

# Escribing

Ewen Nicol

11/9/2018

# Ewen Nicol MS, PA-C

- Work for Teamhealth a national provider of clinician services to healthcare facilities.
- I have no affiliations with electronic health record companies or eprescribing companies.
- I advocate for the use of technology to assist providers in caring for their patients.





# California Controlled Substance Prescription Order Form

## Required For All Level II Thru Level V Prescriptions in California.

Offering our highest standards in state-regulated prescription blanks in accordance with California law, we have met the stringent requirements regarding written prescriptions for controlled substances and stand ready to assist you in meeting your state regulations as quickly and easily as possible.

To order counterfeit-resistant prescription blanks, simply fill out the order form and then mail, fax or email it to the addresses or fax number below. Our helpful telephone representatives will be happy to answer your questions before you place your written order. Call us toll-free at **800-789-1186**.

Single-part form

Catch Me if You Can.



# Frank Abagnale Jr – check fraud



# Security Features

1. Latent "void" protection to help prevent photocopying and duplication of prescriptions.
2. "California security prescription" printed on back of paper—an additional security feature to help prevent fraudulent use.
3. Chemical void protection to help provide proof if an Rx blank has been tampered with by erasure or abrasion. This will also help to prevent alteration by chemical washing.
4. Thermo-chromatic ink, which is heat sensitive to touch or if breathed upon.
5. Micro-print signature line will appear solid at first glance, but under a microscope it will show small lettering in the form of a phrase.
6. All security features required by California law will appear on the Rx blank.
7. Includes wording "Prescription is void if the number of drugs prescribed is not noted."
8. Pre-printed name, category of licensure, license number, and federal controlled substance registration number of the prescribing practitioner is listed on the Rx blank.
9. Batch or lot number will be listed on the Rx blank. This is to help with state auditing.
10. Each script is sequentially numbered. Numbering will always start at 001 (even reorders). This number combined with the batch number makes each individual blank unique.



**TEAMHEALTH**

36123 SCHOOLCRAFT ROAD  
LIVONIA, MI 48150-1218  
(855) 503-0880 TEL., (734) 402-0254 FAX

DEA # \_\_\_\_\_ LIC. # \_\_\_\_\_ NPI # \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

**R**

- 1-24
  - 25-49
  - 50-74
  - 75-100
  - 101-150
  - 151 and over
- \_\_\_\_\_ Units

Refill NR 1 2 3 4 5

\_\_\_\_\_  
(Signature)

Another brand of generically equivalent product, identical in dosage, form and content of active ingredients, may be dispensed unless box is initialed D.A.W.



# Prescription peculiarities associated with Post Acute Care

- Multiple separate systems – paper or electronic
- Typically 4 entities involved with a script – patient, provider, pharmacy and phacility
- Remote prescribing of medications – “telemedicine”
- Mix between a hospital and primary care
  - Hospital closed system with own pharmacy
  - Primary care open system with multiple pharmacies

# Automated Teller machine



Answered by  
Nicol, Ewen

Date  
10/13/2018  
Time  
11:47 AM

High Priority

Patient  
Test, Alisha  
DOB:2/23/1932 Age:86Y Sex:F  
Tel:111-111-1111  
Acct No:119412  
Elgb Status:

Provider  
Test, Michigan1

Pharmacy

Status  
 Open  
 Addressed  
 Addressed and Docs Reviewed

Caller

Facility  
IPC of Michigan

Reason

AssignedTo  
Nicol, Ewen

Message Rx Labs/DI Notes Addendum Log History Virtual Visit

Rx Eligibility Cur Rx Select Rx Delete Rx Education Interaction Allergies

Refilled Medicines  Pop Up

Comn	Name	Strength	Form	Take	Route	Frec	Dur	Dis	Ref	Auth	AW	Stop Date	Notes

Print Script Send Rx Print Report Progress Notes Document

OK Cancel

Overview DRTLA History CDSS Ord

Test, Alisha 86 Y, F as of 10/13/2018

Global Alerts

Advance Directive

Problem List All

- D64.9 Anemia, unspecified
- I10 Essential (primary) hypertension
- L85.3 Xerosis cutis
- R56.9 Unspecified convulsions
- J40 Bronchitis, not specified as acute or chronic
- M17.9 Osteoarthritis of knee, unspecified
- I26.99 Other pulmonary embolism without acute cor pulmonale
- H04.129 Dry eye syndrome of unspecified lacrimal gland
- J18.9 Pneumonia
- O24.919 DM (diabetes mellitus) in pregnancy

