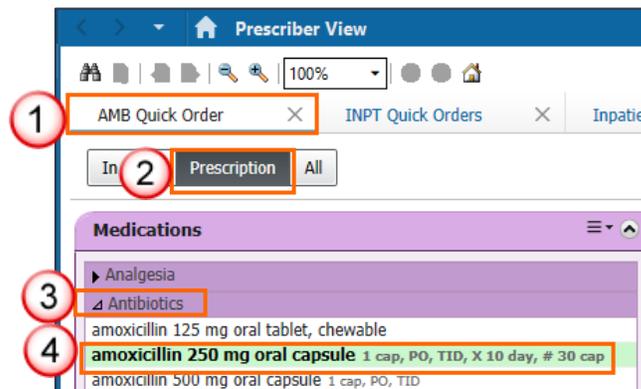


## AMBULATORY PRESCRIBERS

How to order prescription medication & generate a requisition for outpatients to take to their home pharmacy outside of Niagara Health.

### Method #1 – AMB Quick Orders mPage

1. From **Prescriber View**, navigate to **AMB Quick Orders** mPage.
2. Select **Prescription**.
3. Under the **Medications** tab, open the desired class of medications.
4. Click on the desired medication and order sentence.



5. The order will appear in your 'shopping cart'. Click on the icon.

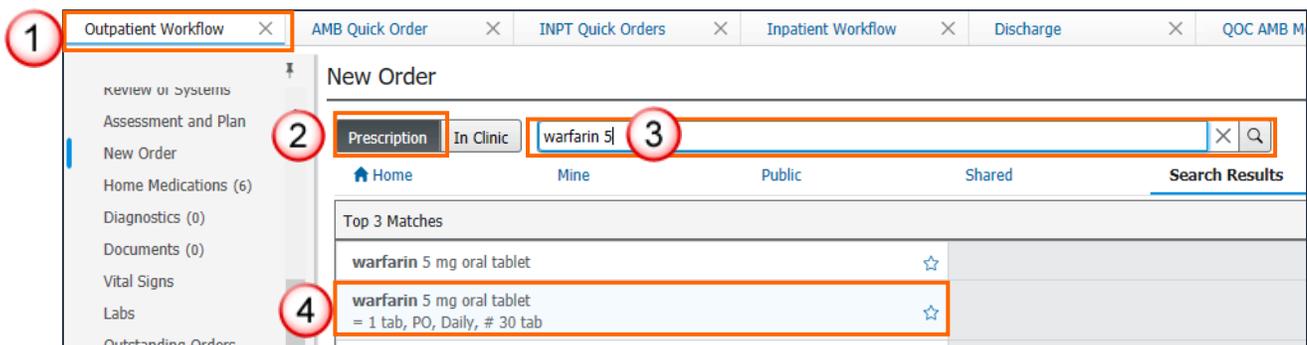


6. Your default printer will appear above the listed medication.
7. Select **Modify Details** if you need to make any edits or write prescription instructions.
8. Click **Sign** and the requisition will be printed accordingly.



## Method #2 – Outpatient Workflow mPage

1. From **Prescriber View**, navigate to the **Outpatient Workflow** mPage.
2. Select **Prescription**.
3. Search for the desired medication and order sentence
4. Select from the list below.



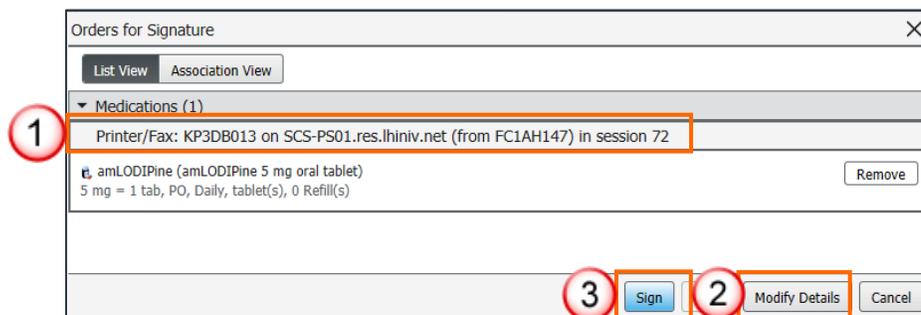
The screenshot shows the 'Outpatient Workflow' mPage with the following elements highlighted by numbered callouts:

- 1**: The 'Outpatient Workflow' tab is selected in the top navigation bar.
- 2**: The 'Prescription' option is selected in the left-hand menu.
- 3**: The search bar contains the text 'warfarin 5'.
- 4**: The search results list shows 'warfarin 5 mg oral tablet = 1 tab, PO, Daily, # 30 tab' selected.

