

General Prescribers

University Hospital Southampton 
NHS Foundation Trust

ePrescribing Team Contacts and Availability:

Bleep: XXXX

Phone: XXXX

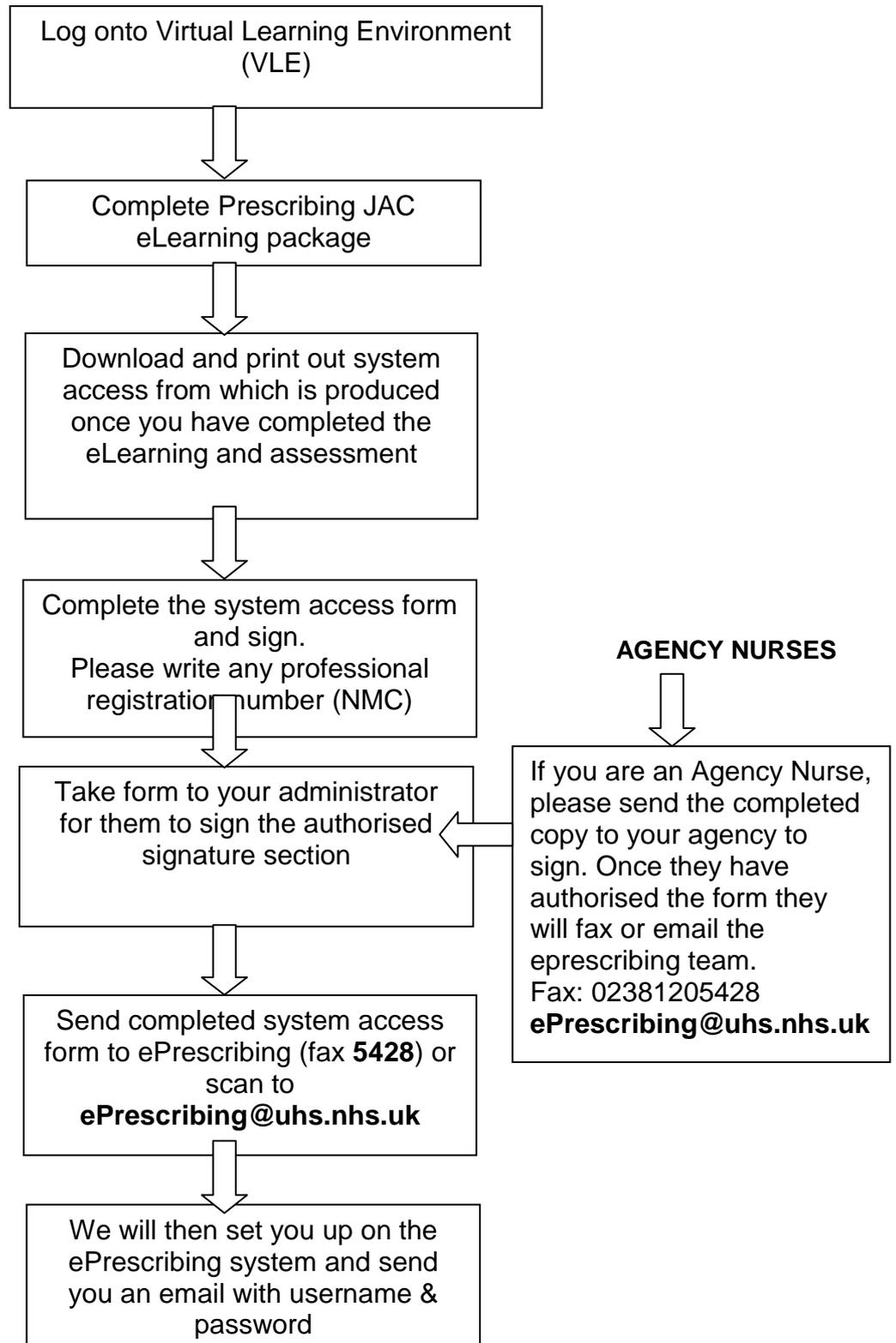
Fax: XXXX

Out of Hours: Contact Switchboard

email: eprescribing@uhs.nhs.uk

Onsite: Mon-Fri 07:30 – 23:00 Sat-Sun 09:00-13:00

Process for access to ePrescribing



A Guide for **Accessing** and **Completing** JAC ePrescribing via the VLE:

Before you can use the JAC medicine management program at University Hospital Southampton Trust you must have completed the ePrescribing training.

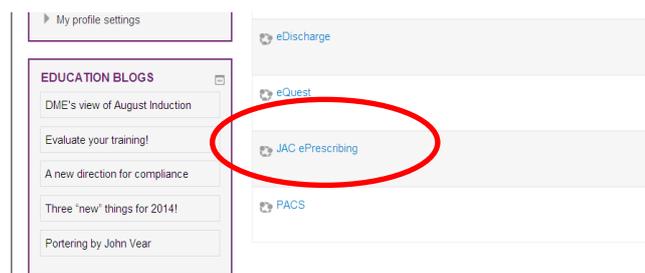
Prescribing - For Doctors.

The training must be completed via the trust's Virtual Learning Environment (VLE). As a UHS staff employee, you should have an account. Here is a step by step guide to the process.

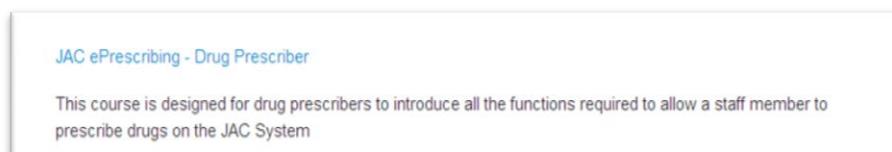
- In the address bar enter: www.uhs-vle.co.uk/login/index.php
- Log in
- All packages are located within Clinical Systems.



- Click on JAC ePrescribing



- Click on JAC ePrescribing – Drug Prescriber



- Read through all sections and complete the assessment which must be passed with a 93% mark, or higher.

ePrescribing

Once you have successfully completed the learning, a System Access Form (SAF) will become available to download/print. In order to retrieve this you will need to press the F5 key to refresh the page. The SAF(s) will be available to download and print.

System Access Form

The link for the system access form will appear below once you have completed the assessment. You cannot access this link until you have completed the JAC e-prescribing drug prescribing e-learning package.

-  E-prescribing Drug Prescriber System Access Form 
Restricted (completely hidden, no message): Not available until you achieve a required score in **JAC ePrescribing - Drug Prescriber Module 2013**.
-  Drug Prescriber System Access Form
Restricted (completely hidden, no message): Not available until you achieve a required score in **Drug Prescriber Assessment**.

Summary of Previously Downloaded Certificates/SAFs

Issued

Monday, 2 February
2015, 4:08 PM

Click the button below to save your certificate/SAF to your computer.

[Download your Certificate/SAF](#)

Please print the System Access Form (SAF), complete, sign then obtain a signature by an appropriate authorised signatory.

Authorised signatory`s can be:

Doctors:
Clinical Lead Consultant
Education Admin (Via Landesk)

If you are in any doubt please contact the ePrescribing team to clarify.

Once the form is complete, fax to xXXXX.

Useful Contacts

Learning Support
(Mon-Fri 8am-4pm)

