EHR 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 EHR 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 *EHR Go Guide to Editing Patients or Activities* or the *EHR Go Guide to Creating New Patients or 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 Edit View when adding the past medication administrations. Administrations added in the Faculty View or Student View are only visible to you and will not propagate out to other users when the chart is assigned.

Keep in mind, when in the Edit View, 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 Views. 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 Edit View so they appear at your preferred time when viewed in relative time in the Faculty and Student Views.

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: Select the Edit View 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

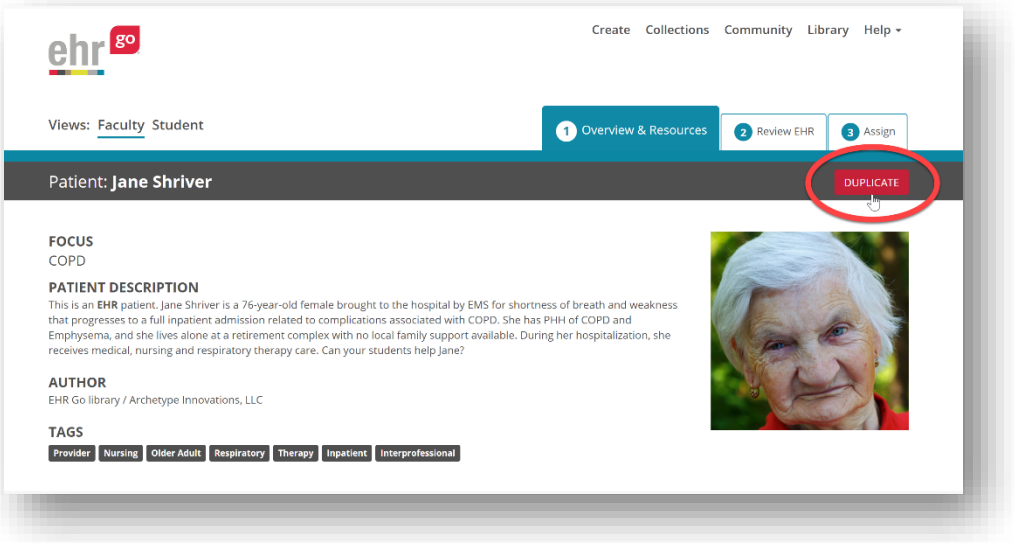
Step 1: Select the Edit View

Selecting the Edit View 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 to as a co-author:

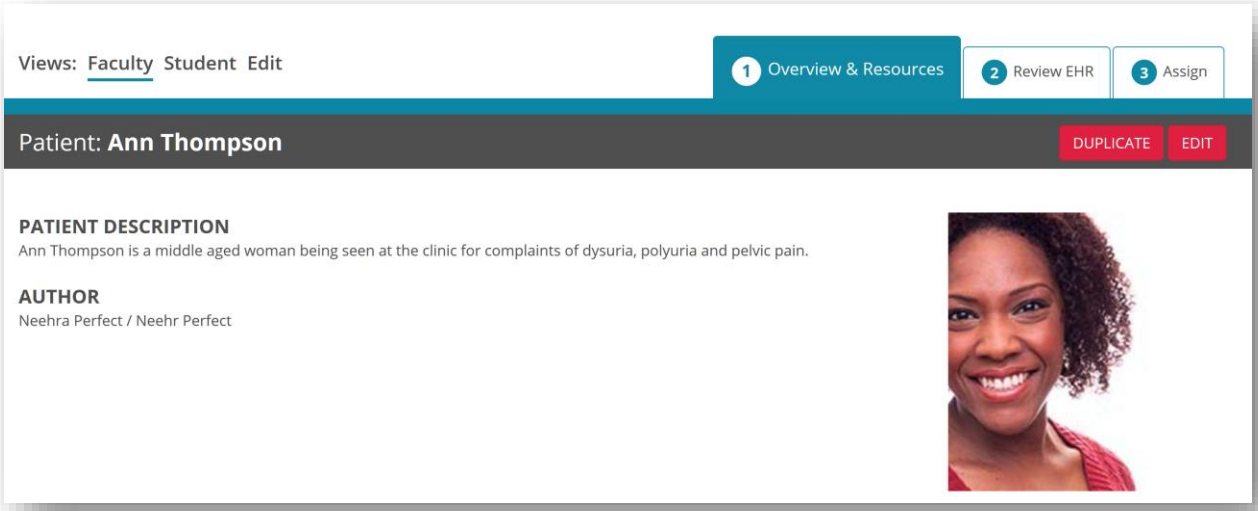
You will need to duplicate the chart so that you can modify it in the Edit View

After selecting the patient activity, select **Duplicate.** You'll automatically be in the Edit View.



