



**OSCAR BC**

Connecting Care • Creating Community

## **Webinar**

OSCAR Prescribing Module – OSCAR EMR

February 19, 2022

09:00–10:30

**Speakers: Dr. John Yap, Patti Scott, Allison Nourse**



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## Disclosures:

- Dr. John Yap: GP in New Westminster, OSCAR BC president (volunteer). EMR OSP is WELL/KAI - OSCAR Pro BC. OSCAR BC subscriber. eFORM generator. No financial conflicts.
- Patti Scott: Practice Improvement and Change Manager, Chilliwack Division, OSCAR BC board member (volunteer). Previous MOA. No financial conflicts.
- Allison Nourse: Assistant Director UBC Pharmacists Clinic, OSCAR BC board member (volunteer), RPh. No financial conflicts.



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## Limitations:

- There are many “flavours” of OSCAR, so your view and functionality may not be exactly as displayed. Some features may not be available on your version. \*
- GreaseMonkey (GM) in play – enhances functionality for all OSCAR users \*\*
- Browser is FireFox ESR – Chrome, Safari, etc. may render differently. \*\*\*
- I will demonstrate my personal prescribing work flow. \*\*\*\*

## Mitigation:

- I will endeavour to identify when there may be differences between the OSCAR versions.
- Principles of safe prescribing are universal
- College rules are EMR agnostic

\* OpenOSP, WELL, MPeer, Juno, others

\*\* See OSCAR BC Webinar – September 25, 2021 - <https://oscarbc.ca/events/>

\*\*\* All browsers should work, but some are better. Follow the advice of your OSP.

\*\*\*\* Your work flow will depend on available features in your OSCAR, and the working relationship you have with your pharmacists.

**It is presumed that your OSP is keeping your drug list updated.**



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## Prescribing with OSCAR: AGENDA

1. Basics – what the pharmacist needs to know, what OSCAR needs to know.
2. Advanced – hidden features!
3. Virtual prescribing
4. College rules – CPSBC, College of Pharmacist BC
5. Duplicate prescribing
6. Hope for the future!
7. Q + A



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## Considerations for a good Prescription

- Patient and Prescriber identification
  - Patient address correct?
  - Enable DOB display for patient (Preference)
  - Identify trainees (residents) – add details in signature (Preference)
- Drug name
  - Choose generic name if possible, custom drug name as last resort (consider favourite status)
  - Instructions – such that pharmacist and OSCAR will understand
- Pharmacy information (Preferred Pharmacy)
  - Necessary for faxes
  - Edit carefully
- Signature – wet vs stamp
  - Enable signature stamp (Preference, WELL only?)
  - Time Stamp?
- Additional information – special instructions, daily dispense, blister pack, etc
- Delivery of prescription? Direct to patient, by mail (DuplicateRx), fax, eMAIL (NO!!)



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## Getting to the Rx Module:

Usually access from the eCHART.

Click on the Bar for “fresh canvas”,  
click on + for long-term meds.

| Demographic No. | Module | Name       | Chart No. | Sex | DOB yyyy-mm-dd |
|-----------------|--------|------------|-----------|-----|----------------|
| 17284           | E Rx   | Test, Andy |           | O   | 1969-06-15     |

[Return to Schedule](#)


From the Search Window – click Rx.

In some versions, you may not be able to PASTE into the chart as the chart does not open. FIXED in WELL versions.

## Rx Preview Screen: with signature stamp enabled

Active Allergies/Adverse Reactions
Name: ALTACE 5MG [more E X](#)
Edit Rx

AMOX 250 CAP
No allergy to drug matched with patient profile. Please review patient allergies to ensure accuracy.




**Dr. John C.P. Yap**  
 New Westminster Family Practice  
 Suite 242 - 610 Sixth St  
 New Westminster BC V3L3C2  
 Pract. No.:11701  
 Tel: 604-521-8522

**Written Date: February 18, 2022**

JOE TEST DOB: Mar 18, 1966  
 123 MAIN STREET  
 BURNABY, BC V1V1V1  
 604-555-1123

**Health Ins.#1234567X**

ALTACE 5MG  
 Take 1 tablet po daily for 3 mo  
 Qty:90 tab Repeats:3



Signature: \_\_\_\_\_

**Requesting:** Dr. John C.P. Yap (11701)

Created by: OSCAR The open-source EMR www.oscarcanada.org

**Actions**

Print PDF  
 Size: A4 page

Print  
 Print & Paste into EMR  
 Print full page

Create New Prescription

Close Window

Add Pharmacy Info

**Additional Notes to add to Rx**

\_\_\_\_\_



**Drug Information**

[RAMIPRIL \(ALTACE 5MG\)](#)

1. Edit Rx – to return to previous screen and add more items or make corrections.
2. **ALWAYS** Print and Paste into the EMR (chart)
3. The page won't close automatically.
4. Add pharmacy information if a **Preferred Pharmacy** has been assigned.
5. Add notes at bottom of Rx – e.g. Time Stamp, Folio numbers, etc.

## Rx Preview Screen: without signature stamp enabled (fax disabled)

TESTAN, ANTEST sex F age 61
Edit


|   |   |
|---|---|
|    | <b>Dr. Allison Nourse</b><br>Pharmacists Clinic - UBC Faculty of<br>Pharmaceutical Sciences<br>2405 Westbrook Mall<br>Vancouver BC V6T 1Z3<br>Tel: 604.827.2584 |
| <b>February 18, 2022</b>  |   |
| ANTEST TESTAN<br>1234 Imaginary St<br>Vancouver, BC V6V6V6<br>604-222-2222<br><b>Health Ins.#999999999</b>  |   |
| ATORVASTATIN 20MG TABLET<br>Take 1 tablet daily<br>at supper<br>Qty:90 Repeats:3  |   |
| <div style="display: flex; align-items: center;">  </div> Signature: _____<br>Dr. Allison Nourse |   |

**Actions**

Size of Print PDF :

**Additional Notes to add to Rx**

**Signature**



Edit Rx – to return to previous screen and add more items or make corrections.

**ALWAYS** Print and Paste into the EMR (chart)



Fax via API-fax-app (needs subscription)

This fax feature requires **Preferred Pharmacy** assignment, and fax # properly added.

Draw signature, and click “save” to paste into the Rx. This signature may not be present on “Reprint” – see later.



## Rx Preview Screen: without signature stamp enabled (fax enabled)

|   |  |
|---|--|
|    | <b>Dr. Herbert Y.C. Chang</b><br>Tri-City Family Practice<br>142-3000 Lougheed Highway<br>Coquitlam B.C. V3B 1C5<br>Pract. No.:12550<br>Tel: 604-945-0100<br>Fax: 604-945-0171 |
|   | <b>February 18, 2022</b>   |
| John E Test Rotund DOB: Jun 15, 1946<br>242- 8100 Highway 3B<br>TRAIL, BC V1R 4N7<br>250-368-0053<br><b>Health Ins. #9654321987</b> |  |
| METOPROLOL TARTRATE 25MG TABLET<br>Take 1 TAB BID<br>Qty: 90 Repeats: 0   |  |
|    |  |
| Signature: _____<br>Dr. Herbert Y.C. Chang<br>Pract. No. 12550  |  |
| <small>Created by: OSCAR The open-source EMR www.oscarcanada.org</small>  |  |

HP TEST PHARMACY  
 20499 64th Ave  
 COQUITLAM, BC, V2Y 1N5  
 Tel: (604) 539-9928,  
 Fax: 18884732963  
 Email:  
 Note:

[Remove Pharmacy Info](#)


**Actions**

Size of Print PDF :

Use A4 size or larger paper to print pharmacy info properly.

**Additional Notes to add to Rx**

**Signature**



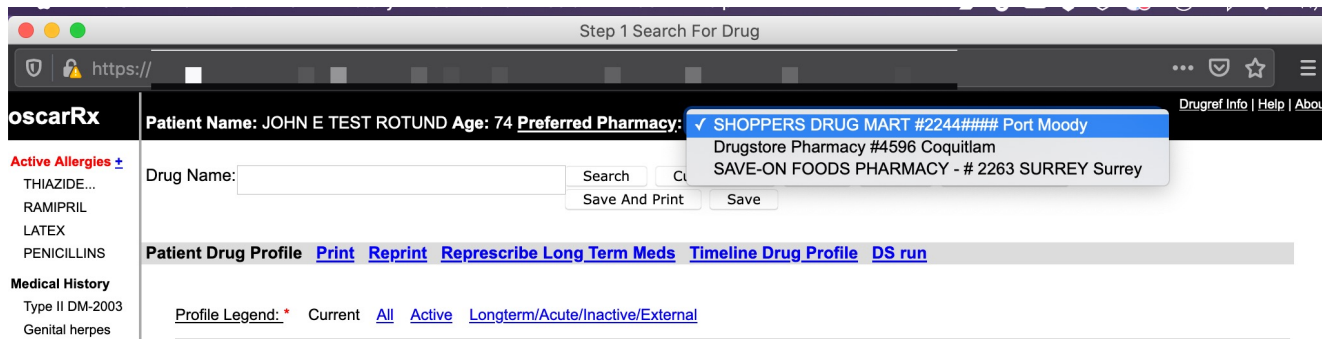
**Drug Information**

[METOPROLOL TARTRATE 25.0MG \(METOPROLOL TARTRATE 25MG TABLET\)](#)

1. Edit Rx – to return to previous screen and add more items or make corrections.
2. **ALWAYS** Print and Paste into the EMR (chart)
3. Fax via API-fax-app (needs subscription)
4. This fax feature requires **Preferred Pharmacy** assignment, and fax # properly added.
5. Draw signature, and click “save” to paste into the Rx. This signature may not be present on “Reprint” – see later.



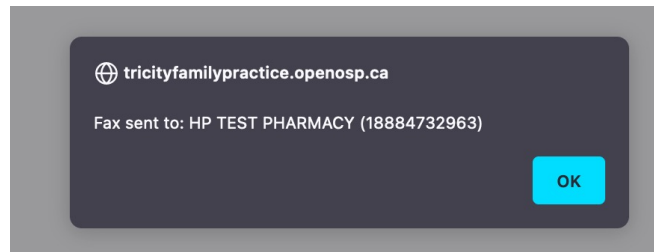
## Preferred Pharmacy option (more later)



This fax feature requires **Preferred Pharmacy** assignment, and fax # properly added.



