

**Ohio Living
Matrix System
Orders - Nursing & Ancillary**

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Ohio Living Matrix System Orders - Nursing & Ancillary

Viewing Orders

- The Orders screen shows active orders (linked or not). If you click on the blue description, you can see all the details of an order. Orders may be sorted by Type (Prescription, General, Lab, Radiology), Description, Start Date, End Date, or Flow Sheet by clicking on the column heading when it turns green. The blue flag indicates that it is an Order associated with an Event. Signed has 4 options: Page with Pencil indicates the order is awaiting a paper signature, Page with Pencil and Green check indicates that there is a paper signature on file, **X** indicates that it needs an electronic signature and **✓** indicates that the order has been signed electronically.

Verify	Type	Description	Start Date	End Date	Flow Sheet	Signed	DC
	Prescription	Ambien (zolpidem) - Schedule IV tablet; 10 mg; amt: 10 mg; oral QHS - At Bedtime 21:00	05/18/2010	Open Ended	Medications		
	Prescription	Ambien (zolpidem) - Schedule IV tablet; 5 mg; amt: 5 mg; oral Special Instructions: May have qhs prn if 10 mg dose ineffective QHS - At Bedtime - PRN PRN 1 2 of 2 Linked Orders	05/18/2010	Open Ended	PRN Medications		
	Prescription	Ativan (lorazepam) - Schedule IV tablet; 0.5 mg; amt: 0.5 mg; oral Special Instructions: FOr agitation Special Instructions: FOr agitation BID - Twice a Day - PRN PRN 1, PRN 2	02/17/2010	Open Ended	PRN Medications		
	Prescription	Coumadin (warfarin) tablet; 1 mg; amt: 1 mg; oral Special Instructions: Alternate with 2 mg Sun, Tues, Thur Special Instructions: Alternate with 2 mg Sun, Tues, Thur	01/13/2010	Open Ended	Anti-Coagulant		

☀Tip: Discontinued orders are in Order History. Click on [Search order history](#) at the bottom of the Current Orders screen to view them.

Adding an Order

- When you click on the Add Order button, your first choice is type of order. There are 4 main types: General, Prescription, Lab, Radiology and Admission.

Corporate Messages **Resident** Reports Facility User RAI Menu Provider Maintenance Enterprise

New Order

Noel, Abby DNRCC

Type: -- Select One --

Associated Event: -- Select One --

Prescription
General
Lab
Radiology
Admission Orders
Rockynol Admission Orders
Lake Vista Admission Orders

Cancel Next

Select the appropriate order and for all but the General Order and Admission Orders, select the Provider. If the Order is associated with an Event, select the Event to attach it to and click on Next.

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Prescription Orders

1. Prescription Orders require that you do a search for the drug you are entering. Enter a portion of the drug name and click on Search. The system will provide a list matching the search criteria, with strengths, routes and forms. Click on the Name to select the drug for the order. All strengths, routes and forms are listed. Be careful to select the correct one.

Search Prescriptions

+ 🏠 **Angerton, Joan** DNRCC

Drug Search ?

Allergies: Penicillin V Potassium; Sulfamethoxazole; Sulfonamides; Dust; Mold; to work; Additives;

Drug Name: ABC ✓

Begins With Contains Exact Phrase

Formulary: Use Nursing Home Formulary

Search Type:
 Brand Name or Generic Name
 Brand Name
 Generic Name
 Generic Equivalent of Brand

Cancel
Add Custom
Search

Drug Search Results

Name	Schedule	Strength	Route	Form
Mandelamine (methenamine)	-	mandelate 0.5 g	oral	tablet
Mandelamine (methenamine)	-	mandelate 1 g	oral	tablet
Manganese Chloride (manganese chloride) - Generic	-	-	compounding	powder
Manganese Chloride (manganese chloride) - Generic	-	0.1 mg/mL	intravenous	solution
Manganese Chloride Tetrahydrate (manganese chloride) - Generic	-	-	compounding	powder

2. The Pharmacy Order will display with the drug information filled in. All bolded fields must be completed.
 - a. If an End Date is required, uncheck Open Ended to allow entry of the date.
 - b. Click on the Customize check box to change any of the drug information.
 - c. Enter **Amount to Administer** in the dose ordered.
 - d. Carefully select the Frequency from the Frequency drop down (see Page 6).
 - e. Check the appropriate Notes to Record to be included on the Flow Sheet for documentation. Select the order for the notes to appear by clicking on the drop-down box next to each note.
 - f. The Flow Sheet defaults to Medications. If it is a PRN drug, it needs to be changed to PRN Medications; if your facility is using other Flow Sheets, select as appropriate.
 - g. The Physician Name in Ordered By defaults to the attending physician. Always check the Resident Face Sheet if you are entering an order for a physician other than the attending physician. If the physician is not already on the face sheet as a Provider, add them. They must be on the Face Sheet to appear in the drop down box.
 - h. Be sure to enter the Order Source (telephone, verbal, written).
 - i. Pharmacy Directives is not a required field, but you should indicate any instructions for the pharmacy here.

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Prescription Order

+ Bars, Mars DNRCC

Allergies: ASA; doctor; Sulf; wonder drug; Zestril; Flowers; Insects; Marigold; Eggs; Shellfish; Shrimp; su
a

Received Date: 12/31/2009	Received By: Shaw, Belinda
Start Date: 12/31/2009	End Date: <input type="text"/> <input checked="" type="checkbox"/> Open Ended

b

Customize:

Drug Name: Lanoxin (digoxin) OTC

Schedule: Not Scheduled NDC Code: 00173026427

Form: elixir Crushed

Strength: 50 mcg/mL (0.05 mg/mL) **Route:** oral

Amount to Administer:

Frequency: -- Please Select --

Description:

Choose times / shifts: Time Shift PRN Custom

Repeats On: Daily Cyclical Weekly Monthly

Special Instructions: ABX

Diagnosis: -- None -- [Add new diagnosis](#)

Related Events:

Note(s) to record:

<input type="checkbox"/> 1:1	<input type="checkbox"/> Music	<input type="checkbox"/> Resp. After
<input type="checkbox"/> Amount	<input type="checkbox"/> O2 Sat After	<input type="checkbox"/> Resp. Before
<input type="checkbox"/> Called	<input type="checkbox"/> O2 Sat Before	<input type="checkbox"/> Results
<input type="checkbox"/> Date Drawn	<input type="checkbox"/> Off	<input type="checkbox"/> Route
<input type="checkbox"/> Diastolic	<input type="checkbox"/> On	<input type="checkbox"/> Site
<input type="checkbox"/> Fluids	<input type="checkbox"/> Pain After	<input type="checkbox"/> Systolic
<input type="checkbox"/> Food	<input type="checkbox"/> Pain Before	<input type="checkbox"/> Temp After
<input type="checkbox"/> FVI Only	<input type="checkbox"/> PT	<input type="checkbox"/> Temp Before
<input type="checkbox"/> INR	<input type="checkbox"/> Pulse	<input type="checkbox"/> Time
<input type="checkbox"/> Minutes	<input type="checkbox"/> Quiet Place	<input type="checkbox"/> Units

e

Category: -- None Selected -- **Flow Sheet:** Medications

Order Class: Physician Order

Ordered By: PHYSICIAN, JOHN	Order source: -- Select One --
Provider: Beebers Pharmacy	Send Fax: Provider does not accept faxes.

