

POCKET GUIDE for Prescribers

Accessing Patients

For Inpatient we recommend Patient List

Ensures prescribing on the correct episode of care.

A **one-time set up, per inpatient ward**, is required.

Please refer to the **Clin Docs Initial Setup Guide**.

Once setup, click on **Patient List** at any time.

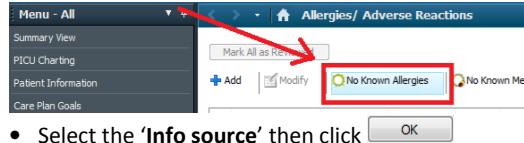
(ICLIP Info > Reference Guides > Clinical Docⁿ)

Allergies

Allergies are always available by clicking on the banner bar under the patients name.

Recording No Known Allergies

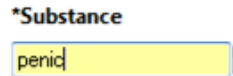
- Click on 'No Known Allergies'



- Select the 'Info source' then click

Recording, Modifying or Cancelling Allergies

- Click **+Add**
- Enter the name of the substance:



- Click

If you cannot find a substance contact Pharmacy

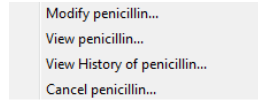
- Choose the term
- Click

- Enter 'Reaction' and press
- Enter 'Severity' and 'Info Source'



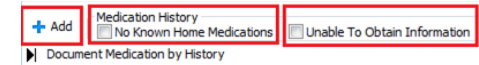
- Once complete press

- To modify or cancel an allergy **right-click** and select the appropriate option:



Medication History

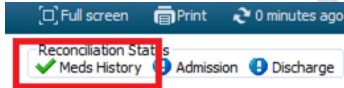
- Click 'Orders' then Document Medication by History
- 3 options for Hx documentation are available:



- To add a new medication press **+Add**
- Search the catalogue for all medications to be added
- Click 'Done'
- Click on each medication to complete details

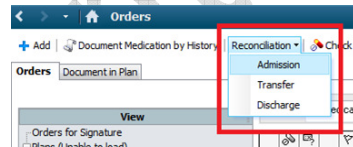


- Once completed click
- The 'Med History' Status bar will be updated with a green tick for completion.



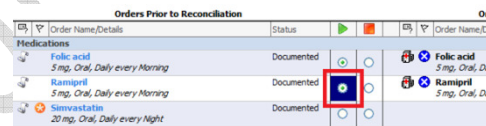
Prescribing on Admission

- Select 'Orders' from the side menu
- Click 'Reconciliation' then select 'Admission'



To continue a medication

- Click 'Continue'



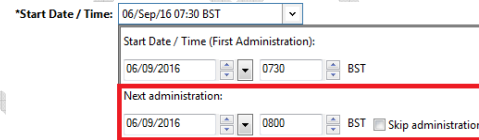
- indicates that details are missing. Select the prescription on the right to complete



****Always review the 'order comments' before continuing any medication****

Withhold medication for a set timeframe

- Change the 'start date / time' to when the inpatient prescription is to start.
- Always click **Review Schedule** if it appears to review 'Next administration':



Stop a medication

- Click 'Do Not Continue'

Decision Unknown

- Do not click on any radio buttons

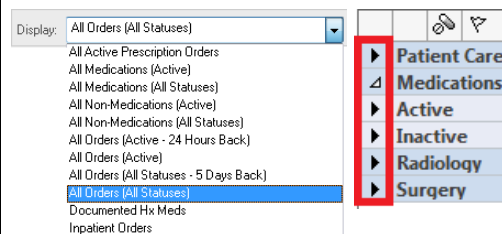
Add a new medication

- Click **+ Add**

Reviewing Prescribed Medications

Before prescribing, always review what has already been prescribed/ordered. There are two different ways to do this:

- Click 'Medication Summary' window or
- Review 'Orders' window by changing the 'Display' filter and expand/collapse



Inpatient Prescribing

- Click 'Orders' and click **+Add** button.

- Search for and select the medication and closest 'dose, form and route'

Paracetamol (Liquid - Oral -Dose: 1 g - Four Times a Day)

Paracetamol (Tablet - Oral -Dose: 1 g - Four Times a Day)

- The doses presented will be based on the patients age and weight (if documented)
- To see more untick Filtered Order Sentences
- Please note that you can search for and select multiple orders to save time, then click Done

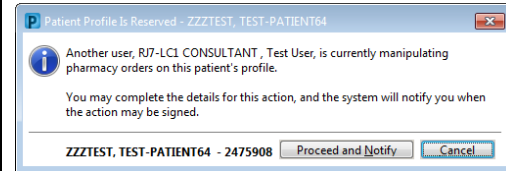
!! Please note the system only has alerts for Allergies and some drug Interactions !!