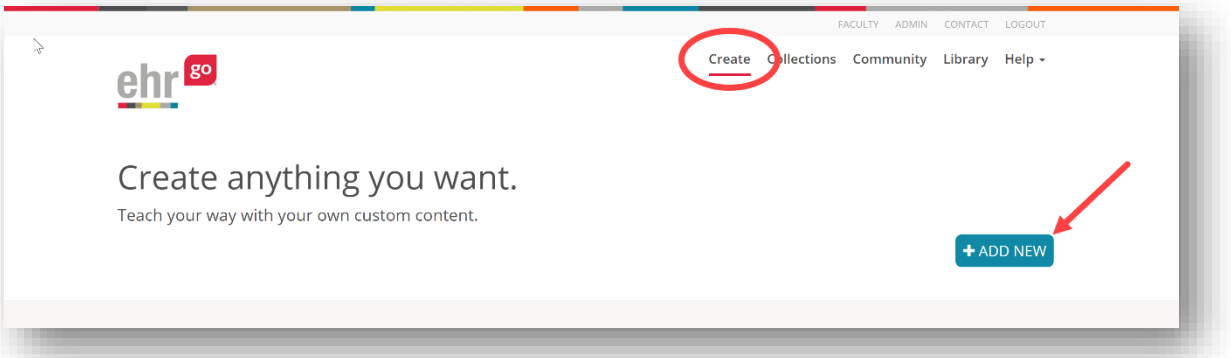
For a chart you authored or were added as a co-author:

After selecting your patient activity, select the **Edit** view. You can choose Edit above the patient's name or off to the right – both options bring you to the Edit view.



For a new patient chart:

From the Create tab, select **+ Add New.**



You'll automatically be brought to the Edit View to create a new chart.

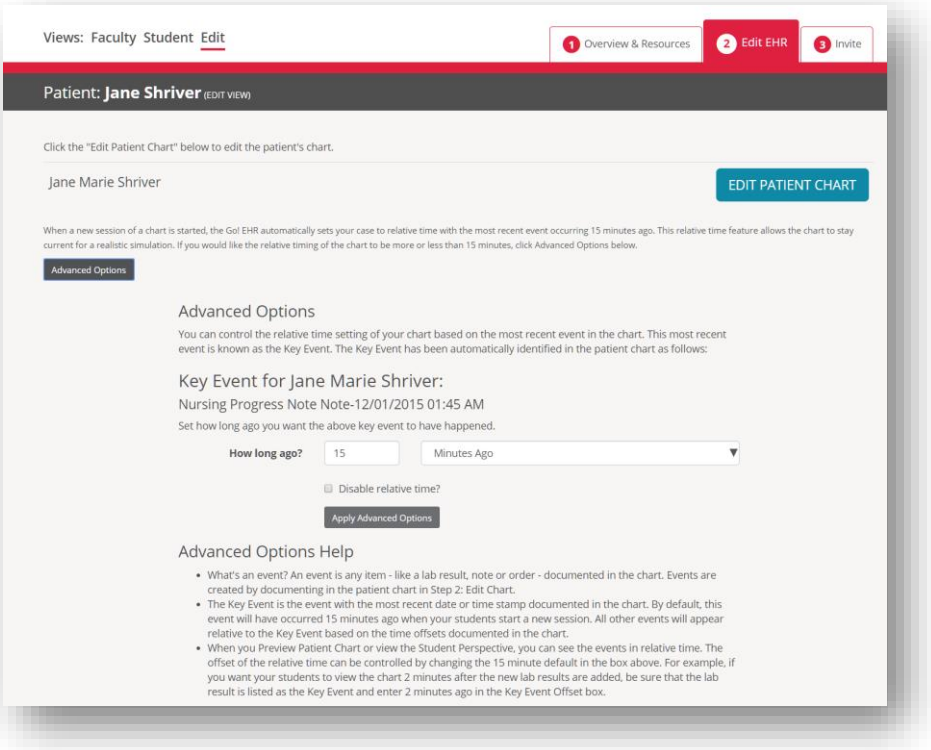
If you're building a new chart, please first add all of the chart contents except for the medication administrations. Refer to the *EHR Go Guide: Creating New Patients or Activities* on how to do so. Once the chart is done, proceed to the next step for adding the medication administration history.

