

Go! Guide: Adding Medication Administration History

Introduction

Past medication administrations are often an integral part of a patient scenario. It may be important for students to review the patient's medication administration history in order to make decisions about the patient's care and current medications that are due. As a faculty user, you may add past administrations to an existing or new patient chart. Patients that are provided in Neehr Perfect Go! typically do not have medication administration history included, but administration history can be added by following the instructions in this guide.

Additional resources

Please review the *Go! Guide to Editing Patient Activities* or the *Go! Guide to Creating New Patient Activities* for more detail on modifying or adding chart content beyond medication administration history.

Author perspective and static time

Whether you are editing an existing patient chart or creating a new chart, you need to be in the Author Perspective when adding the past medication administrations. Administrations added in the Faculty Perspective or Student Perspective are only visible to you and will not propagate out to other users when the chart is assigned.

Keep in mind, when in the Author Perspective, the chart will be in *static* time – meaning arbitrary fixed timestamps in the past are used for chart entries. The chart is converted to *relative* time in the Faculty and Student Perspectives. Relative time shifts the chart entries to be more recent based on a user-defined offset (ex. the most recent event in the chart occurred 15 minutes ago).

The most challenging aspect of adding past administrations is determining the correct static time to use when entering them in the Author Perspective so they appear at your preferred time when viewed in relative time in the Faculty and Student Perspectives.

Adding medication administration history

The process for adding medication administration can be summarized in the following steps, each described in more detail below.

Step 1: Launch the Author Perspective for the patient activity

Step 2: Observe the key event and the time profile

Step 3: Determine when the administrations should appear in relative time (ex. 1 hour before the most recent lab results)

Step 4: Administer the medications and adjust the time stamps and other administration documentation accordingly

Step 5: Review the chart in relative time

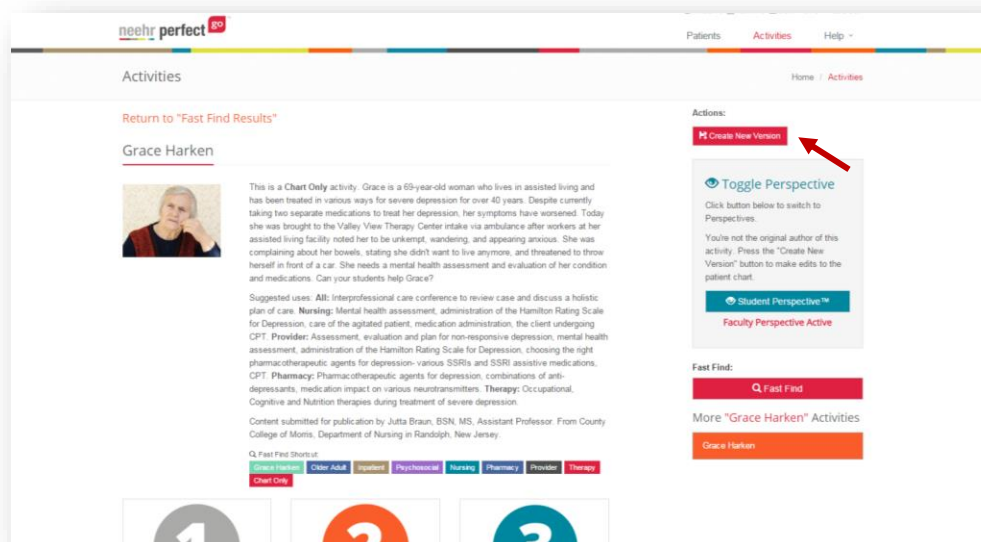
Step 1: Launch the Author Perspective

Launching the Author Perspective varies depending on if you authored (or are authoring) the chart or if it was authored by someone else.

For an existing chart that you didn't author or weren't added as a co-author:

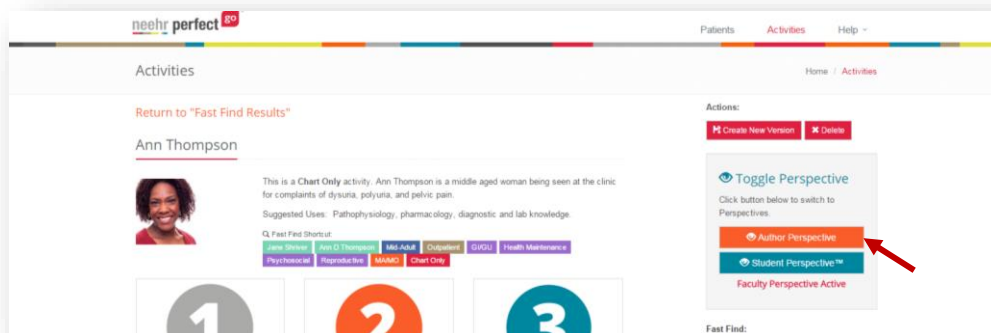
You will need to create a new version (clone) of the chart so that you can modify it in the Author Perspective.

After selecting the patient activity, select **Create New Version**. You'll automatically be in the Author Perspective.



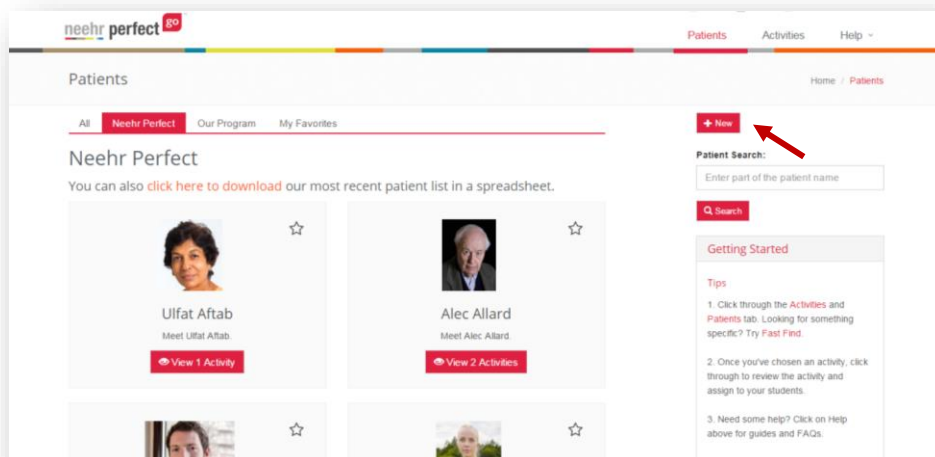
For a chart you authored or were added as a co-author:

Select **Author Perspective** after selecting the patient activity.



