



# **INPATIENT MEDICATIONS**

## **TECHNICAL MANUAL/ SECURITY GUIDE**

Version 5.0  
December 1997

(Revised December 2013)

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Department of Veterans Affairs  
Product Development

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# Revision History

Each time this manual is updated, the Title Page lists the new revised date and this page describes the changes. If the Revised Pages column lists “All,” replace the existing manual with the reissued manual. If the Revised Pages column lists individual entries (e.g., 25, 32), either update the existing manual with the Change Pages Document or print the entire new manual.

Date	Revised Pages	Patch Number	Description
12/2013	i-iii, 8a, 14, 14a-14b, 23, 23a, 121-130, 130a-130b	PSJ*5*279	Added new fields, “CLINIC MISSING DOSE REQUEST PRINTER” and “PRE-EXCHANGE REPORT DEVICE” to the CLINIC DEFINITION (#53.46) file. Updated Clinic Definition file description and added new routines: PSJBCMA6, PSJIBAG. Updated Glossary  (R. Santos, PM; B. Thomas, Tech Writer)
04/2013	i-iii, 23, 23a-23b, 29, 32, 32a-32b, 47-50	PSJ*5*275	Added new Templates, new Option and updated Routines  (R. Singer, PM; B. Thomas, Tech Writer)
01/2013	i-ii 23  25 32 47-48 69-70b 86 94a 118 120-122	PSJ*5*260, PSJ*5*268	Updated Revision History Updated Routines: PSJADM, PSJCLNOC, PSJDGAL2, PSJDGCK, PSJOEA2, PSJUTL5 Sentence reworded by CPS Added option PSJ CHECK DRUG INTERACTION Added new Protocols Fix page numbering to eliminate pages with number 70 Changed wording in Section 14.5 Added Integration Agreement Added three new Hidden Actions Added BSA, CrCL, & DATUP to the Glossary (D. McCance-PM, S. Heiress-Tech Writer)
12/2012	i-ii, vi-vii, 81-82, 82a- 82b	PSJ*5*284	Added instructions for editing the Device File for ATC Device to use Network Channel. (A. Scott, PM; G. Werner, Tech Writer)
09/2012	i, 21-23, 69, 94a	PSJ*5*267	Added new Routine Added new API Added new Integration Agreement  (R. Singer, PM; B. Thomas, Tech Writer)
01/2012	i-ii, v-viii  22, 23  69	PSJ*5*254	Updated Table of Contents  Updated Routines  Added API

Date	Revised Pages	Patch Number	Description
	94		Added 5653 and 5654 Inpatient Medications Integration Agreements (R. Singer PM, C Bernier Tech Writer)
04/2011	i, v, vi, vii, viii, 5-8b, (changed flow) 22, 23, 24, removed 25-26, changed 53, 85, 86, 93-94;94a-b, 121--130	PSJ*5*181	Changes to <i>Revision History, Table of Contents</i> ; added new field to PHARMACY SYSTEM File (#59.7), added new field to the INPATIENT WARD PARAMETERS File (#59.6). Added information re: the Pharmacy Reengineering (PRE) API Manual under “ <i>Callable Routines</i> ”; removed entire section 5.3, Routine Mapping, and all its sub-sections; added Health Level Seven (HL7) data field under segment { RXC}. Added the following “ <i>Inpatient Medications Custodial Integration Agreements</i> ”: 4074, 4264, 4580, 5001, 5057; 5058, 5306, 5385. Added two packages, HWSC and VistaLink, to <i>External Relationships</i> , under <i>Packages Needed to Run Inpatient Medications</i> . Added the following call routines and their entry points: OROCAPI, PSSDSAPD, PSSDSAPI, PSSFDBRT, PSODDPR4, PSODRDU2. Added the items <b>DATUP, MOCHA, PECS, and PEPS</b> in Glossary, which shifted all subsequent glossary items. Added routines PSJMISC2 & PSJOCVAR to the routines table and removed Section 5.3  Jim Pollard (PM), Bill Tatum (developer), Marella Colyvas (Tech Writer)
02/11	i, 53, 62, 64, 65	PSJ*5*226	Added to RXC section Field 5, “Additive Frequency” in HL7 Ordering Fields; updated Front Door – IV Fluids table with Field 5; updated Back Door – IV Fluids table with Field 5; updated example.  (M. Vo/B. Tatum, Developers; M. Colyvas, Technical Writer)
06/10	i, 22-23	PSJ*5*113	Added routine PSGSICH1.  (R. Singer, DM; B. Thomas, Tech. Writer)
02/10	i, 23	PSJ*5*214	Added PSJQUTIL to the routine list in Section 5.1 for Patients on Specific Drug(s) Multidivisional Enhancements Project.  (C. Willette, DM; R. Silverman/D. Dertien, Tech Writer)
12/09	22-23	PSJ*5*222	Added routine PSGOEF2.  (E. Wright, PM; S. B. Gilbert, Tech Writer)
08/08	vi, 23, 51-53, 57-58, 60-61, 63, 65, 65a-65b	PSJ*5*134	Parameters for escaping special characters added. New HL7 messages added. New routines added. HL7 order fields table contains an asterisk for each field that has special escaping characters.  (S. Templeton, PM; G. O’Connor, Tech. Writer)
02/07	74-76	PSJ*5*178	MED ROUTE now appears in larger font on IV labels from the Zebra bar code printer. Med ROUTE now prints on the IV labels

