

NURSING HOME MODULE

THE ABACUS NURSING HOME MODULE IS CAPABLE OF PERFORMING MANY FUNCTIONS PERTINENT TO NURSING HOME APPLICATIONS.

For instance, you have the ability to produce a forwarded physician's orders, medication administration records and other reports on a monthly basis for each nursing facility served. These applications alone can cost justify your investment in Nursing Home Module as most nursing facility administrators are willing to pay for this service since these tasks are performed manually by the nursing staff and requires many hours of nursing time each month. In addition, preparation of these forms and the maintenance of each patient's medication records by you, the pharmacist, will result in more accurate chart records in the nursing facility, further resulting in fewer pharmacy inspection deficiencies being found by investigating and licensure teams.

You have the ability to print delivery sheets to accompany each day's orders by nursing station. These delivery sheets can be signed by the receiving nurse and a copy can be retained for documentation of receipt of medication. This procedure can be invaluable in proving delivery of medication for Medicaid patients, or even private patients, on occasion.

You have the ability to produce one grand total statement for a nursing facility along with individual patient statements. This feature is most desirable for submitting charges to the nursing facility which is responsible for paying a patient's drug account.

You have the ability of handling a unit-dose operation, whether you are pre-billing or post-billing. Multiple labels can be printed, or none at all, depending on your needs. Accurate filling profile records can be printed each month, if desired.

You also have the ability to enter routine orders such as physical therapy, nursing care, laboratory, etc. into the patient's profile. In addition, you may maintain diet orders, diagnosis, multi-allergies, etc. All of this information can then be printed on monthly physician order sheets.

Inactive orders can be 'flagged' as such, remaining in the patient's profile to be 'reactivated' when necessary.

'Special Drugs', such as IV fluids, medical supplies, even admission kits, can be maintained in your drug file inventory and can be 'dispensed' much like a prescription, if you have such a need.

Patients can be flagged by 'type', such as Medicare, Medicaid, VA, or Private, to facilitate proper pricing and billing procedures.

Accounts can be created for charging 'house supplies' to each nursing facility.

Patients can be deleted from the Patient File whenever they are discharged and all charges are settled.

Each patient's drug regimen can be reviewed each time a medication order is dispensed, thereby performing the 'drug regimen review' on a daily, rather than monthly basis. The potential increase in identifying drug-drug interactions, allergies, overutilization or underutilization of medication can greatly enhance your professional service to the facility.

MEDICATION ADMINISTRATION RECORDS AND FORWARDED PHYSICIAN'S ORDERS

These should be printed a few days prior to the last of the month to allow time for a review of accuracy. They will be printed in either room sequence, patient number sequence or patient name sequence and, therefore, must be sorted before placing on the patient's chart for signature by the physician.

The nursing staff should review the forms for accuracy, checking the following items:

- * **Are orders correct?**
- * **Are strengths correct?**
- * **Are directions correct?**
- * **Are physician's names correct?**

If a discrepancy exists in the above items, it should be reported to the pharmacy for correction.

If an order is listed that was discontinued earlier; it should be reported to the pharmacy and order should be discontinued by the [F8] on the patient profile (history) screen.

Should a current order not be listed, one of two factors will be responsible:

1. The order was erroneously discontinued in the patients profile.
2. The order has not been communicated since you began using the computer. This will be the case in many standing 'prn' orders.

A sheet will only be printed for patients with 'active' (orders not discontinued).

Since forms are printed a few days before they are inserted in charts, any new orders, changes in orders, or D/C's must be written in by hand by the nursing staff.

After the sheets are signed by the physician, a facility supplied physician's order sheet should be used for any new orders during the remainder of the month. It is highly recommended that you use a duplicating physician order form for daily orders so that a copy can be returned to the pharmacy. In this way, any changes, etc. can be easily communicated.

THE ACCURACY OF THESE FORMS EACH MONTH WILL BE DETERMINED BY THE COMMUNICATION BETWEEN NURSING UNITS AND YOUR PHARMACY. ANY DISCHARGES, ORDER DIRECTION CHANGES, DISCONTINUED ORDERS, ROOM CHANGES, AND ADMISSIONS MUST BE RELAYED TO THE PHARMACY IN ORDER FOR YOUR FILES TO BE UPDATED.

