

# Orders Reconciliation Manager

Go-Live March 11th

2011 lessons learned

- More provider involvement was needed-
- **Free texted medication did not work—cleaning up in BAR**
- **Orders catalog display issue--corrected**
- **No mapped medications allowed--now extensive mapping of medications**

## Improvements

- Worked with Allscripts
  - Webinars
  - On site 2-3 day meetings with current users
- Included providers through multiple meetings
- **Inactivated free text meds**
- **Created a new report to monitor usage of free text**
- **Corrected the orders catalog display issue**
- **Extensive mapping /testing of medications**

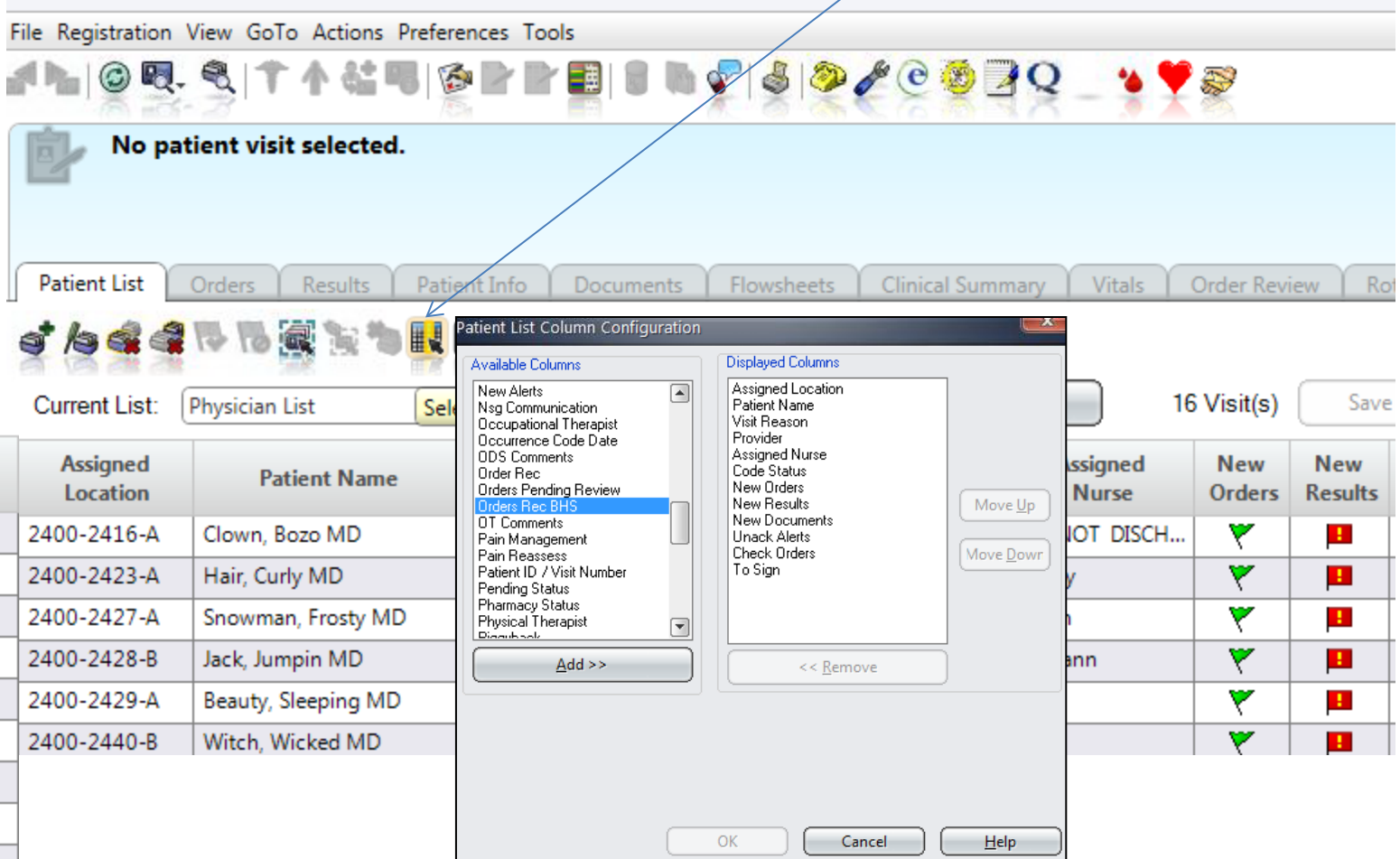
# Order Reconciliation Benefits

- **More timely medication to the patient**
- **Can not address medication history prior to nurse collecting**
- **More accurate medication—less phone calls to clarify**
  - **No translation errors from pharmacy tech**
  - **Prompted for:**
    - **Site**
    - **Appropriate range—range, age, renal status, pregnancy, lactation**
    - **Frequency**
    - **Each medication has to be addressed**
- **Alerts seen by physician (ex. no coumadin with epidural, etc)**
- **Duplicates of class easily seen (ex. Restoril and Ambien, Xarelto)**
- **Ease of use/tracking (changing home med dose)**
- **Substituted formulary medicines easy to see at discharge (ex. Prilosec/Protonix)**
- **Difference in doses at discharge are seen easily (Lasix 20mg/40 mg)**

## ADMISSION Order Reconciliation

From the toolbar, add the ORDER REC BHS Icon. This will be used to access the transfer reconciliation.

**Providers will add the “Orders Reconciliation BHS” column to all their lists.**



**We encourage users to place this column as the first column in your list.**

**Green** flag - Admission Med Rec has **not been completed**  
**Red** flag - Admission Med Rec is **overdue**(turns red after 24 hour post admission)

No flag - Admission Med Rec has been completed	4
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There is now a “Print Preview” option to view the new documents for Orders Rec. The user can choose from bottom or right side. This will enable the user to choose the correct document (Admission or Transfer) to view.

The screenshot displays a medical software interface with a top navigation bar containing tabs: Patient List, Orders, Results, Patient Info, Documents, Flowsheets, Clinical Summary, Vitals, Order Review, Rothman Index, and SRM Completion. The 'Documents' tab is active.

On the left is an 'Options Panel' with sections for Chart Selection, Date Range, Display Format, Filters, and Display Styles.

The main area shows a document management interface. A red box highlights a dropdown menu with options: Bottom, Right Side, and Close. Below this is a table of documents:

Time	Document Name	Document	Authored	Signed
- 01-21-2014				
11:28	Order Reconciliation	Complete	SCM, MD (IT)	21-Jan-2014 11:28
10:47	Immediate Post-op Note	Complete	SCM, MD (IT)	21-Jan-2014 11:28
10:37	Order Reconciliation	Complete	SCM, MD (IT)	21-Jan-2014 10:37

Below the table, a red box highlights a button labeled 'Transfer Reconciliation Document'.

Below the button, the text reads: 'Order Reconciliation [Authored: 21-Jan-2014 11:28]- for Visit: 4000-136620, Complete, Entered, Signed in Full, General'.

Below the text, the text reads: 'Reconciliation Type: Postop/Transfer done by SCM, MD (IT)'.

Below the text, the text reads: 'Postop/Transfer - Reconciliation: 21-Jan-2014 11:28 by: SCM, MD (IT)'.

## Launching ORM from the Orders Rec BHS column

Testing, Ccda  
5400-5410-B  
Ht: In. / cm. Wt: lbs / kg 0  
Admit Date: 12-19-2013 Precautions: NO BP/IV R

Phillips, Debra  
000504865 / 4000-136556  
Release Info

Patient List Orders Results Patient Info Documents Flowsheets Clinical Summary Vitals IV Charge IV Infusion BPS Documents Order Review ORM View MRView

Patient List

Current List: 5400 Select All Patients 45 Visit(s) Save Selected Patients...

Orders Rec BHS	Assigned Location	Patient Name	Visit Reason	Provider	Assigned Nurse	Code Status	New Orders	New Results	New Docu...	Unack Alerts	Check Orders	To Sign
	5400-5427-A	ORM, Test N	ORM Testing	Evans, Dan	PIC ORM don't use					5	✓	
	5400-5427-B	ORM, Test O	ORM Testing	Evans, Dan	PIC ORM don't use							
	5400-5428-A	ORM, Test P	ORM Testing	Evans, Dan	ORM don't use					5	✓	
	5400-5428-B	ORM, Test Q	ORM Testing	Evans, Dan	ORM don't use					5	✓	
	5400-5429-A	ORM, Test R	ORM Testing	Evans, Dan	Roseann ORM do...					5	✓	✓
	5400-5429-B	ORM, Test S	ORM Testing	Evans, Dan	Roseann ORM do...	Full Code				5	✓	
	5400-5430-A	Day, Sunny Spring	abd pain	Pyatt, Stuart						5	✓	
	5400-5430-B	ORM, Test T	ORM Testing	Evans, Dan	ORM don't use						✓	
5	5400-5431-A	Test, Cloudy	Bad Mojo	Kim, Louis Yoo								
	5400-5431-B	ORM, Test V	ORM Testing	Evans, Dan	for DR PHILLIPS	Limited...				5	✓	
	5400-5432-A	ORM, Test W	ORM Testing	Evans, Dan	for DR PHILLIPS					5	✓	

Providers will double click on the flag in the Orders Rec BHS column to open the Orders Rec Module.



This alert will appear if the home medications have not been addressed at this admission.

The Orders Reconciliation Module appears below.

Admission  
Postop/Transfer  
Discharge

Order Reconciliation Manager

**Test, Sunny**  
5400-5436-B  
Ht: 67.008 In. / 170.2 cm. Wt: 136.5 lbs / 61.9 kG (01-30) BMI: 21.4 Adj Ideal Wt: 65.1 kG Allergies: No Known Allergies, No Known Drug Allergies  
Admit Date: 01-30-2014

Patel, Pravin C

000504969 / 4000-136767  
Release Info

92y (23-Oct-1921)

Male

Reconcile Orders

View/Maintain History

Select a reconciliation to perform:

Admission  
Admission (Outstanding) 01-30-2014  
Select the above link to start this reconciliation.  
To mark this reconciliation as not done, go to View/Maintain History tab.

Transfer  
Transfer(New)  
Postop/Transfer  
Select the type of transfer reconciliation to be performed from the above links.

Discharge  
Discharge(New)  
Select the above link to perform the discharge reconciliation.

Need Help?

