

Inpatient Pharmacy Orientation for Providers

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Communication

Whom to contact

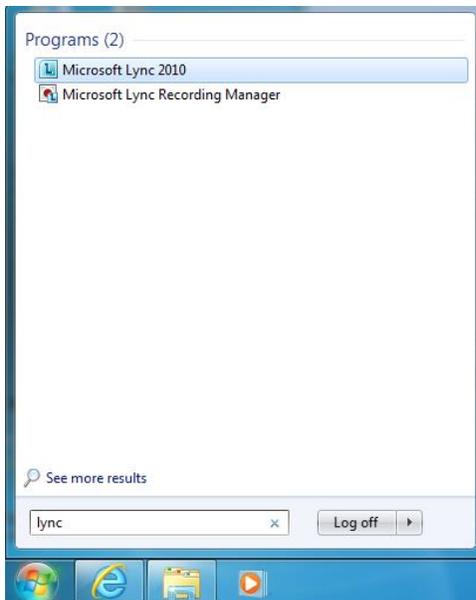
- During normal business hours (M-F, 7:30a-4pm, non-holidays), contact your service-specific pharmacist.

	Phone	Pager	Usual physical location
Inpatient Surgical Patients	66513	11515	F3-260 (3 rd Floor)
Outpatient/ Discharge	65776	11573	Bldg 100, 1 st Floor

- During off-hours or holidays, call central pharmacy at x65837 or page 11515/11513
- On overnight shift (midnight – 7:30am), please page 11515/11513 **ONLY** as a pharmacist is not always available via phone
- When in doubt, page your pharmacist 24 hours a day—it will be forwarded to the covering pharmacist

Microsoft Lync

- Lync is an instant messaging program that allows communication between anyone at any VA in the country
- Lync is one of the most efficient ways to communicate with pharmacy
- If you are not logged in automatically, find it in your start menu:



- Watch out for the flashing Lync icon, since new messages will not steal focus:



CPRS Notifications (FLAGS)

- Orders are flagged to notify the provider that clarification is needed
- Notifications of these flags can be found in CPRS at the bottom of the Patient Selection window
 - Double click on item and it will take you to the flagged order with comments for clarification
- Flags can be also be seen within a patient's chart in the Orders tab
 - Double click on the item in RED and flagged comments populate in Activity section of order

ZZCHAMPUS, TEST DAUGHTER (INPATIENT) TESTING TESTBED-1 No PACT assigned at any VA location / (Inpatient) Attending: Faustina, Mary Lou - (Inpatient) Provider: Montufar, Mary

000-00-0022 Sep 13, 1960 (55) Provider: WONG, AUDREY

View Orders Active Orders (includes Pending & Recent Activity) - ALL SERVICES

Service Order Start /

>> SAT/SBT Daily Respiratory Orders: SAT/SBT Daily if safety screen pass. Start: 0:17:26

Diet REGULAR Diet Start: 0:10:52

Write Delayed Orders

Write Orders Inpt. Meds INSULIN REGULAR (NOVOLIN) ***HI-ALERT*** INJ 100UNIT/ML Start: 0:16:30
 SLIDING SCALE SC T1D AC MILD FS<60=glucose gel or Temp D50 or OJ&call HO; 60-200=no insulin; 201-250=2units; 251-300=4units; 301-350=6units; 351-400=8units; >400=10units&call HO *Flagged*

Active Orders (includes Pending & Recent Activity) - ALL SERVICES

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Code Blue Orders

Sepsis Orders

Anesthesia Orders

Cardiac Surgery Orders

Cardiology Orders

CRC/TBI/PM&R/SCI Orders

Dialysis Orders

ECS/Short Stay/NHCU/Hospice Orders

ENT Surgery Orders

General Surgery Orders

GI Orders

GYN Orders

Intensive Care Orders

Medicine Orders

Neurosurgery Orders

Nuclear Medicine Orders

Nursing Orders All Services

Nursing PACU/OR

Ophthalmology Orders

Oral Surgery Orders

Orthopedic Inpatient Orders

Pharmacy to Manage Orders

Plastic Surgery Orders

Podiatry Inpt Orders

Psychiatry Inpatient Orders

Radiology: General

Interventional Radiology Orders

Vascular Surgery Orders

Urology Orders

WBRC

Non VA Medications

Non Formulary/Restricted Meds

OUTPATIENT ORDERS

ER Orders

Return to Clinic Order

Allergies/ADR

Consult

Diet/Inpatient

Diet/Outpatient

IV Fluids/Clinic Infusions

IV Fluids

Lab Tests

Blood Bank

Medics/Clinic

Medics/Inpatient

Medics/Outpatient

Procedure

Radiology/Vascular/Nuclear Med

Mammogram Orders

MRI Orders

Non VA Care Radiology CBDCs

Supplies

IFC WRIISC YOGA WELLNESS PALO ALTO Cons Consultant's Choice

Scheduling >> RTC STOCKTON Clinic: TEST

Cover Sheet | Problems | Meds | Orders | Notes | Consults | Surgery | D/C Summ | Labs | Reports

