attending:Plisycb, Stuart, MD	
Selected Order:			
lisinopril: 10 mg, PO, qdaily, drug form: tab			_
Choose Therapeutic Substitution:			
one of the rapeate out of the rate			W Theraneutic
trandolapril: 1 mg, cap, PO, qdaily			Inclupeutie
Equivalent to: liphophi 10 mg, tab, PO, qdaily Comments:			Substitution Icon
EXCEPTION: Pediatric Patients			
0.7			Denotes a
-OR-			
Choose Decline Reason:			therapeutic substitution
•			wasusod
		OK Cancel	was used

4. This medication will move under the Orders After Reconciliation column.

i	furosemide 40 mg, PO, BID	Ordered	0	0	
3	lisinopril (lisinopril 10 mg oral tablet) 1 tab, PO, qdaily, 0 Refill(s)	Documented	۲	0	👘 📍 🙌 trandolapril 1 mg, PO, qdaily
्य 😵	metFORMIN (MetFORMIN FC 500 mg oral tablet) 1 tab, PO, BID, with meals, 0 Refill(s)	Documented	0	0	

**NOTE:** The therapeutic substitution in the training environment for Lisinopril is currently incorrect. It is correct in the live environment and will substitute to ramipril (*February 6, 2018*)

#### Continue to the next medication.



#### **REFERENCE:** Therapeutic Substitution Screen

For medications where the Therapeutic Substitution is not suitable.

- 1. Click the dropdown menu for Choose Decline Reason:
- 2. Select the appropriate reason
- 3. Click the OK button

This may occur if a patient brings their own medication from home.

(		
₽₽ Therapeutic Substitution - CSTPRODMED, TEST-FRANCENE		
CSTPRODMED. TEST-F DOB:04-Dec-1 MRN:7000085 Code Status: Age:27 years Enc:70000000	Process: Disease:	Location:LGH ASC; ASC; 08 Enc Type:Inpatient
Allergies: penicillin, shellfish Gender:Female PHN:9876418 Dosing Wt:	Isolation:	Attending:Plisvcb, Stuart, MD
Selected Order:		
lisinopril: 10 mg, PO, qdaily, drug form: tab		
Choose Therapeutic Substitution:		
trandolapril: 1 mg, cap, PO, qdaily Equivalent to: lisinopril 10 mg, tab. PO, gdaily		
Comments:		
EXCEPTION: Pediatric Patients		
-OR-		
Chasse Decline Bessen		
Choose Decline Reason:		
▼		
Intolerance to formulary alternative		OK Cancel
No suitable formulary alternative Prior treatment failure with alternative		
Rejected formulary alternative		

In this case, the red diamond icon  $\blacklozenge$  indicates that Lisinopril is non-formulary and in the order instructions. You may add that patient is to use own.

			Orders Prior to Reconciliation		Orders After Reconciliation					
	⊡ <sub>?</sub> 1	?	Order Name/Details	Status			, ¥	Order Name/Details	Status	
⊿	Medi	catior	15							
	J.		furosemide 40 mg, PO, gdaily, for 30 day, 30 tab, 0 Refill(s) - Taking, not as prescrib	Documented	۲	0	0	furosemide 40 mg, PO, gdaily	Order	
	S.		glyBURIDE	Documented	۲	0	ð	glyBURIDE	Order	
	3		lisinopri (lisinopri 10 mg oral tablet) 1 tab, PO, qdaily, 30 tab, 0 Refill(s)	Documented	۲	0	<b>a</b>	V lisinopril 10 mg, PO, qdaily	Order	
	9		non-rormulary medication (Ginseng) 1 cap, PO, gdaily, 0 Refill(s)	Documented	0	۲				
	J (	3	pantoprazole 20 mg, PO, BID with food, for 30 day, 60 tab, 0 Refill(s)	Documented	0	0				
<b>▼</b> (	z Details for lisinopril									
<b>*</b>	😮 De	etails	III Order Comments							
1	• •	<b>b</b> lh.	₽ ×				(	Contraindication to formulary medication	dministrations: (Unknown) Stop: (Unknown)	
			*Dose: 10			*Dose	Unit: /	Adverse reaction to formulary medication	<u>^</u>	
*	Route	e of A	dministration: PO 🗸			*Frequ	ency:	Therapeutic failure of formulary drug No formulary alternative for indication	E	
			PRN: Yes 💿 No			PRN R.	F	Recommended by consult service		
1	lumb	er of l	Doses Needed:			*Justific	ation:	v		
			Indication:			Administer	over:			
		durain	istor over Unit			Dur	-tion [		-	