Close

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Below is a picture of the screen layout.

Name, Date Time  
☒ Therapeutic Category/Name, Date Time

It is suggested to Group/Sort By “Therapeutic Category” as seen here.

Reconcile Orders View/Maintain History

Group /Sort By Format Reconciliation Types Enter Order Entry Order Entry Order Entry Enter Home Outpatient Mark All Remaining Auto Reconcile  
 /Sort By Layout Types Order Session Type Requested By Medications Medication Review Reviewed/Not Ordered Clear All Reconciliations Verify All Remaining Updates Check for New Items

Reconciliation Type: Admission by SCM, MD; New orders will be in session type of Standard

**HOME MEDICATIONS** (0 of 5 reconciled)

**antidepressants** (psychotherapeutic agents) (0/1 reconciled)

Paxil - 35 tab(s) orally once a day  
 Last Dose Taken: 01-08-2014 8:00 AM

**anxiolytics, sedatives, and hypnotics** (central nervous system agents) (0/1 reconciled)

Restoril 7.5 mg oral capsule - 1 cap(s) orally once a day (at bedtime)  
 Last Dose Taken: 01-07-2014 9:00 PM

**calcium channel blocking agents** (cardiovascular agents) (0/1 reconciled)

amlodipine 2.5 mg oral tablet - 1 tab(s) orally once a day  
 Last Dose Taken: 01-08-2014 8:00 AM

**dermatological agents** (topical agents) (0/1 reconciled)

Silvadene 1% topical cream - Apply topically to affected area once a day  
 Last Dose Taken: 01-07-2014 5:00 PM  
 ? Right Ankle

**proton pump inhibitors** (gastrointestinal agents) (0/1 reconciled)

Prilosec 20 mg oral delayed release tablet - 1 tab(s) orally once a day  
 Last Dose Taken: 01-08-2014 8:00 AM

zolpidem - Dose: 5 milligram(s) By Mouth every night at bedtime PRN for Insomnia  
 Ordered as AMBIEN Active PRN

Need Help?

Save as Complete Save as Incomplete Close

The first column has the home meds to review, second column is active inpatient meds. Notice the icon to enter orders from this screen.



## The Outpatient Med Review can also be seen from within ORM.

Reconcile Orders View/Maintain History

Group Format Reconciliation Enter Order Entry Order Entry Enter Home Outpatient Medication Review InfoButton Mark All Remaining Reviewed/Not Ordered Import Home Medications Clinical Reconciliation More Actions

Reconciliation Type: Admission requested on behalf of Patel, Pravin C; Ne

**HOME MEDICATIONS (0 of 6 reconciled)**

- analgesics (central nervous system agents) (0/1 reconciled)**  
Aspirin Enteric Coated 81 mg oral delayed release tablet - 1 tab(s) orally once a day (at bedtime)  
Last Dose Taken: 01-30-2014 8:00 AM
- antihyperlipidemic agents (metabolic agents) (0/1 reconciled)**  
Lipitor 20 mg oral tablet - 1 tab(s) orally once a day (at bedtime)  
Last Dose Taken: 01-30-2014 8:00 AM
- antiplatelet agents (coagulation modifiers) (0/1 reconciled)**  
Plavix 75 mg oral tablet - 1 tab(s) orally once a day  
Last Dose Taken: 01-30-2014 8:00 AM
- diuretics (cardiovascular agents) (0/1 reconciled)**  
furosemide 40 mg oral tablet - 1 tab(s) orally once a day  
Last Dose Taken: 01-30-2014 8:00 AM
- ophthalmic preparations (topical agents) (0/1 reconciled)**  
OptiPranolol 0.3% ophthalmic solution - 1 drop(s) to right eye once a day  
Last Dose Taken: 01-29-2014 8:00 PM
- proton pump inhibitors (gastrointestinal agents) (0/1 reconciled)**  
Prilosec 20 mg oral delayed release capsule - 1 cap(s) orally once a day  
Last Dose Taken: 01-30-2014 8:00 AM

**Outpatient Medication Review**

**Test, Sunny** 5400-5436-B Patel, Pravin C 000504969 / 4000-136767 Release Info 92y (23-Oct-1921) Male

Allergies: No Known Allergies, No Known Drug Allergies

Home Medications Review Status for Reconciliation: **Complete** Med Status: **Patient Currently Takes Medications**

Discharge Reconciliation Status: **Not Done** Preferred Pharmacy: **<None>**

**Some patient medication may not be shown. Showing: All Meds to be reviewed for this visit.**

Display Format: **Review Active Medications (Modified)** Group/Sort by: **Item Class and Drug** Items: 6

**Active (6 items)**

**Aspirin Enteric Coated 81 mg oral delayed release tablet**

✓ 1 tab(s) orally once a day  
Status: **Active** Info Source:   
Refills: **None** Qty: **0** Last Dose Taken Date/Time: 01-30-2014 8:00 AM  
Follow up Reason/Comment:

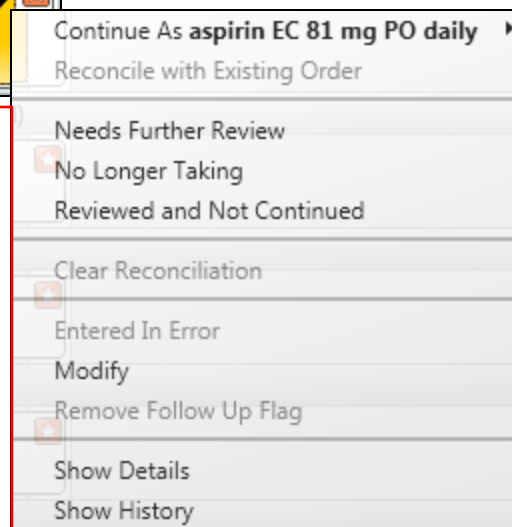
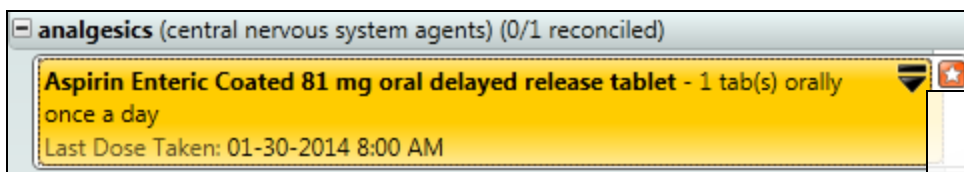
**furosemide 40 mg oral tablet**

✓ 1 tab(s) orally once a day  
Status: **Active** Info Source:   
Refills: **None** Qty: **0** Last Dose Taken Date/Time: 01-30-2014 8:00 AM  
Follow up Reason/Comment:

**Lipitor 20 mg oral tablet**

✓ 1 tab(s) orally once a day (at bedtime)  
Status: **Active** Info Source:   
Refills: **None** Qty: **0** Last Dose Taken Date/Time: 01-30-2014 8:00 AM  
Follow up Reason/Comment:

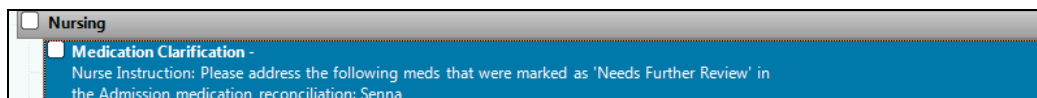
Provider option descriptions for continuing or discontinuing medications are listed below.



**Continue as:** Will continue medication as the best suggested match to the Home Med.

**Reconcile with Existing Order:** Reconciling the home med with an existing inpatient order, manually choosing the appropriate order.

**Needs Further Review:** If this option is chosen, the med name will go to the nurses work list for clarification. Provider will be contacted with the follow up clarification that was requested.



**No Longer Taking:** Provider knows that the patient is no longer taking med. (Med will appear lined out & will be inactivated from the patients med history)

**Reviewed and Not Continued:** Meds deemed not necessary for this visit, including herbal and over the counter meds. These will remain active in the patients med history and available for restart on discharge. Use this as well for **NPO**.

**Clear Reconciliation:** User wants to change selected option and start over.

**Entered in Error:** Use if a reconciliation was performed incorrectly. This does not **DISCONTINUE submitted orders** that were created as part of the rec. Go to the **ORDERS** Tab to cancel these orders.

**Modify:** User can modify the medication.

**Show Details:** Brings up the home med collection info.

**Show History:** User can see the medication history info.

If meds have already been ordered from an ER or telephone call, the provider will see these meds in the “Current Medications” column. There is an option to “Auto Reconcile” orders that are in the same therapeutic category. An example is listed below. Again this is optional.

Reconcile Orders View/Maintain History

Group Format Reconciliation Enter Order Entry Order Entry Enter Home Outpatient Mark All Remaining Reviewed/Not Ordered

Reconciliation Type: Admission by SCM, MD; New orders will be in session type of Standard

**HOME MEDICATIONS (0 of 5 reconciled)**

**antidepressants (psychotherapeutic agents) (0/1 reconciled)**

Paxil - 35 tab(s) orally once a day  
Last Dose Taken: 01-08-2014 8:00 AM

**anxiolytics, sedatives, and hypnotics (central nervous system agents) (0/1 reconciled)**

Restoril 7.5 mg oral capsule - 1 cap(s) orally once a day (at bedtime)  
Last Dose Taken: 01-07-2014 9:00 PM

**calcium channel blocking agents (cardiovascular agents) (0/1 reconciled)**

amlodipine 2.5 mg oral tablet - 1 tab(s) orally once a day  
Last Dose Taken: 01-08-2014 8:00 AM

**dermatological agents (topical agents) (0/1 reconciled)**

Silvadene 1% topical cream - Apply topically to affected area once a day  
Last Dose Taken: 01-07-2014 5:00 PM  
? Right Ankle

**proton pump inhibitors (gastrointestinal agents) (0/1 reconciled)**

Prilosec 20 mg oral delayed release tablet - 1 tab(s) orally once a day  
Last Dose Taken: 01-08-2014 8:00 AM

**anxiolytics, sedatives, and hypnotics (central nervous system agents) (1/1 reconciled)**

Restoril 7.5 mg oral capsule - 1 cap(s) orally once a day (at bedtime)  
Last Dose Taken: 01-07-2014 9:00 PM  
Comment: Restoril 7.5 mg oral capsule provisionally auto reconciled with the existing inpatient order zolpidem

**Current Medications**

zolpidem - Dose: 5 milligram(s) By Mouth every night at bedtime PRN for Insomnia  
Ordered as AMBIEN Active PRN

Auto Reconcile  
Clear All Reconciliations  
Verify All Remaining Updates  
Check for New Items

Need Help?

