

### PHYSICIANS

**Creating A Pre-Reg Encounter** 

PRIOR TO PLACING ANY MEDICAL DAY CARE ORDERS, A PATIENT MUST HAVE A "PRE-REG" ENCOUNTER.

<u>NOTE:</u> This process is the same for all patients that you would like to book in Medical Day at NFS or SCS for any type of infusion.

How to Get a "Pre-Reg Encounter" made:

- Call the Central Booking Line 905 378-4647 x 44758 (leave a message) or Fax: 905-688-8288 (to Central Booking Line); identifying that you need a Pre-Registered Medical Day encounter (i.e.: Iron, IVIG, Blood, Fluids, etc.)
- 2. Central Booking will create a MDC Pre-Reg encounter for the patient.
- 3. Central Booking will call back to the office or fax back that the request has been completed. They will mention the FIN # for the Pre-Reg Encounter that was created.
- 4. The Physician can then add their infusion orders on the Pre-Reg MDC Encounter.
- 5. ALL ORDERS FOR MEDICAL DAY NEED TO BE PLACED ON THE MEDICAL DAY PRE-REG ENCOUNTER.

#### Searching for Patient by FIN

Each patient encounter (i.e. visit) has a unique FIN. Searching for a patient by FIN ensures that orders placed on the chart will be visible to nursing and other staff.



Placing Infusion Orders for MDC

the screen and select

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1. In the patient's chart, navigate to

e to in the blue Menu ("dark menu") on the left side of

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Patient Information	Goals and Interventions											
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Medication Request	Lines/Tubes/Drains										Display: Facility d	sefined view -
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2. Within the Add Order window, type in the desired infusion order set in the search bar

. Ambulatory (outpatient) infusion order sets have the Prefix "AMB".

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Common infusion PowerPlans (i.e. order sets), include:

- a. AMB Antibiotics
- b. AMB Blood Transfusion
- c. AMB Iron Infusion
- d. AMB IV Fluids
- e. AMB Outpatient IVIG
- f. AMB Pamidronate Infusion
- g. AMB Paracentesis Procedure
- h. AMB Phlebotomy
- i. AMB rituximab Induction Therapy for Glomerulonephritis in Medical Day Stay
- j. AMB rituximab Maintenance Therapy for ANCA Vasculitis in Medical Day Stay

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Search:

<b>b</b>	
MONARCH	MEDICAL DAY CLINIC: ORDERS AND BOOKING HOSPITAL INFORMATION SYSTEM (HIS)
3. Single-click the order you w	rould like to place and click when completed.

😰 TEST, LEZLIE - Add Order	– 🗆 X
TEST, LEZLIE MRN:11001524 Admin Sex:Female DOB:02/Oct/1970 *Code Status: <no av="" availab<="" data="" isolation:<no="" td=""><td>Allergies: dust, Milk, No K Attending:NHS Test01, Phy Loc:SC MDC Age:54 years Dose Wt: <no 12="" 3456="" 7890<br="" availabhcn:qc="" data="">Alerts:No Alerts Document PreReg FIN: 22-006807 Loc: SCS</no></td></no>	Allergies: dust, Milk, No K Attending:NHS Test01, Phy Loc:SC MDC Age:54 years Dose Wt: <no 12="" 3456="" 7890<br="" availabhcn:qc="" data="">Alerts:No Alerts Document PreReg FIN: 22-006807 Loc: SCS</no>
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All Medical Day Care Powerplans (order sets) have two phases:

- 1. Scheduling
- 2. Infusion/Transfusion Clinical orders for the day of treatment.

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Both phases must be completed to process the orders.

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Modify

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#### **Scheduling Phase:**

5.

