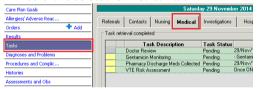


### **Medical Task List**

- The 'Medical' task list contains reminders for tasks that need to be completed for the patient. Examples include:
  - Adult Basic Admission Assessment
  - VTE on Admission (10 and 24 hours)
  - Heparin Monitoring
  - Warfarin Monitoring
  - Amikacin/Gentamicin/Vanc Monitoring
  - Syringe Pump Monitoring
  - Subcutaneous Insulin Monitoring
  - Variable Rate Insulin Monitoring
- !! Please see VTE Assessment QRG for details on the assessment and prescribing prophylaxis !!
- To view tasks, open the patient's record, click 'Tasks' and select the 'Medical' tab.



#### **Completing Tasks**

- Double-click on the task to open the task
- If there is an associated form, it will launch at this stage:
  - Click the floppy disk to save an 'In Progress' task to be completed later.
  - Click the green tick to sign the task as completed.
- If there is no form associated with the task:
  - Right-click on the task.
  - Select 'Record Done'



# PRESCRIBERS POCKET GUIDE

 A task can also be recorded as 'Record Not Done'. In the 'Comment:', enter a reason for not completing the task.



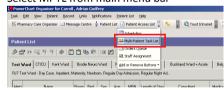
#### **Discontinuing Tasks**

!! Please note: monitoring tasks are not automatically discontinued when the medication is discontinued. !!

- Click on 'Orders'
- Find the task under 'Patient Care'
- Right-click and select 'Cancel/DC'
- Enter the reason

### Multi Patient Task List (MPTL)

- MPTL can be used to view tasks outstanding for an entire patient list (e.g. ward)
- Select MPTL from main menu bar



- Select 'Medical' tab
- Right-click on'Assigned Tasks' in the blue banner bar, to select 'Customise Patient View'



- Tick "Choose a Patient List"
- Select a patient lis, and click Save
- Select 'Time Frames'

• Select 'Defined Time Frame' and '24 hour shift'



 Sorting by 'Task Description' allows you to view all patients with that specific outstanding task

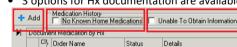


 To open patient record, right click on task and select appropriate option.



# Medication History 🎳

- Click 'Orders' & 'Document Medication by Hx'
- 3 options for Hx documentation are available



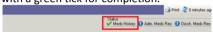
Add each medication, and then click 'Done'.



- Click on each of the medications to complete the dose and frequency details.
- Once the medication history has been completed, click 'Document History'



 The 'Med History' Status bar will be updated with a green tick for completion.



## **Allergies**

 Review Allergy information on 'Patient View' page. Click 'Allergies' if this requires updating.

#### **Recording No Known Allergies**



 Enter a source by clicking the Info Source dropdown menu.



#### **Recording and Modifying Allergies**

 Click 'Add', type the allergy into the yellow 'Substance' field, then click the binoculars. Choose a term from the catalogue.



- Complete the 'Reaction(s) field using the same process.
- Complete the 'Severity' and 'Info Source' fields by selecting from the drop-down menu.
- Once all allergies have been added, click 'OK'



#### Admission Reconciliation

- Select 'Orders' from the side menu.
- Click the drop-down arrow next to 'Reconciliation' and select 'Admission'



#### Continue a medication

• Click in the 'Continue' radio button for the required medication.



• Click on the medication on the right-hand side of the screen. In the 'details' tab, complete the prescription details.



#### Do not continue a medication

 Click in the 'Do Not Continue' radio button next to that medication



#### Withhold medication for a set timeframe

- Click in the 'Continue' radio button for the required medication
- Complete the prescription details, changing the start date and time to when the inpatient prescription is to start

# PRESCRIBERS POCKET GUIDE

#### Decision Unknown

- Do not click on any radio buttons
- If any new medications are required, press the +Add button



## **Reviewing Prescribed Medications**

- Before prescribing, always review what has already been prescribed.
- Click the 'Medication Summary' or
- Click 'Orders' and change the 'Display' to "All Active Medications"



# Inpatient Prescribing 🗿



- Click 'Orders' and click the +Add button.
- Type the medication required into 'Find' box.
- Select the medication and then choose the closest 'medication order sentence'.