Save as Complete Save as Incomplete Close

Notice, that when auto reconciling, a question ? will appear, indicating there is a difference between the two medications.

Either right click on the med or place the mouse to the left of the mandatory (red star), click, a dropdown arrow will appear. Click “continue” to keep the same dosage, frequency. For the example below, a “Route Confirmation” will appear. Also note the application site will be included in the home med collection. (This will save a phone call or page later for confirmation from pharmacy).

Reconcile Orders View/Maintain History

Group Format Reconciliation Enter Order Entry Order Entry Enter Home Outpatient InfoButton Mark All Remaining More  
Sort By Layout Types Order Session Type Requested By Medications Medication Review Reviewed/Not Ordered Actions

Reconciliation Type: Admission by SCM, MD General; New orders will be in session type of Standard

**HOME MEDICATIONS** (0 of 5 reconciled)

**Ambien 10 mg oral tablet** - 1 tab(s) orally once a day (at bedtime)  
Last Dose Taken: 6-Aug-2012 p.m.

**Aspir 81 oral delayed release tablet** - 1 tab(s) orally once a day  
Last Dose Taken: 7-Aug-2012 a.m.

**Claritin 10 mg oral tablet** - 1 tab(s) orally once a day  
Last Dose Taken: 7-Aug-2012 a.m.

**Keflex 500 mg oral capsule** - 1 cap(s) orally 4 times a day  
Last Dose Taken: 7-Aug-2012 a.m.

**CURRENT MEDICATIONS**

**zolpidem** - Dose: 5 milligram(s) By Mouth every night at bedtime PRN for Insomnia  
Ordered as AMBIEN

**levofloxacin IVPB** -  
Known As LEVAQUIN IVPB  
In: dextrose 5% <150 mL>

Actions

**Silvadene 1% topical cream** - Apply topically to right leg 2 times a day  
Last Dose Taken: 02-11-2014 8:00 AM

**Veramyst 27.5 mcg/inh nasal spray** -  
Last Dose Taken: 7-Aug-2012 a.m.

**Route Confirmation - Topicals**

More clarification is needed for the topical site. Please provide the details of the application site for the body

Location:

☐ Left ☐ Right ☐ Bilateral ☐ Upper ☐ Lower

Application Site:

Continue Cancel

There will be times when a new med has been started and in auto reconciling, meds are tied together in the same therapeutic category. The example below indicates dextrose 5% was ordered, and then auto-reconciled with the home med of Insta-Glucose. The provider really wants to order the home med **and** keep the inpatient med as well. This would be a time when auto reconciling should not be used. Simply right click and “Clear Reconciliation” to make the appropriate changes.

**Orm. Test**  
5400-5433-A  
Ht: In. / cm. Wt: lbs / kg ()  
Admit Date: 11-29-2013  
Evans, Dan

Reconcile Orders View/Maintain History

Group /Sort By

Format Layout

Reconciliation Types

Enter Order

Order Entry Session Type

Order Entry Requested By

Enter Home Medications

Outpatient Medication Review

Mark All Remaining Reviewed/Not Ordered

More Actions

Reconciliation Type: Admission by SCM, MD; New orders will be in session type of Standard

HOME MEDICATIONS (1 of 1 reconciled)

CURRENT MEDICATIONS

glucose elevating agents (metabolic agents) (1/1 reconciled)

Insta-Glucose 40% oral gel - 15 gram(s) orally every 15 minutes, As Needed for glucometer 51-70, use 30 grams for glucometer 50 or less  
Last Dose Taken: 02-06-2014 8:00 AM  
Comment: Insta-Glucose 40% oral gel provisionally aut

Discontinue/Cancel

Discontinue/Reorder

Undo

Clear Reconciliation

InfoButton

Show Details

Show History

dextrose 5%\_sodium chloride 0.45% -  
Dose: 1,000 milliliter(s) Intravenous  
Run at: 120 milliliter(s) per hour <Continuous>

inpatient order dextrose 5%\_sodium chloride 0.45%

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If there are no matching meds, check the Alternatives for auto subs. For the example of “Prilosec”, reconcile with the ALTERNATIVES of Pantoprazole. (Choosing alternatives refers back to the Auto Substitution Policy).

The screenshot displays a medication reconciliation interface with a sidebar on the left and a main content area on the right. The sidebar is organized into categories: HOME MEDICATIONS (3 of 5 reconciled) and CURRENT MEDICATIONS. Under HOME MEDICATIONS, there are sections for antidepressants, anxiolytics, sedatives, and hypnotics, calcium channel blocking agents, dermatological agents, and proton pump inhibitors. The main content area shows a list of medications. A context menu is open over the Prilosec entry, with the 'Alternatives' option highlighted. The alternatives listed are pantoprazole EC 20 mg PO daily and pantoprazole EC 40 mg PO daily.

**HOME MEDICATIONS (3 of 5 reconciled)**

- antidepressants (psychotherapeutic agents) (0/1 reconciled)**
  - Paxil - 35 tab(s) orally once a day  
Last Dose Taken: 01-08-2014 8:00 AM
- anxiolytics, sedatives, and hypnotics (central nervous system agents) (1/1 reconciled)**
  - Restoril 7.5 mg oral capsule - 1 cap(s) orally once a day (at bedtime)  
Last Dose Taken: 01-07-2014 9:00 PM  
Comment: Restoril 7.5 mg oral capsule provisionally auto reconciled with the exist
- calcium channel blocking agents (cardiovascular agents) (1/1 reconciled)**
  - amlodipine 2.5 mg oral tablet - 1 tab(s) orally once a day  
Last Dose Taken: 01-08-2014 8:00 AM  
Comment: amlodipine 2.5 mg oral tablet continued as the inpatient order amLOD
- dermatological agents (topical agents) (1/1 reconciled)**
  - Silvadene 1% topical cream - Apply topically to affected area once a day  
Last Dose Taken: 01-07-2014 5:00 PM  
Right Ankle  
Comment: Silvadene 1% topical cream continued as the inpatient order silver Sulf
- proton pump inhibitors (gastrointestinal agents) (0/1 reconciled)**
  - Prilosec 20 mg oral delayed release tablet - 1 tab(s) orally once a day  
Last Dose Taken: 01-08-2014 8:00 AM

**CURRENT MEDICATIONS**

- zolpidem - Dose: 5 milligram(s) By Mouth every night at bedtime PRN for Insomnia  
Ordered as AMBIEN

**Context Menu for Prilosec:**

- Continue
- Reconcile with Existing Order
- Needs Further Review
- No Longer Taking
- Reviewed and Not Continued
- Clear Reconciliation
- Entered In Error
- Modify
- Remove Follow Up Flag
- Show Details
- Show History

**Alternatives:**

- pantoprazole EC ...
- pantoprazole EC 20 mg PO daily
- pantoprazole EC 40 mg PO daily

If no matching items or alternatives are available, go to “Other Orders”, choose the appropriate nonformulary order and enter additional information that is required. This should only be used if there are no formulary alternatives and it is necessary for the patient to have while admitted.

The screenshot displays a medical software interface with a sidebar on the left and a main content area on the right. The sidebar is titled "HOME MEDICATIONS (3 of 10 reconciled)" and lists several medication categories: "dermatological agents (topical agents) (0/1 reconciled)", "diuretics (cardiovascular agents) (0/1 reconciled)", "intravenous nutritional products (nutritional products) (no items)", "ophthalmic preparations (topical agents) (0/1 reconciled)", and "sex hormones (hormones/hormone modifiers) (0/1 reconciled)". Each category has a corresponding medication entry with details like name, dose, frequency, and last dose taken. A context menu is open over the "Ortho Tri-Cyclen triphasic 25 mcg oral tablet" entry, showing options: "Continue", "Reconcile with Existing Order", "Needs Further Review", "No Longer Taking", "Reviewed and Not Continued", "Clear Reconciliation", "Entered In Error", "Modify", "Remove Follow Up Flag", "InfoButton", "Show Details", and "Show History". The "Continue" option is highlighted, and a sub-menu is open showing "No Matching Items", "Order Entry...", and "Other Orders". The "Other Orders" option is highlighted, and a sub-menu is open showing "nonformulary GENERAL order" and "nonformulary RESPIRATORY order". The main content area shows a list of medications, including "Hydrocortisone 1% In Absorbase 1% topical ointment", "Lasix 20 mg oral tablet", and "Ortho Tri-Cyclen triphasic 25 mcg oral tablet".

**HOME MEDICATIONS (3 of 10 reconciled)**

**dermatological agents (topical agents) (0/1 reconciled)**

Hydrocortisone 1% In Absorbase 1% topical ointment - Apply topically to right leg 3 times a day, as needed, dry skin  
Last Dose Taken: 12-04-2013 12:00 AM

**diuretics (cardiovascular agents) (0/1 reconciled)**

Lasix 20 mg oral tablet - 1 tab(s) orally once a day  
Last Dose Taken: 12-04-2013 8:00 AM

**intravenous nutritional products (nutritional products) (no items)**

**ophthalmic preparations (topical agents) (0/1 reconciled)**

Restasis 0.05% ophthalmic emulsion - 1 drop(s) to each left eye every 12 hours, As Needed  
Last Dose Taken: 12-04-2013 6:00 AM

**sex hormones (hormones/hormone modifiers) (0/1 reconciled)**

Ortho Tri-Cyclen triphasic 25 mcg oral tablet - 1 tab(s) orally once a day  
Last Dose Taken: 02-10-2014 8:00 AM

**Continue**

Reconcile with Existing Order

Needs Further Review

No Longer Taking

Reviewed and Not Continued

Clear Reconciliation

Entered In Error

Modify

Remove Follow Up Flag

InfoButton

Show Details

Show History

No Matching Items

Order Entry...

Other Orders

nonformulary GENERAL order

nonformulary RESPIRATORY order

0.45% with potassium chloride 20 mEq -

enous

our <Continuous>

Fill in the appropriate **dose** and **units**, click OK.