5. The order will appear in your 'shopping cart'. Click on the icon.



1. Your default printer will appear above the listed medication.
2. Select **Modify Details** if you need to make any edits or write prescription instructions.
3. Click **Sign** and the requisition will be printed accordingly.



The 'Orders for Signature' dialog box shows the following elements highlighted by numbered callouts:

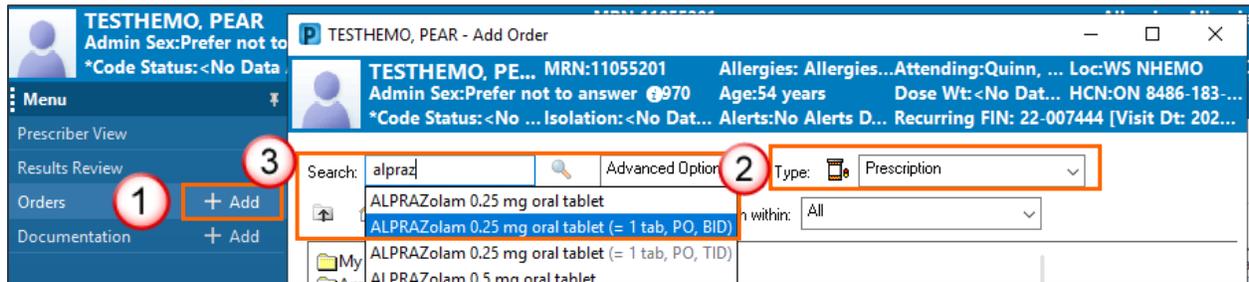
- 1**: The printer information 'Printer/Fax: KP3DB013 on SCS-PS01.res.lhiniv.net (from FC1AH147) in session 72' is highlighted.
- 2**: The 'Modify Details' button is highlighted.
- 3**: The 'Sign' button is highlighted.

# ORDERING OUTPATIENT PRESCRIPTIONS

HOSPITAL INFORMATION SYSTEM (HIS)

## Method #3 – Orders Tab

1. Navigate to your *Orders* tab from the blue menu and click **Add**.
2. Ensure that the **Type** field is set to **Prescription**.
3. Search for the desired medication and click on the desired order sentence.



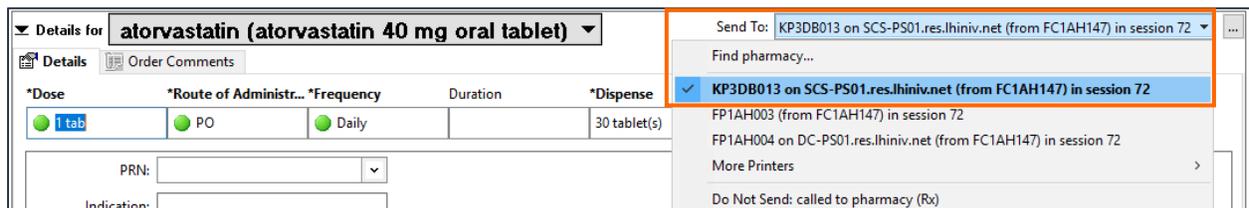
TESTHEMO, PEAR - Add Order

TESTHEMO, PEAR MRN:11055201 Allergies: Allergies...Attending:Quinn, ... Loc:WS NHEMO  
Admin Sex:Prefer not to answer 970 Age:54 years Dose Wt:<No Dat... HCN:ON 8486-183...  
\*Code Status:<No ... Isolation:<No Dat... Alerts:No Alerts D... Recurring FIN: 22-007444 [Visit Dt: 202...

Search: alpraz Advanced Options Type: Prescription

ALPRAZolam 0.25 mg oral tablet  
ALPRAZolam 0.25 mg oral tablet (= 1 tab, PO, BID)  
ALPRAZolam 0.25 mg oral tablet (= 1 tab, PO, TID)  
ALPRAZolam 0.5 mg oral tablet

4. Click **Done**.
5. From the **Details** pane, make any necessary modifications and or/enter prescription instructions.
6. Select your desired printer from the drop-down **Send To** field.



