

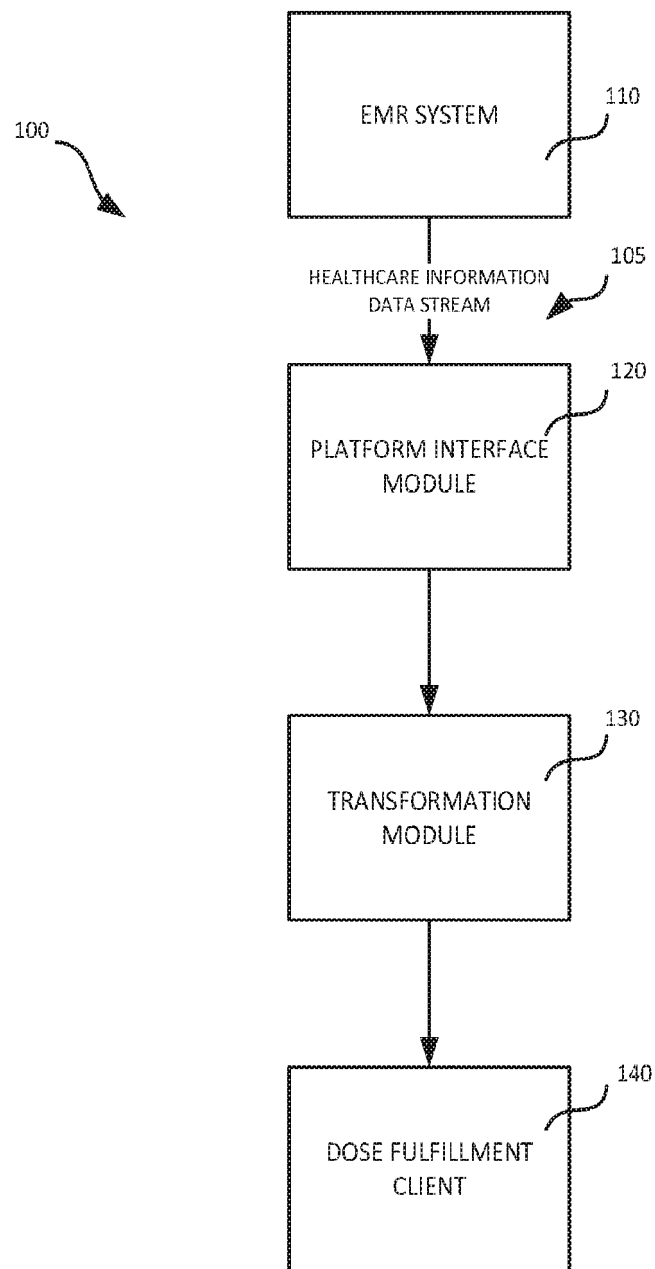
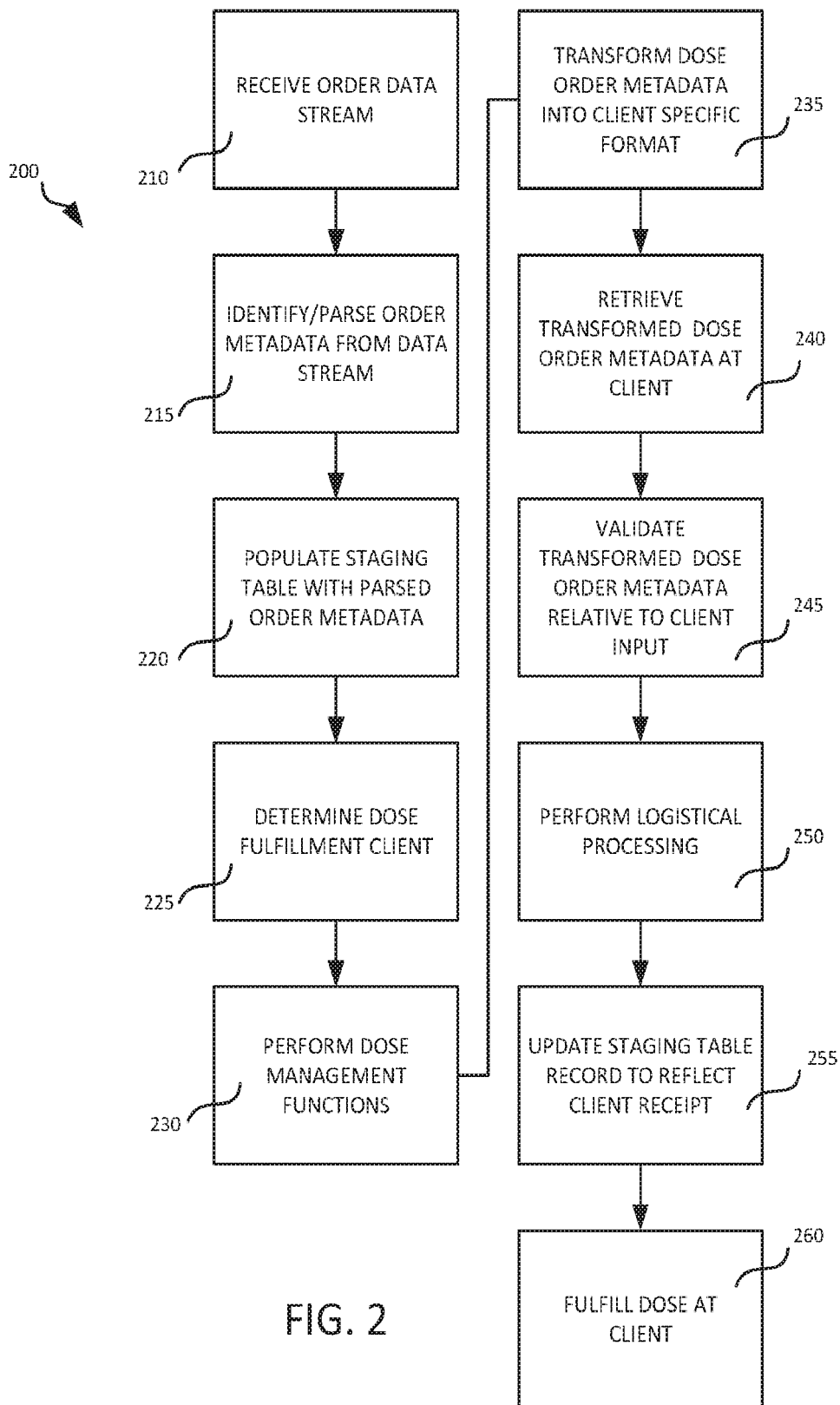