#### 3

#### Furosemide 40 mg, PO, qdaily

1. For this medication, click the radio button under the Continue column.

		Orders Prior to Reconciliation	Orders After Reconciliation					
_	B 17	Order Name/Details	Status			B 17	Order Name/Details	Status
	Medic	ations				_		
	J.	furosemide	Documented		0	<b>e</b>	furosemide	Order
		40 mg, PO, qdaily, for 30 day, 30 tab, 0 Refill(s) - Taking, not as prescribed			0	_	40 mg, PO, qdaily	
	9	<b>GIVEOUTO</b>	Documented		<u> </u>	1.P	turosemide (Converted from: Turosemide)	
		5 mg, PO, gdaily with food, for 30 day, 30 tab, 0 Refill(s)			$\sim$			
	J.	lisinopril (lisinopril 10 mg oral tablet)	Documented	0	0	🕀 🙌	40 mg, PO, qdaily, order duration: 5 day, drug form: tab, start: 01-Feb-2018	08:00 PS1, stop:
	-	1 tab, PO, qdaily, 30 tab, 0 Refill(s)					06-Feb-2018 07:39 PS1	
	J.	non-formulary medication (Ginseng)	Documented	0			older	

2. This medication will move under the Orders After Reconciliation column. **Continue to the next medication.** 



### Pantoprazole 20 mg PO, BID Change to Pantoprazole 40 mg, IV, qdaily in hospital

1. For this medication, click the radio button under the Discontinue column.

H	- Add   🔲 Man	age Plans							Reconciliation S Meds History	tatus y 🚯 Admission 🚯 Discharge	
H		Orders Prior to Reconciliation		Orders After Reconciliation							
	B, Y	Order Name/Details	Status				₽?	7	Order Name/Details	Status	
	1	non-formulary medication (ginseng) 1 cap, PO, 0 Refill(s)	Documented	0	۲						
L	C.	pantoprazole 20 mg, PO, qdaily with food, 0 Refill(s)	Documented	0	۲						

Order medication with new route. Pantoprazole 40 mg, IV qdaily.

2. Click the +Add button

The Add order screen will appear

3. Search for pantopra 40 and select the correct medication from the recommended drop down

list or or click the magnifying glass

Search:	pantopra 40 🔍 Advanced Options 👻 Type: 🛔	Inpatient 🗸
1	pantoprazole (10 mg, IV, q121.) pantoprazole (40 mg, IV, qdaily)	All
pantor	pantoprazoie (40 mg, FO, BE with 10 od, drug form: tab)	
40 mg	pantoprazole (40 mg, PO, qdaily with food, drug form: tab)	
pantop	pantoprazole PED continuous (0.8 mg/mL) 20 to 40 kg standard	
40 mg	"Enter" to Search	
panto	orazole	

- 4. Select pantoprazole (40 mg, IV, qdaily).
- 5. Pantoprazole is now selected in the Orders Reconciliation; Admission screen behind the Add order screen.
- 6. Click the Done button for the Add Order screen.
- 7. The new pantoprazole 40 mg, IV qdaily order now appears under the Orders After Reconciliation column.



