

Refilling Medications in ECW 11

Most refill requests come from pharmacies electronically, and show up in the “E” jellybean. Then number in the jellybean indicates the number of refills awaiting attention.

PHARMACY	DRUG DESCRIPTION	SENT DATE	FACILITY
OPTUMRX MAIL SERVICE	OMEPRAZOLE 20MG CAP	2019-07-30 11:43:18	
CVS STORE 00237	RANITIDINE 150 MG TABLET	2019-07-30 11:33:04	
CVS STORE 00207	OMEPRAZOLE DR 20 MG CAPSULE	2019-07-30 11:22:53	
CVS STORE 07140	FLUOXETINE HCL 20 MG CAPSULE	2019-07-30 11:02:17	Prima CARE Kney
RITE AID - 233 S. MAIN ST.	Vitamin D3 1000 UNIT Capsule	2019-07-30	

Provider Name: Kney, Bradford
 Pharmacy: RITE AID - 233 S. MAIN ST.
 Notes to Pharmacist:
 Covering Provider: Kney, Bradford

Drug Name	Prescribed	Dispensed
Vitamin D3 1000 UNIT Capsule	VITAMIN D3 1,000 UNIT TABLET	

The screen to the left shows a typical refill request. Click “Apply”.

When refilling a script, choose “Approved with Changes”, and then click on “Current Rx”. If you click “Approved” and do not select the medication from the current list, ECW treats this as a new prescription, and duplicates it on the medication list. It is also very good practice to check the current medication list prior to refilling a medication – as it is possible the pharmacy is requesting a refill on a medication whose dose or instructions have changed since that original prescription was filled. Don’t use the Quick Search box – pull refills from the current medication list.

Response: Approved with Changes

Best Matched Prescription: Local Edit Current Rx

Approved with Changes	
Drug Name:	Vitamin D3
Formulation:	Capsule
Strength:	1000 UNIT
Days Supply:	30
Refills:	11
Quantity:	30

				(to help with urine flow)								
Taking	Metformin HCl	500 MG	Tablet	2 tablets with meals	Orally	Twice a day	90	360	1	___	___	
Taking	Lorazepam	0.5 MG	Tablet	1 tablet as needed	Orally	Once a day in the morning	___	___	___	___	___	
Taking	Aspirin EC	81 MG	Tablet Delayed Release	1 tablet	Orally	Once a day	30	30	11	___	___	
Taking	Gabapentin	600 MG	Tablet	take 2 capsule by mouth once daily at bedtime	___	___	30	60	5	___	___	
Taking	Paroxetine HCl	20 MG	Tablet	1 tablet in the morning	Orally	Once a day	30	30	11	___	___	
Taking	BD Insulin Syr Ultrafine II	31G X 5/16	Miscellaneous	use as directed	SQ	as directed	30 days	100 Syringe	11	___	___	
Taking	Lantus	100 UNIT/ML	Solution	96 units SQ in the Morning and 30 units SQ in the Evening	Subcutaneous	Twice Daily	30 days	4 Vial	11	06/20/2019	___	
Taking	Vitamin D3	1000 UNIT	Capsule	1 capsule	Orally	Once a day	30	30	11	___	___	
Taking	diabetic shoes with 3 pair inserts	___	___	as directed	___	___	___	1 pair	___	09/27/2017	___	
Not Taking	Nystatin	100000 UNIT/GM	Cream	1 application to affected area	Externally	Twice a day	___	1 tube	1	11/23/2015	___	
Not Taking	ProAir HFA	108 (90 Base) MCG/ACT	Aerosol Solution	2 puffs as needed for wheezing/cough/shortness of breath	Inhalation	every 4 hrs	30 days	1 inhaler	5	___	___	

[Ok](#)

Find the medication on the list, then click “OK”.

