Medications in APD iConnect Chapter 10

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Introduction

- This presentation will show how to add medications to a consumer's record 2 different ways:
- In the Medications Tab
- Directly in the Person-Centered Support Plan Form

• It will also describe temporary workarounds for known issues

- Once the WSC has completed the personcentered planning process and is ready to create the support plan, the WSC will enter the plan into the iConnect system.
- Part of the Person-Centered Support Plan contains the medications the consumer is taking. The WSC is expected to enter this information into the plan using 1 of the 2 ways discussed in this presentation.



- Edits to existing medications must be completed in the medication record on the medication tab
- Edits from the Person-Centered Support Plan Form will NOT update the medication record on the medication tab

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- 1. Open a consumer's record
- 2. Navigate to the **Medication tab** on the Consumer record.
- 3. From the File menu >Select Add Medication

opd iConnect

Clayton Abarca | Medication 5/16/2019 10:19 AM

File	
Please Note: After selecting a medication if an error message p	ops up, click OK and proceed. You can still complete filling the data and save the record. This is a temporary workaround. We apologize for the inconvenience.
Medication *	Clear
Dose	
Dose Units	
Strength	
Frequency	V
Route	
Prescribed By	
Order Date *	05/16/2019
D/C Date	
As Prescribed	
Status *	Pending v
PRN?	
Instructions per Label *	○
Reason for Medication	
Side Effects/Problems Experienced	
-	
Where Obtained	
Mail Order	
Packaging	
Type of Assistance	
Medication Assistance	v
Dispense Time 1	
Dispense Time 2	
Dispense Time 3	
Dispense Time 4	

Note the temporary configuration changes that have been made:

- Informational banner added to the top of the page
 - NDC code field is hidden

Note the configuration changes that have been made

- Dose/Amount = Dose
- Move "Parameters" to just after "PRN" field and display conditionally based on "PRN" check box. It is required.
- "Instructions" = "Instructions per Label. It is required.
- Type of Assistance =
 - Self-Administers Without Assistance
 - Self-Administers with Assistance
 - Needs Medication Assistance

Please Note: After selecting a medication if an
Medication *
Dose
Dose Units
Strength
Frequency
Route
Prescribed By
Order Date *
D/C Date
As Prescribed
Status *
PRN?
Parameters *
Instructions per Label *
Reason for Medication
Side Effects/Problems Experienced
-
Where Obtained
Mail Order
Packaging
Type of Assistance
Medication Assistance
Dispense Time 1

opd iConnect	John Sheppard Medica 109/2018 4:23 PM	tion
File		
Please Note: After selecting a medication if an error message pop	s up, click OK and proceed. You can still complete filling the data and save the record. This is a temporary workaround. We apologize for the inconvenience.	
Medication *	ativan X	
Dose/Amount	Ativanjlorazepam[TABLET]ORAL[0.5]mg/1	
Dose Units	0187-0083	
Strength	Ativanjlorazepam[TABLET]ORAL[1]mg/1	
Frequency	AtivasilaranaamiTADI ETVODAI (2ima)	
Route	Auvanjoiazepanji Abile i jorakljejingi i 0187-005	
Prescribed By		
Order Date *	10/09/2018	

Select the **ellipsis** next to the Medication field and enter the full or partial generic or brand name of the medication. Matching results are displayed.



Select the **medication**. An error message will display. Select **OK**. This will be fixed at a later date.

opd iConnect	John Sheppard Medication 109/2018 427 PM
File	
Please Note: After selecting a medication if an err	or message pops up, click OK and proceed. You can still complete filling the data and save the record. This is a temporary workaround. We apologize for the inconvenience.
Medication *	Ativan[lorazepam]TABLET/ORALI1[mg/ Clear
Dose/Amount	25
Dose Units	mg (Miligram) 🗸
Strength	regular
Frequency	BID (2 times daily)
Route	Oral 🗸
Prescribed By	MD
Order Date *	10/09/2018
D/C Date	
As Prescribed	Yes
Status *	Active 💙
PRN?	
Instructions	twice a day
Reason for Medication	reason
Side Effects/Problems Experienced	none noted
-	
Where Obtained	Prescription 🗸
Mail Order	No ¥
Packaging	Individual Bottle 🗸
Type of Assistance	Independent V
Parameters	
Dispense Time 1	
Dispense Time 2	
Dispense Time 3	
Dispense Time 4	
Dispense Time 5	
Dispense Time 6	

See the next 4 slides for descriptions of the fields in the Medications Tab.