8. Confirm the details of the new pantoprazole 40 mg, IV qdaily order at the bottom of the screen.

1 cap, PO, U Ke	ruu(s)				1					
			۲	۲	<b>d</b> 1		<mark>pantoprazole</mark> 40 mg, IV, qdaily			
pantoprazole 20 mg, PO, gdd	ily with food, 0 Refill(s)	Documented	0	۲						
	· · · · · · · · · · · · · · · · · · ·									
▼ Details for pantoprazole										
😭 Details 📗 Order Comme	ints									
🕇 🔓 In. 🛛 🔍						Rev	view Schedule Remaining Administrations: (U	nknown) Stop: (Unknown)		
*Dose:	40				*Dose	e Unit:	mg 🗸			
*Route of Administration:	N v				*Frequ	iency:	qdaily 🗸			
PRN:	🔿 Yes 🔘 No				PRN R	eason:	•			
Administer over:				Adm	ninister ove	r Unit:	•			
Duration:					Duratio	n Unit:	~			
Drug Form:	<b>v</b>			Fi	irst Dose P	riority:	•			
*Start Date/Time:	04-Dec-2017 15:25 PST 🗸				Stop Date	/Time:	••••••••	ST		
Use Patient Supply:	🔿 Yes 🔘 No			BCC	A Protocol	Code:				
Missing Required Details	Required Brders Beconciled						Reconcile and Plan	Sign		
o missing medalled Details	in required orders in aconciled							Cancer		

### Non-formulary medication - ginseng

5

1. For this medication, click the radio button under the Discontinue column.

	Orders Prior to Reconciliation		Orders After Reconciliation					
5 8	Order Name/Details	Status			Image: Barrier Bar	Status		
⊿ Medic	ations							
J.	furosemide 40 mg, PO, qdaily, for 30 day, 30 tab, 0 Refill(s) - Taking, not as prescribed	Documented	۲	0	furosemide 40 mg, PO, qdaily	Order		
<sup>a</sup>	glyBURIDE 5 mg, PO, qdaily with food, for 30 day, 30 tab, 0 Refill(s)	Documented	۲	0	glyBURIDE 5 mg, PO, gdaily with food	Order		
3	lisinopril (lisinopril 10 mg oral tablet)	Documented	۲	0	ramipril     25 mp. PO. odcilu	Order		
3	non-formulary medication (Ginseng) 1 cap, PO, qdaily, 0 Refill(s)	Documented	0	۲				
3 0	20 mg, PO, BID with food, for 30 day, 60 tab, 0 Refill(s)	Documented	0	0				

2. The order will not appear under the Orders After Reconciliation column.



- Now all medications have been addressed for Admission Medication Reconciliation
  - 1. Click the Plan button

6

	Orders Prior to Reconciliation				Orders After Reconciliation	
38	Order Name/Details	Status			P Order Name/Details	Status
d Medicat	lons					
4	furosemide 40 mg, PO, BID, 0 Refill(s) - Taking, not as prescribed	Documented	0	0		
4	glyBURIDE 10 mg, PO, adaily with food, 0 Refill(s)	Documented	۲	0	B StyBURIDE 10 mg, PO, adaily with food	Order
à	lisinopril (lisinopril 10 mg oral tablet) 1 tab. PO, gdaily, 0 Refill(s)	Documented	۲	0	CI ! I'' trandolapril 1 mg, PO, gdaily	Order
3	non-formulary medication (ginseng) 1 cap, PO, 0 Refill(s)	Documented	0	۲		
			۲	0	B pantoprazole 40 mg, IV, gdoity	
3	pantoprazole 20 mg, PO, qdaily with food, 0 Refill(s)	Documented	0	۲		
E Details f ∰Details	or pantoprazole					

**Plan** = recommend order(s) to physician

**Sign** = will order medications to be verified by pharmacy (can be seen by RN's, populates MAR in unverified status)

### Key Learning Points

- Understand that BPMH is required as a first step prior to Admission Medication Reconciliation
- Admission Medication Reconciliation can be planned by a Pharmacist and after review by the Attending provider, it will be signed.