For a new patient chart:

From the Patients tab, select **New**.



You'll automatically be brought to the Author Perspective to create a new chart.

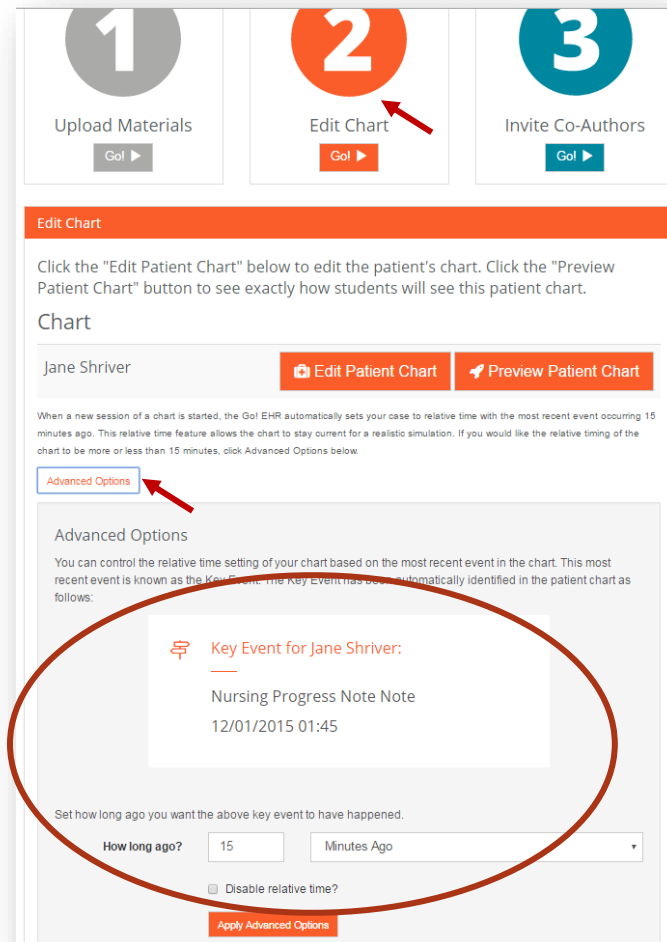
If you're building a new chart, please first add all of the chart contents except for the medication administrations. Refer to the *Go Guide: Creating New Patient Activities* on how to do so. Once the chart is done, proceed to the next step for adding the medication administration history.

Step 2: Observe the Key Event and time profile

Once your new chart is done or for existing charts, it's important to note the original static time profile used to build the chart. You'll be adding the medication administrations based on this original time profile.

From the Author Perspective, note the Key Event and offset. The Key Event is the most recent chart entry and is used to convert the chart to relative time. The offset (How long ago? field) determines when the Key Event will occur relative to the current time when viewed in the Faculty or Student Perspectives.

Select **Step 2: Edit Chart**, then **Advanced Options**.



1 Upload Materials 

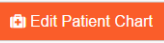
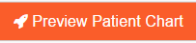
2 Edit Chart 

3 Invite Co-Authors 

Edit Chart

Click the "Edit Patient Chart" below to edit the patient's chart. Click the "Preview Patient Chart" button to see exactly how students will see this patient chart.

Chart

Jane Shriver  

When a new session of a chart is started, the Go! EHR automatically sets your case to relative time with the most recent event occurring 15 minutes ago. This relative time feature allows the chart to stay current for a realistic simulation. If you would like the relative timing of the chart to be more or less than 15 minutes, click Advanced Options below.

Advanced Options

You can control the relative time setting of your chart based on the most recent event in the chart. This most recent event is known as the **Key Event**. The Key Event has been automatically identified in the patient chart as follows:

 **Key Event for Jane Shriver:**

Nursing Progress Note Note
12/01/2015 01:45

Set how long ago you want the above key event to have happened.

How long ago? 15 Minutes Ago 

☐ Disable relative time?

Apply Advanced Options

In the example shown above, the Key Event (most recent event) is the Nursing Progress Note from 12/01/2015 at 01:45. When the chart is converted to relative time in the Faculty or Student Perspective, it will appear as though that order happened 15 minutes prior to the current time.

Note: The Key Event can be an order, note, lab result or other significant chart entry. A medication administration cannot be a Key Event even if it is the most recent entry in the chart.

Step 3: Determine when the administrations should appear

In the example above, notice that the Key Event happened at 12/01/2015 at 01:45 and will appear 15 minutes prior to the current time once the chart is viewed in the Faculty or Student Perspective.

When do you want your past medication administrations to appear in the chart?

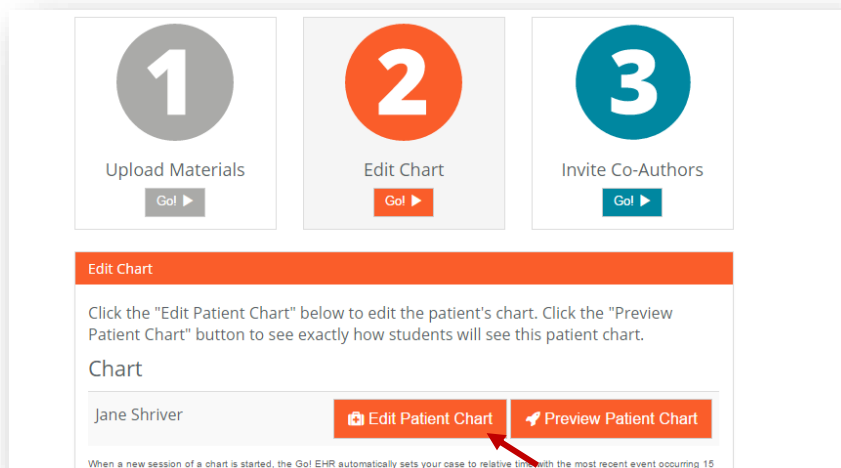
Think about when in the scenario you'd like the administration to appear. The most common approach is to determine when the medication administrations should occur relative to the Key Event. For example, we could choose to have the last administration occur 2 hours prior to the Key Event (which is the most recent nursing progress note). Doing so would mean the medication administration should be entered at 11/30/2015 at 23:45.

The medication administration may also be entered relative to other chart entries. For example, you may want it to appear 4 hours after a specific lab result or 15 minutes after a set of vitals were taken. Regardless of the event, refer to the original static time used in the Author Perspective and plan to enter the medication administration based on it. Jot down the timing for the next step.