Phone: XXXX
Email: learningsupport@uhs.nhs.uk

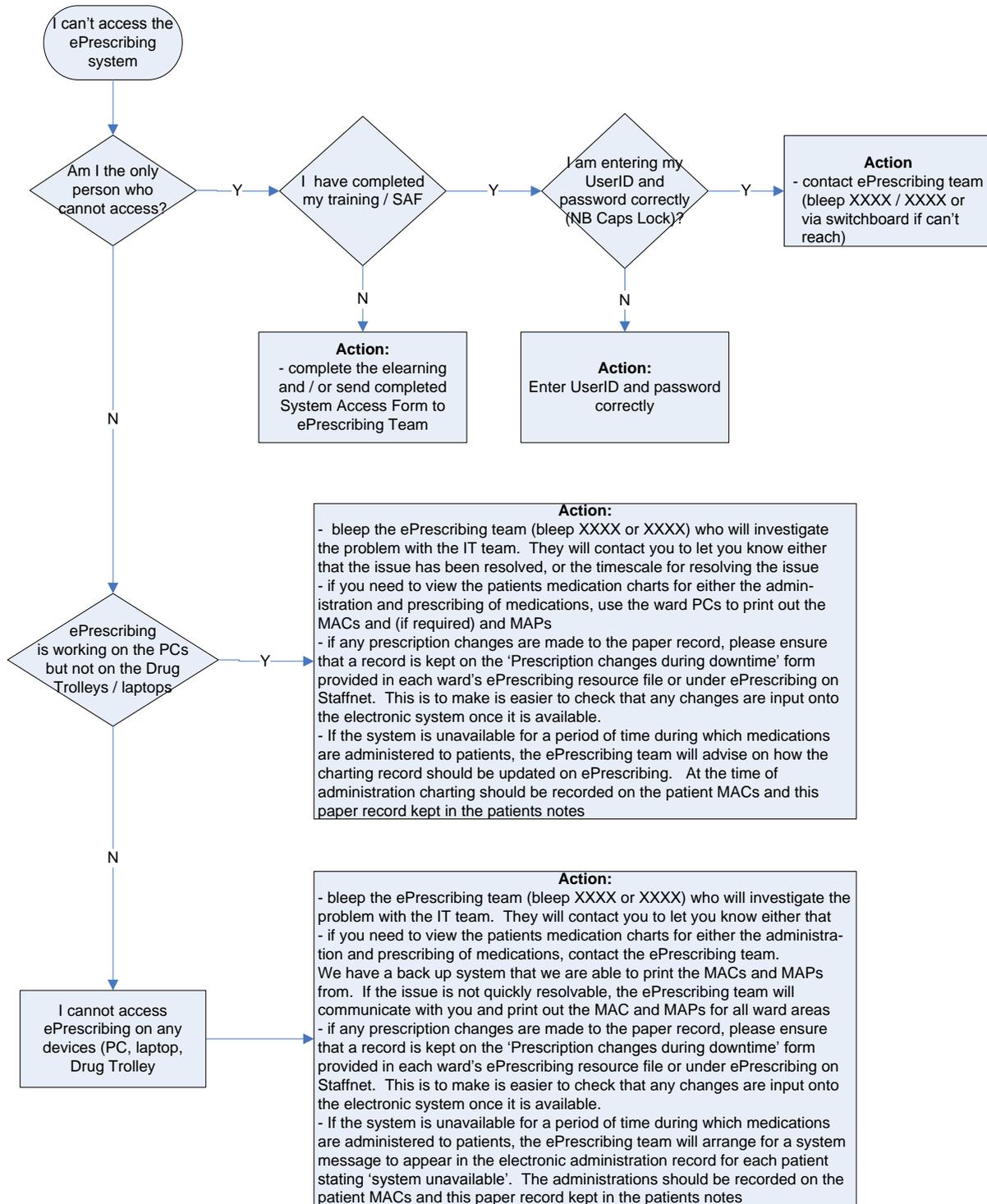
ePrescribing Team
24 hour service

Ext: XXXX
Direct Phone: XXXX
Email: eprescribing@uhs.nhs.uk
Bleep: (via switchboard) XXXX
Fax: XXXX

Out of hours: Contact switchboard

1.1 ePrescribing Project

Process to follow if you can't access the ePrescribing System



Quick Guide to Using JAC to View a Patients Drug Chart

Logging in Log into the application via the Start Menu, JAC Medicines Management icon, or via the red button 'Jump through' from eDocs/DWL etc

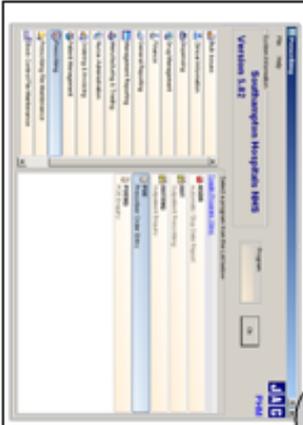


Prescribe

Choose a program

Current inpatients can be accessed via Prescribing > POE

Discharged patients can be accessed via Prescribing > POENQ



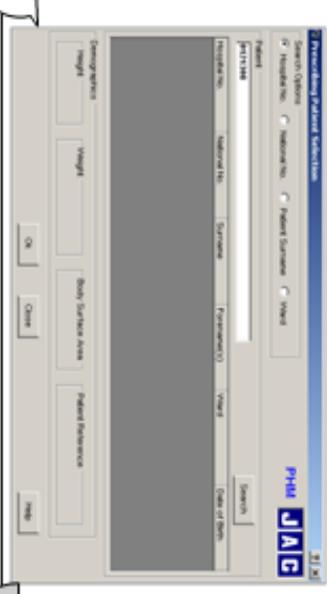
Previous Meds The drug chart from previous inpatient spells can be viewed using the Previous Meds function. Orders can be renewed for the current spell from here also.

Previous Meds

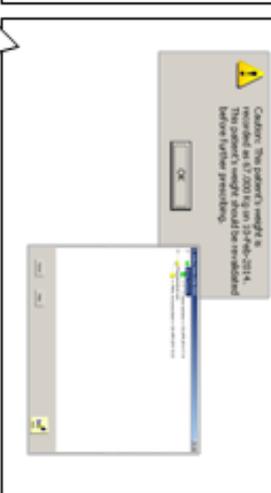
Order Details Prescriber details and started/stopped time and date can be viewed by clicking on the order enquiry button also included here are current pharmacist verification status and details.

Order Inquiry

Searching for a patient Enter patient Hospital (URI) number or change the search parameter to Hospital No./Surname/Ward to locate your patient. Once correct patient is found click OK.



Patient Information Allergy status and weight related requirement prompts will appear when you log in for the first time. Read and action as necessary before proceeding to view drug chart.

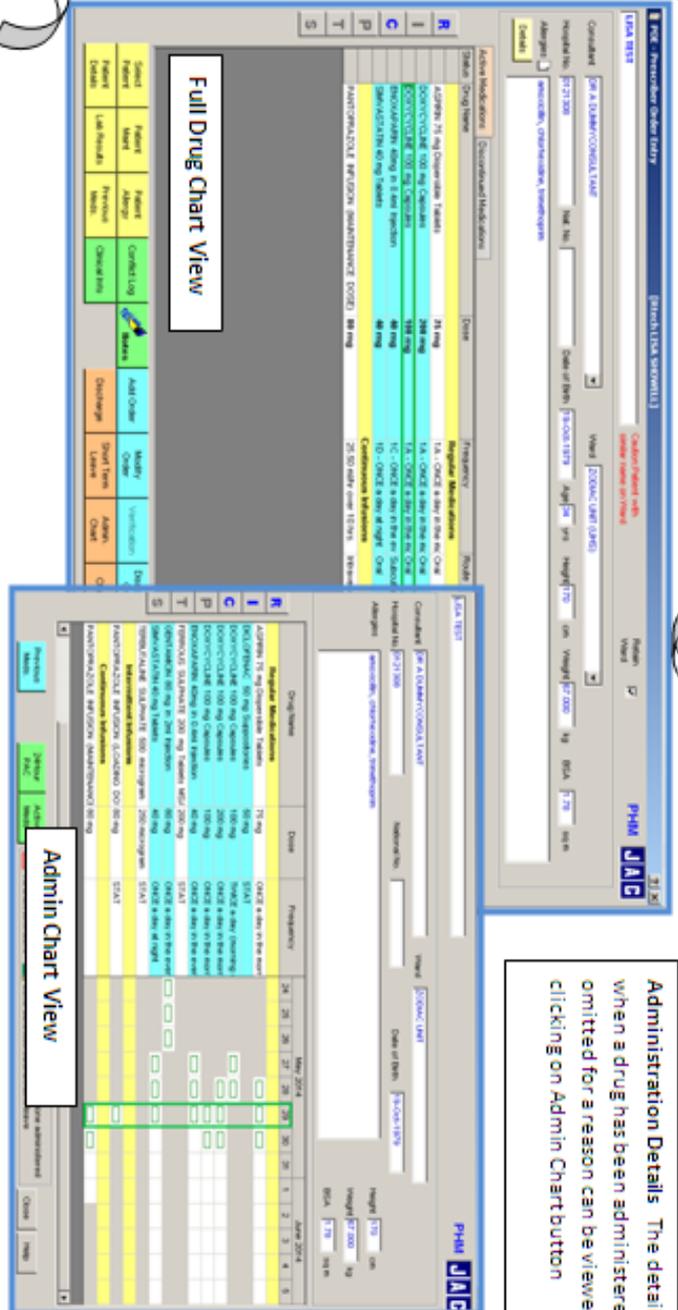



Active & Discontinued Meds These are shown on different tabs, toggle between tabs by clicking on the tab headers. All discontinued and administered STAT medications will appear in the Discontinued Medications tab. All currently active and still to be administered STAT medications will appear in the Active Medications tab.

Active Medications | **Discontinued Medications**

Administration Details The details of when a drug has been administered or omitted for a reason can be viewed by clicking on Admin Chart button

Admin. Chart



Full Drug Chart View

Admin Chart View

All prescribed medications also appear in the admin chart (both active and discontinued) the current day's highlighted by a green box and each active medication prescribed will appear with an associated administration box

To view administration details Click on the individual box to view specific information as to whether the dose(s) have been administered or if not why and the member of staff involved.



ePrescribing

The ePrescribing support team is available 24/7
If at any point you need to contact us, call us
on 4190 or Bleeps 1800 and 1721, or via
switchboard if the bleeps are absent.
Each ward is provided with a ward resource
reference file, and there is lots of information
on Staffnet to help you, just search
ePrescribing.