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 Edit View, 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 Views.

Select **2: Edit EHR,** then **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 Views, it will appear as though that note 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 Views.

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

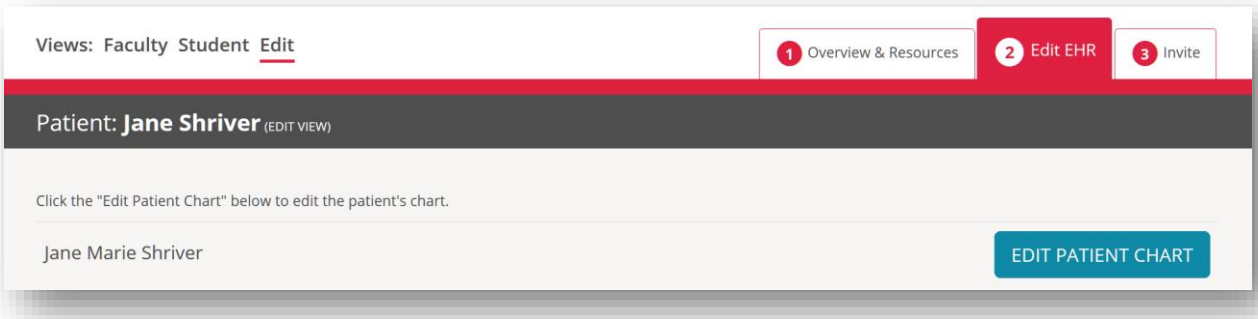
Think about when in the scenario you'd like the administration to appear. The most common approach is to determine when the medication administrations should occur relative to the Key Event. For example, we could choose to have the last administration occur 2 hours prior to the Key Event (which is the 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 Edit View and plan to enter the medication administration based on it. Jot down the timing for the next step.

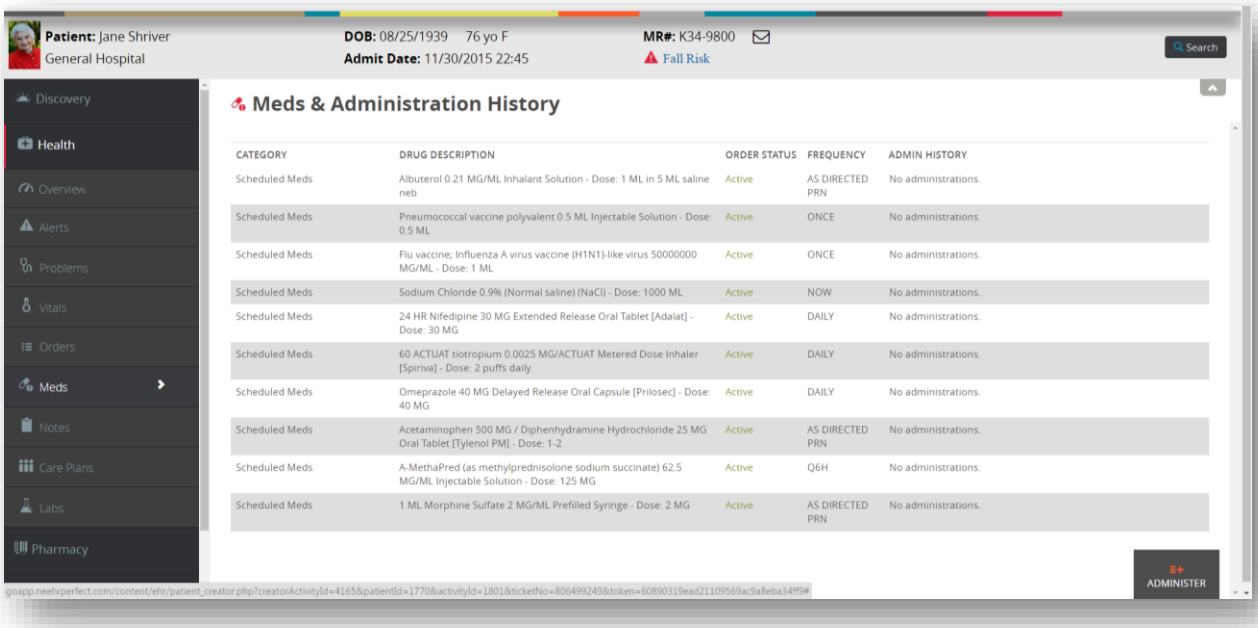
Keep in mind, the administration should be entered prior to the Key Event + the offset time, otherwise it will appear in the future in the Faculty or Student View. So in this chart example, it should be entered on or before 12/01/2015 at 02:00. Hint**:** The offset can be increased to allow more time,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

