

# Patient Preferred Pharmacy: Selection and Routing

1. To determine if a patient has a preferred pharmacy, open the patient's chart and select **Patient Pharmacy** from the toolbar.

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Task	Edit	View	Patient	Chart	Links	Navigation I
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2. The Review Patient Preferred Pharmacy window displays. If a preferred pharmacy has been selected, the default pharmacy is displayed in the Patient Preferred tab with bold text.

P		Rev	iew Patient Pref	ferred Pharn	пасу			_ <b>D</b> X
Zzzz, 1 Weight Dosing MyChi	Fest T (Simila - 08/17 Weight:_ Skin In Idren's Self/Pation	r Name Alert) 7/21 13: tegrity CI-M Pre-regis ent - Active Precaut	MRN: Acct: tration OP tions: Not Spec	DOB Aller Code	: rgies: p • Status	Ag enicillins : Full Rest	e: uscitation	Gender:Female
☐ No The de Patien	Preferred Pharmacy fault pharmacy is di t Preferred Search	Reason: splayed in the Patient Pre	• eferred tab with bo	old text.			Last Review	⊧d:4/19/2022 17:39 CD
Phar	macy Name	Address	Cross-Street	City	State	Zip Code	Phone	Pharmacy Type
Med	icine Chest Pharmacy	2187 4th St		White Bea	MN	55110	Tel: (651)	Retail
WAL	GREENS DRUG STOR	12 W 66th St	66TH STREET	Richfield	MN	554232	Tel: (612) 8	Retail
CUB	PHARMACY #1599	2390 White Bear Ave N,		Saint Paul	MN	551092	Tel: (651) 7	Retail
<			Ш					>
							C	K Cancel

3. If no pharmacy displays, continue to Search for a Pharmacy.

Informatics Education Updated July 2024

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Search for a Pharmacy

 Click the Search tab.
Enter search criteria. Note: For Children's Pharmacy enter the following: Pharmacy Name: Child State: MN

The zip code (55404 for Mpls or 55102 for St. Paul) can be entered to further refine your search.

- 3. Click Search.
- 4. Right-click on preferred pharmacy and select Add to Patient Preferred.
- 5. Click the Patient Preferred tab to viewyour selection.



- 6. Right click on the pharmacy and click **Remove** or **Set as Default**.
- 7. Click **OK** to save settings.



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8. If patient does not have a preferred pharmacy, check **No** Preferred Pharmacy and select the appropriate reason.

veight:Ski osing Weight:Ski NyChildren's Self/P	milar Name 3/17/21 13 in Integrity ( atient - Ac	Alert) :00 CI-M Pre-regi tive Precaut	MRN: Acet: stration OP tions: Not Spec	-emm
No Preferred Pharmac	cy Reason: s displayed	Preferred pharms Requested paper	ecy not in directory prescription	eot.
Patient Preferred Sea	sicn.	Unable to obtain	preferred pharmac	2
Patient Preferred Sea	Address	Unable to obtain	Cross-Street	City
Patient Preferred Sea Pharmacy Name CVS/pharmacy #2152	Address 6540 Pe	unable to obtain	Cross-Street	City Richfield
Patient Preferred Sea Pharmacy Name CVS/pharmacy #2152 Medicine Chest Pharm	Address 6540 Pe acy 2187 4th	unable to obtain	Cross-Street	City Richfield White Bear.
Patient Preferred Sea Pharmacy Name CVS/pharmacy #2152 Medicine Chest Pharm WALGREENS DRUG STO	Address 6540 Pe acy 2187 4th OR 12 W 660	unable to obtain non Ave S 1 St 15 St	Cross-Street 66TH STREET	City Richfield White Bear. Richfield
Patient Preferred Sea Pharmacy Name CVS/pharmacy #2152 Medicine Chest Pharm WALGREENS DRUG STO CUB PHARMACY #159	Address 6540 Pe acy 2187 4th OR 12 W 660 9 2390 WP	unable to obtain see Ave S St th St tite Bear Ave N,	Cross-Street 66TH STREET	City Richfleld White Bear, Richfield Saint Paul

### Add the Patient Pharmacy During the Prescription Ordering Process

1. Within the Orders activity, click on the dropdown in the Send To: field to view a list of the patient's preferred pharmacies.

▼ Details for	warfarin (Cou	madin 1 m	ng oral tabl	et) 🔻		Send To: Do Not Send: other	
🖆 😒 Details	Urder Comments	💽 Diagnoses			ſ	Medicine Chest Pharmacy (2187 4th St)	15
*Dose 1 TABLET	*Route of Admin PO	*Frequency QDay	Duration	*Disper 30 TAE	l	CVS/pharmacy #2152 (6540 Penn Ave S) More Pharmacies	
	۲	Maintenance				Microsoft Print to PDF (from ITS-BC-LT26344) in session 35	_
	*Target Min INR:					Do Not Send: given to patient Do Not Send: called to pharmacy Do Not Send: other	~
4 Missing Requir	ed Details Dx Table	Orders For Nu	se Review			Other	

2. If the preferred pharmacy does not display, click the ellipsis.

▼ Details for	warfarin (Cou	madin 1 m	g oral table	t) 🔻 Send	To: Do Not Se	end: other		•
📅 🔀 Details	III Order Comments	🚱 Diagnoses						
*Dose	*Route of Admin	*Frequency	Duration	*Dispense 30 90	'Refill			
1 TABLET	PO	QDay		30 TABLET	0	🕂 🔓 🖿	₽ ≈	
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3. Verify the **Send to:** field is set to **Pharmacy**.

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*Send to: Pharmacy Apply to: O Selected Pend O All Pending P All Pending N No Preferred Pharmacy Patient Preferred	ding Prescription(s) Prescriptions Non-Tamperproof Prescrip Reason:	tions 🗸	]	ast Revi	ewed: 4/20/	2022 9:26 CD
Pharmacy Name	Address	Cross-Street	City	State	7in Code	Phone
Medicine Chest Pharmacy	2187 4th St	citizz princer	White Bea	MN	55110	Tel: (651)
CVS/pharmacy #7197	6300 Wedgwood Rd N	CORNER OF B	Maple Grove	MN	553113	Tel: (763) 5.
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- 4. Repeat the <u>steps to search for a pharmacy</u>.
- 5. If the prescription will not route electronically to the preferred pharmacy, click the ellipsis and select the appropriate printer to print the prescription.

Note: Select local printers, not PDF printers.

▼ Details for albuterol (albuterol 2 mg oral tablet) ▼	Send To: Do Not Send: other
✓ Details for albuterol (albuterol 2 mg oral tablet) ✓	Send To:   Do Not Send: other     t eligible.     Prescription Routing     *Send to:   Printer     Apply to:   Selected Pending Prescription(s)     All Pending Prescriptions   Image: Comparison of the selected default when it is available.     Offault:   Use a personal default destination as the selected default when it is available.     Workstation Default:   Use an assigned workstation destination as the selected default when it is available.     Output Devices   Favorities     Dubrice Name   Description     Twoe   Location
Print DEA Number: Yes No Confidential Medication: Vec No 5 Missing Required Details Dx Table Orders For Nurse Review	Favorities Other Output Devices Search   Device Name Description Type   Location Sign   Microsoft Print to PDF PRINTER   Sign Sign