DELIVERY SHEETS - These can be of great value in documenting receipt of medication by the nursing home. Depending on Medicaid requirements in your state, this could be a tremendous factor during an audit of records by a Medicaid agency. In addition, it can serve as a clincher in convincing families that 'Momma' did get her medication after all!!!

The delivery sheets can be prepared on 2 or 3 part paper. A signed copy should be returned to the pharmacy and one or two copies retained by the nursing home. These copies should be filed permanently.

Delivery sheets can be printed at the time you filed the order or upon request via the reports menu.

STATEMENTS - Should you desire, statements for nursing home patients can be run at any time. A separate statement for each patient whose medications are billed to the facility can be prepared if you so desired.

Since statements are fully descriptive, listing date, Rx number, quantity, name of drug and price, this is attractive to nursing home administrators as it simplifies their accounting process. **UTILIZE THIS A SALES TOOL!!!**

DELETING PATIENTS - It is advisable to delay the deletion of nursing home patients as it is common for them to be discharged and then readmitted in a few days. Also, if a Medicaid patient is discharged around the 1st of the month, their Medicaid Rx's might not be processed until the end of the month. A good rule of thumb is to delete only those patients discharged three (3) months ago.

REVIEWING DRUG REGIMENS - As each NEW ORDER is processed for a patient, the patient profile should be reviewed, checking for allergies, overutilization, and underutilization of medication.

If a comment is necessary concerning drug therapy, a form similar to this could be utilized and sent to the facility:

| | |
|--|------------|
| DEAR DIRECTOR OF NURSING: | DATE _____ |
| _____, A PATIENT IN _____ | |
| IS ON THE FOLLOWING MEDICATION(S): | |
| _____ | |
| _____ | |
| COMMENT: _____ | |
| _____ | |
| REGULATIONS REQUIRE A FREQUENT REVIEW OF EACH PATIENT'S DRUG REGIMEN BY PHARMACISTS SERVICING SKILLED NURSING FACILITIES FOR DRUG UTILIZATION AND INTERACTIONS. THE INFORMATION WE ARE PROVIDING DOES NOT NECESSARILY SUGGEST A CHANGE IN ORDERS; HOWEVER, THE ATTENDING PHYSICIAN SHOULD BE NOTIFIED. <u>PLEASE FILE THIS REPORT WITH YOUR MONTHLY CONSULTANT PHARMACIST EVALUATION AND REPORT FORM FOR REVIEW BY SURVEY TEAMS:</u> | |
| SINCERELY, | |
| _____, | |
| PHARMACIST | |

Should a medication be reordered too early, or if a wrong refill number is received, a form similar to this could be utilized and sent to the facility:

| | | | | |
|--|-----------|----------------------|------------------------------|-----------------|
| TO DIRECTOR OF NURSES: | | DATE _____ | | |
| The following medications were ordered today. We have not filled these orders for the following reasons: | | | | |
| PATIENT | RX NUMBER | DATE OF LAST FILL | REJECTED FOR EARLY REFILL | WRONG NUMBER |
| | | | | |

If the above procedure is followed, the review of each patient’s drug regimen will be performed on a daily basis and FORWARDED PHYSICIAN’S ORDERS can be signed by you as they are printed out. This procedure would allow you to spend more time during your regular visit to the facility on studying lab data and diet information on patients and conducting a more thorough inspection of the drug rooms, etc.

CYCLE FILLING (UREFILL) - Is an optional software, that works in conjunction with the pharmacy software to reduce the time it normally takes to refill re-occurring prescriptions. By displaying and allowing you to select which Rx you want to refill or copy for a given nursing facility. It prints a validation report, automatically transmits the orders and prints Rx labels and delivery sheets.

PRESCRIPTION RECORD

Medication orders for nursing home patients are entered exactly like orders for outpatients. There are, however, a few things to keep in mind.

You must make entries in the ‘HOA’ (Hours of Administration) field of the Rx record in the Rx entry screen, if you wish to print the ‘hours of administration’ on your MAR’s.

Pay close attention to the ‘Last date’ on refills. Medications are routinely re-ordered at times when another full container is in the med room!

Keep in mind that sigs on MAR’s will normally only print three (3) lines of directions, therefore edit your sigs accordingly.