FIG. 1



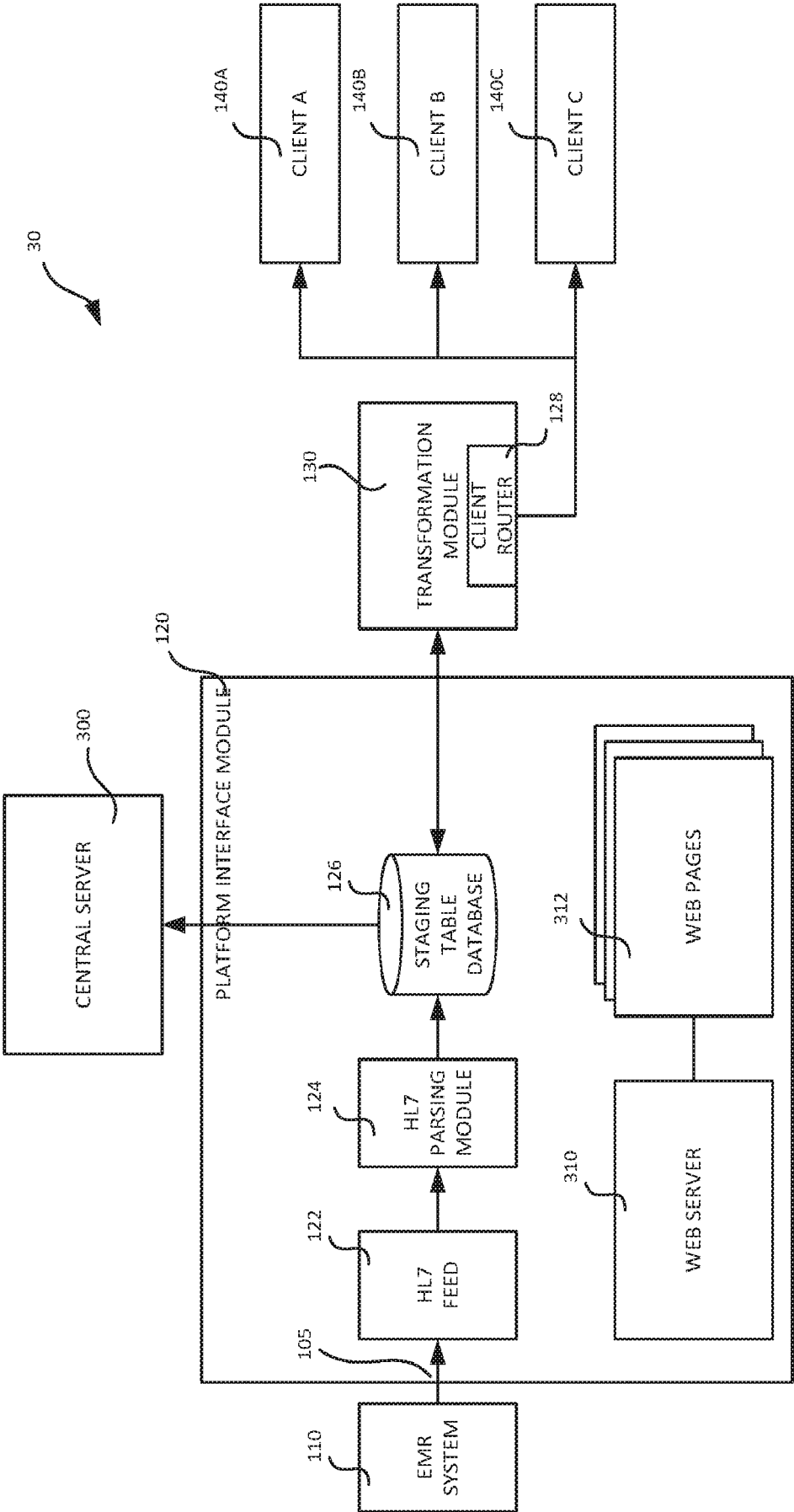


FIG. 3

