

## Tip sheet (Willow Inpatient)

### Inpatient Pharmacist:

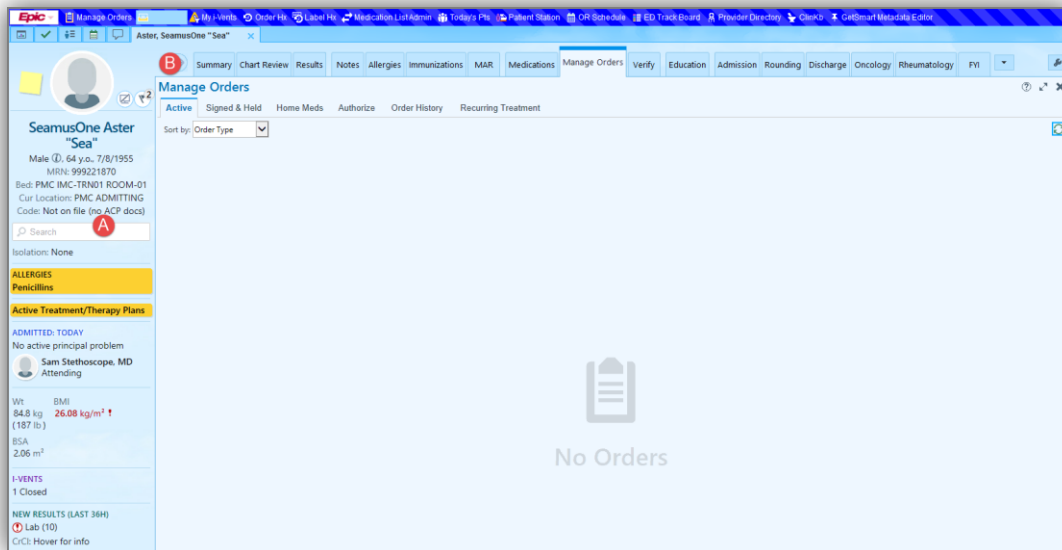
#### May 2019 Upgrade

What's new in Dimensions with the May 2019 Upgrade?

#### Storyboard for Pharmacists

Say goodbye to the patient header and hello to Storyboard. Storyboard gives you easy access to a patient's story, no matter where you are in their chart. Review key information, hover for additional detail, and click to take action.

After opening a patient's chart, **(A) Storyboard** appears on the left side of the screen, and the **(B) activity tabs** you're accustomed to now appear at the top of the screen. You can also customize those tabs to best suit your needs. No matter where you are in a patient's chart, you can see key information about that patient in the Storyboard, including allergies, weight/BSA, and new lab results. Allergies are limited to display only the first three listed in the Storyboard. Hover allergies to see the full list. You can also take common actions, such as creating a new intervention or quickly jump to activities such as Results Review. Of course, any of these activities can still be accessed as you previously have.

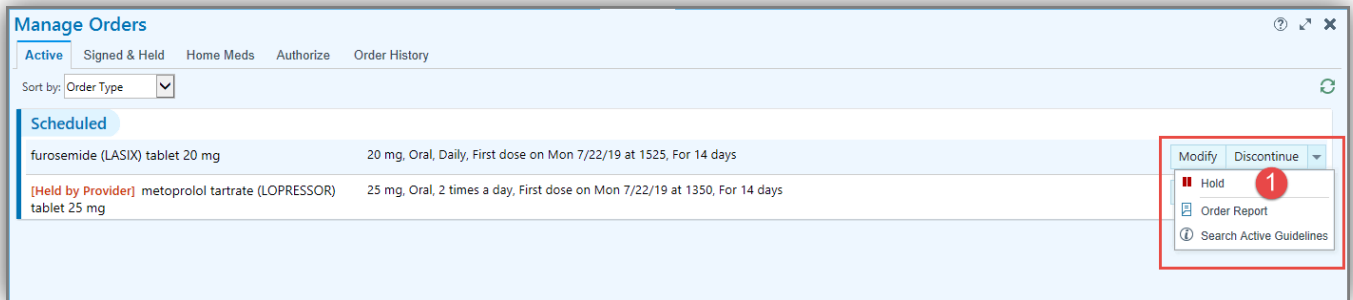


- ❖ Watch the quick video in the playlist to learn more on Storyboard basics and customization options.

