Edit with Normal Aminoglycoside message displayed and no metformin message.

**Inpatient Order Entry** Nov 12, 2013@17:39:17 Page: 1 of 1

IPCPTESTPATD,CREATNORM Ward: ICU-M

PID: 123-45-4499 Room-Bed: Ht(cm): 179.07 (05/08/13)

DOB: 05/05/49 (64) Wt(kg): 82.90 (05/08/13)

Sex: MALE Admitted: 05/08/13

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

CrCL: 78.3(est.) (CREAT:1.0mg/dL 11/12/13) BSA (m2): 2.02

- - - - - - - - - - - - - - - - - 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 11/12 12/07 A

Give: 250MG PO BID-WITH FOOD

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

3 METFORMIN HCL TAB,ORAL C 11/07 11/12 DE

Give: 500MG 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 12, 2013@17:39:58 Page: 1 of 2

IPCPTESTPATD,CREATNORM Ward: ICU-M

PID: 123-45-4499 Room-Bed: Ht(cm): 179.07 (05/08/13)

DOB: 05/05/49 (64) Wt(kg): 82.90 (05/08/13)

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

Duration: \*(3)Start: 11/07/13 18:10

\*(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: PATUREAU,KEVIN [s]

(11) Special Instructions:

(12) Dispense Drug U/D Inactive Date

AMIKACIN SULFATE 1000MG/4ML INJ 1

+ Enter ?? for more actions

DC Discontinue ED Edit AL Activity Logs

HD Hold RN Nov 12, 2013@17:40:24

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// 4 10

00MG/4ML

You entered 1000MG/4ML is this correct? Yes// YES

WARNING: Dosage Ordered and Dispense Units do not match.

Please verify Dosage.

**NON-VERIFIED UNIT DOSE**  Nov 12, 2013@17:40:24 Page: 1 of 2

IPCPTESTPATD,CREATNORM Ward: ICU-M

PID: 123-45-4499 Room-Bed: Ht(cm): 179.07 (05/08/13)

DOB: 05/05/49 (64) Wt(kg): 82.90 (05/08/13)

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

Instructions:

\*(2)Dosage Ordered: 1000MG/4ML

Duration: \*(3)Start: 11/12/13 17:40

\*(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: PATUREAU,KEVIN

(11) Special Instructions:

(12) Dispense Drug U/D Inactive Date

AMIKACIN SULFATE 1000MG/4ML INJ 1

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

ED Edit AC ACCEPT

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

Remote data not available - Only local order checks processed.

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

Aminoglycoside - est. CrCl: 78.3 (CREAT: 1.0 mg/dL 11/12/13 12:30 pm

BUN: 9 mg/dL 11/12/13 12:30 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 12, 2013@17:40:34 Page: 1 of 2

IPCPTESTPATD,CREATNORM Ward: ICU-M

PID: 123-45-4499 Room-Bed: Ht(cm): 179.07 (05/08/13)

DOB: 05/05/49 (64) Wt(kg): 82.90 (05/08/13)

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

Instructions:

\*(2)Dosage Ordered: 1000MG/4ML

Duration: \*(3)Start: 11/12/13 17:40

\*(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: PATUREAU,KEVIN

(11) Special Instructions:

(12) Dispense Drug U/D Inactive Date

AMIKACIN SULFATE 1000MG/4ML INJ 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

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 12, 2013@17:40:42 Page: 1 of 1

IPCPTESTPATD,CREATNORM Ward: ICU-M

PID: 123-45-4499 Room-Bed: Ht(cm): 179.07 (05/08/13)

DOB: 05/05/49 (64) Wt(kg): 82.90 (05/08/13)

Sex: MALE Admitted: 05/08/13

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

CrCL: 78.3(est.) (CREAT:1.0mg/dL 11/12/13) BSA (m2): 2.02

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

1 AMIKACIN INJ,SOLN C 11/12 11/17 A

Give: 1000MG/4ML IVPB Q8H

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

Give: 250MG PO BID-WITH FOOD

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

3 AMIKACIN INJ,SOLN C 11/07 11/12 DE

Give: 500MG/2ML IVPB Q8H

4 METFORMIN HCL TAB,ORAL C 11/07 11/12 DE

Give: 500MG 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// 2

**ACTIVE UNIT DOSE**  Nov 12, 2013@17:40:49 Page: 1 of 2

IPCPTESTPATD,CREATNORM Ward: ICU-M

PID: 123-45-4499 Room-Bed: Ht(cm): 179.07 (05/08/13)

DOB: 05/05/49 (64) Wt(kg): 82.90 (05/08/13)

\*(2)Dosage Ordered: 250MG

Duration: \*(3)Start: 11/12/13 16:02

\*(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: 07-17

\*(10) Provider: PATUREAU,KEVIN [s]

(11) Special Instructions:

(12) Dispense Drug U/D Inactive Date

METFORMIN HCL 250MG (1/2Nov 12, 2013@17:41:01 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

Select from list of Available Dosages or Enter Free Text Dose: 250MG// 2 500MG

You entered 500MG is this correct? Yes// YES

WARNING: Dosage Ordered and Dispense Units do not match.

Please verify Dosage.

**NON-VERIFIED UNIT DOSE**  Nov 12, 2013@17:41:01 Page: 1 of 2

IPCPTESTPATD,CREATNORM Ward: ICU-M

PID: 123-45-4499 Room-Bed: Ht(cm): 179.07 (05/08/13)

DOB: 05/05/49 (64) Wt(kg): 82.90 (05/08/13)

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

Instructions:

\*(2)Dosage Ordered: 500MG

Duration: \*(3)Start: 11/12/13 17:41

\*(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: 07-17

\*(10) Provider: PATUREAU,KEVIN

(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

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 12, 2013@17:41:22 Page: 1 of 2

IPCPTESTPATD,CREATNORM Ward: ICU-M

PID: 123-45-4499 Room-Bed: Ht(cm): 179.07 (05/08/13)

DOB: 05/05/49 (64) Wt(kg): 82.90 (05/08/13)

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

Instructions:

\*(2)Dosage Ordered: 500MG

Duration: \*(3)Start: 11/12/13 17:41

\*(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: 07-17

\*(10) Provider: PATUREAU,KEVIN

(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

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 12, 2013@17:41:38 Page: 1 of 2

IPCPTESTPATD,CREATNORM Ward: ICU-M

PID: 123-45-4499 Room-Bed: Ht(cm): 179.07 (05/08/13)

DOB: 05/05/49 (64) Wt(kg): 82.90 (05/08/13)

Sex: MALE Admitted: 05/08/13

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

CrCL: 78.3(est.) (CREAT:1.0mg/dL 11/12/13) BSA (m2): 2.02

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

1 AMIKACIN INJ,SOLN C 11/12 11/17 A

Give: 1000MG/4ML IVPB Q8H

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

Give: 500MG PO BID-WITH FOOD

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

3 AMIKACIN INJ,SOLN C 11/07 11/12 DE

Give: 500MG/2ML IVPB Q8H

4 METFORMIN HCL TAB,ORAL C 11/07 11/12 DE

Give: 500MG PO BID-WITH FOOD

5 METFORMIN HCL TAB,ORAL C 11/12 11/12 DE

+ Enter ?? for more actions

PI Patient Information SO Select Order

PU Patient Record Update NO New Order Entry

Select Action: Next Screen//