Date	Revised Pages	Patch Number	Description
			<p>for bar-code enabled printers, and it prints in larger font than surrounding text.</p> <p>(R. Singer, PM; E. Phelps, Tech. Writer)</p>
09/06	23, 94	PSJ*5*172	<p>Encapsulation Cycle II project: Added PSJ53P1 to the Routine List in Section 5.1. Added DBIA 4537 to DBIA list. Changed the date on the Title Page to December 1997.</p> <p>(H. Whitley, PM; L. Woodson, TW)</p>
05/06	v-viii 8a-8b 66-68b	PSJ*5*154	<p>In Section 2.2.2 Added “PRIORITIES FOR NOTIFICATION” field.</p> <p>In Section 9.5, made correction to include the priority of ASAP in notifications. Added information regarding the three notifications parameters.</p> <p>(C. Greening, PM; T. Dawson, Tech. Writer)</p>
12/2005	23	PSJ*5*146	<p>Remote Data Interoperability (RDI) Project: Added PSJLMUT2 to the Routine List in Section 5.1.</p> <p>(E. Williamson, PM; M. Newman, Tech. Writer)</p>
11/2005	All	PSJ*5*163	<p>Encapsulation Cycle II project: Added PSJ59P5 to the Routine List in Section 5.1. Added DBIA 4819 to DBIA list. Deleted DBIAs 172, 634, and 1882 from the DBIA list.</p> <p>Reissued entire document due to a page numbering issue.</p> <p>(H. Whitley, PM; L. Woodson, TW)</p>

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- **PRE-EXCHANGE REPORT DEVICE** – This is the device that is used as a default for the Pre-Exchange Report. If the value is **null**, the user will not be prompted for a device, which will disable the printing of this report for that ward. At the time the report is run, if the user enters an output device that is different from the device in this file, the option to override this parameter and define a temporary device for the remainder of this session is displayed. For Clinic Orders, “HOME” is the default printer when no default device is defined in the Clinic Definition file. The last inpatient location is not used in determining the correct default pre-exchange printer. The user may select the default device when printing the Pre-Exchange Report upon finishing a new order.
- **STAT NOW MAIL GROUP** – This is the name of the mail group to be used for STAT/NOW active order notifications for this ward.
- **PRIORITIES FOR NOTIFICATION** – This is the priorities /schedules for notification for this ward. The value may be selected for the priorities / schedules for notifications to be sent to the mail group defined in the STAT NOW MAIL GROUP field (#5) mentioned above. This parameter may be empty / not defined, or it may be set via this option: INPATIENT WARD PARAMETERS EDIT [PSJ IWP EDIT].
- **HOURS OF RECENTLY DC/EXPIRED** – This field allows the Inpatient Medications profiles to display the recently discontinued/expired orders that fall within the number of hours specified. The value of this field is a number between 1 and 120. No default will be provided; the parameter may be empty or not defined, and it may be set via the INPATIENT WARD PARAMETERS EDIT [PSJ IWP EDIT] option. **The value defined in this field will take precedence over the Inpatient System parameter.**