!!! If you cannot find a medication !!!

- Press Enter to display full list
- Always remember to search by **generic name** (e.g. morphine and not oramorph)
- Check the "Locating Orders on ICLIP" guide
- Contact the **pharmacist**
- Search for and order a 'non-formulary drug'

Please note that non-formulary drug usage reports are reviewed on a regular basis.


!!! If the patient's profile is Reserved / Locked !!!





- Wait or contact the person listed
- If you know the profile has been locked accidentally – **contact any pharmacist to unlock**
- Always press 'Refresh' to see the latest medication chart before prescribing

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Scheduling a Medication

- Medications are auto-scheduled according to the frequency chosen. The frequency schedule can be changed by clicking 'Frequency' then the ellipsis  that appears:

*Frequency: Four Times a Day 
PRN: every Three hours 
every Three hours, during the day

- Enter the new regular schedule

*New schedule
0800 1300 1800 2200

- To add a stat dose of the medication, change 'Give STAT Dose?' to 'Yes'

- If a **Review Schedule** alert appears, always click on the alert and review
- The 1st and 2nd dose timings can amended (or skipped) from the Start Date/Time field to prevent additional doses

Start Date / Time (First Administration):
26/08/2016 1724 BST
Next administration:
26/08/2016 1800 BST Skip administration
Following administration:
26/08/2016 2200 BST

- To change a dose to 'when required', simply select a 'PRN Reason'

*PRN Reason: **diarrhoea**

Related Results

- You can view the patient's related results by highlighting the medication, and clicking 'Related Results'


Non Categorized
 Patient Care
 Continuous/Titratable
 Medications
 Pathology
 Ratinolow
Diagnoses & Problems
Related Results

Medications
 Active
Details
Displayed: All Active
Dx Table

Tapering Doses



- Working example: *Dexamethasone 6 mg twice a day, reducing by 2 mg every day, until continuing with 2mg daily in the morning.*

- Search for the **medication**
- Complete all information in the 'Details' tab including the **starting dose** initial **frequency** *i.e. Dexamethasone 6 mg twice a day*

- Press the **tapering icon** 
- Complete the mandatory details *i.e. reduce by 2 mg every 1 day, with a final dose of 2 mg and then stop after 1 day.*

Desamethasone
Start
*Dose 6 *Unit mg *Route Oral *Frequency Twice a day (with food)
Taper details
Reduce by 2 mg every 1 days
*Final dose 2 mg
Stop final dose after 1 days
Continue until instructed to stop
Calculate Steps

- Click 'Calculate Steps'
- Review all prescriptions populated under 'planned regimen'

- Click   to add an additional prescription for '2mg daily in the morning'.
- Update the new prescription details tab:

*Dose: 2 *Dose Unit mg
*Frequency: Daily every Morning
Give STAT Dose: No
Duration: Duration Unit:
Start Date / Time: 09/Sep/2016 08:00 BST

- The 'planned regimen' will now display:

Dose	Unit	Route	Frequency	Start	Last Dose	Doses
6	mg	Oral	Twice a Day	05/Sep/2016 14:00	06/Sep/2016 08:00	2 Dose(s)
4	mg	Oral	Twice a Day	06/Sep/2016 14:00	07/Sep/2016 08:00	2 Dose(s)
2	mg	Oral	Twice a Day	07/Sep/2016 14:00	08/Sep/2016 08:00	2 Dose(s)
2	mg	Oral	Daily every Morning	09/Sep/2016 08:00	09/Sep/2016 08:00	0 Dose(s)

Inpatient Prescribing (Intravenous)

Intravenous infusions are separated into three categories:

- "IV Set Rate"** for short infusions, boluses and loading doses. These are prescribed as simple inpatient prescription medications.
- Pre-set "Titratable Infusion"** in which the diluent is pre-defined, and the rate can be changed
- "Additive for Infusion"** is used for bespoke infusions. For these complex prescriptions, refer to QRG "Inpatient Prescribing Infusions" or contact your pharmacist.

Note: **"Non-formulary (Additive for infusion)"** is used when an additive is not available in the library. When selected, edited to the 'Non-Formulary (Additive for Infusion)' text field and **replace it with the actual medication name.**

Details Continuous Details Diagnosis
Base Solution Bag Volume Rate
Sodium chloride 0.9% Diluent MADE up to: mL mL/hr
Additive Additive Dose Normalise
Non-Formulary (Additive for Infusion)

!! The system will not check interactions or allergies for non-formulary medications !!