Pharmacy Directives:

Dispense Directives: -- Select One --

Other Directives:

Do not send medication

Taken from emergency/contingency supply. Number of doses:

Taken from stock. Number of doses:

Other: ABX

c
d
f
h

Ordered By: PHYSICIAN, JOHN **Order source:** -- Select One --

Provider: Beebers Pharmacy **Send Fax:** Provider does not accept faxes.

Pharmacy Directives:

Dispense Directives: -- Select One --

Other Directives:

Do not send medication

Taken from emergency/contingency supply. Number of doses:

Taken from stock. Number of doses:

Other: ABX

Cancel
Search Again
Next

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3. Click on Next. The Order is displayed for review. It can be modified as needed.

Confirm Prescription Order			
+ 🏠 Bars, Mars DNRCC			
Allergies:	ASA; doctor; Sulfa; wonder drug; Zestril; Flowers; Insects; Marigold; Eggs; Shellfish; Shrimp; sugar;		
Received Date:	12/31/2009	Received By:	Belinda R Shaw RN
Start Date:	12/31/2009	End Date:	Open Ended
Drug Name:	Lanoxin (digoxin)		
NDC Code:	00173026427	Schedule:	Not Scheduled
Form:	elixir	Crushed:	No
Strength:	50 mcg/mL (0.05 mg/mL)	Route:	oral
Amount to Administer:	50 mcg		
Frequency:	Once A Day		
	<div style="border: 1px solid black; padding: 5px;"> Times / Shifts: Time _____ Start Time 1: 09:00AM </div>		
	<div style="border: 1px solid black; padding: 5px;"> Repeat: Every Day </div>		
Special Instructions:			
Diagnosis:	N/A		
Note(s) to Record:	Pulse;		
Related Event:			
Category:		Flow Sheet:	Medications
Order Class:	Physician Order (PO)		
Ordered By:	JOHN PHYSICIAN MD	Order Source:	Verbal
Created By:	Belinda R Shaw RN	Created Date:	12/31/2009 01:41 PM
Verified By:	Belinda R Shaw RN	Verified Date:	12/31/2009 01:41 PM
Provider:	Beebers Pharmacy	Transmission Status:	Provider does not accept faxes.
Pharmacy Directives:			
Order Signatures			
Order Signed on Paper:	<input type="checkbox"/> 12/31/2009 PHYSICIAN, JOHN		
<div style="display: flex; justify-content: space-around; gap: 10px;"> Cancel Modify Save & Copy Save & Link Save Save & New </div>			

4. Click on Save if you are entering only one order or Save & New, if you will be entering additional orders for the resident. Save & Copy allows you to copy the order and Save & Link allows you to link to orders together (see page 16).

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Selecting Order Frequency

The options in the drop-down list are *templates*.

When you make a selection the fields below will populate with predetermined times/information that can be changed. As you make changes in the fields the information the Description in the gray field will change; this information is what will be displayed on the Flow Sheet. When making any selections in the Frequency always click to the right in the white space to let the fields fill in. Some Frequencies allow you to display either the shift description or time.

Specific Frequencies:

- N/A:** Select this Frequency for orders that do not need to be signed off. Check the FYI box between the Description and Time. The system crosses out each day on the **Flow Sheet** for this interval, but the order still appears for information only.

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- Add Rows:** This allows for unique Notes to Record for only one specific time. Select the number of rows to add under each time. Note: these should be used only for notes that are not available in the Notes to Record section; these notes will appear under any added from the Notes to Record. Type the desired note in the field (up to 20 characters).

- Every Three Days:** Select Daily and set the Repeats On to Cyclical and then set the Repeats to Specific Cycle.

- Q Shift:** Specify the number of rows (shifts) and change the Shift Descriptions as appropriate.

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5. **Q__H:** Specify number of hours; Specify start time or time range; Click on Calculate Times.

Frequency: Q_H - Every __ Hour(s) (Specify Hours)

Description: Every 9 Hours

Specify hours (1 - 72): 9

Specify Administration Start Time / Time Range:

First Administration Time
 12:00 AM Specify number of administrations (optional): 0

Daily Administration Time Range
 Start: 01:00 AM End: 01:00 AM

Calculate Times

Choose times / shifts: Time Shift PRN Custom

	Time	Add Rows
1:	12:00 AM	0
2:	09:00 AM	0
3:	06:00 PM	0
4:	03:00 AM	0
5:	12:00 PM	0
6:	09:00 PM	0
7:	06:00 AM	0
8:	03:00 PM	0

Repeats On: Daily Cyclical Weekly Monthly

6. **Custom:** Select Other as Frequency; Order will repeat Daily; Specify Time or Time Range.

Frequency: Other

Description: Other

Specify rows (1 - 10): 1

Choose times / shifts: Time Shift PRN Custom

Specify Time for Scheduling: Specific Time Time Range

Description	FYI	Time	Add Rows
1: Other	<input type="checkbox"/>	01:00 AM	0

Choose a display option:
 Display Description
 Display Times

Repeats On: Daily Cyclical Weekly Monthly

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7. **PRN Only:** Select PRN as Frequency; Select number of rows (PRN Times) needed; You may change the Description if desired; Set Repeats On as appropriate.

Frequency: PRN - As Needed

Description: PRN - As Needed

Specify rows (1 - 10): 3

Choose times / shifts: Time Shift PRN Custom

Description	Add Rows
1: PRN 1	0
2: PRN 2	0
3: PRN 3	0

Repeats On: Daily Cyclical Weekly Monthly

Repeat: Every Day

8. **Q_MO:** Select times/shifts; Set Repeats On to desired time; Select Days of Month or Days of Week.

Frequency: Q_MO - Every 1 Month(s)

Description: Once A Day on the 1st of Every 3rd Month

Choose times / shifts: Time Shift PRN Custom

Description	Start Time	End Time	Add Rows
1: Shift 1	07:00 AM	03:00 PM	0

Choose a display option:
 Display Description
 Display Times

Repeats On: Daily Cyclical Weekly Monthly

Repeat: Every 3 Months(s) Choose Month(s)

Repeat By: Day(s) of the Month Days(s) of the Week

<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20	<input type="checkbox"/> 21
<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28
<input type="checkbox"/> 29*	<input type="checkbox"/> 30*	<input type="checkbox"/> 31*				

*Caution: The 29th, 30th, or 31st will not appear on the flowsheet for months that do not contain these dates, for example, February.

General Orders

General Orders can be used to enter any order that is not Prescription, Lab or Radiology.

1. All **Bolded** fields must be completed. Assign the order to the appropriate Flow Sheet. Select the appropriate Order Source. Click on Next.

Ohio Living Matrix System Orders - Nursing & Ancillary

General Order

+ Noel, Abby DNRCC Hospice

Allergies: Advil

Received Date: 12/31/2009 📅 **Received By:** Shaw, Belinda ▼

Start Date: 12/31/2009 📅 **End Date:** Open Ended

Order Description: Barrier cream to buttocks every shift ABC

The order description field on the flowsheet has a limit of 900 characters. To ensure that order information displays completely on the flowsheet, please use the Special Instructions field for additional order details.

