

# MEDITECH Expense TIP SHEET

## PHA

### Pediatric patient alert with keyword for EDM

The Pediatric Double Check rule has been updated to bypass certain medications, defined by policy, when ordered through the ED Module.

Orders with Activity	Instructions	Status	Source
acetaminophen(Tylenol Oral Sol... acetaminophen 650 mg/20.3 mL Ora... U000007501 ...	75 MG PO X1ED ONE 12/20/24 1409 -12/20/24 1410 PRNHERDP...	Unverified	EDM Hospitalist... Provider
amoxicillin chewable(Amoxil Ch... amoxicillin chewable 125 mg Tablet U000007504 ...	250 MG PO X1ED ONE 12/20/24 1427 -12/20/24 1428 MAIN.PR...	Unverified Protocol	EDM Hospitalist... Provider
apixaban(Eliquis) apixaban 2.5 mg Tablet U000007499 ...	2.5 MG PO X1ED ONE 12/20/24 1409 -12/20/24 1410 PRNHERDP...	Unverified Protocol	EDM Hospitalist... Provider
levETIRAcetam(Keppra) levETIRAcetam 500 mg Tablet U000007503 ...			
<b>Current Orders</b>			
levETIRAcetam(Keppra) levETIRAcetam 500 mg Tablet U000007500 M			
PED ampicillin in empty syrin PED ampicillin 375 MG in empty U000007502 PEDISIG			

**View Order Data**

- Incomplete Reasons**
  - Rule Error detected on order (RXPEDEDUN1 - File order for pts Less Than 18)
- Comments**
  - Preparation**
    - apixaban 2.5 mg Tablet
    - PEDSPEND

For pediatric ED patients, the rule will fire based on:

- Pt age < 17
- Presence of keyword **PEDSPEND**
- EDM order source

**Confirmation**

ATTENTION: This patient is a PEDIATRIC patient! Please pend this order for double check by another pharmacist. Do you want to continue?

Yes No

Example of the rule alert.

**Confirmation**

ATTENTION: This patient is a PEDIATRIC patient! Verify appropriately based on Facility and COE coverage. Do you want to continue?

Yes No

Label Comments: Newborn Nursery >= 36 Weeks Hypoglycemia

For pediatric inpatients, the rule will continue to fire based on patient age less than 18 years of age for all medications.

**Testvfc, Under19** 4ft 6in 137.16cm BSA: 1.14m2 F00000179574 F000542816  
 4Y 11M F 01/01/2020 74lb 15.32oz 34kg BMI: 18.1kg/m2  
 ADM IN F.PEDI F.511-A Allergy: Peanut (Legumes) Adv: Not Recorded

Allegory/AdvReac	Type	Severity	Reaction	Date	Verified
Peanut (Legumes)	Allergy	Severe	Anaphylaxis	10/23/24	Yes

5 Selected

Orders with Activity	Instructions	Status	Source
<input checked="" type="checkbox"/> acetaminophen(TylenoL Extra St... acetaminophen 500 mg Tablet U000007025 ...	500 MG PO Q4HR SCH 12/02/24 1600 MAIN.PR...	Unverified	OM Hospitalist... Provider
<input checked="" type="checkbox"/> amoxicillin(Amoxil) amoxicillin 500 mg Capsule U000007026 ...	500 MG PO Q8HR SCH 12/02/24 2200 MAIN.PR...	Unverified Protocol	OM Hospitalist... Provider
<input checked="" type="checkbox"/> dextrose 10% water dextrose 10% water 68 ML U000007030 PEDISIG	68 ML IV ONCE ONE ... 12/03/24 0852 -12/03/24 0906 MAIN.PR...	Unverified	OM Hospitalist... Provider
68 ML IV ONCE ONE @ 272 MLS/HR			
Drug		Ordered Dose	Amount
dextrose 10% water(D10W 250 mL)			68 ML
dextrose 10% water 250 mL Bag			
<input checked="" type="checkbox"/> diphenhydrAMINE(BenadryL) diphenhydrAMINE 25 mg Tab.Cap U000007027 ...	25 MG PO Q8H PRN 12/02/24 1555 MAIN.PR...	Unverified	OM Hospitalist... Provider
<input checked="" type="checkbox"/> phytonadione (vitamin K-1)(Aqua... phytonadione (vitamin K-1) 1 mg/0.5 ... U000007029 ...	1 MG IM ONCE ONE 12/03/24 0823 -12/03/24 0824 MAIN.PR...	Unverified	OM Hospitalist... Provider

NOTE: if the verifying pharmacist selects all the orders to be verified. The rule will only fire ONCE.

If the verifying pharmacist chooses the orders one at a time, the rule will fire on each order.

This is for inpatients only.

Order	Instructions	Status	Source
<input checked="" type="checkbox"/> acetaminophen(TylenoL Extra Stre... acetaminophen 500 mg Tablet FM000001770 M	500 MG PO Q4HR SCH 12/02 1600 MAIN.PRNH	Active	OM Hospitalist01, Provider
<input checked="" type="checkbox"/> amoxicillin(Amoxil) amoxicillin 500 mg Capsule U000007026 M	500 MG PO Q8HR SCH 12/02 2200 MAIN.PRNH	Unverified Protocol	OM Hospitalist01, Provider
<input checked="" type="checkbox"/> diphenhydrAMINE(BenadryL) diphenhydrAMINE 25 mg Tab.Cap U000007027 M	25 MG PO Q8H PRN 12/02 1555 MAIN.PRNH	Unverified	OM Hospitalist01, Provider
<input checked="" type="checkbox"/> phytonadione (vitamin K-1)(Aqua... phytonadione (vitamin K-1) 1 mg/0.5 ... U000007029 M	1 MG IM ONCE ONE 12/03 0823 - 12/03 0824 MAIN.PRNH	Unverified	OM Hospitalist01, Provider
<input checked="" type="checkbox"/> dextrose 10% water dextrose 10% water 68 ML U000007030 PEDISIG	68 ML IV ONCE ONE @ 272 M... 12/03 0852 - 12/03 0906 MAIN.PRNH	Unverified	OM Hospitalist01, Provider
68 ML IV ONCE ONE @ 272 MLS/HR			
Drug		Ordered Dose	Amount
dextrose 10% water(D10W 250 mL)			68 ML
dextrose 10% water 250 mL Bag			

Cancel Select

If selecting all the orders at once, after verifying the first order, you will see this screen. Click on select to move to the next order to verify.