- Dose The total number of dose units of medication the consumer is taking with each dose – EX: 200
- Dose Units The units the medication is measured in

- EX: mg (Milligram), Drop, mcg (Micrograms)

- Strength How much of the dose unit is in a named measure of the dosage form (per tablet, 10cc elixir, 10ml suspension, per spray, per patch), and the number of the dosage form that is taken
 - EX: 100/tablet, take 2 tablets, or 5(mg)/10(ml),
 take 30ml

- Frequency How often the consumer takes the medication
 - EX: Every 6 hours (Q6H), Daily, 2 Times Daily (BID)
- Route How the consumer takes the medication – EX: Nasal/Inhaled, Oral
- Prescribed By The name of the prescribing doctor
- Order date The date the medication is ordered

- D/C Date The date the medication is discontinued
- As Prescribed Choose Yes or No Does the consumer take the medication as the doctor prescribed?
- Status Active= Consumer is currently taking, Discontinued= Consumer is no longer taking, Pending= default setting when adding a new medication

- PRN A Latin acronym which means as needed; Check this box if the consumer only takes this medication as needed
 - NOTE The Parameters box will open below once the box is checked
 - Parameters are required for PRN medications



 Parameters – the reason the medication is ordered, the maximum number of days that the medication should be given, the maximum number of doses per day, and conditions under which the health care practitioner should be notified

 EX: Dulcolax 5mg tabs, give 3 tablets by mouth at bedtime PRN if no bowl movement in 3 days. Give no more than 3 tabs per day, call prescriber (or healthcare practitioner) if no bowl movement after 24 hours

- Instructions Per Label Describe how the consumer will take the medication
 - EX: Take after a meal with a glass of water
 - NOTE For some PRN medication there may be nothing else to say
 - If so type "No further instructions"
- Reason for Medications Why does the consumer take the medication? – EX: Anxiety, Depression

- Side Effects/Problems Experienced List experienced side effects for this specific consumer
 - If the consumer does not experience side effects you will say "N/A" or "None Experienced"
- Where Obtained Did the consumer get the medication through a prescription or over the counter?

Mail Order – Choose Yes or No

- Packaging Choose between: Individual Bottle, Blister Pack, Unit Dose, or Other
- Type of Assistance Does the consumer need help taking the medication?

Choose between:

- Self-Administers with Assistance
- Needs Medications Administered
- Self-Administers without Assistance

- Medication Assistance How does someone help the consumer take their medication? – EX: "I need someone to give me my medication"
- Dispense Times 1 6 Enter the times that the consumer will take that medication. If the consumer takes the medication every 6 hours you will enter all of those times in. For example:

Dispense Time 1	08 V 00 V AM V
Dispense Time 2	02 V 00 V PM V
Dispense Time 3	08 V 00 V PM V

 Client Medication = Lithium Carbonate ER 300mg tablets, take 2 each morning by mouth

In iConnect:

- Medication = Lithium Carbide ER
- Dose= 600
- Dose units = mg (milligram)
- Strength = 300/tablet, take 2 tablets
- Frequency = daily
- Route = Oral
- Instructions per Label = Take immediately after a meal with a full glass of water
- Reason for Medication = bipolar disorder
- Side Effects/Problems Experienced = drowsiness and weight gain
- Dispense Time 1 = 7:00 AM

- Client Medication = Ibuprofen 200 mg tab, give 2 tabs by mouth every 6hrs PRN pain in knee – give no more than 6 tabs per day. Call MD if needed for more than 3 consecutive days.
- In iConnect:
- Medication = Ibuprofen
- Dose = 400
- Dose units = mg (milligram)
- Strength = 200/tablet, take 2 tablets
- Frequency = daily
- Route = Oral
- PRN? = Check Box
- Instructions per Label = give 2 tabs by mouth every 6hrs PRN pain – give no more than 6 tabs per day. Call MD if needed for more than 3 consecutive days
- Reason for Medication = knee pain
- Side Effects/Problems Experienced = drowsiness and weight gain

