

## Vaccines 2015



### BRIEF: Why are we making these changes?

- We are attempting to streamline and improve the ease of documentation of immunization screening.
- CMS rules for Core Measures and Meaningful Use have changed.
- Immunization information needs to be electronically transmitted to the State; improving the accuracy of the Immunization Registry.



Select Assessment	<b>—</b>
Assessment	Last Documented
* Vaccine Screening and Update	
→* VTE Risk and Standing Order*	01/16/15 1606
→** IN Pt QUICK START ADMIT **	12/23/14 1118
***HOSPICE INPt QUICK START **	
***OBS/SDC QUICK START ADMIT**	
*CVL RECOVER QUICK START ADMT*	
ADMISSION ASSESSMENT *BH/PSY*	
ADMISSION ASSESSMENT *PEDS*	
ADMISSION ASSESSMENT***ADULT**	
ADMISSION HISTORY *ADULT*	
ADMISSION HISTORY *PSY/BH*	
ADMISSION HISTORY***PEDIATRIC*	

Vaccine Screening and Updates are now documented in one place. This assessment must be completed with every admission and has been placed with the other required Admission documents.

With the removal of Pneumovax from the formulary, we are now focusing solely on Flu Shots.

Process P	atient Assessments					83	~
Current	Date/Time DJW	Status	ADM IN	Room	NM.0303		X
		Admit	12/05/14	Bed	1		?
Patient	NMAAAAAA2579 RN.IHIRIY	Aqe/Sex	64 F	Loc	NM.3RD		96
VACCINE	SCREEN AND UPDATE					*	72
02/11/1	5 1755 DJW		NMOOD	000257	9 RN,THI	RTY	<b>~</b>
	Have you had a FLU shot this sease Approximate date Flu vaccine given to f Would you like a Flu vaccine this sta Additional information R/T FLU sho	on F Pt ay F ot					* 14 + 1 + +



Process F Current Patient VACCIN	Patient Assessments Date/Time DJN NHARARAR2579 RN.THIRTY SCREEN AND UPDATE	Status Admit Age/Sc	ADN IN Room 12/05/14 Bed x 64 F Loc	№     №       №     №       №     №       №     №
02/11/1	S 1755 DJW Have you had a FLU Approximate date Flu va Would you like a Flu Additional informa	I shot this season accine given to Pt vaccine this stay tion R/T FLU shot	HH000000257	9 RM,THIRTY ★ ↓ ↑
M/DD/YY format. If the Patient lease estimate. For example, i ask "early, mid or late" then us	does not know exact date f the patient states "Oct e 10/01/YY, 10/15/YY or 1	, ober" 0/31/YY.		11
1 2 3 4	N/A 5 Refused 6 Allergic 9 Sensitivity to vaccine 1	Bone маггом transpl HX Guillain-Barre sy Is current, does no Ø Patient unable to an	nnt Ind. E want Iswer	

Answer all questions appropriately. On screen displays provide additional guidance to complete the form.



Would you like a Flu vaccine this stay Y

If this question is answered "Y", you will go to "Orders" when screen filed. This will load the vaccine protocol for completion.

Order Management			x
Ordering Provider	NMDTPHY	PCI TEST PHYSICIAN	
Other Provider			_
Order Source	P		
	ОК	Cancel	

Enter the appropriate Provider and use order source "P" for "Protocol"