Order:	nonformulary GENERAL order				Order ID:	001BSQVHW	
Requested By:	SCM, MD		Template Name:				
Messages:	Utilize for all nonformulary orders given by routes other than IV or respiratory. Aquisition of nonformulary items may take several hours.						
Start Date	Start Time						
02-10-2014	Routine						
			Height (inches)	Height (cm)	Weight (lb)	Weight (kg)	BSA
Medication	Name (use box to select med)	Dose	Max Dose	Units			
Ortho Tri-Cyclen	triphasic 25 mcg oral table						
Route	Frequency	While Awake		Physician/Pharmacy Communication			
By Mouth	daily	<input type="checkbox"/>					
PRN	PRN Reason	PRX_PRN_Preference		Administration Instructions			
<input type="checkbox"/>				Use No-Scan process for KBMA on nonformulary items.			
Stop After (Duration)	Stop Date	Stop Time					
	02-10-2015						
				(Actual) Creatinine			
				Creat Clear			
				<input checked="" type="radio"/> Actual			
Repeat				Drug Info			
				View Document			
				OK			
				Cancel			



There will be medications that can only be ordered thru an order set. The example below is showing the **Diabetic Order set**. This makes it convenient to add other orders as well.

antidiabetic agents (metabolic agents) (0/1 reconciled)

**Lantus 100 units/mL subcutaneous solution - 1 unit(s) subcutaneous once a day**  
Last Dose Taken: 02-10-2014 8:00 AM

antimetetic/antivertigo agents (central nervous system agents) (no items)

antihypertensive combinations (cardiovascular agents) (1/2 reconciled)

**hydrochlorothiazide-lisinopril 12.5 mg-10 mg oral tablet - 1 tab(s) orally once a day**  
Last Dose Taken: 12-04-2013 2:00 AM  
Comment: hydrochlorothiazide-lisinopril 12.5 mg-10 mg oral tablet auto reconcil

**hydrochlorothiazide-lisinopril 12.5 mg-20 mg oral tablet - 1 tab(s) orally once a day**  
Last Dose Taken:

antineoplastic hormones (antineoplastics) (0/1 reconciled)

Continue As Diabetic Order Set  
Reconcile with Existing Order  
Needs Further Review  
No Longer Taking  
Reviewed and Not Continued  
Clear Reconciliation  
Entered In Error  
Modify  
Remove Follow Up Flag  
InfoButton  
Show Details  
Show

Diabetic Order Set  
Order Entry...  
Other Orders

gargine LONG ACTING insulin - Dose: 66 Unit(s) Subcutaneous daily  
Active

gram(s) Intravenous Push every 6 hours PRN for nausea  
Active

sinopril 20 mg - Dose: 1 tablet(s) By Mouth daily  
ng\_20 mg  
Active

chlorothiazide 12.5 mg\_lisinopril 20 mg

DIABETES Module - Orm, Test S

Orm, Test S  
5400-5429-B  
Ht: In. / cm. Wt: lbs / kg (Allergies: Lasix, Peanuts)  
Admit Date: 11-29-2013  
Evans, Dan  
000504830 / 4000-136485  
Release Info  
23y (09-Feb-1991)  
Male

Diabetic Order Set [0 orders of 62 are selected]

Clear Pre-Checked Orders  
CODE STATUS: Full Code ALLERGIES: Peanuts, Lasix

Helpful Hints: T=Today, T+1=Tomorrow

NURSING ORDERS

Order	Frequency	Stop After	Other Instructions
<input type="checkbox"/> Glucometer Checks (Nursing) (AC + HS)	before meals and at bedtime		if eating or on bolus tube feeding
<input type="checkbox"/> Glucometer Checks (Nursing) (Every 6 Hours)	every 6 hours		if NPO or continuous feeding (tube or parenteral)
<input type="checkbox"/> Glucometer Checks (Nursing)			Physician specified times
<input type="checkbox"/> Glucometer Checks (Nursing)	<User Schedule>		at 0200, 0600, 1130, 1630, 2100
<input type="checkbox"/> Glucometer Checks (Nursing) (PRN)	once		if nurse feels patient has signs & symptoms of hypoglycemia
<input type="checkbox"/> Send	as needed		blood to lab for verification if glucose meter value greater than or = 500

LABORATORY ORDERS

Order	Physician	Notification Reason	Priority	Other Instructions
<input type="checkbox"/> Notify Physician	Me	for glucometer more...	Routine	

LABORATORY ORDERS

Order	Requested Date	Priority	Ordering Information	Lab Instructions
<input type="checkbox"/> Hemoglobin A1C	T	Routine Lab		

LONG ACTING INSULINS

Order	Trade Name	Dose	Max Dose	Units	Route	Frequency	Stop After	Priority	Start Date	PRN	PR Res
<input type="checkbox"/> gargine LONG ACTING insulin	LANTUS			Unit(s)	Subcuta...	daily		Routine	T	<input type="checkbox"/>	
<input type="checkbox"/> gargine LONG ACTING insulin	LANTUS			Unit(s)	Subcuta...	every night...		Routine	T	<input type="checkbox"/>	
<input type="checkbox"/> detemir LONG ACTING insulin	LEVEMIR			Unit(s)	Subcuta...	daily		Routine	T	<input type="checkbox"/>	
<input type="checkbox"/> detemir LONG ACTING insulin	LEVEMIR			Unit(s)	Subcuta...	every night...		Routine	T	<input type="checkbox"/>	
<input type="checkbox"/> isophane INTERMEDIATE ACTING...	HumuLIN N			Unit(s)	Subcuta...	daily		Routine	T	<input type="checkbox"/>	

“Mark All Remaining Reviewed/Not Ordered” when finished reviewing the list of meds.  
 “Save as Complete” in the lower right corner.

Reconcile Orders View/Maintain History

Group Format Reconciliation Enter Order Entry Order Entry Enter Home Outpatient Mark All Remaining More  
 /Sort By Layout Types Order Session Type Requested By Medications Medication Review Reviewed/Not Ordered Actions

Reconciliation Type: Admission by SCM, MD; New orders will be in session type of Standard

HOME MEDICATIONS (4 of 5 reconciled) CURRENT MEDICATIONS

antidepressants (psychotherapeutic agents) (0/1 reconciled)

Paxil - 35 tab(s) orally once a day  
 Last Dose Taken: 01-08-2014 8:00 AM

anxiolytics, sedatives, and hypnotics (central nervous system agents) (1/1 reconciled)

Restoril 7.5 mg oral capsule - 1 cap(s) orally once a day (at bedtime)  
 Last Dose Taken: 01-07-2014 9:00 PM  
 Comment: Restoril 7.5 mg oral capsule provisionally auto reconciled with the existing inpatient order zolpidem

zolpidem - Dose: 5 milligram(s) By Mouth every night at bedtime PRN for Insomnia  
 Ordered as AMBIEN Active PRN

calcium channel blocking agents (cardiovascular agents) (1/1 reconciled)

amlodipine 2.5 mg oral tablet - 1 tab(s) orally once a day  
 Last Dose Taken: 01-08-2014 8:00 AM  
 Comment: amlodipine 2.5 mg oral tablet continued as the inpatient order amLODIPine

amLODIPine - Dose: 2.5 milligram(s) By Mouth daily  
 Known As NORVASC Pending

dermatological agents (topical agents) (1/1 reconciled)

Silvadene 1% topical cream - Apply topically to affected area once a day  
 Last Dose Taken: 01-07-2014 5:00 PM  
 ? Right Ankle  
 Comment: Silvadene 1% topical cream continued as the inpatient order silver SulfADIAZINE 1% cream

silver SulfADIAZINE 1% cream - Dose: 1 application(s) arm right daily  
 Known As SILVADENE cream Pending

proton pump inhibitors (gastrointestinal agents) (1/1 reconciled)

Prilosec 20 mg oral delayed release tablet - 1 tab(s) orally once a day  
 Last Dose Taken: 01-08-2014 8:00 AM  
 Comment: Prilosec 20 mg oral delayed release tablet continued as the inpatient order pantoprazole EC

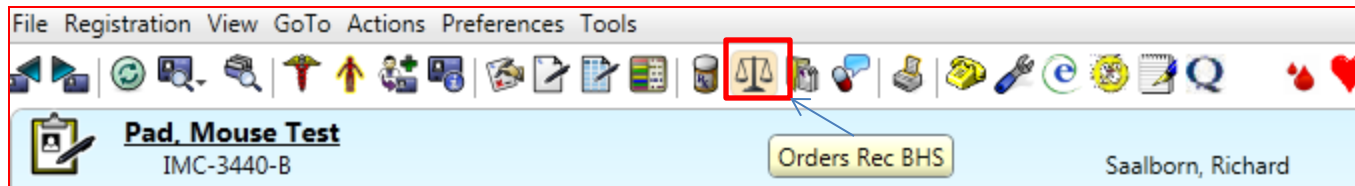
pantoprazole EC - Dose: 40 milligram(s) By Mouth daily  
 Known As PROTONIX Pending

Need Help?

Save as Complete Save as Incomplete Cancel

# Transfer ORM

To access ORM for transferring a patient, use the ORM BHS icon from the toolbar.



Reconcile Orders   View/Maintain History

**Select a reconciliation to perform:**

**Admission**

Admission (Incomplete) 01-29-2014; modified by: Morrison, Rick; on behalf of: Evans, Dan  
Select the link above to complete the reconciliation for the admission.  
To mark this reconciliation as entered in error, go to View/Maintain History tab.

**Transfer**

Transfer(New)  
Select the above link to perform the transfer reconciliation.

**Discharge**

Discharge (Incomplete) 01-29-2014; modified by: SCM, MD  
Select the link above to complete the reconciliation for the discharge.  
To mark this reconciliation as entered in error, go to View/Maintain History tab.

Click Transfer, choose Postop/Transfer.  
Continue with same process as described in the  
Immediate Post Op Note.

**Transfer**

Transfer(New)

Postop/Transfer  
Transfer to SNU/Rehab/Psych  
Select the type of transfer reconciliation to be performed from the above links.

## IMMEDIATE POST-OP NOTE (Includes the Seven Elements)

This note will be used by surgeons for post op orders reconciliation, orders and the seven elements. The new document will be added to the providers “favorite” list of documents in training.

If the patient is being **admitted same day**, surgeon will do the **Admission Reconciliation**.

If the patient is already an **in house patient**, surgeon will do the **Post Op Reconciliation**.

