Edits with display of Aminoglycoside results with no displayed message for Metformin.

**Inpatient Order Entry** Nov 07, 2013@16:08:39 Page: 1 of 1

IPCPTESTPATC,CREATEHIGH Ward: C MEDIC

PID: 123-45-5599 Room-Bed: Ht(cm): 170.18 (05/08/13)

DOB: 05/05/44 (69) Wt(kg): 81.08 (05/08/13)

Sex: FEMALE Admitted: 03/13/13

Dx: SICK Last transferred: \*\*\*\*\*\*\*\*

CrCL: 35.3(est.) (CREAT:1.6mg/dL 5/28/13) BSA (m2): 1.93

- - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - -

1 AMIKACIN INJ,SOLN C 11/07 11/17 A

Give: 500MG/2ML IVPB Q8H

2 METFORMIN HCL TAB,ORAL C 11/07 12/07 A

Give: 500MG PO BID-WITH FOOD

- - - - - - - - RECENTLY DISCONTINUED/EXPIRED (LAST 24 HOURS) - - - - - - - -

3 AMIKACIN INJ,SOLN C 11/07 11/07 DE

Give: 1000MG/4ML IVPB Q8H

4 METFORMIN HCL TAB,ORAL C 11/07 11/07 DE

Give: 250MG PO BID-WITH FOOD

Enter ?? for more actions

PI Patient Information SO Select Order

PU Patient Record Update NO New Order Entry

Select Action: Quit// 1

**ACTIVE UNIT DOSE**  Nov 07, 2013@16:08:59 Page: 1 of 2

IPCPTESTPATC,CREATEHIGH Ward: C MEDIC

PID: 123-45-5599 Room-Bed: Ht(cm): 170.18 (05/08/13)

DOB: 05/05/44 (69) Wt(kg): 81.08 (05/08/13)

\*(2)Dosage Ordered: 500MG/2ML

Duration: \*(3)Start: 11/07/13 15:47

\*(4) Med Route: IV PIGGYBACK

\*(5) Stop: 11/17/13 18:00

(6) Schedule Type: CONTINUOUS

\*(8) Schedule: Q8H

(9) Admin Times: 05-13-21

\*(10) Provider: DARYANL,CHAUNCEY [s]

(11) Special Instructions:

(12) Dispense Drug U/D Inactive Date

AMIKACIN SULFATE 1000MG/4ML INJ 4

+ Enter ?? for more actions

DC Discontinue ED Edit AL Activity Logs

HD Hold RN Nov 07, 2013@16:09:24

FL Flag VF (Verify)

Select Item(s): Next Screen// ED Edit

Select FIELDS TO EDIT: 2

Available Dosage(s)

1. 250MG/1ML

2. 500MG/2ML

3. 750MG/3ML

4. 1000MG/4ML

Select from list of Available Dosages or Enter Free Text Dose: 500MG/2ML// 3 75

0MG/3ML

You entered 750MG/3ML is this correct? Yes// YES

WARNING: Dosage Ordered and Dispense Units do not match.

Please verify Dosage.

**NON-VERIFIED UNIT DOSE**  Nov 07, 2013@16:09:24 Page: 1 of 2

IPCPTESTPATC,CREATEHIGH Ward: C MEDIC

PID: 123-45-5599 Room-Bed: Ht(cm): 170.18 (05/08/13)

DOB: 05/05/44 (69) Wt(kg): 81.08 (05/08/13)

\*(1)Orderable Item: AMIKACIN INJ,SOLN

Instructions:

\*(2)Dosage Ordered: 750MG/3ML

Duration: \*(3)Start: 11/07/13 16:09

\*(4) Med Route: IV PIGGYBACK

\*(5) Stop: 11/17/13 18:00

(6) Schedule Type: CONTINUOUS

\*(8) Schedule: Q8H

(9) Admin Times: 05-13-21

\*(10) Provider: DARYANL,CHAUNCEY

(11) Special Instructions:

(12) Dispense Drug U/D Inactive Date

AMIKACIN SULFATE 1000MG/4ML INJ 4

+ This change will cause a new order to be created.

ED Edit AC ACCEPT

Select Item(s): Next Screen// AC ACCEPT

\*\*\*Aminoglycoside Ordered\*\*\*\*

Aminoglycoside - est. CrCl: 35.3 (CREAT: 1.6 mg/dL [H] 5/28/13 4:49 pm

BUN: 9 mg/dL 5/28/13 4:49 pm) [Est. CrCl based on modified

Cockcroft-Gault equation using Adjusted Body Weight (if ht > 60 in)]

Press Return to continue...

Now processing Clinical Reminder Order Checks. Please wait ...

============================================================================

Press Return to Continue...:

Now Processing Enhanced Order Checks! Please wait...

Press Return to continue...

NATURE OF ORDER: SERVICE CORRECTION// S

...discontinuing original order...