Pre-Set Titratable Infusions

- Click 'Orders' and **+Add**
- Search for and select the required infusion
- Review all prescription in the details tab
- Note:** 'Nursing Instruction' indicates if the nurse should administer **ONE dose** or **continuously administer** the medication.

- Click the 'Continuous Details' tab

Additive Dose = Dose in syringe or Bag

Bag Volume = Total volume of bag

Normalised Rate = Rate to be infused in strength based dosing eg mg/hr

Rate = Calculated rate in ml/hr

Infuse Over = How long one dose will take to be administered to a patient

- If the dose is titratable, enter the following:
Rate: <lower range>- <upper Range> <unit>
Infusion Instructions: The details of the titratable infusion information

Details Continuous Details Diagnosis
Base Solution Bag Volume Rate
Glucose 5% IV Diluent MADE up to: 50 mL
Additive Additive Dose Normalised Rate
DOBU Tamine (Additive for Infusion) 500 mg
Total Bag Volume 50 mL
Weight Weight Type Result d/hr
76 kg Clinical Weight 06/Jun/2014 12
Infusion Instructions
Maintenance Rate: 5.20 microgram/kg/min

Inpatient Prescribing (Fluids)

- Click 'Orders' and **+Add**
- Search for and select the **'IV Fluid'** order

Search: sodium glucose fluid Type: Inpatient
Glucose 5% + Sodium chloride 0.9% IV Fluid
Glucose 4% + Sodium chloride 0.18% IV Fluid
Glucose 5% + Sodium chloride 0.45% IV Fluid

- Complete 'Rate' and 'Infuse Over' details as required. These auto-calculate each other

Details Continuous Details Diagnosis
Details for Glucose 5% IV Fluid 1000 mL
Base Solution Bag Volume Rate Infuse Over
Glucose 5% IV Fluid 1000 mL 50 mL/hr 1 hour
Additive Additive Dose Normalised Rate Delivers Occurrence
Total Bag Volume 1000 mL

- Sequence and Start Date and Time can be inputted. This tells nursing staff the order of the fluid sequence E.g.

Bag 1: Sequence 1st and

Start date and time <today> Time 11:00

Bag 2: Sequence 2nd and

Start date and time <today> Time 19:00


- Click 'Sign'


Inpatient Complex Prescribing


- Always** check that the same plan has not **already been ordered:**

Navigate to the 'Plans' then 'Medical'

Orders In Progress
 Plans
 Document in Plan
 Multi-Disciplinary
 Medical
Warfarin Prescribing (Initiated)
 Suggested Plans (1)
 Orders

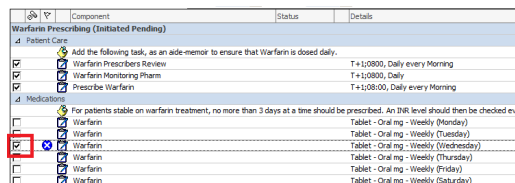
- If a plan is already initiated, open the items in the plan by selecting it and pressing 

- If no plan exists, click **+Add**
- Type in the name of the treatment in the search box. The  icon indicates that the prescription plan is complex. E.g. Warfarin

Search: warfarin
 Warfarin Prescribing
Warfarin Monitoring Pharm
Warfarin Prescribers Review

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- When the treatment plan appears, read all the information and select the orders by checking the box preceding them

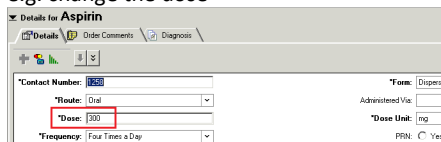


- To the right of the medication, choose the nearest medication sentence
- Select 'Orders for Signature'
- Complete prescription 'Details' and 'Sign'

Modifying an Inpatient Medication

Changing Medications

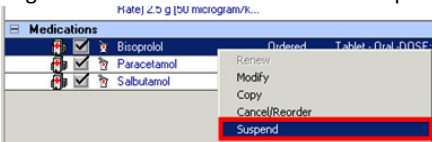
- Right-click on the medication
 - Click 'Cancel/Reorder'
- Amend the order fields as required e.g. change the dose



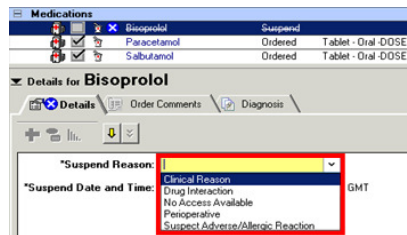
- Click 'Orders For Signature'
- Complete all mandatory fields on 'Details'
- Select 'Cancel/Discontinue Reason' and 'Sign'