Inpatient Order Entry

Surgical Specific Order Menu

- Each surgical service has an order menu which contains frequently used orders for your service
- Use this menu when writing initial admission/transfer/delayed orders for admission
- When in doubt, look at order set first before ordering through meds inpatient, as some medications are hidden from the generic medication ordering screen
 - Common order sets to use
 - Hydrocodone/acetaminophen
 - Intensive Care IV infusions
 - Insulin Orders
 - Electrolyte sliding scales
 - IV fluids (Bolus/maintenance IV fluids)
 - Heparin/Argatroban Infusions
 - Patient Controlled Analgesia
 - Antimicrobials

Vista CPRS in use by: Wong,Audrey (VISTA.PALO-ALTO.MED.VA.GOV)

ZZCHAMPUS, TEST DAUGHTER (INPATIENT) TESTING TESTBED-1 No PACT assigned at any VA location /

View Orders: Active Orders (Includes Pending & Recent), Write Orders, Write Delayed Orders

General Surgery Orders

ADMISSION ORDERS
 Write ER Boarding Orders
 ADMIT to WARD
 ADMIT to WARD Embolization
 ADMIT to MICU
 ADMIT to SMICU
 ADMIT to OBS
 ADMIT to OBS (<24H) Embolization

DIET ORDERS
 Diet Order (all)
 Diet Orders
 NPO @ MIN Hold Meds
 NPO @ MIN Except Meds
 May have ice chips
 Regular Healthy Diet (Fat Controlled 3gm Na)
 Boost Plus 1 can tid

LABORATORY
 Laboratory Orders...
 HIV Screen/Verbal Consent Documentation
 Peak/Trough Drug Level
 Urine Tox Screen
 Urine SHIAA
 Chromogranin A
 Quick Labs/Ward

ADMIT ORDERS
 Allergy
 Behavioral Supervision (Homicide/Suicide Preca)
 Nonoperative Management of SBO
 Bowel Prep Orders
 Code Status
 ER Boarding Menu
 Stroke Orders (already admitted)
 Splenectomy Vaccines
 SPO2 Monitoring
 IPAM Study Orders

ALWAYS DELAY TRANSFER ORDERS

DISCHARGE ORDERS
 Pharmacy Discharge Medication Alert
 Discharge Patient
 Followup Appt
 Discharge Supplies
 PICC line D/C Supplies
 Subcutaneous Injection D/C Supplies
 Tracheostomy Discharge Supplies
 Tube Feeding DC Orders
 PACT Discharge Referral Consult (REN0)
 PACT Discharge Referral Consult (INCHS)
 PACT Discharge Referral Consult (FRESN0)

Discharge Meds
 DSS 240mg PO BID
 Hydrocodone/Acetaminophen 1 PO QH X10 D/
 Oxycodone 5mg PO qh prn

IMAGING
 Quick MRI Menu

CONTRAST MEDIA PREMEDICATIONS
 Renal Protection for High Risk Pts
 Premedication orders for contrast allergy

IVs
 IV Fluids
 Transfusion Orders

CONTRAST MEDIA PREMEDICATIONS
 Renal Protection for High Risk Pts
 Premedication orders for contrast allergy

IVs
 IV Fluids
 Transfusion Orders

IMAGING
 Quick MRI Menu

Activity	Medication	Start	Stop	Status	Priority
>> ELLIPTICAL MACHINE		17:19			
>> Fingertick Schedule: TID/AC & HS		Start: 04/28/14 17:19		active	Zs10
>> Treat hypoglycemia		Start: 06/22/16 15:24		active	Zs10
>> Treat hypoglycemia		Start: 06/22/16 15:24		active	Zs10

Meds, Inpatient Order Entry

- Note **BLUE TEXT** comments under the medication order. Comments are helpful to know if medications are restricted or require special consult requests
- Note NF next to drug name = Non-formulary medication
- If desired dosage is not available to select from, the desired dosage may manually be typed into that field
- Enter special instructions, PRN indication, start and stop times in the comments box

Inpatient Medications

PANTOPRAZOLE INJ,PWDR Change

PPI CONSULT FORM REQUIRED

Dosage / Rate	Complex	Route	Schedule (Day-Of-Week)	PRN
40MG	2.219	IV PIGGYBACK	DAILY	<input type="checkbox"/>
40MG		IV PIGGYBACK	5X/DAY	
80MG		IV PUSH	6X/DAY	
			7X/DAY	
			8X/DAY	
			BID	
			BID 6AM-6PM	
			BID AC	
			BID PC	

Comments:

Give additional dose now Priority ROUTINE

Admin. Time: 0900

Expected First Dose: TOMORROW (Jun 29, 16) at 09:00

PPI Consult Form Required: See NATL DUC

PANTOPRAZOLE INJ,PWDR Accept Order

40MG IVPB DAILY Quit

Inpatient Medications

PREGABALIN CAP,ORAL NF Change

NF consult required: See National Criteria for Use

Dosage	Complex	Route	Schedule (Day-Of-Week)	PRN
25MG	NF	ORAL	5X/DAY	<input type="checkbox"/>
50MG	NF		6X/DAY	
75MG	NF		7X/DAY	
100MG	NF		8X/DAY	
150MG	NF		BID	
200MG	NF		BID 6AM-6PM	
225MG	NF		BID AC	
300MG	NF		BID PC	
400MG	NF		BID PRN	
450MG	NF		BID (WITH MEALS)	
			BID (WITH MEALS) PRN	

Comments:

Give additional dose now Priority ROUTINE

PREGABALIN CAP,ORAL Accept Order

PO Quit

“Now” doses

- If ordering a medication after the desired administration time has passed, please click **“give additional dose now”** box in CPRS if a dose is needed now. Leave it unchecked if the next administration time is appropriate for the first dose

Dosage	Complex	Route	Schedule (Day-Of-Week)
40MG		ORAL	BID-DIURETIC 9AM-2PM
20MG	0.0038		BID AC
40MG	0.0085		BID PC
80MG	0.0084		BID PRN
160MG	0.0168		BID(WITH MEALS)
			BID(WITH MEALS) PRN
			BID-DIURETIC 9AM-2PM
			CONTINUOUS
			CONTINUOUS_VIA_PUMP
			DAILY
			DAILY AC
			DAILY AC LUNCH
			DAILY PRN
			EVERY_OTHER_BEDTIME
			EVERY_OTHER_DAY
			FRIDAY
			MO-FR
			MONDAY
			MO-TH
			MO-TH-FR
			MON-TU

Comments:

Give additional dose now

Admin. Time: 0900-1400

Priority: ROUTINE

Expected First Dose: TOMORROW (Sep 09, 14) at 09:00

This furosemide was ordered at 14:55. The bottom of the window says that the first dose will be given tomorrow at 09:00 (as the administration times are 09:00 and 14:00). If you would like a dose to be given now, please click the “give additional dose now” box.

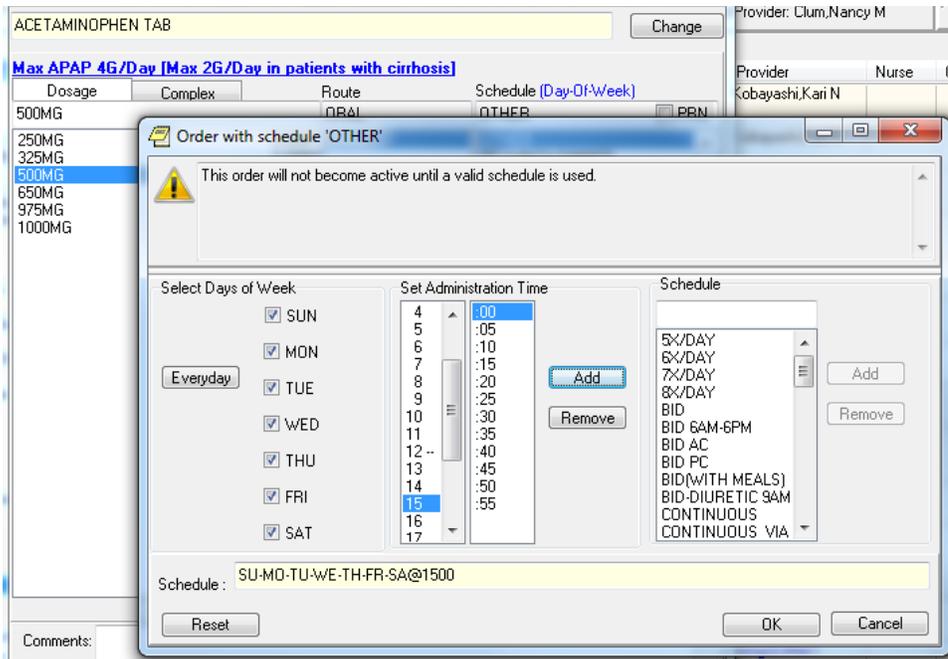
Standard Administration Times on the Wards

- Note the difference between BID and Q12H, TID and Q8H, etc.

