MEDITECH Expanse TIP SHEET PHA



Pediatric patient alert with keyword for EDM

The Pediatric Double Check rule has been updated to bypass certain For pediatric **ED** medications, defined by policy, when ordered through the ED Module. patients, the rule will fire based on: 5Y 10M F 01/27/2019 Allergy: Not Recorded Adv: Not Recorded Pt age < 17 . Orders with Activity Status 🔺 Presence of Unverified EDM acetaminophen(TylenoL Oral Sol... 75 MG PO X1ED ONE Hospitalist... Provider keyword amoxicillin chewable(AmoxiL Ch... 250 MG PO X1ED ONE amoxicillin chewable 125 mg Tablet 12/20/24 1427 -12/20/24 1428 MAIN.PR... Unverified Protocol FDM Hospitalist.. Provider PEDSPEND 2.5 MG PO X1ED ONE 12/20/24 1409 -12/20/24 1410 PRNHERDP... apixaban(Eliquis) EDM Unverified apixaban 2.5 mg Tablet U000007499 ... Hospitalist. EDM order source . levETIRAcetam(Keppra) levETIRAcetam 500 mg Tablet U000007503 ... Incomplete - Incomplete Reasons Rule Error detected on order (RXPEDEDUN1 - File ord for pts Less Than 18) **Current Orders** ~ levETIRAcetam(Keppra) levETIRAcetam 500 mg Tablet U000007500 M Comments Preparation PED ampicillin in empty syrin apixaban 2.5 mg Tablet PEDSPEND PED ampicillin 375 MG in en U000007502 PEDISIG 0 Example of the rule Range Dose Low| High alert. ATTENTION: This patient is a PEDIATRIC patient! Please pend this order for double check by another pharmacist. Do ? you want to continue? Yes No MAIN.PRNH PRNH Main * Charge Type NOCALC For pediatric inpatients, D105B dextrose 10% water 250 mL Bag 250 ML the rule will continue to fire based on patient age ATTENTION: This patient is a PEDIATRIC patient! Verify appropriately based on Facility and COE coverage. Do you 2 less than 18 years of age want to continue? for all medications. Yes No Label Comments

ΜI		F 01/01/2020 .PEDI F.511-A	Allergy:	Peanut (L	g BMI: 18. Legumes)	Adv: Not Re	ecorded					pharmacist selects all
	All	lergy/AdvReac	Edit	Туре 🔺	Severity	Read	ction	Date	Verified	g l	^	
٢	Pea	anut (Legumes)	Al	lergy Se	evere	Anaphylaxis	5	10/23/24	Yes		_	the orders to be verifi
	Sele	ected									_	The rule will only fire
		Orders with Activity			Instructions	5	Status -	SOL	irce	cə	_	ONCE.
>	v o	acetaminophen(TylenoL Extra St 500 I acetaminophen 500 mg Tablet 12/02			D MG PO Q4HR SCH /02/24 1600 IN.PR		Unverified OM Hospitalist Provider					
	~	amoxicillin(AmoxiL) amoxicillin 500 mg Capsule U000007026		500 MG PO Q8HR 12/02/24 2200 Ø () MAIN.PR		SCH Unverified Protocol		OM Hospitalis Provider				If the verifying pharmacist chooses th
[•	dextrose 10% water dextrose 10% water 68 ML U000007030 PEDISIG			/ ONCE ON 0852 -12/03,		Unverified	OM Hospitalis Provider	st			orders one at a time, trule will fire on each
				68 ML IV 0	ONCE ONE @	272 MLS/H	R					order.
			Drug			Order	ed Dose		ount			
		dextrose 10% water(D dextrose 10% water 2		nL)				68 ML				This is for inpatients
[•	diphenhydrAMINE(Bena diphenhydrAMINE 25 mg Ta U000007027	ab.Cap	25 MG PC 12/02/24 1 MAIN.PR		IN .	Unverified	OM Hospitalis Provider	st			only.
[- O	phytonadione (vitamin K phytonadione (vitamin K-1)) 1 mg/0	12/03/24 0	0823 -12/03,	IE /24 0824	Unverified	OM Hospitalis	st			
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