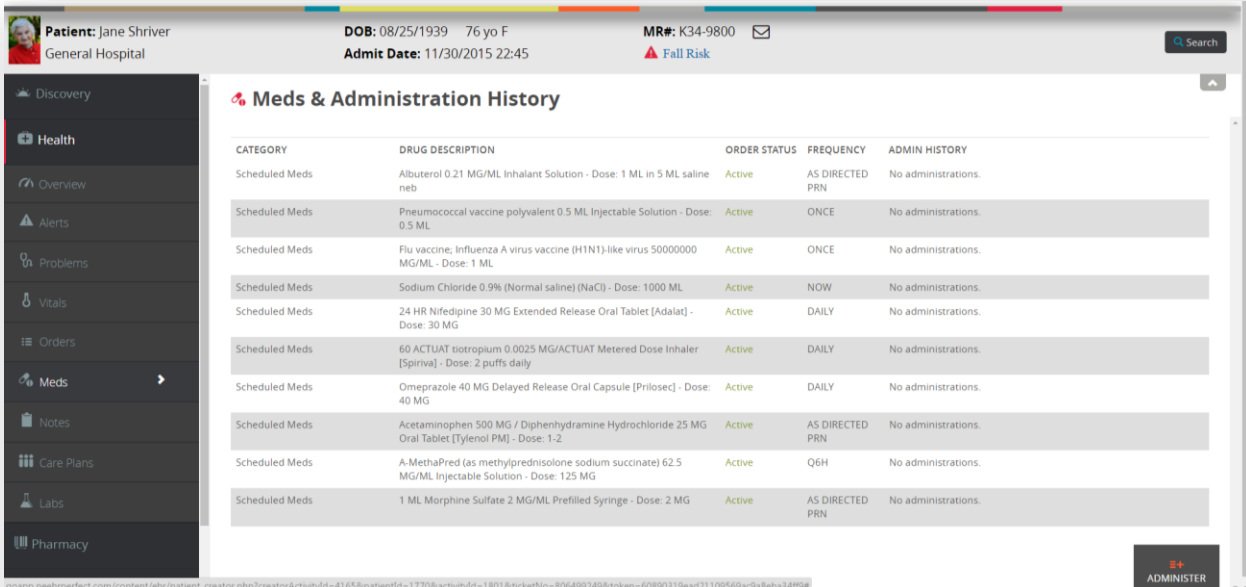
Keep in mind, the administration should be entered prior to the Key Event + the offset time, otherwise it will appear in the future in the Faculty or Student Perspective. So in this chart example, it should be entered on or before 12/01/2015 at 02:00. **Hint:** The offset can be increased to allow more time, if needed.

Step 4: Administer the medications and adjust the time stamps

From the Author Perspective, select **Edit Patient Chart** to launch the chart.



Go to the **Meds** tab under the Health section.



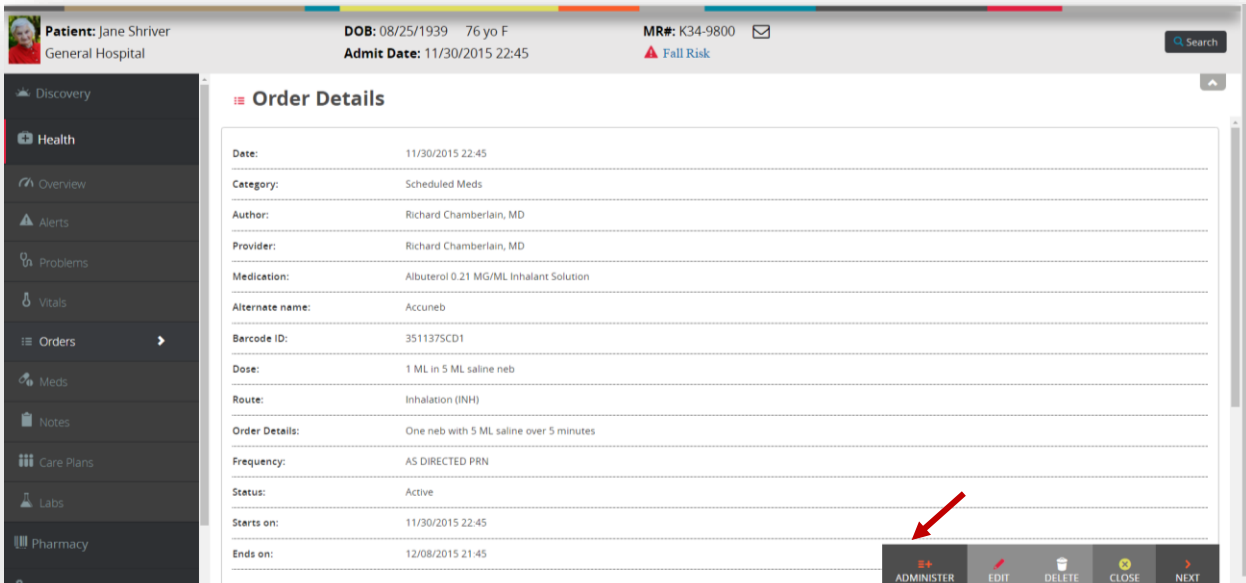
Patient: Jane Shriver
General Hospital
DOB: 08/25/1939 76 yo F
MR#: K34-9800
Admit Date: 11/30/2015 22:45
Fall Risk

Meds & Administration History

CATEGORY	DRUG DESCRIPTION	ORDER STATUS	FREQUENCY	ADMIN HISTORY
Scheduled Meds	Albuterol 0.21 MG/ML Inhalant Solution - Dose: 1 ML in 5 ML saline neb	Active	AS DIRECTED PRN	No administrations.
Scheduled Meds	Pneumococcal vaccine polyvalent 0.5 ML Injectable Solution - Dose: 0.5 ML	Active	ONCE	No administrations.
Scheduled Meds	Flu vaccine, Influenza A virus vaccine (H1N1)-like virus 50000000 MG/ML - Dose: 1 ML	Active	ONCE	No administrations.
Scheduled Meds	Sodium Chloride 0.9% (Normal saline) (NaCl) - Dose: 1000 ML	Active	NOW	No administrations.
Scheduled Meds	24 HR Nifedipine 30 MG Extended Release Oral Tablet (Adalat) - Dose: 30 MG	Active	DAILY	No administrations.
Scheduled Meds	60 ACTUAT isotropium 0.0025 MG/ACTUAT Metered Dose Inhaler (Spiriva) - Dose: 2 puffs daily	Active	DAILY	No administrations.
Scheduled Meds	Omeprazole 40 MG Delayed Release Oral Capsule (Prilosec) - Dose: 40 MG	Active	DAILY	No administrations.
Scheduled Meds	Acetaminophen 500 MG / Diphenhydramine Hydrochloride 25 MG Oral Tablet (Tylenol PM) - Dose: 1-2	Active	AS DIRECTED PRN	No administrations.
Scheduled Meds	A-MethaPred (as methylprednisolone sodium succinate) 62.5 MG/ML Injectable Solution - Dose: 125 MG	Active	Q6H	No administrations.
Scheduled Meds	1 ML Morphine Sulfate 2 MG/ML Prefilled Syringe - Dose: 2 MG	Active	AS DIRECTED PRN	No administrations.