Discipline(s):

<input type="checkbox"/> Activities	<input type="checkbox"/> Hospice	<input type="checkbox"/> PA	<input type="checkbox"/> Psychology
<input type="checkbox"/> All Staff	<input type="checkbox"/> Licensed Nurse	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Restorative
<input type="checkbox"/> Chaplain	<input type="checkbox"/> NP	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Social Service
<input type="checkbox"/> Dietary	<input type="checkbox"/> Nursing	<input type="checkbox"/> Physician	<input type="checkbox"/> Speech Therapy
<input type="checkbox"/> Family	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Psychiatry	<input type="checkbox"/> STNA

Frequency: Q Shift - Every Shift ▼

Description:

Q Shift - Every Shift

Specify rows (1 - 3)

Choose times / shifts: Time Shift PRN Custom

Description	Start Time	End Time	Add Rows
1: Day ▼	07 ▼ 00 ▼ AM ▼	03 ▼ 00 ▼ PM ▼	<input style="width: 20px;" type="text" value="0"/>
2: Evening ▼	03 ▼ 00 ▼ PM ▼	11 ▼ 00 ▼ PM ▼	<input style="width: 20px;" type="text" value="0"/>
3: Night ▼	11 ▼ 00 ▼ PM ▼	07 ▼ 00 ▼ AM ▼	<input style="width: 20px;" type="text" value="0"/>

Choose a display option:

Display Description

Display Times

Repeats On: Daily Cyclical Weekly Monthly

Repeat:

Every Day

Special Instructions: ABC

Diagnosis: -- None -- Add new diagnosis

Related Event:

Note(s) to record:

<input type="checkbox"/> 1:1 ▼	<input type="checkbox"/> Music ▼	<input type="checkbox"/> Resp. After ▼
<input type="checkbox"/> Amount ▼	<input type="checkbox"/> O2 Sat After ▼	<input type="checkbox"/> Resp. Before ▼
<input type="checkbox"/> Called ▼	<input type="checkbox"/> O2 Sat Before ▼	<input type="checkbox"/> Results ▼
<input type="checkbox"/> Date Drawn ▼	<input type="checkbox"/> Off ▼	<input type="checkbox"/> Route ▼
<input type="checkbox"/> Diastolic ▼	<input type="checkbox"/> On ▼	<input type="checkbox"/> Site ▼
<input type="checkbox"/> Fluids ▼	<input type="checkbox"/> Pain After ▼	<input type="checkbox"/> Systolic ▼
<input type="checkbox"/> Food ▼	<input type="checkbox"/> Pain Before ▼	<input type="checkbox"/> Temp After ▼
<input type="checkbox"/> FVI Only ▼	<input type="checkbox"/> PT ▼	<input type="checkbox"/> Temp Before ▼
<input type="checkbox"/> INR ▼	<input type="checkbox"/> Pulse ▼	<input type="checkbox"/> Time ▼
<input type="checkbox"/> Minutes ▼	<input type="checkbox"/> Quiet Place ▼	<input type="checkbox"/> Units ▼

Category: -- None Selected -- **Flow Sheet:** Treatments ▼

Order Class: Physician Order (PO) ▼

Ordered By: PHYSICIAN, JOHN ▼ **Order source:** Written ▼

Cancel
Next

5/29/10

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2. The order appears for review and approval. The order can be modified as needed.

Confirm General Order															
Noel, Abby DNRCC Hospice															
Allergies: Advil															
Received Date:	12/31/2009	Received By:	Belinda R Shaw RN												
Start Date:	12/31/2009	End Date:	Open Ended												
Order Description:	Barrier cream to buttocks every shift														
Discipline(s):															
Frequency:	Q Shift - Every Shift														
	<div style="border: 1px solid black; padding: 5px;"> Times / Shifts: Shift <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="text-align: left;">Description</th> <th style="text-align: left;">Start Time</th> <th style="text-align: left;">End Time</th> </tr> </thead> <tbody> <tr> <td>1: Day</td> <td>07:00AM</td> <td>03:00PM</td> </tr> <tr> <td>2: Evening</td> <td>03:00PM</td> <td>11:00PM</td> </tr> <tr> <td>3: Night</td> <td>11:00PM</td> <td>07:00AM</td> </tr> </tbody> </table> </div>			Description	Start Time	End Time	1: Day	07:00AM	03:00PM	2: Evening	03:00PM	11:00PM	3: Night	11:00PM	07:00AM
Description	Start Time	End Time													
1: Day	07:00AM	03:00PM													
2: Evening	03:00PM	11:00PM													
3: Night	11:00PM	07:00AM													
	Display options: <input checked="" type="checkbox"/> Display Description <input type="checkbox"/> Display Times														
	Repeat: Every Day														
Special Instructions:															
Diagnosis:	N/A														
Note(s) to Record:															
Related Event:															
Category:		Flow Sheet:	Treatments												
Order Class:	Physician Order (PO)														
Ordered By:	JOHN PHYSICIAN MD	Order Source:	Written												
Created By:	Belinda R Shaw RN	Created Date:	12/31/2009 02:03 PM												
Verified By:	Belinda R Shaw RN	Verified Date:	12/31/2009 02:03 PM												
Order Signatures															
Order Signed on Paper:	<input type="checkbox"/> 12/31/2009 PHYSICIAN, JOHN														
<div style="display: flex; justify-content: space-around; gap: 10px;"> Cancel Modify Save & Copy Save & Link Save Save & New </div>															

3. Click on Save if you are entering only one order or Save & New, if you will be entering additional orders for the resident. Select Save & Copy or Save & Link as appropriate (see page 16).

Ohio Living Matrix System Orders - Nursing & Ancillary

Lab Orders

- The Lab Order list is very extensive, but you can also key in under Other Tests any order that does not appear on the list.