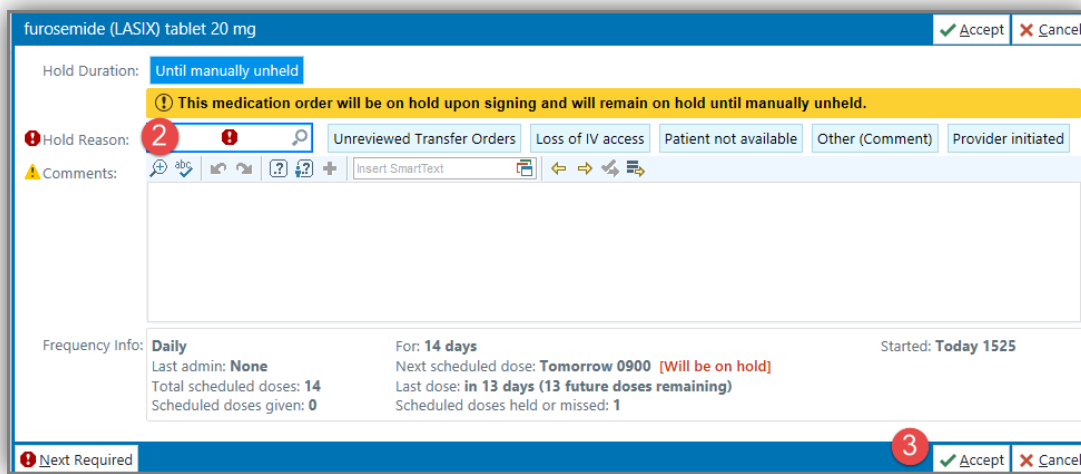
#### Place Medications on Hold from Manage Orders

Pharmacists, Providers and Nurses can now hold medications from Manage Orders when appropriate.

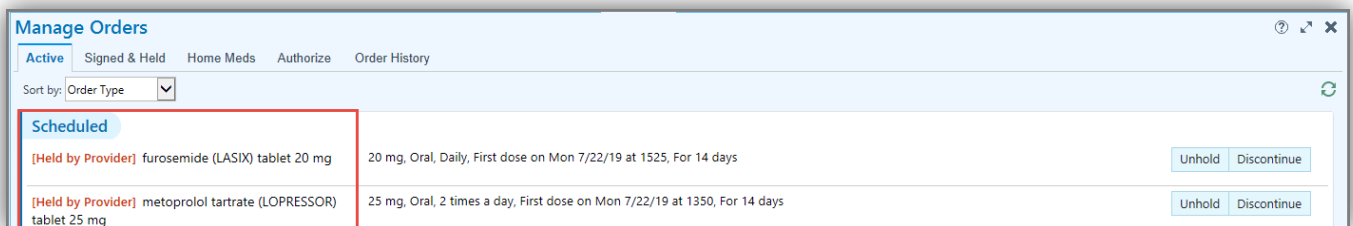
- To hold a medication, from the **Manage Orders** activity, click the dropdown arrow to the right of Discontinue and select **Hold**.



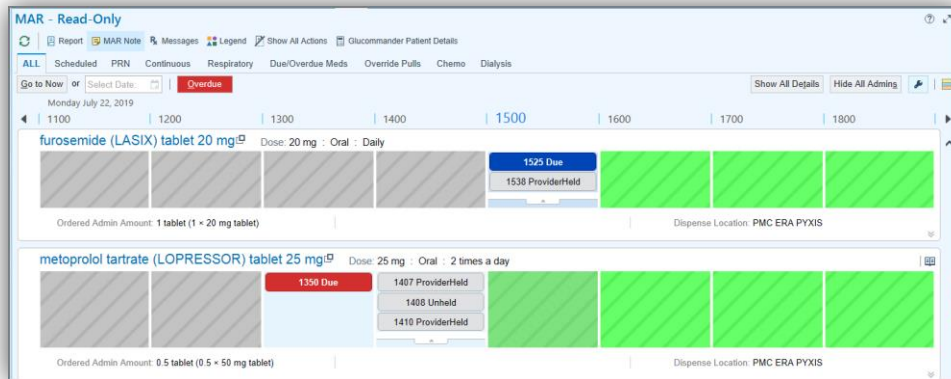
2. Select a **Hold Reason**, which is required. Additional comments can be captured in the **Comments** field as necessary.
3. Click **Accept**.