- Click each order and complete the details.
- · Click OK and click Done

### !!! If you cannot find the medication !!!

Always remember to search by generic name (e.g. morphine, not oramorph) Starts with Contains

Starts with

- Change search option from "Starts with" to "Contains"
- 3. Check the "Locating Orders on iClip" guide
- Contact the pharmacist
- Search for and order a 'non-formulary drug'

#### Selecting the Frequency

• The Frequency can be tailored by clicking Frequency and the ellipsis



The new schedule can be entered here.



#### **Related Results**

• You can view related results by highlighting the medication, and clicking 'Related Results'.



#### **Tapering Doses**

Doses can be tapered by pressing this icon

### PRN Doses (when required)

- Click "Yes" to the PRN option in details
  - PRN: ( Yes No
- A PRN reason must be entered

#### **STAT Doses**

• If the medication's first dose should be given immediately, change Give STAT Dose? = "Yes"

## **Inpatient Prescribing (Intravenous)**

Intravenous infusions are seperated into three categories:

1. "IV Set Rate" include short infusions, boluses and loading doses. These are prescribed as simple inpatient prescription medications

- "Pre-set Titratable Infusion" in which the rate can be changed, and the diluent is predefined.
- "Additive for Infusion" are used for bespoke infusions. For these, refer to QRG "Inpatient Prescribing Infusions"

Note: "Non-formulary (Additive for infusion)" is used when an additive is not available in the library. When selected, edited to the 'Non-Formulary (Additive for Infusion)' text field and replace it with the actual medication name.



!! The system will not check interactions or allergies for non-formulary medications!!

#### **Pre-Set Titratable Infusions**

- Click Order and +Add
- Search for the required infusion, and select.
- Complete any fields that are relevant to your prescription on the Details tab

**NOTE:** Nursing Instruction Indicates if the nurse should administer ONE dose or continuously administer.

Click the 'Continuous Details' tab

Additive Dose = Dose in syringe or Bag Bag Volume = Total volume of bag **Normalised Rate** = Rate to be infused in strength based dosing eg mg/hr Rate = Calculated rate in ml/hr Infuse Over = How long one dose will take to be administered to a patient



• If the dose is titratable, enter the following: Rate: 'See instructions' Infusion Instructions: The details of the titratable infusion information



• Click 'Sign' when all details are completed

## **Inpatient Prescribing (Fluids)**

- Click 'Orders' and +Add
- Type the fluid required into Find box and select fluid (suffix of IV Fluid)



- This step can be repeated until all fluids are prescribed, then click Done
- Complete 'Rate' and 'Infuse Over' details as required. These autocalculate each other



• Sequence and Start Date and Time can be inputted. This tells nursing staff the order of the fluid sequence E.g.

> **Bag 1:** Sequence 1<sup>st</sup> and Start date and time <today> Time 11:00 Bag 2: Sequence 2nd and Start date and time <today> Time 19:00

Click 'Sign'

# PRESCRIBERS POCKET GUIDE

# Inpatient Complex Prescribing



• Firstly check that the same plan has not already been ordered. To do this, navigate to the Plans section (All plans are under Medical)



• If a plan is already active you can open it by selecting it and pressing:



- If no plan exists click +Add
- Type in the name of the treatment in the search box. The bicon indicates that the prescription plan is complex. Eg Warfarin



When the treatment plan appears, read all the information and select the orders by checking the box **I** preceding them



- To the right of the medication, choose the nearest medication sentence
- Select 'Orders for Signature'
- · Complete prescription 'Details' and 'Sign'

## **Modifying an Inpatient Medication**

#### **Changing Medications**

- · Right-click on the medication
- Click 'Cancel/Reorder' Amend the order fields as required e.g. change the dose



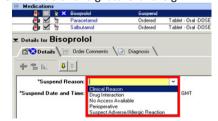
- Click 'Orders For Signature'
- Complete all mandatory fields on 'Details'
- Click the Cancel/Discontinue drop-down, select a reason, and 'Sign'

### **Suspending Medications**

Right-click the medication and click 'Suspend'



- Complete fields as required and use comments field for additional communication
- Enter \*Suspend Date and Time
- Click 'Orders For Signature' and 'Sign'



#### **Resuming Medications**

- Right-click the medication and click 'Resume'
- Enter a \*Resume Date and Time
- Click 'Orders for Signature' and Sign'

#### **Stopping Medications Due to Error (Void)**

- Click on the patient's 'Medication Summary' and review when the next dose is due.
- In 'Orders', right-click on the medication you wish to stop and click Void.