61. Cimetidine

# **GLOSSARY**

# Clinical Pharmacy Worklist - Renal Dosing

 List of medications meeting inclusion criteria

 1. acamprosate
 21. ASA
 41. Cefazolin

 1g/Metronidazole
 500mg in NS

				500mg in NS		
2	Acarbose	22	ASA/Codeine	42 cefFPIMF	62	Ciprofloxacin
3.	Acetazolamide	23.	Atenolol	43. ceFIXime	63.	Ciprofloxacin 200mg in D5W 100mL
4.	Acyclovir	24.	ATRIPLA	44. cefoTAXime	64.	Ciprofloxacin 400mg in D5W 200mL
5.	Alendronate	25.	azaCITIDine	45. cefOXitin	65.	clarithromycin
6.	Allopurinol	26.	azaTHIOprine	46. cefPROZil	66.	Clodronate
7.	Amantadine	27.	Aztreonam	47. ceftaroline	67.	Cloxacillin
8.	Amikacin Sulfate	28.	Baclofen	48. cefTAZidime	68.	Colchicine
9.	aMILoride	29.	bendamustine	49. Ceftobiprole	69.	Colistimethate
10.	Amoxicillin	30.	bismuth subsalicylate	50. ceftolozane- tazobactam	70.	complera
11.	amoxicillin- clavulanate	31.	bisOPROLOL	51. cefuroxime	71.	co-trimoxazole
12.	Amphotericin B	32.	brentuximab	52. Celecoxib	72.	crizotinib
13.	Amphotericin B Liposomal	33.	Bretylium Tosylate	53. cephaLEXin	73.	cyclophosphamid e
14.	Ampicillin	34.	buPROPion	54. Chloral Hydrate	74.	dabigatran
15.	amsacrine	35.	busPIRone	55. Chloroquine	75.	Dalteparin
16.	anakinra	36.	Candesartan	56. chlorproPAMIDE	76.	Dapsone
17.	Antacid	37.	capecitabine	57. Chlorthalidone	77.	daptomycin
18.	apixaban	38.	caPTOPRil	58. Cholestyramine	78.	dexrazoxane
19.	Argatroban	39.	ceFAZolin	59. Cidofovir	79.	diazoxide
20.	arsenic trioxide	40.	Cefazolin 1g in NS 50mL	60. cilazapril	80.	diclofenac



# Clinical Pharmacy Worklist - Renal Dosing – Continued from last page

81. diclofenac-misoprostol	101.	fluCONazole	121.	iMAtinib	141.	lanreotide acetate
82. didanosine	102.	fluCONazole 100mg in NS 50mL	122.	Imipenem/Cilast atin	142.	lenalidomide (pt's own med)
83. Digoxin	103.	fluCONazole 200mg in NS 100mL	123.	Indapamide	143.	levETIRAcetam
84. Dimercaprol	104.	fluCONazole 400mg in NS 200mL	124.	Indomethacin	144.	levOCARNitine
85. Diovol Extra Strength	105.	Flucytosine	125.	inosine pranobex	145.	Levofloxacin
86. DULoxetine	106.	fondaparinux	126.	irbesartan	146.	Linezolid 600mg in D5W 300mL
87. emtricitabine-tenofovir	107.	Foscarnet	127.	Isoniazid	147.	lisdexamfetamine
88. Enalapril maleate	108.	Gabapentin	128.	KCl 10mEq + MgSO4 750mg in 0.9% Sodium Chloride 1L	148.	Lisinopril
89. Enalapril/Hydrochlorothia zide	109.	Ganciclovir Sodium	129.	KCl 20mEq in 100mL SWFI	149.	Lithium Carbonate
90. Enalaprilat	110.	gaviscon	130.	KCl 20mEq in 50mL SWFl	150.	Lithium Citrate
91. Enoxaparin	111.	Gentamicin	131.	KCl 20mEq in D5W/0.9%NaCl 1L	151.	Loratadine
92. eriBULin	112.	Gentamicin 120mg in NS 100mL	132.	KCl 20mEq in Sodium Chloride 0.9% 1L	152.	losartan
93. Ertapenem	113.	Gentamicin 60mg in NS 50mL	133.	KCl 40mEq in D5W/0.9%NaCl 1L	153.	lurasidone
94. Erythromycin Estolate	114.	Gentamicin 80mg in NS 50mL	134.	KCl 40mEq in Sodium Chloride 0.9% 1L	154.	Magnesium
95. Erythromycin Lactobionate	115.	Gold Thiomalate	135.	Ketoprofen	155.	Magnesium Citrate
96. Ethambutol	116.	Guanethidine	136.	Ketorolac	156.	Magnesium Glucoheptonate
97. Etidronate	117.	Hydrochlorothiazide	137.	lacosamide	157.	Magnesium Hydroxide
98. Famciclovir	118.	hydrochlorothiazide- amiloRIDE	138.	lamiVUDine	158.	Magnesium Hydroxide in Min Oil
99. famotidine	119.	Ibuprofen	139.	lamivudine- zidovudine	159.	Magnesium Sulfate
100. Flecainide	120.	IDArubicin	140.	lamoTRIgine	160.	Melphalan