Daily	0900
QAM	0900
QAM AC	0700
QPM	1700
QHS	2100
BID	0900-1700
Q12H	0900-2100
TID	0900-1300-1700
Q8H	0600-1400-2200
Q6H	0500-1100-1700-2300
QID	0900-1300-1700-2100

Non-Standard Administration Times

- If a medication should be given on a schedule that is not found in the ordering menu, utilize the “other” menu
- If you wanted to give acetaminophen every day at 3pm
 - Begin typing the word “other” in the “schedule” box and this will pop up:



- Select the days of the week, pick the time, and click “Add”
- You can select any combination of days and as many administration times as you wish
- Follow this procedure to create 2 separate orders for medications that require a different dose on different days (ie warfarin 5mg daily except 7.5mg MWF)

PRN Medications, Indications, and Sequencing

- Every PRN medication order **must have an indication, a frequency, and a sequence**
 - This is a Joint Commission requirement, there are no exceptions
- The indication is typed into the “comments” field
- If there are multiple PRN orders for **PAIN**, they must include objective data(i.e **pain scores**)
 - Ranking is required if overlapping pain scores are used
 - Example:
 - Acetaminophen 500mg Q6H PRN pain 1-4
 - Oxycodone 5mg Q6H PRN pain 5-10
 - Hydromorphone 0.5mg IVP Q4H PRN pain 8-10, Rank #2
- For other PRN orders for the same indication, they must be sequenced so the nurse knows when to give each medication
 - Example #1:
 - Ondansetron 4mg PO Q6H PRN nausea
 - Prochlorperazine 5mg PO Q8H PRN nausea not responsive to ondansetron
 - Ondansetron 4mg IVP Q8H PRN nausea not responsive to oral medications or patient cannot tolerate oral medications
 - Example #2
 - Ondansetron 4mg PO Q6H PRN nausea, first-line
 - Prochlorperazine 5mg PO Q8H PRN nausea, second-line
 - Ondansetron 4mg IVP Q8H PRN nausea, third-line

PRN Dose/Frequency Ranges

- Dose ranges for inpatient orders (ie oxycodone 5-10mg Q6H PRN pain) are **NOT ALLOWED**
- Frequency ranges for inpatient orders (ie oxycodone 5mg Q6H-Q8H PRN pain) are **NOT ALLOWED**
- If a range is desired, separate order should be entered for each quantity
 - Example #1:
 - Oxycodone 5mg PO Q6H PRN pain 5-7
 - Oxycodone 10mg PO Q6H PRN pain 8-10
 - Example #2 (alternative):
 - Oxycodone 5mg PO Q6H PRN pain 5-10, may repeat x1 if not effective in 1 hour
- If a repeat dose may be given to a patient if first dose is ineffective, this should be ordered as a standing dose of the minimum quantity that the patient is to take as well as a PRN dose for any additional amount of medication
 - Example:
 - Trazodone 50mg QHS
 - Trazodone 50mg QHS PRN if not asleep one hour after first dose

Holding Medications

- No mechanism to HOLD meds in CPRS
- Discontinue active order and reorder when appropriate

Automatic Stop Times for Medications

- Medications in CPRS that are not renewed will EXPIRE and patient will miss all doses of medications until reordered
- In CPRS→ Meds tab, a provider can check the stop date of all currently active medications

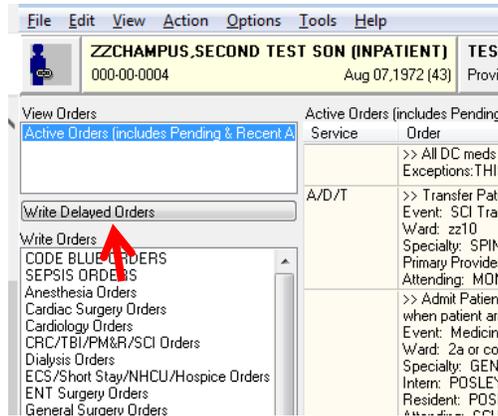
Medication	Expiration
All antibiotics, antifungals, antivirals	14 days
IV acetaminophen	24 hours
Schedule II controlled substances	7 days
Schedule III-V controlled substances	28 days
Clozapine	Thurs of the week pt is due for labs
Ketorolac	5 days
Total Parental Nutrition	24 hours
All other non-controlled substances	28 days
Continuous Infusions	3 days

- Inpatient orders will automatically be discontinued in the following scenarios. New/delayed orders must be written.
 - Patient is transferred to a different acuity (i.e. in/out of MSICU, ICU, ward, OR)
 - Primary treating specialty changes (i.e. transferred from ENT to medicine service)

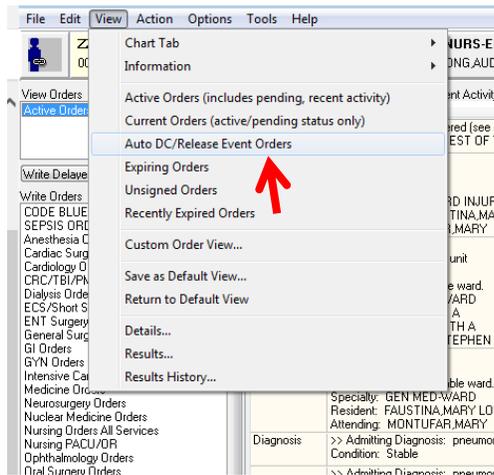
Delayed Orders for Admission/Transfer

- Admission orders
 - Use Admission order set within each surgery specific order menu in CPRS (top left corner of order menu)
 - Choose appropriate admission ward (WARD/ICU/SMICU)