Step 4: Administer the medications and adjust the time stamps

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



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



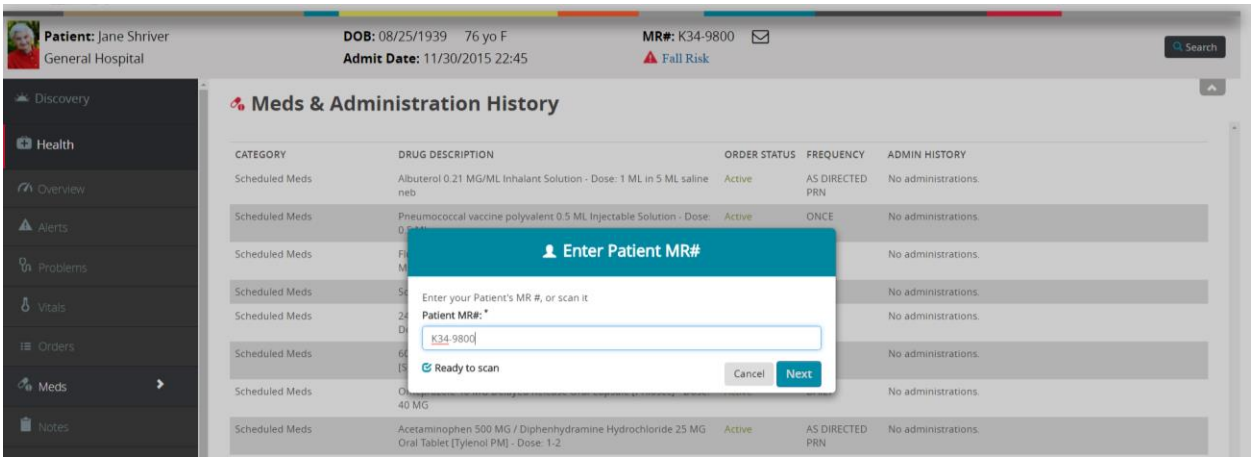
Select the medication you would like administered to view the Order Details. Then select **Administer.**

Important! Medication orders for past administrations must have a Frequency that does not list specific due times. For example, "**Daily**" should be selected instead of "Daily (0800)" or "**Q8H**"

instead of “Q8H (0000-0800-1600)”. For every Frequency that lists specific due times, there is a corresponding option without the due times. AS DIRECTED and any PRN option may also be used.