Be sure to discontinue orders in the profile as the occasion arise. Otherwise your MAR’s and physician orders will be inaccurate.

NON-DRUG ORDERS

Orders such as physical therapy, routine statements, lab orders, etc. can be entered through the ‘Patient Order’ screen. These orders can then be printed on several different physician order sheets.

You can also enter ‘Standing Orders’ for nursing home patients. Whenever a new patient is admitted to the facility, you may copy these orders to the new patient’s ‘Patient Orders’ section, thereby saving yourself considerable time in making the same repetitive entries.

To enter such order for a patient, select the patient from the ‘New/Refill prescription’ screen. Then press the [F4] key to get to the patient information screen. Now to enter orders, press the [F7] key, then select the type of order you want to enter. A code can be assigned to an order, so that it can be copied at a later time.

PRINTING PHYSICIAN ORDERS/MAR’s

Physician Orders can be printed at any time from the ‘report menu’ screen. Select ‘Med-Sheets (MAR)’, you can specify how to limit your printing as follows:

- * Specify a Rx date range to extract.
- * Specify a date to print on the MAR sheet
- * Limit to a specific a nursing home.

- * Request whether you want print Treatment, Maintenance and PRN medications on its own page.
- * Limit to a specific Rx category.
- * Limit to a specific nursing facility wing, floor or room.
- * Limit to a specific patient.

All Rx that fit the specified criterion will be printed.

Working with a Nursing Homes

To begin to work with the Nursing Home Module you must first create a record of the Nursing Home facility; then assign the patients to the Nursing Home by entering the nursing home code in the patient record.

1. CREATING A NURSING HOME RECORD

From the Pharmacy Plus menu, select "File", then "Homes/Facility". The following screen will appear to allow you to create, edit or delete a Nursing Home record.

The screenshot shows a window titled 'PHA.EXE' with a sub-window 'Nursing Home/Company file' and a status bar '3.94e'. The main area is split into two panes. The left pane has a green background and displays the following information:

```

NHome#: MH
Name: My Home Elder Care
Street: 1234 S.W. 45 Street
City: Miami State: FL Zip: 33145
Phone: (305) 555-3434 Fax: (305) 555-3999
Contact: Alan Green
Provider#: Category: H
Doctor#:
Hours of Administration (Default): 8am, 10am, 2pm, 5pm

Balance: 0.00 Last paid: / /
Amount paid: 0.00 /
Statement Date: / /
Statement Amt: 0.00 /
Open Credit: 0.00

Notes
  
```

The right pane has a blue background and displays an index table:

| Index | |
|-------|---------------|
| MH | My Home Elder |

At the bottom of the window, there is a control bar with buttons for 'Esc Menu', 'F1 Help', 'F2 Create', 'F3 Delete', 'F5 Find', 'F7 Hist', and 'Edit'.

As with all file screens, the following commands are available:

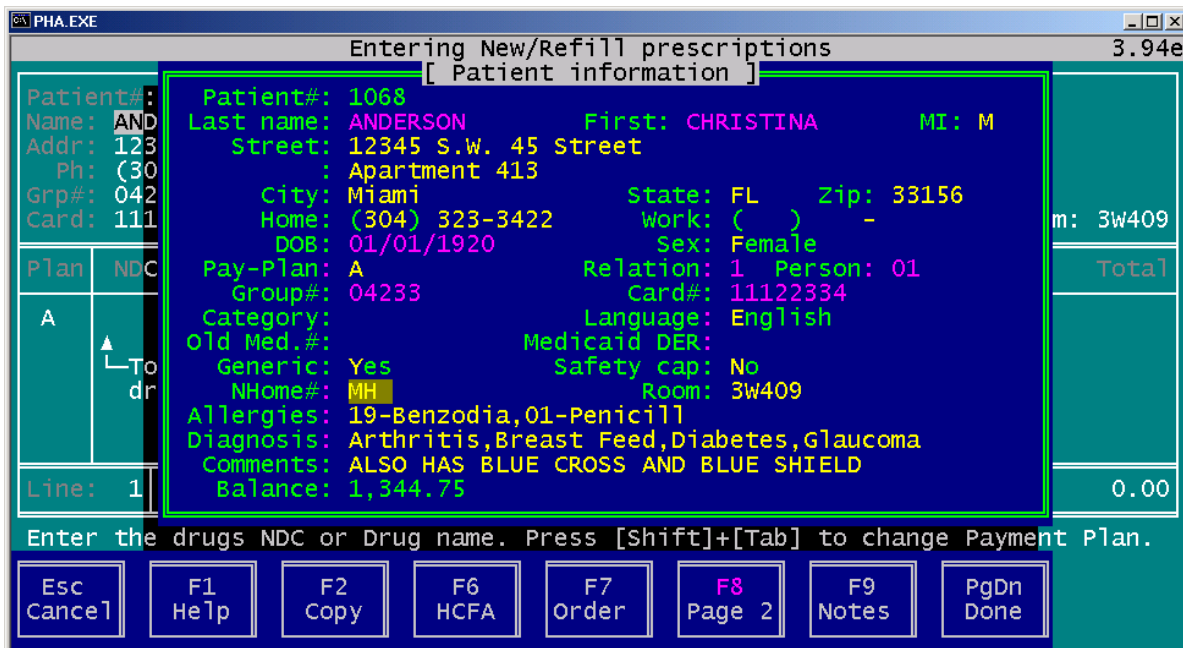
1. Press [F2] to create a new Nursing Home record.
2. Press [F3] to delete a Nursing Home record.
3. Press [F5] to locate a Nursing Home by name or code.
4. Press [F7] to display accounting history.
5. Press the [Enter] to change information.