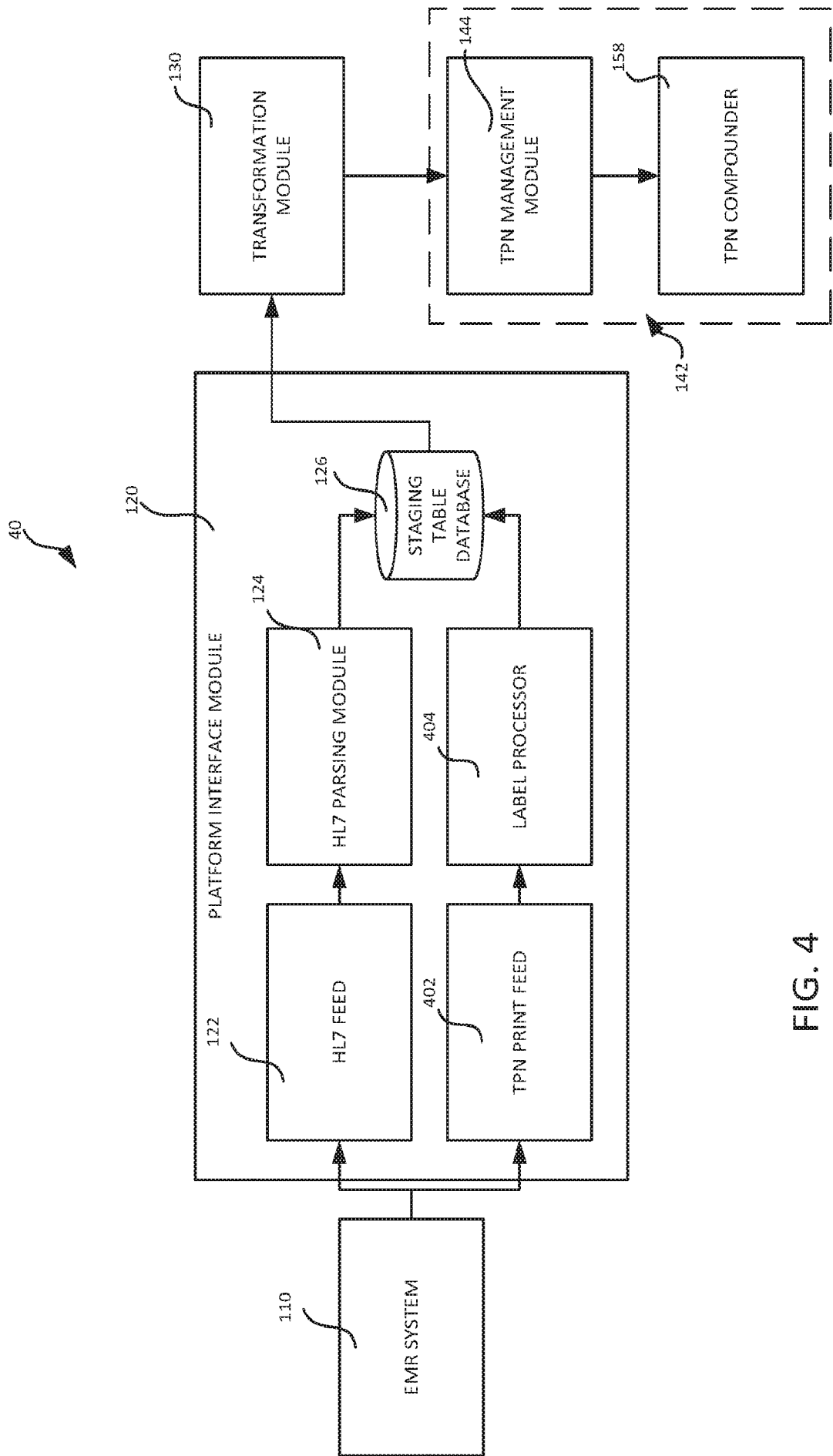


FIG. 4

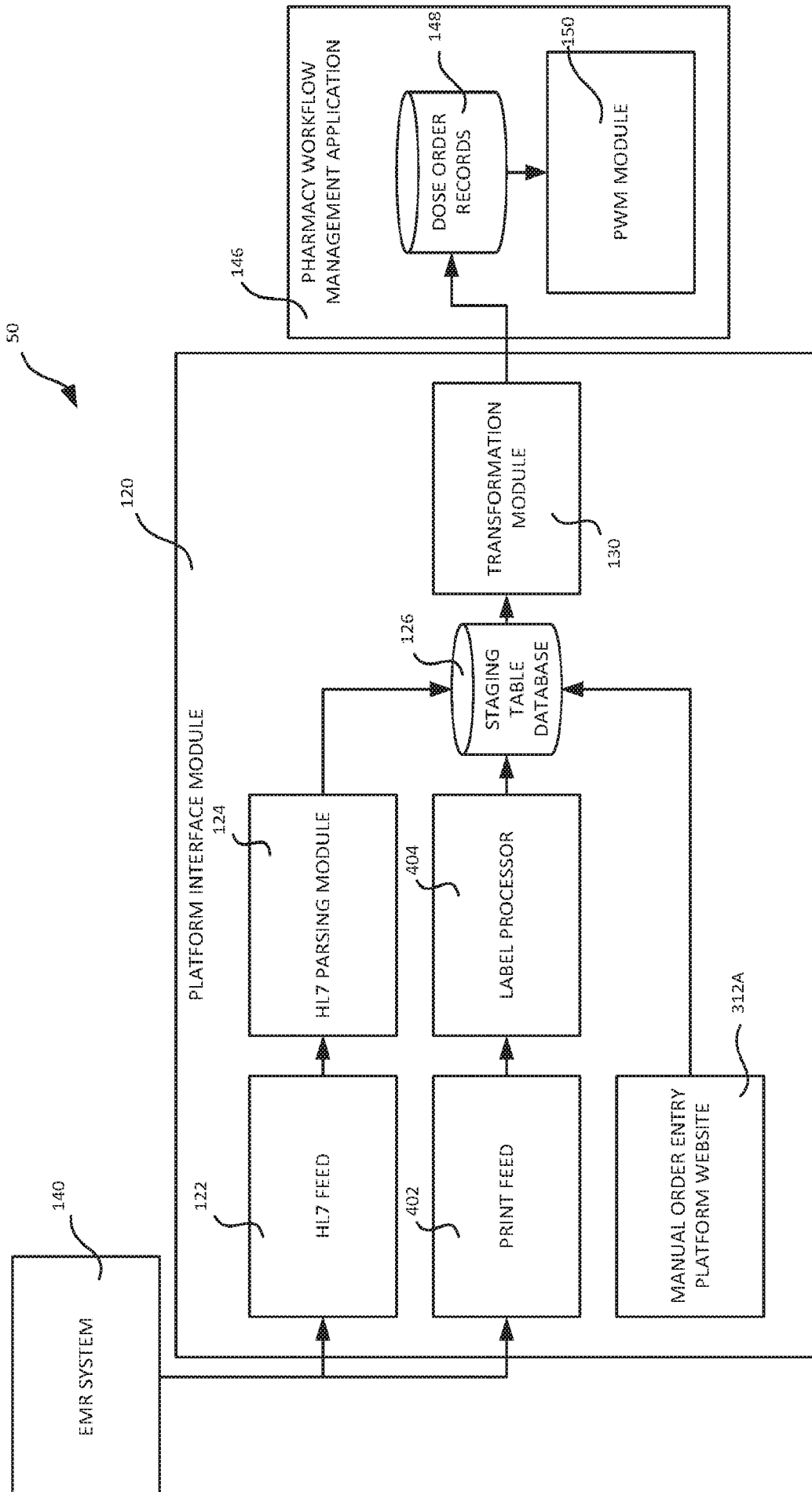