# Clinical Pharmacy Worklist - **Renal Dosing –** Continued from last page

161.	Meperidine	181.	Neomycin Sulfate	201.	pentazocine	221.	Ranitidine
162.	Meropenem	182.	NF	202.	perindopril	222.	Rasagiline
163.	metFORMIN	183. I	niacin	203.	Phenazopyridine	223.	rivaroxaban
164.	Methocarbamol	184. I	niacinamide	204.	Piperacillin/Tazobactam	224.	sitagliptin
165.	Methotrexate	185. I	Nitrofurantoin	205.	Pizotifen	225.	sodium glycerophosphate
166.	methylnaltrexone	186.   	Nitrofurantoin ong acting	206.	Pomalidomide	226.	SODIUM phosphate
167.	Metoclopramide	187.   	Nitrofurantoi n Macrocrystal	207.	potassium chloride	227.	Sodium Phosphates
168.	metroNIDAZOLE	188. (	Octreotide	208.	potassium citrate	228.	Sotalol
169.	Metronidazole 1000mg in NS 200mL	189. (	Oseltamivir	209.	POTASSIUM phosphate	229.	Spironolactone
170.	Metronidazole 1500mg in NS 300mL	190. (	oxaliplatin	210.	pramipexole	230.	stavudine
171.	Metronidazole 500mg in NS 100mL	191. (	oxyCODONE	211.	Pregabalin	231.	Stibogluconate
172.	Mexiletine	192. (	oxyCODONE- naloxone	212.	Probenecid	232.	Streptomycin
173.	MgSO4 20mmol + Ca Gluc 1g in 0.9% Sodium Chloride 250mL	193.	paliperidone	213.	procainamide	233.	stribild
174.	MgSO4 20mmoL/KCl 40mEq in D5NS 1L	194.	Pedialyte	214.	prucalopride	234.	sugammadex
175.	Mirtazapine	195.   ;	peginterferon alfa-2a	215.	PyraZINamide	235.	Tenofovir
176.	Morphine	196.	pemetrexed	216.	quinagolide	236.	Tetracycline
177.	Mucaine	197.	Penicillamine	217.	quinAPRIL	237.	Ticarcillin/Clavulanae
178.	Nadolol	198.	penicillin G Benzathine	218.	quiNINE	238.	Tobramycin
179.	Naproxen	199.	penicillin G Sodium	219.	raltitrexed	239.	topotecan
180.	nebivolol	200.	Pentamidine Isethionate	220.	Ramipril	240.	traMADol


## Clinical Pharmacy Worklist - **Renal Dosing** List of medications meeting inclusion criteria

241.	tramadol-acetaminophen
242.	Tranexamic Acid
243.	Triamterene
244.	triamterene- hydrochlorothiazide
245.	Trimethoprim
246.	triumeq
247.	valACYclovir
248.	valGANciclovir
249.	valsartan
250.	Vancomycin
251.	Venlafaxine
252.	vigabatrin
253.	Zalcitabine
254.	zoledronic acid