FIELD DEFINITION

- Nhome#** - A code (up to 3 characters) that represents the Nursing Home, Company or Family group. This code is assigned by you.
- Name-** The name of the Nursing Home, Company or Family group.
- Street** - The street address.
- City** - The city where it resides.
- St** - The state where it resides.
- Zip** - The zip code where it resides.
- Phone** - The telephone number
- Fax** - The facsimile telephone number
- Contact** - The personal contact at this location
- Provider#** - The facilities provider number (for your information, not currently used elsewhere in the software).
- Doctor#** - The file number of the doctor that is normally prescribing medication at this facility. When ever you are filling prescriptions for a patient that is in this facility the default doctor will be the doctor who's file number matches this one.
- Category** - The facilities category. Usually used for reports, to limit the reports to only a certain category.
- HOA** - The usual times medication is administer at the facility. This is only the default and can be overridden when the prescription is being filled. You can specify up to 5 different times by separating each time with a coma. For example:
10AM, 11AM, 2 PM, 4PM, 10PM
- Balance** - The current accounts receivable balance of this facility
- Last paid** - The date that last payment was received.
- Amount paid** - The amount paid on the last payment.
- Statement Date** - The date of the last statement.
- Statement Amt** - The amount of the last statement
- Open Credit** - The amount of the outstanding credit amount not applied to the patients account. Usually an amount payed above the amount owed and can not be posted to open prescriptions (items).

1. ASSIGNING PATIENTS TO A FACILITY

Once you have created a Nursing Home record, you can assign patients to the nursing home. This can be done in the patient file screen (from the menu, select File, then Patients) or you can assign the patient to the Nursing Home within the 'New/Refill Prescription' screen as shown below:



3. PRESCRIPTION ENTRY

Once you have assigned the Nursing Home to the patient, you can begin to enter prescriptions the same way you did for regular patients (not in a facility). The only extra field is the HOA (Hours of Administration) the hours the medication are administered at the facility.

4. HOURS OF ADMINISTRATION (HOA)

If you are printing the Physician Orders or Medication Administration Records (MAR) sheets, and want the hours of administration to print, you must enter them in the HOA field in the prescription entry screen.

5. HOA DEFAULTS

You can define the usual Hours of Administration for a Nursing Home in the Nursing Home record; this default will be displayed in the HOA field of every new prescription then you can change to suit. You can also limit the times you want to appear in the HOA by specifying the time slots in the Sig file.

EXAMPLE OF HOA:

Problem: A Nursing Home has the standard HOA of 8am, 10am, 2pm and 5pm. A medication as been prescribed BID (twice a day).

Solution: Enter the standard HOA in the Nursing Home record as the Default HOA. Then, enter the time slots in the BID slot 1 and 4. This will cause the default HOA for a BID Rx to be 8am and 5pm.