Document Entry Worksheet - Gestion, Indi Test

Date of Service: 01 - 21 - 2014 [CT] Time: 10:40

Authored: ☐ Date ☒ Now 01 - 21 - 2014 [CT] Time: 10:40

Authored by: ☒ Me ☐ Other [ ] Source: [ ]

Co-Signer(s): ☐ [ ] ☐ [ ]

Flag as: ☐ Incomplete ☐ Results pending ☐ Priority

Personal Documents

Type here to enter document

Document Name

Medication Reconciliation - Admission

Discharge Orders

Transfer Orders - SNH/Rehab/Acute

**Immediate Post-op Note**

[Need help?](#) [Document Help](#) [Open](#) [Close](#)

The Operative info will prefill from SIS. Add the Findings, Status and launch Order Reconciliation.

CREATE **Preview** **Date of Service:** 01 - 21 - 2014 **Time:** 10 : 47

Sections

- ▼ Operative Information
- Operative Information from SIS
- Operative Information from Surg
- ▼ \*\*Medication Reconciliation
- Order Reconciliation**

Document Info

Copy Forward Refer to Note Preview Modify Template Acronym Expansion

Operative Information from SIS

Preop Diagnosis

Postop Diagnosis

Procedure Name

Surgeon's Name

Anesthesia Type

EBL

Specimens Removed

Operative Information from Surgeon

Findings

Status

Order Reconciliation

Launch: ☒ Order Reconciliation

Retrieve Last Charted Values

Insert Default Values

Clear Unsaved Data

Need Help? Mark Note As: ☐ Results pending ☐ Priority ☐ Incomplete ☐ Calculate after save **Save** **Cancel**

# Postop/Transfer

The meds entered by anesthesiology will show on the list below as well as the other inpatient meds. The list of HOME MEDICATIONS is available to review as well. If a med as not been reviewed and/or continued, it will show as such in the Home Medication list.

Click on “**Multi Order Reconciliation**” choose “Discontinue/Cancel”.

**Gestion, Indi Test**  
5400-5418-A  
Ht: In. / cm. Wt: lbs / kg ()  
Admit Date: 01-07-2014

Beth, Timothy  
000504896 / 4000-136620  
Release Info  
89y (15-Jan-1925)  
Female

Reconcile Orders View/Maintain History

Group /Sort By Layout Reconciliation Types Enter Order Entry Order Entry Order Entry Enter Home Medications Outpatient Medication Review Mark All Remaining Reviewed/Continued More Actions Multi Order Reconciliation

Reconciliation Type: **Postop/Transfer** by SCM, MD; New orders will be in session type of **Standard**

**ITEMS TO RECONCILE** (0 of 9 reconciled) **MEDICATIONS AFTER TRANSFER RECONCILE**

**analgesics (central nervous system agents)** (0/1 reconciled)

**acetaminophen 325 mg, HYDROcodone 5 mg** - Dose: 2 tablet Active  
(s) By Mouth once  
Known As NORCO 5/325 \*MODERATE ALERT\*  
Date: 01-21-2014 Routine Disc/Stop: 01-21-2015

**anticonvulsants (central nervous system agents)** (0/1 reconciled)

**LORazepam** Active  
- Dose: 2 milligram(s) By Mouth once  
Known As ATIVAN  
Date: 01-21-2014 Routine Disc/Stop: 01-21-2015

**antiemetic/antivertigo agents (central nervous system agents)** (0/1 reconciled)

**metoclopramide** - Dose: 10 milligram(s) By Mouth once Active  
Known As REGLAN  
Date: 01-21-2014 Routine Disc/Stop: 01-21-2015

**anxiolytics, sedatives, and hypnotics (central nervous system agents)** (0/1 reconciled)

**zolpidem** - Dose: 5 milligram(s) By Mouth every night at bedtime Active  
PRN for Insomnia  
Ordered as AMBIEN  
Date: 01-08-2014 Routine Disc/Stop: 01-08-2015

**calcium channel blocking agents (cardiovascular agents)** (0/1 reconciled)

**amLODIPine** Active  
- Dose: 2.5 milligram(s) By Mouth daily  
Known As NORVASC  
Date: 01-21-2014 Routine Disc/Stop: 01-21-2015

**dermatological agents (topical agents)** (0/2 reconciled)

**HOME MEDICATIONS** (5 items) **Reviewed and Not Continued** (1 items)

Discontinue/Cancel...  
Discontinue/Reorder...  
Reorder...  
Release...  
Suspend/Unsuspend...

Check the box next to the med that should be **DISCONTINUED**. Orders from anesthesia for PACU will show up here---note they are **ONE** time only---**do NOT discontinue**. If a med needs to be continued for a specific length of time, use the date and time when it is to be discontinued, located at the bottom of the screen. **Keep in mind if a transfer is delayed, the meds will be stopped if you have chosen to discontinue without adding a stop date and time.**

☒ Discontinue/Cancel
 ☐ Discontinue/Reorder

Pharmacy	Date	Status	Stop
<input type="checkbox"/> zolpidem - Dose: 5 milligram(s) By Mouth every night at bedtime PRN for Insomnia Ordered as AMBIEN	01-08-2014 Routine	Active	01-08-2015
<input type="checkbox"/> amlODIPine - Dose: 2.5 milligram(s) By Mouth daily Known As NORVASC	01-21-2014 Routine	Active	01-21-2015
<input type="checkbox"/> silver SulfADIAZINE 1% cream - Dose: 1 application(s) arm right daily Known As SILVADENE cream	01-21-2014 Routine	Active	01-21-2015
<input type="checkbox"/> pantoprazole EC - Dose: 40 milligram(s) By Mouth daily Known As PROTONIX	01-21-2014 Routine	Active	01-21-2015
<input type="checkbox"/> metoclopramide - Dose: 10 milligram(s) By Mouth once Known As REGLAN	01-21-2014 Routine	Active	01-21-2015
<input type="checkbox"/> acetaminophen 325 mg_HYDROcodone 5 mg - Dose: 2 tablet(s) By Mouth once Known As NORCO 5/325 *MODERATE ALERT*	01-21-2014 Routine	Active	01-21-2015
<input type="checkbox"/> LORazepam - Dose: 2 milligram(s) By Mouth once Known As ATIVAN	01-21-2014 Routine	Active	01-21-2015
<input type="checkbox"/> lidocaine 4% Drsg - Dose: 1 application(s) dorsum of both hands once Known As LMX4 PLUS	01-21-2014 Routine	Active	01-21-2015
<input type="checkbox"/> lactated ringers - Dose: 1,000 milliliter(s) Intravenous Run at: 50 milliliter(s) per hour <Continuous>	01-21-2014 Routine	Active	01-21-2015

Show Selected
 **Select All**
 Deselect All
 Details
 Item Info
 View Linked Orders...

By... ☒ Me ☐ Other SCM, MD  
 Reason:

When... ☒ Now  
☐ Date:    
 Time:

When... ☐ Now  
☒ Date:    
 Time:

OK Cancel Apply Help

Post-operatively or upon Transfer, review the list of HOME meds at the bottom of the screen. Note, the number of meds “Reviewed and Not Continued” is highlighted in green as well as the actual med being outlined with a green box. Home meds can be ordered from here, same process as Admission.





Reconcile Orders View/Maintain History

Group /Sort By Format Layout Reconciliation Types Enter Order Entry Order Entry Order Session Type Requested By Enter Home Medications Outpatient Medication Review Mark All Remaining Reviewed/Continued More Actions Multi Order Reconciliation

Reconciliation Type: **Postop/Transfer** by **SCM, MD**; New orders will be in session type of **Standard**

**ITEMS TO RECONCILE** (0 of 8 reconciled) **MEDICATIONS AFTER TRANSFER RECONCILIATION**

**anticonvulsants** (central nervous system agents) (0/1 reconciled)

**LORazepam** Active    

- Dose: 2 milligram(s) By Mouth once  
Known As ATIVAN  
Date: 01-21-2014 Routine Disc/Stop: 01-21-2015

**HOME MEDICATIONS** (5 items) **Reviewed and Not Continued** (1 items)

**antidepressants** (psychotherapeutic agents)

**Paxil** - 35 tab(s) orally once a day  
Last Dose Taken: 01-08-2014 8:00 AM  
Previous actions: Reviewed and Not Continued (Admission) ...

**anxiolytics, sedatives, and hypnotics** (central nervous system agents)

**Restoril 7.5 mg oral capsule** - 1 cap(s) orally once a day (at bedtime)  
Last Dose Taken: 01-07-2014 9:00 PM  
Previous actions: ActionAutoReconcileProvisionally (Admission) ...

**calcium channel blocking agents** (cardiovascular agents)

**amlodipine 2.5 mg oral tablet** - 1 tab(s) orally once a day  
Last Dose Taken: 01-08-2014 8:00 AM  
Previous actions: Continued (Admission) ...

**dermatological agents** (topical agents)

**Silvadene 1% topical cream** - Apply topically to affected area once a day  
Last Dose Taken: 01-07-2014 5:00 PM  
? Right Ankle  
Previous actions: Continued (Admission) ...



When finished reviewing, choose “Mark All Remaining Reviewed/Continued”



Reconcile Orders View/Maintain History

Group Format Reconciliation Enter Order Entry Order Entry Enter Home Outpatient Mark All Remaining More Multi Order  
Sort By Layout Types Order Session Type Requested By Medications Medication Review Reviewed/Continued Actions Reconciliation

Reconciliation Type: Postop/Transfer by SCM, MD; New orders will be in session type of Standard

**ITEMS TO RECONCILE (1 of 9 reconciled)**

amLODIPine Active  
- Dose: 2.5 milligram(s) By Mouth daily  
Known As NORVASC  
Date: 01-21-2014 Routine Disc/Stop: 01-21-2015

**dermatological agents (topical agents) (0/2 reconciled)**

lidocaine 4% Drsg - Dose: 1 application(s) dorsum of both hands Active  
once  
Known As LMX4 PLUS  
Date: 01-21-2014 Routine Disc/Stop: 01-21-2015

silver SulfADIAZINE 1% cream - Dose: 1 application(s) arm right Active  
daily  
Known As SILVADENE cream  
Date: 01-21-2014 Routine Disc/Stop: 01-21-2015

**intravenous nutritional products (nutritional products) (1/1 reconciled)**

lactated ringers - Active  
Dose: 1,000 milliliter(s) Intravenous  
Run at: 50 milliliter(s) per hour <Continuous>  
Date: 01-21-2014 Routine Disc/Stop: 01-21-2015

lactated ringers - Active  
Dose: 1,000 milliliter(s) Intravenous  
Run at: 50 milliliter(s) per hour <Continuous>  
Date: 01-21-2014 Routine Disc/Stop: 01-22-2014 23:59

**HOME MEDICATIONS (5 items) Reviewed and Not Continued (1 items)**

**antidepressants (psychotherapeutic agents)**

Paxil - 35 tab(s) orally once a day  
Last Dose Taken: 01-08-2014 8:00 AM  
Previous actions: Reviewed and Not Continued (Admission) ...

