



# **Order Entry Tip Sheet**

### **Purpose of this Tip Sheet:**

This Tip Sheet is designed to show how to enter other types of orders into the Orders Console other than a standard medication order. The Tip Sheet may change as Avatar NX trainings are updated. If you have any additional questions please contact Avatar Support at 916-876-5806 or <u>Avatar@Saccounty.net</u>.

### **Taper/Titrate:**

When doing a taper or titrate the medication strength must be the same. For example, if you are giving a 100mg tablet for a medication and want to titrate up to a 150mg tablet you will not be able to do so using the Taper/Titrate feature. You are only able to increase the dosage.

- 1. Enter the medication on the "New Order" search bar, select the appropriate option.
- 2. Click on the button Taper/Titrate.

Search Filter All	V My Favorites	
Dose	Free Text TAPER/TITRATE	
	+ [tab(s) > Freq:	∽ 🛗 Custo
Route	ORAL V Form TABLET	Self-Administered
Priority	Routine STAT PRN Other	
First Dose	T +1 Now	
Skip 1st Dose	Yes Give Initial Dose Now Yes	
Reason	~	
Reason Text		
Diagnosis		





3. A box will pop up where you can add each step. Click the "Add Step" hyperlink to add as many steps as needed. You can indicate the dosage, number of days on that step and frequency for each step. Click "Add to Scratchpad" once complete.

ZOLOFT (SERTRALINE HYDROCHLORIDE)(100 MG) TAB	Start/Sto	p mile cai	endar	24-h			Add Ste	\$P		
ZOLOFT (SERTRALINE HYDROCHLORIDE)(100 MG)	1	tab(s)	~	Days:	3	~	Freq:	BID (6:30AM + 5PM)	~	ft Custom
ZOLOFT (SERTRALINE HYDROCHLORIDE)(100 MG)	2	tab(s)	~	Days:	4	~	Freq:	BID (6:30AM + 5PM)	~	Custom
ZOLOFT (SERTRALINE HYDROCHLORIDE)(100 MG)	3	tab(s)	~	Days:	5	~	Freq:	BID (6:30AM + 5PM)	*	f Custom

#### **Non-Medication Orders:**

- 1. Enter the non-medication order into the "New Order" search bar, for this example we will use an order for Restraint.
- 2. Choose the specific order you will be using from the drop down. Double click to select.

raint	Scratch	
Order Code	Order Type	
Emergency Med & Seclusion/Restraint	(Order Group)	
Testing for Additional Instructions leng	(Order Group)	
2-Point restraint; 1 hr max (age<9); line of sight; eval release q 15 min	Denial of Rights	
2-Point restraint; 2 hr max (age9-17); line of sight; eval release q 15 min	Denial of Rights	
2-Point restraint; 4 hrs max; line of sight; eval release q15 min	Denial of Rights	
4-Point restraint; 1 hr max (age<9); line of sight; eval release q 15 min	Denial of Rights	
4-Point restraint; 2 hr max (age9-17); line of sight; eval release q 15 min	Denial of Rights	
4-Point restraint; 4 hrs max; line of sight; eval release q15 min	Denial of Rights	
5-Point restraint; 1 hr max (age<9); line of sight; eval release q 15 min	Denial of Rights	





3. The required criteria will be different for a non-medication order. Fill in all areas that are applicable to your order. The "Additional Instructions" section may pre-populate with instructions based on the order you chose. "Add to Scratchpad" once complete.

New Order: 4-Point re	straint; 4 hrs max; line of sight; ev	al release q15 m 🖣	Search Filter All	~	📩 My Favorite	is.
Frequency	STAT	✓	tom			
Priority	Routine STAT	PRN Other				
Reason	Disruptive Behavior		~			
Reason Text						
					1.	
Diagnosis		~		2		
Duration	1	Minutes	B Days Doses	3		
Start Date	04/15/2022 🛗 T	+1 Start Time	10:58 AM Now			
Stop Date	04/15/2022 🛗 T	+1 Stop Time	11:57 AM Now			
Instructions			~			
Addl Instructions	DOR order should be turne	d off for all pts whose	legal status is voluntar	у.		
Add to Scratchpad					1	
					11	

## **Insulin Sliding Scale Orders:**

- 1. Enter Novolog into the "New Order" search bar.
- 2. A new option will populate under the Dose section labeled "Sliding Scale Instructions". Click on that button.