- Enter \*Void Reason and Void Comment
- Ensure \*Void Date and Time is before the next dose is due (otherwise a dose may remain)
- Click 'Orders For Signature' and 'Sign'

#### **Cancel / Discontinue Medications**

- Right-click on medication and click 'Cancel/DC'
- Enter \*Cancel/Discontinued Reason and Comment (if required).
- The Date & Time is entered will determine the remaining doses to be administered prior to the order being discontinued.
- Click 'Orders For Signature' and 'Sign'
- Check the Medication Summary to confirm the change is as intended

## **Discharge Prescribing**

• In Orders, select 'Discharge' from the Reconciliation drop-down menu.



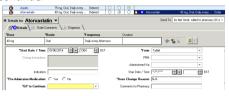
!! Do NOT use the 1st column to reconcile inpatient medications to discharge medications!!





# **Continuing Medications & Therapeutic Alternatives**

- For medications to be continued at discharge, select 'Continue After Discharge' option.
- Enter required fields for medication to continue.



• A "therapeutic alternative" is required for some medications. eg CDs, patches, warfarin



- Once selected, the theraputic alternative will be inserted in place of the original item.
- Once completed, click 'Reconcile and Sign'

### **Starting a New Medication**

- Click the +Add button
- Search and select the medication
- Complete the fields as required.



## <u>Documented Home Medication</u> Not Started During Inpatient Stay

- !! Home medication orders that were never started during inpatient encounter must be actioned, otherwise the medication will not appear on the discharge letter!!
- For GP to review this medication, please select "Do not continue after discharge",



and explain this in the discharge summary.

 Medications to be immediately restarted on discharge, please select "continue after discharge".



#### **Completing Discharge Prescriptions**

- Once all mandatory fields have been completed, click 'Reconcile and Sign'.
- Click 'Depart' from the task bar.



- Review the medication content of the 'Discharge Summary'.
- For controlled drugs (CDs), print the 'Pharmacy ONLY' copy, and physically sign the printout.

## **Modifying a Discharge Prescription**

- Review the 'Discharge Summary' (by clicking on 'Depart') to identify the changes that are needed.
- Select 'Discharge' from the Reconciliation drop-down menu.
- To change a medication already prescribed, right-click and select 'Modify without Resending'.



 To stop a medication, select 'Do Not Continue After Discharge' . Enter the reason for discontinuation, and add a comment (to appear on the GP summary).

- To add a new medication, click the +Add button and follow procedure for prescribing a new discharge medication.
- Once all ammendments are made, click 'Reconcile and sign'.
- Review the completed discharge prescription by selecting the 'Depart' options in the toolbar

## **Transferring Patients**

# From a Live Area to another Live Area (ICU to ward)

 Select 'Transfer' from the Reconciliation dropdown menu.



- Within the transfer window, select medication to 'Continue' or 'Do Not Continue'.
- Medications to be continued will appear on the right-hand side.
- After discontinuing, click on any discontinued medication, enter the reason for discontinuation, add a comment (if required), and enter 'Date and Time'.

#### From a Live Area to a Non-Live Area

- Please see QRG for details on how to safely transfer a patient's electronic medication chart to a non-live area. This includes:
  - Printing the MAR
     (Medication Administration Report)
  - 2. Electonically transfering/canceling orders

#### Icons

**=** 

Inpatient prescription



Documented medication history



Discharge/ outpatient prescription



Pharmacist has not screened/verified this medication



Further information is required



Medication is a complex medication or from a pathway



Show all components of a complex medication plan or pathway





Medication or task is overdue



Dose, form and route scanned is correct



Overdose, incorrect form or incorrect route



Dose is an underdose

## **More Information**

- Other EPMA documentation is available:
  - Downtime Information
  - Locating Orders on iClip
  - Specific Quick Reference Guides (QRG)
  - Memos, FAQ
  - Readiness Checklist
- Location of all EPMA documents are located on the Trust-wide L drive:

L:\Files\iClip Trust-wide Information\EPMA

- Alternatively, please browse the intranet:
  - Intranet main page
  - Training & Education
  - EPMA Quick Reference Guides
  - e-PMA Meds QRG's