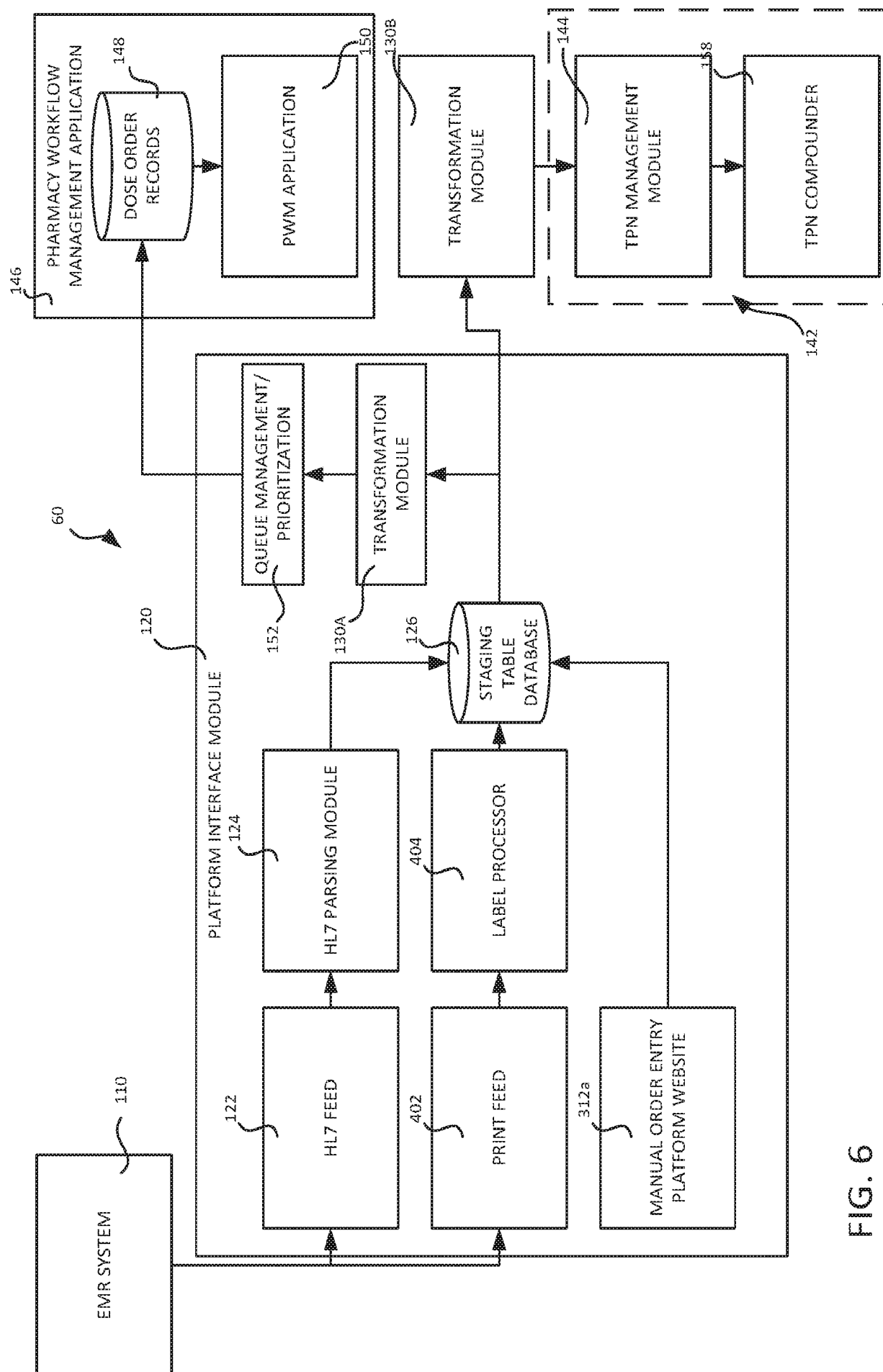
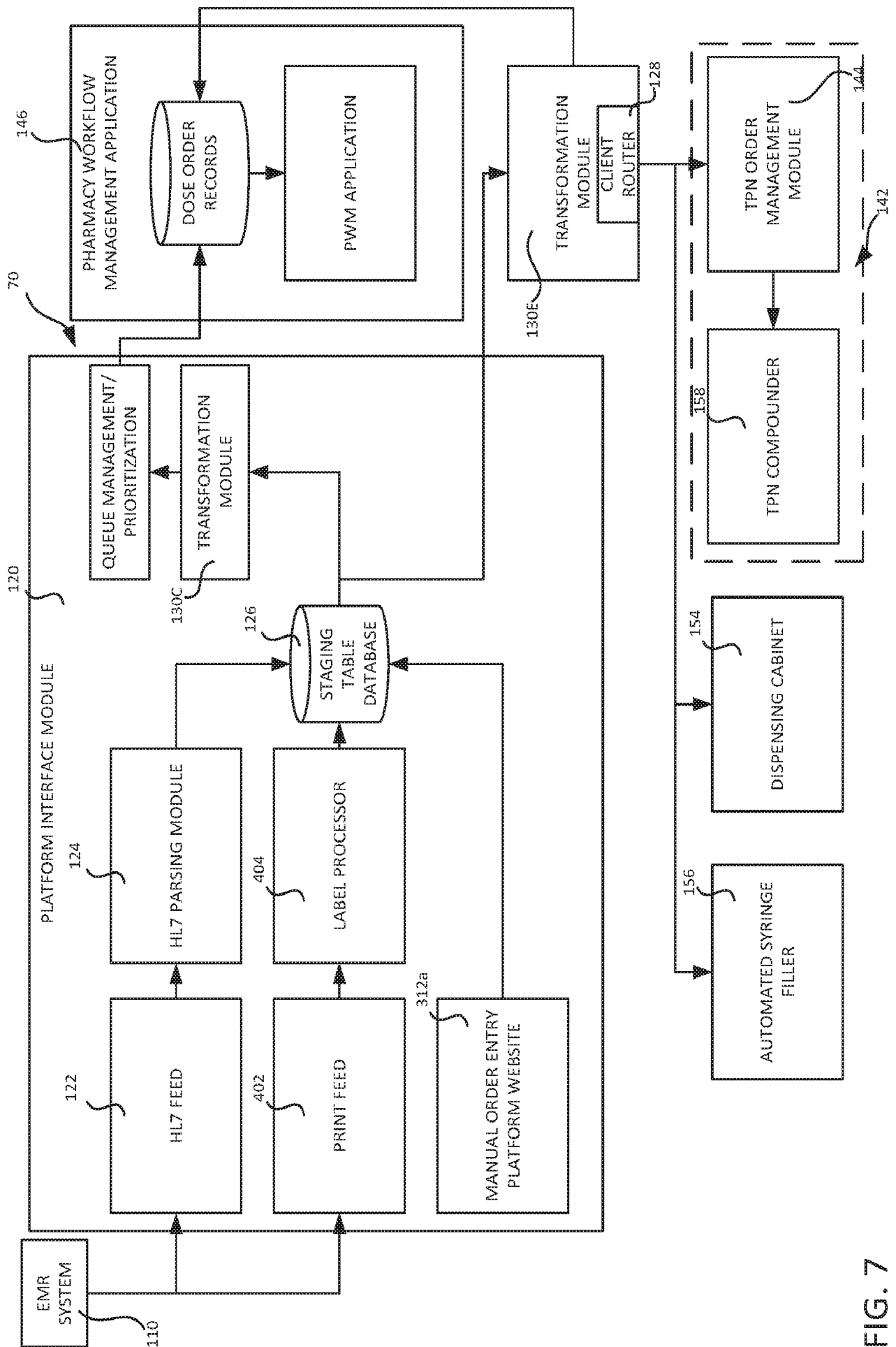