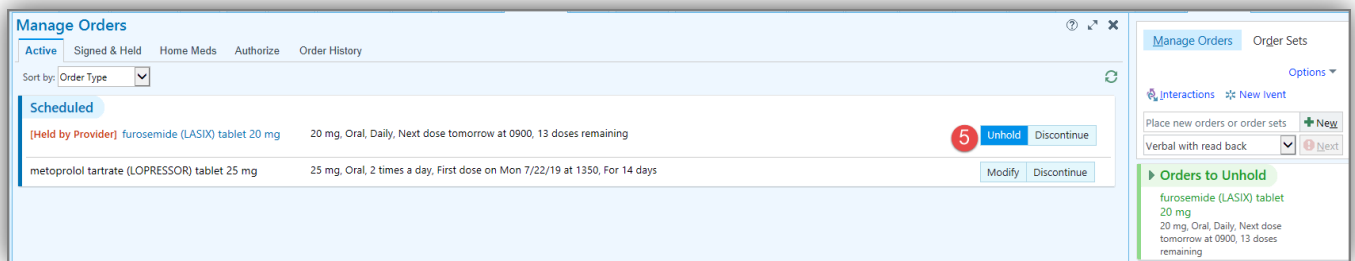
4. Sign the order with the appropriate order mode.
  - Holds require provider signature or **VOTO** by the nurse or the pharmacist.
  - If held or unheld by the Provider or Nurse, the Pharmacist will be required to verify both the hold and unhold actions.
  - If held or unheld by the Pharmacist, both the hold and unhold actions will auto-verify.
  - Once held, the medication will be marked as such in Manage Orders. A medication can be held for a maximum of 72 hours and then the hold must be either renewed or unheld.



- The held medications will appear green on the MAR and the Held/Unheld actions are visible.



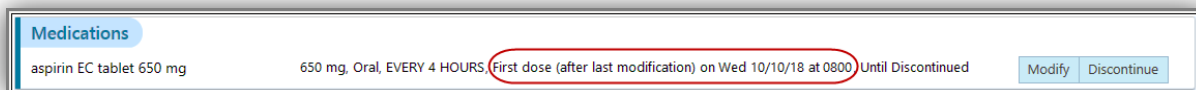
5. To unhold a medication, from **Manage Orders**, select **Unhold**.
6. Sign the order with the appropriate order mode.



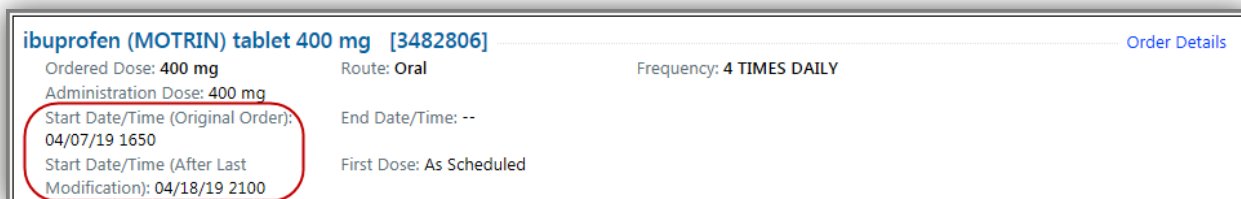
## First Dose or Start Date/Time

When an inpatient medication order is reordered or modified in a way that causes the system to discontinue the original order and create a new order, it's now clear that the first dose of the new order isn't the first dose for the patient. Text now appears in the order's summary sentence in Manage Orders to indicate when the first dose date refers to the first dose after the last modification or the first dose of the last reorder.

- The summary sentence indicates that the date is the first dose after the last modification.