Medication Summary

Manage Orders



Medication Summary

Add New Rx

Add New Order

ASSESSMENTS

Prev Dx + Add - Remove

N/A  Other

30 = 30 day with 0 refills 90 = 90 day with 0 refills  Set selected refills as my defaults

Show 50 Group by Date All Summary of All Search:

	Medication	Action	Dur.	D	R	Source
<b>Medications as of:</b> Today (10/13/2018) <a href="#">Perform Actions</a>						
	Sertraline HCl 25 MG Tablet	Taking				Willis, Sam,Multi
	Antihistamine 12.5 MG/5ML Elixir	Taking				Nicol Ewen
	Chantix	Taking				Nicol Ewen
	Lidocaine 4 % Foam	Taking				Willis, Sam,Multi
	Paroxetine HCl 10 MG Tablet	Taking				Willis, Sam,Multi
<b>Medications on:</b> 03/04/2017 (OV) Advance Care Planning <a href="#">Perform Actions</a>						
<b>Medications on:</b> 12/23/2016 (OV) Follow Up Visit <a href="#">Perform Actions</a>						
<b>Medications on:</b> 09/30/2016 (OV) Follow Up Visit <a href="#">Perform Actions</a>						
<b>Medications on:</b> 08/11/2016 (OV) Follow Up Visit <a href="#">Perform Actions</a>						
<b>Medications on:</b> 07/29/2016 (OV) Follow Up Visit <a href="#">Perform Actions</a>						

Selected Meds

N/A	Other	Stop Date
	Refill - Sertraline HCl 25 MG Tablet	

OK

Answered by  
Nicol, Ewen

Date  
10/13/2018

Time  
11:47 AM

High Priority



Overview DRTLA History CDSS Ord

Test, Alisha 86 Y, F as of 10/13/2018

Info Hub Provider

SERTRALINE HCL

Dosage Calculator

Strength	Formulation	Take	Route	Frequency	Duration	Dispense	Refill
100 MG	Powder	1 tablet	Orally	Once a day	30 days		
50 MG	Tablet	5 ml mixed with 4 ou	Orally	4			
25 MG	Concentrate	1 tablet					
20 MG/ML							
-							
25 MG	Tablet	1 tablet	Orally	Once a day	30 days	30 Tablet	

\* Combined length of Take, Route and Frequency cannot exceed 132 characters. (Remaining Characters 108).  
\* Custom Dosages are not shown by default. To Show/Hide Custom Dosages Setting follow the link:  
MySetting --> Show/Hide Tab --> Custom Dosages in Rx Edit Screen

Rx: Sertraline HCl 25 MG Tablet, TAKE: 1 tablet, Orally Once a day, for 30 days, DISPENSE: 30 Tablet

Add as Favorite

Apply Cancel

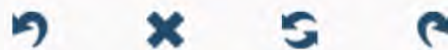
Clear DDR

024.919 DM (diabetes mellitus) in pregnancy

Print Script Send Rx Print Report Progress Notes Document

OK Cancel

Medication Summary



Select Patient  
Manage Medications  
Manage Allergies

EPCS Gold

Prescription Report  
Additional Options  
Members Area

Log Out  
Help / Contact Us  
Refresh / Clear

Practice Information

Location: TeamHealth Michigan    User: Ewen George Nicol    [\[Schedule\]](#) [\[Messages\]](#)

Patient Demographic Information

Patient: TEST TEST [\[Prescribe\]](#) [\[Change Demographics\]](#)    DOB: 02/08/1946    Sex: Female    Height:    Weight: BS  
Phone: (586) 336-9440 (home)    Last Encounter: No last encounter [\[Encounter Today\]](#) [\[Show Patient Encounters\]](#) [\[Add Encounter\]](#)  
Pharmacy: No pharmacy [\[Change\]](#)  
Formulary: Not entered [\[Add\]](#)    Patient Consent  Yes  No  
For MedHx [\[Show Activity\]](#)



Patient Scorecard

Patient Support

Clinical Decision Support

ePA+

1



Active/Current Allergies Last reviewed by Ewen George Nicol, 10/16/2018 09:51 PM EDT

**You must first enter allergy information, or [Indicate 'No Known Drug Allergies \(NKDA\)'](#), before prescribing medications.**

Add an allergy to a medication or group.