Click Fax & Paste



Fax sent!



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## Prescribing Basics – ensuring the pharmacist and OSCAR understand you!

**–Patient Name: ANDY TEST Age: 52 Preferred Pharmacy: Safeway 4911 Burnaby**

Name:  [more](#) [F](#) [X](#)

**Allergy: RAMIPRIL Reaction: Severity: Mild**  
**Allergy: ANGIOTENSIN-CONVERTING ENZYME INHIBITORS Reaction: cough Severity: Mild**  
**Inactive Drug Since: Thu Jan 11 2018**

**Instructions:**  

Qty/Mitte:  Units:  Repeats:   Long

Term Med  
Ingredient: LISINOPRIL 10.0MG Strength: 10.0 MG  
Method:null Route: Frequency: OD Min: 0 Max: 0 Duration: 0 DurationUnit: D Qty/Mitte: 30 Units:  
Comment:

eTreatment Type:  Rx Status:

Drug Form: TABLET

9<sup>e</sup> Drug Name:

Search for the drug:

Type: Lisin 10 – and see what you get!

Part of the name may be all you need!



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Prescribing Basics – ensuring the pharmacist and OSCAR understand you!

**--Patient Name: ANDY TEST Age: 52 Preferred Pharmacy: Safeway 4911 Burnaby**

Name:  [more](#) [F](#) [X](#)

**Allergy: RAMIPRIL Reaction: Severity: Mild**  
**Allergy: ANGIOTENSIN-CONVERTING ENZYME INHIBITORS Reaction: cough Severity: Mild**  
Inactive Drug Since: Thu Jan 11 2018

Instructions:  ?

Qty/Mitte:  Units:  Repeats:   Long

Term Med

Ingredient: LISINOPRIL 10.0MG Strength: 10.0 MG

Method:null Route: Frequency: OD Min: 0 Max: 0 Duration: 0 DurationUnit: D Qty/Mitte: 30 Units:

Comment:

eTreatment Type:  Rx Status:

Drug Form: TABLET

9<sup>e</sup> Drug Name:



# OSCAR BC

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## Prescribing Basics – the perfectly written Rx?!

--Patient Name: ANDY TEST Age: 52 Preferred Pharmacy: Safeway 4911 Burnaby

Name: LISINOPRIL 10 MG TABLET [more](#) [F](#) [X](#)

**Allergy: RAMIPRIL Reaction: Severity: Mild**  
**Allergy: ANGIOTENSIN-CONVERTING ENZYME INHIBITORS Reaction: cough Severity: Mild**

Instructions: Take 3 tab po daily for 10 days \* ?

Qty/Mitte: 30 Units: Repeats: 0  Long

Term Med

Ingredient: LISINOPRIL 10.0MG Strength: 10.0 MG

Method:Take Route:po Frequency:OD Min:3 Max:3 Duration:10 DurationUnit:D Qty/Mitte:30 Units:

Comment:

eTreatment Type: -- Rx Status: --

Drug Form: TABLET

Drug Name:



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Prescribing Basics – special features and cues – see later

**--Patient Name: ANDY TEST Age: 52 Preferred Pharmacy: Safeway 4911 Burnaby**

Name: LISINOPRIL 10 MG TABLET [more F X](#)

**Allergy: RAMIPRIL Reaction: Severity: Mild**  
**Allergy: ANGIOTENSIN-CONVERTING ENZYME INHIBITORS Reaction: cough Severity: Mild**

Instructions: Take 3 tab po daily for 10 days \* ?

Qty/Mitte: 30 Units: Units: Repeats: 0  Long  
Term Med

Ingredient: LISINOPRIL 10.0MG Strength: 10.0 MG  
Method:Take Route:po Frequency:OD Min:3 Max:3 DurationUnit:D Qty/Mitte:30 Units:

Comment:

eTreatment Type: -- Rx Status: --

Drug Form: TABLET

Drug Name:



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## Prescribing Basics – PRN medications – maxed out quantities.

**–Patient Name:** ANDY TEST **Age:** 52 **Preferred Pharmacy:** Safeway 4911 Burnaby

Name:  [more](#) [F](#) [X](#)

**Allergy:** SALICYLATES **Reaction:** Severity: Mild  
**Allergy:** MORPHINE **Reaction:** rash **Severity:** Mild  
Inactive Drug Since: Fri Jan 24 2020

**Instructions:**  \* ?

Qty/Mitte:  Units:  Repeats:   Long

Term Med  
Ingredient: CAFFEINE 15.0MG / CODEINE PHOSPHATE 30.0MG / ACETAMINOPHEN 300.0MG  
Strength: 15.0 MG 30.0 MG 300.0 MG  
Method:Take Route:po Frequency:tid Min:1 Max:2 Duration:10 DurationUnit:D Qty/Mitte:20 Units: prn

Comment:

eTreatment Type: --  Rx Status: --

Drug Form: TABLET

Drug Name:

If you type these exact Instructions, the calculated Qty will be 60 (2 x TID x 10d).

However, you can manually set it to 20 tabs. Just be careful that Oscar does not refill it at 60 next time!



## Allergy Basics – Search for the drug, use the quick pick buttons.

**oscarRx**

[Active Allergies/Adverse Reactions](#)

- RAMIPRIL
- SULFONAMIDES
- MACROLIDES
- ANTIBIOTIC PROPHYLAXIS REQUIRED
- SALICYLATES
- LATEX
- ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
- MORPHINE
- METRONIDAZOLE
- CLINDAMYCIN
- PENICILLINS

**Medical History**

Medical: Hypertension, DM, CKD; CRC 2015; prostate cancer '15. Next item.  
 Surgical: tonsillectomy 1972; appendectomy age 18. Cholecystectomy 2010.  
 Psychiatric: depression after divorce 82.

**Favorites** [edit](#) [copy](#)

- [ACLASTA](#)
- [Acne - TACTUO Pump](#)
- [ADACEI](#)
- [ADACEI](#)
- [ADVAIR 250 DISKUS](#)
- [Aerobika](#)
- [Aerochamber Plus Flow-Vu](#)
- [AK - Picato for face/scalp](#)
- [Anal Fissure](#)
- [ANODAN-HC OINTMENT 0.5%/0.5%](#)
- [Antifungal cream](#)
- [ANUGESIC-HC SUPPOSITORIES](#)
- [APND](#)
- [ATROVENT NASAL - 42 mcg](#)
- [AVAMYS](#)

[Step 1 Search For Drug](#) > [Edit Allergy/Adverse Reaction Profile](#)

**Patient Demographics**

**Patient Name:** TEST, ANDY **Age:** 52

**Edit Allergy/Adverse Reaction Profile** | View: Active [All](#) [Inactive](#)

Legend:  Mild  Moderate  Severe

| Status | Entry Date | Description  | Allergy Type | Severity | Onset of Reaction | Reaction    | Reaction Type | Start Date | Life Stage | Share Status | Action  |
|--------|------------|--------------|--------------|----------|-------------------|-------------|---------------|------------|------------|--------------|---|
| Active | 2022-02-12 | PENICILLINS  | AHFS Class   | Severe   | Immediate         | Allergy     |               |            | Not Set    |              | <a href="#">Edit</a>   <a href="#">Inactivate</a> |
| Active | 2020-02-13 | CLINDAMYCIN  | ATC Class    | Moderate | Unknown           | GI upset    |               |            | Not Set    |              | <a href="#">Edit</a>   <a href="#">Inactivate</a> |
| Active | 2021-06-07 | RAMIPRIL     | ATC Class    | Mild     | Immediate         | Allergy     |               |            | Not Set    |              | <a href="#">Edit</a>   <a href="#">Inactivate</a> |
| Active | 2018-02-10 | SULFONAMIDES | ATC Class    | Mild     | Immediate         | anaphylaxis |               |            | Not Set    |              | <a href="#">Edit</a>   <a href="#">Inactivate</a> |
| Active | 2021-06-17 | MACROLIDES   | ATC Class    | Mild     | Immediate         | GI upset    |               |            | Not Set    |              | <a href="#">Edit</a>   <a href="#">Inactivate</a> |

Legend:  Mild  Moderate  Severe

**Add an Allergy/Adverse Reaction**

Search:

Search the following categories: *(Listed general to specific)*

Drug Classes  Ingredients  Generic Names  Brand Names

Keep your allergy list updated.

Use the quick pick buttons – NKDA is a valid item.

Search for the drug name – choose the class whenever possible.

Add as much detail as possible. Anaphylaxis? GI upset?





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## Advanced Prescriptions: cues and clues!

-Patient Name: ANDY TEST Age: 52 Preferred Pharmacy: Safeway 4911 Burnaby

Name:  [more F X](#)

**Allergy: PENICILLINS Reaction: Severity: Severe**

Instructions:

Qty/Mitte:  Units:  Repeats:   Long

Term Med

Ingredient: PENICILLIN V POTASSIUM 300.0MG Strength: 300.0 MG

Method: Route: Frequency: Min: 0 Max: 0 Duration: null DurationUnit: Qty/Mitte: 0 Units:

Comment:

eTreatment Type: -- Rx Status: --

Drug Form: TABLET

Drug Name:

| Instruction  | Special Instruction                          |
|--|--|
| <a href="#">PEN-VK 300MG Take 1 tab po tid for 7 days</a>                                  | <a href="#">Wait for throat swab results</a> |
| <a href="#">PENICILLIN V POTASSIUM 300MG TABLET Take 2 tablets twice daily for 10 days</a> |  |
| <a href="#">PEN-VK 300MG Take 1 tablet 3x daily for 7 days</a>                             |  |

Instructions are specific to the drug chosen – so Apo-PEN would NOT show this list.

Any user on the system choosing this drug will have their instructions saved here. You cannot edit/delete the entries!

Get it right the first time!



