# IHS eRx 2.0
# EHR P12 Office Hours

National eRx Team

Adobe Connect Meeting

# NewRx

## Window/Clinic/Mail

Medication Order

ALBUTEROL SULFATE 1.25MG/3ML SOLN,INHL — Change

Dosage | Complex

| Dosage | Route | Schedule |
|---|---|---|
| ONE UNIT 0.042% | INHALATION | Q46H — PRN |
| ONE UNIT 0.042% | INHALATION | Q12H, Q12WEEKS, Q14D, Q18H, Q24H, Q2H, Q2H-WHILE AWAKE, Q36H, Q3H, Q46H |

Patient Instructions: OR AS NEEDED FOR WHEEZING.

Days Supply: 30 | Qty (ML): 75.555 | Refills: 2 | Clinical Indication: ASTHMA 493.90 | Chronic Med | Dispense as Written | Priority: ROUTINE

Pick Up: Clinic, Mail, Window, Outside Pharmacy - eRx, Outside Pharmacy - Print

Notes to Pharmacist:
PATIENT HAS DISCONTINUED USE OF OTHER INHALERS.

ALBUTEROL SULFATE 1.25MG/3ML SOLN,INHL 0.042%
INHALE ONE UNIT VIA NEBULIZER EVERY 4 TO 6 HOURS OR AS NEEDED FOR WHEEZING.
Quantity: 75.555 Days: 30 Refills: 2 *Chronic Med: YES Dispense as Written: NO Indication: ASTHMA
Notes to Pharmacist: PATIENT HAS DISCONTINUED USE OF OTHER INHALERS.

## Outside Pharmacy -eRx

Medication Order

ALBUTEROL SULFATE 1.25MG/3ML SOLN,INHL — Change

Dosage | Complex

| Dosage | Route | Schedule |
|---|---|---|
| ONE UNIT 0.042% | INHALATION | Q46H — PRN |
| ONE UNIT 0.042% | INHALATION | Q12H, Q12WEEKS, Q14D, Q18H, Q24H, Q2H, Q2H-WHILE AWAKE, Q36H, Q3H, Q46H |

Patient Instructions: OR AS NEEDED FOR WHEEZING.

Days Supply: 30 | Quantity: 75.555 | Refills: 2 | Clinical Indication: ASTHMA 493.90 | Chronic Med | Dispense as Written | Priority: ROUTIN

Pick Up: Clinic, Mail, Window, Outside Pharmacy - eRx, Outside Pharmacy - Print

Pharmacy: Test 000 Pharmacy 10.6MU 000 Pending Response Way Arlington VA 22201

Notes to Pharmacist:
PATIENT HAS DISCONTINUED USE OF OTHER INHALERS.

ACCUNEB 1.25MG/3ML INHALATION SOLUTION
*ALBUTEROL SULFATE 1.25MG/3ML SOLN,INHL 0.042%
INHALE ONE UNIT VIA NEBULIZER EVERY 4 TO 6 HOURS OR AS NEEDED FOR WHEEZING.
Quantity: 75.555 Milliliter Days: 30 Refills: 2 *Chronic Med: YES Dispense as Written: NO Pharmacy: Test 000 Pharmacy 10.6MU 000 Pending Response Way Arlington VA 22201 Indication: ASTHMA
Notes to Pharmacist: PATIENT HAS DISCONTINUED USE OF OTHER INHALERS.
Date Written: 18-Sep-2013

RECEIVING PHARMACY:Test 000 Pharmacy 10.6MU
000 Pending Response Way , Arlington, VA 22201
P:7035551234

PRESCRIBER:
MOORE,LORI
DEMO INDIAN HOSPITAL
1234567890 TESTING AVE. 450TH BLOCK #22 EASY STREET, El Pueblo Reina de Los Angeles, COLORADO 87110
P:5719212122

*Order elements that are NOT transmitted to Surescripts Pharmacy

## Outside Pharmacy - Print

Medication Order

ALBUTEROL SULFATE 1.25MG/3ML SOLN,INHL — Change

Dosage | Complex

| Dosage | Route | Schedule |
|---|---|---|
| ONE UNIT 0.042% | INHALATION | Q46H — PRN |
| ONE UNIT 0.042% | INHALATION | Q12H, Q12WEEKS, Q14D, Q18H, Q24H, Q2H, Q2H-WHILE AWAKE, Q36H, Q3H, Q46H |

Patient Instructions: OR AS NEEDED FOR WHEEZING.

Days Supply: 30 | Qty (ML): 75.555 | Refills: 2 | Clinical Indication: ASTHMA 493.90 | Chronic Med | Dispense as Written | Priority: ROUTINE

Pick Up: Clinic, Mail, Window, Outside Pharmacy - eRx, Outside Pharmacy - Print

Notes to Pharmacist:
PATIENT HAS DISCONTINUED USE OF OTHER INHALERS.

ALBUTEROL SULFATE 1.25MG/3ML SOLN,INHL 0.042%
INHALE ONE UNIT VIA NEBULIZER EVERY 4 TO 6 HOURS OR AS NEEDED FOR WHEEZING.
Quantity: 75.555 Days: 30 Refills: 2 *Chronic Med: YES Dispense as Written: NO Indication: ASTHMA
Notes to Pharmacist: PATIENT HAS DISCONTINUED USE OF OTHER INHALERS.

ADR's | Accept Order | Quit

# **NEWRX:** Changes in Patient Instructions (*Enhanced*)

## Current Version

Medication Order

LISINOPRIL TAB | Change

Dosage | Complex

Dosage: 10MG

| | |
|---|---|
| 10MG | 0.0494 |
| 20MG | 0.0988 |
| 30MG | 0.1482 |
| 40MG | 0.047 |

Route: ORAL

Schedule: QDAY | PRN

Q48H, Q4H, Q4H-WHILE AWAKE, Q6H, Q6H-WHILE AWAKE, Q72H, QAM, QAM (INSULIN), QDAY

Comments:

Days Supply: 30 | Qty (TAB): 30 | Refills: 5 | Clinical Indication: Essential Hypertension 401.9 | Chronic Med | Dispense as Written | Priority: ROUTINE

Pick Up: Clinic / Mail / Window / Outside Pharmacy - eRx / Outside Pharmacy - Print

Pharmacy: HappygoluckyalwaysopenservesallRx

FOR HIGH BLOOD PRESSURE

LISINOPRIL TAB 10MG
TAKE ONE (1) TABLET BY MOUTH EVERY DAY FOR HIGH BLOOD PRESSURE
Quantity: 30 Refills: 5 Chronic Med: YES Dispense as Written: NO Pharmacy:
HappygoluckyalwaysopenservesallRx Indication: Essential Hypertension

