Prescribing Training Script HDH – Training Set-up

Before starting session:

- ensure patients have been reset (log on and click reset all and then click admit all patients)

- <u>Use wards: Prescriber Training Ward</u>. (Prescriber Test Ward 1, 2 and 3 are for the assessment)

- Ensure all patients have the allergy status re-set to "allergy status unknown" This needs to be done manually for each patient.

- Remember to stagger users clicking "continue" for allergies and also "UPDATE". If this is all done at the same time the system often slows down or times out and logs the user out. Always mention this at the start of a session. Often you are able to click "return to page" or words similar when the error message appears instead of "x" out.

- Ensure the users remember: ward, login and patient in case they get logged out.

- Log on with doctor login (dr1-20, passwords all "p")

- Remember to get across to the prescribers how important date and time are. Always check their work and note that if they are prescribing a daily morning dose after 9am it will start the prescribing from the next day. Appears in red letters on the prescribing screen "note starts tomorrow". This is particularly important for admission wards. They should use AND a "stat" dose now, which is also useful for antibiotics.

Section 1 - Overview

- The only supplementary charts that are in use are: Syringe drivers, Heparin infusions, immunoglobulin, fluids etc. Ensure these are cross referenced with the ePMA drug chart (Using alerts).
- Log on and explain desk top: reference viewer and HDFT guides that appear in this folder (gent, vanc, warfarin) Explain that reference view/prescribing information appears on each screen throughout the application. Patient history (can be used once a patient has been discharged), clinical review (doctors jobs)
- CLICK PATIENT SEARCH: Explain the system is interfaced with PAS (if you can't find a patient speak to ward clerk). The patient class (right hand side of search engine) should NOT be changed unless they are a ward attender (this option does not appear in training). Explain that the search engine remembers which ward you were last on (One less click)
- Select patient
- Explain patient summary screen (including clipboard to see summary of chart, expanding demographics banner-ensure you go back to this screen at the end of the session)

Section 2 – Allergies, Weight & Height

- Reinforce allergy policy.
- Add class allergy to NSAIDS (Comment - Rash) - Explain link to drug database for 'Class/Drug allergy/intolerance' No link to substances for 'non-drug'.
- Explain 'non-drug' – Free text box for substance, other boxes the same.
- Add patients weight (under grey tool bar click "patient" and "edit" and then use clinical tab – only tab available)

Section 3 – Alerts

- Add 'Test Alert' To show when prescribing medicines. Leave show from, show until as the default (i.e. to show from now until discharge)

- Explain how alerts appear in demographics banner as an "!" and changes colour – yellow for alerts, red for alert relevant to the activity you are doing now. Explain can access alerts from any screen via this route.

Section 4 – Medications

- Explain different tabs including summary tab (end tab with blood results). Explain we will start with prescribing

Section 5 – Prescribing (Protocols and Simple Long-hand)

- Describe the three prescribing methods – Prescribe (long-hand), Quick List and Protocol
- Start with Protocol (Note the appearance of the 'Test Alert'). Explain layout of protocols etc. Select VTE Protocol and select Dalteparin. Click ADD, then explain next screen (can change date) then click continue.
- Discuss update tab then click update
- Advise users to look at the available protocols on the live system and familiarise themselves with them.
- Using 'Prescribe'
  - Simvastatin 40mg ON (Use 'Prescribe without strength or form' to show the prescribing screen) – Explain all of the fields available
  - Codeine 30-60mg PRN every 4 hours up to 240mg in 24 hours – Explain multiple routes and dose range allowing nurses choice
  - Hydrocortisone 1% cream twice a day with qualifier "apply sparingly to hands and feet" add duration for 7 days
  - UPDATE
  - Madopar 125mg five times a day as time critical – Explain admin times and admin window
  - Fentanyl Patch as 'regularly' every 72 hours – Explain use of 'regularly' to cover schedules not in the drop down lists (NB: 'Regularly' used for most paediatric prescribing)
  - Alendronate 70mg weekly on Saturdays
  - Gylcerol suppository 4g stat
  - Explain variable (Warfarin and Extended Interval Gentamicin will only ever be prescribed here) – Prescribe Warfarin at this point- need to click radio button "specific brand". Usual dose 3mg to be written in qualifier and select indication as AF, range 2-3
  - UPDATE