ADMINISTER

Select the medication you would like administered to view the Order Details. Then select **Administer**.



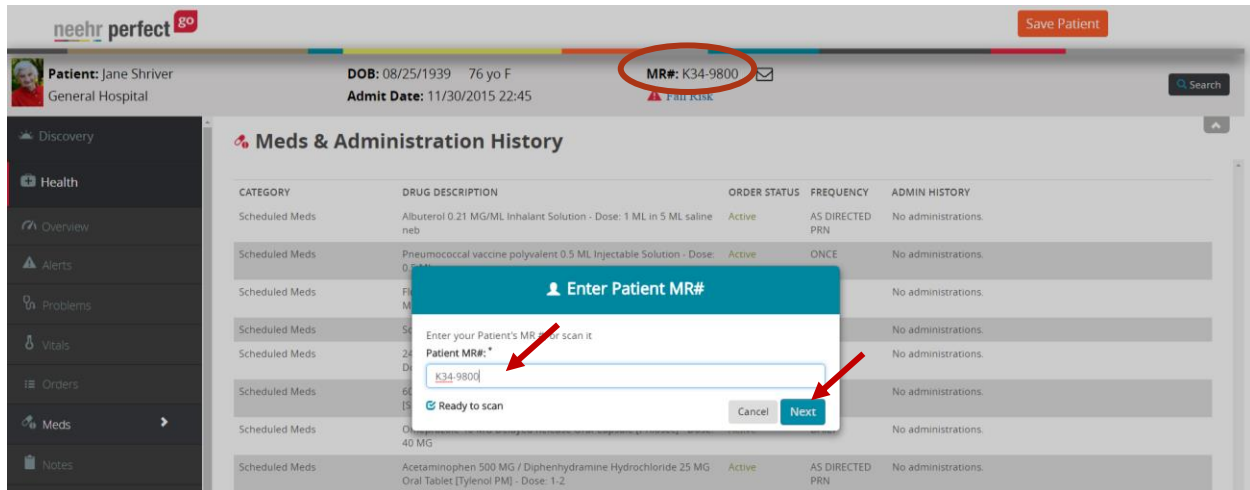
Patient: Jane Shriver
General Hospital
DOB: 08/25/1939 76 yo F
MR#: K34-9800
Admit Date: 11/30/2015 22:45
Fall Risk

Order Details

Date: 11/30/2015 22:45
Category: Scheduled Meds
Author: Richard Chamberlain, MD
Provider: Richard Chamberlain, MD
Medication: Albuterol 0.21 MG/ML Inhalant Solution
Alternate name: Accuneb
Barcode ID: 351137SCD1
Dose: 1 ML in 5 ML saline neb
Route: Inhalation (INH)
Order Details: One neb with 5 ML saline over 5 minutes
Frequency: AS DIRECTED PRN
Status: Active
Starts on: 11/30/2015 22:45
Ends on: 12/08/2015 21:45

ADMINISTER EDIT DELETE CLOSE NEXT

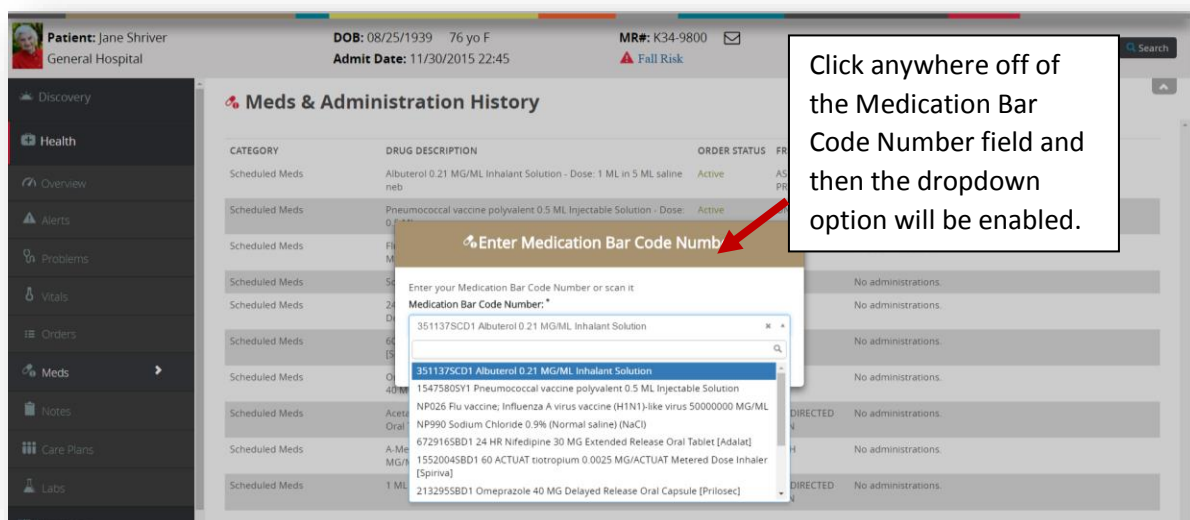
Enter or scan the medical record number, then select **Next**.



The screenshot shows the 'neehr perfect go' interface. At the top, patient information is displayed: Patient: Jane Shriver, General Hospital, DOB: 08/25/1939, 76 yo F, MR#: K34-9800, Admit Date: 11/30/2015 22:45. A 'Save Patient' button is in the top right. The main section is titled 'Meds & Administration History'. A modal dialog box titled 'Enter Patient MR#' is open, prompting the user to 'Enter your Patient's MR# or scan it'. The 'Patient MR#:' field contains 'K34-9800'. Below the field is a 'Ready to scan' checkbox. At the bottom of the dialog are 'Cancel' and 'Next' buttons. Red arrows point to the MR# field and the 'Next' button.