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To choose the schedule:

1. Click the check box I next to the type of treatment you would like to schedule:

∢ % ⊘ •	Add to Phase - 🖳 Comments Start: Now	Duration: None	
8 P	Component	Status Dose	Details
AMB Iron Infu	usion, Scheduling (Initiated Pending)		
⊿ Interprofes	ssional Consults		
4	Exceptional Access Program (EAP Eligibility). Please com For the treatment of iron deficiency anemia where the p EAP form- Completed, and faxed to Drug Programs Deli	nplete EAP form if required: atient has demonstrated an ir very Branch: 416-327-7526:	ntolerance to oral iron therapy OR the patient has not responded to adequate therapy with oral iron
	AMB Ferric Derisomaltose Infusion Scheduling		Schedule first available
	AMB Iron Sucrose Infusion Scheduling		Schedule first available

- 2. The Sicon will appear, indicating that additional information is required to place the order.
- 3. To view and complete the required details, right-click the icon and select

Interprofessional Consults Secretional Access Program (EAP Eligibility). Please complete EAP form if required: For the treatment of inor definiency agents where the national has demonstrated an intelerance to oral inor therapy OR the national has not responded to adequate therapy with oral	AMB Iron Infusion, Scheduling (Initiated Pending)	
Exceptional Access Program (EAP Eligibility). Please complete EAP form if required: For the treatment of iron deficiency agents where the national has demonstrated an intolerance to oral iron therapy OR the national has not recoonded to adequate therapy with oral is	⊿ Interprofessional Consults	
EAP form. Complete, and faxed to Drug Programs Delivery Branch 416-327-7526:		
🔽 🙁 🖄 AMB Ferric Derisomaltose Infusion Scheduling Schedule first available		
AMB Iron Sucrose Infusion Scheduling     NOOITY     Schedule first available	AMB Iron Sucrose Infusion Scheduling	

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4. The order details will appear towards the bottom of the screen.

(	Click on the calendar	beside the <b>Yes</b> button.	
	Order for future visit:	💽 Yes 🛐 🔿 No	
	*Scheduling Location:	SCS - St. Catharines Site	¥
	*Appointment Type:	MD Monoferric 1000mg	•

6. This will open the options for Single Order or Recurring Order.

P Future Order Details	×	P Future Order Details ×
Single Order     C Recurring Order		○ Single Order
Future single order for AMB Ferric Derisomaltose	Infusion Scheduling	Future recurring order for AMB Ferric Derisomaltose Infusion Scheduling
In Approximately day(s) **/**/*** • • week(s) months Grace Period (+/-) • • day(s) On Exactly	<ul> <li>Sometime Before</li> <li>day(s) ★</li> <li>week(s)</li> <li>months</li> </ul>	Every       day(s)       For       day(s)         1       week(s)       4       occurrences         months       months       months         Grace Period (+/-)       2       day(s)         First occurrence estimated start       **/***       *
TEST, LEZ	ZLIE - 11001524 OK Cancel	The start date will be calculated at initiation.      TEST, LEZLIE - 11001524 OK Cancel

- 7. Check the recurrence type you would like, and fill out the relevant details.
- 8. Click ok when completed.

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9. Complete the required fields on the order. Required fields will be highlighted in yellow:

*Scheduling Location:		~
*Appointment Type:		•

10. Choose your **Scheduling Location**:



11. Next, choose your Appointment Type:

*Scheduling Location:	NFS - Niagara Falls Site	~
*Appointment Type:		~
	MD Monoferric 1000mg	
	MD Monoferric 1500mg	
	MD Monoferric 500mg	

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5



NOTE: The Scheduling Phase will be auto-initiated. You **<u>DO NOT</u>** need to click **Initiate Now**.

The infusion/treatment orders will stay in a planned (future) state until needed. These orders will be activated by a nurse when the patient checks in to MDC for their treatment.

Central Booking will book the MDC appointments and notify (patient or doctors office) of the appointment(s), making a new encounter for each appointment.

#### **Infusion Phase:**

1. Select the orders within the PowerPlan (order set) that you would like

(NOTE: The order sentences are pre-filled. You can change the order sentence using the drop-down arrow).