Accessing *ePrescribing*

Prescribers should access JAC via EPR applications such as DWL or eDOCS, access will require your PIN. If these systems are unavailable the desktop JAC Medicines management should be used, access will require your password.

The patient does not appear when you search for them.

All patients must be admitted to the hospital to appear in JAC. Please check they have been admitted on eCaMIS before contacting the ePrescribing team.

The drug you want to prescribe is not on the system

Everything should be prescribed electronically, with the following exceptions:

*IV Fluids, Enteral feeds, Parenteral Nutrition, Actrapid Infusions,
GTN Infusions, Furosemide Infusions, Heparin Infusions, Syringe drivers.*

These are all prescribed on paper medication charts (either non ePMA drug Charts or existing specialist charts.) A corresponding instruction must be prescribed on the electronic system to alert the administering staff at appropriate times to the presence of an additional chart, for example IV Fluids – See **Paper Chart(s)**.

If you are attempting to prescribe a drug that is not appearing as being on the system then type in “DRUG” in to the search bar which will give you the option to select “DRUG-See Note”. You must however remember to attach a note to the drug so the nurses can see what needs to be administered when they do their drugs rounds. If the drug is something you believe will be used fairly regularly then please contact the ePrescribing team and fill out a drug request form (available on Staffnet) so we can add the drug to the system. Please note these requests can only be auctioned weekdays between 9am and 5pm. (ePrescribing team 4190).

Paper Charts for infusions or emergency drugs.

All wards have non-ePMA paper charts available for prescribing any fluids not available on the system, and emergency drugs.

If you prescribe on a paper chart, remember to add a dummy drug on the patients profile to alert nurses to the presence of an additional chart.

ePrescribing

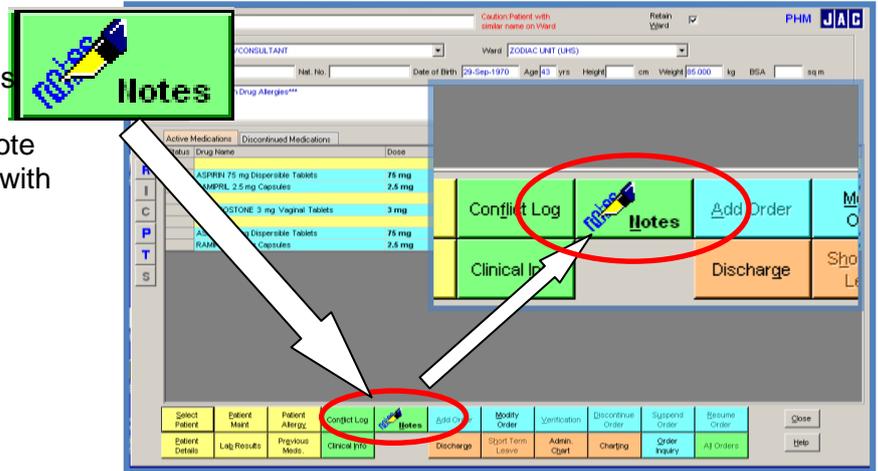
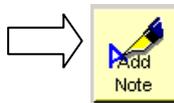
Writing a Note

When prescribing a drug and you wish a note to be attached to that order click the 'Add Note' button on the bottom left of the prescription screen to add a note. You can add a note when the existing notes appear as you first open the patient's record.

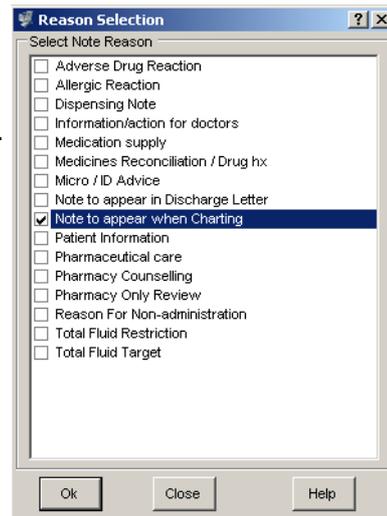
Note to appear when charting

From POE, click on the green button "Notes" a box appears (previous notes that have been added can be seen). Select the correct reason, write the note and save. The title will auto populate with the first 60 characters

Click "Add Note". This will be at the bottom right of the new window.

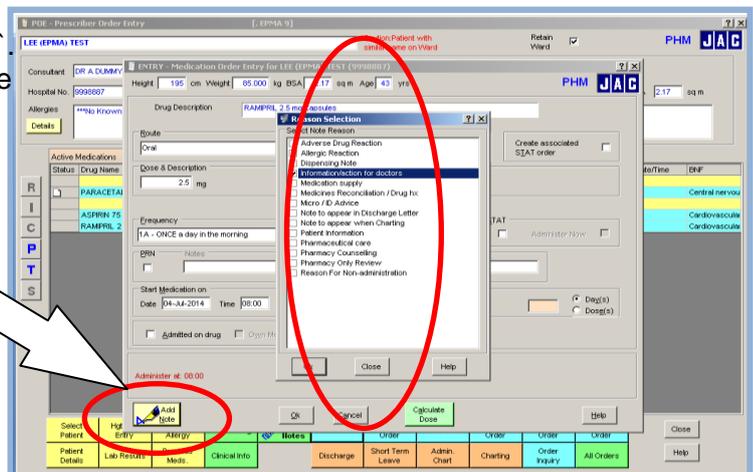
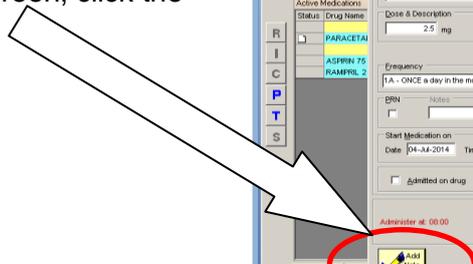


Tick the box marked, "Note to appear when charting". Write the message you wish to convey to the charting nurse. The note you write will pop up when the nurse charts the item.



Attaching a note to a specific drug

From POE, enter the patient number then 'OK'. For a new prescribed drug ADD ORDER, in the 'drug selection' screen, enter drug required. On the bottom left of the screen, click the ADD NOTES button.



ePrescribing

Prescribed the wrong drug?

If you have prescribed a drug incorrectly there it is possible to cancel the prescription without it appearing in the 'Discontinued Drugs' Tab. When discontinuing the prescription simply select the 'Prescribed in error' reason.

Patients moving to/from non ePrescribing Wards within the hospital

For patient safety reasons the ePrescribing team will suspend the medications of any patients transferred to non ePrescribing wards (e.g. ITU) after 6 hours.

Before patients are transferred to a non ePrescribing ward a MAP and MAC should be printed for the patient to provide information about the patient prescribed medications to the receiving ward.

Once the patient returns to an ePrescribing live ward, the medications should immediately be reviewed and restarted as appropriate.

Adding a patient's Height and Weight.

For adult patients the system does not enforce a weight entry before prescribing can take place, however patients under 17 years, must have a weight entered. Add in the weight to a patient is very simple:

Go to PATIENT MANAGEMENT in JAC and then go to PHW (Patient Height and Weight). Here you can enter the two figures (one for height and one for weight). You can add periodically or regularly the PHW and this will be recorded.



NOTE: When prescribing for Paediatric patients, it is important to remember that you will not be able prescribe anything if the weight is not recorded.



The system won't let me prescribe my patient (the "Add order" button is not allowing me to click).

Ensure you are in the correct part of the system, "POE" not "POENQ". If it is a paediatric patient check that the patient's weight has been entered recently. If the ADD order button does not appear for any patients including adults contact the ePMA Team.

SC Syringe pumps – End of Life Care

Please prescribe syringe pumps on the additional NON EPMA DRUG CHART. This is because the prescribed pump volume is not lasting the full 24 hours due to priming of the SC line.

Previous Medicines

In the POE program, patient's medication on previous admissions can be reviewed and then restarted, without the need to prescribe all the medication again from scratch. Just click Previous Meds tab and select the spell you wish to use.

ePrescribing

STAT Doses

If adding an order for a STAT dose and you will NOT be administering it then click 'no' when asked if you are administering it yourself.

NOTE: Once a STAT dose has been given, it disappears off the list on active drugs in POE. Please check the 'Admin Chart' page to check if a STAT dose for a drug has already been prescribed and given.

If you are prescribing a drug and the first required administration time has passed (e.g. 08:10 for an 8am dose) and you want a dose to be given before the next due dose you can prescribe an ASSOCIATED STAT DOSE within the original order screen, or as a separate STAT dose. Specific times can be prescribed for irregular doses.

A STAT dose can be prescribed to be given at a certain time:

POE/ Input patient number/Add Order/Enter drug/Check dose then:

Put a tick in the STAT box.