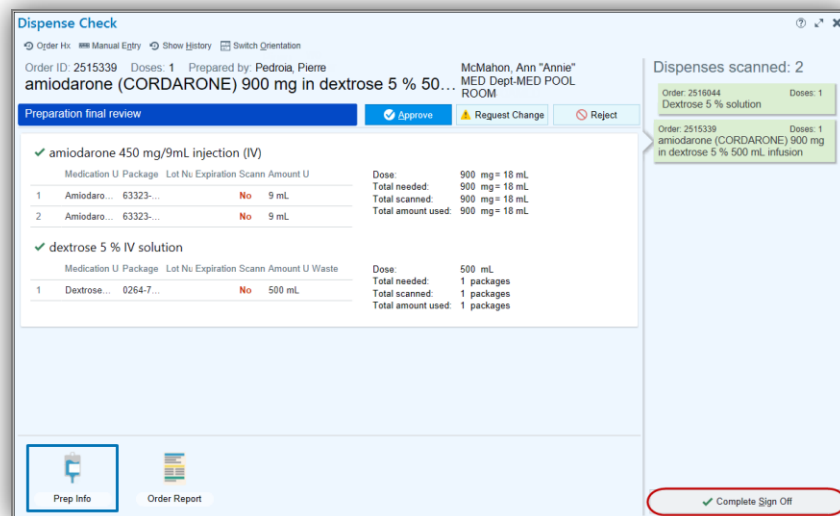


- The Order Report shows the start/date time for the original order as well as the start date/time after the last modification.



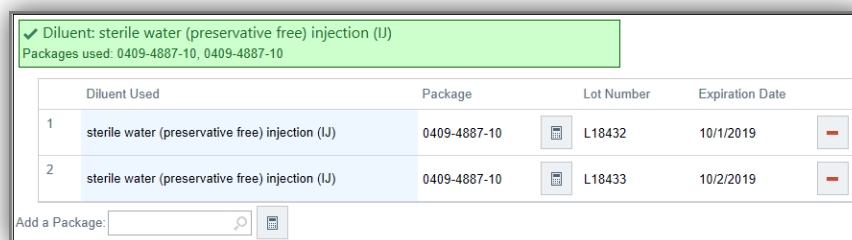
## Click Sign Off in Dispense Check

As pharmacists approve dispenses in Dispense Check, the dispenses appear in the Dispenses Scanned sidebar. After the pharmacist is done checking dispenses, they must click Complete Sign Off to sign off on all of the dispenses they checked during that session. If the pharmacist is called away from their workstation after approving some dispenses, but before clicking Complete Sign Off, and the system logs them out automatically, the dispense they approved but didn't sign off on are no longer saved as checked.



## Document Multiple Diluent Packages in Dispense Prep

Pharmacists and Technicians can now add multiple diluents to their preparations in Dispense Prep, so the system can more accurately capture all packages used to prepare a dispense. However, these packages must be for the same medication. If the user tries to add multiple different diluents, a warning appears that can't be bypassed.



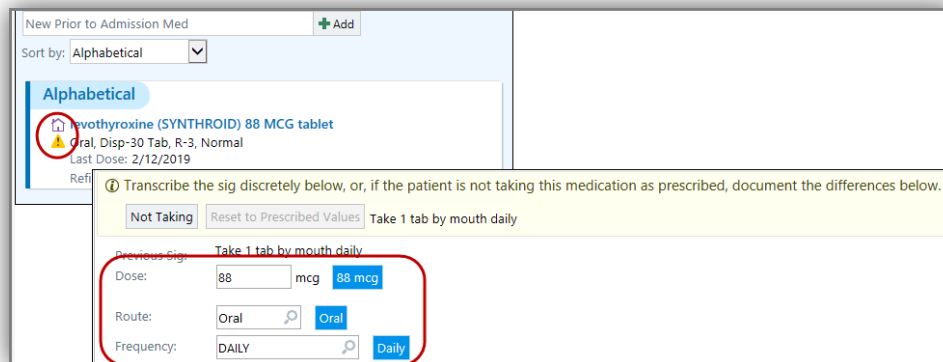
## Dispense Prep Information is Saved for Administered Medications

When pharmacists open a dispense in Dispense Check that has already been administered, they will see messages indicating that the dispense was administered and finalized before it was reviewed. They should then follow up with the preparing user to determine why the dispense wasn't checked before it was administered.