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- **EXPIRE ALL ORDERS ON SAME DAY** - Enter the number 1 to stop all IV orders automatically on the same day. The day the orders are stopped will be the stop date of the first active IV order found in the file. The stop date that is found will be shown as a default for the stop date of the IV ORDER.
- **ACTIVITY RULER** - The activity ruler provides a visual representation of the relationship between coverage times, doses due, and order start times. The intent is to provide the on-the-floor user with a way to track activity in the IV room and determine when to call for doses before the normal delivery.
- **TOTAL VOL. ON HYPERAL LABELS** - Enter the number **1** or **YES** if the total volume of solutions and additives are to be displayed on all hyperal labels.
- **Select START OF COVERAGE** - Enter the military time that designates the first administration time covered by this manufacturing run. In other words, if the previous manufacturing period covered up to and included the 0900 dose, the start of coverage would begin at 0901. For each START OF COVERAGE, there are the following fields:
  - **TYPE** - Enter the IV type for this start of coverage period. The user can enter only one type for each period that is defined.
  - **DESCRIPTION** - A description for each delivery time (3 to 30 characters) can be entered. The user will be prompted with a default description. This description will appear when manufacturing records and ward lists are requested. Using the default prompt will help lead to less confusion for the users.
  - **END OF COVERAGE** - Enter the military time that designates the last administration time covered by this manufacturing run. Enter midnight as 2400.
  - **MANUFACTURING TIME** - Enter the military time that designates the general time when the manufacturing list will be run and the orders prepared. This is for documentation and does not affect IV processing. Enter midnight as 2400.
- **DELIVERY TIME** - Delivery time must be entered using a 24-hour clock (e.g., 9 AM is entered as 0900). Delivery time is used as a default start time for admixtures and hyperaliminations. Enter midnight as 2400.
- **LABEL DEVICE** - Enter the name that is used most frequently as the label device for this IV room. This field displays as the default for the “Current IV LABEL device is:” prompt when signing into the IV software.
- **REPORT DEVICE** - Enter the PROFILE device number or name that will be used most frequently by this IV room. This field displays as the default for the “Current IV REPORT DEVICE:” prompt when signing into the IV software.

- **INACTIVATION DATE** - This is used to place an IV room out of service. Once the inactive date is reached, the IV room will no longer be selectable in IV Order Entry options.
- **DAYS TO RETAIN IV STATS** - This is used to allow the site to specify the number of days to keep data in the IV STATS file (#50.8).

## 2.2.5. Fields from the CLINIC DEFINITION File (#53.46)



**Note:** This file was formerly named the CLINIC STOP DATES file (#53.46)

- **CLINIC** – This is the Outpatient clinic for which the site wishes to define a stop date. The clinic should allow the ordering of Inpatient Medications for Outpatients (IMO).
- **NUMBER OF DAYS UNTIL STOP** – The number of days to be used to calculate the stop date for orders placed in the specified clinic. This only affects stop date calculations for Inpatient Medication Orders for Outpatients. Enter a value from 1-365 or null. If no answer is specified and no other calculation is in place for the stop date, 14 days will be used.
- **AUTO-DC IMO ORDERS** – This field allows the site to specify, by clinic, whether or not orders placed for Outpatients are auto-dc'd upon admission, discharge, ward transfer, or treating specialty change. If this field is set to **YES** or null, IMO orders will be auto-dc'd whenever any of these events occurs. If this field is set to **NO**, no IMO orders will be auto-dc'd on any type of patient movement.



**Note:** This field is only used if the auto-dc parameters in Inpatient Medications are controlling the movement actions. Otherwise, this field would be ignored.

- **SEND TO BCMA?** – This field allows the site to define, by clinic, whether or not IMO orders should be available in BCMA. Allows YES, NO or null answer. Only orders from clinics marked with a **YES** will be sent to BCMA. For example, if the patient is admitted, an IMO order is active, and the SEND TO BCMA field is a **YES**, that order will be included in the information transmitted to BCMA.
- **CLINIC MISSING DOSE REQUEST PRINTER** – This field allows the site to specify a clinic-specific Clinic Orders Missing Dose Request printer. When a missing dose is created for a clinic order, the system will first look in the CLINIC DEFINITION (#53.46) file, and if it finds a clinic-specific Clinic Orders Missing Dose Request Printer definition, it will use it. If it does not find a Clinic Orders Missing Dose Request Printer definition for a particular clinic, it will use the BCMA GUI Parameter division Clinic Orders Missing Dose Request Printer parameter. If the system does not find a clinic-specific Clinic Orders Missing Dose Request Printer definition or a division Clinic Orders Missing Dose Request Printer parameter, it will use the current BCMA GUI Parameter for Inpatient Missing Dose Requests Printer for printing of Clinic Orders missing dose requests.

