Modifying an active medication/IV fluid order in CPOE is okay as long as the dose is not being changed. Specifically, modifying IV fluid rates or the administration frequency of a medication is okay, but not the dose. If a dose change is necessary, please discontinue the original order and enter a new order (with the updated dose).

The ‘Note to RPh’ field should be utilized to communicate additional details (i.e., dose ranges of 1-2 tablets, HOLD FOR PULSE <60 BPM) that may be useful during order verification by the pharmacist and transferred accordingly to the eMAR. However, additional orders should be entered separately as this requires a different order to dispense and chart against. Examples include:

- Taper orders such as 50 mg QD x 5 days, then 25 mg QD thereafter
- Different doses during the day such as 100 mg qAM and 50 mg qPM

Please be attentive when ordering medications with multiple long-acting formulations (i.e., sustained-, extended-) to minimize confusion and potential medication errors with their immediate-release counterparts. Common mix-ups occur with the following agents: venlafaxine, verapamil, diltiazem, bupropion, morphine/oxycodeone, metoprolol, and methylphenidate.

If the medication order is intended to be PRN, this should be done by editing the full order to pick the PRN reason. This should also not be entered as a ‘Note to RPh’.

Admin Times button (when entering an order) can be used to view the standard times for administration of the medication (from an order set).

Alternative Hyperglycemia Order Set (Insulin) is available and contains ONLY the AC/HS scales (not the half-dose at HS).

There are several convenience order sets that should help streamline order entry for the commonly-used IV fluids, boluses, and drips:

- CONV-IV order set (Convenience IVs) contains many standard IV fluids with and without potassium chloride additive and IV boluses (NS and LR)
- CONV-IV BOLUS and DRIPS order set contains many standard IV boluses and drips for commonly-used medications.

If nursing wants to change the administration time for a medication, they should call the pharmacy to adjust this BEFORE the first dose is given or even if the dose is charted as not given.

If the provider is getting Pregnancy Alerts (and the patient isn’t pregnant), then the nurse needs to document the pregnancy status in Clinical Care Station.

Don’t use the HOLD button for medication orders routinely; it is problematic in the event the medication order needs to be discontinued at a later date.

For saline lock, search for ‘Saline Lock’

All EKG orders need a reason for the test. This isn’t a required field, but the notation of “specify in instructions” will be added to the order sets to remind providers.
Discharge

- If a discharge is needed to be cancelled, first discontinue all of the “discharge” orders. Then submit the order “Discharge- Cancel Patient Discharge.” If the D/C Medication Reconciliation has been done, this will update the home med list, but will not send any new orders (or D/C orders) to the inpatient pharmacy.
- Document the Discharge Diagnosis (and any other teaching) in the “Discharge Education Other – Indication in Instructions” order.
- Complete the Discharge Med recon when the patient is ready to go, as this can only be done ONCE to get the “new version” of the patient instructions on the medication list.

Admission

- “Admit as Inpatient” order is only to be done in CPOE by an attending. If the resident/NP/PA does the admit orders, they can do the order for “Place in Observation,” but if the patient is going to be “Admitted as an Inpatient,” then the attending needs to do that single order in CPOE. Alternatively the resident/NP/PA can do the “Admit as Inpatient” order on paper and cosigned by the attending. The certification still needs to be filled out/signed.
  - If the patient starts in observation status and then is changed to “Admit as Inpatient” the “Place in Observation” order should be discontinued, and the Attending places the “Admit as Inpatient” order (or the resident/NP/PA writes it in paper for cosignature).
- ED process - if there are stat orders that are needed, these should be entered into EDIS (via charge nurse, or ED physician). The pharmacy will wait to process inpatient orders until the patient reaches the floor.
- Admitting team should communicate to the ED charge nurse when the admission orders are completed, so they know to send the patient to the floor.
- STATUS CHANGE: When the status changes from “Observation” to “Admit as Inpatient”, the attending needs to do the

Oxygen

- This will be documented on admission by the nurse on the Patient Reported Problems
- This will be ordered by the provider from the admission order set
- This will be documented in the discharge orders under “Discharge Education Other – Indicate in Instructions”
- If a new oxygen order is needed, then the proper Home Health documents will need to be filled out in paper.

Medication Reconciliation

- Discharge – It is best to discontinue the inpatient med and continue or modify the home med. This will flow properly to the patient discharge instructions.
For example, if a patient came in on Zocor 20 mg p.m. and was taking zocor 80 mg qpm in the hospital -> use the (Mod) button under the home med and change the dose then (DC) the inpatient medication.

- Defer the patient’s home insulin sliding scale, and order the sliding scale from an order set. Their basal insulin can be ordered from the medication reconciliation, or from an order set.
- Modification of an Inpatient med at D/C causes the patient instructions to say "Change this med" when this should say "New Medication." This will be a support request, but the work around is to d/c that med, and “add new home medication.”

Misc

- “SPE Interventional Radiology Order” is the generic order used for ordering Interventional Radiology orders. A discussion with the Interventional Radiologist should still occur for pertinent situations.
  - We are working on an order set but in the meantime state (in the order notes) whether the test is diagnostic or therapeutic and what tests you want on it. Also, specify single or double lumen PICC
- When in doubt about how to get something done for a patient (i.e. no order in system to ‘turn off ICD’ in comfort care patient) use “Nursing Order Other” and free text what you need.
- Blood culture order must be entered twice (lab won't accept x2 in the free text field)
- To see what has transpired in a patient since admission (approximately like looking through the 'Physician Orders' section of the paper chart), go to the CPOE tab, select 'Order Queue', deselect 'Show Active Only' check box in the upper left hand corner below the 'Order Queue' header, and sort by start date by clicking the word ‘Start’ at the top of that column (may need to click it twice). Then you can scroll through the orders to see what has been started/stopped and when.
- WHEN A PATIENT DIES - The standard "death packet" will remain a paper-based process. Likewise, the organ procurement order set, if the patient is to be a donor, is from the transplant team in Madison and will remain on paper.
- FINDING ORDERS
  - If you're looking at a 'Panel' and wondering what is in it - you are able to see by looking on the MGH lab test website for clarification.
  - If you'd like to see the name of something change, get general consensus from your peers and ask Sue Kotaniemi to assign it an 'Alias'. i.e. Ginger B was looking for gastrogaffin but it had another name in radiology. We could ask them to rename it to Gastrograffin.
  - If you can’t find what you’re looking for in radiology - OK to call the radiology department and ask them for the exact letters for you to type in OR put in Nursing Order Other and indicate what you're looking for and the unit clerk will see it and put in the order after discussing with radiology.
  - URINALYSIS: If you search on "UA" in capital letters, UA options show up. Lowercase "ua" is a mess.
  - When searching for "Tylenol" the usual oral preparation was not readily available, however, if you search "acetaminophen" it is an option.
○ WILDCARD: when searching for a CT for stone protocol you can type “CT% Stone” and that will help you get to it faster. The % symbol is a wild card and can be used to look for other tests as well.

- ADMISSION DIAGNOSIS: It’s not an order, so wasn’t moved to CPOE with the admit order set. Nurses will now look for this in the progress notes, so please, PROMINENTLY list the admission diagnosis in your admit note.