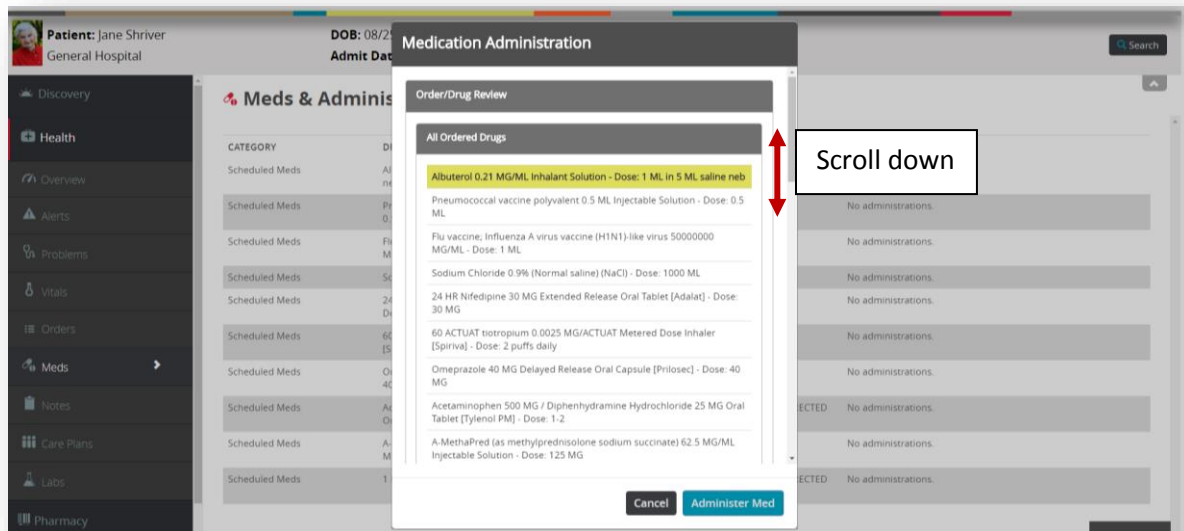
After the MR# is verified, you will be prompted to enter the medication barcode number for the med you're administering. If you're manually entering the medication barcode number, you can find it as part of the barcode sheet or in the Order Details after selecting a medication order. However, the easiest option is just to select the medication from the dropdown menu.

Click anywhere outside of the text field. That indicates to the system that you're not using a scanner and then a dropdown list of the patient's existing med orders will appear. Simply select the medication being administered from the list rather than manually typing it in.

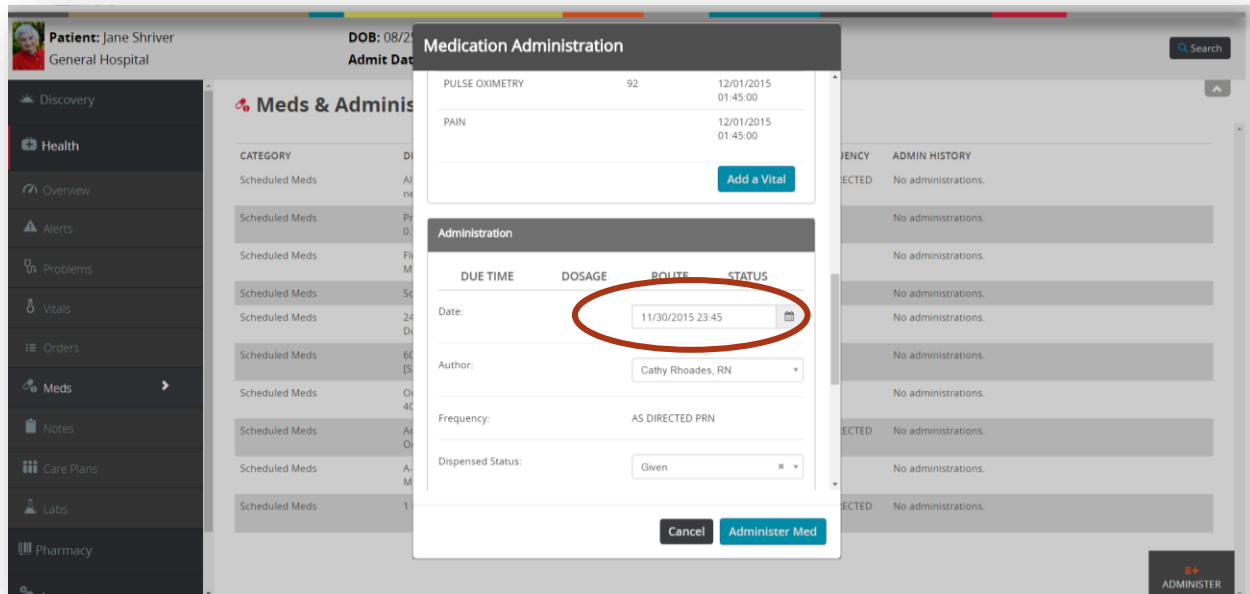


This screenshot shows the 'Enter Medication Bar Code Number' dialog box. It prompts the user to 'Enter your Medication Bar Code Number or scan it'. The 'Medication Bar Code Number:' field is empty. Below the field is a dropdown menu showing a list of medication orders, including '351137SCD1 Albuterol 0.21 MG/ML Inhalant Solution'. A red arrow points to the dropdown menu. A text box on the right side of the dialog says 'Click anywhere off of the Medication Bar Code Number field and then the dropdown option will be enabled.'

The Medication Administration window will appear. **Scroll down** to enter your preferred administration time and other information. Do not select Administer Med yet.



Enter the date/time determined in the previous section. In this example, 11/30/2015 at 23:45 is entered so it will appear 2 hours prior to the Key Event (progress note) when viewed in the Faculty or Student Perspective.



Continue scrolling and populate any remaining fields, as applicable (no fields are required):



Author: By default, 'Current User' will be selected which will indicate you gave the med. A nurse or other healthcare provider may be selected from the dropdown list.

Dispensed Status: By default, 'Given' will be selected for scheduled meds and 'Infusing' will be selected for infusions. Adjust if applicable. *You may also use the options in Dispensed Status to show an administration as "Late," "Early," "Missed," "Refused," or "Held."

Dose administered: Manually type the amount the patient received of the specific drug. This should match the quantity specified in the order unless otherwise noted.

Solution Volume (Infusion only): This field auto-populates with the volume that was ordered.

Solution Rate (Infusions only): This field auto-populates with the rate that was ordered.