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## Advanced Prescriptions: cues and clues!

Name:  [more F X](#)

**Allergy: PENICILLINS Reaction: Severity: Severe**

Instructions:  \* ?

Qty/Mitte:  Units:  Repeats:   Long

Term Med

Ingredient: PENICILLIN V POTASSIUM 300.0MG Strength: 300.0 MG

Method:Take Route:po Frequency:tid Min:1 Max:1 Duration:7 DurationUnit:D Qty/Mitte:21 Units:

Comment:

eTreatment Type:  Rx Status:

Drug Form: TABLET

Clicking on the first option

Note the extra box – special instructions can be added here.

Examples: Please blister pack. Daily dispense. Please sync refills. Titration or weaning instructions. Refill interval \*\*

A semi-colon in the special instruction area creates a line-feed.

\*\* required for opiates, benzo, stimulants, etc.



## Advanced Prescriptions: Favourite drug list and additional information

Name:  [less](#) [F](#) [X](#)

**Allergy:** PENICILLINS **Reaction:** **Severity:** Severe

**Instructions:**  \* ?

Qty/Mitte:  Units:  Repeats:   Long

Term Med

Ingredient: PENICILLIN V POTASSIUM 300.0MG Strength: 300.0 MG

Method: Take Route: po Frequency: tid Min: 1 Max: 1 Duration: 7 DurationUnit: D Qty/Mitte: 21 Units:

Refill: Duration  days Quantity

Dispense Interval

Prescribed by Outside Provider

Past Medication  Patient Compliance: Yes  No

Non-Authoritative  No Substitutions

Start Date:  Last Refill Date:

Written Date:

Comment:

eTreatment Type: -- Rx Status: --

Drug Form: TABLET

Drug Name:

Setting the dispense interval doesn't seem to translate to the Rx.

Triggering the outside provider doesn't display the info anywhere but here.

Adding no substitution doesn't transfer to the Rx.

**So..... Add those details to the Special Instructions.**

Favourites can be useful though!



## Advanced Prescriptions: Favourites!

Name:  [more F X](#)

**Allergy: PENICILLINS Reaction: Severity: Severe**

[Instructions:](#)  \* ?

Qty/Mitte:  Units:  Repeats:   Long

Term Med

Ingredient: PENICILLIN V POTASSIUM 300.0MG Strength: 300.0 MG

Method:Take Route:po Frequency:tid Min:1 Max:1 Duration:7 DurationUnit:D Qty/Mitte:21 Units:

Comment:

Name:  [more F X](#)

**Allergy: PENICILLINS Reaction: Severity: Severe**

[Instructions:](#)  \* ?

Qty/Mitte:  Units:  Repeats:   Long

Term Med

Ingredient: PENICILLIN V POTASSIUM 300.0MG Strength: 300.0 MG

Method:Take Route:po Frequency:tid Min:1 Max:1 Duration:7 DurationUnit:D Qty/Mitte:21 Units:

Comment:

eTreatment Type: -- Rx Status: --

Drug Form: TABLET

Drug Name:

Patient Drug Profile [Print](#) [Re](#) [DS run](#)

Profile Legend: \* Current [All](#) [Active](#) [Expired](#) [Longterm/Acute](#) [Longterm/Acute/Inactive/External](#)

Hint: use a condition tag rather than the drug name.

Example: Shingles, Cold Sore, Shingrix.

Very useful for puffers, sprays, creams, etc.

ooscar.newwestfp.com:8443

Please enter a name for the Favorite:



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## Advanced Prescriptions: Edit Favourite Drug list

Favorite Name:  [Save Changes](#) [Delete Favorite](#)

Brand Name: FLAGYL 500MG      Generic Name: METRONIDAZOLE 500.0MG

Take:  to   For:        Quantity:       Units:       Repeats:       No Subs:       PRN:

Special Instructions:

Dispense Internally:

Get it right the first time, or delete and redo?



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## Advanced Prescriptions: Sharing Favourite Drug list??

psychiatric, depression after divorce etc.

Favorites [edit](#) [copy](#)

[ACLASTA](#)

[Acne - TACTUO Pump](#)

[ADACEL](#)

[ADACEL](#)

[ADVAIR 250 DISKUS](#)

If you figure out how it works,  
please tell us!

The screenshot shows the oscarRx interface. At the top, the breadcrumb trail is "Step 1 Search For Drug > Copy Favorites". Below this is a "Back to Search For Drug" button. The main heading is "Choose provider who share the favorites". A dropdown menu is open, showing "Select Provider" with a checkmark and "Hamami R2, Hannah". To the right of the dropdown is a "Copy to my Favorites" button. At the bottom, there is a "Your Favorite Share Setting" section with radio buttons for "Share My Favorites" (selected) and "Won't Share", followed by an "Update" button and another "Back to Search For Drug" button. The breadcrumb trail at the bottom is "Step 1 Search For Drug > Copy Favorites > Setting".



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## Advanced Prescriptions: Colour coding – based on prescription DURATION

### Prescriptions

What do the colour of the Medications signify?

- **ORANGE** indicates active drugs expiring within 30 days
- **BLUE** indicates active drugs expiring over 30 days
- **GREY** indicate long term meds that have expired

**Medications** +  
**PENICILLIN V 300MG TABLET T**  
RAMIPRIL 10MG CAPSULE Take 1 T  
ASA 81 MG Take 1 Tabs PO OD for

Drug Name:  Search CustomDrug Note Reset DrugOfChoice  
Save And Print Save

Patient Drug Profile [Print](#) [Reprint](#) [Rescribe Long Term Meds](#) [Timeline Drug Profile](#) [DS run](#)

[Profile Legend: \\*](#) [Current](#) [All](#) [Active](#) [Expired](#) [Longterm/Acute](#) [Longterm/Acute/Inactive/External](#)

Click on Profile Legend for pop-up reminder.



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## Advanced Prescriptions: Colour coding – Profile Legend

Take note of the display options:

Current is the default. If you cannot find an expected drug, click All.

Or Ctrl/Cmd-F and search by name, using All display.

Profile Legend: \* [Current](#) [All](#) [Active](#) [Expired](#) [Longterm/Acute](#) [Longterm/Acute/Inactive/External](#)

| Entered Date               | Start Date                 | Days to Exp | LT Med |   | Hide from CPP                |
|----------------------------|----------------------------|-------------|--------|---|------------------------------|
| <a href="#">2018-05-31</a> | <a href="#">2018-02-21</a> | 0           | *      | <a href="#">Drug that is current</a><br><a href="#">Drug that is archived</a><br><a href="#">Drug that is current but will expire within the reference range</a><br><a href="#">Drug that is expired</a><br><a href="#">Long Term Med Drug</a><br><a href="#">Discontinued Drug</a><br><a href="#">Prescribed by an outside provider</a><br><br><a href="#">Close</a> | <input type="checkbox"/> ▼   |
| <a href="#">2018-04-20</a> | <a href="#">2018-04-20</a> | 0           | L      |   | <input type="checkbox"/> ▼ ▲ |
| <a href="#">2018-03-05</a> | <a href="#">2018-03-05</a> | 0           | L      |   | <input type="checkbox"/> ▼ ▲ |
| <a href="#">2018-02-21</a> | <a href="#">2018-02-21</a> | 0           | L      |   | <input type="checkbox"/> ▼ ▲ |
| <a href="#">2018-01-11</a> | <a href="#">2018-01-11</a> | 0           | L      | <a href="#">DICLOFENAC SODIUM 0.1% LIQUID</a> apply 4 daily to affected area(s) Qty:50 g <input type="checkbox"/> <a href="#">ReRX</a> <a href="#">Del</a> <a href="#">Discon</a> <input type="checkbox"/> <a href="#">no</a> <input type="checkbox"/> <a href="#">local</a>  | <input type="checkbox"/> ▼ ▲ |





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## Advanced Prescriptions: Custom Drug – last resort?

### Prescriptions

#### Custom Drugs

useful for...

new drugs (not yet in database)

non-drug prescriptions (orthotics, compression stockings, exercise)

---

Drug Name:

Search  Note

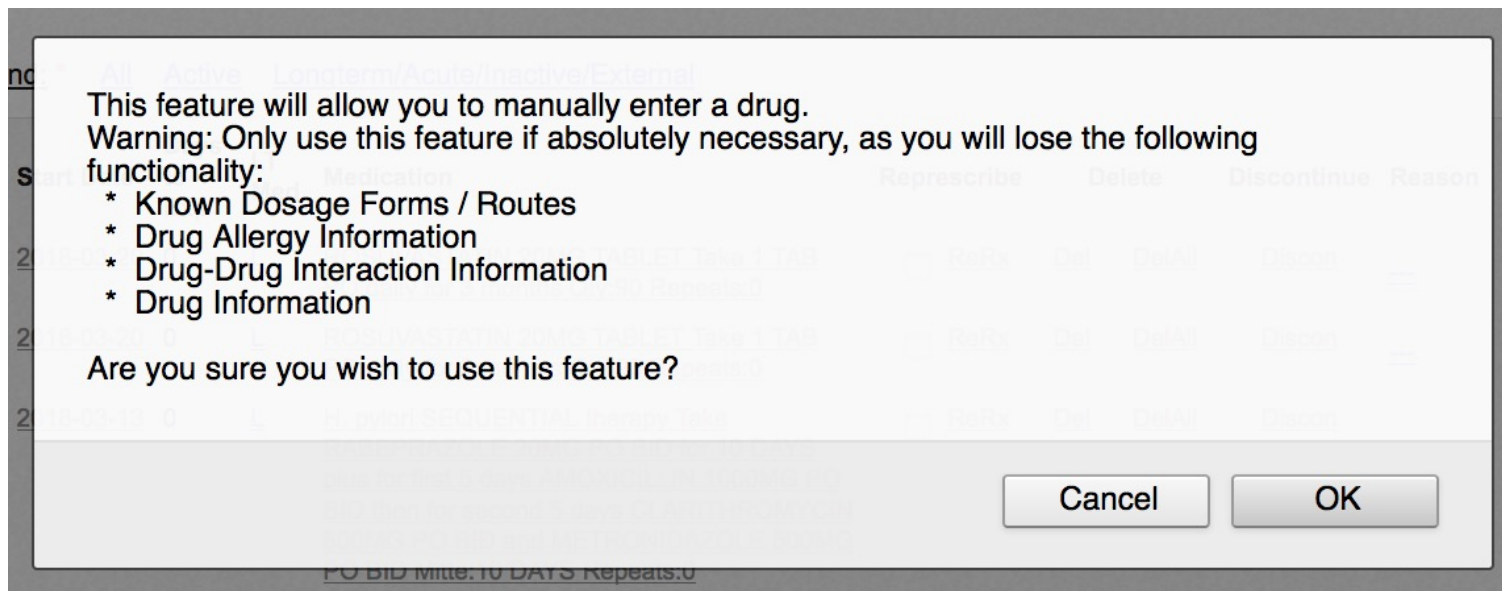
**Caution** – there is no allergy or drug interaction testing with Custom Drugs (these features are based on DIN).