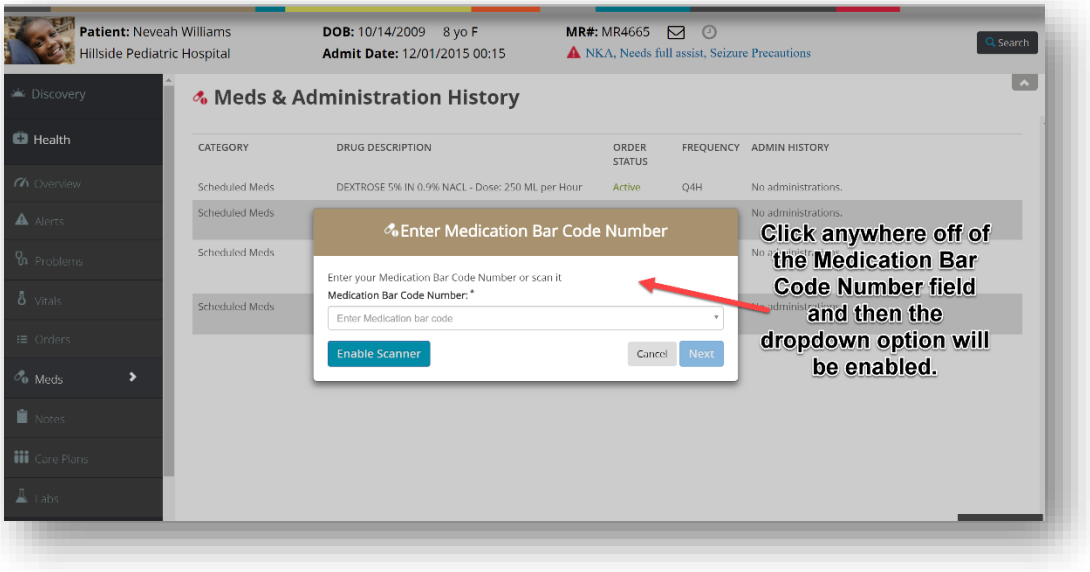
If the medication order lists a Frequency with specific due times, first choose to **Edit** the order and adjust the Frequency to one that does not list due times before administering. See separate *EHR Go Guide to Medication Orders* for more information. In the example shown, we are administering a medication with a Frequency of “AS DIRECTED PRN” which does not list a specific due time so we can proceed.

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

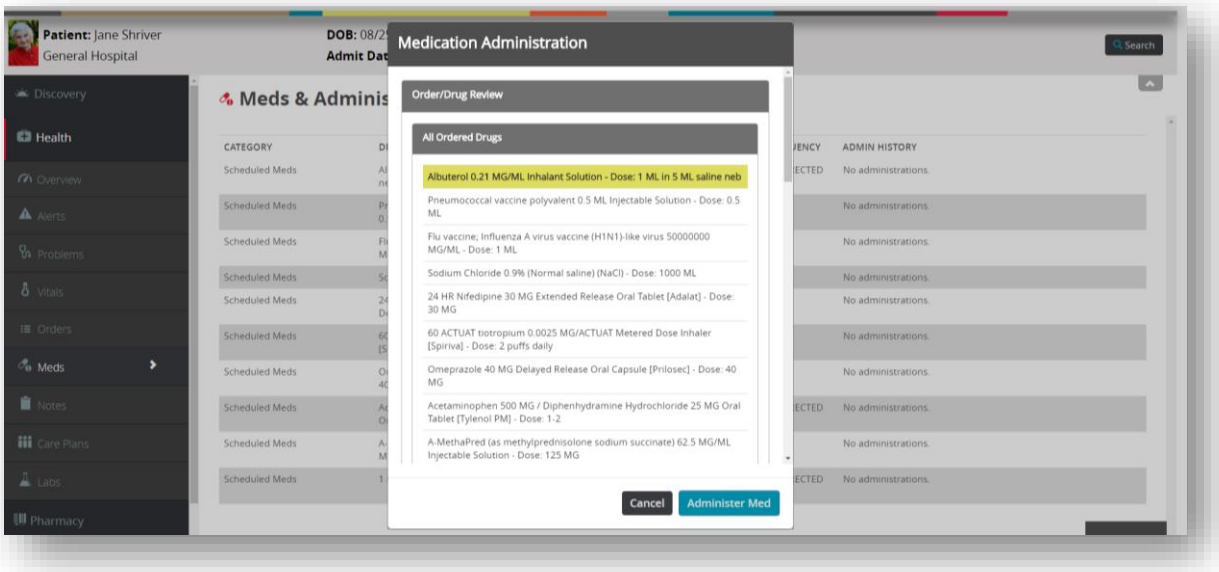


After the MR# is verified, you will be prompted to enter the medication barcode number for the med you’re administering. If you’re manually entering the medication barcode number, you can find it as part of the barcode sheet or in the Order Details after selecting a medication order. However, the easiest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