ADR's | Accept Order | Quit

## eRx 2.0

Medication Order

LISINOPRIL TAB | Change

Dosage | Complex

Dosage: 10MG

| | |
|---|---|
| 10MG | 0.041 |
| 20MG | 0.082 |
| 30MG | |
| 40MG | |
| 60MG | |

Route: ORAL

Schedule: DAILY | PRN

AC, AC (INSULIN), AC&HS, AT BEDTIME, AT BEDTIME(INSULIN), BEFORE LUNCH, BID, BID (INSULIN), CONTINUOUSLY, DAILY

Patient Instructions: FOR HIGH BLOOD PRESSURE

Days Supply: 30 | Qty (TAB): 30 | Refills: 5 | Clinical Indication: Essential Hypertension 401.9 | Chronic Med | Dispense as Written | Priority: ROUTINE

Pick Up: Clinic / Mail / Window / Outside Pharmacy - eRx / Outside Pharmacy - Print

Pharmacy: TX Pharmacy 10.6MU W136 N7084 Texans Way Houston TX 77001

Notes to Pharmacist:

BB-LISINOPRIL 10MG TAB
*LISINOPRIL TAB 10MG
TAKE ONE (1) TABLET BY MOUTH DAILY FOR HIGH BLOOD PRESSURE
Quantity: 30 Tablet Days: 30 Refills: 5 *Chronic Med: YES Dispense as Written: NO Pharmacy: TX Pharmacy 10.6MU W136 N7084 Texans Way Houston TX 77001 Indication: Essential Hypertension
Date Written: 18-Sep-2013

RECEIVING PHARMACY:TX Pharmacy 10.6MU
W136 N7084 Texans Way , Houston, TX 77001
P:8325558232

PRESCRIBER:
MOORE,LORI
DEMO INDIAN HOSPITAL
1234567890 TESTING AVE. 450TH BLOCK #22 EASY STREET, El Pueblo Reina de Los Angeles, COLORADO 87110
P:5719212122

*Order elements that are NOT transmitted to Surescripts Pharmacy

ADR's | Accept Order | Quit

# **NEWRX:** Changes in Comments (*Context Change*)

## Current Version

Medication Order

LISINOPRIL TAB | Change

Dosage | Complex

Dosage: 10MG

| Dosage | |
|---|---|
| 10MG | 0.0494 |
| 20MG | 0.0988 |
| 30MG | 0.1482 |
| 40MG | 0.047 |

Route: ORAL

Schedule: QDAY | PRN

Q48H
Q4H
Q4H-WHILE AWAKE
Q6H
Q6H-WHILE AWAKE
Q72H
QAM
QAM (INSULIN)
QDAY

Comments:

Days Supply: 30 | Qty (TAB): 30 | Refills: 5 | Clinical Indication: Essential Hypertension 401.9 | Chronic Med | Dispense as Written | Priority: ROUTINE

Pick Up: Clinic | Mail | Window | Outside Pharmacy - eRx | Outside Pharmacy - Print

Pharmacy: HappygoluckyalwaysopenservesallRx

FOR HIGH BLOOD PRESSURE

LISINOPRIL TAB 10MG
TAKE ONE (1) TABLET BY MOUTH EVERY DAY FOR HIGH BLOOD PRESSURE
Quantity: 30 Refills: 5 Chronic Med: YES Dispense as Written: NO Pharmacy: HappygoluckyalwaysopenservesallRx Indication: Essential Hypertension

ADR's | Accept Order | Quit

## eRx 2.0

Medication Order

LISINOPRIL TAB | Change

Dosage | Complex

Dosage: 10MG

| Dosage | |
|---|---|
| 10MG | 0.041 |
| 20MG | 0.082 |
| 30MG | |
| 40MG | |
| 60MG | |

Route: ORAL

Schedule: DAILY | PRN

AC
AC (INSULIN)
AC&HS
AT BEDTIME
AT BEDTIME(INSULIN)
BEFORE LUNCH
BID
BID (INSULIN)
CONTINUOUSLY
DAILY

Patient Instructions: FOR HIGH BLOOD PRESSURE

Days Supply: 30 | Qty (TAB): 30 | Refills: 5 | Clinical Indication: Essential Hypertension 401.9 | Chronic Med | Dispense as Written | Priority: ROUTINE

Pick Up: Clinic | Mail | Window | Outside Pharmacy - eRx | Outside Pharmacy - Print

Pharmacy: TX Pharmacy 10.6MU W136 N7084 Texans Way Houston TX 77001

Notes to Pharmacist:

BB-LISINOPRIL 10MG TAB
*LISINOPRIL TAB 10MG
TAKE ONE (1) TABLET BY MOUTH DAILY FOR HIGH BLOOD PRESSURE
Quantity: 30 Tablet Days: 30 Refills: 5 *Chronic Med: YES Dispense as Written: NO Pharmacy: TX Pharmacy 10.6MU W136 N7084 Texans Way Houston TX 77001 Indication: Essential Hypertension
Date Written: 18-Sep-2013

RECEIVING PHARMACY:TX Pharmacy 10.6MU
W136 N7084 Texans Way , Houston, TX 77001
P:8325558232

PRESCRIBER:
MOORE,LORI
DEMO INDIAN HOSPITAL
1234567890 TESTING AVE. 450TH BLOCK #22 EASY STREET, El Pueblo Reina de Los Angeles, COLORADO 87110
P:5719212122

*Order elements that are NOT transmitted to Surescripts Pharmacy

ADR's | Accept Order | Quit

# **NEWRX:** Changes to Pharmacy Search Engine (*Enhanced*)

## Current Version

Medication Order

LISINOPRIL TAB | Change

Dosage | Complex

Dosage: 30MG

| | |
|---|---|
| 10MG | 0.0494 |
| 20MG | 0.0988 |
| 30MG | 0.1482 |
| 40MG | 0.047 |

Route: ORAL

Schedule: QDAY | PRN

Q48H
Q4H
Q4H-WHILE AWAKE
Q6H
Q6H-WHILE AWAKE
Q72H
QAM
QAM (INSULIN)
QDAY

Comments:

Days Supply: 30 | Qty (TAB): 90 | Refills: 5 | Clinical Indication: HTN 401.9 | Chronic Med | Dispense as Written | Priority: ROUTINE

Pick Up: Clinic | Mail | Window | Outside Pharmacy - eRx | Outside Pharmacy - Print

Pharmacy:

FOR HIGH BLOOD PRESSURE

LISINOPRIL TAB 10MG
TAKE THREE (3) TABLETS BY MOUTH EVERY DAY FOR HIGH BLOOD PRESSURE
Quantity: 90 Refills: 5 Chronic Med: YES Dispense as Written: NO Indication: HTN

ADR's | Accept Order | Quit

## eRx 2.0

Medication Order

LISINOPRIL TAB | Change

Dosage | Complex

Dosage: 10MG

| | |
|---|---|
| 10MG | 0.041 |
| 20MG | 0.082 |
| 30MG | |
| 40MG | |
| 60MG | |

Route: ORAL

Schedule: QDAY | PRN

Q46H
Q48H
Q4H
Q4H-WHILE AWAKE
Q6H
Q6H-WHILE AWAKE
Q72H
QAM
QAM (INSULIN)
QDAY

Patient Instructions: FOR HIGH BLOOD PRESSURE

Days Supply: 180 | Qty (TAB): 180 | Refills: 1 | Clinical Indication | Chronic Med | Dispense as Written | Priority: ROUTINE

Pick Up: Clinic | Mail | Window | Outside Pharmacy - eRx | Outside Pharmacy - Print

Pharmacy: TX Pharmacy 10.6MU W136 N7084 Texans Way Houston TX 77001

Notes to Ph

TX Pharmacy 10.6MU W136 N7084 Texans Way Houston TX 77001
Test 000 Pharmacy 10.6MU 000 Pending Response Way Arlington VA 22201
Test000 Pharmacy Store 10.6 6000 E. Broadway address line 2 Bloomington MN 55
Other...