 Client Medication = Depakene (Valproic acid) elixir -250mg/5ml, take 5ml by mouth at 8AM and 8PM

In iConnect:

- Medication = Depakene
- Dose = 250
- Dose units = mg
- Strength = 250/5ml, take 5ml
- Frequency = BID 2 times daily
- Route = Oral
- Instructions per Label = Take 5ml at 8AM and 5ml at 8PM
- Reason for Medication = Epilepsy
- Side Effects/Problems Experienced = N/A
- Dispense Time 1 = 8:00 AM
- Dispense Time 1 = 8:00 PM

- Client Medication = Clonidine 0.1mg tablets, take 0.1mg (1 tablet) at 6AM, and 0.05mg (1/2 tablet) at 9PM by mouth
- When a medication is administered with different doses at different times or different doses on different days, EACH DOSE should be a entered as a separate medication entry



AM Medication in iConnect:

- Medication = Clonidine
- Dose = 0.1
- Dose units = mg (milligram)
- Strength = 0.1mg/tablet, take 1 tablet
- Route = Oral
- Frequency = daily
- Instructions per Label = take 1 tablet at 6AM with or without food
- Reason for Medication = high blood pressure
- Side Effects/Problems Experienced = headaches and agitation
- Dispense Time 1 = 6:00 AM

PM Medication in iConnect:

- Medication = Clonidine
- Dose = 0.05
- Dose units = mg (milligram)
- Strength = 0.1mg/tablet, ½ tablet
- Route = Oral
- Frequency = Once daily
- Instructions per Label = take ½ tablet at 9PM with or without food
- Reason for Medication = high blood pressure
- Side Effects/Problems Experienced = headaches and agitation
 - Dispense Time 1 = 9:00 PM

- Client Medication: Vitamin D 2000 unit gelcaps, take 1 gelcap twice daily by mouth.
- When a supplement/medication cannot be found in iConnect, such as Vitamin D, the "Other" category can be chosen, manually adding the supplement/medication name.

In iConnect:

- Other Medication = Vitamin D
- Dose = 2000
- Dose units = units
- Strength = 2000/gelcap, take 1 gelcap
- Frequency = BID 2 Times Daily
- Route = Oral
- Instructions per Label = Take 1 gelcap twice daily, in AM and PM
- Reason for Medication = Low Vitamin D levels
- Side Effects/Problems Experienced = N/A
- Dispense Time 1 = 8:00 AM
- Dispense Time 2 = 8:00 PM

opd iConnect

File

Please Note: After selecting a medication if an error message p	ops up, click OK and proceed. You can still complete
Medication *	Other Clear
Other Medication *	Vitamin D
Dose/Amount	2000 units
Dose Units	Units ¥
Strength	00/ gelcap, take 1 gelcap
Frequency	BID (2 times daily)
Route	Oral 🗸
Prescribed By	Dr.Hall

 When you select "Other" an "Other Medication" box appears below

That is where you will type the name of the medication

Complete the remaining medication data fields on the page. Then, select **File > Save and Close Medication**.

<u>WSCs will be able to pull this</u> <u>information to the Person-Centered</u> <u>Support Plan, so this information only</u> <u>needs to be entered once!</u> How to Add Medications to a Consumer's Record from a Form

- Note, this feature only works with specific forms designed to link the form to the Medication tab.
 - Person-Centered Support Plan
 - Implementation Plan
 - MCM Report

How to Add Medications to a Consumer's Record from a Form

- Open a consumer's record
- Go to the Forms Tab
- Open the existing form (Ex: Person-Centered Support Plan)
- *or* create one
 (Forms>File>Add Form>Person-Centered
 Support Plan)