FIG. 5





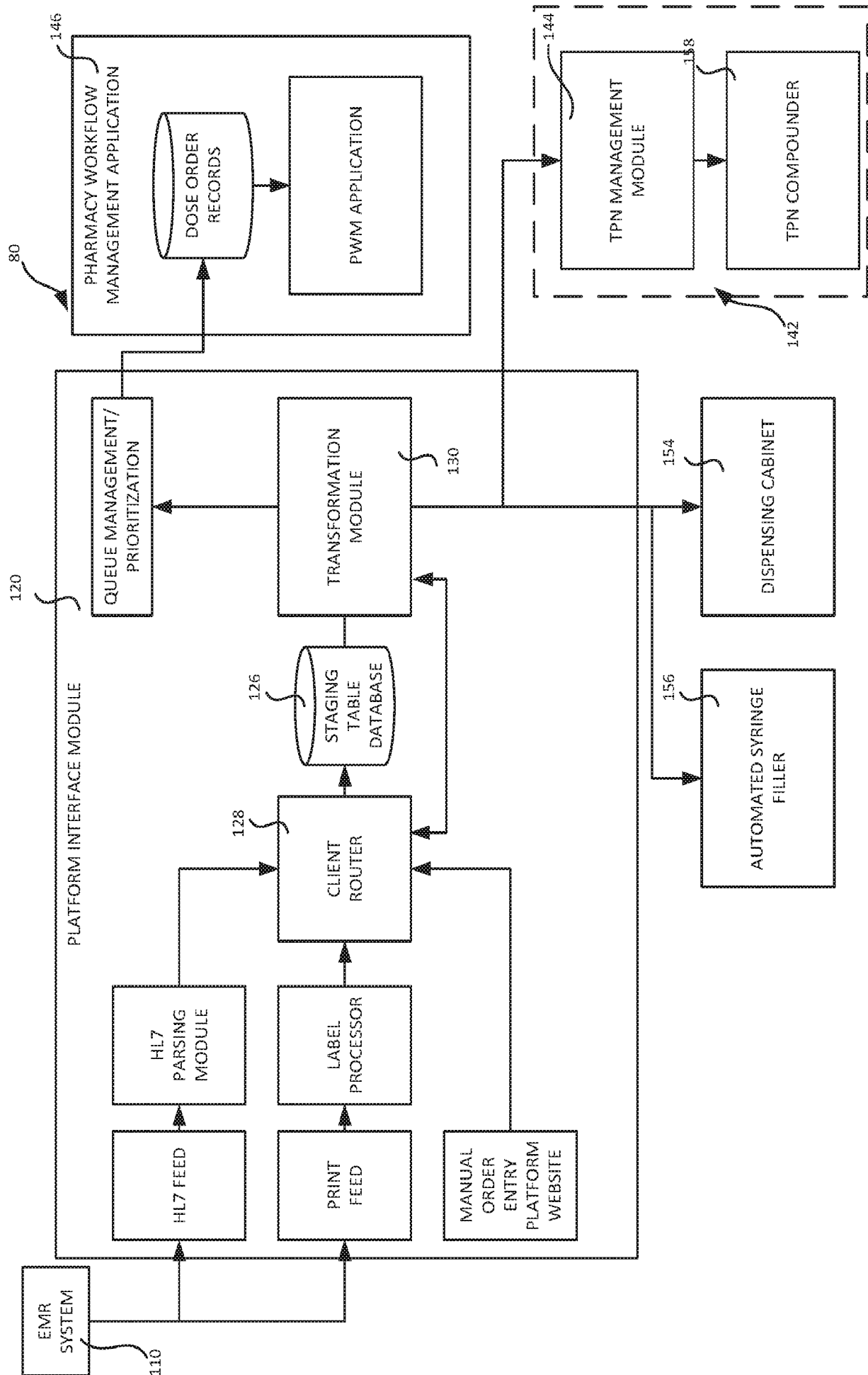


FIG. 8

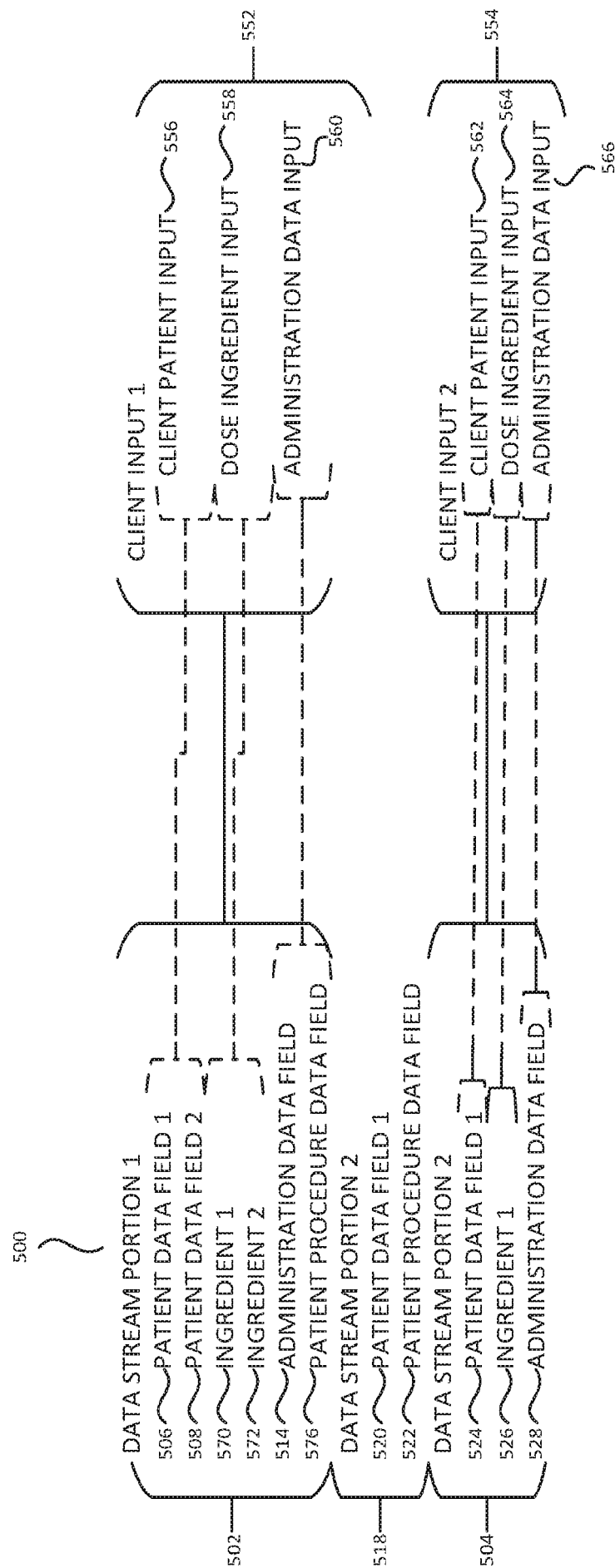


FIG. 9

[illegible]