!
Unless YOU are going to administer the drug yourself, DO NOT click in this box.

Select a date and time for the STAT dose to be given.

Click on the 'OK' button to add to order.

ePrescribing

ASSOCIATED STAT DOSES: To be used with caution.

An issue regarding prescribing a set frequency of a drug with associated stat prescribing occurred and has now been incorporated in to the handy hints section for you to consider. If a patient is to receive a drug dose, for example Twice a Day (morning & evening) and that patient is admitted to the ward either mid-morning, after the normal morning dose time or afternoon, before the normal evening dose is due, the Doctor can prescribe the drug with an **associated Stat dose**. This means that at the earliest convenience a dose can be given followed by a normal timed dose.

CAUTION:

The Doctor must be aware that prescribing this way, an associated Stat dose could potentially be given too close to the normal dose time prescribed, resulting in a drug overdose.

Below is how to prescribe an Associated Stat Dose of a drug:

The example is a patient must receive Piperacillin 4g/ Tazobactam 0.5g Twice Daily (morning & evening). The patient arrives at 10/11/12/13:00. The Doctor would go to POE, type in the patient number then prescribe as follows:

Tick create associated STAT dose

Create the frequency

If required, the prescription can be started at a later time by amending the date/ time here.

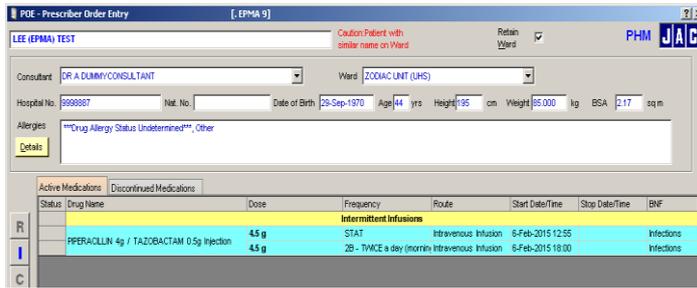
Click `OK` to continue

A warning appears on the screen to highlight your prescribing.

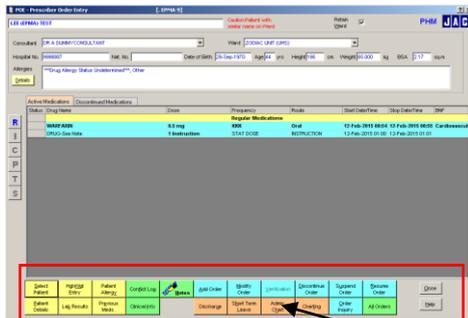
Warning

If you are happy with your clinical decision then click `OK`.

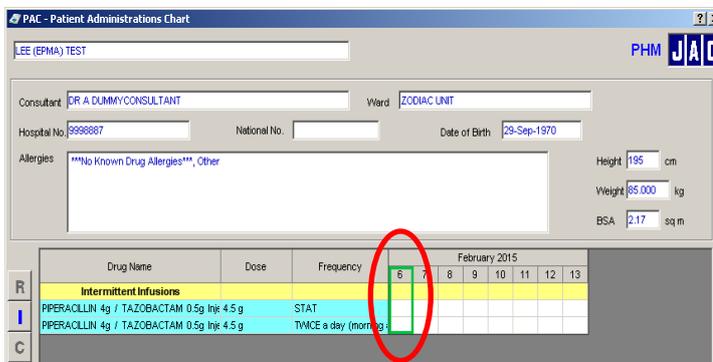
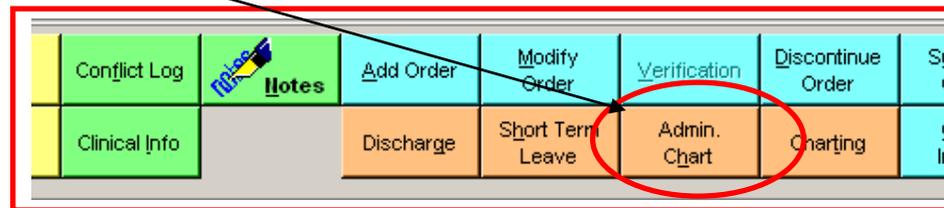
ePrescribing



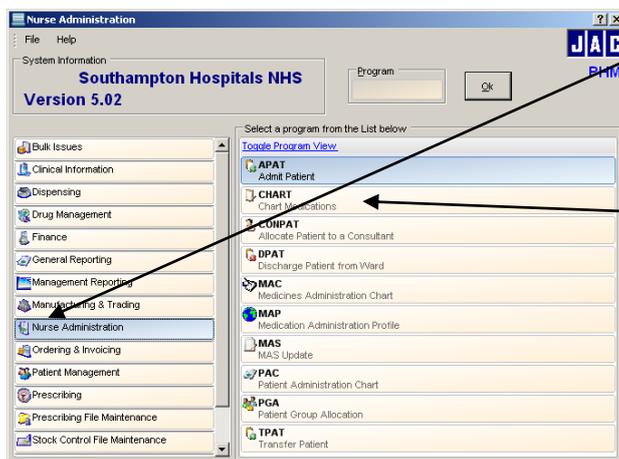
The regular prescribed drug will now be on the patients chart along with the stat dose ready for administration.



Clicking on the ADMIN CHART button will show which doses have been or not been given.



A Doctor can check this at anytime to ensure a drug has been given.



To chart/ administer the drug, double click Nurse Administration (the screen just after JAC login)

Then

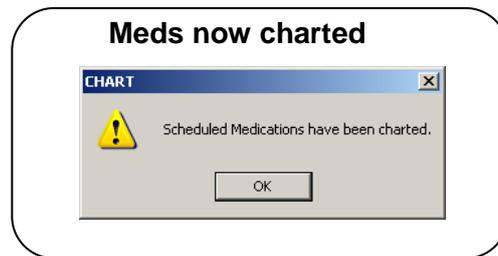
Double click on CHART. Locate the patient by choosing the ward and location. Double click on the patient.

ePrescribing

Click in the Admin. Date section

Input the administration date & time

Meds will not show on the chart again until next dose is due



Another look at the admin chart.

The solid green box confirms that the dose has been charted.

Using the Admin Chart

The Admin chart shows details of all medications given to a patient on the system, it is good practice to view it regularly and each time you prescribe a patient any medication. The details of individual medication administrations can be viewed by clicking on the appropriate box for that administration. Remember a clear box means none of the drug has been given, a half populated means some of the drug has been administered and a fully green box is all the drug has been administered for the day period.

Admin.
Chart

ePrescribing

Warfarin Prescribing

The JAC system has inbuilt program functions to aid the prescribing of warfarin. When prescribing warfarin you can prescribe a regular daily dose until and add a review date (NOT a number of days/doses).

E.g. The patient has been prescribed warfarin 5mg daily at 1800 until the 7/7/2012 when a review is required.

The screenshot shows the 'Medication Order Entry' window for ANNE TEST. The drug 'WARFARIN' is selected and highlighted. The route is 'Oral', the dose is '5 mg', and the frequency is '1C - ONCE a day at 1800'. The review date is set to '07-Jul-2012'. The patient's weight is 70.000 kg and age is 69 yrs. The system also shows a list of active medications on the left and a navigation bar at the bottom.

Note. The nursing staff will not be able to administer the warfarin on the system on or after the set review date. A prescriber must review the prescription and alter the review date to a future date as applicable.

Prescribing STAT doses of Warfarin

When prescribing a STAT dose of warfarin, search for the drug then use the Search All function to bring up Warfarin 5mg tablets. The stat dose should be prescribed using the 5mg tablet option. Regular doses should then be prescribed in the normal way by selecting plain Warfarin.

Using the Search All Function

Search All

Some drugs may exist in many different forms and preparations, to facilitate drug selection in these cases not all drugs will appear at the first search, if there are additional drugs to select from, the search button will turn into a green Search All button. By clicking this button **all** available drugs will appear for selection.

ePrescribing

Prescribing Protocols

The implementation of ePrescribing has allowed pre set Protocols to be compiled that allow for common drugs to be prescribed altogether. These include Pain management protocols, Infection protocols and paediatric protocols.

To prescribe one of the protocols, go to (1) Add Oder then click in the (2)Treatment Protocol button tab, (3) add the protocol type using CAPITAL LETTERS then (4) search. Scroll down for more protocols.

Modifying a protocol

It is possible to modify some elements of a protocol. When amending a protocol, it is important to remember that each line of the protocol must be modified individually. In order to do this, select the line of the protocol you wish to change, make the required changes and then click the “modify Order” button which will save the changes you have made. You can then move on to the next line. When all lines have been completed, the “OK” button becomes available to select. You can remove a line from a protocol by clicking the red cross to the left hand side of the line if you wish to remove, and then click OK.

A general list of protocols can be found on STAFNET (Hospital Intranet).