Lab Order				
Noel, Abby DNRCC Hospice				
Allergies:	Advil;			
Received Date:	<input type="text" value="12/31/2009"/>			
Received By:	<input type="text" value="Shaw, Belinda"/>			
Start Date:	<input type="text" value="12/31/2009"/>			
End Date:	<input type="text"/> <input checked="" type="checkbox"/> Open Ended			
Lab(s) to Order:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> AFB Cx Sputum (pain cup) <input type="checkbox"/> Albumin <input type="checkbox"/> AlkPhos <input type="checkbox"/> ALT (SGPT) <input type="checkbox"/> Ammonia <input type="checkbox"/> Amylase <input type="checkbox"/> Arthritis Panel (not covered by Medicare) <input type="checkbox"/> AST (SGOT) <input type="checkbox"/> B-Type Natriuretic-Peptide (BNP) <input type="checkbox"/> B12 <input type="checkbox"/> Basic Metabolic (BMP) <input type="checkbox"/> Billirubin, Total <input type="checkbox"/> Blood Cx (keep warm) <input type="checkbox"/> BUN <input type="checkbox"/> C-Reactive Protein (CRP), Ultra <input type="checkbox"/> Calcium <input type="checkbox"/> Campylobacter (orange vial) <input type="checkbox"/> CBC No Diff <input type="checkbox"/> CBC W/Auto Diff Do Manual Diff if Auto Indicates <input type="checkbox"/> CBC W/Chr W/Auto DIFF Do Manual DIFF if Auto Indicates <input type="checkbox"/> Chloride <input type="checkbox"/> Cholesterol <input type="checkbox"/> Clostridium Difficile Toxin (plain cup) <input type="checkbox"/> CO2 <input type="checkbox"/> Comprehensive Metabolic (CMP) <input type="checkbox"/> Creatinine <input type="checkbox"/> Digoxin (Lanoxin) <input type="checkbox"/> Dilantin (Phenytoin) <input type="checkbox"/> E Coli 0157 (orange vial) <input type="checkbox"/> Electrolytes <input type="checkbox"/> Eye Cx - Left <input type="checkbox"/> Eye Cx - Right <input type="checkbox"/> Ferritin <input type="checkbox"/> Folate </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Gentamicin Peak <input type="checkbox"/> Gentamicin Trough <input type="checkbox"/> GGT <input type="checkbox"/> Glucose <input type="checkbox"/> Gram Stain (List source in Other Tests below) <input type="checkbox"/> HCT <input type="checkbox"/> Hepatic Profile (Liver) <input type="checkbox"/> HGB <input type="checkbox"/> Hgb A1C <input type="checkbox"/> HIV <input type="checkbox"/> Iron/TIBC <input type="checkbox"/> Lipase <input type="checkbox"/> Lipid Profile w/calc LDL <input type="checkbox"/> Lipid Profile w/direct LDL <input type="checkbox"/> Magnesium <input type="checkbox"/> Manual Diff <input type="checkbox"/> MRSA Nose Cx <input type="checkbox"/> MRSA Sputum (plain cup) <input type="checkbox"/> MRSA Urine Cx <input type="checkbox"/> MRSA Vaginal Cx <input type="checkbox"/> MRSA Wound Cx (List source in Other Tests below) <input type="checkbox"/> Needlestick Profile (not covered by Medicare) <input type="checkbox"/> Occult Blood Diagnostic (plain cup) <input type="checkbox"/> Occult Blood Screen (plain cup) <input type="checkbox"/> Ova and Parsites (yellow vial) <input type="checkbox"/> Phenobarbital (Luminal) <input type="checkbox"/> Phosphorous <input type="checkbox"/> Platelet Ct <input type="checkbox"/> Potassium <input type="checkbox"/> Prealbumin <input type="checkbox"/> Protein, Total <input type="checkbox"/> ProTime W/INR <input type="checkbox"/> PSA Diagnostic <input type="checkbox"/> PSA Screen </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> PTT <input type="checkbox"/> Renal Profile <input type="checkbox"/> Reticulocyte CT <input type="checkbox"/> Rheumatoid Factor <input type="checkbox"/> RPR <input type="checkbox"/> Salmonella Shigella (orange vial) <input type="checkbox"/> Sed Rates (ESR) <input type="checkbox"/> Sodium <input type="checkbox"/> Sputum Cx (plain cup) <input type="checkbox"/> Stool Culture (orange vial) <input type="checkbox"/> T3 uptake <input type="checkbox"/> T4 <input type="checkbox"/> T4, FREE <input type="checkbox"/> Tegretol (carbamazepine) <input type="checkbox"/> Theophylline <input type="checkbox"/> Throat Cx <input type="checkbox"/> Triglyceride <input type="checkbox"/> TSH <input type="checkbox"/> UA with Microscopic & Urine Culture 2 <input type="checkbox"/> Uric Acid <input type="checkbox"/> Urinalysis Do Cx if UA indicates <input type="checkbox"/> Urinalysis w/Microscopic <input type="checkbox"/> Urinalysis w/o Microscopic <input type="checkbox"/> Urine Culture <input type="checkbox"/> Vaginal Cx <input type="checkbox"/> Valproic Acid (Depakene) <input type="checkbox"/> Vancomycin Peak <input type="checkbox"/> Vancomycin Trough <input type="checkbox"/> Vibro (orange vial) <input type="checkbox"/> VRE Urine Cx <input type="checkbox"/> VRE Wound Cx (List source in Other Tests below) <input type="checkbox"/> WBC <input type="checkbox"/> Wound Cx (List source in Other Tests below) <input type="checkbox"/> Versinia (orange vial) </td> </tr> </table>	<input type="checkbox"/> AFB Cx Sputum (pain cup) <input type="checkbox"/> Albumin <input type="checkbox"/> AlkPhos <input type="checkbox"/> ALT (SGPT) <input type="checkbox"/> Ammonia <input type="checkbox"/> Amylase <input type="checkbox"/> Arthritis Panel (not covered by Medicare) <input type="checkbox"/> AST (SGOT) <input type="checkbox"/> B-Type Natriuretic-Peptide (BNP) <input type="checkbox"/> B12 <input type="checkbox"/> Basic Metabolic (BMP) <input type="checkbox"/> Billirubin, Total <input type="checkbox"/> Blood Cx (keep warm) <input type="checkbox"/> BUN <input type="checkbox"/> C-Reactive Protein (CRP), Ultra <input type="checkbox"/> Calcium <input type="checkbox"/> Campylobacter (orange vial) <input type="checkbox"/> CBC No Diff <input type="checkbox"/> CBC W/Auto Diff Do Manual Diff if Auto Indicates <input type="checkbox"/> CBC W/Chr W/Auto DIFF Do Manual DIFF if Auto Indicates <input type="checkbox"/> Chloride <input type="checkbox"/> Cholesterol <input type="checkbox"/> Clostridium Difficile Toxin (plain cup) <input type="checkbox"/> CO2 <input type="checkbox"/> Comprehensive Metabolic (CMP) <input type="checkbox"/> Creatinine <input type="checkbox"/> Digoxin (Lanoxin) <input type="checkbox"/> Dilantin (Phenytoin) <input type="checkbox"/> E Coli 0157 (orange vial) <input type="checkbox"/> Electrolytes <input type="checkbox"/> Eye Cx - 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<input type="checkbox"/> AFB Cx Sputum (pain cup) <input type="checkbox"/> Albumin <input type="checkbox"/> AlkPhos <input type="checkbox"/> ALT (SGPT) <input type="checkbox"/> Ammonia <input type="checkbox"/> Amylase <input type="checkbox"/> Arthritis Panel (not covered by Medicare) <input type="checkbox"/> AST (SGOT) <input type="checkbox"/> B-Type Natriuretic-Peptide (BNP) <input type="checkbox"/> B12 <input type="checkbox"/> Basic Metabolic (BMP) <input type="checkbox"/> Billirubin, Total <input type="checkbox"/> Blood Cx (keep warm) <input type="checkbox"/> BUN <input type="checkbox"/> C-Reactive Protein (CRP), Ultra <input type="checkbox"/> Calcium <input type="checkbox"/> Campylobacter (orange vial) <input type="checkbox"/> CBC No Diff <input type="checkbox"/> CBC W/Auto Diff Do Manual Diff if Auto Indicates <input type="checkbox"/> CBC W/Chr W/Auto DIFF Do Manual DIFF if Auto Indicates <input type="checkbox"/> Chloride <input type="checkbox"/> Cholesterol <input type="checkbox"/> Clostridium Difficile Toxin (plain cup) <input type="checkbox"/> CO2 <input type="checkbox"/> Comprehensive Metabolic (CMP) <input type="checkbox"/> Creatinine <input type="checkbox"/> Digoxin (Lanoxin) <input type="checkbox"/> Dilantin (Phenytoin) <input type="checkbox"/> E Coli 0157 (orange vial) <input type="checkbox"/> Electrolytes <input type="checkbox"/> Eye Cx - Left <input type="checkbox"/> Eye Cx - Right <input type="checkbox"/> Ferritin <input type="checkbox"/> Folate	<input type="checkbox"/> Gentamicin Peak <input type="checkbox"/> Gentamicin Trough <input type="checkbox"/> GGT <input type="checkbox"/> Glucose <input type="checkbox"/> Gram Stain (List source in Other Tests below) <input type="checkbox"/> HCT <input type="checkbox"/> Hepatic Profile (Liver) <input type="checkbox"/> HGB <input type="checkbox"/> Hgb A1C <input type="checkbox"/> HIV <input type="checkbox"/> Iron/TIBC <input type="checkbox"/> Lipase <input type="checkbox"/> Lipid Profile w/calc LDL <input type="checkbox"/> Lipid Profile w/direct LDL <input type="checkbox"/> Magnesium <input type="checkbox"/> Manual Diff <input type="checkbox"/> MRSA Nose Cx <input type="checkbox"/> MRSA Sputum (plain cup) <input type="checkbox"/> MRSA Urine Cx <input type="checkbox"/> MRSA Vaginal Cx <input type="checkbox"/> MRSA Wound Cx (List source in Other Tests below) <input type="checkbox"/> Needlestick Profile (not covered by Medicare) <input type="checkbox"/> Occult Blood Diagnostic (plain cup) <input type="checkbox"/> Occult Blood Screen (plain cup) <input type="checkbox"/> Ova and Parsites (yellow vial) <input type="checkbox"/> Phenobarbital (Luminal) <input type="checkbox"/> Phosphorous <input type="checkbox"/> Platelet Ct <input type="checkbox"/> Potassium <input type="checkbox"/> Prealbumin <input type="checkbox"/> Protein, Total <input type="checkbox"/> ProTime W/INR <input type="checkbox"/> PSA Diagnostic <input type="checkbox"/> PSA Screen	<input type="checkbox"/> PTT <input type="checkbox"/> Renal Profile <input type="checkbox"/> Reticulocyte CT <input type="checkbox"/> Rheumatoid Factor <input type="checkbox"/> RPR <input type="checkbox"/> Salmonella Shigella (orange vial) <input type="checkbox"/> Sed Rates (ESR) <input type="checkbox"/> Sodium <input type="checkbox"/> Sputum Cx (plain cup) <input type="checkbox"/> Stool Culture (orange vial) <input type="checkbox"/> T3 uptake <input type="checkbox"/> T4 <input type="checkbox"/> T4, FREE <input type="checkbox"/> Tegretol (carbamazepine) <input type="checkbox"/> Theophylline <input type="checkbox"/> Throat Cx <input type="checkbox"/> Triglyceride <input type="checkbox"/> TSH <input type="checkbox"/> UA with Microscopic & Urine Culture 2 <input type="checkbox"/> Uric Acid <input type="checkbox"/> Urinalysis Do Cx if UA indicates <input type="checkbox"/> Urinalysis w/Microscopic <input type="checkbox"/> Urinalysis w/o Microscopic <input type="checkbox"/> Urine Culture <input type="checkbox"/> Vaginal Cx <input type="checkbox"/> Valproic Acid (Depakene) <input type="checkbox"/> Vancomycin Peak <input type="checkbox"/> Vancomycin Trough <input type="checkbox"/> Vibro (orange vial) <input type="checkbox"/> VRE Urine Cx <input type="checkbox"/> VRE Wound Cx (List source in Other Tests below) <input type="checkbox"/> WBC <input type="checkbox"/> Wound Cx (List source in Other Tests below) <input type="checkbox"/> Versinia (orange vial)		
Other Tests:	<input type="text"/>			
Frequency:	<input type="text" value="-- Please Select --"/>			
Description	<input type="text"/>			