Dispense Preparation Details					
Prepared By: Annie Houston, PHARM.D at 09/12/2018 11:16					
This dispense was administered before the preparation was reviewed by a pharmacist					
Ingredient	Medication Used	Size	Scanned?	Charge Amount	Amount Used
ampicillin 1 g IV SOLR	ampicillin 1 g injection (IV) [0015-7404-89]	1 each	Yes	1 g	0.7 g
NS 0.9 % infusion (IV)	sodium chloride 0.9 % injection (IJ) [0074-2102-02]	2 mL	Yes	100 mL	--

## Convert Home Medication Sigs from Free-Text to Discrete

When reconciling home medications, clinicians can now change details about these medications from free-text to discrete, making it easier to reorder them for admission. In the Home/PTA medication navigator sections, clinicians can click a medication with a free-text sig to open the Order Composer and fill in discrete information like dose, route, and frequency to convert from free-text to discrete. A yield icon appears to draw clinicians' attention to them and remind them to open the Order Composer to convert them.



## A Better Fit for Verify Orders on Small Screens

To ensure that pharmacists in Verify Orders can see all relevant information when they're using the activity at a resolution of 1366 x 768 or smaller, less information now appears on the clinical details screen at low resolutions. Specifically, after the user clicks the Edit Clinical and Dispensing Information button to access the clinical details screen:

- Administration dose calculations don't appear.
- The order header shows only the clinician who interacted with the order most recently. This change also occurs when users edit ingredient information at low resolutions.

Pharmacists can view administration dose calculations and recent providers associated with an order on the main order summary screen in Verify Orders.

Verify Orders - Order Details

[Verify](#) [Reject](#) [Reject & R/O](#) [Interactions](#) [Edit I-Vent](#) [Negx I-Vent](#) [Order Hx](#) [Show Charge](#) [Inventory Report](#) [Rx Sidebar](#) [Sidebar Pat Sum](#)

[Back to Order List](#) 12 of 12 Order ID: 2572362

**vancomycin (VANCOGIN) 1,250 mg in dextrose 5 % 250 mL IVPB**

 Unheld by: [Steer, Peter](#) 4/3/2019 23:36  
 Held by: [Steer, Peter](#) 4/3/2019 22:36  
 Last verified by: [Sartori, Pia](#) 4/1/2019 12:47

[Reverify](#) (clinical information read-only)

[Edit Clinical & Dispensing Information](#)

Order dose:	<b>40 mg/kg/day</b>	Route:	<b>Intravenous</b>	Frequency:	<b>2 TIMES DAILY</b>
Admin dose:	<b>1,250 mg</b>	Rate:	<b>250 mL/hr</b>	For:	Until discontinued
Weight:	<b>Recorded (63.5 kg)</b>	250.015 mL / 1 hr = 250 mL/hr (rounded to the nearest 5 mL/hr from 250.015 mL/hr)	# of doses:	<b>Today 1800 As Scheduled</b>	
40 mg/kg/day x 63.5 kg (Weight as of Sun Mar 24, 2019 1500) = 2,540 mg/day over 2 administrations per day = 1,250 mg (rounded to the nearest 250 mg from 1,270 mg) = 1,250 mg = 19.7 mg/kg = 39.4 mg/kg/day		Volume:	<b>250.015 mL</b>	Last dose:	
Lab results:		Administer over:	<b>60 Minutes</b>	Scheduled times (adjusted):	
		Calc volume:	<b>Yes</b>	4/1/2019	1800
		Calc rate:	<b>Yes</b>	4/2/2019	0900, 1800

**Dispensing Information**

Dispense from: **CENTRAL PHARMACY**

First doses: **CENTRAL PHARMACY**

Dispense code: **IVPB Mixture**

[Edit Label Comments & Prep Instructions](#)

Label comments: (none)

Prep instructions: (none)