**anxiolytics, sedatives, and hypnotics (central nervous system agents)**

Restoril 7.5 mg oral capsule - 1 cap(s) orally once a day (at bedtime)  
Last Dose Taken: 01-07-2014 9:00 PM

Need Help?

Save as Complete Save as Incomplete Cancel

SAVE AS COMPLETE!

# ODS Postop/Discharge Orders

This document will also include the seven elements information.

Structured Notes Entry - Duck, Daisy A - ODS Postop/Discharge Orders

CREATE Preview Date of Service: 02 - 06 - 2014 Time: 14 : 02

Sections

- ▼ ODS Orders to Implement Prior t
  - ODS Orders to Implement Prior t
- ▼ Disposition
  - Disposition
- ▼ General Instructions
  - General Instructions
- ▼ Follow Up Testing
  - Follow Up Testing
- ▼ Discharge Referrals
  - Discharge Referrals
- ▼ Operative Information
  - Operative Information from SIS
  - Operative Information from Surg
- ▼ Medication Reconciliation
  - Order Reconciliation
- ▶ (Nursing Use Only)

Copy Forward Refer to Note Preview Modify Template Acronym Expansion

Order Reconciliation

Launch: ☐ Order Reconciliation

# Acronym Expansion

CREATE Preview Date of Service: 01 - 21 - 2014 Time: 11:29

Sections

- Operative Information
  - Operative Information from SIS
  - Operative Information from Surg
- Medication Reconciliation

Copy Forward Refer to Note Preview Modify Template Acronym Expansion

Operative Information from SIS

Preop Diagnosis

Postop Diagnosis

Procedure Name

Surgeon

SCM, MD - Acronym Expansion Maintenance Dialog

Define Acronym Expansion

Acronym

Type

Add Acronym and ExpandedText

Acronym:

Expanded Text:

Apply OK Cancel

Edit Add Remove Import From Other User OK

SCM, MD - Acronym Expansion - Add/Edit/View Dialog

Add Acronym and ExpandedText

Acronym:

ex

Expanded Text:

This is an example of adding an acronym expansion for the new "Immediate Post Op Note".

1. Add
2. Name it
3. Type in the text.
4. Apply
5. OK
6. Type acronym (SpaceBar)
7. Expanded Text appears

Operative Information from Surgeon

Findings

ex

Operative Information from Surgeon

Findings

This is an example of adding an acronym expansion for the new "Immediate Post Op Note".

# Discharge Orders Reconciliation

Reconcile Orders View/Maintain History

Group Format Reconciliation Enter Order Entry Enter Home Enter Outpatient Mark All Remaining More Discharge  
/Sort By Layout Types Discharge Order Requested By Medications Prescriptions Medication Review Reviewed/DISCONTINUED Actions Instruction

Reconciliation Type: **Discharge** by **SCM, MD**; New orders will be in session type of **Discharge Order Reconciliation**

ITEMS TO RECONCILE (0 of 13 reconciled) HOME MEDICATIONS AT DISCHARGE

**analgesics (central nervous system agents) (0/1 reconciled)**

acetaminophen 325 mg\_HYDROcodone Inpatient  
5 mg - Dose: 2 tablet(s) By Mouth once  
Known As NORCO 5/325 \*MODERATE ...

**anticonvulsants (central nervous system agents) (0/1 reconciled)**

LORazepam Inpatient  
- Dose: 2 milligram(s) By Mouth once  
Known As ATIVAN

**antidepressants (psychotherapeutic agents) (0/1 reconciled)**

Paxil - 35 tab(s) orally once a day Home

**antiemetic/antivertigo agents (central nervous system agents) (0/1 reconciled)**

metoclopramide - Dose: 10 milligram(s) By Mouth once  
Known As REGLAN

**anxiolytics, sedatives, and hypnotics (central nervous system agents) (0/2 reconciled)**

Restoril 7.5 mg oral capsule - 1 cap(s) orally once a day (at bedtime) Home

zolpidem - Dose: 5 milligram(s) By Mouth every night at bedtime PRN for Insomnia  
Ordered as AMBIEN

**calcium channel blocking agents (cardiovascular agents) (0/2 reconciled)**

amlodipine 2.5 mg oral tablet - 1 tab(s) orally once a day Home

amLODIPine Inpatient  
- Dose: 2.5 milligram(s) By Mouth daily  
Known As NORVASC



Continue as



Create New RX



Mark as not required

With the “Home” & “Inpatient” meds listed together by therapeutic category, it is easy to view strength, and dose changes, in order to continue the appropriate med.

# Discharge Orders Reconciliation

Reconcile Orders View/Maintain History

Group Format Reconciliation Enter Order Entry Enter Home Enter Outpatient Mark All Remaining More Discharge  
/Sort By Layout Types Discharge Order Requested By Medications Prescriptions Medication Review Reviewed/DISCONTINUED Actions Instruction

Reconciliation Type: **Discharge** by **SCM, MD**; New orders will be in session type of **Discharge Order Reconciliation**

**ITEMS TO RECONCILE (0 of 13 reconciled)** **HOME MEDICATIONS AT DISCHARGE**

**analgesics (central nervous system agents) (0/1 reconciled)**

**acetaminophen 325 mg\_HYDROcodone 5 mg** - Dose: 2 tablet(s) By Mouth once  
Known As NORCO 5/325 \*MODERATE ...

**anticonvulsants (central nervous system agents) (0/1 reconciled)**

**LORazepam** - Dose: 2 milligram(s) By Mouth once  
Known As ATIVAN

**antidepressants (psychotherapeutic agents) (0/1 reconciled)**

**Paxil** - 35 tab(s) orally once a day

**antiemetic/antivertigo agents (central nervous system agents) (0/1 reconciled)**

**metoclopramide** - Dose: 10 milligram(s) By Mouth once  
Known As REGLAN

**anxiolytics, sedatives, and hypnotics (central nervous system agents) (0/2 reconciled)**

**Restoril 7.5 mg oral capsule** - 1 cap(s) orally once a day (at bedtime)

**zolpidem** - Dose: 5 milligram(s) By Mouth every night at bedtime PRN for Insomnia  
Ordered as AMBIEN

**calcium channel blocking agents (cardiovascular agents) (0/2 reconciled)**

**amlodipine 2.5 mg oral tablet** - 1 tab(s) orally once a day

**amLODIPine** - Dose: 2.5 milligram(s) By Mouth daily  
Known As NORVASC

Create new prescription for acetaminophen-HYDROcodone 325 mg-5 mg oral tablet [2 tab(s) once]

Modify Prescription - Gestion, Indi Test - acetaminophen-HYDROcodone 325 mg-5 mg oral tablet

Add to Favorites Calculate Dose Taper Dose Search Advice Manage Pharmacies Enter Health Problems Check Rx Eligibility Clear

**Drug Search** Full catalog Quick list Favorites  
Generic Name: acetaminophen-HYDROcodone  
acetaminophen-HYDROcodone 325 mg-5 mg oral tablet

Requested By  
Me Other

Instructions: Auto Edit Clear  
2 tab(s) orally once

Common Instructions: PRN PRN aches and pain PRN allergy symptoms PRN anxiety PRN bleeding

Dose Dosage Units Route Frequency Days Refills  
2 tab(s) oral once 0 None

StartDate Original Today Quantity Dispensed Units  
01-27-2014 0

Dispense as Written Auto-Calculate Show Days in SIG

Multum Version: 7/2013

Need Help? Done 29 Close

Enter days/quantity/PRN (if applicable), click Done. (Can also add this script to the user's "Favorites" before choosing DONE).

# Discharge Orders Reconciliation

Can use “Enter Prescriptions”, choose Favorites, to enter a new script that is not present on the inpatient or home med lists.

Reconcile Orders View/Maintain History

Group Format Reconciliation Types Enter Discharge Order Requested By Enter Home Medications Enter Prescriptions Outpatient Medication Review Mark All Remaining Reviewed/DISCONTINUED Actions More Discharge Instruction

Reconciliation Type: Discharge by SCM, MD; New orders will be in session type of Discharge Order Reconciliation

ITEMS TO RECONCILE (1 of 13 reconciled) HOME MEDICATIONS AT DISCHARGE

**analgesics (central nervous system agents) (1/1 reconciled)**

acetaminophen 325 mg\_HYDROcodone 5 mg - Dose: 2 tablet(s) By Mouth once Known As NORCO 5/325 \*MODERATE ... Inpatient ... ✓ acetaminophen-HYDROcodone 325 mg-5 mg oral tablet - 2 tab(s) orally once, As Needed- PRN moderate to severe pain

Comment: Prescription is created for acetaminophen 325 mg\_HYDROcodone 5 mg

**anticonvulsants (central nervous system agents) (0/1 reconciled)**

LORazepam - Dose: 2 milligram(s) By Mouth once Known As ATIVAN Inpatient ... ✓ metoclopramide 10 mg oral tablet - 1 tab(s) orally once a day

**antidepressants (psychotherapeutic agents) (1/1 reconciled)**

Paxil - 35 tab(s) orally once a day Home ... ✓ Paxil - 35 tab(s) orally once a day

Comment: Paxil is continued

metoclopramide - Dose: 10 milligram(s) By Mouth once Known As REGLAN Inpatient ...

**anxiolytics, sedatives, and hypnotics (central nervous system agents) (0/2 reconciled)**

Restoril 7.5 mg oral capsule - 1 cap(s) orally once a day (at bedtime) Home ... ✓ Restoril 7.5 mg oral capsule - 1 cap(s) orally once a day (at bedtime)


zolpidem - Dose: 5 milligram(s) By Mouth every night at bedtime PRN for Insomnia Ordered as AMBIEN Inpatient ...