	Review Patient's Orders	Wed, Feb 11	<u></u>
	RN, TEST - 64/F	NM.3RD NM.0305/2	Unit No:NM00000045
	Ollopping (000s)	ADM IN	Acct No:NM0000000505
	HTTPEGTPSZHURS;		
	1.Must review order	detail.	[
	Procedure Ordered		
	Vaccine Protocol -	Influenza	
		Pri Service Date/Time Series Directions	0 tu
		02/11 1809 D	QUS
	Influenza Vaccine		
	- N/A: Patient ha	s RELEIVED Influenza vaccine   on;	* 8.25u1)
	- Patient is 3 ue	ars of ace or older (Influenza dose 0.5M)	0.23812
	- Influenza Vacci	ne contraindicated 🗍 * Serious prior reaction	to vaccine
		* Serious alleroic react	ion to eggs
		* History of Guillan-Bar	ге
	Defen te cumpent fe	* Patient or Parent Refu	sal
	Refer to current Le	nter of Disease contest vaccine information s	Tatement for information
	1		
		Cancel Help	Prev Next
Complete the form and selected to the form	ect the 🦯		
annronriate dose for the na	ationt		
		Message	
			ootiono mou ho d- d
This message will indicate th	at the dose is	Une order has been reflexed, modified	cations may be needed.
		Ok	
ordered, click OK.			



	Review Patient's Orders			Wed, Fe	eb 11		×
	RN,TEST - 64/F Allergies/ADRs:	NM . 3RD Al	NM.030572 DM IN		U A	nit No cct No	) : NM00000045 ) : NM0000000505
							* Allergies
		Current All	Session				View/Change Renew/Repeat
	- Category Or	ders Pri	Date/Time	Status	Stop	My	Hold Resume
	+ Laboratory (2)						DC
	+ Radiology (1)						Undo
	+ Other (3) - New Orders (2)					_	Order Sets
	Vaccine Protocol - Influ	enza (NURORD)	02/11 1809	Neu		*	Orders
		D					Meds/Fluids
	FLU Vaccine CINFLUENZA	Jaccine)	02/11 2100	New	02/11 2359	*	Save as Set
	IN 0.5 ML OT						Notifications
			2		92 <sup>4</sup>	12 - 20	Cont from AMB
							Reconcile Meds
							Discharge Plan
							Discharge Plan
							Submit
	? C 🖻 健 🔢	Review Orde	or Docume	nt	Sig	jn	Back
	P						-
	- I						
Varify that t	ha dasa hasi	oflovad	l than	clic	לי אין אין אין אין אין אין אין אין אין אי	hm	i+″



## ADMINISTRATION OF <u>ALL</u> IMMUNIZATIONS IN eMAR



This is a final verification that the Patient (or Guardian) wishes to receive the vaccine.



Muse Web
 OB - CPN

Featured Services

Go to the MMC Intranet Click Clinical Resource Go to Vaccine Sheets Print the needed info

The Vaccine Information Sheets (VIS) MUST be provided to the Patient for ALL vaccines administered. We have added a link to the CDC on the Intranet to ensure we have the most up-to-date versions available. Select the appropriate form, print it and give it to the Patient. The "Given Date" is today; the "Published Date" is listed on the CDC form.

Memorial Medical Center

Skin, Wound, and Ostomy Care Nursing Reference Guid

Administration Queries		×
Agrees to Vaccine? [Y∗		
VIS Given Date:	* VIS Published Date:	×
Immunization Expiration	<b>:</b>	
Immunization Lot Number	Press F9 and	
Immunization Manufactur	er: select appropriate	
Immunization Series:	Manufacturer of the	
Administration Site:	Vaccine to be given	
	Immunization Manufacturer Lookup	×
	Select	

The Expiration and Lot number will be located on the dose label. Complete these fields, the select the Manufacturer from the list.

	Mnemonic	Responses
	AKR	Akorn, Inc
2	BAH	Baxter Healthcare Corp
;	BTP	Biotest Pharmaceuticals
ļ	CRU	Crucell
5	CSL	CSL Biotherapies
;	MSD	Merck and Co., Inc.
,	NOV	Novartis Pharmaceutical
;	PFR	Pfizer, Inc
1	PMC	Sanofi Pasteur
0	SKB	G1axoSmithK1ine
1	TAL	Talecris Biotherapeutics



3

	-				
Administration Queries					×
Agrees to Vaccine? ∀*					
-					
VIS Given Date:	×	VIS	Pu	blished Date:	×
Immunization Expiration:			×	LD/RD- Lt or Rt	Deltoid
Immunization Lot Number:				LG/RG- Lt or Rt	Gluteus
Immunization Manufacturer:					Medius
Immunization Series:				LT/RT- Lt or Rt	Thigh
Administration Site:					
				F9 for more opt	ions

The Administration site codes were prescribed by CMS. The common sites are listed on screen; additional oprions are available by pressing <F9>.