- Transfer orders aka “Delayed orders”
 - Upon transfer, all existing orders will be discontinued automatically
 - Delayed orders can be written in advance and will be activated once patient transfers
 - Use “Write Delayed Orders” top left corner within orders tab in CPRS
 - Allows for copying of all current active orders into the delayed order set



- If patient transfers without orders, a copy of last known active orders can be found by looking at the Auto DC/Release Event orders in CPRS. These can then be copied to new active orders
 - In Orders tab → VIEW (top menu bar) → Auto DC/Release Event → Choose most recent event



IV Fluids Orders – (IV’s section of Surgery Specific Order Menu)

- Continuous IVs/maintenance fluids
 - Continuous IVs (admixtures) are active for 3 days. Orders MUST be renewed every 3 days
 - Specify a **volume or time limit** if needed
 - Ex. if you want to give a total of 1L of NS at 200ml/hr, specify that rate and enter a volume limit of 1L; otherwise the patient will get 4.8L of NS every day until the order is discontinued
- Piggybacks/boluses
 - Specify total volume in comments box if bolus dose is different than the bag size
 - Ex. if you want to give 500ml of LR over 30 mins, pick the LR 1000ml medication order, specify the infusion length and enter a volume limit of 500ml in the comments section

Herbals and OTC supplements/ Patient OWN Medications

- VAPA discourages the use of herbal supplements in the inpatient setting as we cannot ensure purity or efficacy.
 - Per policy (HCSM:11-14-206), if a patient chooses to continue to take any herbal/dietary supplements during their hospital stay, the primary inpatient provider will enter an “Inpatient Use of Dietary Supplements” progress note to ensure transparency to all health providers caring for the patient
 - Ensure to include the list of products the patient intends to self-administer
- VAPA does NOT allow the use of patient’s home prescription medications while admitted
 - EXCEPTION: if VAPA does not have drug in stock, the pharmacy will pre-pack patient’s home supply until the pharmacy obtains a hospital supply

Total Parental Nutrition (TPN)

- Total Parental Nutrition should be ordered DAILY BEFORE NOON
 - If ordered after NOON, D10% + electrolytes can be ordered
- TPN is ordered as a CONSULT (Consult tab→ new consult→ TPN order)

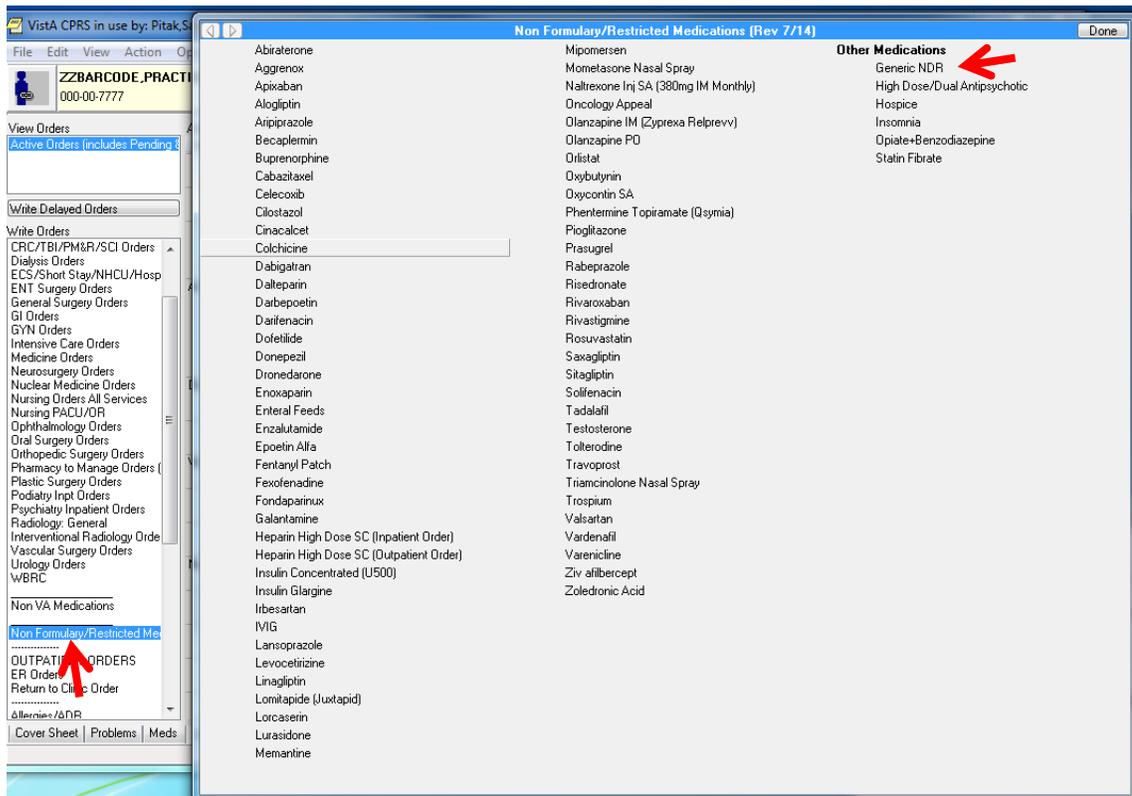
The screenshot shows the 'Order a Consult' interface. The 'Consult to Service/Specialty' dropdown is set to 'Tpn <tpn Order>'. The list of services includes various medical and support services. The 'Urgency' is set to 'ROUTINE' and 'Attention' is blank. The 'Patient will be seen as an:' radio buttons are set to 'Inpatient'. The 'Place of Consultation' is set to 'BEDSIDE'. The 'Provisional Diagnosis' field is empty. The 'Reason for Request' text area is also empty. The status bar at the bottom indicates 'Tpn Order Cons BEDSIDE'. There are 'Accept Order' and 'Quit' buttons at the bottom right.