**calcium channel blocking agents (cardiovascular agents) (0/2 reconciled)**

amlodipine 2.5 mg oral tablet - 1 tab(s) orally once a day Home ...

amLODIPine Inpatient ...

Need Help? Save as Complete Save as Incomplete Cancel

  
Mark All Remaining  
Reviewed/DISCONTINUED

When finished with the review of meds to be continued, choose “Mark All Remaining Reviewed/DISCONTINUED”, to discontinue remaining meds in **one click**.

All meds will have a green checkmark next to them when the review is completed. “Save as Complete”.  
FYI: Once the document has been “Saved as Complete”, **scripts can not be edited**.

The screenshot displays the 'Reconcile Orders' window with the 'View/Maintain History' tab selected. The toolbar includes icons for Group, Format, Reconciliation, Enter, Order Entry, Enter Home, Enter, Outpatient, Mark All Remaining, More, and Discharge. The reconciliation type is set to 'Discharge by SCM, MD'. The main area lists items to reconcile, categorized by drug class. A red box highlights the green checkmarks for Paxil, metoclopramide, Restoril, zolpidem, and amlodipine. The bottom right shows buttons for 'Save as Complete', 'Save as Incomplete', and 'Cancel'.

Category	Medication	Status
antidepressants (psychotherapeutic agents) (1/1 reconciled)	Paxil - 35 tab(s) orally once a day	Reconciled (Green Checkmark)
antiemetic/antivertigo agents (central nervous system agents) (1/1 reconciled)	metoclopramide - Dose: 10 milligram(s) By Mouth once	Reconciled (Green Checkmark)
anxiolytics, sedatives, and hypnotics (central nervous system agents) (2/2 reconciled)	Restoril 7.5 mg oral capsule - 1 cap(s) orally once a day (at bedtime)	Reconciled (Green Checkmark)
	zolpidem - Dose: 5 milligram(s) By Mouth every night at bedtime PRN for Insomnia	Reconciled (Green Checkmark)
calcium channel blocking agents (cardiovascular agents) (2/2 reconciled)	amlodipine 2.5 mg oral tablet - 1 tab(s) orally once a day	Reconciled (Green Checkmark)
	amLODIPine - Dose: 2.5 milligram(s) By Mouth daily	Reconciled (Green Checkmark)

If the med review needs to have follow up from another provider, **“SAVE AS INCOMPLETE”**.

After selecting “Complete”, any new prescriptions to be printed will now appear, click SUBMIT.

Review Prescriptions for Gestion, Indi Test

**Gestion, Indi Test**  
5400-5418-A  
[Ht:](#) In. / [cm.](#) [Wt:](#) lbs / kg ()  
[Admit Date:](#) 01-07-2014

Beth, Timothy 000504896 / 4000-136620 89y (15-Jan-1925) Female  
Release Info

Patient Address : 1234 Flying Lane QUINCY IL 62301

Medication Summary	Submit Method
<b>acetaminophen-HYDROcodone 325 mg-5 mg oral tablet</b> 2 tab(s) orally once, As Needed- PRN moderate to severe pain Quantity: 10 tab(s) Refills: None Substitutions Allowed Written Date: 01-27-2014 Prescriber: SCM, MD	<div>Print <a href="#">Preview</a></div>
<b>metoclopramide 10 mg oral tablet</b> 1 tab(s) orally once a day Quantity: 30 tab(s) Refills: None Substitutions Allowed Written Date: 01-27-2014 Prescriber: SCM, MD	<div>Print <a href="#">Preview</a></div>
<b>pantoprazole 40 mg oral delayed release tablet</b> 1 tab(s) orally once a day Quantity: 30 tab(s) Refills: None Substitutions Allowed Written Date: 01-27-2014 Prescriber: SCM, MD	<div>Print <a href="#">Preview</a></div>

Apply this submit method to all Prescriptions above: Pharmacy:

☐ Print ☐ eSubmit ☐ Fax ☐ Save Only  
☐ Leave UnSubmitted

[Provider Location:](#)  Business; Heart Specialists Of Qcy; 927 Broadway; Quincy, IL

[Need Help?](#)

Close the document by choosing “Save as Complete”.



If a provider is only entering script(s) for their specialty, they will need to “Save as Incomplete”, exit the document. Access the PW pill bottle from the Toolbar in the main menu, to print the script(s). Notice the unsubmitted script name is in blue. Also there is a number circled in red, implicating that there is a script to be printed. Click on the red number, choose “Unsubmitted Prescriptions” and choose Submit. Place the printed script with the chart.

**Prescription Writer**

**Oreos, Vanilla**  
 5400-5410-D  
 Ht: In. / cm. Wt: lbs / kg (Allergies: No Known Drug Allergies)  
 Admit Date: 01-23-2014

Lockhart, David  
 000504622 / 4000-136697  
 Do Not Release Info

24y (17-Jan-1990)  
 Female

Options Panel

Medication Summary

Last OMP Review Date: **Not Done** Med Status: **Patient Currently Takes Medications**  
 Preferred Pharmacy: **<None>**

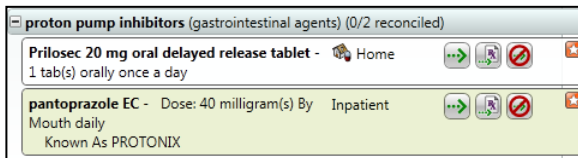
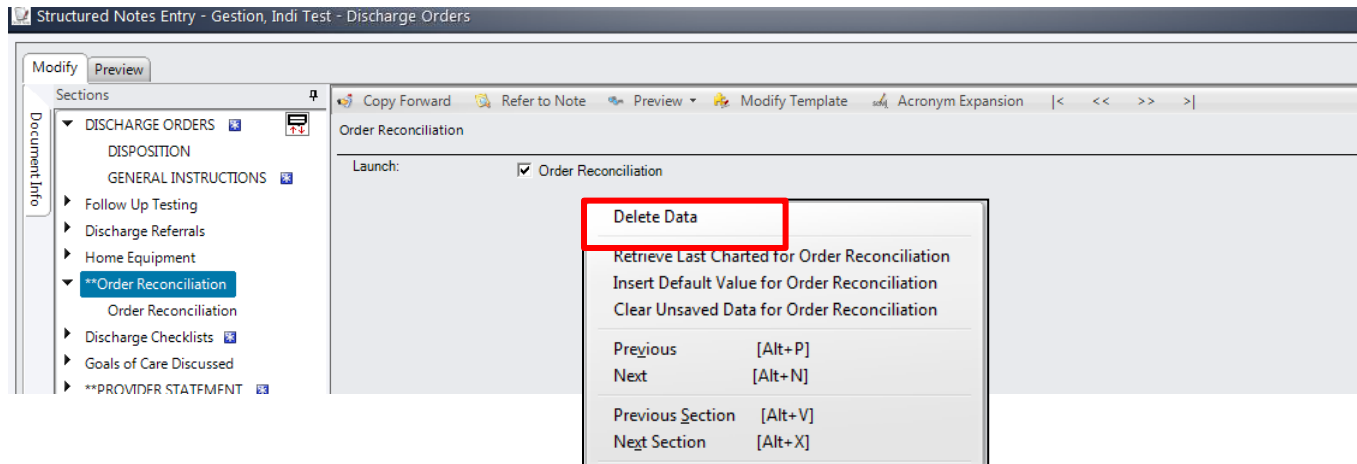
Some patient medication may not be shown. Showing: Active, No Longer Taking, Unsubmitted (Prescription, OTC, FreeText) only.  
 Display Format: **Active and Medications to be Reviewed (Modified)** Group/Sort by: **Item Class and Drug** 0 of 6 selected

	Medication Summary	Status	Start Date	Renew Date	Rx End Date
[-]	Unsubmitted (1 item)				
<input type="checkbox"/>	<b>Bystolic 5 mg oral tablet</b> 1 tab(s) orally once a day 1 tab(s) orally once a day Prescriber: SCM, MD(IT) Supervising MD: Zwick, Christian Refills: None Qty: 8	Unsubmitted	01-27-2014		02-04-2014
[-]	Active (5 items)				
<input type="checkbox"/>	<b>albuterol-ipratropium 2.5 mg-0.5 mg/3 mL inhalation solution</b> ... 3 milliliter(s) inhaled 4 times a day Entered By: SCM, MD(IT) Supervising MD: Zwick, Christian Refills: None Qty: 0	Active			
<input type="checkbox"/>	<b>Bystolic 10 mg oral tablet</b> 1 tab(s) orally once a day 1 tab(s) orally once a day Prescriber: SCM, MD(IT) Supervising MD: Zwick, Christian Refills: None Qty: 30 Comments: It is very important that you take or use this exactly as directed. Do not skip... May cause drowsiness. Alcohol may intensify this effect. Use care when... This drug may impair the ability to drive or operate machinery. Use care until...	Active	01-23-2014		02-22-2014
<input type="checkbox"/>	<b>levofloxacin 750 mg oral tablet</b> 1 tab(s) orally once a day (in the...	Active	01-23-2014		01-28-2014

Need Help?

Close

When entering the Order Rec portion of the discharge orders document **after** the document has been saved as “Incomplete”, the user will need to right click on the order Reconciliation checkbox, choose **Delete Data** and re-Launch. Complete the review of meds.



The meds to be reviewed will have a Red Star next to them.

There will be occasions when a reconciliation document will need to be **re-opened** to document a medication addition or change.

1. Choose “View/Maintain History”
2. Highlight the document to be re opened,
3. Click the icon “Set to Incomplete”
4. Click OK
5. Select a reason.
6. Choose the Reconcile Orders tab. Click admission and make the changes.

**The reconciliation may now be edited.**

6. **Reconcile Orders** **View/Maintain History** 1.

2. **Reconciliation Type**

Event Type	Requested When	Status	Reconciliation Type	Entered By	Entered When	Status
Admission	07-Jan-2014 14:53	Complete	Admission	SCM, MD (IT)	21-Jan-2014 10:37	Complete
			Postop/Transfer	SCM, MD (IT)	21-Jan-2014 11:28	Complete
			Discharge	SCM, MD (IT)	27-Jan-2014 13:45	Complete

3. **Set to Incomplete**

4. **OK**

5. **Change Reconciliation Status**

Reason:

- Discharge Cancelled
- Entered in Error
- Incorrect Patient
- Incorrect Visit
- Transfer Cancelled

**OK** **Cancel** **Help**


Need Help? **Close**

For surgeons who give scripts to patients prior to surgery, nursing will be capturing this medication and adding as a home med.





