## Clinical Pharmacy Worklist - **Potassium** List of medications meeting inclusion criteria

1. aliskiren	21. perindopril
2. amiloride	22. potassium acetate
3. azilsartan	23. potassium acid phosphate
4. benazepril	24. potassium bicarbonate
5. candesartan	25. potassium chloride
6. captopril	26. potassium citrate
7. cilazapril	27. potassium gluconate
8. cotrimoxazole	28. potassium phosphate
9. cyclosporine	29. potassium sulfate
10. digoxin	30. quinapril
11. enalapril	31. ramipril
12. eplerenone	32. spironolactone
13. eprosartan	33. tacrolimus
14. fosinopril	34. telmisartan
15. irbesartan	35. trandolapril
16. lisinopril	36. Triamterene
17. losartan	37. trimethoprim
18. olmesartan	38. valsartan
19. penicillin G	
20. pentamidine	



## Clinical Pharmacy Worklist – **Target Drugs** List of medications meeting inclusion criteria

1.	abacavir	21. anastrozole	41. bosentan	61. clodronate
2.	Abacavir + dolutegravir + lamivudine	22. antithymocyte globulin (equine)	42. botulinum toxin type A	62. cobicistat+emtricitabin e+elvitegravir+tenofovi
3.	abacavir+lamivudine	23. antithymocyte globulin (rabbit)	43. brentuximab vedotin	63. colistimethate (colistin)
4.	abacavir+lamivudine +zidovudine	24. aprepitant	44. buprenorphine+nalo xone	64. corticorelin (corticotropin releasing hormone)
5.	abatacept	25. argatroban	45. buserelin	65. crizotinib
6.	abiraterone	26. arsenic trioxide	46. busulfan	66. cyclosporine
7.	acitretin	27. asenapine	47. cabazitaxel	67. cyproterone
8.	adefovir	28. asparaginase	48. cabergoline	68. cytarabine
9.	afatinib	29. atazanavir	49. cannabidiol+delta-9- tetrahydrocannabino I	69. dabrafenib
10.	albendazole	30. atomoxetine	50. capecitabine	70. dacarbazine
11.	aldesleukin	31. atovaquone	51. capreomycin sulfate	71. dactinomycin
12.	alemtuzumab	32. axitinib	52. carbetocin	72. danaparoid
13.	amifostine	33. azacitidine	53. carboplatin	73. daptomycin
14.	aminolevulinic acid	34. basiliximab	54. carmustine	74. darunavir
15.	amobarbital	35. bendamustine	55. caspofungin	75. Darunavir + cobicistat
16.	amphotericin B	36. bevacizumab	56. cefepime	76. dasatinib
17.	amphotericin B lipid complex	37. bexarotene	57. cetuximab	77. daunorubicin
18.	amphotericin B liposomal	38. bicalutamide	58. chlorambucil	78. degarelix
19.	amsacrine	39. bivalirudin	59. cidofovir	79. delaviridine
20.	anagrelide	40. bleomycin	60. cisplatin	80. dexrazoxane



## Clinical Pharmacy Worklist – **Target Drugs** List of medications meeting inclusion criteria cont"d

81. digoxin immune fab	101. etravirine	121. imatinib	141. lopinavir+ritonavir
82. docetaxel	102. exemestane	122. imipenem+cilasta tin	142. maraviroc
83. dolutegravir	103. filgrastim	123. indinavir	143. melphalan
84. donepezil	104. fludarabine	124. interferon alfa (compounded from IV)	144. meropenem
85. doxorubicin	105. fluorouracil	125. interferon alfa-2b	145. methyl aminolevulinate
86. doxorubicin pegylated liposomal	106. fomepizole	126. ipilimumab	146. methylnaltrexone
87. efavirenz	107. fondaparinux	127. irinotecan	147. micafungin
88. efavirenz+emtricita bine+tenofovir	108. fosamprenavir	128. isotretinoin	148. mitomycin
89. emtricitabine + rilpivirine + tenofovir	109. foscarnet	129. kanamycin sulfate	149. mitotane
90. emtricitabine+tenof ovir	110. fosfomycin	130. lacosamide	150. mitoxantrone
91. enfuvirtide	111. fosphenytoin	131. lanreotide acetate	151. mometasone
92. entecavir	112. fusidic acid	132. lanthanum carbonate	152. mometasone furoate
93. enzalutamide	113. galantamine	133. lapatinib	153. nelfinavir
94. epirubicin	114. ganciclovir	134. lenalidomide	154. nevirapine
95. epoprostenol	115. gefitinib	135. letrozole	155. nifedipine
96. eribulin	116. gemcitabine	136. leucovorin	156. nilotinib
97. erlotinib	117. goserelin	137. leuprolide	157. nilutamide
98. ertapenem	118. hyaluronidase	138. levocarnitine	158. obinutuzumab
99. estramustine	119. ibrutinib	139. linagliptin	159. octreotide long acting
100.etoposide	120. idarubicin	140. linezolid	160. oxaliplatin