- TPNs generally start at 1700 and run for 24hr unless specifically written for cyclic TPN
- Peripheral Parenteral Nutrition is no longer given per hospital policy
- Lipids are run twice a week on Monday and Thursdays
- Order metabolic panel, Ca, Mg, PO4, albumin daily and insulin sliding scale+ fingersticks every 6 hours.

Nonformulary (NF) and formulary restricted medications

- If a medication is a non-formulary or criteria restricted, it generally requires a prior authorization drug request (PADR) consult
- Common examples of drugs for which a PADR is required
 - LMWH and fondaparinux (“Lmwh Padr”)
 - Dabigatran/rivaroxaban/apixaban (“Doac Padr”)
 - IV pantoprazole (“Ppi Padr”)
 - IV Acetaminophen
 - Insulin glargine (“insulin Glargine Padr”)

- More than one antipsychotic at the same time or higher than FDA approved dose of antipsychotic (“High Dose/Dual Antipsychotic PADR”)
- Provide indication/rationale and supporting evidence-based medicine + citations as necessary to increase likelihood of consult approval
- If a patient takes a non-formulary medication as an outpatient and it has previously been dispensed by VA Palo Alto, a new consult is NOT required.
- If a patient takes a non-formulary medication as an outpatient and it has never been dispensed by VA Palo Alto, a new consult IS REQUIRED.
- PADR consults can be found in CPRS under the “orders” tab on the left side → “Non Formulary/Restricted Medications (more user-friendly)
 - If you don’t see the specific medication, use the “generic NDR” option on the upper right corner



Antimicrobials and ID approval

- Order antibiotics through the Antibiotics/ID ordersets (Inpt) order menu (within each surgical service orderset)
- If ordering an ID restricted med, please page ID for approval 11711
 - ID will contact pharmacy directly with approvals to start new restricted medications
- All HIV medications must be approved by ID even if restarting a home medication

Chemotherapy/Biologics

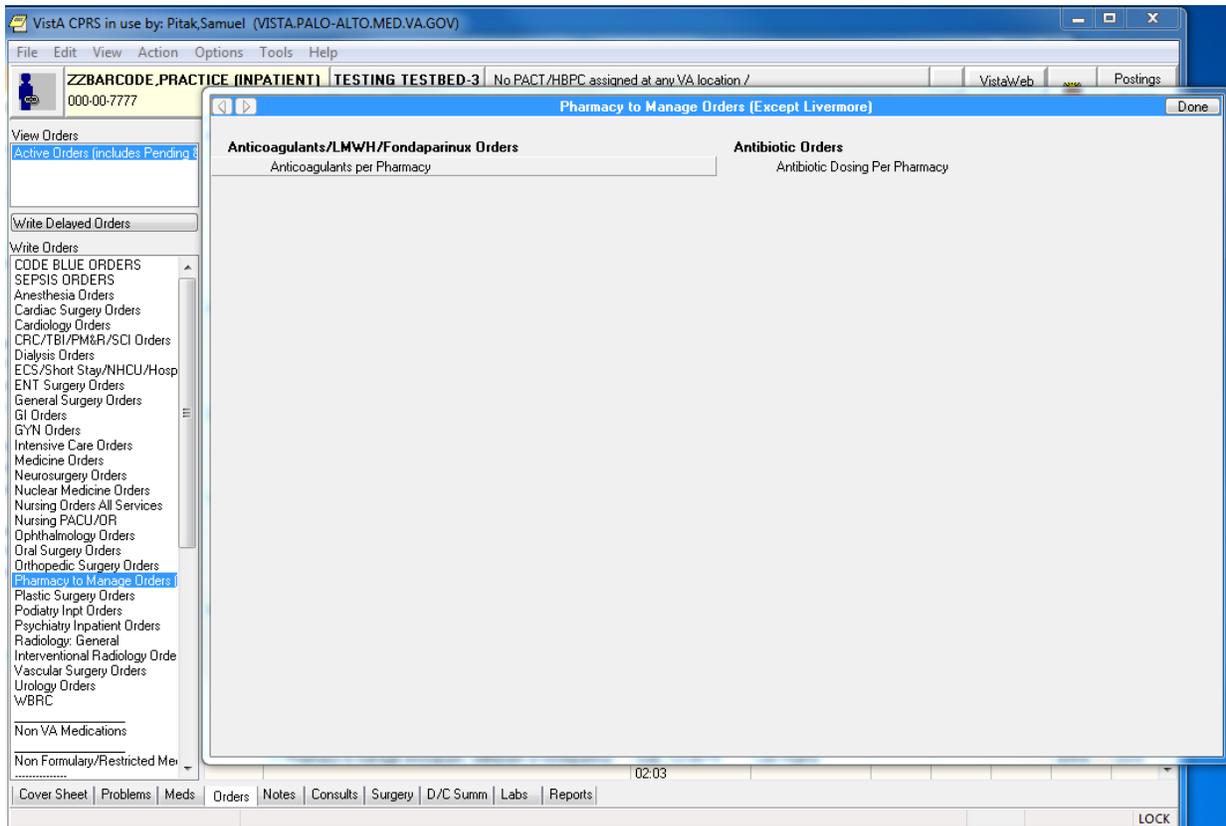
- All oral chemotherapy must be approved by sub-specialty service/oncology prior to restarting while in-patient
- Enter Comments “Approved by _____” when reordering