- **PRE-EXCHANGE REPORT DEVICE** – This field allows the site to specify a clinic-specific clinic default printer device for a clinic as defined in the CLINIC DEFINITION (#53.46) file. If no default device is defined in the CLINIC DEFINITION (#53.46) file, “HOME” is selected as the default printer. The last inpatient location is not used in determining the correct default pre-exchange printer. The user may select the default device when printing the PRE-Exchange Report upon finishing a new order.

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PSIVUTL	PSIVUTL1	PSIVUWL	PSIVVW1
PSIVWCR	PSIVWCR1	PSIVWL	PSIVWL1
PSIVWRP	PSIVXREF	PSIVXU	PSJ53P1
PSJ59P5	PSJAC	PSJADM	PSJADT
PSJADT0	PSJADT1	PSJADT2	PSJALG
PSJAPIDS	PSJBCMA	PSJBCMA1	PSJBCMA2
PSJBCMA3	PSJBCMA4	PSJBCMA5	PSJBCMA6
PSJBLDOC	PSJCLNOC	PSJCLOR	PSJCLOR1
PSJCLOR2	PSJCLOR3	PSJCLOR4	PSJCLOR5
PSJCOM	PSJCOM1	PSJCOMR	PSJCOMV
PSJDCHK	PSJDCU	PSJDDUT	PSJDDUT2
PSJDDUT3	PSJDEA	PSJDGAL	PSJDGAL2
PSJDGCK	PSJDIN	PSJDOSE	PSJDPT
PSJEEU	PSJEEU0	PSJENV	PSJEXP
PSJEXP0	PSJFTR	PSJGMRA	PSJH1
PSJHEAD	PSJHEH	PSJHIS	PSJHL10
PSJHL11	PSJHL2	PSJHL3	PSJHL4
PSJHL5	PSJHL6	PSJHL7	PSJHL9
PSJHLERR	PSJHLU	PSJHLV	PSJHVAR5
PSJIBAG	PSJLIACT	PSJLIFN	PSJLIFNI
PSJLIORD	PSJLIPRF	PSJLIUTL	PSJLIVFD
PSJLIVMD	PSJLMAL	PSJLMDA	PSJLMGUD
PSJLMHED	PSJLMPRI	PSJLMPRU	PSJLMUDE
PSJLMUT1	PSJLMUT2	PSJLMUTL	PSJLOAD
PSJLOI	PSJMAI	PSJMAI1	PSJMDIR
PSJMDIR1	PSJMDWS	PSJMEDS	PSJMISC
PSJMISC2	PSJMIV	PSJMON	PSJMP
PSJMPEND	PSJMPRT	PSJMPRTU	PSJMUTL
PSJNTEG	PSJNTEG0	PSJNTEG1	PSJO
PSJO1	PSJO2	PSJO3	PSJOC
PSJOCDC	PSJOCDI	PSJOCDS	PSJOCSD
PSJOCDT	PSJOCERR	PSJOCOR	PSJOCVAR
PSJOE	PSJOE0	PSJOE1	PSJOEA
PSJOEA1	PSJOEA2	PSJOEEW	PSJOERI
PSJORAPI	PSJORDA	PSJOREN	PSJORMA1
PSJORMA2	PSJORMAR	PSJORP2	PSJORPOE
PSJORRE	PSJORRE1	PSJORREN	PSJORRN
PSJORRN1	PSJORUT2	PSJORUTL	PSJORRO
PSJP	PSJPATMR	PSJPDIR	PSJPDV
PSJPDV0	PSJPDV1	PSJPL0	PSJPR
PSJPR0	PSJPST50	PSJPXRM1	PSJQPR

PSJQUTIL	PSJRXI	PSJSPU	PSJUTL5
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directly into the patient within a short time interval (usually 1-2 minutes).