Hub Enc

Assign Refill to: Assign Refill Rx

Response ⓘ

Approved
 Approved with Changes
 Denied
 Denied New Rx to Follow

Refill C

1	2	3	4	5	6
7	8	9	10	11	12

PRN Refills

Notes for Pharmacy ... ab

Best Matched Prescription

Local Edit < > ☆ Y Current Rx

Approved with Changes	
Drug Name:	Vitamin D3
Formulation:	Capsule
Strength:	1000 UNIT
Days Supply:	30
Refills:	11
Quantity:	30
Substitute Allowed:	yes
Last Fill Date:	2018-08-06
Direction:	1 capsule Orally Once a day

Provider Name: Kney, Bradford

Pharmacy

RITE AID - 233 S. MAIN ST. ⓘ ⓘ

233 S. MAIN ST., FALL RIVER, MA-027215306

Notes to Pharmacist:

Covering Provider: Kney,Bradford

Refill Request from Pharmacy

	Prescribed	Dispensed
Drug Name:	Vitamin D3 1000 UNIT Capsule	VITAMIN D3 1,000 UNIT TABLET
Formulation:		
Strength:		
Days Supply:	30	30
Refills:	12	12
Quantity:	30	30
Substitute Allowed:	yes	yes
Last Fill Date:	2018-08-06	2018-08-06
Direction:	1 capsule Once a day Orally 30 day; take 1 tablet by mouth once daily	

Rx External History Rx Eligibility PDMP

Interaction Allergy Send ePrescription

Prior encounters can be viewed by clicking on “Enc”. The Hub can also be reached from this screen. The prescription can also be assigned to someone else if necessary – just start typing a last name into the search box, and matching names in the Prima CARE ECW database will appear. When you are all set, hit “Send ePrescription”.

Assign Refill to:

Response Approved Approved with Changes Denied Denied New Rx to Follow

Denied Reason:

Denied Note for Pharmacy: New Rx Notes for Pharmacy:

New Rx DEA: Select provider DEA

Best Matched Prescription

Local Edit Quick Search

	Denied	New Rx
Drug Name:	Lorazepam	
Formulation:	Tablet	
Strength:	0.5 mg	
Days Supply:	30	
Refills:		
Quantity:	30	
Substitute Allowed:	yes	
Last Fill Date:	2018-08-06	
Direction:		

Refills for controlled substances work a little differently. This example is from a non-controlled substance refill request that I doctored up a bit, so the screens in a real refill will look a little different. The bottom line is that the “Current Rx” screen is grayed out unless “Denied New Rx to Follow” is selected. If the medication is sent simply as “Approved”, the medication will be duplicated on the medication list, and there is a risk that the medication dose or instructions were changed since this original prescription was written, or the medication was discontinued since the original prescription was written (and it is no longer on the medication list). It is always wise to check the current medication list whenever refilling a prescription.

Clicking on “Denied New Rx to Follow” opens a second box called “New Rx”. “Current Rx” is no longer grayed out – open the medication list and choose the correct medication.

Taking	Simvastatin	10 MG	Tablet	1 tablet	Orally	Once a day	90	90	3
Taking	Tamsulosin HCl	0.4 MG	Capsule	1 capsule 30 minutes after the same meal each day (to help with urine flow)	Orally	Once a day	90	90	3
Taking	Metformin HCl	500 MG	Tablet	2 tablets with meals	Orally	Twice a day	90	360	1
Taking	Lorazepam	0.5 MG	Tablet	1 tablet as needed	Orally	Once a day in the morning	—	—	—
Taking	Aspirin EC	81 MG	Tablet Delayed Release	1 tablet	Orally	Once a day	30	30	11
Taking	Gabapentin	600 MG	Tablet	take 2 capsule by mouth once daily at bedtime	—	—	30	60	5
Taking	Paroxetine HCl	20 MG	Tablet	1 tablet in the morning	Orally	Once a day	30	30	11
Taking	BD Insulin Syr Ultrafine II	31G X 5/16	Miscellaneous	use as directed	SQ	as directed	30 days	100 Syringe	11
		100		96 units SQ in the Morning					