Q
A
G
L

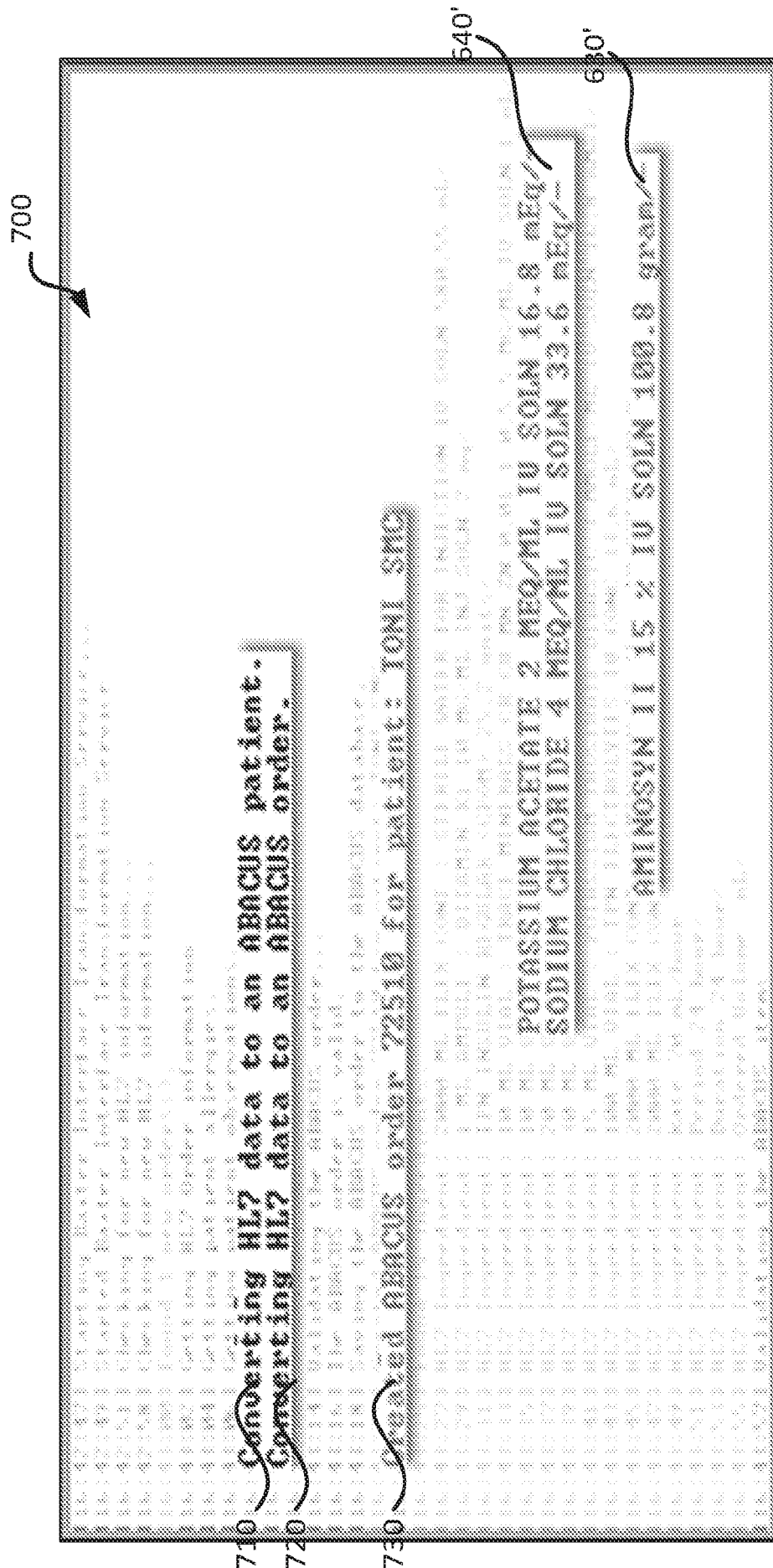


FIG. 11

SMC, TONI
 Account #: 15001783
 Med Rec #: 123456

Med Rec #: 123456
 Patient Type: Adult Med - 400g
 (N) Cus: Current
 Age: 25 Years
 Exact Age:
 Weight: 80.5 kg
 Location: 4

Diagnosis:
 Allergies:
 Patient Name:
 Date: 8/16/2013 1:39:40 PM Order: 72496
 User: RACG
 Date: 8/16/2013 3:39:40 PM Order: 72496

Item	Unit	Batch
TPN Aminosyn II		
Aminosyn II 15%	100.8 gram /-	830
TPN Electrolytes	33.6 mL /-	
K Phos 2mEq/ml	16.8 mL /-	
NaCl 4mEq/ml	33.6 mEq /-	840
K Acetate 2mEq/ml	16.8 mEq /-	
Adult Trace Elements		
Regular Insulin	25.2 units /-	
Vitamin C 10mg/ml	2 mg /-	
Vitamin B12 100mcg/ml	300.0 mcg /-	
Vitamin B6 100mcg/ml	0 mL /-	
Vitamin B1 100mcg/ml	24 mcg /-	
Vitamin B2 100mcg/ml	24 mcg /-	
Vitamin B3 100mcg/ml	70 mcg /-	