*LISINOPRIL TAB 10MG
TAKE ONE (1) TABLET BY MOUTH EVERY DAY FOR HIGH BLOOD PRESSURE
Quantity: 180 Tablet Days: 180 Refills: 1 *Chronic Med: YES Dispense as Written: NO Pharmacy: TX Pharmacy 10.6MU W136 N7084 Texans Way Houston TX 77001 Date Written: 18-Sep-2013

RECEIVING PHARMACY:TX Pharmacy 10.6MU
W136 N7084 Texans Way , Houston, TX 77001
P:8325558232

PRESCRIBER:
MOORE,LORI
DEMO INDIAN HOSPITAL
1234567890 TESTING AVE. 450TH BLOCK #22 EASY STREET, El Pueblo Reina de Los Angeles, COLORADO 87110
P:5719212122

*Order elements that are NOT transmitted to Surescripts Pharmacy

ADR's | Accept Order | Quit

# Changes to Pharmacy Search Engine (*Enhanced*)

## Current Version

Select a Pharmacy

Select a pharmacy to receive the prescription request. <Quick Pick>

| Pharmacy | Address | City | State | Zip Code | Fax # | Voice # | Distance |
|---|---|---|---|---|---|---|---|
| HappygoluckyalwaysopenservesallRx | 12345 Mountain Road Off St. Patricks Highway | Alexandria | VA | 22315 | 7039212121 | 7035559999 | 0 |

Search Restrictions

ZipCode — Facility / Patient / Other: 22315 Radius: 50 miles

Name — Starts with / Contains / Exact

City,State — City State

Refresh Pharmacy List

OK

Cancel

## Hot Fix & EHR Patch 12

Select a Pharmacy

Select a pharmacy to receive the prescription request.

| Pharmacy | Address | City | State | Zip Code | Fax # | Voice # | Distance | Type |
|---|---|---|---|---|---|---|---|---|
| X09078 | 1 cvs drive | woonsocket | RI | 02895 | 4017707046 | 4017702153 | | RETAIL |
| INTERFACES PPI123456789123456 7 | 100 PPI LANE Suite 008 | PITTSBURGH | PA | 15220 | 4127800077 | 4124741022 | | RETAIL |
| Catalyst | 5701 East Hillsborough Avenue Suite 1300 | Tampa | FL | 33610 | 8668340449 | 8669964921 | | MAIL ORDER |
| Certification Test | 10 test | Test | AL | 90001 | 2234567892 | 2234567891 | | RETAIL |
| 09275 | 850 KAMEHAMEHA HWY STE 107 | PEARL CITY | HI | 96782 | 4017701234 | 4017701255 | | RETAIL |
| Milwaukee Pharmacy | 123 Milwaukee Blvd. | Milwaukee | WI | 53215 | 8594263000x1236 | 5137346607 | | RETAIL |
| IAV PHARMACY 5 | 1823 summit ave | Madison | WI | 53726 | 6087896542 | 6087896524 | | 24 HOUR |
| PPI EXPRESS FILL | 30881 SCHOOLCRAFT | Livonia | MI | 48150 | 6546466463 | 2323333333 | | RETAIL |
| Thrift Drug | 3750 William Penn Highway | Monroeville | PA | 15146 | 4125555555 | 4125555556 | | RETAIL |

Search Restrictions

ZipCode — Facility / Patient / Other: 87110 Radius: 50 miles

Name — Starts with / Contains / Exact

City,State — City State

Refresh Pharmacy List

OK

Cancel

All Pharmacy Types — Mail Order, Fax, Retail, Special, Long Term, 24 Hour

Contains: One of / All of

# **NEWRX:** Changes in Summary Box (*Enhanced*)

Current Version

Medication Order

LISINOPRIL TAB | Change

Dosage | Complex

Dosage: 10MG

| | |
|---|---|
| 10MG | 0.0494 |
| 20MG | 0.0988 |
| 30MG | 0.1482 |
| 40MG | 0.047 |

Route: ORAL

Schedule: QDAY | PRN

Q48H
Q4H
Q4H-WHILE AWAKE
Q6H
Q6H-WHILE AWAKE
Q72H
QAM
QAM (INSULIN)
QDAY

Comments:

Days Supply: 30 | Qty (TAB): 30 | Refills: 5 | Clinical Indication: Essential Hypertension 401.9 | Chronic Med | Dispense as Written | Priority: ROUTINE

Pick Up: Clinic | Mail | Window | Outside Pharmacy - eRx | Outside Pharmacy - Print

Pharmacy: HappygoluckyalwaysopenservesallRx

FOR HIGH BLOOD PRESSURE

LISINOPRIL TAB 10MG
TAKE ONE (1) TABLET BY MOUTH EVERY DAY FOR HIGH BLOOD PRESSURE
Quantity: 30 Refills: 5 Chronic Med: YES Dispense as Written: NO Pharmacy:
HappygoluckyalwaysopenservesallRx Indication: Essential Hypertension

ADR's | Accept Order | Quit

eRx 2.0

Medication Order

LISINOPRIL TAB | Change

Dosage | Complex

Dosage: 10MG

| | |
|---|---|
| 10MG | 0.041 |
| 20MG | 0.082 |
| 30MG | |
| 40MG | |
| 60MG | |

Route: ORAL

Schedule: DAILY | PRN

AC
AC (INSULIN)
AC&HS
AT BEDTIME
AT BEDTIME(INSULIN)
BEFORE LUNCH
BID
BID (INSULIN)
CONTINUOUSLY
DAILY

Patient Instructions: FOR HIGH BLOOD PRESSURE

Days Supply: 30 | Qty (TAB): 30 | Refills: 5 | Clinical Indication: Essential Hypertension 401.9 | Chronic Med | Dispense as Written | Priority: ROUTINE

Pick Up: Clinic | Mail | Window | Outside Pharmacy - eRx | Outside Pharmacy - Print

Pharmacy: TX Pharmacy 10.6MU W136 N7084 Texans Way Houston TX 77001

Notes to Pharmacist:

℞-LISINOPRIL 10MG TAB
LISINOPRIL TAB 10MG
TAKE ONE (1) TABLET BY MOUTH DAILY FOR HIGH BLOOD PRESSURE
Quantity: 30 Tablet Days: 30 Refills: 5 *Chronic Med: YES Dispense as Written: NO Pharmacy: TX Pharmacy 10.6MU W136 N7084 Texans Way Houston TX 77001 Indication: Essential Hypertension
Date Written: 18-Sep-2013

RECEIVING PHARMACY:TX Pharmacy 10.6MU
W136 N7084 Texans Way , Houston, TX 77001
P:8325558232

PRESCRIBER:
MOORE,LORI
DEMO INDIAN HOSPITAL
1234567890 TESTING AVE. 450TH BLOCK #22 EASY STREET, El Pueblo Reina de Los Angeles, COLORADO 87110
P:5719212122

*Order elements that are NOT transmitted to Surescripts Pharmacy

ADR's | Accept Order | Quit

# **NEWRX:** Pharmacy is Retained Throughout Ordering Process (*Enhanced*)

Selected Orders
amLODIPine 5mg PO daily
Atorvastatin 10mg PO DAILY
Captopril 25mg PO TID
Stop

Medication Order
amLODIPine TAB
Change
Dosage | Complex
Dosage: 5MG
2.5MG 0.5935
5MG 0.8505
7.5MG 1.7805
10MG 1.701
Route: ORAL
Schedule: DAILY PRN
AC
AC (INSULIN)
AC&HS
AT BEDTIME
AT BEDTIME(INSULIN)
BEFORE LUNCH
BID
BID (INSULIN)
CONTINUOUSLY
DAILY
Patient Instructions:
Days Supply 30 | Quantity 15 | Refills 3 | Clinical Indication | Chronic Med | Dispense as Written
Pick Up: Clinic Mail Window Outside Pharmacy - eRx Outside Pharmacy - Print
Pharmacy: Test000 Pharmacy Store 10.6 6000 E. Broadway Bloomington MN 55425
Notes to Pharmacist:

Medication Order
ATORVASTATIN TAB
Change
Dosage | Complex
Dosage: 10MG
10MG 0.6255
20MG 1.251
40MG 1.249
80MG 2.496
Route: ORAL
Schedule: DAILY PRN
AC
AC (INSULIN)
AC&HS
AT BEDTIME
AT BEDTIME(I
BEFORE LUNC
BID
BID (INSULIN)
CONTINUOUS
DAILY
Patient Instructions: TO LOWER CHOLESTEROL
Days Supply 30 | Quantity 8 | Refills 11 | Clinical Indication | Chronic Med | Dispense as Written
Priority: ROUTINE
Pick Up: Clinic Mail Window Outside Pharmacy - eRx Outside Pharmacy - Print
Pharmacy: Test000 Pharmacy Store 10.6 6000 E. Broadway Bloomington MN 55425
Notes to Pharmacist:

Medication Order
CAPTOPRIL TAB
Change
Dosage | Complex
Dosage: 25MG
25MG 0.006
50MG 0.01662
100MG 0.03324
Route: ORAL
Schedule: TID PRN
SS-Q3H
SS-Q4H
SS-Q6H
SS-QID
SS-TID
STAT
SU
TH
TH-SA
TID
Patient Instructions: ON AN EMPTY STOMACH
Days Supply 30 | Quantity 90 | Refills 11 | Clinical Indication | Chronic Med | Dispense as Written
Priority: ROUTINE
Pick Up: Clinic Mail Window Outside Pharmacy - eRx Outside Pharmacy - Print
Pharmacy: Test000 Pharmacy Store 10.6 6000 E. Broadway Bloomington MN 55425
Notes to Pharmacist:

# **STATUS Message:** Order Details Activity Log SUCCESSFUL (Responses *Enhanced*)

Medication Order

DOXAZOSIN TAB,ORAL | Change

Dosage | Complex

Dosage: 4MG

| | |
|---|---|
| 1MG | 0.442 |
| 2MG | 0.884 |
| 4MG | |
| 6MG | |
| 8MG | 0.975 |

Route: ORAL

ORAL

Schedule: DAILY | PRN

AC
AC (INSULIN)
AC&HS
AT BEDTIME
AT BEDTIME(INSULIN)
BEFORE LUNCH
BID
BID (INSULIN)
CONTINUOUSLY
DAILY

Patient Instructions: FOR BENIGN PROSTATIC HYPERTROPHY

Days Supply: 30 | Qty (TAB): 30 | Refills: 11 | Clinical Indication: HYPERTROPHY (BENIGN) (

Chronic Med | Dispense as Written

Priority: ROUTINE

Pick Up: Clinic | Mail | Window | Outside Pharmacy - eRx | Outside Pharmacy - Print

Pharmacy: Test 000 Pharmacy 10.6MU 000 Pending Response Way Arlington VA 22201

Notes to Pharmacist:

CARDURA 4MG TABLET
*DOXAZOSIN TAB,ORAL 4MG
TAKE ONE (1) TABLET BY MOUTH DAILY FOR BENIGN PROSTATIC HYPERTROPHY
Quantity: 30 Tablet Days: 30 Refills: 11 *Chronic Med: YES Dispense as Written: NO Pharmacy: Test 000 Pharmacy 10.6MU 000 Pending Response Way Arlington VA 22201 Indication: HYPERTROPHY (BENIGN) OF PROSTATE WITHOUT... Date Written: 18-Sep-2013

RECEIVING PHARMACY:Test 000 Pharmacy 10.6MU
000 Pending Response Way , Arlington, VA 22201
P:7035551234

PRESCRIBER:
MOORE,LORI
DEMO INDIAN HOSPITAL
1234567890 TESTING AVE. 450TH BLOCK #22 EASY STREET, El Pueblo Reina de Los Angeles, COLORADO 87110
P:5719212122

*Order elements that are NOT transmitted to Surescripts Pharmacy

ADR's | Accept Order | Quit

Outpatient Medication Details

```
  upon registration.
Order #824502

Order:
Medication:                    DOXAZOSIN TAB,ORAL 4MG
Instructions:                  4MG ORAL DAILY
Sig:
  TAKE ONE (1) TABLET BY MOUTH DAILY
Patient Instructions:
  FOR BENIGN PROSTATIC HYPERTROPHY
Days Supply:                   30
Quantity:                      30
Refills:                       11
Pick Up:                       ELECTRONIC
Pharmacy:                      Test 000 Pharmacy 10.6MU
Priority:                      ROUTINE
Notes to Pharmacist:
Indication:                    HYPERTROPHY (BENIGN) OF PROSTATE WITHOUT URINARY
                               OBSTRUCTION AND OTHER LOWER URINARY TRACT

Dispense Drugs (units/dose):   DOXAZOSIN 4MG TAB ()
Last Filled:                   9/18/13
Refills Remaining:             11
Filled:                        9/18/13 (Window)
                               AUTOFINISHED PRESCRIPTION
Pharmacist:                    MOORE,LORI

Activity Log
#   Date        Reason         Rx Ref         Initiator Of Activity
==============================================================================
1   09/18/13    PT INST
Comments: Patient Instructions Sent By Provider.
2   09/18/13    PROCESSED      MOORE,LORI     MOORE,LORI
Comments: Autofinished RX for external fill
3   09/18/13    INTERFACE      MOORE,LORI     MOORE,LORI
Device:                                            Type: TRANSMITTED
Comments: eRx request sent to Test 000 Pharmacy 10.6MU  (703)555-1234
4   09/18/13    INTERFACE      MOORE,LORI     MOORE,LORI
Device:                                            Type: UPDATE
Comments: Prescription delivered to Surescripts


==============================================================================
```