TIP: You can also enter or change a HOA on the Rx, to skip a time slot on the Med-Sheet type a comma (.). For example, if you want 8am to print on slot 1 and 5pm on slot 4 of the Med-Sheet, type the HOA as '8am,,,5pm'. To print 10am in slot 2 and 5pm in slot 4, type the HOA as ',10am,,5pm'.

6. INVOICES/DELIVERY SHEET

An Invoice or Delivery Sheet can be printed for each patient, upon saving the prescriptions. You should have another printer connected to the computer to avoid changing printer form each time you print an invoice, delivery sheet or Rx label. Invoices and Delivery Sheet are also available for batch printing within the 'Reports menu'.

7. SHIPPING LABELS

If you mail order, a shipping label can be printed upon saving the prescriptions. You should have another printer connected to the computer to avoid changing printer form each time you print an invoice, delivery sheet, shipping label or Rx label. Up to three printers can be defined in the configuration of the Pharmacy Plus software to print simultaneously.

8. PRINTING MED-SHEET OR PHYSICIAN ORDERS

Once to enter all the Rx for a given Nursing Home/Facility, you may request to print Med-Sheet for all or selected patients assigned to a Nursing Home. Select 'Reports' from the menu, then 'Reports menu' to print the Med-Sheet or Physician Orders, you will be guided through the selection process by screen prompts.

STANDING ORDERS/OTHER INSTRUCTIONS

You can enter orders or instructions that will appear on the upper right side of the Physician Order Sheet. These orders are use by various facilities to remind staff nurse of patient activities, special needs, dietary orders, etc. The orders can be entered while in the 'New/Refill Prescription' screen. Press the [F7] key from within the patient information screen (the [F4] modify patient screen).

OTC ORDERS.

OTC products are product where the NDC number has six digits or less and the type code in the drug file is 'O'. These products can be entered and will appear on the med-sheet.

NON-DRUG ORDERS.

Non-drug orders are adjustments, credits or other product orders.

DME ORDERS.

Durable Medical Equipment orders can be entered, to maintain a history of products.

PRINTING FREE RX ON MAR

Only Rx with a dispense quantity will print on the MAR sheet. If you need to print free medication on the MAR sheet. Create a pricing table that calculates no total price, then assign the pricing table to a payment plan.

PHYSICIAN ORDERS

STANDING ORDERS

The patient screen has a new F- key [F7] Orders, this key will allow you to enter standing orders for the patient.

Pharmacy Plus

Entering New/Refill prescriptions 3.88z

[Patient information]

| | | |
|-----------|---|-------------|
| Patient#: | Patient#: 1068 | Home |
| Name: AND | Last name: ANDERSON First: CHRISTINA MI: M | |
| Addr: 123 | Street: 12345 S.W. 45 STREET | |
| Ph: <30 | City: Miami State: FL Zip: 33156 | |
| Grp#: 042 | Home: <304> 323-3422 Work: < > - | m: 3W409 |
| Card: 123 | DOB: 01/01/1920 Sex: Female | |
| Plan | Pay-Plan: 97 Relation: 1 Person: 01 | Total |
| | Group#: 04233 Card#: 12345678 | 58.78 |
| 97 | Category: English | |
| 97 | Old Med.#: Medicaid DER: 1 Nursing Home | |
| | Generic: Yes Safety cap: No | |
| | NHome#: AND Room: 3W409 | |
| | Allergies: 19-Benzodia, 01-Penicill | |
| | Diagnosis: Arthritis, Breast Feed, Diabetes, Glaucoma | |
| | Comments: ALSO HAS BLUE CROSS AND BLUE SHIELD | |
| Line: 1 | Balance: -8.00 | 58.78 |

Enter the drugs NDC or Drug name. Press [Shift]+[Tab] to change Payment Plan.

Esc Cancel
F1 Help
F2 Copy
F6 HCFA
F7 Order
F8 Page 2
F9 Notes
PgDn Done

The Standing Order screen is organized in the order of printing. To enter information on a particular subject, first highlight the subject, then press the [Enter] key. You can enter up to seven (7) lines, seventy characters (70) each or 700 characters of information per subject.