Details for atorvastatin (atorvastatin 40 mg oral tablet)

*Dose	*Route of Administr...	*Frequency	Duration	*Dispense
1 tab	PO	Daily		30 tablet(s)

PRN: [dropdown]  
Indication: [text field]

Send To: KP3DB013 on SCS-PS01.res.lhiniv.net (from FC1AH147) in session 72

Find pharmacy...

- ✓ KP3DB013 on SCS-PS01.res.lhiniv.net (from FC1AH147) in session 72
- FP1AH003 (from FC1AH147) in session 72
- FP1AH004 on DC-PS01.res.lhiniv.net (from FC1AH147) in session 72

More Printers >

Do Not Send: called to pharmacy (Rx)

7. The requisition will print as seen below. Hand to the patient to give to their pharmacy.

(See Next Page)

<b>Patient Name:</b> TESTHEMO, PEAR			
<b>Birth Date:</b> 1970/OCT/08 <b>Health Card:</b> 8486-183-256	<b>Age:</b> 54 Years <b>Other ID:</b> Type	<b>Facility:</b> Welland Site <b>Location:</b> WS Hemodialysis <b>Address:</b> 65 Third Street Welland Ontario - L3B 4W6	<b>Fax:</b>
<b>Allergies:</b> No allergy information has been recorded			
Pharmacist please note -- Allergy list may be incomplete.			
<b>Height:</b>	<b>Weight:</b>	<b>Body Surface Area:</b>	
<b>Patient Address:</b> 123 Kidney Care Lane welland, Ontario L3B5N5		<b>Home Phone:</b> <b>Work Phone:</b> (905)678-9976	
<b>Patient Preferred Pharmacy:</b>		<b>Preferred Pharmacy Fax:</b>	
<b>Prescription Details</b>			<b>Date issued</b> 2025/02/24
<b>atorvastatin 40 mg oral tablet</b> <b>SIG:</b> 1 tab PO Daily <b>Dispense/Supply:</b> 30 (thirty) tablet(s) <b>Instructions:</b> Take once daily with food.		<b>Refills:</b> 0 <b>LU Code:</b> <b>EAP Approved:</b>	
<b>levothyroxine 50 mcg (0.05 mg) oral tablet</b> <b>SIG:</b> 1 tab PO Daily <b>Dispense/Supply:</b> 60 (sixty) tab		<b>Refills:</b> 0 <b>LU Code:</b> <b>EAP Approved:</b>	
*** End of Prescriptions ***			
<b>Electronically Authenticated By:</b> Physician - Hospitalist NHS Test02, <b>Prescriber Signature:</b> <small>Please contact the prescriber for prescription content questions and the attending if the prescriber is unavailable.</small>		<b>Registration #:</b> <b>Phone:</b> <b>Fax:</b> No Assigned Fax	
<b>Attending:</b> Kathleen Marie Quinn, FRCPC 65 Third Street Welland, Ontario L3B 4W6		<b>Registration #:</b> 97597 <b>Phone:</b> 9053784647 <b>Fax:</b>	
Generated Date: 2025/02/24 at 10:04		Page: 1 of 1	

All Prescription Medications can easily be identified from the **Active Medications** list by the pill bottle icon. It will also be say **Prescribed** under the medication **Status** column.

Medications			
Active			
<input checked="" type="checkbox"/>		atorvastatin (atorvastatin 40 mg oral tablet)	Prescribed
<input checked="" type="checkbox"/>		levothyroxine (levothyroxine 50 mcg (0.05 ...	Prescribed

To easily renew a patient's prescription, right click on the desired medication and select **Renew**, followed by the desired ordered sentence to the right.

Medications			
Active			
<input checked="" type="checkbox"/>		levothyroxine (levothyroxine 50 mcg (0.05 ...	
<input checked="" type="checkbox"/>		atorvastatin (atorvastatin 40 mg oral tablet)	<div style="border: 1px solid black; padding: 2px;">           Renew &gt;           <div style="border: 1px solid black; padding: 2px; display: inline-block;">             Same Supply &amp; Same Number of Refills           </div> </div>
<input checked="" type="checkbox"/>		sodium biphosphate-sodium phosphate (sodium biphosphate-sodium phosphate 15	<div style="border: 1px solid black; padding: 2px;">             Modify without Resending             <div style="border: 1px solid black; padding: 2px; display: inline-block;">               Same Supply &amp; 0 Refills             </div> </div>
		Copy	30 Day Supply & 0 Refills