# ePrescribing Guide for Nurses

### 1) Log in to Wisexfer:

- Site: https://www.wisexfer.com
- Enter email address
- Enter password

### 2) Select a patient

- Type patient's name into the Search bar
- Click on the patient's name when it generates

	≡	Q	<b>∖</b> s	earch	ì					Sear	rch		
NAVIGATION	Pa	atier	nts										
🛱 Hospices													
🔗 Drugs		A	В	С	D	E	F	G	н	T	J	К	L

## 3) Select Medication(s) to e-Prescribe

- Scroll down to Medications List
- Medications that have been entered into the EHR will display.
- If the medication should be billed to hospice, the right-column box under the Should be auto-checked. (User can also select it here, if needed).
- ${}^{\circ}$  Click the left-column box(es) for medications to e-prescribe under the  ${}^{\circ}$
- Click "Send to DrFirst" at the green arrow icon

MEDICATIO	ONS		
ጭ	Ŷ	Name	Refill(s)
		Atorvastatin Calcium 10 mg	Refill 1
		Cipro 250 mg	Refill 0

-OP-	ePrescr	Dibing C Wise Hospice	iuide fo \delta Di	or Nurses r <b>First</b> .	
Click the "S	end to DrFirst" butto	on shown be	low		
Name	Sig	Emr Rcopi	a Start Date	End Date Hospice Relate	ad

# 4) Launch Rcopia (DrFirst ePrescribing Software)

• Click the **Rcopia** link



# You will land on the home screen for Rcopia 4

• Active Medications display to include medications you selected in step 3:

E C WISE Patient Search	Prescription Report						🕳 🗳 🏠	Wise Provider           Wise Provider           • Wise Hospice Rcopia 4 Pra
PatientAdvisor     Clinical Decision     Support	on ePA+	Medication Fill History						⋗
Antique Anxiety   06/21/1943   Male   75 years Create Nev	w Prescription 🖈 - ENCO	UNTER 🔁 🛗						
Medications								
Active Medications Review Status: Unknown or Incomplete								
Select All O								
▲Name	Directions		¢ Qty	¢ Rfl	<ul> <li>Start</li> </ul>	<ul> <li>Stop</li> </ul>	♦ Last Written	Actions
diazepam 5 mg/mL injection solution C - N	Administer 1 ml sul	bcutaneously as needed for pain.	30 ml	none	09/01/2017	•	09/01/2017	10 10
fentanyl 50 mcg/hr transdermal patch C - //	Apply 1 patch to sk	κin at bedtime.	10 patch	none	09/01/2017		03/17/2019	10 IC
methadone 5 mg tablet C - //	Take 2 tablet by m/	outh once a day as needed.	30 tablet	none	09/01/2017	•	03/17/2019	
morphine concentrate 100 mg/5 mL (20 mg/mL) oral solution	Take 2 1/2 ml by m	nouth three times a day as needed for pain.	50 ml	none	02/24/2018		03/17/2019	10 10 C
oxycodone 15 mg tablet C - //	Take 1 tablet by mr	outh every hour as needed.	90 tablet	none	09/01/2017	•	09/01/2017	101C
OxyContin 60 mg tablet,crush resistant,extended release C -	- // Take 1 tablet by m/	outh single dose.	1 tablet	none	09/01/2017		09/01/2017	DBOD
Tylenol-Codeine #3 300 mg-30 mg tablet C • ///	Take 1 tablet by mr	outh single dose.	1 tablet	none	09/01/2017	•	03/15/2019	101C
Select All 5 0								
Add Medication Show Medication History Show Inactive N	Aedications							