Font Size: 9 | Print... | Close

# **VERIFY Message:** Order Details Activity Log (*NEW*)

## Pharmacy That Sends Immediate Response

### Status Update 1:

Activity Log
# Date Reason Rx Ref Initiator Of Activity
==========
1 04/19/13 PT INST
Comments: Patient Instructions Sent By Provider.
2 04/19/13 PROCESSED MOORE,LORI MOORE,LORI
Comments: Autofinished RX for external fill
3 04/19/13 INTERFACE MOORE,LORI MOORE,LORI
Device: Type: TRANSMITTED
Comments: eRx request sent to CA Pharmacy Store 10.6 (714)222-1111
4 04/19/13 INTERFACE MOORE,LORI MOORE,LORI
Device: Type: UPDATE
Comments: Prescription **delivered to the Pharmacy**

## Pharmacy That Does NOT Send Immediate Response (aka MailBox Pharmacies)

### Status Update 1:

Activity Log
# Date Reason Rx Ref Initiator Of Activity
==========
1 04/19/13 PT INST
Comments: Patient Instructions Not Sent By Provider.
2 04/19/13 PROCESSED MOORE,LORI MOORE,LORI
Comments: Autofinished RX for external fill
3 04/19/13 INTERFACE MOORE,LORI MOORE,LORI
Device: Type: TRANSMITTED
Comments: eRx request sent to Test000 Pharmacy Store 10.6 (952)333-7777
4 04/19/13 INTERFACE MOORE,LORI MOORE,LORI
Device: Type: UPDATE
Comments: Prescription **sent to Surescripts**

### Status Update 2:

Activity Log
# Date Reason Rx Ref Initiator Of Activity
==========
1 04/19/13 PT INST
Comments: Patient Instructions Not Sent By Provider.
2 04/19/13 PROCESSED MOORE,LORI MOORE,LORI
Comments: Autofinished RX for external fill
3 04/19/13 INTERFACE MOORE,LORI MOORE,LORI
Device: Type: TRANSMITTED
Comments: eRx request sent to Test000 Pharmacy Store 10.6 (952)333-7777
4 04/19/13 INTERFACE MOORE,LORI MOORE,LORI
Device: Type: UPDATE
Comments: Prescription **delivered to the Pharmacy**

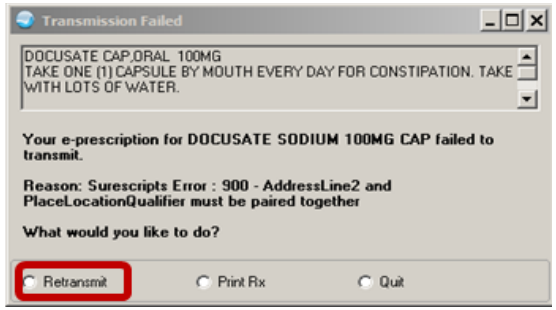
# Notifications

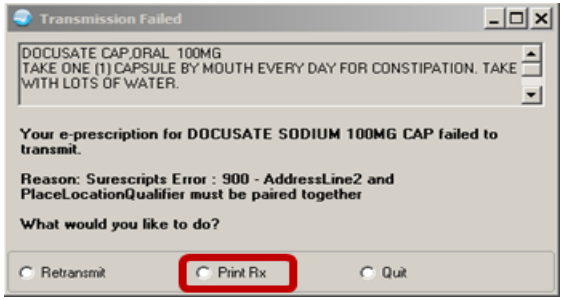
# eRX Transmission Errors (*Context Change*)

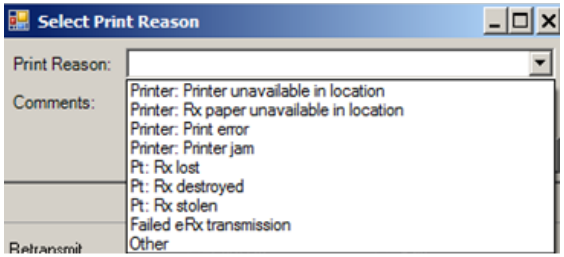
## Current Version & EHR Patch 12

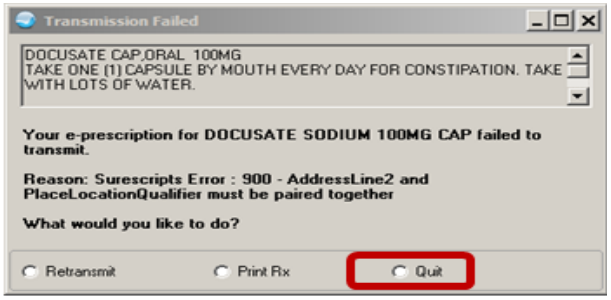
Notifications for All Patients

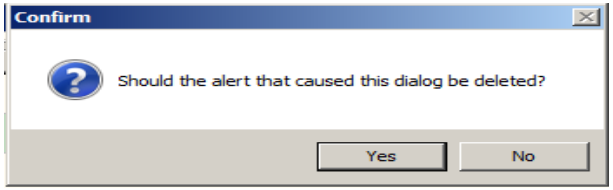
| | Patient | Location | Notification | Delivered | Sent/Forwarded By |
|---|---|---|---|---|---|
| | DEMO,JOHN (55) | | DEMO,JOHN ()ERROR: eRx did not transmit. | 22-Apr-2013 11:17 | POSTMASTER |



# **ERROR Message:** Order Details Activity Log FAILED TRANSMISSION (Responses *Enhanced*)

Medication Order

OMEPRAZOLE CAP,EC | Change

Dosage | Complex

Dosage: 40MG
- 40MG 3.27
- 80MG 6.54

Route: ORAL
- ORAL

Schedule: QDAY | PRN
- Q46H
- Q48H
- Q4H
- Q4H-WHILE AWAKE
- Q6H
- Q6H-WHILE AWAKE
- Q72H
- QAM
- QAM (INSULIN)
- QDAY

Patient Instructions: FOR ACID REFLUX

Days Supply: 30 | Qty (CAP): 30 | Refills: 11 | Clinical Indication: GERD 530.81 | Chronic Med | Dispense as Written | Priority: ROUTINE