Ohio Living Matrix System Orders - Nursing & Ancillary

	<p>Choose times / shifts: <input type="radio"/> Time <input type="radio"/> Shift <input type="radio"/> PRN <input type="radio"/> Custom</p> <hr/> <p>Repeats On: <input type="radio"/> Daily <input type="radio"/> Cyclical <input type="radio"/> Weekly <input type="radio"/> Monthly</p>																															
Special Instructions:	<input style="width: 100%;" type="text"/>																															
Diagnosis:	<input type="text" value="-- None --"/> Add new diagnosis																															
Related Event:																																
Note(s) to record:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> 1:1</td><td><input type="checkbox"/> Music</td><td><input type="checkbox"/> Resp. After</td></tr> <tr> <td><input type="checkbox"/> Amount</td><td><input type="checkbox"/> O2 Sat After</td><td><input type="checkbox"/> Resp. Before</td></tr> <tr> <td><input type="checkbox"/> Called</td><td><input type="checkbox"/> O2 Sat Before</td><td><input type="checkbox"/> Results</td></tr> <tr> <td><input type="checkbox"/> Date Drawn</td><td><input type="checkbox"/> Off</td><td><input type="checkbox"/> Route</td></tr> <tr> <td><input type="checkbox"/> Diastolic</td><td><input type="checkbox"/> On</td><td><input type="checkbox"/> Site</td></tr> <tr> <td><input type="checkbox"/> Fluids</td><td><input type="checkbox"/> Pain After</td><td><input type="checkbox"/> Systolic</td></tr> <tr> <td><input type="checkbox"/> Food</td><td><input type="checkbox"/> Pain Before</td><td><input type="checkbox"/> Temp After</td></tr> <tr> <td><input type="checkbox"/> FYI Only</td><td><input type="checkbox"/> PT</td><td><input type="checkbox"/> Temp Before</td></tr> <tr> <td><input type="checkbox"/> INR</td><td><input type="checkbox"/> Pulse</td><td><input type="checkbox"/> Time</td></tr> <tr> <td><input type="checkbox"/> Minutes</td><td><input type="checkbox"/> Quiet Place</td><td><input type="checkbox"/> Units</td></tr> </table>		<input type="checkbox"/> 1:1	<input type="checkbox"/> Music	<input type="checkbox"/> Resp. After	<input type="checkbox"/> Amount	<input type="checkbox"/> O2 Sat After	<input type="checkbox"/> Resp. Before	<input type="checkbox"/> Called	<input type="checkbox"/> O2 Sat Before	<input type="checkbox"/> Results	<input type="checkbox"/> Date Drawn	<input type="checkbox"/> Off	<input type="checkbox"/> Route	<input type="checkbox"/> Diastolic	<input type="checkbox"/> On	<input type="checkbox"/> Site	<input type="checkbox"/> Fluids	<input type="checkbox"/> Pain After	<input type="checkbox"/> Systolic	<input type="checkbox"/> Food	<input type="checkbox"/> Pain Before	<input type="checkbox"/> Temp After	<input type="checkbox"/> FYI Only	<input type="checkbox"/> PT	<input type="checkbox"/> Temp Before	<input type="checkbox"/> INR	<input type="checkbox"/> Pulse	<input type="checkbox"/> Time	<input type="checkbox"/> Minutes	<input type="checkbox"/> Quiet Place	<input type="checkbox"/> Units
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<input type="checkbox"/> Minutes	<input type="checkbox"/> Quiet Place	<input type="checkbox"/> Units																														
Category:	<input type="text" value="-- None Selected --"/>	Flow Sheet: <input type="text" value="-- Select One --"/>																														
Order Class:	Physician Order																															
Ordered By:	<input type="text" value="PHYSICIAN, JOHN"/>	Order source: <input type="text" value="-- Select One --"/>																														
Provider:	Medlab	Send Fax: Provider does not accept faxes.																														

2. Select the Frequency and the appropriate Flow Sheet. Enter the Order Source. In Special Instructions add the symptoms/reason for the test.
3. The order appears for review and approval. The order can be modified as needed.
4. Click on Save if you are entering only one order or Save & New, if you will be entering additional orders for the resident. Select Save & Copy or Save & Link as appropriate (see page 16)

Radiology Orders

1. The Radiology Order list is very extensive, but you can also key in under Other Tests any order that does not appear on the list.