Pharmacy-to-Manage Medications

Antibiotics (vancomycin/aminoglycosides)

Anticoagulants (warfarin/LMWH/fondaparinux)

- Order these medications using the order set shown below
- Select the appropriate order set and follow the prompts
- To discontinue “Pharmacy to Manage” ensure DRUG and NURSING TEXT are both discontinued
- Pharmacist plan will be documented as an inpatient note “Pharmacy Inpatient...”



Medication administration history (BCMA) What did my patient receive and when?

Ward Medication Administration

- All medications administration is documented in CPRS
- Double click on medication order (in Orders or Meds tab) and scroll down to the bottom
 - “St” = Status
 - G=given, H=held, M=missing, R=refused
 - CAUTION! BCMA will track all statuses for a particular order, so make sure to look at the most recent one
 - For example, you may see M @ 1345, but G @ 1415; this means that initially the nurse was waiting for the medication, but eventually gave it at 1415

- “Sch” = schedule
 - C=continuous, standing order, P=PRN, O=once
 - Counting the P’s is a quick way to tell how many PRNs a patient used especially if they have the same medication scheduled (you will see a combination of P’s and C’s)

ER Medication Administration

- ED does not use BCMA so the CPRS medication history is not accurate
- Documentation of ER medication administration is in a NOTE titled “ER MED ADMINISTRATION”
- Check all note addenda for all medication given while in the ER

Operating Room/Cath Lab/Other Procedure Area Med Administration

- OR does not use BCMA, please refer to PICIS chart for documentation
- Cath lab/IR does not use BCMA, please refer to VISTA imaging for paper documentation

Medication Reconciliation

Provider Responsibility on Admission

- Review existing medication information, including herbals, OTC medications, nutraceuticals, and alternative medications, from all available sources, including the Outpatient Medication Profile, previous inpatient medication regimen, outside medical records, and remote data in CPRS
- Interview patient and confirm medication regimen the patient is following
- Document all allergic reactions and non-allergic adverse drug reactions
- Order inpatient medications to be restarted on admission
 - Avoid “Transfer to Inpatient” option when re-ordering medications, as it can often lead to errors
 - i.e. OutptRX: Fluoxetine 20mg, take 2 capsule qAM → when transferred to inpatient will become Fluoxetine 20mg PO QAM (incorrect dose)