Once you have completed this information, press <F12> to proceed to the next screen.

Press F12 to file Use VAC option for site of admin on next screen.



			C					<u> </u>		- inorgioo
	A Start		Edit Undo Document Rx # 0	000688			8	loday	<u> </u>	Admin Data
1	Stop		Fluarix 0.5 Ml Inj	0.5 ml	IM D			Mon	Tue	Assessment
	Status	Rout						13/02	03/0:	Process Int
	A 03/02/15 0907	Fluarix	Non-Scheduled	•	Given			1944	0900	Plan of Care
	04/01/15 0908	Influenz	Scheduled	1 0	lot Giv	en				
	Active		03/02/15-0907			▼				PI Loc/List
										Orders
	02/12/15 0730	Heparin	Administration	Dose		Units				
	03/14/15 0731	Heparin	03/02/15 0944	0.5		ML	•			Review
	Active									Reconcile Rx
	New Order		User	Text		Site				
	<u>A</u> 02/12/15 0730	Heparin	MMRNDJW	•		VAC	•			E-Mail
	03/14/15 0731	Heparin		ĺ	Site					
	Active				- Site					
	New Order	Per Hepa			DU			n		
	A 02/12/15 0730	Hepar in			KH	KIU	HI HI	ץ דרה דיי	1011	
	03/14/15 0731	Heparin			RUI	RIU	HI UU	IEK IH	16H 	
	Active		Edit	Undo	RVH	RIU	HI UP	PEK HK	M	
	New Order	NURSE TO	DOCUMENT		RVG	RIE	iht ve	NTROGL	UTEAL	
•					VAC	See	e Vacc	ine eM	AR scree	n 🗾
										More
Do	cument Ack Pre	ferences	Drug Data eMAR	Reports	Chan	ge Order	Other	S	ubmit	Exit

To prevent contradictory documentation, the VAC site was added to the selection list. This option should be selected for ALL vaccinations; DO NOT DOUBLE DOCUMENT.

Select Assessment	<b>X</b>
Assessment	Last Documented
* Vaccine Screening and Update	
→* VTE Risk and Standing Order*	01/16/15 1606
→** IN Pt QUICK START ADMIT **	12/23/14 1118
***HOSPICE INPt QUICK START **	
***OBS/SDC QUICK START ADMIT**	
*CVL RECOVER QUICK START ADMT*	
ADMISSION ASSESSMENT *BH/PSY*	
ADMISSION ASSESSMENT *PEDS*	
ADMISSION ASSESSMENT***ADULT**	
ADMISSION HISTORY *ADULT*	
ADMISSION HISTORY *PSY/BH*	
ADMISSION HISTORY***PEDIATRIC*	

After administration of a Flu Shot, return to this Assessment and update the information.

Process Patient Assessments					8	~
Current Date/Time DJW	Status	ADM IN	Room	NM.0303		×
	Admit	12/05/14	Bed	1		?
Patient NMARAAAA2579 RN.IHIRIY	Age/Sex	64 F	Loc	NM.3RD		24
VACCINE SCREEN AND UPDATE					×	12
02/11/15 1755 DJW		NMOOD	000257	9 RN,THI	RTY	3
Have you had a FIII shot this season	г					*
Approximate date Flu vaccine given to Pt						×.,
Would you like a Flu vaccine this stay	<u> </u>					+
Additional information R/Y FLU shot						<b>→</b>
	1					t
						Ŧ



## Adverse Drug Reaction (ADR) Reporting

# What is an Adverse Drug Reaction (ADR)?

An <u>A</u>dverse <u>D</u>rug <u>R</u>eaction (ADR) is an unwanted or harmful reaction suspected to be related to a medication following administration of the medication <u>under normal conditions and used in an approved</u> <u>manner</u>. (An adverse drug reaction is NOT a medication error! If the medication was prescribed and administered <u>properly</u> and the patient then has an adverse reaction – that is an ADR.)