**Clinic Group**

A clinic group is a combination of outpatient clinics that have been defined as a group within Inpatient Medications to facilitate processing of orders.

**CLINIC DEFINITION File**

File #53.46. This file is used in conjunction with Inpatient Medications for Outpatients (IMO) to give the user the ability to define, by clinic, default stop dates, whether to auto-dc IMO orders, and whether to send IMO orders to BCMA. Users may also define a Missing Dose Request printer and a Pre-Exchange Report printer.

**CLINIC GROUP File**

File #57.8. This file is used to provide grouping of clinics for the Non-Verified Pending option and miscellaneous reports.

**Continuous Syringe**

A syringe type of IV that is administered continuously to the patient, similar to a hyperal IV type. This type of syringe is commonly used on outpatients and administered automatically by an infusion pump.

**Coverage Times**

The start and end of coverage period designates administration times covered by a manufacturing run. There must be a coverage period for all IV types: admixtures and primaries, piggybacks, hyperals, syringes, and chemotherapy. For one type, admixtures for example, the user might define two coverage periods; one from 1200 to 0259 and another from 0300 to 1159 (this would mean that the user has two manufacturing times for admixtures).

**CPRS**

A VistA computer software package called Computerized Patient Record Systems. CPRS is an application in VistA that allows the user to enter all necessary orders for a patient in different packages from a single application. All pending orders that appear in the Unit Dose and IV Medications modules are initially entered through the CPRS package.

**CrCL**

Creatinine Clearance. The CrCL value which displays in the pharmacy header is identical to the CrCL value

calculated in CPRS. The formula approved by the CPRS Clinical Workgroup is the following:

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

This calculation is not intended to be a replacement for independent clinical judgment.

**Cumulative Doses**

The number of IV doses actually administered, which equals the total number of bags dispensed less any recycled, destroyed, or canceled bags.

**DATUP**

Data Update (DATUP). Functionality that allows the Pharmacy Enterprise Customization System (PECS) to send out VA custom and standard commercial-off-the-shelf (COTS) vendor database changes to update the production and pre-production centralized MOCHA databases at Austin and Philadelphia.

**Default Answer**

The most common answer, predefined by the system to save time and keystrokes for the user. The default answer appears before the two slash marks (//) and can be selected by the user by pressing <Enter>.

**Delivery Times**

The time(s) when IV orders are delivered to the wards.

**Dispense Drug**

The Dispense Drug name has the strength attached to it (e.g., Acetaminophen 325 mg). The name alone without strength attached is the Orderable Item name.

**Dosage Ordered**

After the user has selected the drug during order entry, the dosage ordered prompt is displayed.

**DRUG ELECTROLYTES File**

File #50.4. This file contains the names of anions/cations, and their concentration units.

**DRUG File**

File #50. This file holds the information related to each drug that can be used to fill a prescription.

**Electrolyte**

An additive that disassociates into ions (charged particles) when placed in solution.

**Entry By**

The name of the user who entered the Unit Dose or IV order into the computer.



<b>Hospital Supplied Self Med</b>	Self med which is to be supplied by the Medical Center's pharmacy. Hospital supplied self med is only prompted for if the user answers Yes to the SELF MED prompt during order entry.
<b>Hyperalimentation (Hyperal)</b>	Long term feeding of a protein-carbohydrate solution. Electrolytes, fats, trace elements, and vitamins can be added. Since this solution generally provides all necessary nutrients, it is commonly referred to as Total Parenteral Nutrition (TPN). A hyperal is composed of many additives in two or more solutions. When the labels print, they show the individual electrolytes in the hyperal order.
<b>Infusion Rate</b>	The designated rate of flow of IV fluids into the patient.
<b>INPATIENT USER PARAMETERS File</b>	File #53.45. This file is used to tailor various aspects of the Inpatient Medications package with regards to specific users. This file also contains fields that are used as temporary storage of data during order entry/edit.
<b>INPATIENT WARD PARAMETERS File</b>	File #59.6. This file is used to tailor various aspects of the Inpatient Medications package with regards to specific wards.
<b>Intermittent Syringe</b>	A syringe type of IV that is administered periodically to the patient according to an administration schedule.
<b>Internal Order Number</b>	The number on the top left corner of the label of an IV bag in brackets ([ ]). This number can be used to speed up the entry of returns and destroyed IV bags.
<b>IV ADDITIVES File</b>	File #52.6. This file contains drugs that are used as additives in the IV room. Data entered includes drug generic name, print name, drug information, synonym(s), dispensing units, cost per unit, days for IV order, usual IV schedule, administration times, electrolytes, and quick code information.
<b>IV CATEGORY File</b>	File #50.2. This file allows the user to create categories of drugs in order to run "tailor-made" IV cost reports for specific user-defined categories of drugs. The user can group drugs into categories.

