Understanding your CPOE

As part of the SPS team it is important to have a clear understanding of CPOE order review and entry to help troubleshoot with ordering staff. Healthcare professionals need to work as a team, even if it requires working across departmental lines, in order to provide excellent patient care.

Basics of CPOE:

- Sign-on→ this is the easy part
- Opening a patient chart→ this is also easy, just remember to stop, and take a look at the first window to make sure you are selecting an "active" or "arrived" encounter and not a "discharged" or "scheduled" visit. The default visit should be the active one but I have found that is not always the case.
- Reading the Orders in the Order tab→ Lab orders can be found in the Lab/Path order area. This is where *we* review orders. Some nurses also use this but they also use different areas to review orders, which lab does not have access. Keep this in mind when communicating with a nurse about a problem.

  I have found it beneficial to ask which window the nurse is using to review the orders and if they are not on the order tab under lab/path, asking them to go to that tab so that we are both on the same page…

  Ok now that we are on the same page we need to make sure that the correct filter is selected on that page. Sometimes it is better to use the filter: **"All Orders (all statuses)"** but that can be overwhelming, too many orders with too many statuses. So depending on the situation you can change the filter to:

  - **"all completed"**
  - **"all active"**
  - **"all active 24 hrs. back"**

  I prefer the **"all orders all statuses"** filter because then you can which orders were completed, vs. canceled, vs. still pending.

Ok now that our filters are covered time to look at the individual orders. I think the most troubles come from the **"frequency"** orders or as I like to call them the family orders. These are the orders that have a **"QAM"** or **"Q12hr"** etc.. It seems that they get misread by nursing staff most often. When you see a **"Q"** that should trigger you to look for a **"+"** sign.

The **"Q"** part of the order is the **"parent order"** this is *not* the order that is used for specific tests.

The "+" sign will get you to the **"child orders"** and these are the ones that lab and the nurse need to look into, as they require a specimen at a specific time.

- Status = **"ordered(collected)"** →order should be in ORM.
- Status = **"ordered(pending collection)"**→ the task needs to be completed, but the order should be in ORM.
- Status = **" canceled"** or **"completed".** →These orders are done, retired, no longer useable.

So if an order is "completed" or "canceled" or not useable just ask the nurse to **"place a one-time order for the specific test for *now*."**

"Q AM order"→ sometimes the nurse will send specimens with the parent order req printout. You will not find an active order in ORM. Check ORCA for a "+" order.

1. Verify that there is an order for the current specimen in hand
2. Check the status of the order for the specimen in hand
3. You may need to ask the nurse to "place a one-time order for the specific test for now." If the first order under the "+" is not for today.

"**Q-12 HR" "Q-8HR" order** →These orders are released by the nurse according to the time listed. The orders sometimes all drop in at one time so it is important to match order# on the req with the order in ORM.

*** It is very important to make sure the order on the req is an active order before you decide to order the test in order entry if there is no order in ORM. Sometimes the incorrect req does get sent to lab with a specimen. Ex: lav tube sent to lab with req for HCTs, no HCT orders in ORM; but active order for Tacro in ORM. Call RN to verify tests needed before proceeding.