ADR's can include known side effects of the medication or new and previously not recognized effects, allergic reactions and idiosyncratic reactions.

Examples include:

- respiratory depression with opioids;
- bleeding with warfarin
- rashes or anaphylaxis with antibiotics or contrast agents

Good News! You no longer need to complete an incident report for ADR's. Your documentation in the Meditech ADR process outlined here will fulfill the reporting requirement, and will now result in increased pharmacy involvement with ADRs to help improve PATIENT SAFETY. Yeah!!! Applause!!!!!

The following are NOT classified or reportable as <u>an ADR</u>

- Medication errors (wrong medication, route, time, dose, etc. however, these are still reportable by Incident Report in the Medication/Fluid category)
- Medication withdrawal, abuse syndromes
- Accidental poisoning or gross overdose complications
- Therapeutic failures

The following slides demonstrate how to complete the ADR documentation using Meditech.

# When an ADR is identified, select your patient and click the Allergies button.

MUR.COCSNI	M (NMLCSND/NMD.TEST.A	MIS/305/COCSNM) - TEMP	LATE,RN	*** ]	TEST ***		
My List of P	Patients (Last Updated: 0	4/07/14 1029)					~
LOCAT	NAME	RES MEDTIME	FLU DATE	WANTS	NEW DALERS		X
ROOM	AGE DOB SEX	Call patient	PNEU DATE	WANTS	External Rept		?
NM.4TH	RN, THIRTYFOUR		REFUSED	Ν	Stat		99
NM.0402-1	84 03/03/30 F	SAM	REFUSED	N		Allergies	
NM.4TH	RN, THIRTYONE		REFUSED	Ν	Stat	Admin Data	50
NM.0402-2	84 03/03/30 F	MARY	REFUSED	Ν		A <u>s</u> sessment	*
NM.4TH	RN, THIRTYEIGHT		REFUSED	Ν	Stat	Process Int	15
NM.0403-1	84 03/03/30 F	THIRTY	REFUSED	Ν		Plan of <u>C</u> are	-AL
							+
						PI Loc/List	→
						<u>O</u> rders	
							1:
						Reconcile Rx	+
						Review	
							Ξ
						E-Mail	Ľ
						Print Report	
						e <u>M</u> AR	
						Variance	
						References	
						Monitor	
						Discharge	
						Pt Instruct	
More				M	lore →	Mor <u>e</u>	
	Location	Fin <u>d</u> Patient Ma	nage List	Op <u>t</u> io	ons	Exit	

Click "New"							
NUR.COCSNM (NMLCSND/NMD.TEST.MIS/305/COCSNM) - TE/	MPLATE,RN		** TEST ***				
Allergy Management RN, THIRTVFOUR - 84/F NH.41 162.6 cm 59.002 kg RN, Thire State St	TUDE	2/1 Sever i tu	Date	U A Her	Init No Icct No	>:NM00000267 0:NM0300002336 View Details	× ?
code ine Short of breath	Allergy	Intermed	03/06/14	Yes	LIL	New	7
latex HIVES	Allergy	Mild	03/06/14	Yes		Delete	V <sub>Ru</sub>
Morph ine RASH	Allergy	Mild	03/06/14	Yes		Confirm	<b>←</b>  →
penicillin G CRAZY FEELING	Allergy	Mild	03/06/14	Yes		Verify NKA Unobtn	↑ ↓
- UNCODED HITELƏƏ/HDK(D)						Audit Trail	
						Select All	Ť
						Undo All	
						File	

Type the name of the medication. The list of available choices will narrow as you type. If the med you are seeking does not appear check your spelling and/or try another name (generic vs. brand)