Assign Refill to:

Response

Approved
 Approved with Changes
 Denied
 Denied New Rx to Follow

Denied Reason:

Denied Note for Pharmacy: New Rx Notes for Pharmacy:

New Rx DEA:

Best Match

Local Edit

	Denied	New Rx
Drug Name:	Lorazepam	Lorazepam
Formulation:	Tablet	Tablet
Strength:	0.5 mg	0.5 MG
Days Supply:	30	
Refills:		
Quantity:	30	
Substitute Allowed:	yes	
Last Fill Date:	2018-08-06	
Direction:	1 capsule Once a day Orally	1 tablet as needed Orally

Fill in the details, and, if necessary, choose your DEA number if it doesn't appear by default.

Most providers now have an EPCS authentication token. When "Send ePrescription" is clicked, an authentication number must be entered, and the prescription will be sent. For providers without the token, the prescription will need to be printed, signed, and then faxed. Prescriptions for opiates will need to be printed, signed, and carried by the patient to the pharmacy if the EPCS token is not available.

To refill a medication from a progress note, click on "Cur Rx" in the treatment screen.

Pt. Info Encounter Physical

Rx: Po

Type 2 diabetes mell

<input type="button" value="⚠"/>	Commer	Name	Strength	Formula	Take	Route	Frequency	Dura

Medication Summary
ASSESSMENTS

Prey Dx | + Add | - Remove

30 = 30 day with 0 refills | 90 = 90 day with 0 refills | PDMP | Set selected refills as my defaults | Show Formulary Status

Show 50 | Group by Date | All | Summary of All

Medication	Action	Dur.	D	R	Source	Start Dt	Stop Dt
MetFORMIN HCl ER 500 MG Tablet Extended Release 24 Hour	Taking	30 day (s)	30	5	Kney,Bradford	04/10/2019	
Eliquis 5 MG Tablet	Taking	30 days	60 Tablet	6	Kney Bradford		
Januvia 50 MG Tablet	Taking				Kney Bradford		
Lisinopril 20 MG Tablet	Taking	30 days	30 Tablet	2	Kney, Bradford		
MetFORMIN HCl ER 500 MG Tablet Extended Release 24 Hour	Taking				Kney Bradford		
Vitamin B12 1000 MCG (1MG) Tablet	Taking		100	3	Kney Bradford		
PrednisONE 10 MG Tablet	Taking	5 days	20 Tablet	0	Kney, Bradford	07/09/2019	

Selected Meds

E11.22 Type 2 diabetes mellitus with diabetic chronic kidn	Stop Date
Refill - Januvia 50 MG Tablet	
N/A Other	Stop Date

Click on the “R” button to refill the prescription using the data from previous prescriptions (if available). In the case of Januvia, there is no data under duration, dispense, and refill – so this will need to be filled in later. For the first Metformin ER on the list, all that data is available, so “R” would populate the prescription with that same data. Clicking on the “30” button creates a prescription for 30 days, and clicking on the “90” button creates a prescription for 90 days. Selecting the refill number at the top of the screen will populate the 30 day or 90 day prescriptions with the selected number of refills.

The “H” button opens the history of the medication for this patient in ECW. I prefer to keep the box at the top left checked - “Exclude medications with action – Taking”. This hides all the dates when the medication was reconciled as “Taking”, and leaves me with a list of refills, a start date, and, in other cases, a stop date.