#### ePrescribing Guide for Nurses **DrFirst** SE 5) Choose a Pharmacy (If pharmacy was already chosen skip to Step 6) If no pharmacy is selected for this patient, click the 'Please set the default pharmacy' link • Clinical Decisio PatientAdvisor Patient Scorecard Support Antique Anxiety | 06/21/1943 | Male | 75 years Create New Prescription No pharmacy is selected for this patient. Please set the default pharmacy. Medications Enter the name of the pharmacy and any additional criteria and click "Search" ٠ Click the name of the pharmacy from the search results • Select Pharmacy 1 Practice List Favorites List All Lists cvs Pharmacy Type Retail Mail Order Specialty Long Term Care In-House Dispensing Arizona Pharmacy Options 24 hours EPCS enabled Cancel Retail Pharmacies Showing 1 - 1 of 1 Retail pharmacies found (EPCS Enabled) Click row to add pharmacy to the patient pharmacy list. Name Phone & Fax Address Type MARICOPA, AZ CVS/pharmacy #6719 Phone: (520) 568-8294 Fax: (520) 568-8296 CRE 44274 WEST-SMITH ENKE RD. (CORNER OF JOHN WAYNE BOULEVARD) 6) Prescribe a Medication a. If prescribing 1 medication • Click the "Prescribe" <sup>R</sup> icon to the right of the medication:

morphine concentrate 100 mg/5 mL (20 mg/mL)	Take 10 mg by mouth as directed as needed For shorness of breath and pain. Give 10	30 ml	none	06/30/2019 -	07/05/2019	<b>り 尽</b> 〇 ⑪
oral solution C - II	mg every hour as needed.					

## b. If prescribing more than 1 medication

- Click the box(s) to the left of the medication(s) you wish to prescribe
- Click Renew from Medication icon

Me	dications							<b>x</b>
Ac	tive Medications Review Status: Unknown or Incomplete							
	Select All D							
	▲Name	♦ Directions	<b>♦</b> Qty	<b>≑</b> Rfl	♦ Start	<b>≑</b> Stop	◆ Last Written	Actions
•	diazepam 5 mg/mL injection solution C - IV	Administer 1 ml subcutaneously as needed for pain.	30 ml	none	09/01/2017	-	03/19/2019	<u>D</u> <u></u>
•	fentanyl 50 mcg/hr transdermal patch C - II	Apply 1 patch to skin at bedtime.	10 patch	none	09/01/2017	-	03/19/2019	
	methadone 5 mg tablet C - II	Take 2 tablet by mouth once a day as needed.	30 tablet	none	09/01/2017	-	03/19/2019	



#### ePrescribing Guide for Nurses WISE HOSPICE **DrFirst Find Match** Originally Entered As: Medication Acetaminophen Match Improvement Options Q Clear Acetaminophen Showing 1 - 8 of 347 results for "Acetaminophen" - Select a medication as match First Previous 1 2 3 ... Next Last acetaminophen (bulk) powder (generic) 100% [1.0 gram], [25.0 gram], [75.0 gram], [100.0 gram], [125.0 gram], [500.0 gram], [1,000.0 gram], [2,500.0 gram], [25,000.0 gram] acetaminophen capsule (generic) Acetaminophen Congestion-Pain (phenylephrine-acetaminophen) tablet acetaminophen drops acetaminophen drops, suspension (generic) acetaminophen elixir (generic) Acetaminophen Extra Strength (acetaminophen) tablet acetaminophen liquid (generic) Enter free text "Acetaminophen" as medication Do not select this option Cancel

- b. Yellow Pill Alert is : The medication's NDC was not recognized but Rcopia found a match
  - Click the prescription to open it up
  - Update the Patient Directions and Quantity:

Jpdate Med	ication
morphine concer	ntrate 100 mg/5 mL (20 mg/mL) oral solution C - //
Provider	
Select provider	Y
Patient Directions	15.0 <ul> <li>Milligram</li> <li>Oral</li> <li>I5 Milligram every 15 minutes as needed</li> <li>Other -</li> <li>Other -</li> </ul>
Additional Directions To	Patient
as needed for pain a	nd/or dyspnea
Days Supply	Quantity     Refills       - Unit -     0   Substitution permitted

FOR HELP CONTACT DRFIRST@WISEOP.COM -or-800-856-9757 EXT. 0