

# WELFORD CHART NOTES NEWSLETTER

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## RECORD THE REASON YOU STOPPED A MEDICATION *(User's Manual, pgs. 1347-1348)*

It's a good idea to record the reason that you stop a medication. Did the patient have an adverse reaction? Did insurance not cover it? Did another provider or consultant discontinue it? This can become important later when you might wish to consider resuming the medication if circumstances change.

The best place to record this information is in the Medication Editor Comment field. This field automatically records the date and time that you stored each Comment.

Prior to version 6.5, you would have to remember to record such a Comment when discontinuing a medication. Starting with version 6.5, you can have the program automatically prompt you to do so. Let's see how this works:

1. Press System\Medication Options.
2. In the **When stopping a drug:** box, choose:
  - a. **Don't Verify** if you don't want to be

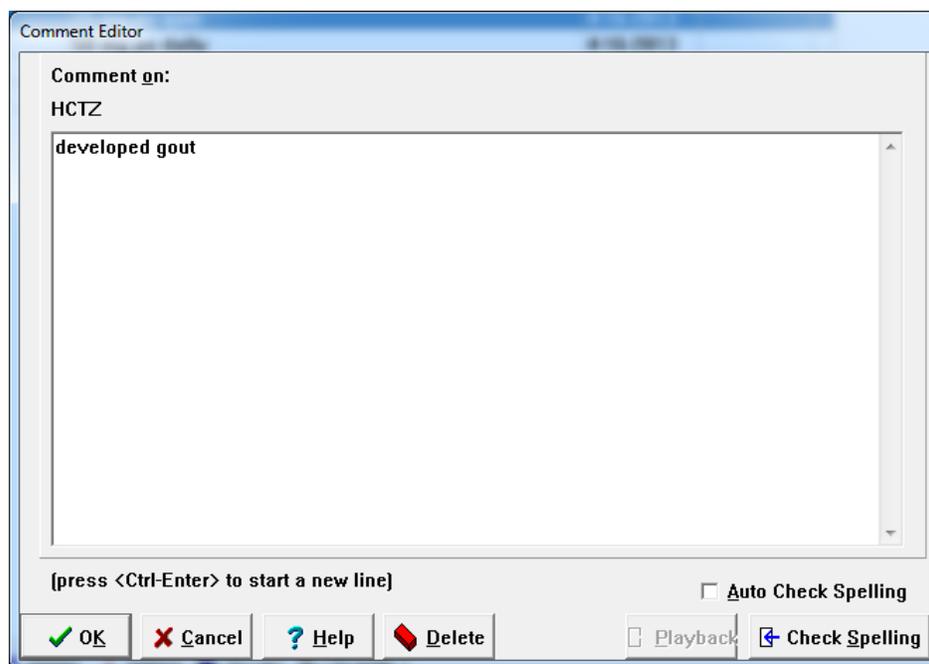
The screenshot shows the 'Medication Options' dialog box. The 'When stopping a drug:' section is highlighted with a red box. It contains four radio button options: 'Don't Verify', 'Verify', 'Auto-Open Comment', and 'Require Comment'. Other sections include 'Interaction severity' with radio buttons for 'All interactions', 'All specified', 'Possible or above', 'Mild or above', 'Moderate or above', 'Major or above', and 'Lethal only'. The 'Interaction interrupt when:' dropdown is set to 'Lethal'. There are also checkboxes for 'Warn if no Indication', 'Even with diagnosis specified', 'Show dosages in window', 'Verify?', 'Warn if can't check Alerts', and 'Warn duplicate class?'. The 'Default Hospital Formulary' is set to 'MY TOWN HOSPITAL', and other default formulary options are set to 'No Formulary'. Buttons for 'OK', 'Cancel', 'Help', and 'Default' are at the bottom.

- b. **Verify:** The program asks if you are sure you want to stop the medication. If you answer **Yes**, the medication is stopped; otherwise, it isn't. You are not prompted to record a reason for stopping, but at least you have to think twice before stopping. This helps to prevent you from accidentally stopping a medication with a stray keystroke or mouse click.
- c. **Auto-Open Comment:** when stopping a medication, the Medication Editor Comment window automatically opens, allowing you to record (or optionally not record) a Comment.

- d. **Require Comment:** when stopping a medication, the Medication Editor Comment window automatically opens, and you are required to record a Comment. If you <ESC> or **Cancel** from the Comment window without recording a Comment, you are shown a warning that the medication is NOT being stopped (and in fact the **Stop Date** column remains blank).
3. Press **OK**.

Suppose you chose **Require Comment**. Let's try this out:

1. Press Write\Medications.
2. For Patient, enter Kelly Erickson and press OK.
3. Highlight a line in her Medication Editor of a medication with no End Date yet.
4. Press **Stop**.
5. Notice that the Comment window automatically opens.
6. Try pressing <Cancel> without storing a Comment. Note that you are warned that the Medication was NOT stopped.
7. Press **Stop** again.
8. Type in a



9. Press **OK**. Note that the medication is now successfully stopped and disappears from the list of active Medications.

## OCTOBER QUARTERLY UPDATE RELEASED

This month we are releasing the October, 2015 Quarterly Update. The update includes new medications, diagnostic terms, drug interactions, drug dosing information, spelling words, drug-disease Alerts, Web Links, algorithms, medication test reminders, cross-reacting allergies, indications, ICD-10 codes, and dozens of new patient education brochures. This update has over 13,500 drug interactions with over 3300 references, over 12,400 Alerts, nearly 10,000 Web Links, over 8300 Indications, over 137,000 spelling words and over 1850 Brochures, including new or revised Brochures on blinatumomab, congestive heart failure, cholic acid, chronic obstructive lung disease, chronic renal failure, cystic fibrosis, dinutuximab, eluxadoline, hepatic steatosis, irritable bowel syndrome, ivabradine, ivacaftor-lumacaftor, pelvic inflammatory disease, rifaximin, sacubitril-valsartan, stroke, tiotropium-olodaterol, and others.

## SEND US YOUR TIPS

If you have tips, shortcuts, questions, or suggestions for future newsletter topics, please send them to us at:

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