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## Advanced Prescriptions: Custom Drug warning!



**HINT:** add the custom drug to your Favourites List.



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## Advanced Prescriptions: Custom Drug – Exercise Prescription!

### Prescriptions

Write your prescription (hint: use ';' symbol for line breaks)

|               |  |   |
|---------------|--|---|
| Name:         | EXERCISE PRESCRIPTION  | <a href="#">more</a> x                            |
| Instructions: | Frequency: 5 days/week; Intensity: moderate to vigorous (i.e. ca) ?          |   |
| Qty/Mitte1:   | 365 days   | Repeats: 5 <input type="checkbox"/> Long Term Med |
| Method:       | Route: Frequency: Min:0 Max:0 Duration:365 DurationUnit:D Qty/Mitte:365 days |   |

Frequency: 5 days/week;

Intensity: moderate to vigorous (i.e. can converse without being overly short of breath);

Time: 30 mins per day;

Type: Aerobic 3 days/week, Resistance 2 days/week;

Please watch video at: <http://tinyurl.com/couchp22>

**\*\*Remember to click "more" and make it a Favorites\*\***




# OSCAR BC

Connecting Care • Creating Community

## Advanced Prescriptions: Exercise Rx

**Drug Name:**  
EXERCISE PRESCRIPTION

**Special Instructions:**  
Frequency: 5 days/week;  
Intensity: moderate to vigorous (i.e. can converse without being overly short of breath);  
Time: 30 mins per day;  
Type: Aerobic 3 days/week, Resistance 2 days/week;  
Please watch video at: <http://tinyurl.com/couchp22>

|  |  |
|--|--|
|    | <b>Dr. Herbert Y.C. Chang</b><br>Tri-City Family Practice<br>142-3000 Lougheed Highway<br>Coquitlam B.C. V3B 1C5<br>Tel: 604-945-0100<br>Fax: 604-945-0171 |
|  | <b>June 19, 2018</b><br>JOHN E TEST ROTUND DOB:Jun 15, 1946<br>1234 TEST DRIVE<br>COQUITLAM, BC H0H 0H0<br>888-945-home<br><b>Health Ins.#9654321987</b>   |
| EXERCISE PRESCRIPTION<br>Frequency: 5 days/week<br>Intensity: moderate to vigorous (i.e. can converse without being overly short of breath)<br>Time: 30 mins per day<br>Type: Aerobic 3 days/week, Resistance 2 days/week<br>Please watch video at: <a href="http://tinyurl.com/couchp22">http://tinyurl.com/couchp22</a><br>Qty:365 Repeats:5 |  |



## Advanced Prescriptions: Long-term/Short-term, housekeeping

Patient Drug Profile [Print](#) [Reprint](#) [Rescribe Long Term Meds](#) [Timeline Drug Profile](#) [DS run](#)

Profile Legend: \* Current [All](#) [Active](#) [Expired](#) [Longterm/Acute](#) [Longterm/Acute/Inactive/External](#)

| <input type="checkbox"/> | Entered Date | Start Date | Days to Exp | LT Med | Medication  | Rescribe             | Delete              | Discontinue            | Reason                 |
|--------------------------|--------------|------------|-------------|--------|---|----------------------|---------------------|------------------------|------------------------|
| <input type="checkbox"/> | 2021-11-17   | 2021-11-17 | 0           | yes    | <a href="#">HYDROMORPH CONTIN 18 MG CAP Take 1 tab po bid for 30 days Qty:60 Repeats:0</a>                    | <a href="#">ReRx</a> | <a href="#">Del</a> | <a href="#">DelAll</a> | <a href="#">Discon</a> |
| <input type="checkbox"/> | 2021-10-12   | 2021-10-12 | 0           | no     | <a href="#">CLONAZEPAM 0.5 MG TABLET Take 1 tab po bid prn for 30 days Qty:60 tab Repeats:0</a>               | <a href="#">ReRx</a> | <a href="#">Del</a> | <a href="#">DelAll</a> | <a href="#">Discon</a> |
| <input type="checkbox"/> | 2021-07-21   | 2021-07-21 | 0           | no     | <a href="#">CEPHALEXIN 250 MG CAPSULE Take 1 cap po qid for 7 days For acute tonsillitis Qty:28 Repeats:0</a> | <a href="#">ReRx</a> | <a href="#">Del</a> | <a href="#">DelAll</a> | <a href="#">Discon</a> |
| <input type="checkbox"/> | 2021-07-20   | 2021-07-20 | 0           | no     | <a href="#">RAMIPRIL 10 MG CAPSULE Take 1 cap po daily Qty:0 Repeats:0</a>                                    | <a href="#">ReRx</a> | <a href="#">Del</a> | <a href="#">DelAll</a> | <a href="#">Discon</a> |
| <input type="checkbox"/> | 2021-07-20   | 2021-07-20 | 0           | no     | <a href="#">EFFEXOR XR 150 MG CAPSULE Take 1 cap po daily Qty:0 Repeats:0</a>                                 | <a href="#">ReRx</a> | <a href="#">Del</a> | <a href="#">DelAll</a> | <a href="#">Discon</a> |
| <input type="checkbox"/> | 2021-04-30   | 2021-04-30 | 0           | no     | <a href="#">RAMIPRIL 10MG Take 1 cap po daily 12 weeks Qty:84 cap Repeats:2</a>                               | <a href="#">ReRx</a> | <a href="#">Del</a> | <a href="#">DelAll</a> | <a href="#">Discon</a> |
| <input type="checkbox"/> | 2021-04-30   | 2021-04-30 | 0           | yes    | <a href="#">FLONASE - AEM-SUS NAS 50MCG/MD Use 1 spray bid prn for 30 days Qty:1 bottle Repeats:3</a>         | <a href="#">ReRx</a> | <a href="#">Del</a> | <a href="#">DelAll</a> | <a href="#">Discon</a> |
| <input type="checkbox"/> | 2021-04-30   | 2021-04-30 | 0           | no     | <a href="#">METFORMIN 500 MG TABLET Take 1 tab po bid 10 days Qty:20 tab Repeats:1</a>                        | <a href="#">ReRx</a> | <a href="#">Del</a> | <a href="#">DelAll</a> | <a href="#">Discon</a> |
| <input type="checkbox"/> | 2021-03-28   | 2021-03-28 | 0           | no     | <a href="#">RAMIPRIL 5.0MG CAPSULE Discontinue Qty:0 Repeats:0</a>  | <a href="#">ReRx</a> | <a href="#">Del</a> | <a href="#">DelAll</a> | <a href="#">Discon</a> |

1. Rescribe LT meds is equivalent to + on eCHART page.
2. Click on LT/Acute display view to easily see and sort.
3. Click on LT Med to toggle status \*
4. LT meds “stick” to drug listed in eFORMS and Consults
5. Discontinue a drug – if you are no longer using it. Keep your list up to date!
6. Reprint an existing Rx (see later)

\* Some older versions of OSCAR do not toggle. LT status must be de-activated by rescribing the drug, and unchecking the LT checkbox.

--Patient Name: JOHNNY ROTUND Age: 75 Preferred Pharmacy: London Drugs 3 New Westminster

Name:  [more](#) [E](#) [X](#)  
 No allergy to drug matched with patient profile. Please review patient allergies to ensure accuracy.

Instructions:  ?

Qty/Mitte:  Units:  Repeats:   Long

Term Med  
 Ingredient: HYDROMORPHONE HCL 18.0MG Strength: 18.0 MG  
 Method:Take Route: po Frequency: bid Min: 1 Max: 1 Duration: 30 DurationUnit: D Qty/Mitte: 60 Units:



# OSCAR BC

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## Advanced Prescriptions: Housekeeping – “Discontinue”

Discontinue :HYDROMORPH CONTIN 18 MG CAP Take 1 tab po bid for 30 days Qty:60  
Repeats:0

Reason: Adverse reaction

Comment:

Cancel Discontinue

Pick the relevant reason for stopping the drug.  
Add helpful details comment section.

An entry is added to the eCHART progress note  
for your future reference.