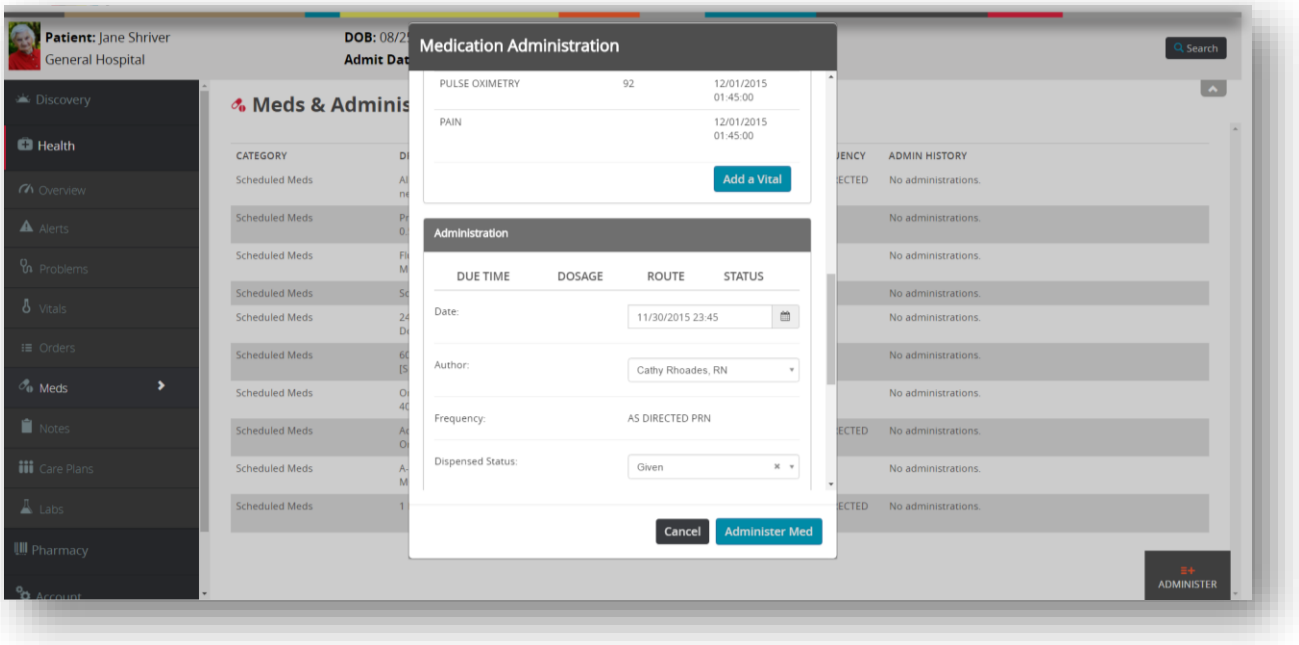
Click anywhere outside of the text field. That indicates to the system that you’re not using a scanner and then a dropdown list of the patient’s existing med orders will appear. Simply select the medication being administered from the list rather than manually typing it in.



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, 12/1/2015 at 05:45 is entered so it will appear 2 hours prior to the Key Event (progress note) when viewed in the Faculty or Student View.



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.