		U 1 U UN00000000	
Allergy/Adverse ug Reaction Lookup - All		питт но-нианиания.	X
Illergy/ verse Drug Reaction	Uncoded	Drug Non - Drug	
anc		Multiple	
	Other News	Category	
alergy/Adverse Drug Reaction	Other Name	Calegory	
ancenase		nuitipie	
		nultiple	
ancucin		nuitpie	
GNEUNSCHN			
lore Type	Severity	Verified	
lore Type Adverse Reaction	Severity	e Verified o Yes	
lore Type • Allergy C Adverse Reaction	Severity	e c No	

## Complete all available and relevant details.

Click "Adverse Reaction"

Indicate the Severity

 Enter the Reaction; this is a typeahead lookup like the drug lookup. If there are more than one, enter the MOST severe.

Allergy/Adverse Drug Reaction Lookup - All Allergy/Adverse Drug Reaction VANCOMVCIN Allergy/Adverse Drug Reaction Vancenase

Vancocin Vancocycin

#### ΗI

HIVES HYPERTENSION HYPOTENSION INCREASED HEART RATE INJECT SITE REACTION ITCHING JOINT PAIN LIGHTHEADEDNESS LOSS OF CONSCIOUSNES MENTAL STATUS CHANGE

Allergy/Adverse Drug Reaction Look	up - All		
Allergy/Adverse Drug Reaction	Uncoded	Drug Non - Dru	Ig
		Multiple All	
Allergy/Adverse Drug Leaction	n Other Name	Category	
Jancenase		Multiple	
Jancer i 1		Multiple	
Jancoc i n		Multiple	
Jancomyc i n		Drug	
More			
Туре 🔜 📕	Severity	Verified	
C Allergy @ Adverse Reac	ion C Mild C Severe	Yes	
2,	<ul> <li>Intermediate</li> <li>Unknow</li> </ul>	wn © No	
Reaction			

#### MMC policy defines severity thusly:

**Mild** – No change in therapy, no intervention.

**Moderate (Intermediate)** – Some intervention required, including discontinuation of medication. Hospital stay is not prolonged.

**Severe** - Necessitates admission to a hospital, prolongs stay in a health care facility, necessitates supportive treatment, significantly complicates diagnosis, negatively affects prognosis, or results in temporary or permanent harm, disability, or death.

OK

The Comment can be used for any additional information you feel should be available for this visit as well as future admissions.



Once you have clicked the "OK" button you will return to the main Allergy/ADR screen. The new entry will be Green. Repeat the process for any additional ADRs or Allergies. Once you are finished, click "File"



## Next step: ADR order

### Ensure you have the correct patient selected, then click "Orders"

MUR.COCSN	M (NMLCSND/NMD.TEST.A	AIS/305/COCSNM) - TEMPI	LATE,RN		TEST ***		
My List of P	Patients (Last Updated: 0	4/07/14 1029)					~
LOCAT	NAME	RES MEDTIME	FLU DATE	WANTS	NEW ORDERS		×
ROOM	AGE DOB SEX	Call patient	PNEU DATE	WANTS	External Rept		?
NM.4TH	RN, THIRTYFOUR		REFUSED	Ν	Stat		88
<u>nm.0402-1</u>	84 03/03/30 F	SAM	REFUSED	Ν		Allergies	
NM.4TH	RN, THIRTYONE		REFUSED	Ν	Stat	Admin Data	7
NM.0402-2	84 03/03/30 F	MARY	REFUSED	Ν		Assessment	*
NM.4TH	RN, THIRTYEIGHT		REFUSED	Ν	Stat	Process Int	1
<u>NM.0403-1</u>	84 03/03/30 F	THIRTY	REFUSED	Ν		Plan of <u>C</u> are	HLL
							-
					<b>[</b>	PI Loc/List	
						<u>O</u> rders	
						Reconcile Rx	<u> </u>
						Review	
							Ŧ
						E-Mail	
						Print Report	
						e <u>M</u> AR	
						Variance	
						References	
						Monitor	
						Discharge	
						Pt Instruct	
More		1	1	N		Moro	
	Location	Find Patient   Mar	tet   and	Ontic		Evit	
				op <u>i</u> it	7115	EXIL	

Click "Orders", enter the attending Provider and use the PS (Procedural Standard) order source.