Discontinue :HYDROMORPH CONTIN 18 MG CAP Take 1 tab po bid for 30 days Qty:60  
Repeats:0

Reason: Adverse reaction

- ✓ Adverse reaction
- Allergy
- Cost
- Discontinued by another physician
- Dose change
- Drug interaction
- Increased risk:benefit ratio
- Ineffective treatment
- New scientific evidence
- No longer necessary
- Entered in Error
- Patient request
- Prescribing error
- Simplifying treatment
- Unknown
- Other



## Advanced Prescriptions: Bad housekeeping

-Patient Name: JOHNNY ROTUND Age: 75 Preferred Pharmacy: London Drugs 3 New Westminster

Drug Name:  Search CustomDrug Note Reset DrugOfChoice Save And Print Save

Patient Drug Profile [Print](#) [Reprint](#) [Rescribe](#) [Long Term Meds](#) [Timeline Drug Profile](#) [DS run](#)

Profile Legend: [Current](#) [All](#) [Active](#) [Expired](#) [Longterm/Acute](#) [Longterm/Acute/Inactive/External](#)

| Entered Date             | Start Date | Days to Exp | LT Med | Medication | Rescribe  | Delete | Discontinue | Reason | Pa Me  |   |    |
|--------------------------|------------|-------------|--------|------------|---|--------|-------------|--------|--------|---|----|
| <input type="checkbox"/> | 2021-11-17 | 2021-11-17  | 0      | yes        | HYDROMORPH CONTIN 18 MG CAP Take 1 tab po bid for 30 days Qty:60 Repeats:0                    | ReRx   | Del         | DelAll | Discon | ± | nc |
| <input type="checkbox"/> | 2021-10-12 | 2021-10-12  | 0      | no         | CLONAZEPAM 0.5 MG TABLET Take 1 tab po bid prn for 30 days Qty:60 tab Repeats:0               | ReRx   | Del         | DelAll | Discon | ± | nc |
| <input type="checkbox"/> | 2021-07-21 | 2021-07-21  | 0      | no         | CEPHALEXIN 250 MG CAPSULE Take 1 cap po qid for 7 days For acute tonsillitis Qty:28 Repeats:0 | ReRx   | Del         | DelAll | Discon | ± | nc |
| <input type="checkbox"/> | 2021-07-20 | 2021-07-20  | 0      | no         | RAMIPRIL 10 MG CAPSULE Take 1 cap po daily Qty:0 Repeats:0                                    | ReRx   | Del         | DelAll | Discon | ± | nc |
| <input type="checkbox"/> | 2021-07-20 | 2021-07-20  | 0      | no         | EFFEXOR XR 150 MG CAPSULE Take 1 cap po daily Qty:0 Repeats:0                                 | ReRx   | Del         | DelAll | Discon | ± | nc |
| <input type="checkbox"/> | 2021-04-30 | 2021-04-30  | 0      | no         | RAMIPRIL 10MG Take 1 cap po daily 2 weeks Qty:84 cap Repeats:2                                | ReRx   | Del         | DelAll | Discon | ± | nc |
| <input type="checkbox"/> | 2021-04-30 | 2021-04-30  | 0      | yes        | FLOXASE - AEM-SUS NAS 50MCG/MD Use 1 spray bid prn for 30 days Qty:1 bottle Repeats:3         | ReRx   | Del         | DelAll | Discon | ± | nc |
| <input type="checkbox"/> | 2021-04-30 | 2021-04-30  | 0      | no         | METFORMIN 500 MG TABLET Take 1 tab po bid 10 days Qty:20 tab Repeats:1                        | ReRx   | Del         | DelAll | Discon | ± | nc |

These Rx should have run out, but have been labelled LT.

So they end up pasted into the consult module.

Current Medications: [Other Meds](#) [Medications](#) [Long Term Medications](#)

HYDROMORPH CONTIN 18 MG CAP Take 1 tab po bid for 30 days Qty:60 Repeats:0  
 FLOXASE - AEM-SUS NAS 50MCG/MD Use 1 spray bid prn for 30 days Qty:1 bottle Repeats:3  
 ALISKIREN 150 MG-HYDROCHLOROTHIAZIDE 25 MG TABLET Take 1 tab po daily for 30 days Qty:30 TABLET Repeats:0

Allergies: [Allergies](#)



## Advanced Prescriptions: more housekeeping!

**-Patient Name:** JOHNNY ROTUND **Age:** 75 **Preferred Pharmacy:** London Drugs 3 New Westminster

Name:  [more](#) [F](#) [X](#)  
 No allergy to drug matched with patient profile. Please review patient allergies to ensure accuracy.

**Instructions:**  [?](#)

Qty/Mitte:  Units:  Repeats:   Long

Term Med  
 Ingredient: BISOPROLOL FUMARATE 5.0MG Strength: 5.0 MG  
 Method: Take Route: po Frequency: OD Min: 1 Max: 1 Duration: 0 DurationUnit: D Qty/Mitte: 0 Units:  
 Comment:   
 eTreatment Type:  Rx Status:   
 Drug Form: TABLET

---

Name:  [more](#) [F](#) [X](#)  
 No allergy to drug matched with patient profile. Please review patient allergies to ensure accuracy.

**Instructions:**  [?](#)

Qty/Mitte:  Units:  Repeats:   Long

Term Med  
 Ingredient: TIOTROPIUM BROMIDE 2.5MCG Strength: 2.5 MCG  
 Method: Route: Frequency: Min: 0 Max: 0 Duration: null DurationUnit: Qty/Mitte: 0 Units:  
 Comment:   
 eTreatment Type:  Rx Status:   
 Drug Form: MIST INHALER

**GOAL:** create the most up-to-date, accurate Rx list possible.

Rx from another MD? Add to the list! **Click SAVE**, not Save and Print.

Sample provided – make note. It will be easier to rescribe later if needed. Plus you (and your partners) will know **EXACTLY** what was provided.

Medication stopped by specialist – **DISCONTINUE** it properly.

**Discontinue :CLONAZEPAM 0.5 MG TABLET Take 1 tab po bid prn for 30 days Qty:60 tab Repeats:0**

Reason:

Comment:

- Adverse reaction
- Allergy
- Cost
- Discontinued by another physician
- Dose change
- Drug interaction
- Increased risk:benefit ratio
- Ineffective treatment
- New scientific evidence





## Advanced Prescriptions: REPRINT – “I lost my Rx”

–Patient Name: JOHNNY ROTUND Age: 75 Preferred Pharmacy: London Drugs 3 New Westminster First Databank Serv

Drug Name:

Patient Drug Profile [Print](#) [Reprint](#) [Rescribe](#) [Long Term Meds](#) [Timeline Drug Profile](#) [DS run](#)

Profile Legend: \* Current [All](#) [Active](#) [Expired](#) [Longterm/Acute](#) [Longterm/Acute/Inactive/External](#)

| <input type="checkbox"/> | Entered Date | Start Date | Days to Exp | LT Med | Medication  | Rescribe | Delete | Discontinue | Reason | Past Med |    |
|--------------------------|--------------|------------|-------------|--------|---|----------|--------|-------------|--------|----------|----|
| <input type="checkbox"/> | 2021-11-17   | 2021-11-17 | 0           | yes    | HYDROMORPH CONTIN 18 MG CAP Take 1 tab po bid for 30 days Qty:60 Repeats:0                    | ReRx     | Del    | DelAll      | Discon | ±        | no |
| <input type="checkbox"/> | 2021-10-12   | 2021-10-12 | 0           | no     | CLONAZEPAM 0.5 MG TABLET Take 1 tab po bid pm for 30 days Qty:60 tab Repeats:0                | ReRx     | Del    | DelAll      | Discon | ±        | no |
| <input type="checkbox"/> | 2021-07-21   | 2021-07-21 | 0           | no     | CEPHALEXIN 250 MG CAPSULE Take 1 cap po old for 7 days For acute tonsillitis Qty:28 Repeats:0 | ReRx     | Del    | DelAll      | Discon | ±        | no |
| <input type="checkbox"/> | 2021-07-20   | 2021-07-20 | 0           | no     | RAMIPRIL 10 MG CAPSULE Take 1 cap po daily Qty:0 Repeats:0                                    | ReRx     | Del    | DelAll      | Discon | ±        | no |

Under the right circumstances, it may be reasonable to reprint an existing Rx. This will retain key information (original Rx date, special instructions), but not the comments, nor your signature.\* Additionally, you cannot paste the reprinted Rx into the eCHART.

**HINT:** always make a reference in eCHART that a Rx was reprinted, and why. AUDIT trails are critical.



# OSCAR BC

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## Advanced Prescriptions: REPRINT continued

**–Patient Name:** JOHNNY ROTUND **Age:** 75 **Preferred Pharmacy:** London Drugs 3 New Westminster First Databank

Drug Name:  Search CustomDrug Note Reset DrugOfChoice  
Save And Print Save

**Patient Drug Profile** [Print](#) [Reprint](#) [Rescribe Long Term Meds](#) [Timeline Drug Profile](#) [DS run](#)

|            |                          |  |
|------------|--------------------------|--|
| 2021-11-17 | <a href="#">1 Prints</a> | <a href="#">HYDROMORPH CONTIN 18 MG CAP 1 bid 30 Days 60 Qty Repeats: 0</a>      |
| 2021-10-12 | <a href="#">1 Prints</a> | <a href="#">HYDROMORPH CONTIN 18 MG CAP 1 bid 30 Days 60 Qty Repeats: 0</a>      |
| 2021-10-12 | <a href="#">1 Prints</a> | <a href="#">CLONAZEPAM 0.5 MG TABLET 1 bid PRN 30 Days 60 tab Qty Repeats: 0</a> |

**Profile Legend:** \* [Current](#) [All](#) [Active](#) [Expired](#) [Longterm/Acute](#) [Longterm/Acute/Inactive/External](#)

| <input type="checkbox"/> | Entered Date | Start Date | Days to Exp | LT Med | Medication  | Rescribe             | Delete                                     | Discontinue            | Reason | Past Med |
|--------------------------|--------------|------------|-------------|--------|---|----------------------|--|------------------------|--------|----------|
| <input type="checkbox"/> | 2021-11-17   | 2021-11-17 | 0           | yes    | <a href="#">HYDROMORPH CONTIN 18 MG CAP Take 1 tab po bid for 30 days Qty:60 Repeats:0</a>                    | <a href="#">ReRx</a> | <a href="#">Del</a> <a href="#">DelAll</a> | <a href="#">Discon</a> | ±      | no       |
| <input type="checkbox"/> | 2021-10-12   | 2021-10-12 | 0           | no     | <a href="#">CLONAZEPAM 0.5 MG TABLET Take 1 tab po bid prn for 30 days Qty:60 tab Repeats:0</a>               | <a href="#">ReRx</a> | <a href="#">Del</a> <a href="#">DelAll</a> | <a href="#">Discon</a> | ±      | no       |
| <input type="checkbox"/> | 2021-07-21   | 2021-07-21 | 0           | no     | <a href="#">CEPHALEXIN 250 MG CAPSULE Take 1 cap po qid for 7 days For acute tonsillitis Qty:28 Repeats:0</a> | <a href="#">ReRx</a> | <a href="#">Del</a> <a href="#">DelAll</a> | <a href="#">Discon</a> | ±      | no       |

Where did the other Hydromorph Contin Rx come from?!

