

Top-Tips for prescribing in eCARE

- The only decision support that is turned on is **drug-allergy checking**. This only works for allergies to medications. Nut allergies will not flag against a Naseptin order for example.
 - There is no dose range checking
 - There is no interaction checking
 - The system will not flag up a clinical contraindication
 - **Always assume that the system has not checked. It is your responsibility to make sure you have the right drug/dose/frequency for the right patient/condition.**
- **IV fluids** can be found in **plans for 4 hourly and 8 hourly** bags which have been programmed for you.
 - Duration (e.g. 8 hours) always needs to match Infuse over value (e.g. over 8 hours)
 - All IV fluids are prescribed per bag
 - Consider off-set for consecutive bags
 - **Bolus infusions over less than 1 hour** are not included in the fluid plans. They have “**(short)**” in the title, e.g. Sodium Chloride 0.9% Infusion (short)
- Search by **generic name** unless the item is either brand specific or a combination preparation.
- Use **order sentences** where available. You can pick the most suitable sentence then amend the details before signing if necessary.
- **Non-formulary medications** can be found by using the search for **additional items** icon
- All patients on **Warfarin** need to have a Warfarin **placeholder** on the drug chart.
- Most items are “**strength**” meds – they will only accept a dose of xxmg etc
- “**volume**” meds such as combination items, inhalers will only accept xxpuffs, xxmL, xxdrops
- Freetext doses (2.5-5mg or 1-2 puffs) will not be accepted. The recommendation is to insert the lower Dose in the Dose field –e.g. 2.5 mg and then insert the range – 2.5 – 5 mg - in the Special Instructions field.
- Look out for pharmacy interventions in your worklist or against the medication order (indicated by ). The details can be found by clicking on the icon or via the form browser in the patient’s record.
- If you are unable to sign an infusion, e.g. Insulin, due to missing details with no obvious blank fields, this is probably because the patient’s weight has not been documented
- Some meds are hidden within plans and cannot be found using the search box. If an item cannot be reconciled it is likely to be for this reason.
- Always use the document history and reconciliation function to make the prescribing process easier for you and your colleagues (think TTOs!)
- **DischargeMeds / TTOs:**
 - Selecting the “**Do Not Continue**” option during discharge reconciliation for history meds is **irreversible**. Only select when you are definitely sure the medication has been stopped
 - When presented with the **options for how TTOs will be supplied** (from Pharmacy, via Nurse TTOs or TTO pack from ED Dr) ensure you have placed a **tick** in the order you require
 - **Print** and hand **sign** a copy of GP discharge letter if **CDs** require dispensing
 - Continuous infusions cannot be prescribed on discharge by the reconciliation function. For a syringe driver, the components need to be prescribed separately.
- TTO packs are available through the ward plans. Plans can be ordered on the discharge reconciliation screen by clicking on +Add and then changing the type from Discharge Medication to Inpatient.