Pick Up: Clinic | Mail | Window | Outside Pharmacy - eRx | Outside Pharmacy - Print

Pharmacy: Test 000 Pharmacy 10.6MU 000 Pending Response Way Arlington VA 22201

Notes to Pharmacist:

PRILOSEC 40MG CAPSULE
*OMEPRAZOLE CAP,EC 40MG
TAKE ONE (1) CAPSULE BY MOUTH EVERY DAY FOR ACID REFLUX
Quantity: 30 Days: 30 Refills: 11 *Chronic Med: YES Dispense as Written: NO Pharmacy: Test 000 Pharmacy 10.6MU 000 Pending Response Way Arlington VA 22201 Indication: GERD Date Written: 18-Sep-2013

RECEIVING PHARMACY: Test 000 Pharmacy 10.6MU
000 Pending Response Way , Arlington, VA 22201
P:7035551234

PRESCRIBER:
MOORE,LORI
DEMO INDIAN HOSPITAL
1234567890 TESTING AVE. 450TH BLOCK #22 EASY STREET, El Pueblo Reina de Los Angeles, COLORADO 87110
P:5719212122

*Order elements that are NOT transmitted to Surescripts Pharmacy

ADR's | Accept Order | Quit

Outpatient Medication Details

```
  Pharmacy orders are active when the order is verified, Lab orders are
  active when the sample has been collected, Radiology orders are active
  upon registration.
Order #824503

Order:
Medication:                    OMEPRAZOLE CAP,EC 40MG
Instructions:                  40MG ORAL QDAY
Sig:
  TAKE ONE (1) CAPSULE BY MOUTH EVERY DAY
Patient Instructions:
  FOR ACID REFLUX
Days Supply:                   30
Quantity:                      30
Refills:                       11
Pick Up:                       ELECTRONIC
Pharmacy:                      Test 000 Pharmacy 10.6MU
Priority:                      ROUTINE
Notes to Pharmacist:
Indication:                    GERD

Dispense Drugs (units/dose):   OMEPRAZOLE 40MG CAP ()
Last Filled:                   9/18/13
Refills Remaining:             11
Filled:                        9/18/13 (Window)
                               AUTOFINISHED PRESCRIPTION
RXNorm Code:                   213295
Pharmacist:                    MOORE,LORI

Activity Log
#   Date        Reason         Rx Ref         Initiator Of Activity
==============================================================================
1   09/18/13    PT INST
Comments: Patient Instructions Sent By Provider.
2   09/18/13    PROCESSED      MOORE,LORI     MOORE,LORI
Comments: Autofinished RX for external fill
3   09/18/13    INTERFACE      MOORE,LORI     MOORE,LORI
Device:                                            Type: TRANSMITTED
Comments: eRx request sent to Test 000 Pharmacy 10.6MU  (703)555-1234
4   09/18/13    INTERFACE      MOORE,LORI     MOORE,LORI
Device:                                            Type: FAILED TO TRANSMIT
Comments: Missing NCPDP code


==============================================================================
```

Font Size: 9 | Print... | Close

# Notification Cont…

# Auto Finish Errors (*Context Change*)

## Current Version

| | | | | | |
|---|---|---|---|---|---|
| | DEMO,JOHN (55) | | e-Prescribe Failure:Unable to generate LISINOPRIL prescription for DEMO,JOHN | 14-Mar-2013 17:18 | MOORE,LORI |

**New Notification**
e-Prescribe Failure:Unable to generate LISINOPRIL prescription for DEMO,JOHN

**Information**

Your order for LISINOPRIL TAB failed to autofinish.
A prescription will not be available to print.

OK

## EHR Patch 12

| | | | | |
|---|---|---|---|---|
| | DEMO,JOHN (55) | Autofinish Failure:Unable to generate LISINOPRIL prescription for DEMO,JOHN | 22-Feb-2013 15:47 | MOORE,LORI |

**New Notification**
Autofinish Failure:Unable to generate LISINOPRIL prescription for DEMO,JOHN

**Information**

Your order for LISINOPRIL TAB failed to autofinish.
A prescription will not be available to print.