Section 6 – Complex Prescribing ('AND' and 'THEN' orders)

- Insulin (novorapid) – explain to use the bold formulary choices under BRAND which states both brand and generic. Prescribe as 'AND' order – 10units at breakfast AND 20 units at Lunchtime. Must select meal times.
- Prednisolone Reducing Dose – 30mg in the morning for 5 days THEN 20mg in the morning for 5 days THEN 10mg in the morning thereafter

Section 7 – Quick Lists

- Explain –organised into BNF chapters. (Anaesthetics and Paediatrics use Quick Lists for most prescribing)
- Prescribe: Ramipril 2.5mg AM (Chapter 2) and docusate 100mg TDS and sennoside 15mg ON (chapter 1) – Explain the ability to move between chapters.
- Edit a quicklist once in update tab – edit Ramipril to 5mg AM
- Extended Interval Gentamicin – Use quick list for first dose of variable order. Further doses are not different but the interval may need to be changed (Defaults to 24 hourly – change for 36 or 48 hourly)

Section 8 – Medicines on Admission (MOA)

- Note that this works in the same way as prescribing but is not a prescription. Highlight the yellow background for differentiation. Explain that you can add incomplete prescriptions here and mention that quick lists and protocols can be used too.
- Mention 'Transfer from' for revolving door patients.

- Explain that it is good practice to start at MOA but you can go directly to the drug chart. The scheduled tab is the default tab when you first log in.
- Add Bendroflumethiazide 2.5mg OM. Ask them to use 'Prescribe without strength or form' to show details of the screen. Not mandatory fields as in prescribing and can use unknown. E.g. if insulin doses/regimen isn't known.
- *Add comment recently started by GP*
- Add Aspirin 75mg OM (Use Quick List)

Section 9 – Reconciliation

- Explain prescribing plan next to each drug (radio buttons continue, cease, suspend, withhold to discharge)
- Click suspend on Aspirin
- Click continue on Bendroflumethiazide
- Click 'Activate Plan' to transfer to drug chart. (Bendro only will be added) then click continue and update.
- Explain that you can see Aspirin appears at the bottom of the drug chart – Suspended
- Explain that withhold to discharge will put the drug into the discharge tab.
- To restart the aspirin, click 'Transition reconciliation' from the scheduled tab and add back onto the chart.
- Explain that 'Discharge reconciliation works in the same way for 'Withhold to discharge'

Section 10 – Ceasing Medications

- Explain that ceasing can be stopping completely or changing a prescription.
- Cease – Tick the box next to the drug. Cease button becomes active, click it. This adds the ceased med to the update tab. Enter reason for ceasing then update.
- Changing – Click the drug name to open the prescribing screen again. Make the changes and continue. This adds a new drug and a ceased drug to the update tab.
- All linked prescriptions will cease together (e.g. prednisolone reducing course).
- Explain the reason for 'prescribe without strength or form' – Helps when changing prescriptions.
- Show it appears as grey at the bottom of the drug chart for the duration of the admission. May need to use the calendar to go back to see it.

Section 11 – Discharge

- Tick boxes next to medications that you want on the discharge. Remember to check PRN and Variable tabs. Note not to use 'Select all' check each entry – do not want to include cannulas, dalteparin etc.
- Click discharge and follow the process to the 'Discharge update' tab, then update.
- Note blue background to differentiate from main drug chart.
- Can prescribe directly to discharge if medication only for discharge.
- When complete click to finalise discharge medication chart.
- Load ICE test (http://iceweb3/icedesktop/), login as 'e.training' (Password=epma). Find patient 044404 and select a letter and follow import process.

Section 12 – Clinical Review

- Explain what it is
- Add clinical review, under view, clinical review at the top. Explain appears down right hand side of drug chart
- Remove clinical review

Section 13 – Administration

- Click "View and administration" to enter the administration screen.
- Wherever there is a tick box an admin is available (scheduled/stat will have a green dot, PRNs based on when last given)

- Administer the PRN Codeine

Section 18 – Help

- Explain Help

Section 19 – return to patient summary screen. Show how it ceases drugs and provides a good summary.