Pharmacy Plus

Entering New/Refill prescriptions 3.88z

[Patient information]

| | | |
|-----------|--|-------------|
| Patient#: | Patient#: 1068 | Home |
| Name: AND | Last name: ANDERSON First: CHRISTINA MI: M | |
| Addr: 123 | Street: [STANDING ORDERS] | |
| Ph: <30 | Cit: 3156 | |
| Grp#: 042 | Hom: DO | m: 3W409 |
| Card: 123 | DO | Total |
| Plan | Pay-Pla | 58.78 |
| | Group | |
| 97 | Category | |
| 97 | Old Med. | |
| | Generi | |
| | NHome | |
| | Allergie | |
| | Diagnosi | |
| | Comment | |
| Line: 1 | Balance | 58.78 |

STANDING ORDERS

- DIETARY ORDERS
- ENTERAL FEEDINGS
- LABORATORY ORDERS
- SPECIAL NEEDS
- MOBILITY
- NURSING APPLIANCE/EXERCISE
- EVALUATION QUESTIONS
- TREATMENTS
- VITALS
- ANCILLARY ORDERS
- PROGNOSIS
- LEAVE OF ABSENCE
- REHABILITATION POTENTIAL

Enter the drugs NDC or Drug name. Press [Shift]+[Tab] to change Payment Plan.

Esc Cancel
F1 Help
PgDn Done

The Prescription Entry screen has changed to accommodate the Prescription Category field. This field will allow you to specify a Rx Frequency, Type of medication (i.e., Treatment, Maintenance, PRN) or an actual category that you defined to be able to produce the type of reporting you desire.

Pharmacy Plus
Entering New/Refill prescriptions 3.88z

Patient#: 1068 DER: **Nursing Home**
 Name: ANDERSON, CHRISTINA M Generic: Yes
 Address: [Prescription entry NDC #781-1061-01]

Ph: Drug: ALPRAZOLAM 0.25MG TA (GENEVA PHA) Eq→XANAX
 Grp#: Pkg. Size: 100.00 AWP/Unit: 0.54 On-Hand: 0
 Card: Doctor: ME0041636 CABADA, HERIBERTO DEA# AC2772920 3W409

| Plan | Rx No. | Filled | P.Qty | D.Qty | Refills | Total |
|------|--------|------------|-------|-------|---------|-------|
| 97 | NEW | 03/03/2000 | 30 | 30 | 2 | 58.78 |

SIG code: BID HOA: 8am,10am,12noon,3pm Labels: 1
 ↳ TAKE ONE TWO TIMES A DAY.
 Days supply: 15 Drug exp: 03/01/2001 Lot#:

| IngrPrice | Disp.Fee | Discount | Total | CoPayment | Catg | Status |
|-----------|----------|----------|-------|-----------|------|-----------|
| 16.07 | 4.23 | 0.00 | 20.30 | 0.00 | | Un-Billed |

Line: 58.78

Use \ ' to concatenate [AWP: 16.07 Acq: 12.85] Remaining Qty=60

Orders such as physical therapy, routine statements, lab orders, etc. can be entered through the "OTC Product/Order entry" screen. To create an Order for the first time, make sure you have entered "Y" to OTC entry in page 3 of the configuration. Then create an item, by entering a unique NDC number with less than 7 digits, call it "Order" (this tells the system it is a non-drug order). Next, enter the desired comment you want to appear on the Physician Order form. You can also specify a category to sort by or to separate by page.

Pharmacy Plus
Entering New/Refill prescriptions 3.90f

Patient#: 1068 *BALANCE OVER CR LIMIT* DER: **Terminally Ill**
 Name: ANDERSON, CHRISTINA M Generic: Yes
 Address: 12345 S.W. 45 STREET Allergic: Yes
 Ph: (304) 323-3422 / () - Safety Cap: No
 Grp#: 04233 Relation: Cardholder Age: 80
 Card: 11122334 Accounts Receivables NHome#: AND Room: 3W409

[OTC product/Order entry]