Change view – to All.



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## Advanced Prescriptions: REPRINT continued

[Save this Print](#) | [Close](#)

Patient Drug Profile [Print](#) [Reprint](#) [Rescribe Long Term Meds](#) [Timeline Drug Profile](#) [DS run](#)

|            |                          |  |
|------------|--------------------------|--|
| 2021-11-17 | <a href="#">1 Prints</a> | <a href="#">HYDROMORPH CONTIN 18 MG CAP 1 bid 30 Days 60 Qty Repeats: 0</a>      |
| 2021-10-12 | <a href="#">1 Prints</a> | <a href="#">HYDROMORPH CONTIN 18 MG CAP 1 bid 30 Days 60 Qty Repeats: 0</a>      |
| 2021-10-12 | <a href="#">1 Prints</a> | <a href="#">CLONAZEPAM 0.5 MG TABLET 1 bid PRN 30 Days 60 tab Qty Repeats: 0</a> |

Profile Legend: \* [Current](#) [All](#) [Active](#) [Expired](#) [Longterm/Acute](#) [Longterm/Acute/Inactive/External](#)

| <input type="checkbox"/> | Entered Date | Start Date | Days to Exp | LT Med | Medication  | Rescribe             | Delete                                     | Discontinue            | Reason | Past Med | Location Prescribed | Hide from CPP            |
|--------------------------|--------------|------------|-------------|--------|---|----------------------|--|------------------------|--------|----------|---------------------|--------------------------|
| <input type="checkbox"/> | 2021-11-17   | 2021-11-17 | 0           | yes    | <a href="#">HYDROMORPH CONTIN 18 MG CAP Take 1 tab po bid for 30 days Qty:60 Repeats:0</a>      | <a href="#">ReRx</a> | <a href="#">Del</a> <a href="#">DelAll</a> | <a href="#">Discon</a> | ±      | no       | Yap, John C.P.      | <input type="checkbox"/> |
| <input type="checkbox"/> | 2021-10-12   | 2021-10-12 | 0           | no     | <a href="#">CLONAZEPAM 0.5 MG TABLET Take 1 tab po bid prn for 30 days Qty:60 tab Repeats:0</a> | <a href="#">ReRx</a> | <a href="#">Del</a> <a href="#">DelAll</a> | <a href="#">Discon</a> | ±      | no       | Yap, John C.P.      | <input type="checkbox"/> |
| <input type="checkbox"/> | 2021-10-12   | 2021-10-12 | 0           | yes    | <a href="#">HYDROMORPH CONTIN 18 MG CAP Take 1 tab po bid for 30 days Qty:60 Repeats:0</a>      | <a href="#">ReRx</a> | <a href="#">Del</a> <a href="#">DelAll</a> | represcribed           | ±      | no       | Yap, John C.P.      | <input type="checkbox"/> |
| <input type="checkbox"/> | 2021-07-21   | 2021-07-21 | 0           | yes    | <a href="#">HYDROMORPH CONTIN 18 MG CAP Take 1 tab po bid for 30 days Qty:60 Repeats:0</a>      | <a href="#">ReRx</a> | <a href="#">Del</a> <a href="#">DelAll</a> | represcribed           | ±      | no       | Yap, John C.P.      | <input type="checkbox"/> |
| <input type="checkbox"/> | 2021-07-21   | 2021-07-21 | 0           | no     | <a href="#">CLONAZEPAM 0.5 MG TABLET Take 1 tab po bid</a>                                      | <a href="#">ReRx</a> | <a href="#">Del</a> <a href="#">DelAll</a> | represcribed           | ±      | no       | Yap, John C.P.      | <input type="checkbox"/> |

The number of times a prescription is reprinted is tallied. Even if you LOOK at it, and do not print, it will count up one. So don't be curious!

It is not as easy to determine **WHO** reprinted or **WHY** – so make that clear in your eCHART notes.



## Advanced Prescriptions: REPRINT continued

—Patient Name: JOHNNY ROTUND Age: 75 Preferred Pharmacy:

|   |  |
|---|--|
|   | <b>Dr. John C.P. Yap</b><br>New Westminster Family Practice<br>Suite 242 - 610 Sixth St<br>New Westminster BC V3L3C2<br>Pract. No.:11701<br>Tel: 604-521-8522        |
|   | <b>Written Date: November 17, 2021</b><br>JOHNNY ROTUND DOB:Jun 15, 1946<br>123 Main Street<br>Vancouver, BC V5Z1S9<br>604-945-1234<br><b>Health Ins.#9654321987</b> |
| HYDROMORPH CONTIN 18 MG CAP<br>Take 1 tab po bid for 30 days<br>Qty:60 Repeats:0        |  |
| Rx Time: 9:06:52 p.m. Fax to London Drugs 3. Fax and mail; folio 123456789              |  |
| Signature:  |  |
| <b>Requesting: Dr. John C.P. Yap (11701)</b>  |  |
| <small>Originally Printed: 2021-11-17 Reprint by John C.P. Yap Times Printed: 2</small> |  |
| <small>Created by: OSCAR The open-source EMR www.oscarcanada.org</small>                |  |

### Actions

Print PDF  
Size: A4 page

Print  
Print & Paste Into EMR  
 Print full page

Create New Prescription

Close Window

Add Pharmacy Info

### Additional Notes to add to Rx

### Drug Information

[HYDROMORPHONE HCL 18.0MG \(HYDROMORPH CONTIN 18 MG CAP\)](#)

1. Use “PRINT”, not “Print Full Page”
2. Note that Print & Paste is ghosted out.
3. Comments are retained, but will be overwritten if you enter new “Additional Notes”.
4. You may still add Pharmacy Info if needed.
5. Your signature may not be retained – may have to redraw \*
6. Note time stamp, and Duplicate Rx details.



# OSCAR BC

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## Advanced Prescriptions: Virtual Rx'ing – it's a signature thing...and more!

**Rule #1:** eMailed Rx (to patient) are not acceptable!

<https://www.cpsbc.ca/news/publications/college-connector/2020-V08-06/04>

**Rule #2:** make it authentic with a signature? The Pharmacist's perspective.

<https://www.bcpharmacists.org/readlinks/prp-insights-electronic-signatures-clarified>

**Rule #3:** signature stamp - CPSBC perspective.



# OSCAR BC

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## Advanced Prescriptions: Virtual Rx'ing – continued

**Rule #2:** The Pharmacist's perspective - continued.

<https://www.bcpharmacists.org/readlinks/prp-insights-electronic-signatures-clarified>

- 2. **A saved digital image of a practitioner's signature or other identifier adopted for the purposes of signing a record that is applied to a prescription using a method that is secure and only reproducible by that practitioner**

So we just have to make the Rx unique enough so the pharmacy can easily authenticate it.

Pharmacists are expected to use their **PROFESSIONAL JUDGEMENT** to assess for authenticity!

### TAKE HOME MESSAGE FOR PRACTITIONER SIGNATURES

Regardless of the method used to sign a prescription, there is always a risk of forged signatures. Although the presence of a signature helps registrants assess the authenticity of a prescription, it does not always guarantee it. Registrants are expected to use their professional judgement when evaluating the legitimacy of a prescription authorization. If there are any doubts or uncertainty around whether a prescription was authentically generated by the indicated practitioner, appropriate due diligence would be expected by the registrant. In these cases, the registrant must contact the practitioner to verify authenticity prior to dispensing and document the resulting discussions accordingly.



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## Advanced Prescriptions: Virtual Rx'ing – continued.

**Rule #3:** signature stamp - CPSBC perspective. College rules – circa 2014 – no longer posted. See eMail reply Jan 2021.

Drug Programs <drugprograms@cpsbc.ca>  
to me ▾

Jan 14, 2021, 2:29 PM ★ ↶ ⋮

Dear Dr. Yap,

Thank you for your email.

Health Canada considers a unique electronic signature equivalent to a paper and pen signature; therefore, the signature must be a fresh new signature written on the prescription with an electronic pen pad, like signing a pen and paper prescription. Cutting and pasting a signature into an electronic prescription is not permitted. The College of Pharmacists of BC (CPBC) follows this guidance from Health Canada and requires their registrants to compare electronic signatures with old prescriptions to ensure they are slightly different or unique.

In addition, the Pharmacy Operations and Drug Scheduling Act (PODSA) Bylaws describe the following as acceptable forms of signature:

1) Pen-to-paper, physical signature in ink

2) Digital image of a signature with unique identifiers such as:

\*Date stamp

\*Time stamp

\*Password protection

Signature stamps or, identical copy-and-paste images of a signature that do not have unique identifiers, are not considered unique and cannot be used to authenticate a prescription order.

For additional information, please review the following:

Wet signature = unique signature (CPSBC): <https://www.cpsbc.ca/for-physicians/college-connector/2014-V02-02/05>

On Call - Accepting an Electronic Prescription (CPBC): <https://www.bcpharmacists.org/readlinks/call-accepting-electronic-prescription>

Covid-19 FAQs (CPBC): <https://www.bcpharmacists.org/covid19#FAQs>

Kind regards,

On behalf of the Drug Programs at the College of Physicians and Surgeons of British Columbia



# OSCAR BC

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## Advanced Prescriptions: Virtual Rx'ing – continued.

**Rule #3 continued:** CPSBC perspective update. Common sense prevails!

Dear Dr. Yap,

Apologies for the delayed response to your email.

You are correct that it is ultimately up to the pharmacist to determine if a prescription is valid and authentic. The bylaws pertaining to e-signatures fall under the purview of the College of Pharmacists of BC and the best advice we can offer at this point is to work with a pharmacist to confirm what they will accept for a prescription. We are very much looking forward to e-prescribing as well.

Please do not hesitate to get in touch if you have any questions or concerns.

...

It is much easier to authenticate a Rx that has a unique time stamp, than a unique signature – especially if the original signature is NOT retained.