Bag (Infusions only): Select which bag was administered (or acted on) from the dropdown menu.

IV Flow Rate (Infusions only): Enter the flow rate of the IV. This is typically the same as the ordered solution rate unless otherwise noted.

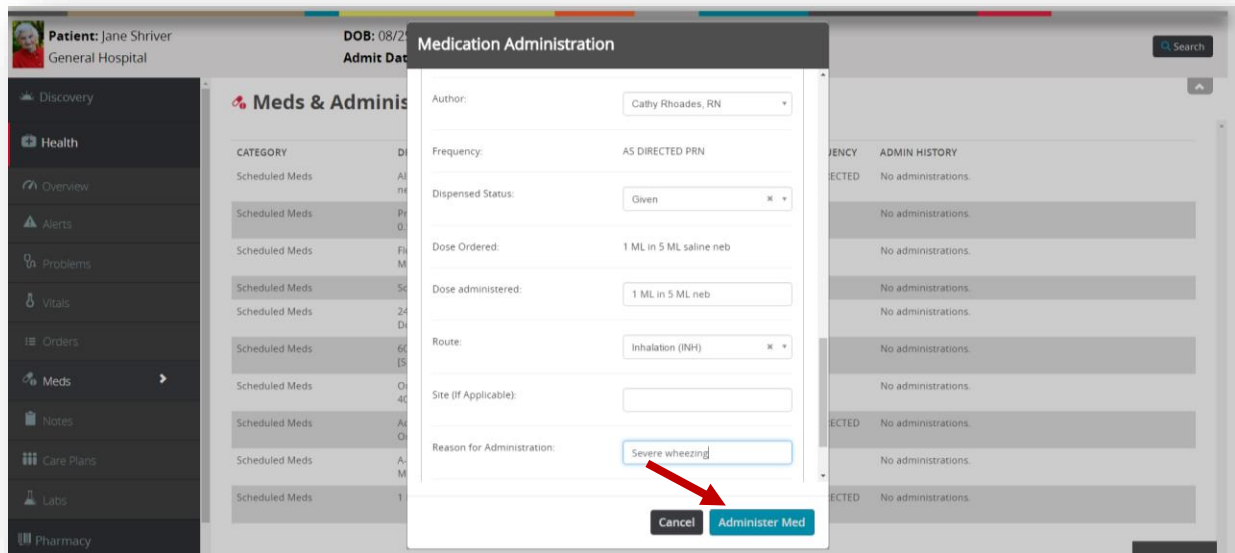
Route: By default, the route specified in the original order will be indicated. If the medication was administered through another route, select it from the dropdown menu to select it.

Site (if Applicable): Manually enter a site, or location, if applicable. For example, if the medication was given intramuscularly, indicate where the injection occurred.

Reason for Administration: Enter why the medication was administered. For example, it was given for nausea or blood pressure control.

Administration Details: Type any additional information relevant to this specific administration. For example, if a different dose than what was ordered was given, note the reason.

After completing the applicable fields, select **Administer Med.**



Medication Administration

Author: Cathy Rhoades, RN

Frequency: AS DIRECTED PRN

Dispensed Status: Given

Dose Ordered: 1 ML in 5 ML saline neb

Dose administered: 1 ML in 5 ML neb

Route: Inhalation (INH)

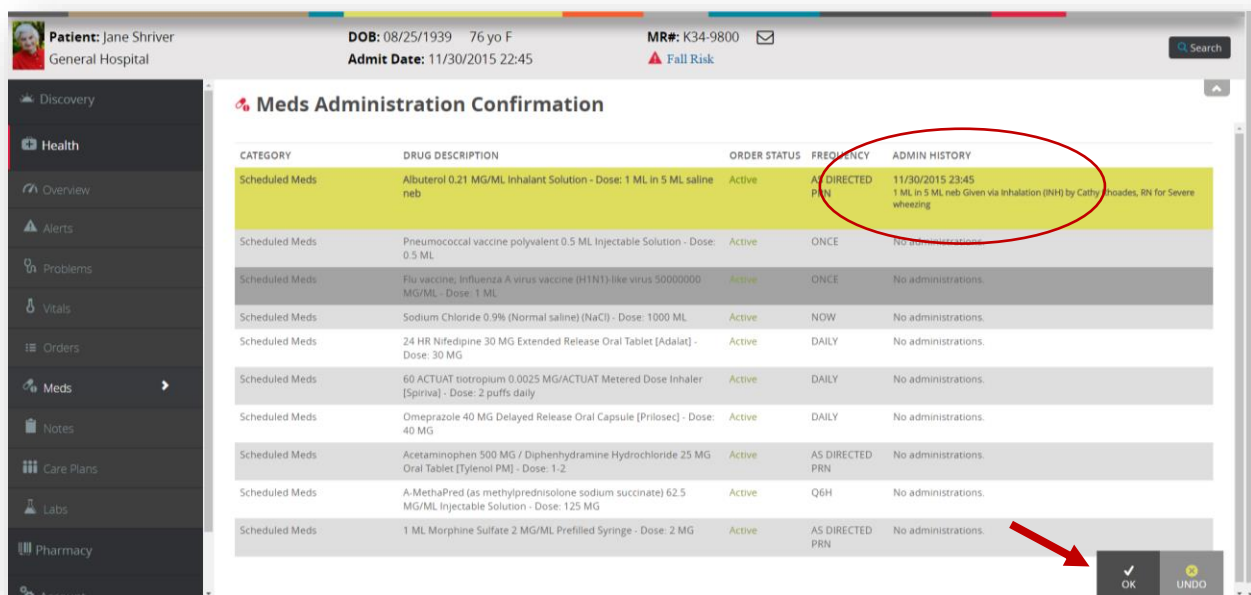
Site (If Applicable):

Reason for Administration: Severe wheezing

Cancel Administer Med

The Admin History column of the Meds tab will now display the administration information. Select **OK** if it is correct or select **Undo** if there was an error.

Important! Past administrations cannot be edited so ensure it was entered correctly. See next section if you need to make changes to a medication administration.