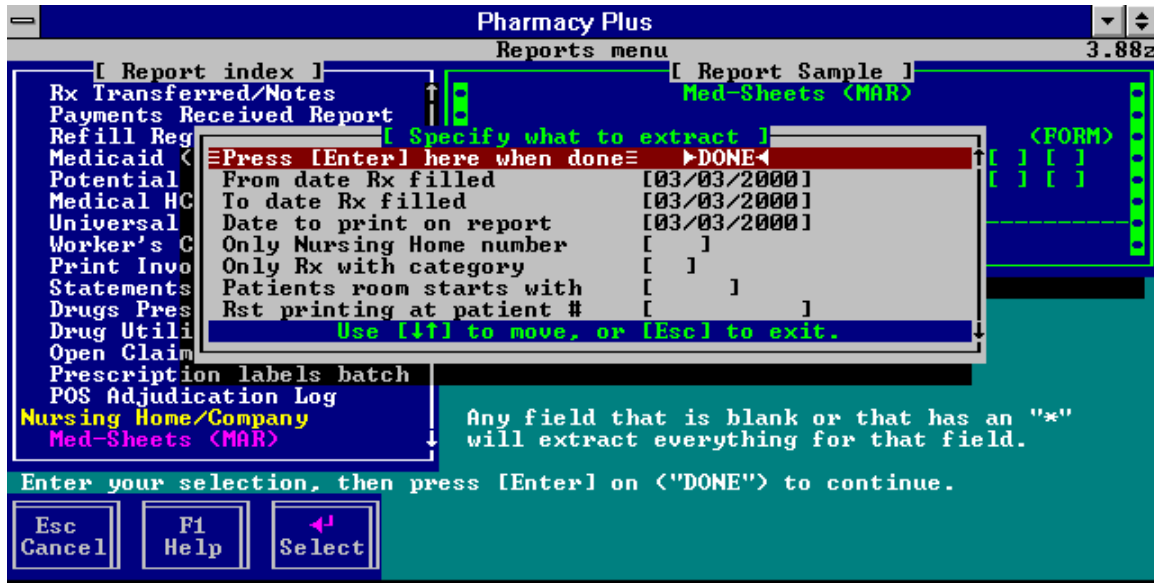
| Plan | NDC/Drug n | Description: Order | Qty | Total |
|------|------------|---|-----|-------|
| A | 123 | On-hand Qty: 0 Pkg.Size: 1.00 Retail: 0.00 AWP: 0.00 | | |

Date: 05/16/2000 Taxable: No
 Quantity: 1 Total: 0.00
 Comments: O.O.B. TO SIT IN CHAIR TWICE D
 HOA: 10am,3pm Catg: 0

Line: 1 Rph: U1 / YOUR NAME HERE-USER #1 CoPay: 0.00 Due: 0.00

Enter the drugs NDC or Drug name. Press [Shift]+[Tab] to change Payment Plan.

Some reports now allow you to enter a Category code, this code is defined by you and entered in the Rx (as shown above). If you enter a Category, only those Rx with that Category will be printed.



The prescriptions on the Physician Orders/Med-Sheets are now sorted by the Category field, this way you can print all the Treatment, Maintenance or PRN medications together.

For example: use the first character of Category for the frequency of the Rx (i.e., M=Monthly, W=Weekly, B=Bi-Weekly) and the second character for the type of medication (i.e., T=Treatment, M=Maintenance, P=PRN).

NEW PATIENT FORM

Some Facility may require a form to be filled out on a new admission, you can set the system to automatically print a new admission form (see Standing Orders) or the facility may use a copy of the form shown below.

NEW PATIENT INFORMATION

Resident's Name: _____

Allergies: _____

Resident's D.O.B.: _____ Admit to room#: _____

Resident's pay type: **PVT ()** **MEDICARE ()** **MEDICAID ()** # _____

Diet / Enteral Feedings: _____

Dietary Liberties on special occasions? **YES / NO**Rehabilitation Potential: **GOOD - FAIR - POOR - NONE - LTD**

PT () ST () OT () Evaluation () Treatment ()

Special needs: (NO CODE, DNR, SEIZURES, PACEMAKER, ETC...) other: _____

Side rails up when in bed? **YES / NO**

Laboratory orders: _____

Laboratory due dates: _____

Vital signs & weight monthly (unless contraind): _____

Crush meds prior to administration? **YES / NO**Ambulation: **INDEPEN - CANE - WALKER - WHEELCHAIR - GERICHAIR - OTHER:** _____With assistance frequency: **AD-LIB - SPECIFIC RESTORATIVE NURSING APPLIANCES /EXERCISES:** _____

Restraint: Check every 30 minutes, release every 2 hours for a period of 10-30 minutes