## Advanced Prescriptions: Virtual Rx'ing – continued.

Rule #3 continued: Yes – it's authentic!

—Patient Name: JOHNNY ROTUND, Age: 75, Preferred Pharmacy:

|   |   |
|---|---|
|              | <b>Dr. John C.P. Yap</b><br>New Westminster Family Practice<br>Suite 242 - 610 Sixth St<br>New Westminster BC V3L3C2<br>Pract. No.:11701<br>Tel: 604-521-8522 |
| <b>Written Date: November 17, 2021</b>  |   |
| JOHNNY ROTUND DOB:Jun 15, 1946<br>123 Main Street<br>Vancouver, BC V5Z1S9<br>604-945-1234     |   |
| <b>Health Ins.#9654321987</b>   |   |
| HYDROMORPH CONTIN 18 MG CAP<br>Take 1 tab po bid for 30 days<br>Qty:60 Repeats:0              |   |
| Rx Time: 9:06:52 p.m. Fax to London Drugs 3. Fax and mail; folio 123456789                    |   |
| Signature:  |   |
| Requesting: Dr. John C.P. Yap (11701)   |   |
| <small>Originally Printed: 2021-11-17 9:06:52 AM by John C.P. Yap Times Printed: 2</small>    |   |
| <small>Created by: OSCAR The open-source EHR www.oscarcanada.org</small>                      |   |

**Actions**

- Print PDF (Size: A4 page)
- Print
- Print & Paste into EHR
- Print full page
- Create New Prescription
- Close Window
- Add Pharmacy Info

**Additional Notes to add to Rx**

**Drug Information**

[HYDROMORPHONE HCL 18.0MG \(HYDROMORPH CONTIN 18 MG CAP\)](#)

[20-Nov-2021 :: Peer Mentoring]

Rx Time: 9:06:52 p.m.  
HYDROMORPH CONTIN 18 MG CAP Take 1 tab po bid for 30 days Qty:60 Repeats:0

Rx Time: 9:06:52 p.m. Fax to London Drugs 3. Fax and mail; folio 123456789

Call Msg re: TSH normal. Get Rx and recheck in 1 yr.  
[Signed on 19-Nov-2021 20:14 by Dr. John C.P. Yap]

Editors: Yap, John C.P.;  
Assigned Issues

Encounter Date: 17-Nov-2021 21:07 Rev 3  
Enc Type:

It is much easier to authenticate a Rx that has a unique time stamp, than a unique signature – especially if the original signature is NOT retained.



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## Advanced Prescriptions: Sending that Rx – options.

1. Do not eMAIL – see Rule #1
  2. In office visit – if the prescription is printed to paper, with a stamp signature – sign over it with PEN, preferably in different coloured ink. Time stamp not required.
  3. Fax – take advantage of the Preferred Pharmacy list \*
  4. Duplicate Rx – more effort needed!
    - A. Fax the Oscar Rx, with essential additional info details. **HINT:** add folio #
    - B. Create the Duplicate Rx (Hand write? Patient labels?).
    - C. Scan Duplicate Rx and fax that too.
    - D. Mail the original signed Duplicate Rx to pharmacy.
- The older version of this module is tricky to use due to creation of duplicates (or worse) and inability to delete erroneous entries. The newer version (WELL) is much improved. PRO View better still.
  - Use College of Pharmacist's list of community pharmacies  
<https://www.bcpharmacists.org/list-community-pharmacies>



## Advanced Prescriptions: Preferred Pharmacy (Classic View)

-Patient Name: ANDY TEST Age: 52 Preferred Pharmacy: London Drugs 25 Burnaby

Drug Name:  Search CustomDrug Note Reset DrugOfChoice

Patient Drug Profile [Print](#) [Reprint](#) [Rescribe](#) [Long Term Meds](#) [Tim](#)

Profile Legend: \* Current All Active Expired Longterm/Acute Longte

Preferred Pharmacy:
 

- ✓ London Drugs 25 Burnaby
- Pharmasave 20 New Westminster
- Safeway 4911 Burnaby

Searching under City - Westminster

Search Pharmacy  City:  Postal Code  Phone  Fax

Click on the Pharmacy you would like to associate with this patient.

| Preferred Pharmacies  | Pharmacy Name                  | Address                | City            | Postal Code | Phone          | Fax  |
|---|--------------------------------|------------------------|-----------------|-------------|----------------|--|
| Up Safeway 4911<br>4440 Hastings St, Burnaby BC<br>V5C2K2<br>Main Phone: 604-205-7497-2-3<br>Fax: 604-205-5876<br>Down <a href="#">View More</a>                      | Columbia Prescription X-Press  | 317 E Columbia Street  | New Westminster | V3L3W8      | 604-525-3784   | 604-525-3734 <a href="#">Edit</a> <a href="#">Delete</a> |
| Up Pharmasave 20<br>#103 - 625 Fifth Ave, New Westminster BC<br>V3M1X4<br>Main Phone: 604-526-2233<br>Fax: 604-526-2205<br>Down <a href="#">View More</a>             | Global Pharmacy                | 601 Queens Avenue      | New Westminster | V3M 1L1     | 6045241377     | 6045240328 <a href="#">Edit</a> <a href="#">Delete</a>   |
| Up London Drugs 25<br>101 - 9855 Austin Rd (Lougheed Mall), Burnaby BC<br>V3J1N4<br>Main Phone: 604-444-2222-1<br>Fax: 604-444-9988<br>Down <a href="#">View More</a> | Healthcare Pharmacy            | 866 - 12th St          | New Westminster | V3M 4K3     | 604-540-1325   | 604-540-4315 <a href="#">Edit</a> <a href="#">Delete</a> |
|   | Imperial Pharmacy              | 981 Carnarvon St       | New Westminster | V3M 1G2     | 604-523-6767   | 604-523-6768 <a href="#">Edit</a> <a href="#">Delete</a> |
|   | Indigo Pharmacy                | 447 E Columbia St.     | New Westminster | V3L 3X3     | 604-553-8996   | 604-553-8993 <a href="#">Edit</a> <a href="#">Delete</a> |
|   | London Drugs 3                 | 100 - 555 Sixth Street | New Westminster | V3L 5H1     | 604-524-1121-2 | 604-520-5417 <a href="#">Edit</a> <a href="#">Delete</a> |
|   | Longevity Compounding Pharmacy | 711 Columbia St        | New Westminster | V3M1B2      | 604-544-7760   | 604-544-7761 <a href="#">Edit</a> <a href="#">Delete</a> |
|   | Medicine Shoppe 142            | 413 E Columbia St      | New Westminster | V3L3X3      | 604-521-9313   | 604-521-9614 <a href="#">Edit</a> <a href="#">Delete</a> |
|   | PharmaChoice (New Westminster) | 25 Eighth Ave          | New Westminster | V3L1X6      | 604-525-2474   | 604-525-6286 <a href="#">Edit</a> <a href="#">Delete</a> |
|   | Pharmasave 20                  | #103 - 625 Fifth Ave   | New Westminster | V3M1X4      | 604-526-2233   | 604-526-2205 <a href="#">Edit</a> <a href="#">Delete</a> |

Move choices up or down to set priority.



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## Advanced Prescriptions: Preferred Pharmacy – Pro View

**TEST, ANDY**  
DOB: 1969-06-15 (52 y.) Gender: O Rostered: Test Dr. SUPPORT, OSP

[Manage Pharmacy](#)

Preferred Pharmacy: Safeway 4911

[Manage Prescriptions](#)

Drug Name:  [Custom Drug](#)

### Preferred Pharmacies

#### Manage Pharmacies

[Q](#)

| Pharmacy Name    | Address              | City            | Postal Code | Phone        | Fax          | Actions                              |
|------------------|----------------------|-----------------|-------------|--------------|--------------|--------------------------------------|
| 2 ★ Pharmsave 20 | #103 - 625 Fifth Ave | New Westminster | V3M1X4      | 604-526-2233 | 604-526-2205 | <a href="#">✎</a> <a href="#">🗑️</a> |

#### Other Pharmacies

| Pharmacy Name                   | Address               | City            | Postal Code | Phone          | Fax            | Actions                              |
|---------------------------------|-----------------------|-----------------|-------------|----------------|----------------|--------------------------------------|
| ★ Columbia Prescription X-Press | 317 E Columbia Street | New Westminster | V3L3W8      | 604-525-3784   | 604-525-3734   | <a href="#">✎</a> <a href="#">🗑️</a> |
| ★ Global Pharmacy               | 601 Queens Avenue     | New Westminster | V3M 1L1     | (604)-524-1377 | (604)-524-0328 | <a href="#">✎</a> <a href="#">🗑️</a> |



## Advanced Prescriptions: Duplicate Rx – eFORM solution?

CPSBC offers a different “format” to the DuplicateRx pad that reflects the increased use of EMRs.

This sample contains the physician’s name.

The paper stock is serialized, has office address.

BUT – no doctor’s name nor CPSID.