<b>IV Duration</b>	The duration of an order may be entered in CPRS at the IV DURATION OR TOTAL VOLUME field in the IV Fluids order dialog. The duration may be specified in terms of volume (liters or milliliters), or time (hours or days). Inpatient Medications uses this value to calculate a default stop date/time for the order at the time the order is finished.
<b>IV Label Action</b>	A prompt, requesting action on an IV label, in the form of “Action ( )”, where the valid codes are shown in the parentheses. The following codes are valid: <ul style="list-style-type: none"> <li>P – Print a specified number of labels now.</li> <li>B – Bypass any more actions.</li> <li>S – Suspend a specified number of labels for the IV room to print on demand.</li> </ul>
<b>IV Room Name</b>	The name identifying an IV distribution area.
<b>IV SOLUTIONS File</b>	File #52.7. This file contains drugs that are used as primary solutions in the IV room. The solution must already exist in the DRUG file (#50) to be selected. Data in this file includes: drug generic name, print name, status, drug information, synonym(s), volume, and electrolytes.
<b>IV STATS File</b>	File #50.8. This file contains information concerning the IV workload of the pharmacy. This file is updated each time the <i>COmpile IV Statistics</i> option is run and the data stored is used as the basis for the AMIS (IV) report.
<b>Label Device</b>	The device, identified by the user, on which computer-generated labels will be printed.
<b>Local Possible Dosages</b>	Free-text dosages that are associated with drugs that do not meet all of the criteria for Possible Dosages.
<b>LVP</b>	Large Volume Parenteral — Admixture. A solution intended for continuous parenteral infusion, administered as a vehicle for additive(s) or for the pharmacological effect of the solution itself. It is comprised of any number of additives, including zero, in one solution. An LVP runs continuously, with another bag hung when one bottle or bag is empty.

<b>Manufacturing Times</b>	The time(s) that designate(s) the general time when the manufacturing list will be run and IV orders prepared. This field in the <i>Site Parameters (IV)</i> [PSJI SITE PARAMETERS] option (IV ROOM file (#59.5)) is for documentation only and does not affect IV processing.
<b>MEDICATION ADMINISTERING TEAM File</b>	File #57.7. This file contains wards, the teams used in the administration of medication to that ward and the rooms/beds assigned to that team.
<b>MEDICATION INSTRUCTION File</b>	File #51.2. This file is used by Unit Dose and Outpatient Pharmacy. It contains the medication instruction name, expansion, and intended use.
<b>MEDICATION ROUTES File</b>	File #51.2. This file contains medication route names. The user can enter an abbreviation for each route to be used at their site. The abbreviation will most likely be the Latin abbreviation for the term.
<b>Medication Routes/ Abbreviations</b>	Route by which medication is administered (e.g., oral). The MEDICATION ROUTES file (#51.2) contains the routes and abbreviations, which are selected by each VAMC. The abbreviation cannot be longer than five characters to fit on labels and the MAR. The user can add new routes and abbreviations as appropriate.
<b>MOCHA</b>	Medication Order Check Healthcare Application.
<b>Non-Formulary Drugs</b>	The medications that are defined as commercially available drug products not included in the VA National Formulary.
<b>Non-Verified Orders</b>	Any order that has been entered in the Unit Dose or IV Medications module that has not been verified (made active) by a nurse and/or pharmacist. Ward staff may not verify a non-verified order.
<b>Orderable Item</b>	An Orderable Item name has no strength attached to it (e.g., Acetaminophen). The name with a strength attached to it is the Dispense Drug name (e.g., Acetaminophen 325mg).
<b>Order Sets</b>	An Order Set is a set of N pre-written orders. (N indicates the number of orders in an Order Set is

variable.) Order Sets are used to expedite order entry for drugs that are dispensed to all patients in certain medical practices and procedures.