Drug History documentation

If a pharmacy team member has undertaken a drug history it will be in the patient notes under Medicines Reconciliation.

ePrescribing

Adding drug allergies (PATALGY)

Before any prescribing can take place for a patient the system requires that the patient's allergy status is recorded. This can be added in two ways. Either you can go to POE to prescribe and it will come up automatically or you can go to the PATALGY program in PATIENT MANAGEMENT and enter any allergies there. Once in there it will give you the option of adding a drug allergy or non drug allergy.

All of the drug allergies are listed in their drug group's i.e. Penicillin's but you can also search for specific drugs. To enter a no known allergies verdict you need to click on "non-drug allergy" and from the drop down menu select

"No known allergies". Remember to click ALL if the allergy you are looking for does not appear on a first search.

You can add a drug as an allergy rather than the drug group – click on the right hand side of the screen and quickly type the start of the drug name.

- 1 Select "Add Drug Allergy" Penicillin's are set as priority. If a patient is allergic to all penicillin based drugs, click penicillin in the `Allergy group` column to highlight it in blue. If a patient is allergic to a specific penicillin, select that particular one in the `Allergen` column to highlight it in blue.
- 2 If you are searching for another drug, click the "ALL" button. If it is in a group of drugs that a patient is allergic to, such as NSAIDs, click anywhere in the `Allergy Group Column` and type in the first few letters of that drug as quickly as you can. If it is a specific drug, click anywhere in the `Allergen column` and type the first few letters of the drug as quickly as you can.
- 3 If a patient is allergic to latex, plasters, peanuts or other non drug allergies then select, "Add Non-Drug Allergy" button.

Allergy Group/ Allergen



Allergy Group	Allergen
2-p-chlorophenoxyethanol	
3,4-diaminopyridine	
5-AMINOSALICYLATES A	balsalazide mesalazine olsalazine
5-HT1 RECEPTOR AGONI	

NOTE: When adding an allergy for a co-drug you need to add each drug separately in their generic form.

e.g. Co-Trimoxazole is entered as:

Trimethoprin **and** Sulfamethoxazole



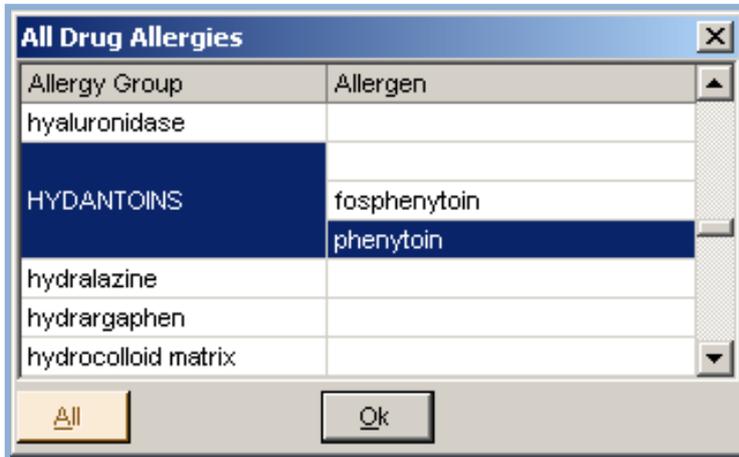
ePrescribing

Here are 2 examples of obvious allergies that can be hard to find:



Metformin:

Type **metf** into allergy group column



Phenytoin:

Type **phenyt** into allergen column

If you cannot find the allergy by searching in the Allergen column try searching in the allergy group column.

Discharging Patients

First check you have the red ePrescribing link in eDocs, if not contact the ePrescribing team. Then select the required drugs for TTA via the Discharge function in JAC, as per your training. Once the discharge is complete in JAC, a flashing TTO button will appear in eDocs. If the flashing TTO button does not appear, check you have the correct date on the discharge summary i.e. today's date. If this does not match contact the EPR Team first or the ePrescribing team. You can add the drugs to the discharge summary by choosing each drug individually and indicating the method of dispensing e.g. pharmacy, patients own drugs.

Click on the red ePrescribing button in the TTO screen to be taken directly to the patients JAC record where you can log details of the TTOs to be given at discharge.



ePrescribing

**Amending the start time of a drug
Or
Stipulate the number of specific doses of a drug**

POE / Add Order/ Enter drug name then click search. This will bring similar information below:

Check the dose and frequency are correct.

Adjust the start date, time or both

If the drug is to be administered for a specific number of days or doses, please click either Day(s) or Dose(s) and stipulate the duration or number.

Click OK

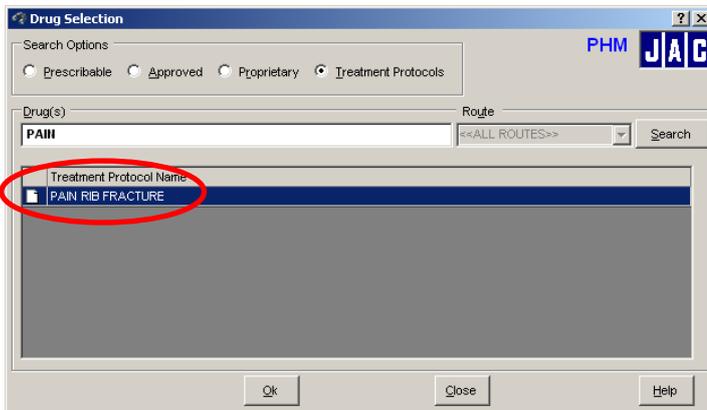
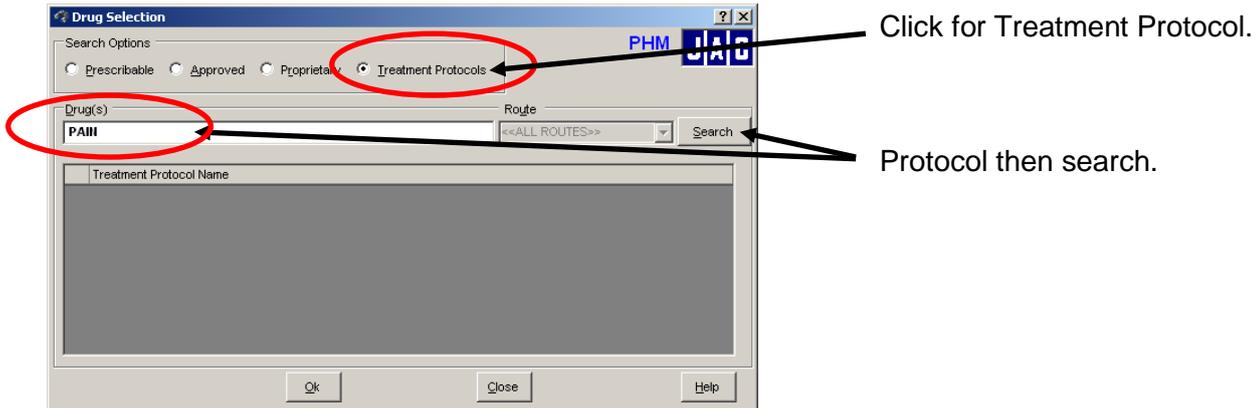
The default order start date/time is automatically calculated depending on the frequency of the medication order and whether it is a PRN or STAT order. If an order has a frequency set, the start date/time must be a valid date/time for that frequency.

The start date and time defaults to the current date/time or to the admission date/time whichever is the latest. Any remaining date/time calculations use this for the base date/time. The user is prevented from having a start date/time, which is before the current or admit date/time. Hourly frequencies are rounded up to the nearest whole hour.

ePrescribing

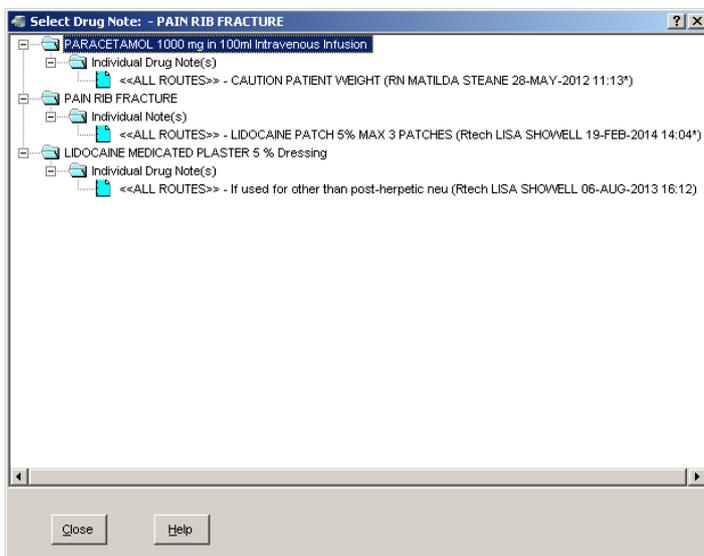
Amending the start time of a drug in a protocol Or Stipulate the number of specific doses of a drug in a protocol

Prescribing/ POE / Add Order/ Enter first 4 letters of the protocol:
For example Pain Relief:



In this example the PAIN RIB FRACTURE protocol has been chosen.