...creating new order...(you will now work on this new order).

**NON-VERIFIED UNIT DOSE**  Nov 07, 2013@16:09:34 Page: 1 of 2

IPCPTESTPATC,CREATEHIGH Ward: C MEDIC

PID: 123-45-5599 Room-Bed: Ht(cm): 170.18 (05/08/13)

DOB: 05/05/44 (69) Wt(kg): 81.08 (05/08/13)

\*(1)Orderable Item: AMIKACIN INJ,SOLN

Instructions:

\*(2)Dosage Ordered: 750MG/3ML

Duration: \*(3)Start: 11/07/13 16:09

\*(4) Med Route: IV PIGGYBACK

\*(5) Stop: 11/17/13 18:00

(6) Schedule Type: CONTINUOUS

\*(8) Schedule: Q8H

(9) Admin Times: 05-13-21

\*(10) Provider: DARYANL,CHAUNCEY

(11) Special Instructions:

(12) Dispense Drug U/D Inactive Date

AMIKACIN SULFATE 1000MG/4ML INJ 4

+ Enter ?? for more actions

DC Discontinue ED Edit AL Activity Logs

HD (Hold) RN (Renew)

FL Flag VF Verify

Select Item(s): Next Screen// VF Verify

WARNING: Dosage Ordered and Dispense Units do not match.

Please verify Dosage.

Would you like to continue verifying the order? No// YES

...a few moments, please.....

Pre-Exchange DOSES:

ORDER VERIFIED.

Enter RETURN to continue or '^' to exit:

**Inpatient Order Entry** Nov 07, 2013@16:09:44 Page: 1 of 2

IPCPTESTPATC,CREATEHIGH Ward: C MEDIC

PID: 123-45-5599 Room-Bed: Ht(cm): 170.18 (05/08/13)

DOB: 05/05/44 (69) Wt(kg): 81.08 (05/08/13)

Sex: FEMALE Admitted: 03/13/13

Dx: SICK Last transferred: \*\*\*\*\*\*\*\*

CrCL: 35.3(est.) (CREAT:1.6mg/dL 5/28/13) BSA (m2): 1.93

- - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - -

1 AMIKACIN INJ,SOLN C 11/07 11/17 A

Give: 750MG/3ML IVPB Q8H

2 METFORMIN HCL TAB,ORAL C 11/07 12/07 A

Give: 500MG PO BID-WITH FOOD

- - - - - - - - RECENTLY DISCONTINUED/EXPIRED (LAST 24 HOURS) - - - - - - - -

3 AMIKACIN INJ,SOLN C 11/07 11/07 DE

Give: 1000MG/4ML IVPB Q8H

4 AMIKACIN INJ,SOLN C 11/07 11/07 DE

Give: 500MG/2ML IVPB Q8H

5 METFORMIN HCL TAB,ORAL C 11/07 11/07 DE

+ Enter ?? for more actions

PI Patient Information SO Select Order

PU Patient Record Update NO New Order Entry

Select Action: Next Screen// 2

**ACTIVE UNIT DOSE**  Nov 07, 2013@16:10 Page: 1 of 2

IPCPTESTPATC,CREATEHIGH Ward: C MEDIC

PID: 123-45-5599 Room-Bed: Ht(cm): 170.18 (05/08/13)

DOB: 05/05/44 (69) Wt(kg): 81.08 (05/08/13)

\*(2)Dosage Ordered: 500MG

Duration: \*(3)Start: 11/07/13 15:50

\*(4) Med Route: ORAL (BY MOUTH)

\*(5) Stop: 12/07/13 18:00

(6) Schedule Type: CONTINUOUSNov 07, 2013@16:10:23

\*(8) Schedule: BID-WITH FOOD

(9) Admin Times: 0730-1730

\*(10) Provider: DARYANL,CHAUNCEY [s]

(11) Special Instructions:

(12) Dispense Drug U/D Inactive Date

METFORMIN HCL 250MG (1/2 X 500MG) TAB 1

+ Enter ?? for more actions

DC Discontinue ED Edit AL Activity Logs

HD Hold RN Renew

FL Flag VF (Verify)

Select Item(s): Next Screen// ED Edit

Select FIELDS TO EDIT: 2

Available Dosage(s)

1. 250MG

2. 500MG

**NON-VERIFIED UNIT DOSE**  Nov 07, 2013@16:10:23 Page: 1 of 2

IPCPTESTPATC,CREATEHIGH Ward: C MEDIC

PID: 123-45-5599 Room-Bed: Ht(cm): 170.18 (05/08/13)

DOB: 05/05/44 (69) Wt(kg): 81.08 (05/08/13)

\*(1)Orderable Item: METFORMIN HCL TAB,ORAL <DIN>

Instructions:

\*(2)Dosage Ordered: 250MG

Duration: \*(3)Start: 11/07/13 16:10

\*(4) Med Route: ORAL (BY MOUTH)

\*(5) Stop: 12/07/13 18:00

(6) Schedule Type: CONTINUOUS

\*(8) Schedule: BID-WITH FOOD

(9) Admin Times: 0730-1730

\*(10) Provider: DARYANL,CHAUNCEY

(11) Special Instructions:

(12) Dispense Drug U/D Inactive Date

METFORMIN HCL 250MG (1/2 X 500MG) TAB 1

+ This change will cause a new order to be created.