Type (circle) **VEST WRIST GERICHAIR MITTEN LAP OTHER:**

Frequency (i.e., HOURS, DAYTIME, ETC...) _____

Purpose (i.e., SAFETY, PREVENT FALL, ETC...) _____

Treatments: _____

ANCILLARY ORDERS:Resident notified of their patient rights? **YES / NO** (if no, give reason)May leave facility on pass? **YES / NO** If yes, with medication? **YES / NO**Capable of utilizing cosmetics at bedside? **YES / NO**Resident notified of their condition? **YES / NO** If no, give reason: _____

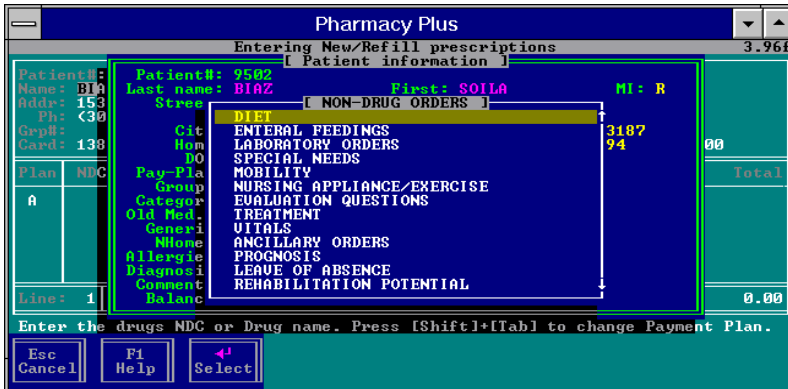
Oral medications may be given with food unless otherwise specified by the physician.

Resident free from communicable diseases including TB? **YES / NO**Orders reviewed and approved for **30 / 31** days. Resident care plan reviewed and/or renewed.Discharge potential: **GOOD - FAIR - POOR - NONE**I certify this resident to require nursing care: **SKILLED - INTERMEDIATE I - INTERMEDIATE II**

Standing Orders (physician order/Med-sheet)

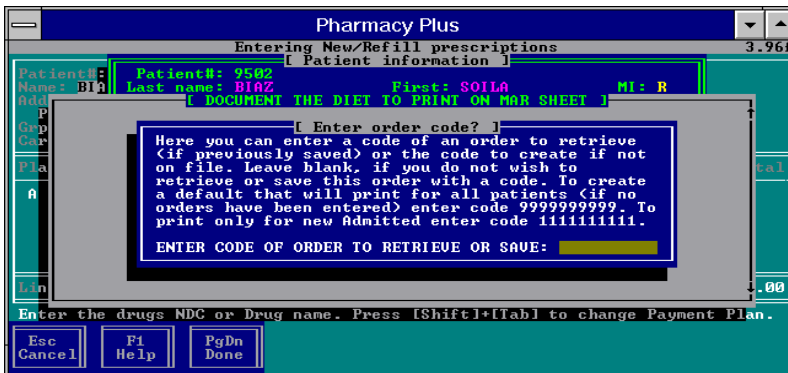
Standing orders

A standing order can be printed next to the Hours Of Administrations (HOA) via the [F7] ORDER key in the patient profile screen. You will be presented with a list of order types available, select an order type and enter the order (up to 14 lines).



Default - Standing orders

You can set up a general orders to print when no orders have been entered for a patient by creating the orders with a code of 999999999. Since orders are stored with the patient number as the code, to later edit this order you will have to create a patient with a patient # of 999999999. Then just follow the same instructions to change an order (Bring up patient #999999999 via the “New/refill Rx menu”, press the [F4] to enter the patient screen, then [F7] to enter the order screen).



Admission sheets

You can set up orders to print for a new patient admitted if no orders have been entered for the patient. This is done by creating the orders with a code of 111111111. Since orders are stored with the patient number as the code, to later edit this order you will have to create a patient with a patient # of 111111111. Then just follow the same instructions to change an order (Bring up patient #111111111 via the “New/refill Rx menu”, press the [F4] to enter the patient screen, then [F7] to enter the order screen).

NOTE: You must enter the date Admitted on page 2 of the patient information screen. The Admitted date must be at least 1 month prior to the date range entered when requesting to print the Physician Orders.