Common Allergies:

Allergy:

[Display Full Medication Report](#)

[Allergies Reviewed](#)

No allergy data has been entered for this patient.

Inactive Allergies

This patient has no inactive allergies.



Patient Demographic Information

**Patient:** TEST TEST [\[Prescribe\]](#) [\[Change Demographics\]](#) **DOB:** 02/08/1946 **Sex:** Female **Height:** **Weight:** **BSA:**  
**Phone:** (586) 336-9440 (home) **Last Encounter:** No last encounter [\[Encounter Today\]](#) [\[Show Patient Encounters\]](#) [\[Add Encounter\]](#)  
**Pharmacy:** Omnicare of Southern Michigan (C) (R) (E) (33510 Schoolcraft Road Livonia MI) [\[View\]](#) **Patient Consent**  Yes  No  
**Formulary:** [Not entered](#) **For MedHx** [\[Show Activity\]](#)



Patient Scorecard

Patient Support

Clinical Decision Support

ePA+

1



Enter Details - Oral/Topical Drugs

[Continue](#) [Change Drug](#) [Cancel](#)

**Provider:** Nicol, Ewen George

**DEA Number:** MN1037539

**Pharmacy:** Omnicare of Southern Michigan (C) (E) (33510 Schoolcraft Road Livonia MI) [\[Change\]](#) [\[Remove\]](#) [Split Prescription](#)

**Drug:** metoprolol succinate ER 50 mg tablet,extended release 24 hr (U) 50 mg tablet extended release 24 hr

#30 Rll #12[TAKE 1 tab po ONCE DAILY]

**Sig:** [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**Days Supply:** [ ]

**Patient Weight:** 0

kg (0 lb)

[Show Dose Calculator](#)

**Quantity:** 30

**Refills:** 12

**Primary Dx:** [ ]

**Secondary Dx:** [ ]

**Directions to Pharmacist:** Substitution permitted

**Additional Directions to Patient:** TAKE 1 TABLET BY MOUTH ONCE DAILY

**Comments (For office use only; will not appear on prescription):**

[Empty text box for comments]

[Continue](#) [Change Drug](#) [Cancel](#)



# Controlled substance schedule

## **Schedule I Controlled Substances**

**No currently accepted medical use in the United States**, a lack of accepted safety for use even under medical supervision, and a **high potential for abuse**. Some examples of substances listed in Schedule I are: heroin, lysergic acid diethylamide (LSD), marijuana (cannabis), peyote, methaqualone, and 3,4-methylenedioxymethamphetamine ("Ecstasy").

## **Schedule II/IIN Controlled Substances (2/2N)**

**High potential for abuse** which may lead to **severe psychological or physical dependence**.

Examples: hydromorphone (Dilaudid®), methadone (Dolophine®), meperidine (Demerol®), oxycodone (OxyContin®), Percocet®, and fentanyl (Duragesic®).

Other Schedule II narcotics include: morphine, opium, codeine, and hydrocodone.

Examples of Schedule IIN stimulants include: amphetamine (Dexedrine®, Adderall®), methamphetamine (Desoxyn®), and methylphenidate (Ritalin®).

Other Schedule II substances include: amobarbital, glutethimide, and pentobarbital.

## **Schedule III/IIIN Controlled Substances (3/3N)**

**Potential for abuse less than substances in Schedules I or II risk of moderate or low physical dependence but high psychological dependence**. Examples: products containing not more than 90 milligrams of codeine per dosage unit (Tylenol with Codeine®), and buprenorphine (Suboxone®).

Examples of Schedule IIIN non-narcotics include: benzphetamine (Didrex®), phendimetrazine, ketamine, and anabolic steroids such as Depo®-Testosterone.