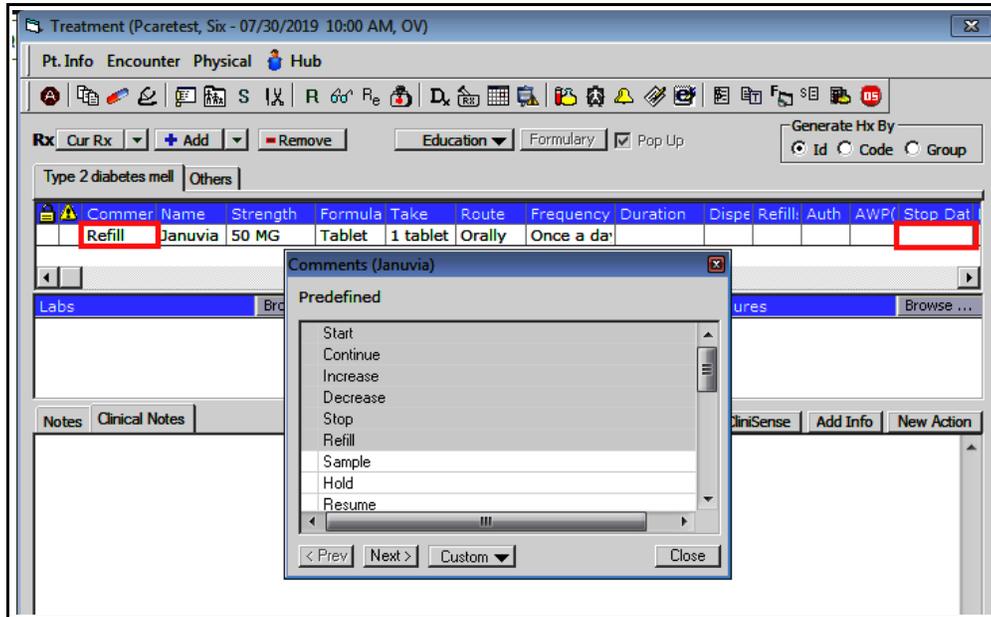
eClinicalWorks

Exclude medications with action - "Taking"

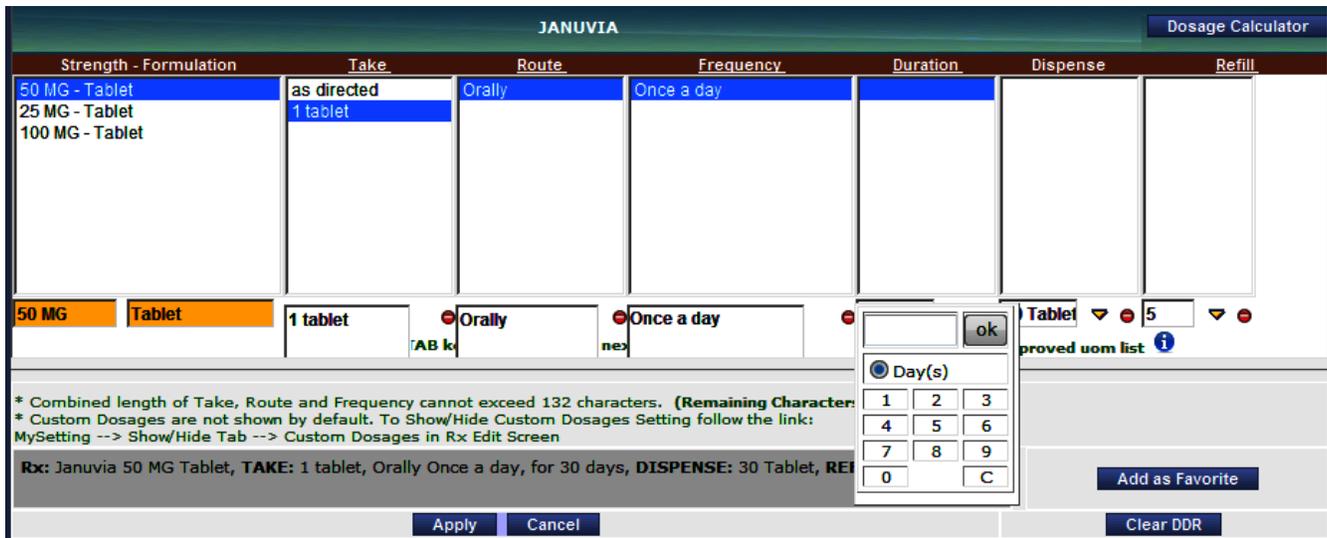
Date	Provider	Medication	Action	Dur.	Dsp.
Summary of: Lisinopril					
07/02/2019	Kney Bradford	Lisinopril 20 MG Tablet	Refill	30 days	30 Tablet
05/22/2019	Kney Bradford	Lisinopril 20 MG Tablet	Refill	30 days	30 Tablet
04/16/2019	Willis Sam	Lisinopril 10 MG Tablet	Refill	30 days	30
01/06/2019	Kney Bradford	Lisinopril 10 MG Tablet	Start	30 day(s)	30
07/10/2018	Willis Sam	Lisinopril 20 MG Tablet	Refill		
12/04/2014	Abraham Rajaratnam	Lisinopril 20 MG Tablet	Start	30 day(s)	30