Click **OK**.



Any notes regarding the protocol will appear so please take time to read prior to prescribing.
Click **Close**.

ePrescribing

The whole protocol now appears on the screen.

The screenshot shows a software interface for managing a medical protocol. At the top, patient details are visible: Height 195 cm, Weight 85.000 kg, BSA 2.17 sq m, Age 44 yrs. The protocol is titled "PAIN RIB FRACTURE". A table lists several medications with their respective doses and frequencies. A red circle highlights the "Start Medication on" date field, which is set to "20-Mar-2015" and the time field, which is set to "00:00". Another red circle highlights the "Stop Medication after" field, which is currently empty, with radio buttons for "Day(s)" and "Dose(s)".

Drug Description	Dose	Frequency	Start Date/Time	PRN	Stop After	Route	PRN Notes	Usage
PARACETAMOL 1000 mg in 100ml Intraveno	750 mg	4A - FOUR times a day	17-Mar-2015 22:00	<input type="checkbox"/>		Intravenous I		
PARACETAMOL 500 mg Tablets	1000 mg	4A - FOUR times a day	17-Mar-2015 22:00	<input type="checkbox"/>		Oral		
IBUPROFEN 400 mg Tablets	400 mg	4B - FOUR times a day (18-Mar-2015 00:00	<input type="checkbox"/>		Oral		
MORPHINE SULPHATE 10 mg in 5ml Or 10 mg		every THREE hours	17-Mar-2015 20:35	<input checked="" type="checkbox"/>		Oral	FOR PAIN	
MORPHINE SULPHATE 10 mg in 5ml Or 15 mg		H3 - every THREE hours	17-Mar-2015 20:35	<input checked="" type="checkbox"/>		Oral	FOR PAIN	
MORPHINE SULPHATE 10 mg in 5ml Or 20 mg		H3 - every THREE hours	17-Mar-2015 20:35	<input checked="" type="checkbox"/>		Oral	FOR PAIN	
MORPHINE SULPHATE 10 mg in 5ml Or 25 mg		H3 - every THREE hours	17-Mar-2015 20:35	<input checked="" type="checkbox"/>		Oral	FOR PAIN	
MORPHINE SULPHATE 10 mg in 5ml Or 30 mg		H3 - every THREE hours	17-Mar-2015 20:35	<input checked="" type="checkbox"/>		Oral	FOR PAIN	
LIDOCAINE MEDICATED PLASTER S	Drri 1 Dressing	H12 - every 12 Hours	17-Mar-2015 21:00	<input type="checkbox"/>	14 dose(s)	Topical	AFF	
NALOXONE 400 micrograms in 1ml Injectio	100 microgram M5 - every FIVE minutes		17-Mar-2015 20:35	<input checked="" type="checkbox"/>		Intravenous I	Respiratory Distress	

The start date and time can be changed here.

Stop medication facility after x day(s) or x dose(s).

ePrescribing

BEFORE clicking OK you must click on the **MODIFY ORDER** BUTTON.

Modify
Order

PROTOCOL - Inpatient Treatment Protocol for LEE (EPMA) TEST (9998887)

Height 195 cm Weight 85.000 kg BSA 2.17 sq m Age 44 yrs PHM JAG

PAIN RIB FRACTURE

Drug Description: PARACETAMOL 1000 mg in 100ml Intravenous Infusion
Route: Intravenous Infusion INTERMITTENT

Dose & Description: 750 mg is equivalent to Alternative Dose & Description: 0.75 Vial

Frequency: 4A - FOUR times a day STAT: Administer Now

PRN: Notes:

Start Medication on Date: 17-Mar-2015 Time: 22:00 Stop Medication after: Day(s) Dose(s) Calculate Dose

Drug Description	Dose	Frequency	Start Date/Time	PRN	Stop After	Route	PRN Notes	Usage
PARACETAMOL 1000 mg in 100ml Intravenous	750 mg	4A - FOUR times a day	17-Mar-2015 22:00	<input type="checkbox"/>		Intravenous I		
PARACETAMOL 500 mg Tablets	1000 mg	4A - FOUR times a day	17-Mar-2015 22:00	<input type="checkbox"/>		Oral		
IBUPROFEN 400 mg Tablets	400 mg	4B - FOUR times a day	18-Mar-2015 00:00	<input type="checkbox"/>		Oral		
MORPHINE SULPHATE 10 mg in 5ml Or	10 mg	H3 - every THREE hours	17-Mar-2015 20:51	<input checked="" type="checkbox"/>		Oral	FOR PAIN	
MORPHINE SULPHATE 10 mg in 5ml Or	15 mg	H3 - every THREE hours	17-Mar-2015 20:51	<input checked="" type="checkbox"/>		Oral	FOR PAIN	
MORPHINE SULPHATE 10 mg in 5ml Or	20 mg	H3 - every THREE hours	17-Mar-2015 20:51	<input checked="" type="checkbox"/>		Oral	FOR PAIN	
MORPHINE SULPHATE 10 mg in 5ml Or	25 mg	H3 - every THREE hours	17-Mar-2015 20:51	<input checked="" type="checkbox"/>		Oral	FOR PAIN	
MORPHINE SULPHATE 10 mg in 5ml Or	30 mg	H3 - every THREE hours	17-Mar-2015 20:51	<input checked="" type="checkbox"/>		Oral	FOR PAIN	
LIDOCAINE MEDICATED PLASTER 5 % Dre 1 Dressing	H12 - every 12 Hours	17-Mar-2015 21:00		<input type="checkbox"/>	14 dose(s)	Topical	AFF	
NALOXONE 400 micrograms in 1ml Injection	100 microgram M5 - every FIVE minutes	17-Mar-2015 20:51		<input checked="" type="checkbox"/>		Intravenous E	Respiratory Distress	

Buttons: OK, Cancel, Protocol Information, Help

You will have to amend each line.

If you do not require a drug that is on the protocol, Simply click on the left hand side of that drug. This will Put a cross next to it.

Start Date/Time
21-Mar-2015 08:00
21-Mar-2015 08:00
21-Mar-2015 00:00
21-Mar-2015 21:11
21-Mar-2015 22:00
21-Mar-2015 21:11

The date has now changed and charting cannot occur until the start date.

ePrescribing



A confirmation message will be shown.

The prescription has been created.

POE - Prescriber Order Entry [EPMA 9]

LEE (EPMA) TEST Caution: Patient with similar name on Ward Retain Ward PHM JAG

Consultant: DR A DUMMYCONSULTANT Ward: ZODIAC UNIT (UHS)

Hospital No. 9998887 Nat. No. Date of Birth 29-Sep-1970 Age 44 yrs Height 195 cm Weight 85.000 kg BSA 2.17 sq m

Allergies: ***No Known Drug Allergies***, Other

Status	Drug Name	Dose	Frequency	Route	Start Date/Time	Stop Date/Time	BNF
Regular Medications							
	IBUPROFEN 400 mg Tablets	400 mg	4B - FOUR times a day (6	Oral	21-Mar-2015 00:00		Musculoskelet
	LIDOCAINE MEDICATED PLASTER 5 % Dressing	1 Dressing	H12 - every 12 Hours	Topical AFFECTED Af	21-Mar-2015 22:00	28-Mar-2015 10:01	Anaesthesia
Intermittent Infusions							
	PARACETAMOL 1000 mg in 100ml Intravenous Infusi	750 mg	4A - FOUR times a day	Intravenous Infusion	21-Mar-2015 08:00		Central nervou
	PARACETAMOL 500 mg Tablets	1000 mg	4A - FOUR times a day	Oral	21-Mar-2015 08:00		Central nervou
As required (PRN) Medications							
	NALOXONE 400 micrograms in 1ml Injection	100 microgram	M5 - every FIVE minutes F	Intravenous BOLUS inj	21-Mar-2015 21:11		Anaesthesia
		10 mg	H3 - every THREE hours F	Oral	21-Mar-2015 21:11		Central nervou
		15 mg	H3 - every THREE hours F	Oral	21-Mar-2015 21:11		Central nervou
	MORPHINE SULPHATE 10 mg in 5ml Oral Solution	20 mg	H3 - every THREE hours F	Oral	21-Mar-2015 21:11		Central nervou
		25 mg	H3 - every THREE hours F	Oral	21-Mar-2015 21:11		Central nervou
		30 mg	H3 - every THREE hours F	Oral	21-Mar-2015 21:11		Central nervou

Select Patient Hgt/Wgt Entry Patient Allergy Conflict Log Notes Add Order Modify Order Verification Discontinue Order Suspend Order Resume Order Close
Patient Details Lab Results Previous Meds. Clinical Info Discharge Short Term Leave Admin. Chart Charting Order Inquiry All Orders Help

ePrescribing

Notes

ePrescribing

Bupivacaine to Levo-bupivacaine issue:

Bupivacaine 0.125% is temporarily unavailable and in its place we are using levo-bupivacaine 0.125% for infusions and infiltrations.