## **Schedule IV Controlled Substances**

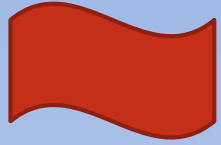
**Low potential for abuse relative to substances in Schedule III**.

Examples: alprazolam (Xanax®), carisoprodol (Soma®), clonazepam (Klonopin®), clorazepate (Tranxene®), diazepam (Valium®), lorazepam (Ativan®), temazepam (Restoril®).

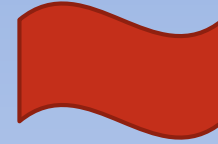
## **Schedule V Controlled Substances**

**Low potential for abuse relative to substances listed in Schedule IV** - preparations containing limited quantities of certain narcotics. Examples: cough preparations containing not more than 200 milligrams of codeine per 100 milliliters or per 100 grams (Robitussin AC®, Phenergan with Codeine®).

Adapted and edited for brevity from <https://www.deadiversion.usdoj.gov/schedules/>



# Red Flags



- ▶ Asks for medication by name - knows what they want for their pain.
- ▶ Vague descriptions of condition.
- ▶ Unreasonable and or overly dramatic presentation of pain scales.
  - ▶ Pain 20/10
  - ▶ 10/10 but without physiologic signs of pain
- ▶ Concomitant use of anti-emetics, stimulant, sleep aids, sedating or muscle relaxant agents.
- ▶ Observed outside of examination time as completely functional.
- ▶ Asks for as needed medication and expects on the hour.

**Develop a Patients' Pain Gestalt**

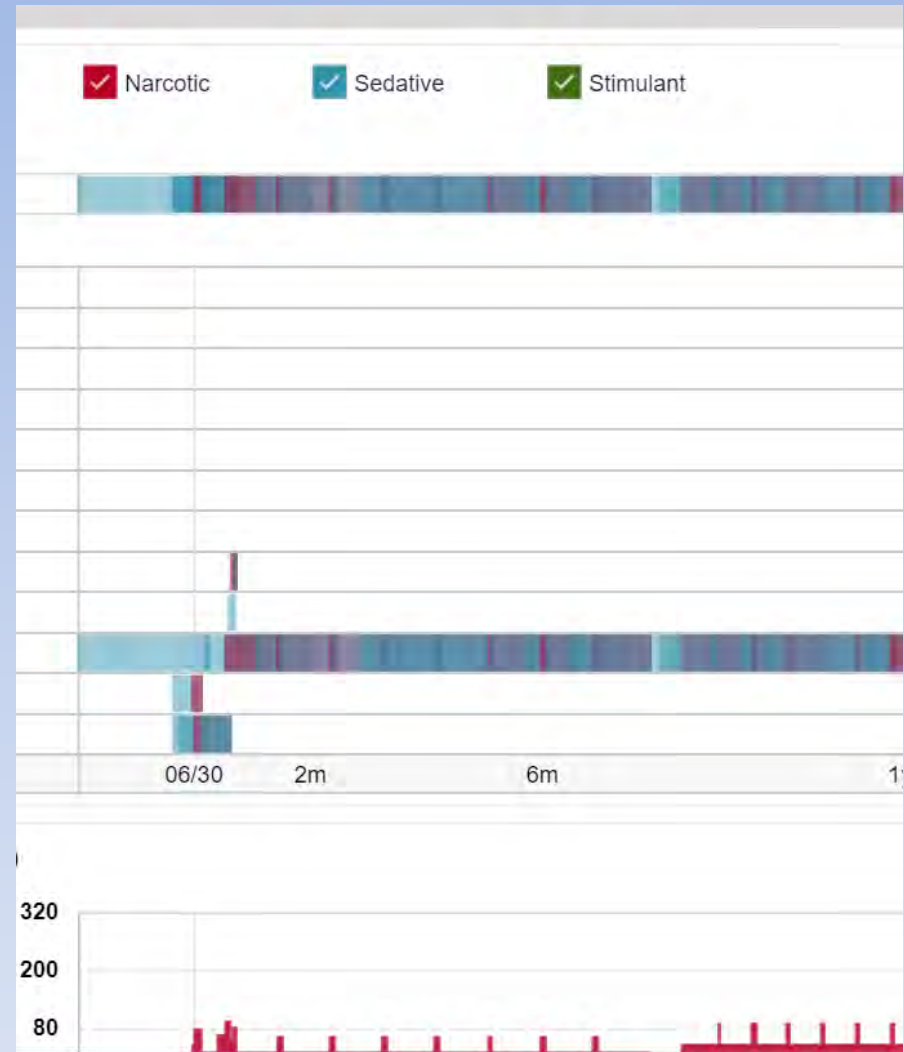
# Chronic pain - month or longer      Acute pain - days to weeks