**Order View**

Computer option that allows the user to view detailed information related to one specific order of a patient. The order view provides basic patient information and identification of the order variables.

**Parenteral**

Introduced by means other than by way of the digestive track.

**Patient Profile**

A listing of a patient's active and non-active Unit Dose and IV orders. The patient profile also includes basic patient information, including the patient's name, social security number, date of birth, diagnosis, ward location, date of admission, reactions, and any pertinent remarks.

**PECS**

Pharmacy Enterprise Customization System. A Graphical User Interface (GUI) web-based application used to research, update via DATUP, maintain, and report VA customizations of the commercial-off-the-shelf (COTS) vendor database used to perform Pharmacy order checks such as drug-drug interactions, duplicate therapy, and dosing.

**Pending Order**

A pending order is one that has been entered by a provider through CPRS without Pharmacy or Nursing finishing the order. Once Pharmacy or Nursing has finished and verified the order, it will become active.

**PEPS**

Pharmacy Enterprise Product Services. A suite of services that includes Outpatient and Inpatient services.

**PHARMACY SYSTEM File**

File #59.7. This file contains data that pertains to the entire Pharmacy system of a medical center, and not to any one site or division.

**Piggyback**

Small volume parenteral solution for intermittent infusion. A piggyback is comprised of any number of additives, including zero, and one solution; the mixture is made in a small bag. The piggyback is given on a schedule (e.g., Q6H). Once the medication flows in, the piggyback is removed; another is not hung until the administration schedule calls for it.

<b>Possible Dosages</b>	Dosages that have a numeric dosage and numeric dispense units per dose appropriate for administration. For a drug to have possible dosages, it must be a single ingredient product that is matched to the VA PRODUCT file (#50.68). The VA PRODUCT file (#50.68) entry must have a numeric strength and the dosage form/unit combination must be such that a numeric strength combined with the unit can be an appropriate dosage selection.
<b>Pre-Exchange Units</b>	The number of actual units required for this order until the next cart exchange.
<b>Primary Solution</b>	A solution, usually an LVP, administered as a vehicle for additive(s) or for the pharmacological effect of the solution itself. Infusion is generally continuous. An LVP or piggyback has only one solution (primary solution). A hyperal can have one or more solutions.
<b>Print Name</b>	Drug generic name, as it is to appear on pertinent IV output, such as labels and reports. Volume or Strength is not part of the print name.
<b>Print Name{2}</b>	Field used to record the additives contained in a commercially purchased premixed solution.
<b>Profile</b>	The patient profile shows a patient's orders. The Long profile includes all the patient's orders, sorted by status: active, non-verified, pending, and non-active. The Short profile will exclude the patient's discontinued and expired orders.
<b>Prompt</b>	A point at which the system questions the user and waits for a response.
<b>Provider</b>	Another term for the physician involved in the prescription of an IV or Unit Dose order for a patient.
<b>PSJI MGR</b>	The name of the <i>key</i> that allows access to the supervisor functions necessary to run the IV medications software. Usually given to the Inpatient package coordinator.
<b>PSJI PHARM TECH</b>	The name of the <i>key</i> that must be assigned to pharmacy technicians using the IV Medications module. This key

allows the technician to finish IV orders, but not verify them.

**PSJI PURGE**

The key that must be assigned to individuals allowed to purge expired IV orders. This person will most likely be the IV application coordinator.

**PSJI RNFINISH**

The name of the *key* that is given to a user to allow the finishing of IV orders. This user must also be a holder of the PSJ RNURSE key.

**PSJI USR1**

The primary menu option that may be assigned to nurses.

**PSJI USR2**

The primary menu option that may be assigned to technicians.

**PSJU MGR**

The name of the *primary menu option* and of the *key* that must be assigned to the pharmacy package coordinators and supervisors using the Unit Dose Medications module.

**PSJU PL**

The name of the *key* that must be assigned to anyone using the *Pick List Menu* options.

**PSJ PHARM TECH**

The name of the *key* that must be assigned to pharmacy technicians using the Unit Dose Medications module.

**PSJ RNFINISH**

The name of the *key* that is given to a user to allow the finishing of a Unit Dose order. This user must also be a holder of the PSJ RNURSE key.