Suspending Medications

- Right-click the medication and click 'Suspend'



- Complete fields as required and use comments field for additional communication
- Enter *Suspend Date and Time
- Click 'Orders For Signature' and 'Sign'

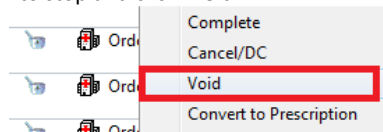


Resuming Medications

- Right-click the medication and click 'Resume'
- Enter a *Resume Date and Time
- Click 'Orders for Signature' and 'Sign'

Stopping Medications Due to Error (Void)

- Click on the patient's 'Medication Summary' and review when the next dose is due.
- In 'Orders', right-click on the medication you wish to stop and click 'Void'.



- Enter *Void Reason and Void Comment
- Ensure *Void Date and Time is before the next dose is due (otherwise a dose may remain)
- Click 'Orders For Signature' and 'Sign'

Stopping Medications

- Right-click on medication and click 'Cancel/DC'
- Enter *Cancel/Discontinued Reason and Comment (if required).
- The Date & Time is entered will determine the remaining doses to be administered prior to the order being discontinued.
- Click 'Orders For Signature' and 'Sign'
- Check the Medication Summary to confirm the change is as intended

Medical Task List

- The 'Medical' task list contains reminders for tasks that need to be completed for the patient. Examples include:

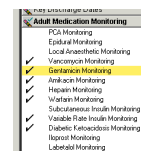
- Adult Basic Admission Assessment
- VTE on Admission (10 and 24 hours)
- Heparin or Warfarin Monitoring
- Amikacin/Gentamicin/Vanc Monitoring
- Syringe Pump Monitoring
- Subcutaneous Insulin Monitoring
- Variable Rate Insulin Monitoring

!! Please see VTE Assessment QRG for details on the assessment and prescribing prophylaxis !!

- To view tasks, open the patient's record, click 'Tasks' and select the 'Medical' tab.

Accessing Monitoring Information

- Navigate to Assessments and Obs in the chart
- Select the appropriate Monitoring band
- This will open a list of results relevant for the monitoring



	19/Jun/14	18/Jun/14
	16:06 BST	17:02 BST 16:01 BST
Gentamicin Monitoring		
Gentamicin level, blood	mg/L	320
Gentamicin level, blood	mg/L	0.8
Estimated GFR, blood	mL/min/1.73m ²	60
Creatinine Clearance	mL/min	78.00
Creatinine Level, Blood	umol/L	87
Urea level, blood	mmol/L	5.5
Gentamicin Assessment		

- Change the time frame by right clicking on the navigator bar
- Reference text may be available in the text is highlighted



Completing Tasks

- Double-click on the task to open the task
- If there is an form associated with the task it will launch at this stage:
 - Click the floppy disk icon to save an 'In Progress' task to be completed later.
 - Click to sign the task as completed.

- If there is **no form** associated with the task:
 - Complete the necessary task in the appropriate part of the system
 - Right-click on the task.
 - Select 'Record Done'

Task Description	Task Status	29/N
Doctor Review	Pending	
Gentamicin Monitoring	Record Done	
Pharmacy Discharge M	Record Done (Date/Time)	
VTE Risk Assessment	Record Not Done	

- A task can also be recorded as 'Record Not Done' (In Comment: enter a reason for not completing the task)

Discontinuing Tasks

!! Monitoring tasks are not automatically discontinued when medications are discontinued. !!

- Click on 'Orders'
- Find the task under 'Patient Care' section
- Right-click on the task to display the menu:

Cancel/DC > Enter the reason or Modify > Change appropriate details

- Review all available fields
- When cancelling the order, always review the 'Cancel/Discontinue Date and Time', and backdate the details to automatically remove previous tasks that have not been actioned.
- Click 'Orders for Signature' then 'Sign'

Reviewing all Tasks for the ward (MPTL)

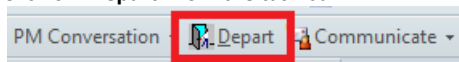
All the tasks due for a ward are viewable in the Multi-patient Task List (MPTL). Please refer to the *Clin Docs Initial Setup Guide* for setup details.

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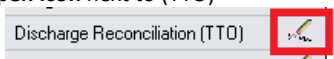
Discharge Prescribing (TTO)

The discharge process is completed in the 'Depart' window, and the **working copy of the discharge summary can also be viewed here**. Please note that the discharge summary automatically updates following any changes to the TTO.