◀ ,	% 0</th <th>) 🕂 Add to Phase 🔹 🛕 Check Alerts 🛄 Comments</th> <th>Start: Now</th> <th> Duratio</th> <th>on: None</th> <th>11 11</th> <th></th>	) 🕂 Add to Phase 🔹 🛕 Check Alerts 🛄 Comments	Start: Now	Duratio	on: None	11 11	
. [	8 8	Component	Status	Dose	Deta	s	^
A	AMB Iron Ir	nfusion, Iron Infusion (Planned Pending)					
	⊿ Vital Sig	gns/Monitoring					
F	7	🖄 Vital Signs			***Fc	Ilow NH Policy***	
	⊿ Patient	Care					
I F	~	Verify Consent					
11		Sconfirm Patient Consent on Chart					
	⊿ IV Soluti	tions/Infusions					
	<u> </u>	Peripheral IV Insertion			lt no	existing venous access device	
Ľ	<u> </u>	Central Venous Access Device Care (CVAD)			Fc	llow NH policy and procedure for accessing, flushing and locking/de-accessing if using CVAD***	
ľ	~	sodium chloride 0.9% intravenous solution			SOLI	-IV, IV-CONTINUOUS, 10 mL/hr	
		😚 heparin flush			50 ur	it(s), CATHETER INSTILLATION, FLUSH, as directed, PRN other (see comment), Use the prefilled 10 unit/mL heparin syr	
	⊿ Medicat	itions					
H.	_	***Rapid administration increases the risk of hypo	tension***		- Inco		
ľ		J iron sucrose			▼ 300 r	rg, IV, INJ, once, Administer over: 3 hour(s), Use Patient Supply, in 250 mL sodium chloride 0.9% pid administration increases the risk of hypotension***	
		**Maximum single dose should not exceed 1500 r	ng or 20 mg/kg	body weight, w	hichever is	ess**	
		S ferric derisomaltose			▼ 500 r **Ma	ng, IV, INJ, once, Administer over: 50 minute(s), Use Patient Supply ximum single dose should not exceed 1500 mg or 20 mg/kg body weight, whichever is less**	
	Pre-Infu	usion Medications					
		Review if patient has had a documented prior rea	ction to iron infu	usion			
		S acetaminophen			▼ 325 r Maxi	ng, PO, TAB, once, 30 minutes prior to starting infusion num acetaminophen from all sources 4,000 mg in 24 hours.	
		😚 diphenhydrAMINE			💌 25 m	g, IV, INJ, once, 30 minutes prior to starting infusion	
		😚 dimenhyDRINATE			💌 25 m	g, IV, INJ, once, 30 minutes prior to starting infusion	
		hydrocortisone (hydrocortisone sodium succinat	e)		100 r	ng, IV, INJ, once, 30 minutes prior to starting infusion	
		S rupatadine			10 m	g, PO, TAB, once, 30 minutes prior to starting infusion	
	Reaction	n Medications					
F	7	Notify Prescriber			Mon	toring: Monitor and observe patient until resolution of symptoms THEN Notify physician to reassess infusion restar	
		If Reaction Occurs Hold Infusion				^	
Ļ		<ul> <li>Call ordering Physician. If unavailable,</li> </ul>	call on-call Ph	ysician		~	~
	Details						
	Dx Table	Orders For Cosignature Save as My Favorite				Plan for Later 🛛 🐙 Initiate	Now

2. Once complete, select

for the Infusion/Treatment phase.

3. On the next screen, click sign in the bottom right.

Plan for Later





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2 ( ) B	♥ Order Name	Status	Start	Details
0.01	AMD Iron Infusion C	latisted	Jun	occurs miscine 1 ocdes(A)
Initiate Mean	AMB from Infusion, 3	Placed P		pacing Torder(s)
SC MDC Cha	ist MDC Ein 22.006970	Admits 202	4-Dec-00.00-42	particula o orono (o)
Interprofess	ional Consults	1011111.2.02	4-Dec-09 03/43	
interproteza	AMR Ferric Derisomal	Order	*Est. 2024-Dec-10	*Fot 2024-Der 10 every 1 week(s) (a /, 2 dav(s)) for 4 week(s) Order for future visit SCS . St Catharines Site Schedule first available 2 dav(s) 4 1 week
Details				
Missing Require	d Details Dx Table	Orders Fo	Cosignature	Sign

4. Click Refresh towards the top right of the page to refresh your screen.



5. You should see the following:



The orders have been placed and are sitting in a planned state for when the patient comes in to MDC.

The scheduling phases automatically initiate and route to Central Booking to book the appointments. They will notify the MD's office via fax once the appointments are booked.

#### **Patient Arrives for Appointment:**

- 1. When the patient is checked in for the appointment, nursing will Initiate the plan on the current encounter.
- 2. if the patient has recurring appointments, the nurse will "copy" the plan forward at the end of the visit. It will stay in a planned state for the next visit.