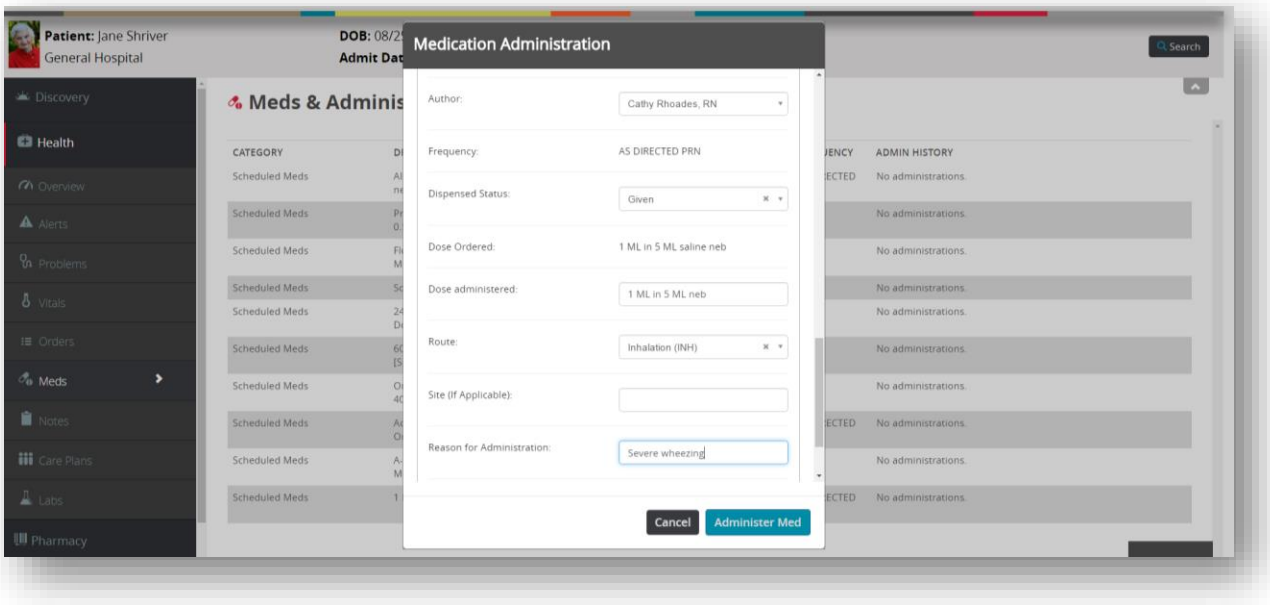
Route: By default, the route specified in the original order will be indicated. If the medication was administered through another route, select it from the dropdown menu to select it.

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.

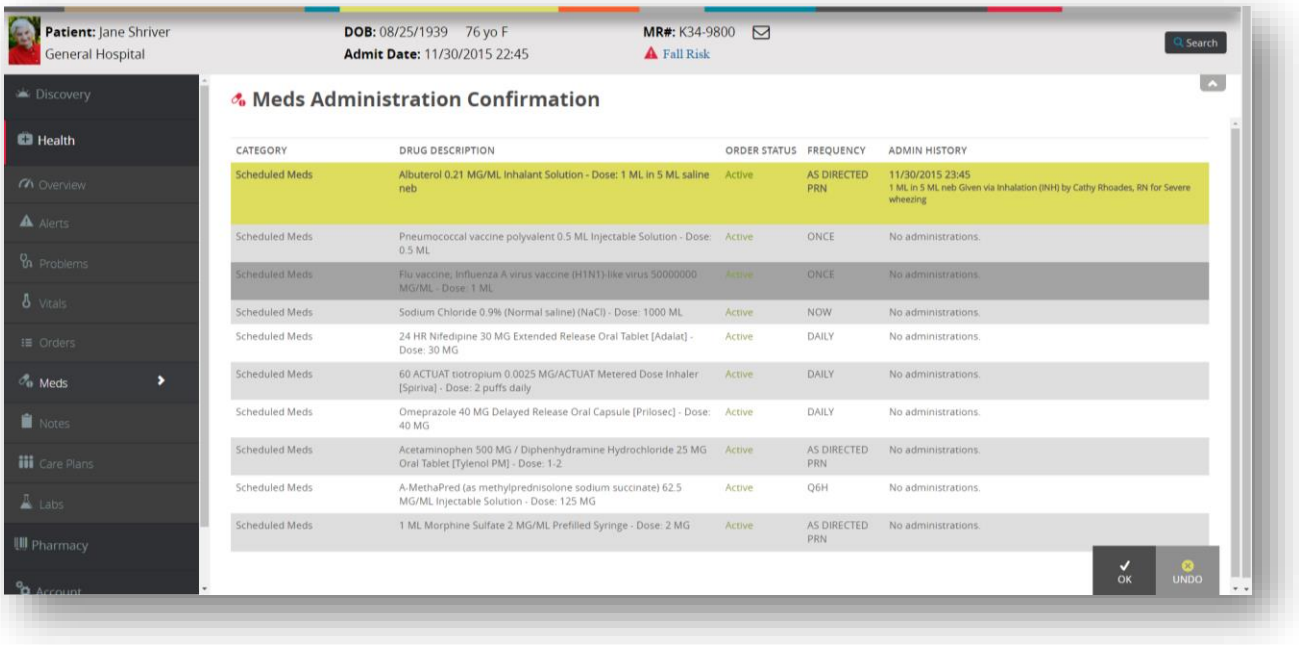
Administration Details: Type any additional information relevant to this specific administration. For example, if a different dose than what was ordered was given, note the reason.