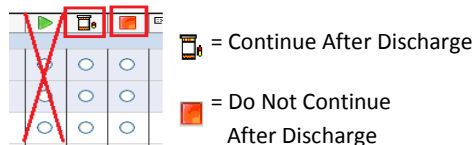
- Click on 'Depart' from the task bar




- Click on the pen icon next to (TTO)

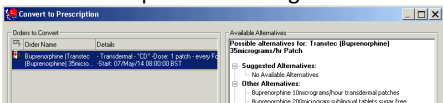


!! Do **NOT** use the 1st column to reconcile inpatient medications to discharge medications !!



Continuing Medications, Therapeutic Alternatives and Tapering

- Click on 'Continue After Discharge'  next to each medication to be continued at discharge
- A "Therapeutic alternative" is required for some medications. e.g. **CDs, patches, warfarin**
- Once selected, the therapeutic alternative will be inserted in place of the original item.

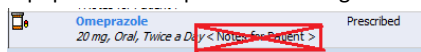


- For **tapering** medications, please select the current order, and write the full instructions in the 'Order Comments' tab
- Review all prescription details then click 'Reconcile and Sign'

Starting a New Medication at Discharge

- Click the +Add button
- Search and select all medications required
- Click OK then select each individual medication to complete prescription details.
- Click 'Reconcile and Sign'

!! Do **NOT** use the "Notes for Patient". This does not populate to the patients discharge letter !!



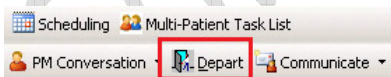
Documented Home Medication Not Started During Inpatient Stay

!! Home medication orders that were never started during inpatient encounter must be actioned, otherwise the **medication will not appear** on the discharge letter !!

- For **GP to review this medication**, please select "Do not continue after discharge", and explain this in the discharge summary.
- Medications to be **immediately restarted** on discharge, please select "continue after discharge".

Completing Discharge Prescriptions

- Once all mandatory fields have been completed, click 'Reconcile and Sign'.
- Click 'Depart' from the task bar.



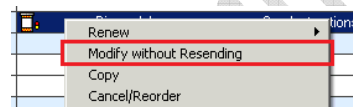
- Review the medication content of the 'Discharge Summary'.


Controlled Drugs (CDs)

- For controlled drugs (CDs), click on 'Depart' and print the 'Pharmacy ONLY' copy
- Physically sign the printout for pharmacy

Modifying a Discharge Prescription

- Review the 'Discharge Summary' (by clicking on 'Depart') to identify the changes that are needed.
- Select 'Discharge' from the Reconciliation drop-down menu.
- To **change** a medication already prescribed, right-click and select 'Modify without Resending'.

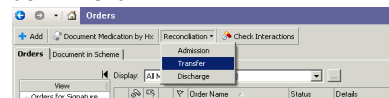




- To **stop** a medication, select 'Do Not Continue After Discharge' . Enter the reason for discontinuation, and add a comment (to appear on the GP summary).
- To **add** a new medication, click the +Add button and follow procedure for prescribing a new discharge medication.
- Once all amendments are made, click 'Reconcile and sign'.
- Review the completed discharge prescription by selecting the 'Depart' options in the toolbar

Transferring Patients

From a Live Area to another Live Area (ICU to ward)

- Select 'Transfer' from the Reconciliation drop-down menu.















- Within the transfer window, select medication to 'Continue'  or 'Do Not Continue' .
- Medications to be continued will appear on the right-hand side.
- After discontinuing, click on any discontinued medication, enter the reason for discontinuation, add a comment (if required), and enter 'Date and Time'.

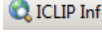
From a Live Area to a Non-Live Area

- Please see reference guide for details on how to safely transfer a patient's electronic medication chart to a non-live area. This includes:
 - Printing the MAR (Medication Administration Report)
 - Electronically transferring/cancelling orders

Icons

-  Inpatient prescription
-  Documented medication history
-  Discharge/ outpatient prescription
-  Pharmacist has not screened/verified this medication
-  Further information is required
-  Medication is a complex medication or from a pathway
-  Show all components of a complex medication plan or pathway
-  STAT Dose
-  Medication or task is overdue
-  Dose, form and route scanned is correct
-  Overdose, incorrect form or incorrect route
-  Dose is an underdose

More Information

- All ICLIP information can be access by clicking  PowerChart shortcut, or browsing to the following L drive location: <L:\Files\ICLIP Trust-wide Information>
- EPMA info available includes:
 - Warfarin prescribing video*
 - ICLIP YouTube channel
 - Downtime Information
 - Locating Orders on ICLIP
 - Reference Guides