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File Tools Ticklers View Cor Add New Demographics Search	Isumer Incident Word Merge			
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	MY DASHBOARD COMSUMERS PROVIDERS INCIDENTS CLAIMS SCHE	DULER UTILITIES REPORTS		
Smith, June Elizabeth (10008)				
	Diagnosis Eligibility Medications Auths Provider Documentation Contacts Consumer Module Use Demographics Divisions Consumer Budgets Programs Provider Selections SANS Notes Ferm	Appointments Plans Waiting List Payers		
Please Select Type: Person-Cent	ered Support Plan 🗸 🔗			
Consumer Forms				
Review *	Initial V	Ker* Wor	ker, Applicable	Clear Details
Review Date *	11/27/2018 E	us* Draf	t 🗸	
Division *	APD V	ider/Program *	\checkmark	
Approved By	Арр	oved Date		
	PERSON-CENTERED	SUPPORT PLAN		
Support Plan Effective Date*				
Is the Consumer 18 or over?*	\checkmark			

Scroll to the **My Health** section of the Person-Centered Support Form.

To add an <u>EXISTING</u> medication from the Medication tab to

the Person-Centered Support Plan, select Search, and a list

of medications from the Medication Tab is displayed.

ly Medication Informa	ation (current as of da	te of support plan mee	ing)	
Medications				
0 record(s) return	ned			
Add New Medication	Search			

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ly Medication Information (current as of date of sup Medications 1 Medication record(s) returned - now viewing 1 throu					Medic ation	Dose/ Amoun t	Dose Units	Freque	Route	Prescri bed By	Order Date	D/C Date	Status	Instruc tions	Reason for Medic ation	Where Obtain ed	Mail Order	Packag	Type of Assista nce	Param eters	Other Medic ation	Side Effects /Probl ems Experi enced	
Medication	Dose/Amount	Dose Units	Frequency F	11137	Test1	200	mg (Milligr am)	Daily	Oral		09/03/ 2018		Active						Assista nce				Side ects/Problems
Test1	200	mg (Milligram)	Daily C	11716	Ritalin	300	mg (Milligr am)	Daily	Oral		09/25/ 2018	2	Active					-	Assista nce				Aperienceu
Add New Medi	cation Sear	ch My Family	and Me:																				

Select the medication you want to add to the plan.

opd iConnect

F	ile Repo	orts																
M	/ Health																	
	aportant Information About My Health																	
н	ospitalization	s in the past ve	ar?		Γ	~												
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I٢	-2 Medicatio	n record(s) retu	Irned - now	viewing 1 thr	ough 2													
	Medication	Dose/Amount	Dose Units	Frequency	Route	Prescribed By	Order Date	D/C Date	Status	Instructions	Reason for Medication	Where Obtained	Mail Order	Packaging	Type of Assistance	Parameters	Other Medication	Side Effects/Problems Experienced
	Test1	200	mg (Milligram)	Daily	Oral		09/03/2018		Active						Assistance			
	Ritalin	300	mg (Milligram)	Daily	Oral		09/25/2018		Active						Assistance			
	Add New Med	ication Sea	rch															
In	nportant Healt	th History abou	t My Family	and Me:														
	\sim																	
M	y critical health follow up areas and preventative health plan:																	

Once complete, select **Save and Close**. The page will refresh with the medication information section completed.

<u>My Health</u>	
Important Information About My Health	
Hospitalizations in the past year?	
My Medication Information (current as	of date of support plan meeting)
Medications	
0 record(s) returned	
Add New Medication Search	
	To add a <u>NEW</u> medication from the Person-Centered Support Plan, click Add New Medication
	The medication search window opens. Begin typing the name of the medication. Matching values are displayed. Select the medication and complete the remaining fields.

This information will be pulled to the Medications Tab as well, so WSCs only have to enter this information once!

<u>NOTE: The Medication</u> <u>Management By field has been</u> <u>removed on the Medication</u> <u>tab. The associated forms will</u> <u>be updated. There is currently</u> <u>no data entry field on the</u> <u>forms.</u>

	/
Medication *	Clear
Order Date *	
D/C Date	
Status *	▼
Dose	
Dose Units	~
Frequency	~
Route	\checkmark
Where Obtained	\checkmark
Mail Order	\checkmark
Packaging	\checkmark
Type of Assistance	\checkmark
Medication Assistance	
Medication Management By	
Prescribed By	
Instructions per Label *	
Reason for Medication	
Side Effects/Problems Experienced	

Add New Medication

×

<u>Remember</u>

The error message will be fixed at a later date and the informational banner will be taken off.

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