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



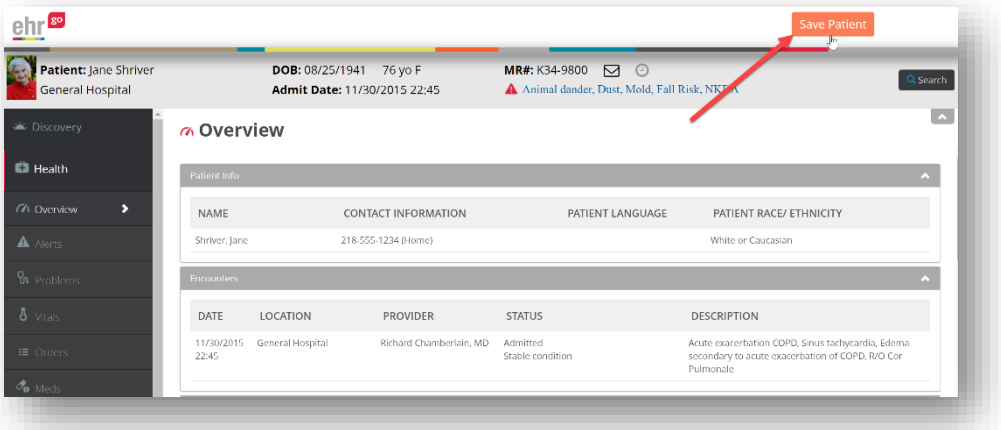
The Admin History column of the Meds tab will now display the administration information. Select **OK** if it is correct or select **Undo** if there was an error.

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.



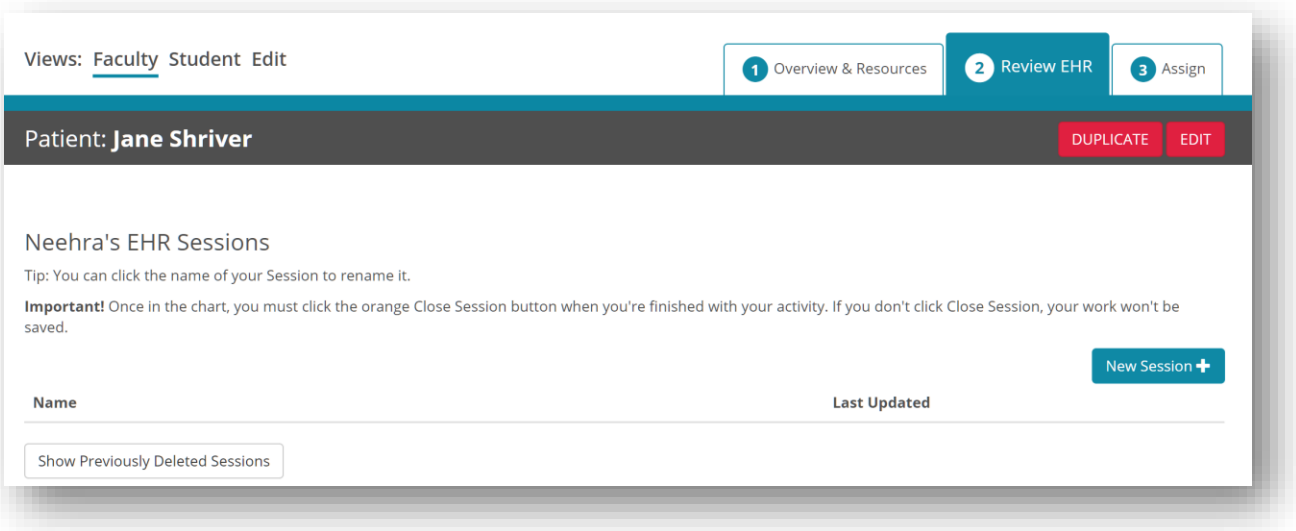
Repeat the process for additional administrations of the same medication or other medications.

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



Step 5: Review the chart in relative time

When you return to the network, select the Faculty or Student View to launch the chart in relative time under **2: Review/Launch EHR**. Start a New Session.



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.

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 Edit View and choose **2: Edit EHR**.
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 the Faculty or Student View to see the administration in relative time.