- ▶ Rheumatoid/Osteoarthritis
    - ▶ Single vs multi-joint
  - ▶ Neuropathy
    - ▶ Diabetic
    - ▶ Vascular
    - ▶ Auto-immune
    - ▶ Stroke
    - ▶ Polio
  - ▶ Cancer
  - ▶ End of life
  - ▶ Restless leg syndrome
  - ▶ Spinal stenosis or nerve impingements
  - ▶ Trauma
  - ▶ Fibromyalgia
- ▶ Surgical condition
  - ▶ Trauma
  - ▶ Stroke
  - ▶ Cancer
  - ▶ Spinal condition

# Medication Administration Record

- ▶ Aspirin Tablet 81 MG Give 1 tablet by mouth one time a day for heart health
- ▶ Bisacodyl Suppository 10 MG Insert 1 suppository rectally every 24 hours as needed for constipation
- ▶ Calcium Carbonate Tablet Give 750 mg by mouth every 6 hours as needed for gerd
- ▶ Cholecalciferol Tablet 1000 UNIT Give 1000 unit by mouth one time a day for Supplement
- ▶ Docusate Sodium Tablet 100 MG Give 1 tablet by mouth two times a day for constipation
- ▶ FentaNYL Patch 72 Hour 12 MCG\HR Apply 1 patch transdermally every 72 hours for pain and remove per schedule
- ▶ FerrouSul Tablet 325 (65 Fe) MG Give 1 tablet by mouth one time a day for supplement
- ▶ FLUoxetine HCl Tablet 20 MG Give 1 tablet by mouth one time a day for depression
- ▶ Fluticasone-Umeclidin-Vilant Aerosol Powder Breath Activated 100-62.5-25 MCG\INH 1 puff inhale orally one time a day for COPD
- ▶ Gabapentin Capsule 300 MG Give 1 capsule by mouth two times a day for neuropathy
- ▶ HydroCHLORothiazide Tablet 25 MG Give 1 tablet by mouth one time a day for edema
- ▶ Ibuprofen Tablet 200 MG Give 200 mg by mouth every 6 hours as needed for pain
- ▶ Levalbuterol HCl Nebulization Solution 1.25 MG\0.5ML 0.5 vial inhale orally every 4 hours as needed for wheezing
- ▶ Lisinopril Tablet 5 MG Give 1 tablet by mouth one time a day for HTN Hold for SBP <110 or HR <60
- ▶ Myrbetriq Tablet Extended Release 24 Hour 50 MG Give 1 tablet by mouth one time a day for bladder spasms
- ▶ Norco Tablet 5-325 MG Give 1 tablet by mouth every 6 hours for pain
- ▶ Ondansetron HCl Tablet 4 MG Give 1 tablet by mouth every 24 hours as needed for nausea\vomiting
- ▶ Pantoprazole Sodium Tablet Delayed Release 40 MG Give 1 tablet by mouth one time a day for GERD
- ▶ ROPINIRole HCl Tablet 1 MG Give 1 tablet by mouth three times a day for RLS
- ▶ Vitamin C Tablet 500 MG Give 1 tablet by mouth one time a day for supplement

# MAPS Aware Rx



# EPCS Basics

- Patient demographic information
  - Name, DOB, location for script to be sent if other than to pharmacy
- Pharmacy demographic information
  - Pharmacy location database
  - Accept escripts
  - First few times will need to remind pharmacist to look in their escribe file.
  - Not every medication on your pharmacopeia will match to every pharmacy pharmacopeia. Different strengths or formulations
- Narcotic/controlled substances
  - Primary password authentication on device
  - Secondary authentication – hard or soft token