Anyone in the office can use this?!

| PERSONAL HEALTH NO.   |                 | PRESCRIBING DATE                                     |               |
|---|-----------------|--|---------------|
|   |                 | DAY  | MONTH YEAR    |
| PATIENT NAME  |                 |  |               |
| FIRST (GIVEN)   | MIDDLE /INITIAL | LAST (SURNAME)                                       |               |
| STREET  |                 |  |               |
| PATIENT ADDRESS   |                 | PROVINCE   | DATE OF BIRTH |
| CITY  |                 | DAY  | MONTH YEAR    |
| Rx: DRUG NAME AND STRENGTH ONLY ONE DRUG PER FORM VOID IF HANDWRITTEN   |                 |  |               |
| QUANTITY (IN UNITS)   |                 |  |               |
| NUMERIC   | ALPHA           |  |               |
| THIS AREA MUST BE COMPLETED IN FULL FOR OPIOID AGONIST TREATMENT (OAT)  |                 |  |               |
| START DATE:   |                 | END DATE:  |               |
| DAY   | MONTH YEAR      | DAY  | MONTH YEAR    |
| TOTAL DAILY DOSE  |                 | NUMBER OF DAYS PER WEEK OF DAILY WITNESSED INGESTION |               |
| NUMERIC   | ALPHA           | mg/day   | NUMERIC ALPHA |
| <input type="checkbox"/> NOT AUTHORIZED FOR DELIVERY  |                 |  |               |
| DIRECTION FOR USE, INDICATION FOR THERAPY, OR SPECIAL INSTRUCTIONS  |                 |  |               |
| NO REFILLS PERMITTED  |                 | PRESCRIBER'S SIGNATURE                               |               |
| VOID AFTER 5 DAYS UNLESS PRESCRIPTION IS FOR OAT  |                 |  |               |
| <small>PRESCRIBER'S CONTACT INFORMATION</small><br>DR. THE-QUICK-BROWN-FOX-JUMPED-OVER-THE-123SUPERCALAFRAGILISTICEX<br>IFYOU SAYITFASTENOUGHITSOU<br>KUALALAMPURDUBAIPARISDUBL BC<br>ABC1234567 234 456-7890 |                 | 11551 91<br>PRESCRIBER ID<br>000000001<br>FOLIO      |               |
| PHARMACY USE ONLY   |                 |  |               |
| RECEIVED BY PATIENT OR AGENT SIGNATURE  |                 | SIGNATURE OF DISPENSING PHARMACIST                   |               |

PHARMACY COPY - COPYING OR DUPLICATING THIS FORM IN ANY WAY CONSTITUTES AN OFFENSE

| PERSONAL HEALTH NO.   |                 | PRESCRIBING DATE                                     |               |
|---|-----------------|--|---------------|
|   |                 | DAY  | MONTH YEAR    |
| PATIENT NAME  |                 |  |               |
| FIRST (GIVEN)   | MIDDLE /INITIAL | LAST (SURNAME)                                       |               |
| STREET  |                 |  |               |
| PATIENT ADDRESS   |                 | PROVINCE   | DATE OF BIRTH |
| CITY  |                 | DAY  | MONTH YEAR    |
| Rx: DRUG NAME AND STRENGTH ONLY ONE DRUG PER FORM VOID IF HANDWRITTEN   |                 |  |               |
| QUANTITY (IN UNITS)   |                 |  |               |
| NUMERIC   | ALPHA           |  |               |
| THIS AREA MUST BE COMPLETED IN FULL FOR OPIOID AGONIST TREATMENT (OAT)  |                 |  |               |
| START DATE:   |                 | END DATE:  |               |
| DAY   | MONTH YEAR      | DAY  | MONTH YEAR    |
| TOTAL DAILY DOSE  |                 | NUMBER OF DAYS PER WEEK OF DAILY WITNESSED INGESTION |               |
| NUMERIC   | ALPHA           | mg/day   | NUMERIC ALPHA |
| <input type="checkbox"/> NOT AUTHORIZED FOR DELIVERY  |                 |  |               |
| DIRECTION FOR USE, INDICATION FOR THERAPY, OR SPECIAL INSTRUCTIONS  |                 |  |               |
| NO REFILLS PERMITTED  |                 | PRESCRIBER'S SIGNATURE                               |               |
| VOID AFTER 5 DAYS UNLESS PRESCRIPTION IS FOR OAT  |                 |  |               |
| <small>PRESCRIBER'S CONTACT INFORMATION</small><br>DR. THE-QUICK-BROWN-FOX-JUMPED-OVER-THE-123SUPERCALAFRAGILISTICEX<br>IFYOU SAYITFASTENOUGHITSOU<br>KUALALAMPURDUBAIPARISDUBL BC<br>ABC1234567 234 456-7890 |                 | 11551 91<br>PRESCRIBER ID<br>000000001<br>FOLIO      |               |
| PHARMACY USE ONLY   |                 |  |               |
| RECEIVED BY PATIENT OR AGENT SIGNATURE  |                 | SIGNATURE OF DISPENSING PHARMACIST                   |               |

PRINTED IN BRITISH COLUMBIA

There is a vertical perforation down the middle.

The duplicate is retained by the MD and stored....



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## Advanced Prescriptions: Duplicate Rx – eFORM solution?

BC CONTROLLED PRESCRIPTION FORM

PATIENT HEALTH NO. 9654321987      PRESCRIBING DATE 13 | 02 | 2022

PATIENT NAME JOHNNY ROTUND

PATIENT ADDRESS 123 Main Street, Vancouver, BC

PHARMACY USE ONLY

NO REFILLS PERMITTED

VOID AFTER 5 DAYS

PRESCRIBER: John C.P. Yap, 11701

PHARMACY USE ONLY

RECEIVED BY: PATIENT OR AGENT SIGNATURE

PRINTED IN BRITISH COLUMBIA

Please ignore the misalignment in the Duplicate side.

Quantity:  30  60  90  100  Reset

Set End Date for OAT

4 weeks  12 weeks

1 mo  2 mo  3 mo

Reset

Set Folio Number - complete the xxx value

Set  Reset

Refresh background

← ← Wet signatures required.

Paper stock is kept secure.

Printer must be secure (locked?)

Wet signature **REQUIRED**

Work flow is **atrocious!** But a copy is retained in eFORMS, and the only handwriting needed is the signature!

HOWEVER – it is **LEGIBLE!**

Time stamp still highly recommended.

Subject: [ ] [Reset] [Print] [Submit] HINT: Print Rx and input Folio number before submit

© 2022 Duplicate Rx V2\_Jan4\_2022, by Dr. John Yap, is licensed under a GPL. Please consider supporting oscarbc.ca. | Email: info@oscarbc.ca | Facebook | Twitter | LinkedIn |



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## A pharmacist's perspective: how can MD's help the RPh's?

No Refills for Narcotics (DuplicateRx items) - part-fills, specify fill intervals, note total quantity.

Faxed Rx to include: pharmacy name, fax #, reasonable expectation for patients – time to fill, etc.

Medications changes – dose, frequency, etc – may require a NEW Rx for benefit coverage. Indicate the change in the instructions – or expect a confirmatory phone call from the pharmacist!

Special Authority coverage **does NOT = free!** Depends on deductible, etc.

**Signatures may be essential for audits, 3<sup>rd</sup> party benefits, etc.**

Pharmacist rules: [https://library.bcpharmacists.org/6\\_Resources/6-4\\_Drug\\_Distribution/5014-Prescription\\_Regulation\\_Table.pdf](https://library.bcpharmacists.org/6_Resources/6-4_Drug_Distribution/5014-Prescription_Regulation_Table.pdf)

DuplicateRx drugs: <https://www.bcpharmacists.org/cpp>



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## Did you know.....

- The maximum dispense duration is generally 90-100 days, based on coverage and insurance policy.
- Some medications are limited to 30 day supply. This generally applies to all NEW drugs, or even change in dose of existing drug.
- Rx are only good for 1 year from the **date written**, except for birth control pills (2 year limit). Remaining repeats are void after 1 year. There are no “life time refills”.
- **DuplicateRx** are void after 5 days from date written, if not filled.
- Pharmacists may adapt (extend) a prescription if certain criteria are met – this does not apply to narcotics, or psychiatric meds (unless the RPh is working in a multidisciplinary team).
- PharmaCare does not cover a prescription refill if there is more than 14-day supply remaining from the previous fill. There are some exemptions, and severe penalties if rules are breached.
- The Trial Prescription Program enables the pharmacist to dispense an initial 14-day supply of certain high-cost drugs known to have high-risk potential for AE and discontinuation. If the drug is proven tolerable, the remainder of the dispense is issued, and the “pharmacy can claim a second dispensing fee...”





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## Hope for the future!

1. e-Prescribing – no more Rx pads! No more DuplicateRx pads (of any sort). No paper needed, no PDF needed. Bidirectional update between EMR and Pharmanet!
2. The ultimate Rx module? LEAD lab (University of Victoria) mock-ups, 2014. Submitted to McMaster for consideration.  
<https://www.youtube.com/watch?v=2Vm07eVs-ng> (part 1)  
<https://www.youtube.com/watch?v=Oh7PwB8pk5s> (part 2)
3. Consider accessing Pharmanet now – College “requirement”. Use Medinet, LaunchPad, CareConnect, other?



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## Take away PEARLS:

1. **Do not** eMail prescriptions!
  2. **Do** PASTE all prescriptions into the eCHART.
  3. Create prescriptions that both OSCAR and the pharmacist can understand. \*
  4. Make your prescriptions easier to authenticate, harder to forge! Signature, Time Stamp, Other?
  5. Keep your medication/allergy lists updated – do your housekeeping!
- Ensure you use “safe language” in your prescription instructions. ABBREVIATIONS!
  - See web references:  
[https://www.ismp-canada.org/download/ISMP\\_List\\_of\\_Dangerous\\_Abbreviations.pdf](https://www.ismp-canada.org/download/ISMP_List_of_Dangerous_Abbreviations.pdf)  
and  
<https://www.ismp-canada.org/dangerousabbreviations.htm>



# OSCAR BC

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## Resources:

1. College of Pharmacist's list of community pharmacies  
<https://www.bcpharmacists.org/list-community-pharmacies>
2. List of safe/unsafe abbreviations  
[https://www.ismp-canada.org/download/ISMPC\\_List\\_of\\_Dangerous\\_Abbreviations.pdf](https://www.ismp-canada.org/download/ISMPC_List_of_Dangerous_Abbreviations.pdf)  
<https://www.ismp-canada.org/dangerousabbreviations.htm>
3. College of Physicians and Surgeons policy on eMail Rx  
<https://www.cpsbc.ca/news/publications/college-connector/2020-V08-06/04>
4. College of Pharmacists policy on eSignatures  
<https://www.bcpharmacists.org/readlinks/prp-insights-electronic-signatures-clarified>
5. Pharmacare rules:  
<https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/pharmacare/pharmacare-publications/pharmacare-policy-manual-2012>

# Any Questions?

You can also reach us  
- [info@oscarbc.ca](mailto:info@oscarbc.ca)  
- [oscarbc.ca](http://oscarbc.ca)





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