Ohio Living Matrix System Orders - Nursing & Ancillary

Radiology Order																															
Noel, Abby DNRCC Hospice																															
Allergies: Advil																															
Received Date: 12/31/2009	Received By: Shaw, Belinda																														
Start Date: 12/31/2009	End Date: <input type="text"/> <input checked="" type="checkbox"/> Open Ended																														
Radiology:	Chest: <input type="checkbox"/> Standard Abdomen: <input type="checkbox"/> Standard Hip: <input type="checkbox"/> LT <input type="checkbox"/> RT Femur: <input type="checkbox"/> LT <input type="checkbox"/> RT Knee: <input type="checkbox"/> LT <input type="checkbox"/> RT Tibia/Fibula: <input type="checkbox"/> LT <input type="checkbox"/> RT Foot: <input type="checkbox"/> LT <input type="checkbox"/> RT Ankle: <input type="checkbox"/> LT <input type="checkbox"/> RT Other: <input type="checkbox"/> Standard Skull Series: <input type="checkbox"/> Standard Lumbar Spine - Under 150 lbs: <input type="checkbox"/> Standard Thoracic Spine - Under 150 lbs: <input type="checkbox"/> Standard Ribs: <input type="checkbox"/> LT <input type="checkbox"/> RT Shoulder: <input type="checkbox"/> LT <input type="checkbox"/> RT Humerus: <input type="checkbox"/> LT <input type="checkbox"/> RT Elbow: <input type="checkbox"/> LT <input type="checkbox"/> RT Forearm: <input type="checkbox"/> LT <input type="checkbox"/> RT Wrist: <input type="checkbox"/> LT <input type="checkbox"/> RT Hand: <input type="checkbox"/> LT <input type="checkbox"/> RT EKG: <input type="checkbox"/> Standard Pelvis: <input type="checkbox"/> Standard																														
Other Tests:	<input type="text"/>																														
Frequency:	-- Please Select --																														
Description <input type="text"/> Choose times / shifts: <input type="radio"/> Time <input type="radio"/> Shift <input type="radio"/> PRN <input type="radio"/> Custom																															
Repeats On: <input type="radio"/> Daily <input type="radio"/> Cyclical <input type="radio"/> Weekly <input type="radio"/> Monthly																															
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<input type="checkbox"/> Minutes	<input type="checkbox"/> Quiet Place	<input type="checkbox"/> Units																													

Ohio Living Matrix System Orders - Nursing & Ancillary

Category: -- None Selected --	Flow Sheet: -- Select One --
Order Class: Physician Order	
Ordered By: PHYSICIAN, JOHN	Order source: -- Select One --
Provider: Mobilex	Send Fax: Provider does not accept faxes.
<input type="button" value="Cancel"/>	<input type="button" value="Next"/>

2. Select the Frequency and the appropriate Flow Sheet. Enter the Order Source. In Special Instructions, add the symptoms/reason for the test.
3. The order appears for review and approval. The order can be modified as needed.
5. Click on Save if you are entering only one order or Save & New, if you will be entering additional orders for the resident. Select Save & Copy or Save & Link as appropriate (see page 16)

Admission Orders

Admission Orders are a group of Orders designed to make the Admission Process easier. These are pre-populated orders

1. It may take longer than usual for these orders to load completely. Be sure that you can scroll down to the bottom of the screen and that you see the message in red and the internet Session message.

The purpose of this button is to provide the user with the ability to electronically transmit orders. By clicking on the button, the user acknowledges that he or she is assenting to a legally binding transaction electronically and that by clicking on the button, his or her assent will be legally binding and the orders will be carried out. An electronic record of your assent will be made by the computer system.

2. By checking Add General Order to Resident, that order from the list will open for editing and will become an active order for the resident.

Ohio Living Matrix System Orders - Nursing & Ancillary

Ordered By: WEIGAND, JOHN																													
<input type="checkbox"/> Add General Order to Resident																													
Received Date: 09/19/2007	Received By: Krizo, Allison																												
Start Date: 09/19/2007	End Date: <input type="text"/> <input checked="" type="checkbox"/> Open Ended																												
Order Description: Weigh Daily																													
Discipline(s): <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Activities</td> <td><input type="checkbox"/> Hospice</td> <td><input type="checkbox"/> Occupational Therapy</td> <td><input type="checkbox"/> Social Service</td> </tr> <tr> <td><input type="checkbox"/> Administration</td> <td><input type="checkbox"/> Housekeeping</td> <td><input type="checkbox"/> PA</td> <td><input type="checkbox"/> Speech Therapy</td> </tr> <tr> <td><input type="checkbox"/> All Staff</td> <td><input type="checkbox"/> Laundry</td> <td><input type="checkbox"/> Pharmacy</td> <td><input type="checkbox"/> STNA</td> </tr> <tr> <td><input type="checkbox"/> Chaplain</td> <td><input type="checkbox"/> Licensed Nurse</td> <td><input type="checkbox"/> Physical Therapy</td> <td><input type="checkbox"/> Transportation</td> </tr> <tr> <td><input type="checkbox"/> Dialysis</td> <td><input type="checkbox"/> Maintenance</td> <td><input type="checkbox"/> Physician</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Dietary</td> <td><input type="checkbox"/> NP</td> <td><input type="checkbox"/> Psychology</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Family</td> <td><input type="checkbox"/> Nursing</td> <td><input type="checkbox"/> Restorative</td> <td></td> </tr> </table>		<input type="checkbox"/> Activities	<input type="checkbox"/> Hospice	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Social Service	<input type="checkbox"/> Administration	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> PA	<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> All Staff	<input type="checkbox"/> Laundry	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> STNA	<input type="checkbox"/> Chaplain	<input type="checkbox"/> Licensed Nurse	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Transportation	<input type="checkbox"/> Dialysis	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Physician		<input type="checkbox"/> Dietary	<input type="checkbox"/> NP	<input type="checkbox"/> Psychology		<input type="checkbox"/> Family	<input type="checkbox"/> Nursing	<input type="checkbox"/> Restorative	
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<input type="checkbox"/> Family	<input type="checkbox"/> Nursing	<input type="checkbox"/> Restorative																											
Frequency: Daily <input type="checkbox"/> PRN Order <input checked="" type="radio"/> Interval Time <input type="radio"/> Interval Shift 1st Interval Time: 05:00 PM Shift: 1st																													
Special Instructions:																													
Note(s) to record: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> 1-Systolic</td> <td><input type="checkbox"/> O2 Sat</td> <td><input type="checkbox"/> Results</td> <td><input type="checkbox"/> Units</td> </tr> <tr> <td><input type="checkbox"/> 2-Diastolic</td> <td><input type="checkbox"/> Off</td> <td><input type="checkbox"/> Site</td> <td></td> </tr> <tr> <td><input type="checkbox"/> FBBS</td> <td><input type="checkbox"/> On</td> <td><input type="checkbox"/> Temp</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Minutes</td> <td><input type="checkbox"/> Pulse</td> <td><input type="checkbox"/> Time</td> <td></td> </tr> </table>		<input type="checkbox"/> 1-Systolic	<input type="checkbox"/> O2 Sat	<input type="checkbox"/> Results	<input type="checkbox"/> Units	<input type="checkbox"/> 2-Diastolic	<input type="checkbox"/> Off	<input type="checkbox"/> Site		<input type="checkbox"/> FBBS	<input type="checkbox"/> On	<input type="checkbox"/> Temp		<input type="checkbox"/> Minutes	<input type="checkbox"/> Pulse	<input type="checkbox"/> Time													
<input type="checkbox"/> 1-Systolic	<input type="checkbox"/> O2 Sat	<input type="checkbox"/> Results	<input type="checkbox"/> Units																										
<input type="checkbox"/> 2-Diastolic	<input type="checkbox"/> Off	<input type="checkbox"/> Site																											
<input type="checkbox"/> FBBS	<input type="checkbox"/> On	<input type="checkbox"/> Temp																											
<input type="checkbox"/> Minutes	<input type="checkbox"/> Pulse	<input type="checkbox"/> Time																											
Category: Weight	Flow sheet: Treatments																												

Note: You must add specific frequency information and desired Notes to Record for Admission Orders.