Search Filter All		✓ ★ My Favorites	
Dose		Free Text Sliding Scale Instructions TAPER/TITRATE	
	+	mg V Freq:	∽ 🛗 Custe
Route		SUBCUTANEOUS - Form SOLUTION	Self-Administere
Priority		Routine STAT PRN Other	
First Dose		T +1 Now	
Skip 1st Dose		Yes Give Initial Dose Now Yes	
Reason		×	
Reason Text			
Diagnosis			2





3. Click on the Template dropdown and choose the "Standard Novolog Insulin Sliding Scale Schedule". Click the Save button.

ndex \$	Blood Glucose From \$	Blood Glucose Up To 💠	Unit(s) Before Breakfast	Unit(s) Before Lunch \$	Unit(s) Before Dinner 💠	Unit(s) At Bedtime 💠	Comment \$
	0	69	0	0	0	0	Give (4 oz) fruit juice o
	70	200	0	0	0	0	
	201	250	4	4	4	4	
	251	300	6	6	6	6	
	301	350	8	8	8	8	
	351	1000	0	0	0	0	Notify physician imme

4. The "Route and Additional Instructions" will pre-populate. The "Frequency" will still need to be entered. When you are ready to administer the medication you will use the sliding scale to determine the dosage.





# **Dietary Orders:**

- 1. Enter Dietary Order List on the "New Order" search bar.
- A separate window will open with a list of different diets. Select the diet(s) you want to choose for your client. The start date/time will default and a frequency is not required. You are able to enter special instructions if needed. Once complete click "Add to Scratchpad".

Die	tary Order List	
Order Group Start Date: 04/15/2022 📋 T +1 Start Time: 02:13 PM Now		
✓ Diet: Gluten Free	Addi Instructions:	-
Duration     Minutes     Hours     Days     Frequency:       Start Date:     04/15/2022     1     1     Start Time:     02:13 PM     Now	✓ <sup>∰</sup> Custom	ł
Start Date:     04/15/2022     T     +1     Start Time:     02:13 PM     Now       Stop Date:     Image: Comparison of the start Time:     Image: Comparison of the start Time:     Now		
Diet: High Protein/High Calorie	Addl Instructions:	
Diet: Kosher	Addl Instructions:	ł
Diet: Lactose Controlled Duration Minutes Hours Days Frequency:	Addl Instructions:	
Start Date:     04/15/2022     1     +     Start Time:     02/13 PM     Now		
Stop Date: T +1 Stop Time: Now	Add to Scratchpad Cancel	

3. Complete order in scratchpad.





## **Dietary Orders Report:**

You can search for the "Dietary Orders Report" on the "What can I help you find" search bar. The report will show all clients admitted into the Treatment Center. It will show any dietary orders for each client as well as any allergies that have been entered into the "Allergies and Hypersensitivities" form.

Sacramento County DBHS Dietary Orders Report	4/15/2022 4:24:59PM
SacCo-MHTC-Ad	lult-CS-Stockton
TESTER, JAZMINE	Gluten Free~NOT VALIDATED, Low Fat & Cholesterol ~NOT VALIDATED
ID:	
Sex: Female Race: Asian Native	
MHTC Food Allergies: PE	ANUTS,STRAWBERRIES,APPLE,PINEAPPLE,NUTS
TEST,MARISOL	Low Sodium ~NOT VALIDATED, Regular ~NOT VALIDATED
ID:	
Sex: Female Race: No Entry	no salt
	MHTC Food Allergies: MILK
TESTERS, JILL	High Protein/High Calorie~NOT VALIDATED, Low Sodium ~NOT VALIDATED
ID:	
Sex: Female Race: No Entry	