## Clinical Pharmacy Worklist – **Target Drugs** List of medications meeting inclusion criteria cont'D

161.	paclitaxel	181.	pralidoxime	201.	somatropin	221.t	rastuzumab
162.	paclitaxel-nab (nano albumin bound)	182.	procarbazine	202.	sorafenib	222.	trastuzumab emtansine
163.	paliperidone	183.	quinagolide	203.	spectinomycin hcl	223.	tretinoin
164.	palivizumab	184.	rabies immune globulin	204.	stavudine	224.	valganciclovir
165.	panitumumab	185.	rabies vaccine	205.	streptozocin	225.	valine
166.	paraldehyde	186.	raltegravir	206.	sunitinib	226.	vemurafenib
167.	paromomycin	187.	raltitrexed	207.	tacrolimus	227.	verteporfin
168.	pazopanib	188.	rasburicase	208.	tamoxifen	228.	vinblastine
169.	peginterferon alfa-2a	189.	ribavirin	209.	temozolomide	229.	vincristine
170.	pembrolizumab	190.	rilpivirine	210.	temsirolimus	230.	vinorelbine
171.	pemetrexed	191.	ritonavir	211.	teniposide	231.	vismodegib
172.	pentamidine isethionate	192.	rituximab	212.	tenofovir	232.	voriconazole
173.	pentobarbital	193.	ruxolitinib	213.	testosterone enanthate	233.	zanamivir
174.	pertuzumab	194.	saquinavir	214.	thioguanine	234.	zidovudine
175.	phytonadione	195.	sildenafil	215.	thyrotropin alfa	235.	ziprasidone
176.	phospholipid+surf actant-associated proteins Bles (Bovine Lipid Extract Surfactant)	196.	sirolimus	216.	tigecycline	236.	zoledronic acid
177.	pomalidomide	197.	sodium ferric gluconate complex	217.	tipranavir		
178.	porfimer	198.	sodium phenylbutyrate	218.	topotecan		
179.	posaconazole	199.	sodium thiosulfate	219.	trametinib		
180.	protamine	200.	somatropin	220.	trastuzumab		



