

Orders Management (Orders Hygiene) In Cerner

With CST Cerner, staff and provider have asked questions around orders maintenance and appropriate actions when cleaning up the orders. As a reminder it is important to remember that each profession needs to continue to work within their regulated scope of practice. If it was outside of scope to place an order or discontinue an order prior to Cerner, then you should follow the same principle when working in the Cerner chart.

Below are examples of specific situations that have come forward and the appropriate actions are outlined.

1. A provider placed an order to saline lock the IV, but did not place an order to discontinue the related continuous IV infusion order. Can the nurse discontinue the continuous IV infusion order in Cerner?

Answer: Providers need to place the order to discontinue the related IV infusion order. It is outside nursing scope of practice to discontinue a continuous infusion order.

Providers must discontinue all orders and associated orders when placing new orders.

2. A provider placed an order to discontinue a morphine infusion, but kept the oral analgesics or adjunct medications from the power plan. Can the nurse discontinue the continuous monitoring that it associated to the morphine infusion?

Answer: Nurses can not discontinue monitoring; they can increase the frequency of monitoring if a patient is unstable and make a decision when more frequent monitoring is required. They can not change the monitoring to less frequent monitoring without an order.

Providers must discontinue all orders and associated orders when placing new orders.

3. If a lab test failed and needs be reordered, for example a sweat test for a baby or hemolyzed blood sample received, can the nurse place the order?

Answer: The provider needs to reorder the test, as it is outside nursing scope of practice to order a lab test.

4. If lab orders were entered into Cerner as unit collect and should be lab collect or vice versa, can the nurse make this change in the Cerner system?

Answer: Nurses can change the order (with No Co-signature Required) between unit collect and lab collect as the provider has already ordered the lab work.

5. Can nurses order a diet and make modifications to the diet order?

Answer: Nurses can enter an order to downgrade a diet, for example regular diet to minced diet, but nurses require an order to advance the diet. Nurse can use No Co-signature Required if original order allows for advancing diet e.g. starting order indicates CF, Advance Diet as Tolerated.

6. What do I do when there are multiple orders that are similar, for example multiple vital sign orders but all with different frequencies?

Answer: When there are multiple similar orders contact the provider to clarify the order.

CST PRACTICE POINTER

POINTING YOU IN THE RIGHT DIRECTION

Details on Order Types:

Adapted from table available on CST Cerner Help [Order Types for Non-Providers](#)

Communication Type	Use When	Co-signature Required	C&W Examples
Phone	An order is received via telephone from a provider when provider is unable to enter own orders.	Yes	Provider without computer access while en route
Verbal	An order received verbally from a provider, who is physically present, in an urgent or emergent situation.	Yes	Urgent and emergent only
Co-signature Required	Any order that does not fit the other categories but will require provider co-signature when ordered by non-providers.	Yes	Used for proposed orders by MSIs
No Co-signature Required	An order which does not require a co-signature, including Nursing Initiated Activities (NIAs) and Consult/Following Orders for Allied Health.	No	NIAs Advancing Diet as ordered Changing between unit and lab collect
Paper/Fax	An order was written on paper and transcribed into the patient chart.	No	Cutover
Electronic	For use by pharmacy staff only in the medication verification process only. Not to be selected for any orders.	No	