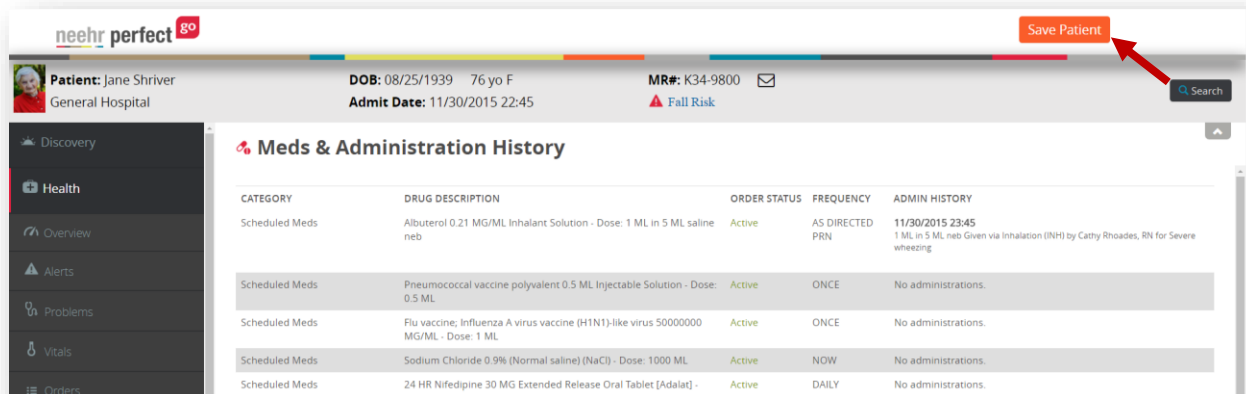
Meds Administration Confirmation

CATEGORY	DRUG DESCRIPTION	ORDER STATUS	FREQUENCY	ADMIN HISTORY
Scheduled Meds	Albuterol 0.21 MG/ML Inhalant Solution - Dose: 1 ML in 5 ML saline neb	Active	AS DIRECTED PRN	11/30/2015 23:45 1 ML in 5 ML neb Given via Inhalation (INH) by Cathy Rhoades, RN for Severe wheezing
Scheduled Meds	Pneumococcal vaccine polyvalent 0.5 ML Injectable Solution - Dose: 0.5 ML	Active	ONCE	No administrations.
Scheduled Meds	Flu vaccine, Influenza A virus vaccine (H1N1) like virus 50000000 MG/ML - Dose: 1 ML	Active	ONCE	No administrations.
Scheduled Meds	Sodium Chloride 0.9% (Normal saline) (NaCl) - Dose: 1000 ML	Active	NOW	No administrations.
Scheduled Meds	24 HR Nifedipine 30 MG Extended Release Oral Tablet (Adalat) - Dose: 30 MG	Active	DAILY	No administrations.
Scheduled Meds	60 ACTUAT tiotropium 0.0025 MG/ACTUAT Metered Dose Inhaler (Spiriva) - Dose: 2 puffs daily	Active	DAILY	No administrations.
Scheduled Meds	Omeprazole 40 MG Delayed Release Oral Capsule (Prilosec) - Dose: 40 MG	Active	DAILY	No administrations.
Scheduled Meds	Acetaminophen 500 MG / Diphenhydramine Hydrochloride 25 MG Oral Tablet (Tylenol PM) - Dose: 1-2	Active	AS DIRECTED PRN	No administrations.
Scheduled Meds	A-MethaPred (as methylprednisolone sodium succinate) 62.5 MG/ML Injectable Solution - Dose: 125 MG	Active	Q6H	No administrations.
Scheduled Meds	1 ML Morphine Sulfate 2 MG/ML Prefilled Syringe - Dose: 2 MG	Active	AS DIRECTED PRN	No administrations.

OK UNDO

Repeat the process for additional administrations of the same medication or other medications.

When all administrations have been entered select **Save Patient**.



neehr perfect go

Patient: Jane Shriver
General Hospital

DOB: 08/25/1939 76 yo F
Admit Date: 11/30/2015 22:45

MR#: K34-9800
Fall Risk

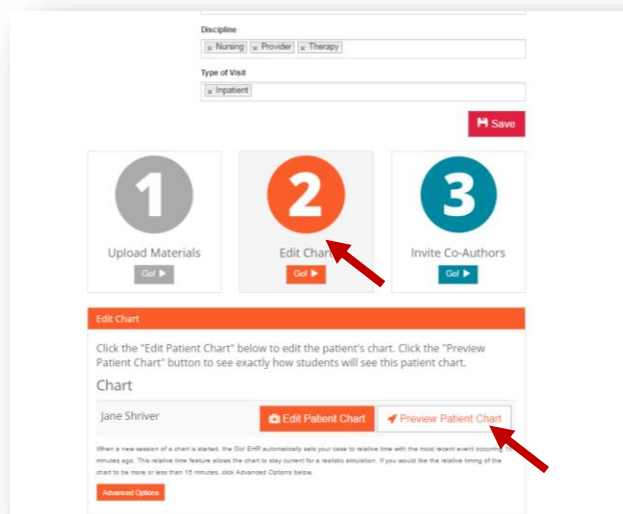
Save Patient

Meds & Administration History

CATEGORY	DRUG DESCRIPTION	ORDER STATUS	FREQUENCY	ADMIN HISTORY
Scheduled Meds	Albuterol 0.21 MG/ML Inhalant Solution - Dose: 1 ML in 5 ML saline neb	Active	AS DIRECTED PRN	11/30/2015 23:45 1 ML in 5 ML neb Given via Inhalation (INH) by Cathy Rhoades, RN for Severe wheezing
Scheduled Meds	Pneumococcal vaccine polyvalent 0.5 ML Injectable Solution - Dose: 0.5 ML	Active	ONCE	No administrations.
Scheduled Meds	Flu vaccine, Influenza A virus vaccine (H1N1)-like virus 50000000 MG/ML - Dose: 1 ML	Active	ONCE	No administrations.
Scheduled Meds	Sodium Chloride 0.9% (Normal saline) (NaCl) - Dose: 1000 ML	Active	NOW	No administrations.
Scheduled Meds	24 HR Nifedipine 30 MG Extended Release Oral Tablet (Adalat) - Dose: 30 MG	Active	DAILY	No administrations.

Step 5: Review the chart in relative time

From the Author Perspective, re-select **Step 2: Edit Chart**, then **Preview Patient Chart** to launch the chart in relative time. Or you may also select either Faculty Perspective or Student Perspective.



Discipline: ☐ Nursing ☐ Provider ☐ Therapy

Type of Visit: ☐ Inpatient

Save

1
Upload Materials
Get ▶

2
Edit Chart
Get ▶

3
Invite Co-Authors
Get ▶

Edit Chart

Click the "Edit Patient Chart" below to edit the patient's chart. Click the "Preview Patient Chart" button to see exactly how students will see this patient chart.