C R 30 90 S	H	NIFEdipine 30 MG Tablet Extended Release	Taking	30 days	30 Tablet	5	Kney, Bradford	07/09/2019
C R 30 90 S	H	Sotalol HCl 80 MG Tablet	Taking	60 days	120 Tablet	2	Kney, Bradford	
C R 30 90 S	H	Allopurinol 300 MG Tablet	Taking				Kney Bradford	07/29/2019
+ Medications on: 07/30/2019 10:00:00 (OV) Office Visit Perform Actions								
+ Medications on: 07/24/2019 13:26:00 (TEL) Perform Actions								
+ Medications on: 07/23/2019 09:52:00 (TEL) Perform Actions								
+ Medications on: 07/22/2019 08:00:00 (OV) Office Visit Perform Actions								
+ Medications on: 07/15/2019 09:00:00 (OV) Office Visit Perform Actions								
+ Medications on: 07/09/2019 10:04:00 (TEL) Perform Actions								
+ Medications on: 07/02/2019 10:53:00 (TEL) Perform Actions								
+ Medications on: 06/17/2019 09:00:00 (continued.) (OV) Office Visit Perform Actions								

Scrolling down offers the option to view the medication list from past encounters.



In the screen above, the comment box can be changed to continue, increase, decrease, etc. A stop date should be added for any short-term medication so it will be dropped off the medication list when completed. Clicking on the prescription opens the RxEdit screen.



In the past, the duration, dispense, and refill boxes required that a keypad be used. As of mid-July, 2019, free-texting into these boxes was permitted again. It is quite easy to use the tab key to move from box to box and free-text in the desired instructions/numbers. Note that in the “Duration” box, the word “days” does not need to be entered - ECW automatically adds this if just a number is entered into the box. Some users have asked if they must type “Tablet” or “Capsule” (or whatever is appropriate) in the “Dispense” box – I often send prescriptions with just a number, and I have never had a complaint from a pharmacist.

JANUVIA Dosage Calculator

Strength - Formulation	Take	Route	Frequency	Duration	Dispense	Refill
50 MG - Tablet	as directed	Orally	Once a day			
25 MG - Tablet	1 tablet					
100 MG - Tablet						

50 MG Tablet 1 tablet Orally 30 days 5
* in Days only approved uom list

* Combined length of Take, Route and Frequency cannot exceed 132 characters. (Remaining Characters 118).
 * 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: Januvia 50 MG Tablet, TAKE: 1 tablet, Orally , for 30 days , REFILLS: 5
 Add as Favorite

Apply Cancel Clear DDR

One little glitch appeared with the change made to the RxEdit screen in 7/19 – if the text or number in a box is selected and deleted, or the backspace key is used to eliminate the text or number, and then the user tries to select one of the entries surrounded by blue across the top of the screen, nothing happens. So, in this example, clicking on “Once a day” will accomplish nothing – the words do not drop back down into the prescription. However, if the minus button is clicked, then the blue around the words disappears, and “Once a day” can re-populate the prescription. Use the minus button to clear data from the boxes and you will never have this problem. Note that “Clear DDR” clears the data from the duration/dispense/refill boxes. Clicking “Add as Favorite” will open a screen in which you can make this particular prescription a medication favorite.