NUR.COCSNM (NMLCSND/NMD.TEST.MIS/305/COCSNM) - TEMPLATE,RN     *** TEST ***	
	Apr 7 🛛 🔀
RN,THIRTYFOUR     - 84/F     NM.4TH NM.0402/1     Unit N       162.6 cm     59.002 kg     ADM IN     Acct N       Allergies/ADRs:     Horphine, codeine, vancomycin, penicillin G, latex	IO:NM00000267
Current       All       Session         +       Category       Orders       Pri       Date/Time       Status       Stop       My         +       Discharge       in Process (1)       +       Hutelition (1)       +       Respiratory       Order Management       *       Respiratory       Order Management       *       X         +       Laboratory       Order frovider       HHDTPHY       PCI TEST PHYSICIAN       *         +       Radiology (Other Provider       PS       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *       *	* Allergies View/Change Renew/Repeat Hold Resume DC Undo Order Sets Orders Meds/Fluids Save as Set Notifications Cont from AMB Reconcile Meds Transfer[Receive Discharge Plan Preferences
? 🖓 🖻 @     Review     Order     Document     Sign	Submit Back

#### Locate the ADR Pharmacy Message order (ADR); click "Select" then "Done"

## Click "Done", complete the details and click "Ok"

Review Patient's Orders		Apr 22 🛛 🗙 🖌	Preview/Edit	
RN, THIRTY - 63/F	NM.3RD NM.0302/1 Unit N	1o : NM00000006 🛛 🞽	Add More Add to Fay	vorites
165.1 cm 54.431 kg	DIS IN Acct M	1o : NM0000000066 🛛 🕇	Clear Unchecked Save as	Set
Any Order Lookup	c in			
Search on:			Ordere Pri Start/Service Series Directions Of	n Dotaile
ADR	Preview/Edit Go to Fav	orites	AND MESSAGE TO PHARMACY (MSG) S $B4/22$ Now	Ren
,	Add to Fay	vorites		neq
Order Description	Category			
ADD DESPONSE EDOM PHORMOFIST	PHARMACY MEDICATION REL PHORMOCY MEDICATION REL			
ADR MESSAGE IN PHARMACY	PHARMACY MEDICATION REC			
ADRENAL AB W/REFLEX TITER		,ozu (		
CT BIOPSY ADRENAL	COMPUTERIZED TOMOGRAPH	1		
ADRENOCORTICOTROPIC HORM-ACTH	LABORATORY	Ŧ		
		-		
			Done Cancel Help	
More				
		H		
Select	Done Help			
<u>l</u>	<del></del> _			
	I.Req'd Queries are Missi	ng.		
	Procedure Ordered			
	HUR NESSHGE TU PHHRNHLY			
	Pri S	Service Date/Time	Series Directions Oty	
	S C	14/22 N		
	<b>J</b> J   C	JA766 II		
	Documenting ADR, reporting	ng to Pharмacy. I	Date Provider notified 04/22/14* Time 1704*	
	Treatment provided	Посимер	t your treatment of the natient	
			ast of the treatment berg	
		* anu effi		
	Your mnemonic	×	Extension *	
	1			
		01.		
		ОК Са	ancei Heip Prev Next	

Click "Done", "Submit" and "Ok" to transmit message to Pharmacy. This Message order appears in the "Medications" category when reviewing orders.