OK

# **ERROR MESSAGE:** EHR Descriptive Transmission Failure Details (*Enhanced*)

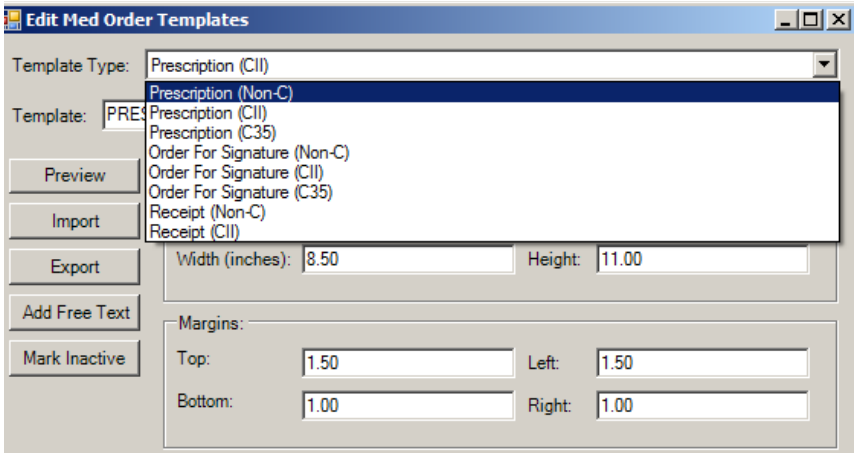
## Current Version

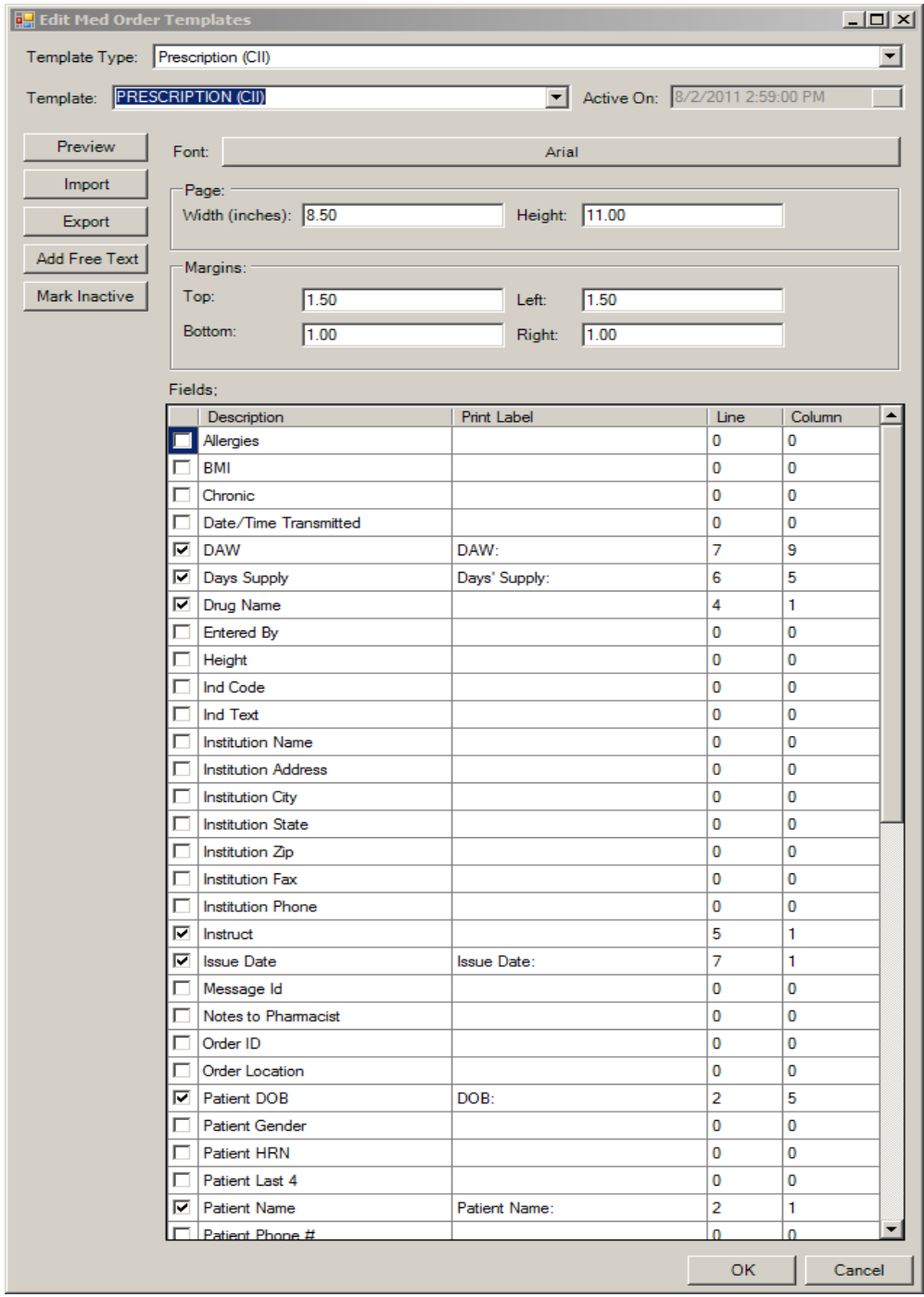
- Electronic Prescription did not transmit

## EHR Patch 12

- There was an error communicating with the Surescripts server
- Missing NCPDP Code
- Missing NDC or Supply Code or Compound Code
- Surescripts has issued an SPI, Ensemble doesn't have the SPI number Recorded.
- RXNORM code invalid. Drug must be re-matched to NDF before eRx
- The Staging Production only accepts DEMO patients.
- Plus more…..

# Template Editor *(Enhanced)*




| | Description | Print Label | Line | Column |
|---|---|---|---|---|
| ☐ | Allergies | | 0 | 0 |
| ☐ | BMI | | 0 | 0 |
| ☐ | Chronic | | 0 | 0 |
| ☐ | Date/Time Transmitted | | 0 | 0 |
| ☑ | DAW | DAW: | 7 | 9 |
| ☑ | Days Supply | Days' Supply: | 6 | 5 |
| ☑ | Drug Name | | 4 | 1 |
| ☐ | Entered By | | 0 | 0 |
| ☐ | Height | | 0 | 0 |
| ☐ | Ind Code | | 0 | 0 |
| ☐ | Ind Text | | 0 | 0 |
| ☐ | Institution Name | | 0 | 0 |
| ☐ | Institution Address | | 0 | 0 |
| ☐ | Institution City | | 0 | 0 |
| ☐ | Institution State | | 0 | 0 |
| ☐ | Institution Zip | | 0 | 0 |
| ☐ | Institution Fax | | 0 | 0 |
| ☐ | Institution Phone | | 0 | 0 |
| ☑ | Instruct | | 5 | 1 |
| ☑ | Issue Date | Issue Date: | 7 | 1 |
| ☐ | Message Id | | 0 | 0 |
| ☐ | Notes to Pharmacist | | 0 | 0 |
| ☐ | Order ID | | 0 | 0 |
| ☐ | Order Location | | 0 | 0 |
| ☑ | Patient DOB | DOB: | 2 | 5 |
| ☐ | Patient Gender | | 0 | 0 |
| ☐ | Patient HRN | | 0 | 0 |
| ☐ | Patient Last 4 | | 0 | 0 |
| ☑ | Patient Name | Patient Name: | 2 | 1 |
| ☐ | Patient Phone # | | 0 | 0 |

# Parameter to turn ON/OFF e-Receipt (*New*)

## BEHORX AUTO-RECEIPT: OFF

| Action | Chronic | Outpatient Medications | Status | Process |
|---|---|---|---|---|
| | ✓ | ATORVASTATIN 40MG TAB Qty: 8 for 30 days<br>Sig: TAKE ONE-FOURTH (1/4) TABLET BY MOUTH DAILY TO LOWER CHOLESTEROL | Active | |
| | ✓ | CAPTOPRIL 25MG TABS Qty: 90 for 30 days<br>Sig: TAKE ONE (1) TABLET BY MOUTH 3 TIMES A DAY ON AN EMPTY STOMACH | Active | |
| | ✓ | CLONIDINE 0.2MG TAB Qty: 30 for 30 days<br>Sig: TAKE ONE-HALF (1/2) TABLET BY MOUTH 2 TIMES A DAY FOR HIGH BLOOD PRESSURE CONTROL | Active | |
| | | DOCUSATE SODIUM 100MG CAP Qty: 60 for 30 days<br>Sig: TAKE ONE (1) CAPSULE BY MOUTH 2 TIMES A DAY TO SOFTEN B.M. | Active | |
| | | glyBURIDE 5MG TAB Qty: 90 for 30 days<br>Sig: TAKE ONE-HALF (1/2) TABLET BY MOUTH DAI | Active | |
| | | MAGIC MOUTH WASH Qty: 90 for 10 days<br>Sig: TAKE SWISH AND SPIT SMALL AMOUNT BY M | Active | |
| | ✓ | CAPTOPRIL 25MG TABS Qty: 90 for 30 days<br>Sig: TAKE ONE (1) TABLET BY MOUTH 3 TIMES A D | Active | |
| | | SPIRONOLACTONE 25MG TAB Qty: 120 for 30 days<br>Sig: TAKE ONE (1) TABLET BY MOUTH 4 TIMES A D | Active | |
| | ✓ | FEXOFENADINE 180MG TAB Qty: 30 for 30 days<br>Sig: TAKE ONE (1) TABLET BY MOUTH EVERY DAY | Active | |

