

HEPMA FAQ's

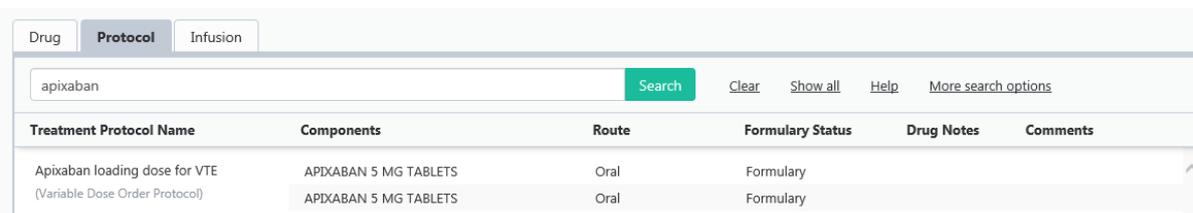
If you have any questions not answered here please send them to

Nhsggc.Hepma@ggc.scot.nhs.uk

Prescribing

I want to prescribe a loading dose followed by a continuation dose of apixaban. How do I do this?

Where a drug has two elements such as a loading dose, with a different dose to continue it may be available as a protocol. Instead of looking under drug – check in the protocol tab e.g Apixaban loading dose for VTE.



Treatment Protocol Name	Components	Route	Formulary Status	Drug Notes	Comments
Apixaban loading dose for VTE (Variable Dose Order Protocol)	APIXABAN 5 MG TABLETS	Oral	Formulary		
	APIXABAN 5 MG TABLETS	Oral	Formulary		

If there is a drug/group of drugs you think could be a protocol (order set) let us know

NHSggc.hepma@ggc.scot.nhs.uk

To see all available protocols click SHOW ALL

I have modified the frequency of a drug, but it has the wrong number of doses today. How do I fix this?

Modification of a frequency should be done with **great care**. If you select option 1 (see screen shot) the new frequency will apply from tomorrow and you will either miss doses today or have too many. Once this is done the only way to fix it is to discontinue both elements and re-prescribe. Because the doses are linked you can only select the newer prescription – the old one has effectively been discontinued at this point. Discontinue this and both will be discontinued, then re-prescribe the correct dose.

If you chose option 2 on the modification screen you can choose when to apply the modification. In most cases you want this to be the next available dose (see screenshot).

Administration

Why is the wrong date at the top of my screen?

This indicates there have been outstanding doses left ungiven. You should always deal with outstanding doses to keep the system up to date. **It is preferable to check that all doses have been given before the end of a shift.** If doses have been left for a patient still on the ward by the previous shift there is an option called 'Charting Override' to deal with outstanding doses.

Where a patient has passed away or been transferred, but is still on your ward in HEPMA/Trakcare there are 2 options

- 1) Manually discharge or transfer the patient using the 'Admission, Discharge, Transfer' tile (discharge only if the patient is no longer within GG&C care or has passed away).
- 2) Suspend all the medication (medical staff need to do this).

See SOP's on staffnet or in your orange HEPMA folder.

[http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/eHealth/eHT/Pages/StandardOperationProcedures\(SOPs\).aspx](http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/eHealth/eHT/Pages/StandardOperationProcedures(SOPs).aspx)

I have changed from a PRN medication to regular. Where does the administration history go?

When changing from PRN to regular (or vice versa) the system creates a new prescription for the dose going forward and discontinues the previous dose. When the system 'tidies up' overnight this will then be moved to the 'Discontinued Rx' tab where you can access all information about that old prescription. This also happens with STAT doses.

REGULAR		10-MAY-2021	11-MAY-2021	12-MAY-2021	13-MAY-2021	14-MAY-2021	15-MAY-2021	16-MAY-2021
PARACETAMOL 500 mg Tablets								
Dose 1000 mg	Rx on 13-May-2021 16:13	Route Oral		Directions FOUR TIMES DAILY 7am:12pm:5pm:10pm				
PRN		DISCONTINUED			PRN order with no defined frequency			
PARACETAMOL 500 mg Tablets					Administration History			
Dose 1000 mg	Rx on 13-May-2021 16:12	Route Oral						

I am able to give a PRN medication at any time – is this correct?

The system does not dose check PRN medication (due to the complexities of this). You should always check the time of the last dose given before administering. It is available on the standard administration screen under the drug name or in QUICK CHART when you hover over the information symbol (see below). Administration history will give you a full history of administrations of the drug.

Standard Administration

PRN	
DIHYDROCODEINE 30 mg Tablets	PRN order Administration History
Dose 30 mg	Route Oral
Frequency FOUR TIMES DAILY 7am-12pm:5pm:10pm	
Last administration: 13-May-2021 16:15	

Quick Chart Administration

Regular Medication	
13-May-2021 @ 17:00	PARACETAMOL 500 mg Tablets 1000 mg Oral Please select [v] dd-MMM-y Last Dose : 13-May-2021 @ 16:15
PRN Note: FOR PAIN	
PRN Medication	
-	DIHYDROCODEINE 30 mg Tablets 30 mg Oral Please select [v] dd-MMM-yyyy HH:mm [v] []
PRN Note:	
STAT Medication	

Why can I not record that the patient has self-administered a drug?

A drug can only be marked as self administered if the 'Will self administer this drug' box has been ticked by the prescriber or a member of pharmacy staff.

CANAGLIFLOZIN 100 mg Tablets

Communication zone

SUSPEND DISCONTINUE ADD ORDER NOTE ORDER HISTORY ADMIN HISTORY ADD TASK ADD TEMPLATE TASK CLINICAL DRUG INFORMATION HELP

Order Information Verification **Order Modify** Order Notes Order Tasks

Regular Order [v]

Frequency * 1X07 - ONCE daily at 7am [v] [Other frequency](#)

Administration times: 07:00

Route * Oral [v]

Days of treatment [v] First Administration 21-Apr-2021 07:00

Doses of treatment [v]

Stop on dd-MMM-yyyy [v] Last Administration [v]

Medicines Management

Admitted on this drug

Has own medication supply

Will self administer this drug

* required order information. Cancel Confirm

If this box has been ticked then 'Self administered' can be picked from the non-administration drop down menu.

Prescribers should be encouraged to tick this box for medicines where self administration is common e.g. inhalers/creams. If the patient does not self administer you can still give the drug in the standard way.

In the event the box is not ticked then the nursing staff should add a note to say that the patient is self administering.

Which should I use standard or quick chart administration?

The standard administration round provides lots of details and is very effective when there are small numbers of drugs to be administered. For larger numbers of drugs it may be easier to use quick chart, but this has less information, particularly around last dose given (see answer above regarding PRN's).

Both methods of administration are acceptable and it will be user preference as to which one they use regularly.