⚙️Tip: These orders do not appear for review after clicking the Save button. Be sure to scroll through and review them, before you click on Save.

Copying Orders

As a way to create new orders faster using information from a previously saved order, for example, an order that has one dose strength in the morning and a different dose strength in the evening, Save and Copy the order. To copy an order, click the **Copy Order** button on the **View Order** page or select **Save & Copy** when creating a new order. This will take you to the Search Prescriptions page. After selecting the new strength click on Next. The Prescription Order page will contain any Special Instructions and Notes to Record. All fields may be edited.

When you save and Copy General, Lab and Radiology orders, after clicking on Save and Copy you will be taken back to the New Order screen. Like with the Prescription orders, the fields will be populated but all can be edited.

Linking Orders

Linking multiple orders together allows them to appear grouped together on the **Current Orders** page and the **Resident/Facility Flow Sheets** report. Linking orders gives you the ability to define a relationship between two or more individual orders.

Orders may be linked when entered by clicking on Save & Link or after entered by clicking on the [Add order links](#) link at the bottom of the Current Orders page.

Ohio Living Matrix System Orders - Nursing & Ancillary

General	Skin check every week QWK - Every (Sun Every Week Shift 2)	01/18/2009	Open Ended	Treatments	X	DC
---------	-------------------------------------------------------------------------------	------------	------------	------------	---	--------------------

[Search order history](#) | [Mark signed orders](#) | [Add order links](#)

1. Click on [Add order links](#)
2. Select Orders to link

Matrix 6.3.2 -- Resident: Glee, Howard

Maintain Order Links

Glee, Howard **DNRCC**

Linked Orders

Verify	Type	Description	Order Date	Flow Sheet	Signed	Link Sequence
No orders are currently selected to be linked.						

[Cancel](#) [Save](#)

Orders To Link

Verify	Type	Description	Order Date	Flow Sheet	Signed	Link Sequence
	Prescription	Accuretic (hydrochlorothiazide-quinapril) tablet; 12.5 mg-10 mg; amt: 1 tablet; oral Special Instructions: Hold if systolic BP < 110 BID - Twice a Day 09:00, 17:00	05/29/2010 - Open Ended	Medications	X	Add Link
	Prescription	Deltasone (prednisONE) tablet; 10 mg; amt: 10 mg; oral Once A Day 09:00	06/01/2010 - 06/03/2010	Medications	X	Add Link
	Prescription	Deltasone (prednisONE) tablet; 5 mg; amt: 5 mg; oral Once A Day 09:00	06/04/2010 - 06/06/2010	Medications	X	Add Link
	Prescription	Deltasone (prednisONE) tablet; 5 mg; amt: 5 mg; oral Once A Day Every Other Day 09:00	06/07/2010 - 06/14/2010	Medications	X	Add Link

3. The Orders will appear under the Linked Orders heading and can be re-sequenced by clicking on the arrows or the link can be removed. Click on Save when complete.

Maintain Order Links

Glee, Howard **DNRCC**

Linked Orders

Verify	Type	Description	Order Date	Flow Sheet	Signed	Link Sequence	
	Prescription	Deltasone (prednisONE) tablet; 10 mg; amt: 10 mg; oral Once A Day 09:00	06/01/2010 - 06/03/2010	Medications	X	↓	Remove Link
	Prescription	Deltasone (prednisONE) tablet; 5 mg; amt: 5 mg; oral Once A Day 09:00	06/04/2010 - 06/06/2010	Medications	X	↑ ↓	Remove Link
	Prescription	Deltasone (prednisONE) tablet; 5 mg; amt: 5 mg; oral Once A Day Every Other Day 09:00	06/07/2010 - 06/14/2010	Medications	X	↑	Remove Link

[Cancel](#) [Save](#)

Orders To Link

Verify	Type	Description	Order Date	Flow Sheet	Signed	Link Sequence
	Prescription	Accuretic (hydrochlorothiazide-quinapril) tablet; 12.5 mg-10 mg; amt: 1 tablet; oral Special Instructions: Hold if systolic BP < 110 BID - Twice a Day 09:00, 17:00	05/29/2010 - Open Ended	Medications	X	Add Link
	Prescription	Dulcolax Laxative (bisacodyl) [OTC] suppository; 10 mg; amt: 1 suppository; rectal Special Instructions: if no results	01/18/2009 - Open Ended	PRN Medications	X	Add Link

Ohio Living Matrix System Orders - Nursing & Ancillary

4. The linked orders appear together on the Current Orders page and the Flow Sheets.

Verify	Type	Description	Start Date	End Date	Flow Sheet	Signed	DC
	Prescription	Accuretic (hydrochlorothiazide-quinapril) tablet; 12.5 mg-10 mg; amt: 1 tablet; oral Special Instructions: Hold if systolic BP < 110 BID - Twice a Day 09:00, 17:00	05/29/2010	Open Ended	Medications	X	DC
	Prescription	Deltasone (prednisONE) tablet; 10 mg; amt: 10 mg; oral Once A Day 09:00 1 of 3 Linked Orders: Maintain links	06/01/2010	06/03/2010	Medications	X	DC
	Prescription	Deltasone (prednisONE) tablet; 5 mg; amt: 5 mg; oral Once A Day 09:00 2 of 3 Linked Orders	06/04/2010	06/06/2010	Medications	X	DC
	Prescription	Deltasone (prednisONE) tablet; 5 mg; amt: 5 mg; oral Once A Day Every Other Day 09:00 3 of 3 Linked Orders	06/07/2010	06/14/2010	Medications	X	DC
	Prescription	Dulcolax Laxative (bisacodyl) [OTC] suppository; 10 mg; amt: 1 suppository; rectal Special Instructions: if no results from	01/18/2009	Open Ended	PRN Medications	X	DC

Medications Flowsheet: Glee, Howard M (DNRCC) Date: 6/1/2010 - 6/30/2010

Order	Time	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su				
Deltasone (prednisONE) tablet; 10 mg; Amount to Administer: 10 mg; oral Once A Day 06/01/2010 - 06/03/2010	09:00				X	X	X																																
Deltasone (prednisONE) tablet; 5 mg; Amount to Administer: 5 mg; oral Once A Day 06/04/2010 - 06/06/2010	09:00	X	X	X					X	X	X																												
Deltasone (prednisONE) tablet; 5 mg; Amount to Administer: 5 mg; oral Once A Day Every Other Day 06/07/2010 - 06/14/2010	09:00	X	X	X	X	X			X	X	X																												
Plavix (clopidogrel) tablet; 75 mg; Amount to Administer: 75 mg; oral Daily give whole in applesauce [DX: *Acute myocardial infarction] 01/18/2009 - Open Ended	09:00																																						
Lasix (furosemide) tablet; 40 mg; Systolic	09:00																																						

Editing Orders

You can edit the Flow Sheet, Notes to Record, Category or Order Source without having the order discontinued and create a new order. Any other changes to an Order will cause it to be discontinued and a new order created. To edit, open the order, scroll to the bottom and click on edit.

Ohio Living Matrix System Orders - Nursing & Ancillary

Discontinuing an Orders

- Orders can be discontinued by clicking on [DC](#) next to the order from the list of Current Orders.