ED Edit AC ACCEPT

Select Item(s): Next Screen// AC ACCEPT

\*\*\*Metformin Lab Results\*\*\*

Metformin - Creatinine results: 1.6 mg/dL H (0.60 - 1.30) 5/28/13 4:49 pm

Press Return to continue...

Now processing Clinical Reminder Order Checks. Please wait ...

============================================================================

\*\*\* Clinical Reminder Order Check | Severity: MEDIUM \*\*\*

CR3286 CROC - METFORMIN DRUG SEVERITY MEDIUM (RULE DISP NAME)

THIS IS A SAMPLE ORDER CHECK MESSAGE FOR METFORMIN SEVERITY MEDIUM CLINICAL

REMINDER ORDER CHECK.

----------------------------------------------------------------------------

Press Return to Continue...:

\*\*\* Clinical Reminder Order Check | Severity: LOW \*\*\*

CR3286 CROC - METFORMIN DRUG SEVERITY LOW (RULE DISP NAME)

THIS IS A SAMPLE ORDER CHECK MESSAGE FOR METFORMIN SEVERITY LOW CLINICAL

REMINDER ORDER CHECK.

----------------------------------------------------------------------------

Press Return to Continue...:

Do you want to Intervene? N// NO

Now Processing Enhanced Order Checks! Please wait...

Press Return to continue...

NATURE OF ORDER: SERVICE CORRECTION// S

...discontinuing original order...

...creating new order...(you will now work on this new order).

**NON-VERIFIED UNIT DOSE**  Nov 07, 2013@16:10:47 Page: 1 of 2

IPCPTESTPATC,CREATEHIGH Ward: C MEDIC

PID: 123-45-5599 Room-Bed: Ht(cm): 170.18 (05/08/13)

DOB: 05/05/44 (69) Wt(kg): 81.08 (05/08/13)

\*(1)Orderable Item: METFORMIN HCL TAB,ORAL <DIN>

Instructions:

\*(2)Dosage Ordered: 250MG

Duration: \*(3)Start: 11/07/13 16:10

\*(4) Med Route: ORAL (BY MOUTH)

\*(5) Stop: 12/07/13 18:00

(6) Schedule Type: CONTINUOUS

\*(8) Schedule: BID-WITH FOOD

(9) Admin Times: 0730-1730

\*(10) Provider: DARYANL,CHAUNCEY

(11) Special Instructions:

(12) Dispense Drug U/D Inactive Date

METFORMIN HCL 250MG (1/2 X 500MG) TAB 1

+ Enter ?? for more actions

DC Discontinue ED Edit AL Activity Logs

HD (Hold) RN (Renew)

FL Flag VF Verify

Select Item(s): Next Screen// VF Verify

...a few moments, please.....

Pre-Exchange DOSES:

ORDER VERIFIED.

Enter RETURN to continue or '^' to exit:

**Inpatient Order Entry** Nov 07, 2013@16:10:52 Page: 1 of 2

IPCPTESTPATC,CREATEHIGH Ward: C MEDIC

PID: 123-45-5599 Room-Bed: Ht(cm): 170.18 (05/08/13)

DOB: 05/05/44 (69) Wt(kg): 81.08 (05/08/13)

Sex: FEMALE Admitted: 03/13/13

Dx: SICK Last transferred: \*\*\*\*\*\*\*\*

CrCL: 35.3(est.) (CREAT:1.6mg/dL 5/28/13) BSA (m2): 1.93

- - - - - - - - - - - - - - - - - A C T I V E - - - - - - - - - - - - - - - - -

1 AMIKACIN INJ,SOLN C 11/07 11/17 A

Give: 750MG/3ML IVPB Q8H

2 METFORMIN HCL TAB,ORAL C 11/07 12/07 A

Give: 250MG PO BID-WITH FOOD

- - - - - - - - RECENTLY DISCONTINUED/EXPIRED (LAST 24 HOURS) - - - - - - - -

3 AMIKACIN INJ,SOLN C 11/07 11/07 DE

Give: 1000MG/4ML IVPB Q8H

4 AMIKACIN INJ,SOLN C 11/07 11/07 DE

Give: 500MG/2ML IVPB Q8H

5 METFORMIN HCL TAB,ORAL C 11/07 11/07 DE

+ Enter ?? for more actions

PI Patient Information SO Select Order

PU Patient Record Update NO New Order Entry

Select Action: Next Screen//