### Clinical Pharmacy Worklist – **Antimicrobial Stewardship** List of medications meeting inclusion criteria

1. abacavir	21. bocer	previr 41.	chloroquine	61.	didanosine
2. acyclovir	22. capre	omycin 42.	cidofovir	62.	dolutegravir
3. adefovir	23. caspo	fungin 43.	ciprofloxacin	63.	doripenem
4. albendazole	24. cefac	or 44.	clarithromycin	64.	doxycycline
5. amantadine	25. cefad	roxil 45.	clavulanate	65.	doxycycline
6. amikacin	26. ceFAZ	Zolin 46.	clindamycin	66.	efavirenz
7. amoxicillin	27. cefep	ime 47.	clofazimine	67.	elbasvir
8. amphoterici	n B 28. cefixii	me 48.	clotrimazole	68.	elvitegravir
9. amphoterici cholesteryl sulfate	n B 29. cefota	axime 49.	cloxacillin	69.	emtricitabine
10. amphoterici lipid comple	n B 30. cefOX x	Kitin 50.	cobicistat	70.	enfuvirtide
11. amphoterici liposomal	n B 31. cefpo	doxime 51.	colistimethate	71.	entecavir
12. ampicillin	32. ceftar	roline 52.	daclatasvir	72.	ertapenem
13. amprenavir	33. cefTA	Zidime 53.	dalbavancin	73.	erythromycin
14. anidulafungi	n 34. ceftol	oiprole 54.	dapsone	74.	ethambutol
15. artemether	35. ceftol	ozane 55.	dapsone	75.	ethionamide
16. atazanavir	36. cefTR	IAXone 56.	dapsone	76.	etravirine
17. atovaquone	37. cefur	oxime 57.	DAPTOmycin	77.	famciclovir
18. azithromycii	n 38. cepha	alexin 58.	darunavir	78.	fluconazole
19. aztreonam	39. chlora ol	amphenic 59.	delavirdine	79.	flucytosine
20. bedaguiline	40. chloro	oquine 60.	dicloxacillin	80.	fosamprenavir



### Clinical Pharmacy Worklist – **Antimicrobial Stewardship** List of medications meeting inclusion criteria cont'd

81. fosfomycin	101. kanamycin	121. neomycin	141. penicillin V potassium
82. fusidic acid	102. ketoconazole	122. nevirapine	142. pentamidine
83. ganciclovir	103. lamiVUDine	123. niclosamide	143. peramivir
84. gentamicin	104. ledipasvir	124. nitazoxanide	144. piperacillin/tazobactam
85. grazoprevir	105. levofloxacin	125. nitrofurantoin	145. piperazine
86. griseofulvin	106. linezolid	126. norfloxacin	146. polymyxin B sulfate
87. halofantrine	107. lopinavir	127. nystatin	147. posaconazole
88. hydroxychloroquin e	108. lumefantrine	128. ofloxacin	148. praziquantel
89. imipenem	109. maraviroc	129. ombitasvir	149. primaquine
90. imipenem/cilastati n	110. mebendazole	130. oritavancin	150. procaine penicillin
91. indinavir	111. mefloquine	131. oseltamivir	151. proguanil
92. interferon alfa-2a	112. meropenem	132. oxamniquine	152. pyrantel
93. interferon alfa-2b	113. metroNIDAZOLE	133. paritaprevir	153. pyrazinamide
94. interferon alfacon-1	114. micafungin	134. paromomycin	154. pyrimethamine
95. interferon alfa-n1	115. miconazole	135. peginterferon alfa-2a	155. pyrvinium
96. interferon alfa-n3	116. miltefosine	136. peginterferon alfa-2b	156. quinacrine
97. iodoquinol	117. minocycline	137. penicillin	157. quiNINE
98. isoniazid	118. moxifloxacin	138. penicillin G benzathine	158. raltegravir
99. itraconazole	119. nalidixic acid	139. penicillin G potassium	159. ribavirin
100. ivermectin	120. nelfinavir	140. penicillin G sodium	160. rifabutin



### Clinical Pharmacy Worklist – **Antimicrobial Stewardship** List of medications meeting inclusion criteria cont'd

161. rifampin	181. telavancin
162. rifapentine	182. telbivudine
163. rifaximin	183. tenofovir
164. rilpivirine	184. terbinafine
165. rimantadine	185. tetracycline
166. ritonavir	186. thalidomide
167. saquinavir	187. thiabendazole
168. simeprevir	188. tigecycline
169. spectinomycin	189. tinidazole
170. stavudine	190. tipranavir
171. streptomycin	191. tobramycin
172. streptomycin	192. trimethoprim
173. sulbactam	193. trimethoprim
174. sulfADIAZINE	194. valACYclovir
175. sulfamethoxazole	195. valGANciclovir
176. sulfamethoxazole	196. vancomycin
177. sulfaSALAzine	197. voriconazole
178. tazobactam	198. zalcitabine
179. tedizolid	199. zanamivir
180. telaprevir	200. zidovudine



# End Book One

You are ready for your Key Learning Review. Please contact your instructor for your Key Learning Review.