For epidurals:

0.125% plain levo-bupivacaine and 0.15% levo-bupivacaine with 2mcg/ml fentanyl.

To be able to prescribe LA infiltrations on JACS you need to do the following: With the “Prescribable” button checked type **LOCAL** into the Drug(s) box and Search All. You should get the list of all levo-bupivacaine options. Please select the appropriate option. (**Diagram 1**)

The screenshot shows the 'Drug Selection' window in JACS. The 'Search Options' section has 'Prescribable' selected. The 'Drug(s)' field contains 'LOCAL' and the 'Route' dropdown is set to '<<ALL ROUTES>>'. The 'Search All' button is highlighted. The results table is as follows:

Prescribing Name	Treatment Protocol
LOCAL INFILTRATION EXTRAPLEURAL LEVOBUPIVACAINE1.25mg/ml Injection	
LOCAL INFILTRATION NERVE BLOCK LEVOBUPIVACAINE 1.25mg/ml Injection	
LOCAL INFILTRATION NERVE BLOCK LEVOBUPIVACAINE 2.5mg/ml	
LOCAL INFILTRATION NERVE BLOCK LEVOBUPIVACAINE 5mg/ml	
LOCAL INFILTRATION RECTUS SHEATH LEVOBUPIVACAINE 1.25mg/ml	
LOCAL INFILTRATION RECTUS SHEATH LEVOBUPIVACAINE 2.5mg/ml Injection	
LOCAL INFILTRATION STUMP LEVOBUPIVACAINE 1.25mg/ml Injection	
LOCAL INFILTRATION STUMP LEVOBUPIVACAINE 2.5mg/ml Injection	
LOCAL INFILTRATION WOUND LEVOBUPIVACAINE 1.25mg/ml Injection	

To prescribe epidurals on JACS you need to do the following: With the “prescribable” button checked type **EPI** into the Drug(s) box and Search All. You should get the list of all levo-bupivacaine options. Please select the appropriate option. (**Diagram 2**)

The screenshot shows the 'Drug Selection' window in JACS. The 'Search Options' section has 'Prescribable' selected. The 'Drug(s)' field contains 'EPI' and the 'Route' dropdown is set to '<<ALL ROUTES>>'. The 'Search All' button is highlighted. The results table is as follows:

Prescribing Name	Treatment Protocol
EPIDURAL LEVOBUPIVACAINE 0.125 % 250ml	
EPIDURAL LEVOBUPIVACAINE 1mg/ml & FENTANYL 2	

We will be changing the prescription to represent the drug strength in mg/ml as opposed to % (ie 0.125% will be 1.25mg/ml.) This has been introduced because the infusion bags represent the drug concentration as mg/ml

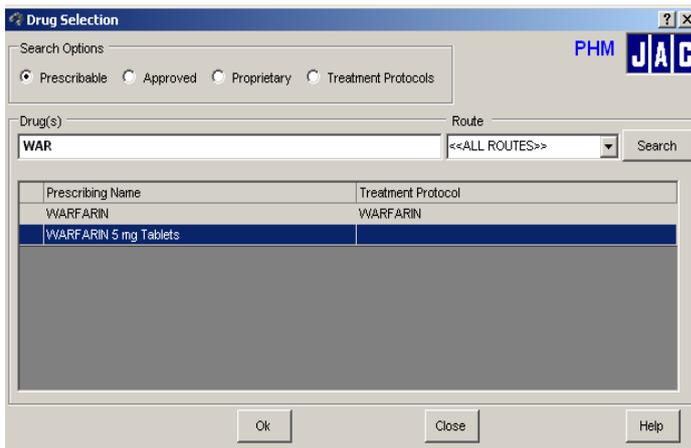
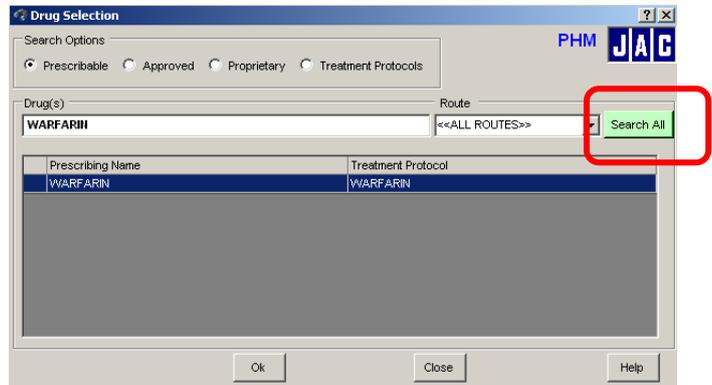
ePrescribing

HANDY HINTS

Q. Why can't I prescribe a STAT dose of Warfarin?

A1.

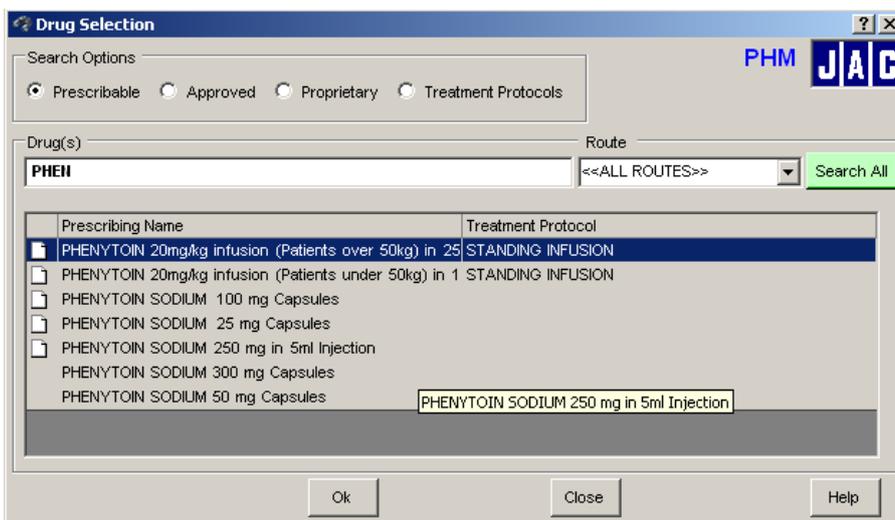
Ensure you are prescribing using the Warfarin 5mg tablets, found by using the **Search All** function. Any dose can be prescribed using this formulation.



A2.

Please ensure the normal Warfarin is prescribed for following days, with the review date.

Q. How do I prescribe Phenytoin mg per Kg and fixed doses?

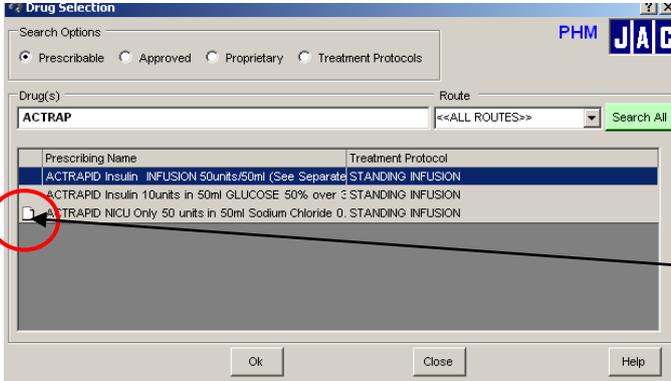


A.

Search for **PHENYTOIN** the mg/kg doses will appear, however, if you need a one off or not an infusion or oral you may need to use the **Search All** function.