Review Patient's OrdersTueRN,THIRTY - 63/FNM.3RD NM.0302/1Unit165.1 cm 54.431 kgDIS INAcctAllergies/ADRs: aspirin, vancomycin	, Apr 22 🔀 Mo : NM00000006 No : NM000000066
Current         All         Session           -         Category         Orders         Pri         Date/Time         Status         Stop         My	Allergies View/Change Renew/Repeat Hold Resume
- Medications (5) ADR MESSAGE TO PHARMACY (MSG) Stat 04/22 1707 Active	Undo Drder Sets
+ Nursing (5)	Meds/Fluids Save as Set Notifications Cont from AMB Reconcile Meds Transfer Receive Discharge Plan Preferences
Review         Order         Document         Sign	Back

Once the Pharmacy has reviewed the ADR message order placed by the RN, they may respond with recommendations or conversations they initiated with the provider. This will generate an ACK flag on the status board.

My List of P	Patients (Last Updated: 0-	4/21/14 1258)		
LOCAT	NAME	RES MEDTIME	FLU DATE	WANNS NEW ORDERS
ROOM	AGE DOB SEX	Call patient	PNEU DATE	WANTS
NM.3RD	RN, THIRTY			Ack
	63 05/05/50 F			

#### Click the flag to acknowledge as you would for any order. This will take you to the Acknowledge/Verify screen

Acknowledge/Verify Single Pat	tient	0 M	arked (d	of 1)		×
RN, THIRTY - 63/F	NM.	3RD NM.0302/1			Unit I	1o : NM00000006
165.1 см 54.431 kg		DIS IN			Acct I	1o : NM0000000066
Allergies/ADRs: aspir	in, vancomycin					
	All Orders	Meds		Non-meds		
Order	Category	Svc Dt/Tm	Pri	Event	Status	Event Dt/Tm
🗖 ADR RESPONSE FROM P	H MSG	04/21	R	New	Active	04/21 1436

Check the box then scroll down to review the Pharmacist's recommendation/message. Click the "Ack/Ver" button to document your review of this information as you would with all orders.

Acknowledge/Verify Single Pati	ent	1 /	Marked (of	f 1)			×
RN,THIRTY - 63/F	NM.	3RD NM.0302/	1		Unit No	) : NM0000	0006
165.1 cm 54.431 kg		DIS IN			Acct No	) : NM0000	000066
Allergies/ADRs: aspiri	n, vancomycin						
	All Orders	Meds	<u> </u>	lon-meds			
Order	Category	Svc Dt/Tm	Pri	Event	Status	Event	Dt/Tm
🗹 ADR RESPONSE FROM PH	MSG	04/21	R	New	Active	04/21	1436
		**NEW ORDER:	•×	_			
	Order	Info Other	Detail				<b>^</b>
Ordering Provider: PC Other Provider: Sig Lv1 Provider:	I TEST PHYSICI	AN		Signe Signe Signe	d: d: d:		
Entered by:			En	tered Date	e/Time:04/2	1/14 14	136
Pharmacy actions (only TEST ACK	— Pharmacy staf	f to document	here)				-
Ack/Ver	Hold Ack	eMAR	Pro	cess Orde	rs Clo	se	

In Clinical Review, you can review any of this documentation by clicking "Order History" and opening the "Pharmacy Medication Request" Category

Allergies/ADR	)/ hn.skb hn.skb }1 kg DIS IN }1 aspirin, vancoмycin	JZ71	Unit N Acct N	lo : NM00000006 lo : NM0000000066
	Previous Page Next F	ege en		Pt Summary Problem List Special Panel
Service + Date/Time - MSG	Category Procedure - PHARMACY MEDICATION REQUEST	Ordered By Statu Ordered Dt/Tm (5)	s I	Order History Vital Signs
Apr 21,14 UNK Apr 18,14 14:17	PHARMACY MEDICATION REQUEST ADR RESPONSE FROM PHARMACIST PHARMACY MEDICATION REQUEST ADR MESSAGE TO PHARMACY	PCI TEST PHY TRN Apr 21,14 14:36 PCI TEST PHY TRN Apr 18,14 14:17		I + 0       LAB       Mit     obiology       BI     od Bank       P     thology       Met     tications       naging     r. Poports
+ NURORD + TRAN	- Nursing Orders (5) - TRANSFER (1)			Assessments Other Menu Reconcile Meds More Less Other Visits