Chart

Jane Shriver

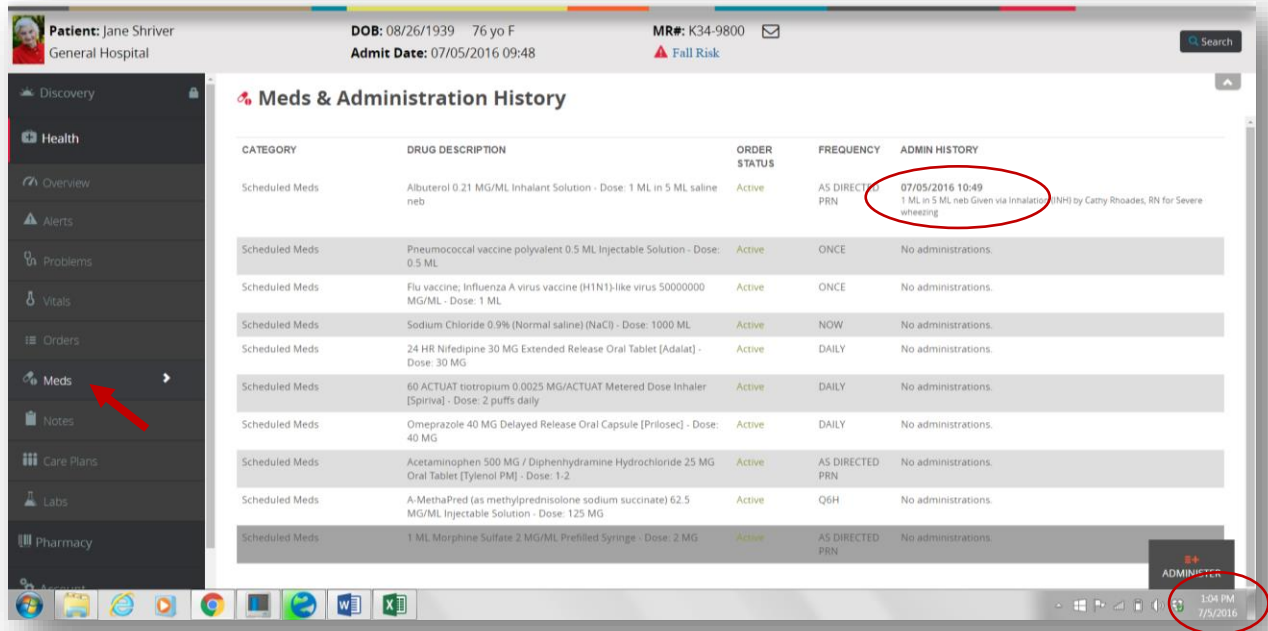
Edit Patient Chart **Preview Patient Chart**

When a new session of a chart is started, the Chart automatically sets your case to relative time with the most recent event occurring minutes ago. This relative time feature allows the chart to stay current from a realistic simulation. If you would like the relative timing of the chart to be more or less than 15 minutes, click Advanced Options below.

Advanced Options

Go to the **Meds** tab and confirm your administration appears at the correct time relative to the current time. In this example, the med administration history was added 2 hours prior to the Key

Event. With a 15 minute offset, the administration should appear approximately 2 hours and 15 minutes before the current time.



Patient: Jane Shriver
General Hospital

DOB: 08/26/1939 76 yo F
Admit Date: 07/05/2016 09:48

MR#: K34-9800
Fall Risk

Meds & Administration History

CATEGORY	DRUG DESCRIPTION	ORDER STATUS	FREQUENCY	ADMIN HISTORY
Scheduled Meds	Albuterol 0.21 MG/ML Inhalant Solution - Dose: 1 ML in 5 ML saline neb	Active	AS DIRECTED PRN	07/05/2016 10:49 1 ML in 5 ML neb Given via Inhalation (NPI) by Cathy Rhoades, RN for Severe wheezing
Scheduled Meds	Pneumococcal vaccine polyvalent 0.5 ML Injectable Solution - Dose: 0.5 ML	Active	ONCE	No administrations.
Scheduled Meds	Flu vaccine; Influenza A virus vaccine (H1N1)-like virus 500000000 MG/ML - Dose: 1 ML	Active	ONCE	No administrations.
Scheduled Meds	Sodium Chloride 0.9% (Normal saline) (NaCl) - Dose: 1000 ML	Active	NOW	No administrations.
Scheduled Meds	24 HR Nifedipine 30 MG Extended Release Oral Tablet (Adalat) - Dose: 30 MG	Active	DAILY	No administrations.
Scheduled Meds	60 ACTUAT tiotropium 0.0025 MG/ACTUAT Metered Dose Inhaler (Spiriva) - Dose: 2 puffs daily	Active	DAILY	No administrations.
Scheduled Meds	Omeprazole 40 MG Delayed Release Oral Capsule (Prilosec) - Dose: 40 MG	Active	DAILY	No administrations.
Scheduled Meds	Acetaminophen 500 MG / Diphenhydramine Hydrochloride 25 MG Oral Tablet (Tylenol PM) - Dose: 1-2	Active	AS DIRECTED PRN	No administrations.
Scheduled Meds	A-MethaPred (as methylprednisolone sodium succinate) 62.5 MG/ML Injectable Solution - Dose: 125 MG	Active	Q6H	No administrations.
Scheduled Meds	1 ML Morphine Sulfate 2 MG/ML Prefilled Syringe - Dose: 2 MG	Active	AS DIRECTED PRN	No administrations.

ADMINISTER 1:04 PM 7/5/2016

Modifying a medication administration

After a medication administration has been entered, it is not possible to modify it. If you would like to adjust the date/time or other aspects of the administration, you must first delete the original medication order, re-enter the order, and then re-administer the medication.

1. Launch the Author Perspective and choose **Step 2: Edit Chart**.
2. Go to the **Orders** tab of the Health section.
3. Select the medication order with the administration history you'd like to change. Note the original order date in static time and other order details.
4. Select **Delete** to remove the original order and associated administrations.
5. Back on the Orders tab, select **New** to add a new order.
6. Re-enter the order based on the original information noted in Step 3. Be sure to use the original static time for the Date field and Starts on Date/Time field. Select **Save**.
7. Go to the Meds tab and select **Administer Med**.
8. Enter the administration information following the steps in this guide then select **Administer**, then **OK** to confirm.
9. Select **Save** when administrations are complete.
10. View the patient using Preview or the Faculty or Student Perspective to see the administration in relative time.