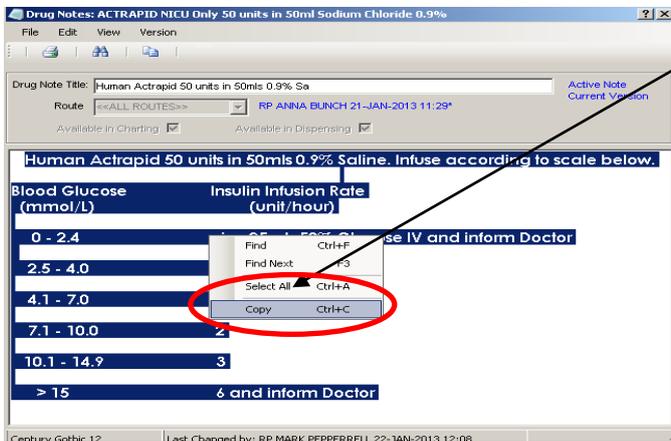
ePrescribing

Q. A different sliding scale insulin is required/the existing system note is incorrect?



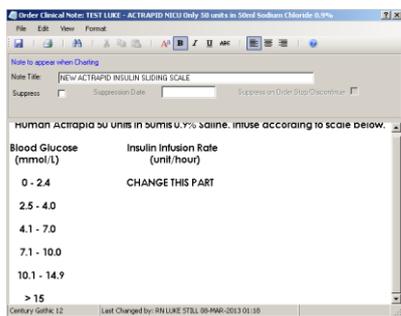
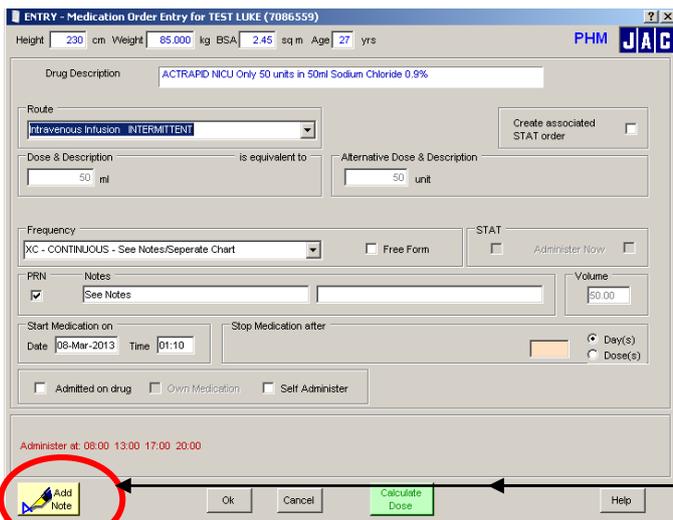
A. The pre written notes cannot be changed, however you can add an edited note.

Open the note (click the little note symbol against the drug you wish to prescribe).



Copy the text (highlight and right mouse click)

Close the notes function, now select **ACTRAPID NICU only**, and click the **Add note** button again, selecting notes to appear when charting.



Paste the copied text, (right click where you want the text to go) into the text box. Edit the information to what is clinically required. Record the title of the note as: **NEW ACTRAPID INSULIN SLIDING SCALE.**

The pasted note will now appear on top of the notes when the nurses look at it.

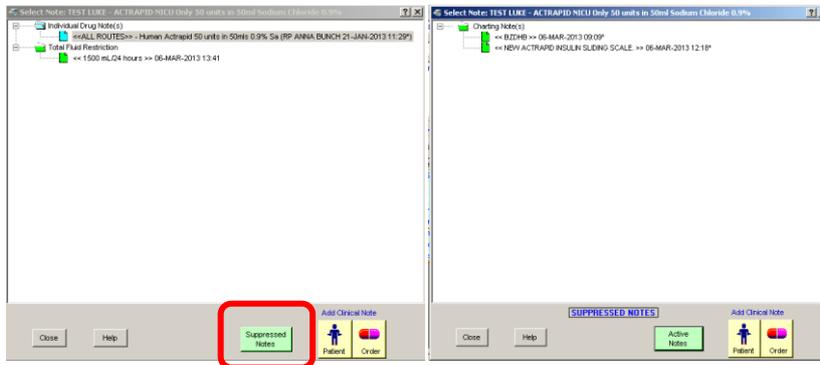
ePrescribing

Q.Using the normal NICU siding scale?

A. Notes written on a patient's record by staff cannot be removed entirely, but can be suppressed by selecting the note that is no longer relevant and selecting the **Suppress** box.

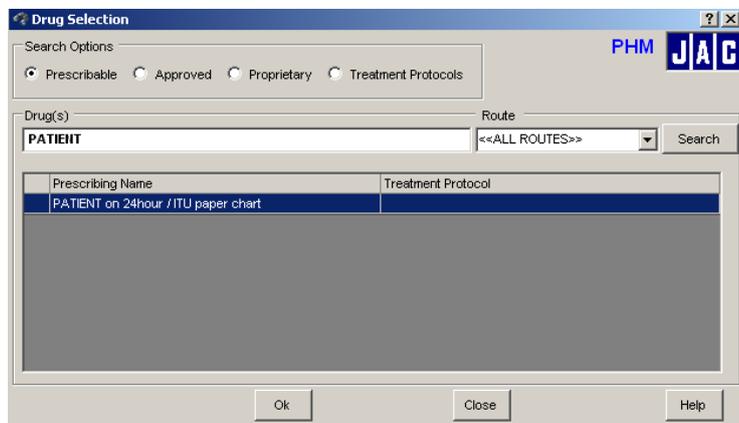


The note will then no longer appear in the active notes but will be saved on the system in the **suppressed notes** section.



Once suppressed, you cannot un-suppress a note if it is required later on. Instead copy the note details into a new note, to do this, click on **Suppressed notes** then copy the text in the note (highlight it and right mouse click select copy), click on the **Active notes**, select **Add note**, then paste (right click where you want the text to go) the text into the note and save it.

Q. My patient is on an ITU/paper drug chart how do I let the nursing staff know?



A. There is an option now built into the system, **PATIENT on 24hour/ ITU paper chart**.

It can be viewed by searching **PATIENT**. This will by default appear on the Nursing Chart at 0800, 1400, 1800 & 2200, but the frequency that it appears for the nurses can be changed.

Please note the nurses will not see this until they log into the patients record, so a verbal prompt may be necessary.

ePrescribing

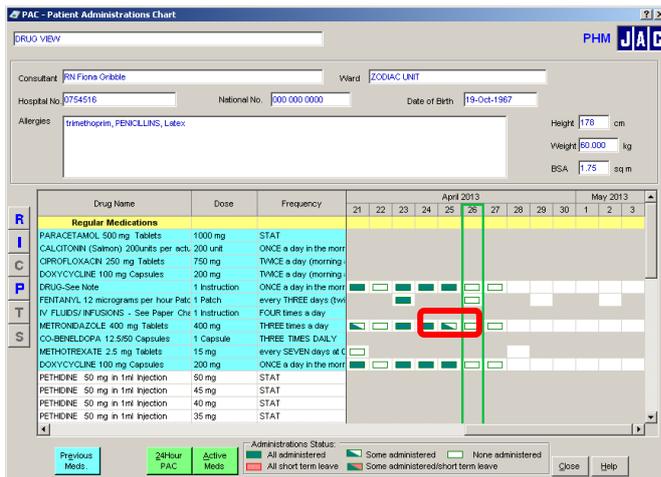
Q;. Has the stat (or any drug) order been given?

A. The **ADMIN** chart is the best thing to look at for a full medical profile. From **POE** click **ADMIN** button.



Admin.
Chart

The admin chart will load.



This will show all the medication the patient has received this admission. It is instant, so if it is given it will be on the chart. If you right click on a box it will tell you the time and who administered it.

ePrescribing

If you need to amend a prescription that is to start in the future to a free form prescription (i.e. a daily administration at times other than the defaults provided in the frequency selection)

DON'T - This causes a problem where the dates for the new free format revert to the current date, thus making the prescription active.

It is recommended that if you need to change the frequency for a not yet active prescription, you should discontinue the original and re-prescribe.

ePrescribing

Midnight Processor (10-15 minutes downtime)

Each day around 00:10 and 00:20 JAC may be unavailable. This is because of the Midnight Processor run. The Midnight Processor sorts out data from the day and sorts information for the following day. This process takes about 10minutes.

Monthly update downtime

At the start of each month the ePrescribing team will take JAC off the server for an update. The update will take around half an hour to install and this will affect ALL ePrescribing computers. JAC will not be able to run on your computer during this time. Please do not panic. There is no need to contact the ePrescribing team during this short downtime.

The update will normally take place around 6am to 7am on the Sunday nearest the new month and an email highlighting the above will be sent out prior to this date.

Agency/ Locum Staff

From time to time the hospital employs a Locum Doctor. The Locum Doctor should have completed their JAC ePrescribing therefore would need minimal guidance regarding ePrescribing.

For the Locum's first shift, s/he may still require their password from the ePrescribing team. Please contact the team on x4190, bleep 1800 or if out of hours via the switchboard, asking for ePrescribing on-call.

Locum Doctors can be fast tracked with their mandatory JAC ePrescribing training and therefore need to contact the ePrescribing team to help.

If a Locum Doctor works on the ward without completing the mandatory JAC ePrescribing training then s/he must not use JAC. **DO NOT SHARE PASSWORDS.**

Any Locum Doctor who has completed the mandatory JAC ePrescribing training and does not have a login/ password then contact the ePrescribing team for advice.

Any Locum Doctor who has completed the mandatory JAC ePrescribing training and received an email to contact the ePrescribing team, contact the ePrescribing team for advice.

Any Locum Doctor who has completed the mandatory JAC ePrescribing training and has forgotten their password, contact the ePrescribing team for advice.

ePrescribing Team
24 hour service

Ext: XXXX
Direct Phone: XXXX
Email: eprescribing@uhs.nhs.uk
Bleep: (via switchboard) 1800
Fax: XXXX

Out of hours: Contact switchboard