**Print**

| | | | | |
|---|---|---|---|---|
| CAPTOPRIL 25MG TABS: | Template: | PRESCRIPTION (NON-CII) | Printer: | |
| DOCUSATE SODIUM 100MG CAP: | Template: | PRESCRIPTION (NON-CII) | Printer: | |

☑ Print Multiple Order Per Page

OK Cancel

## BEHORX AUTO-RECEIPT: ON

| Action | Chronic | Outpatient Medications | Status | Process |
|---|---|---|---|---|
| | ✓ | CAPTOPRIL 25MG TABS Qty: 90 for 30 days<br>Sig: TAKE ONE (1) TABLET BY MOUTH 3 TIMES A DAY ON AN EMPTY STOMACH | Active | |
| | ✓ | ATORVASTATIN 40MG TAB Qty: 8 for 30 days<br>Sig: TAKE ONE-FOURTH (1/4) TABLET BY MOUTH DAILY TO LOWER CHOLESTEROL | Active | |
| | ✓ | CLONIDINE 0.2MG TAB Qty: 30 for 30 days<br>Sig: TAKE ONE-HALF (1/2) TABLET BY MOUTH 2 TIMES A DAY FOR HIGH BLOOD PRESSURE CONTROL | Active | |
| | | DOCUSATE SODIUM 100MG CAP Qty: 60 for 30 days<br>Sig: TAKE ONE (1) CAPSULE BY MOUTH 2 TIMES A DAY TO SOFTEN B.M. | Active | |
| | | CAPTOPRIL 25MG TABS Qty: 90 for 30 days<br>Sig: TAKE ONE (1) TABLET BY MOUTH 3 TIMES A DAY ON AN EMPTY STOMACH | Discontinued | |
| | | ATORVASTATIN 40MG TAB Qty: 8 for 30 days<br>Sig: TAKE ONE-FOURTH (1/4) TABLET BY MOUTH DAILY TO LOWER CHOLESTEROL | Discontinued | |
| | | DOCUSATE SODIUM 100MG CAP Qty: 60 for 30 days<br>Sig: TAKE ONE (1) CAPSULE BY MOUTH 2 TIMES A DAY TO SOFTEN B.M. | Discontinued | |
| | | CLONIDINE 0.2MG TAB Qty: 30 for 30 days<br>Sig: TAKE ONE-HALF (1/2) TABLET BY M | Discontinued | |
| | | MAGIC MOUTH WASH Qty: 90 for 10 days<br>Sig: TAKE SWISH AND SPIT SMALL AMO | Active | |
| | | glyBURIDE 5MG TAB Qty: 90 for 30 days<br>Sig: TAKE ONE-HALF (1/2) TABLET BY M | Active | |
| | ✓ | CAPTOPRIL 25MG TABS Qty: 90 for 30 da<br>Sig: TAKE ONE (1) TABLET BY MOUTH 3 | Active | |
| | | SPIRONOLACTONE 25MG TAB Qty: 120 f<br>Sig: TAKE ONE (1) TABLET BY MOUTH 4 | Active | |
| | ✓ | FEXOFENADINE 180MG TAB Qty: 30 for 3<br>Sig: TAKE ONE (1) TABLET BY MOUTH E | Active | |
| | | WARFARIN 5MG TAB Qty: 30 for 30 days | | |

**Print**

| | | | | |
|---|---|---|---|---|
| CAPTOPRIL 25MG TABS: | Template: | PRESCRIPTION (NON-CII) | Printer: | |
| DOCUSATE SODIUM 100MG CAP: | Template: | PRESCRIPTION (NON-CII) | Printer: | |
| ATORVASTATIN 40MG TAB: | Template: | RECEIPT (NON-CII) | Printer: | |
| CLONIDINE 0.2MG TAB: | Template: | RECEIPT (NON-CII) | Printer: | |

☑ Print Multiple Order Per Page

OK Cancel

# **eRx Receipt:** Print Template (*Enhanced*)

```
                    Copy for informational purposes.  Not for dispensing.

Patient: JOHN DEMO            Drug: AMLODIPINE 10MG TAB
  Ordered by: MOORE,LORI     at DEMO INDIAN HOSPITAL  Phone: 505-321-2254

Sent securely and safely to:
  CornerStorePharmacyMaxxTestLocation: 8519-M So. West Leviathan Boulevard, ACME Retail
  Las Minneapolisati , CA 92805                                            Space
                                                                           #9990001117772222
Print Date/Time: 4/18/2013 2:21:24 PM
-------------------------------------------------------------------

Patient: JOHN DEMO            Drug: ATORVASTATIN 40MG TAB
  Ordered by: MOORE,LORI     at DEMO INDIAN HOSPITAL  Phone: 505-321-2254

Sent securely and safely to:
  CornerStorePharmacyMaxxTestLocation: 8519-M So. West Leviathan Boulevard, ACME Retail
  Las Minneapolisati , CA 92805                                            Space
                                                                           #9990001117772222
Print Date/Time: 4/18/2013 2:21:24 PM
-------------------------------------------------------------------

Patient: JOHN DEMO            Drug: CAPTOPRIL 25MG TAB
  Ordered by: MOORE,LORI     at DEMO INDIAN HOSPITAL  Phone: 505-321-2254

Sent securely and safely to:
  CornerStorePharmacyMaxxTestLocation: 8519-M So. West Leviathan Boulevard, ACME Retail
  Las Minneapolisati , CA 92805                                            Space
                                                                           #9990001117772222
Print Date/Time: 4/18/2013 2:21:24 PM
-------------------------------------------------------------------

Patient: JOHN DEMO            Drug: CLONIDINE 0.2MG TAB
  Ordered by: MOORE,LORI     at DEMO INDIAN HOSPITAL  Phone: 505-321-2254

Sent securely and safely to:
  Test000 Pharmacy Store 10.6: 6000 E. Broadway ,
  Bloomington , MN 55425

Print Date/Time: 4/18/2013 2:21:24 PM
-------------------------------------------------------------------

Patient: JOHN DEMO            Drug: CRUTCHES
  Ordered by: MOORE,LORI     at DEMO INDIAN HOSPITAL  Phone: 505-321-2254

Sent securely and safely to:
  Test000 Pharmacy Store 10.6: 6000 E. Broadway ,
  Bloomington , MN 55425

Print Date/Time: 4/18/2013 2:21:24 PM
-------------------------------------------------------------------

Patient: JOHN DEMO            Drug: DOCUSATE SODIUM 100MG CAP
  Ordered by: MOORE,LORI     at DEMO INDIAN HOSPITAL  Phone: 505-321-2254

Sent securely and safely to:
  Test000 Pharmacy Store 10.6: 6000 E. Broadway ,
  Bloomington , MN 55425

Print Date/Time: 4/18/2013 2:21:24 PM
-------------------------------------------------------------------
```

# QUESTIONS?