Below is an example of the notification, that the script was given preop.



Click the green arrow to continue

When reconciling a med with an **orange arrow** (which means an unusual med, route, frequency) and needing the RX for a script, click on the drug search  icon, backspace (line will change from teal to pink), enabling the user to choose the correct dosage, route, etc. for the new script.

ITEMS TO RECONCILE (0 of 37 reconciled)

acetaminophen 325 mg_HYDROcodone 5 mg - Dose: 1 tablet(s) By Mouth every 4 hours PRN for moderate pain ***	Inpatient	PRN	  	
<b>anticoagulants (coagulation modifiers) (0/4 reconciled)</b>				
Coumadin 2 mg oral tablet - 1 tab(s) orally Monday, Wednesday, and Friday	Home		  	
Coumadin 3 mg oral tablet - 1 tab(s) orally 4 times a week, Tuesday, Thursday, Saturday, Sunday	Home		  	
warfarin USER SCHEDULE - "HIGH ALERT" COUMADIN ***	Inpatient		  	
enoxaparin INJ - Dose: 82 milligram(s) Subcutaneous every (12) twelve hours Ordered as LOVENOX INJ *HIGH ALERT*	Inpatient		  	

Drug Search

Full catalog Quick list Favorites

Generic Name: enoxaparin

enoxaparin

Dose Dosage Units Route Frequency Days Refills

0.00 [unit icon] [unit icon] [unit icon] [unit icon] 0 None

Required for dose range checking

StartDate Original Today Quantity Dispensed Units

02/03/2014 [unit icon] [unit icon] [unit icon] [unit icon] [unit icon]

Dispense as Written Auto-Calculate Show Days in SIG







Drug Search

Full catalog Quick list Favorites

enoxaparin




enoxaparin










For Coumadin scripts requiring multiple dosing, choose the HOME med to continue, as the dosing frequency and days of the week carries over.

anticoagulants (coagulation modifiers) (2/5 reconciled)			
Coumadin 2 mg oral tablet - 1 tab(s) orally Monday, Wednesday, and Friday	Home	  	✓ Coumadin 2 mg oral tablet - 1 tab(s) orally Monday, Wednesday, and Friday
Comment: Coumadin 2 mg oral tablet is continued			
Coumadin 3 mg oral tablet - 1 tab(s) orally 4 times a week, Tuesday, Thursday, Saturday, Sunday	Home	  	✓ Coumadin 3 mg oral tablet - 1 tab(s) orally 4 times a week, Tuesday, Thursday, Saturday, Sunday
Comment: Coumadin 3 mg oral tablet is continued			

**warfarin sodium** - Dose: 2 milligram(s)      Inpatient  
By Mouth <User Schedule> ( every 1 week:  
Mon/09:00, Wed/09:00, Fri/09:00 )

Frequency will need to be added (once a day) as well as editing the instructions to include days of the week when choosing this inpatient med (new med) to start at home.


  













**Drug Search**    ☒ Full catalog    ☐ Quick list    ☐ Favorites

Generic Name: warfarin

warfarin 2 mg oral tablet

Dose	Dosage Units	Route	Frequency	Days	Refills
1	tab(s)	oral		0	None

☒ Required for dose range checking    ☐ Dispense as Written  
 StartDate    [Original](#)    [Today](#)    Quantity        Dispensed Units    ☒ Auto-Calculate  
 02-03-2014    0        ☐ Show Days in SIG

38

System now has the ability to associate a therapeutic category with the non formulary medications. When entering a Non Formulary medication in Order Entry, open the Medication Name (box to the right of the form field), type the beginning letters of the med you are looking for (Ex. Orth)

By choosing the exact drug name, this medication will file into the correct therapeutic category at discharge.

Drug Name	Drug ID (DNU)	Generic Name	Drug Name Type
atenolol-chlorthalidone	d03258	atenolol-chlorthalidone	Generic Drug Name (United States)
azilsartan-chlorthalidone	d07818	azilsartan-chlorthalidone	Generic Drug Name (United States)
chlorthalidone	d00192	chlorthalidone	Generic Drug Name (United States)
chlorthalidone-cloNIDine	d03267	chlorthalidone-cloNIDine	Generic Drug Name (United States)
Ortho Evra	d04779	ethinyl estradiol-norelgestro...	Brand Drug Name (United States)
Ortho Micronor	d00555	norethindrone	Brand Drug Name (United States)
Ortho Tri-Cyclen	d03781	ethinyl estradiol-norgestimate	Brand Drug Name (United States)
Ortho Tri-Cyclen Lo	d03781	ethinyl estradiol-norgestimate	Brand Drug Name (United States)
Ortho-Cept	d03782	desogestrel-ethinyl estradiol	Brand Drug Name (United States)
Ortho-Cyclen	d03781	ethinyl estradiol-norgestimate	Brand Drug Name (United States)
▶ Ortho-Novum 1/35	d03238	ethinyl estradiol-norethindrone	Brand Drug Name (United States)
Ortho-Novum 7/7/7	d03238	ethinyl estradiol-norethindrone	Brand Drug Name (United States)
Orthovisc	d05234	hyaluronan	Brand Drug Name (United States)
OrthoWash	d04397	fluoride topical	Brand Drug Name (United States)

Home Medication Summary [Authored: 13-Feb-2014 08:44]- for Visit: 4500-001012, Final,  
Entered, Signed in Full, General

Home Medication Summary (After Discharge):

- Home Medications (After Discharge)

**Your doctor has ordered the following medications to take at home:**

Medications	Reason for Taking	Dose Taken Today	Next Dose Information	Comments
aspirin 325 mg oral delayed release tablet 1 tab(s) orally once a day		0 of 1	Morning	
clopidogrel 75 mg oral tablet 1 tab(s) orally once a day				Do not take aspirin or aspirin containing products without knowledge and consent of physician.
Fish Oil oral capsule 1 cap(s) orally once a day	dry eyes			
furosemide 40 mg oral tablet 1 tab(s) orally 2 times a day		0 of 2	Midday	

Patients will receive the Home Medication Summary at discharge.

This document can be accessed on the documents tab.

## STOP Taking

### STOP taking these Medication(s)

insulin lispro 100 units/mL subcutaneous solution

0 Unit(s) if BS 70 - 139  
3 Unit(s) if BS 140 - 175  
5 Unit(s) if BS 176 - 200  
7 Unit(s) if BS 201 - 250  
9 Unit(s) if BS 251 - 300  
11 Unit(s) if BS 301 - 350  
13 Unit(s) if BS 351 - 400  
16 Unit(s) if BS > 400  
subcutaneous 4 times a day

Lasix 40 mg oral tablet

1 tab(s) orally once a day

metFORMIN 1000 mg oral tablet

1 tab(s) orally 2 times a day



With in the Discharge Orders document there will now be the ability to tie follow up testing to a specific follow up appointment. Follow up appointments and testing will be in a new section of the document. There will still be the option of additional testing that is not associated with an appointment. Location of testing will also be an option.

- ☐ Follow-up Appointments have been moved to their own section in discharge orders.
- ☐ Each of the five appointment section has a follow-up testing section attached.
- ☐ Additional Follow-up Testing is still available.

Follow Up Appointment #1	
Follow Up With	Me <input type="text"/>
Follow Up Physician	Evans, Dan
In	<input type="radio"/> 1 week <input checked="" type="radio"/> 2 weeks <input type="radio"/> 4 weeks <input type="radio"/> 6 weeks <input type="radio"/> As previously scheduled <input type="radio"/> Other (specify)
Appointment	<input type="text"/>
Location	<input type="text"/>
Comment	<input type="checkbox"/> Call office for appointment
Follow Up Testing	<input checked="" type="checkbox"/> Lab <input type="checkbox"/> Radiology <input type="checkbox"/> Other
Lab Type	<input checked="" type="checkbox"/> CBC with differential and platelet <input type="checkbox"/> CBC with platelets, no differential <input type="checkbox"/> CMP <input type="checkbox"/> BMP <input type="checkbox"/> PT/INR
	<input type="checkbox"/> 24 Hour Urine <input type="checkbox"/> Other Lab (specify)
Reason for CBC with differential and platelet	Evans, Dan
When (CBC)	<input type="checkbox"/> Days <input checked="" type="checkbox"/> Hours
Hours before follow-up appointment - CBC	<input type="text" value="3"/>
Ordering Physician (CBC)	Evans, Dan
Ordering Date (CBC)	02 - 04 - 2014 <input type="text"/> 18:28

**\*\*Follow-Up Appointment #1**

**Follow Up Appointment #1**

Why testing is needed:

▶ Follow-Up Appointment #2  
 ▶ Follow-Up Appointment #3  
 ▶ Follow-Up Appointment #4  
 ▶ Follow-Up Appointment #5  
 ▶ Additional Follow Up Testing

# FYI's

- User will be prompted for application site when entering eye, ear, nostril or topical meds.
- If arrow is orange in the discharge med rec, this med was possibly a non-formulary or free texted med in the admission reconciliation, an injectable med, etc. If the patient has a home med, choose this over the orange arrow.
- SNU/Rehab/Psych transfers, it is best practice to complete the reconciliation of meds closest to transfer time. Any medication that is discontinued will be discontinued **IMMEDIATELY**, not at the physical transfer time. Same is true for adding new meds.
- OB providers will access ORM through the Delivery Note. Will choose Admission.
- Providers will use ORM Admission for post surgical ORM if the patient is admitted through ODS.
- Providers will use ORM Admission if the patient is admitted through the ER.
- Providers will use ORM Admission if the patient is in Rehab/SNU, going to surgery , then admitted to the floor (Emergent Process – which is paper)
- Providers will use Transfer if the patient is in Rehab/SNU, has surgery AND goes back to Rehab/SNU.
- Providers will use Discharge Nursing Home document, and Discharge ORM.
- Nurses will be able to do a reconciliation over the phone, but keep in mind that the nurse has been instructed to keep the provider on the phone as she goes over each med as well as any alerts that come up. **(A provider can not say “Continue all home meds”)**. These meds would then be in the provider’s signature manager to sign off.