**PSJ RNURSE**

The name of the *key* that must be assigned to nurses using the Unit Dose Medications module.

**PSJ RPHARM**

The name of the *key* that must be assigned to a pharmacist to use the Unit Dose Medications module. If the package coordinator is also a pharmacist he/she must also be given this key.

**PSJ STAT NOW ACTIVE  
ORDER Mail Group**

A mail group that notifies subscribers when a pending STAT or NOW order is made active.

**PSJ STAT NOW PENDING  
ORDER Mail Group**

A mail group that notifies subscribers when a pending STAT or NOW order has been received from CPRS.

<b>Quick Code</b>	An abbreviated form of the drug generic name (from one to ten characters) for IV orders. One of the three drug fields on which lookup is done to locate a drug. Print name and synonym are the other two. Use of quick codes will speed up order entry, etc.
<b>Report Device</b>	The device, identified by the user, on which computer-generated reports selected by the user will be printed.
<b>Schedule</b>	The frequency of administration of a medication (e.g., QID, QDAILY, QAM, STAT, Q4H).
<b>Schedule Type</b>	Codes include: <b>O</b> - one time (i.e., STAT - only once), <b>P</b> - PRN (as needed; no set administration times). <b>C</b> - continuous (given continuously for the life of the order; usually with set administration times). <b>R</b> - fill on request (used for items that are not automatically put in the cart - but are filled on the nurse's request. These can be multidose items (e.g., eye wash, kept for use by one patient and is filled on request when the supply is exhausted). And <b>OC</b> - on call (one time with no specific time to be given, i.e., 1/2 hour before surgery).
<b>Self Med</b>	Medication that is to be administered by the patient to himself.
<b>Standard Schedule</b>	Standard medication administration schedules stored in the ADMINISTRATION SCHEDULE file (#51.1).
<b>Start Date/Time</b>	The date and time an order is to begin.
<b>STAT and NOW Order Notification</b>	Sends a text message to subscribers of the PSJ STAT NOW mail groups when a pending STAT or NOW order has been received from CPRS or has been verified and made active.
<b>Status</b>	<b>A</b> - active, <b>E</b> - expired, <b>R</b> - renewed (or reinstated), <b>D</b> - discontinued, <b>H</b> - on hold, <b>I</b> - incomplete, or <b>N</b> - non-verified, <b>U</b> - unreleased, <b>P</b> - pending, <b>O</b> - on call, <b>DE</b> - discontinued edit, <b>RE</b> - reinstated, <b>DR</b> - discontinued renewal.
<b>Stop Date/Time</b>	The date and time an order is to expire.

<b>Stop Order Notices</b>	A list of patient medications that are about to expire and may require action.
<b>Syringe</b>	Type of IV that uses a syringe rather than a bottle or bag. The method of infusion for a syringe-type IV may be continuous or intermittent.
<b>Syringe Size</b>	The syringe size is the capacity or volume of a particular syringe. The size of a syringe is usually measured in number of cubic centimeters (ccs).
<b>TPN</b>	Total Parenteral Nutrition. The intravenous administration of the total nutrient requirements of the patient. The term TPN is also used to mean the solution compounded to provide those requirements.
<b>Units per Dose</b>	The number of Units (tablets, capsules, etc.) to be dispensed as a Dose for an order. Fractional numbers will be accepted.
<b>VA Drug Class Code</b>	A drug classification system used by VA that separates drugs into different categories based upon their characteristics. IV cost reports can be run for VA Drug Class Codes.
<b>VDL</b>	Virtual Due List. This is a Graphical User Interface (GUI) application used by the nurses when administering medications.
<b>Ward Group</b>	A ward group indicates inpatient nursing units (wards) that have been defined as a group within Inpatient Medications to facilitate processing of orders.
<b>WARD GROUP File</b>	File #57.5. This file contains the name of the ward group, and the wards included in that group. The grouping is necessary for the pick list to be run for specific carts and ward groups.
<b>Ward Group Name</b>	A field in the WARD GROUP File (#57.5) used to assign an arbitrary name to a group of wards for the pick list and medication cart.



## **WARD LOCATION File**

File #42. This file contains all of the facility ward locations and their related data, i.e., Operating beds, Bedsection, etc. The wards are created/edited using the *Ward Definition* option of the Automatic Data Transmission (ADT) module.

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