Type 2 diabetes mell | Others

Commer	Name	Strength	Formula	Take	Route	Frequency	Duration	Dispe	Refill	Auth	AWP(Stop Dat
Refill	Januvia	50 MG	Tablet	1 tablet	Orally	Once a da	30 days	30 Ta	5			

Labs Browse ...
Diagnostic Imaging Browse ...
Procedures Browse ...

Notes Clinical Notes Browse ...
Spell chk Clr Outgoing Referral
eCliniSense Add Info New Action

Preventive Med
Print Orders
Send Rx
Allergies
Interaction
Billing

So long as the patient has a primary pharmacy selected in ECW, clicking on “Send Rx” opens the ePrescribing screen. Even if there is just one pharmacy selected for the patient, it must be defined as the primary pharmacy. The dropdown menu also offers options to print or fax the prescription.

Patient Name: Pcaretest, Six
Patient Address: 191 PLEASANT ST, FALL RIVER, MA-02721-3013
Last Appt: 07/30/2019 10:00 AM
Next Appt: 08/05/2019 10:15 AM
Provider Name: Kney, Bradford
Pharmacy: CVS/pharmacy #0207 (P)
Pharmacy Address: 1620 PRESIDENT AVENUE, FALL RIVER, MA-02722
Notes to Pharmacist: [Empty field]
Supervising Provider: [Empty field]

ePrescription Type: New Rx
Assign Refill To: [Dropdown]
Response: Approved
Refill Details: Refills: [Grid with 12 columns]
PRN refills: [Empty field]

Check	C	M	S	Drug Name	Comments	Browse...
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Refill Januvia		...

Existing Prescriptions Not Requiring Refills: [Table with columns for Check, C, M, S, Drug Name, Comments]

Right Panel: Overview, DRTL, History. Patient: Pcaretest, Six, 75 Y, F as of 07/30/2019. Right Panel data last modified on: 07/29/20. Problem List SNOMED. Global Alerts: Insurance Alert, CCM. This patient has following chronic conditions and is eligible for CCM Program. Coronary artery disease of native artery of native heart with stable angina pectoris [ICD: I25.118]. Chronic obstructive pulmonary disease, unspecified COPD type [ICD: J44.9].

Show Preview Rx: Due to pharmacy constraint combined length of Notes to Pharmacist & Drug line item level notes cannot exceed 205 characters. Characters exceeding 205 will not be sent in prescription.

Buttons: << Prev, << Prev(Send Rx), Send ePrescription, Cancel, Interaction, Next(Send Rx) >>, Next >>

I have taught myself to ALWAYS check the preview before sending a prescription – too many times, I sent prescriptions that weren't quite right because I didn't notice an inconsistency in a prescription (the directions box is rather small, and for scripts with longer instructions, minor errors can be hard to see), or ECW changed the number to dispense without my recognizing the change. So I ALWAYS double check prescriptions before hitting “Send ePrescription”. The checkmark under “M” indicates this medication is in the MedispanRx database – good. The checkmark under “S” indicates that substitution is permitted by the pharmacist. If this were a controlled substance, the box under “C” would be checked as well. If the pharmacy is not correct, the dropdown arrow will show other pharmacies listed for this patient; clicking on the ellipsis opens up the entire database of pharmacies if necessary. Once you are satisfied with this refill, hit “Send ePrescription”.