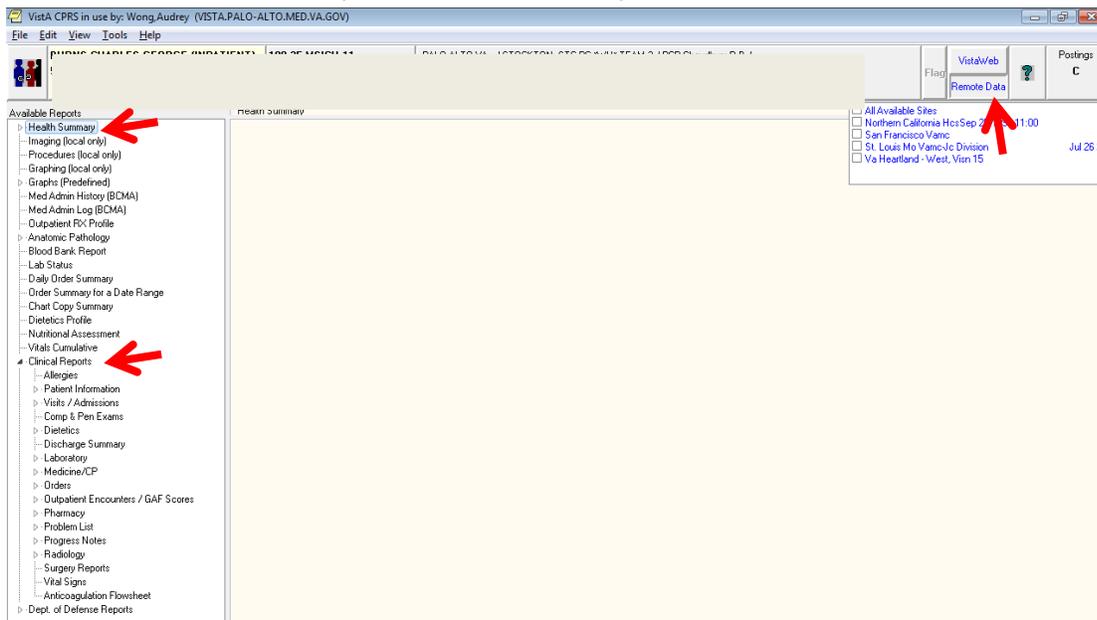
Outpatient medication statuses

- **Active:**
 - The medication is active and it is likely the patient should be taking the medication
 - Check last fill date, as often this can indicate if the patient has been taking consistently
- **Active/Susp:**
 - Consider this the same as an “active” prescription
 - This status means that the patient has requested a refill to soon so the system “suspends” the Rx to be mailed out when that date comes (“last fill” date is a future date)
 - Does NOT mean the medication is being temporarily held
- **Discontinued:**
 - Provider has intentionally stopped the medication order, indicating that either the patient should have stopped taking the medication or that the dose or frequency had changed
- **Expired:**
 - The order has expired either because the original order was written over a year ago, or earlier for controlled substances

- If a patient needs to continue an expired medication on discharge, it must be renewed (cannot be refilled)
- **Hold:**
 - These medications cannot be filled until the patient calls pharmacy to request it
 - Common reasons for medications to be on hold:
 - To be administered in clinic, and NOT dispensed to the patient directly (ex. Vaccines, IV medications)
 - Patient has a lot of the medication already, and requests it to be placed on hold until they need a refill
 - Patient was discharged to a SNF, so no supply was needed at time of discharge
 - Does NOT necessarily mean that a medication has temporarily been stopped

Remote Medications (other VA data)

- CPRS is used nationally. Labs/medications/notes from outside VAs can be seen in CPRS
- If a patient has remote data, the remote data icon will be BLUE. When clicked, it will show the different VA facilities that the patient has used and the date of the last charted information
- Go to Reports tab and choose the report to search within remote data
- Most useful information is found in “clinical reports” section: allergies, labs, medications, progress notes, surgery notes
- Other useful tabs include Reports→Health Summary→Medication Reconciliation



Discharge Process

Provider Responsibility on Discharge

- Review inpatient medications to determine the patient’s discharge regimen
- Discontinue obsolete medications from the Outpatient Medication Profile
- Order discharge medications with indication in comment field

- Order a sufficient quantity of medication to last until the patient’s next outpatient visit or order a 90-day supply of chronic medications, if appropriate
- Update the non-VA medication list
- Communicate the medication regimen to the patient and emphasize the indications of medications ordered. Written discharge instructions will be provided
- Document in the discharge note the entire medication regimen the patient will be on following discharge

Discharge to Home, Board and Care, or Assisted Living Facility

- Please enter discharge medications **as soon as possible**, preferably the day before discharge if feasible
- Outpatient pharmacy will complete medication reconciliation/discharge counseling at the outpatient pharmacy window (Bldg 100, 1st floor)
- Outpatient normal business hours: M-F, 0900-1930, Weekends: 0900-1730

Discharge to Non-VA Skilled Nursing Facility or Acute Rehab

- These are places where nurses administer medications and the facility provides medications, not the same as Assisted Living or Board and Care
- Any medication changes should be explicitly indicated in the discharge instructions, which serves as the physician’s orders for the SNF
- If the patient is likely to need a controlled medication in the upcoming 48-72 hours, it should be ordered as an outpatient medication and it will be sent with the patient to the SNF

Other Discharge Tips

- Warfarin
 - If a patient is a new start, please enter an anticoagulation clinic consult. To be eligible for warfarin monitoring at VA Palo Alto, he or she must have a PCP here.
 - In general, never change the patient’s active outpatient warfarin prescription even when a dose is changed. The outpatient order typically states “take _____ or as directed by anticoagulation clinic”, and we just instruct them how much to take. This makes it much easier for the outpatient anticoagulation clinic to continue ordering the patient’s warfarin

Pharmacy Resources

VAPA Drug Information/Medical References Sharepoint

- <http://vaww.visn21.portal.va.gov/pharmacy/SitePages/Drug%20Information%20Resources.aspx>

VAPA Drug Policy Information Sharepoint

- http://vaww.visn21.portal.va.gov/paloalto/pharmacy/DI_Test/Drug%20Information.aspx