Current Orders							Teach Me	
Noel, Abby							DNRCC	
Verify	Type	Description	Start Date	End Date	Flow Sheet	Signed	DC	
	Prescription	Synthroid (levothyroxine) tablet; 100 mcg (0.1 mg); amt: 0.1 mg; oral Special Instructions: Take 1 hour before meal. Daily 07:00 AM	01/18/2008	Open Ended	Medications		DC	
	General	Admission PPD Q_Days - Every (7) Days 09:00 AM	05/12/2008	05/19/2008	Medications		DC	
	General	Admission PPD - read Q_Days - Every (7) Days 09:00 AM	05/14/2008	05/21/2008	Medications		DC	
	General	Consult PT	01/18/2008	Open Ended	General		DC	

- The system auto fills the date and time, and who ordered. Select the DC Reason and add any notes.

DC Prescription Order	
Noel, Abby	
DNRCC	
Allergies: No known allergies	
Discontinue Order	
DC Received Date:	05/13/2008
DC Received By:	Shaw, Belinda
DC Date:	05/13/2008
DC Time:	11:30 AM
DC Ordered By:	Belinda R Shaw RN
DC Reason:	--None--
DC Note:	Adverse reaction Data Entry Error Discharged Condition resolved Order changed Other
Send DC Fax:	<input type="checkbox"/>
Sign DC:	<input type="checkbox"/>
<input type="button" value="Cancel"/> <input type="button" value="DC"/>	
Order Information	
Received Date:	01/18/2008
Received By:	Belinda R Shaw RN
Start Date:	01/18/2008
End Date:	Open Ended
Drug Name:	Synthroid (levothyroxine)
NDC Code:	00074662411
Schedule:	Not Scheduled
Session will expire in approximately 29 minutes.	

- Click on DC when you have completed all the fields.

Printing Orders

Prescription Orders cannot be faxed directly out of Matrix so they must be printed and faxed to the pharmacy. In addition, orders not originally written and signed by the physician must be printed for their signature. To print the order you must select and open it.

- Go to the Order List, select the order and reopen it. Scroll to the bottom of the order and click on the Report button.

Ohio Living Matrix System Orders - Nursing & Ancillary

Amount to Administer:	20 mg		
Frequency:	Daily Interval 1: 05:00 PM		
Special Instructions:			
Diagnosis:	N/A		
Note(s) to Record:			
Related Event:			
Category:		Flow Sheet:	Medications
Order Class:	Physician Order (PO)		
Ordered By:	JOHN WEIGAND MD	Order Source:	
Created By:	Belinda R Shaw RN	Created Date:	09/19/2007 12:13 PM
Verified By:	Belinda R Shaw RN	Verification Date:	09/19/2007
Provider:	Skilled Care	Transmission Status:	Provider does not accept faxes.
Pharmacy Directives:			

Print
Report
DC
Edit

Order Signatures

- A report of the order will appear. Click on the printer icon.

The screenshot shows a web browser window with the URL <https://oprs.achievematrix.com/FileServeServlet?TYPE=REPORT&ASSET=\\10.100.10.23\S...>. The browser's toolbar includes a printer icon, which is highlighted by a red arrow. The main content area displays a report for a prescription order from the OPRS Training Facility. The report includes the following information:

Prescription Order: Bars, Mars (DNRCC)

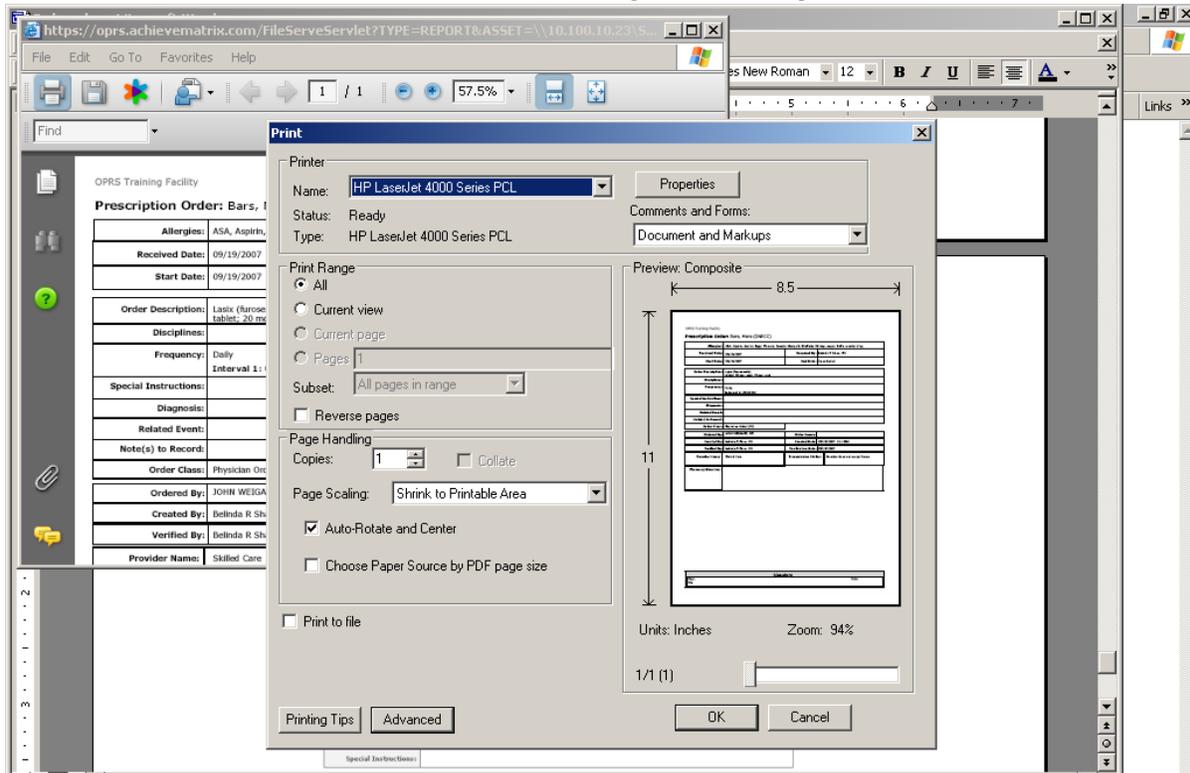
Allergies: ASA, Aspirin, doctor, Eggs, Flowers, Insects, Marigold, Shellfish, Shrimp, sugar, Sulfu, wonder drug	
Received Date: 09/19/2007	Received By: Belinda R Shaw, RN
Start Date: 09/19/2007	End Date: Open Ended
Order Description: Laxix (Furosemide) tablets, 20 mg, amt: 20 mg; oral	
Disciplines:	
Frequency: Daily Interval 1: 05:00 PM	
Special Instructions:	
Diagnosis:	
Related Event:	
Note(s) to Record:	
Order Class: Physician Order (PO)	
Ordered By: JOHN WEIGAND, MD	Order Source:
Created By: Belinda R Shaw, RN	Created Date: 09/19/2007 12:13PM
Verified By: Belinda R Shaw, RN	Verification Date: 09/19/2007
Provider Name: Skilled Care	Transmission Status: Provider does not accept faxes.

At the bottom of the report, the following information is displayed:

Amount to Administer:	20 mg		
Frequency:	Daily Interval 1: 05:00 PM		

- Click OK.

Ohio Living Matrix System Orders - Nursing & Ancillary



4. Once report prints, click on the "X" in the top right-hand corner of it to close the window.
5. To close the order click on Back.

Description for Profile:			
Order Class:	Physician Order (PO)		
Ordered By:	EDWARD BOPE MD	Order Source:	Verbal
Created By:	Belinda R Shaw RN	Created Date:	01/18/2008 04:59 PM
Verified By:	Belinda R Shaw RN	Verified Date:	01/18/2008 03:59 PM

[Back](#) [Report](#) [DC](#) [Edit](#)