<p>Treatment: Type 2 diabetes mellitus with diabetic chronic kidney disease Refill Januvia Tablet, 50 MG, 1 tablet, Orally, Once a day, 30 days, 30 Tablet, Refills 5</p> <p>Essential hypertension: Refill Pravastatin Sodium Tablet, 40 MG, 1 tablet (to lower cholesterol), Orally, Once a day, 60 days, 60 Tablet, Refills 6</p> <p>Others: Refill Lisinopril Tablet, 20 MG, 1 tablet, Orally, Once a day, 30 days, 30 Tablet, Refills 2</p> <p>Recommended Wellness and Prevention Guidelines:</p> <p>Procedures: [Dropdown arrow]</p> <p>Immunizations:</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Meth-ORMIN HCl ER 500 MG Tablet Extended Release 24 Hour <input checked="" type="checkbox"/> Eliquis 5 MG Tablet <input checked="" type="checkbox"/> Lisinopril 20 MG Tablet <input checked="" type="checkbox"/> MetFORMIN HCl ER 500 MG Tablet Extended Release 24 Hour <input checked="" type="checkbox"/> Vitamin B12 1000 MCG (1 MG) Tablet <input checked="" type="checkbox"/> PrednisONE 10 MG Tablet <input checked="" type="checkbox"/> Pravastatin Sodium 20 MG Tablet <input checked="" type="checkbox"/> Pravastatin Sodium 40 MG Tablet <input checked="" type="checkbox"/> Polyethylene Glycol 3350 NA Powder
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Refills can be added from the Overview tab in the right panel by clicking on the “R” - though the prescriptions may be associated with an incorrect diagnosis (if that is how the original prescription was written), or be associated with no diagnosis under “Others”. In this case, the pravastatin refill ended up under hypertension, and lisinopril under “Others”.

Telephone Encounter

Pcaretest, Six, 75 Y, F Info Hub Allergies Billing Alert

191 PLEASANT ST
FALL RIVER, MA
H:401-555-1818
DOB:05/07/1944
Primaoffice@yahoo.c

Wt 07/15/19: 176 lbs.
Appt(L):07/30/19(BK)
Appt(N):08/05/19(BK)
Language: English
Translator: No

Ins: Medicare
Acc Bal: \$0.00
Guar: Six
Gr Bal: \$0.00
Ref: Adams, Willis, Sam
Ren:

CLICK TO EDIT Testing

SECURE NOTES

Hub

CCMR Hub

Medical Summary | CDSS | Alerts | Labs | DI | Procedures | Growth Chart | Imm/T.Inj | Encounters | Patient Docs | Flowsheets | Notes

Answered by Kney, Bradford Date 7/30/2019 Time 10:13 AM High Priority

Patient Pcaretest, Six DOB:5/7/1944 Age:75Y Sex:F Tel:401-555-1818 Acct No:332178, WebEnabled: Yes Elgb Status: Preferred Name:

Provider Kney, Bradford Status Open

Pharmacy CVS/pharmacy #0207 (P) Addressed and Docs Reviewed

1620 PRESIDENT AVENUE,
PRESIDENT AVE SHOPPING PLAZA
FALL RIVER, MA 02722

Facility Prima CARE Kney

AssignedTo Kney, Bradford

Reason New Script

Perform Eligibility Check

Message Rx Labs/DI Notes Addendum Log History Virtual Visit

Rx Eligibility Cur Rx Select Rx Delete Rx Education Interaction Allergies

Refilled Medicines

Comn	Name	Strength	Form	Take	Route	Frec	Dur	Dis	Ref	Auth	AW	Stop Date	Notes
	Januvia	50 MG	Tablet										
	Lisinopril	20 MG	Tablet										
	Pravastatin Sodium	40 MG	Tablet										
	MetFORMIN HCl ER	500 MG	Tablet										
	Eliquis	5 MG	Tablet										
	MetFORMIN HCl ER	500 MG	Tablet										
	Vitamin B12	1000 MCG (1 MG)	Tablet										
	PredniSONE	10 MG	Tablet										
	Pravastatin Sodium	20 MG	Tablet										
	Polyethylene Glycol	3350	NA Powder										
	NIFEdipine	30 MG	Tablet										

Refills can also be done in telephone encounters. The workflow is quite similar to that shown earlier. Either click on “Cur Rx” under the Rx tab, or click on the “R” from the Overview tab in the right panel.

Brad Kney, MD
July 30, 2019