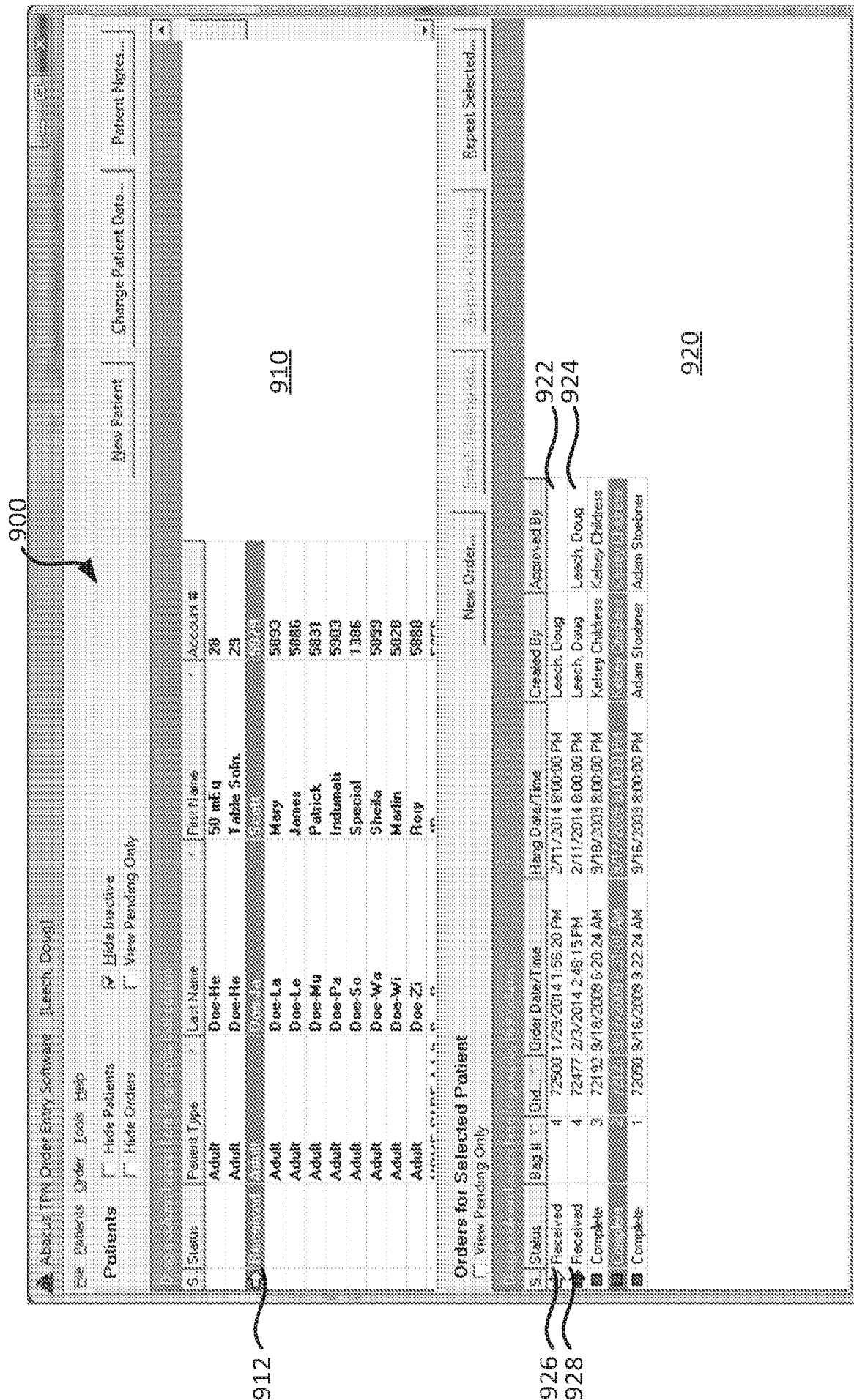
820

Add Ingredient Replace Ingredient Delete Ingredient

810

800

FIG. 12



31^x
G
L

Order	Infusion	Energy	Batch	Template	HL7																																																																																																									
72481 -- Cistest, Brandon Meisel -- Bag 1 (Demo User) 950																																																																																																														
Patient Information Cistest, Brandon Meisel Account #: 3851637 Med Rec #: MEDIC MRN Patient Type: Adult W Site: Central Age: 33 Years Gest Age: Weight: 65 Kg Location: 6 EAST, 612/1 Diagnosis: Allergies: Gluten, Peanuts, Shellfish Patient Notes: 																																																																																																														
Ingredients <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Qty</th> <th>Unit</th> <th>Substance</th> <th>Value</th> <th>Number</th> <th>Denom</th> <th>Rule</th> </tr> </thead> <tbody> <tr> <td>30</td> <td>ml</td> <td>Volume</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>24</td> <td>hour</td> <td>Rate</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>24</td> <td>hour</td> <td>Duration</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>100</td> <td>ml</td> <td>Overfill</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>0</td> <td>ml</td> <td>Non-TPN Volume</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>20</td> <td>%</td> <td>Dextrose 70%</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5</td> <td>%</td> <td>Invertol 10%</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>20</td> <td>mEq</td> <td>KCl 2mEq/ml</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>50</td> <td>mEq</td> <td>NaCl 4mEq/ml</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5</td> <td>mEq</td> <td>MgSO4 4mEq/ml</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5</td> <td>mEq</td> <td>Ca Gluconate 10%</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>10</td> <td>ml</td> <td>M.V.I. Adult</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1</td> <td>ml</td> <td>Adult Trace Conc</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1</td> <td>mg</td> <td>Penicilline</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> 820						Qty	Unit	Substance	Value	Number	Denom	Rule	30	ml	Volume					24	hour	Rate					24	hour	Duration					100	ml	Overfill					0	ml	Non-TPN Volume					20	%	Dextrose 70%					5	%	Invertol 10%					20	mEq	KCl 2mEq/ml					50	mEq	NaCl 4mEq/ml					5	mEq	MgSO4 4mEq/ml					5	mEq	Ca Gluconate 10%					10	ml	M.V.I. Adult					1	ml	Adult Trace Conc					1	mg	Penicilline				
Qty	Unit	Substance	Value	Number	Denom	Rule																																																																																																								
30	ml	Volume																																																																																																												
24	hour	Rate																																																																																																												
24	hour	Duration																																																																																																												
100	ml	Overfill																																																																																																												
0	ml	Non-TPN Volume																																																																																																												
20	%	Dextrose 70%																																																																																																												
5	%	Invertol 10%																																																																																																												
20	mEq	KCl 2mEq/ml																																																																																																												
50	mEq	NaCl 4mEq/ml																																																																																																												
5	mEq	MgSO4 4mEq/ml																																																																																																												
5	mEq	Ca Gluconate 10%																																																																																																												
10	ml	M.V.I. Adult																																																																																																												
1	ml	Adult Trace Conc																																																																																																												
1	mg	Penicilline																																																																																																												
Recommendations Administered Bag Number: Prescription: 253851131 Date: 7/15/2014 Time: 8:00 PM 962																																																																																																														
Summary Ca/PO4 Formula Limits																																																																																																														

14
G^{*}
L

Order		Infusion		Energy		Ions		Batch		Template	
HL7		HL7		HL7		HL7		HL7		HL7	

Patient Information: Cistest Brandon Meisel Account #: 3061627 Med Rec #: MEDIC MRN Patient Type: Adult IV Site: Central Age: 33 Years Gest Age: Weight: 65 Kg Location: SEAST, G1271											
Diagnosis: Allergies: Gluten, Peanuts, Shellfish Patient Notes:											
Edit...											

Recommendations:											
-------------------------	--	--	--	--	--	--	--	--	--	--	--

Order Info: Unresolved Items:																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>EMR ID</th> <th>Substance</th> <th>Value</th> <th>Units</th> </tr> </thead> <tbody> <tr> <td>5406</td> <td>Insulin</td> <td>10</td> <td>units/L</td> </tr> </tbody> </table>												EMR ID	Substance	Value	Units	5406	Insulin	10	units/L
EMR ID	Substance	Value	Units																
5406	Insulin	10	units/L																

Administration: Bag Number: 1 Prescription: 253065513.1 Date: 7/15/2014 Time: 8:00 PM											
--	--	--	--	--	--	--	--	--	--	--	--

Label Notes: Refrigerate until 1 hour before administration											
---	--	--	--	--	--	--	--	--	--	--	--

Add Ingredient				Replace Ingredient				Delete Ingredient			
---	--	--	--	---	--	--	--	--	--	--	--

Summary: C8FO4 Formula Limits											
--	--	--	--	--	--	--	--	--	--	--	--

51

Formulary Editor

Ingredients | Groups | Attributes | Intrinsic | Options

☒ View Available Only

Ingredient: Calcium Gluconate 0.465mEq

Dextrose 20%

Dextrose 70%

Heparin 100 units/ml

Intralipid 20%

K Acetate 2mEq/ml

K Chloride 2mEq/ml

K Phosphate 3mEq/ml PO4

Magnesium Cl

Magnesium Sulfate 4.06mEq

Manganese 0.1mg/ml

Mannitol 25%

Multitrac-4 Pediatric

MVI Adult

MVI-Pediatric

Na Bicarbonate

Na Chloride 2.5mEq/ml

Na Chloride 4mEq/ml

PriemaSol 10%

Ranitidine inj 25mg/ml

Selenium 40mcg/ml

Sodium Lactate 5mEq

Sterile Water for Inj

Thiamine 100mg/ml

TPN Electrolyte

Trevasol 10%

Trophamine 10%

Zinc Chloride 1mg/ml

Zinc Sulfate 5mg/ml

Ingredient Detail

Name: Regular Insulin 100units

Label Name: Regular Insulin

Abbreviation:

Regins:

Concentration Units: 100 units/ml

NDC #: 0168-2440-10

EMR ID: INSULIN

Group:

Type: ☐ Base ☐ Lipid ☐ Electrolyte ☒ Other ☐ Pre-Mix P/N Solution

Billing: Cost Per Package: \$0.03 Package Size: 10 units/ml Charge Code:

Options: ☐ Do Not Scale ☐ Phantom ☐ Unavailable ☐ Do Not Print On Label ☒ Other

Attribute Value Units

BCAA 0

Calcium 0

Calories 0 KCal/ml

Carbohydrates 0

Chloride 0

Lipid 0

Magnesium 0

Non-protein Calories 0 KCal/ml

Phosphate 0

Potassium 0

Protein 0

Intrinsic Value Units

Ascorbic Acid Vt C 0

Camitine 0

Chromium 0

Cimetidine 0

Copper 0

Cyanocobalamin Vt B12 0

Fluoranthene Vt B3 0

Dextrose 0

Farnesidine 0

Folic Acid 0

Heparin 100 units/ml

Insulin 0

Close

FIG. 16

1710 1720 1730 1700

Facilities Nursing Units Workstations Mixing Locations Printers Field Names Map EMR

Substance Type	Abacus Name	EMR ID
Ingredients	Acetate	1732
Ingredients	Calcium	1722
Ingredients	Chloride	1734
Ingredients	Magnesium	
Ingredients	Phosphate	
Ingredients	Potassium	
Ingredients	Sodium	
Ingredients	Adult Trace Conc	1724
Ingredients	Aminosyn 10%	1734
Ingredients	Ca Gluconate 10%	
Ingredients	Dextrose 70%	
Ingredients	KCl 2mEq/ml	
Ingredients	MVI Adult	
Ingredients	MgSO4 4mEq/ml	
Ingredients	NaCl 4mEq/ml	
Ingredients	Ranitidine	
Ingredients	Travasol 10%	
Ingredients	Water for Inj	
Special Substances	Duration	
Special Substances	Non-TPN Volume	
Special Substances	Overfill	
Special Substances	Overfill	
Special Substances	Period/Cycle	
Special Substances	Rate	

Substance Type

Ingredients 1740

Abacus Substance

Regular Insulin 1750

EMR Identifier

Insulin 1760

New Save Cancel Close

FIG. 17

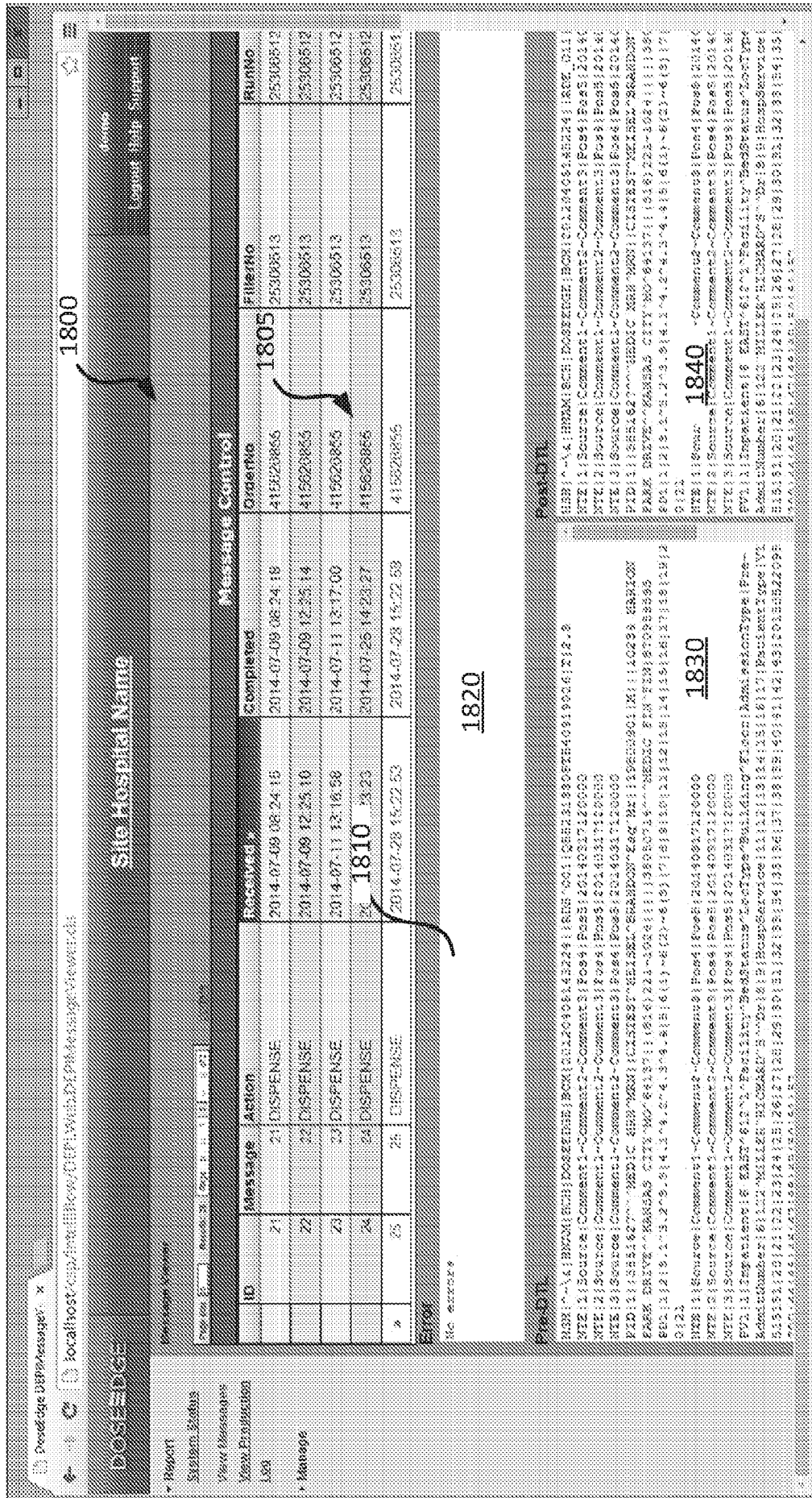


FIG. 18