## Therapy Plan Ordering Tip Sheet Using Epic

1. User the More menu by clicking . Then choose More Clinical Tools followed by Therapy Plan. (Hint: You can star it if you use Therapy Plan's a lot.)



2. Search for the Therapy Plan. The other option is to click the Available link.

0	No assigned therapy plan	
Ű	Search	+ Assign
	Available(81) ⊗	

3. Insert the date of the first infusion as the **Plan Start Date**. Ensure you are listed as the **Lead Provider**. Choose which **treatment department** the patient will receive their infusion (Ex: MCDI IV Therapy). Associate the plan with the patient's diagnosis. Then **Assign Plan**.

Therapy Plan Properties - CEFTRIA	KONE (ROCEPHIN) DAILY			
Plan name:	CEETRIAXONE (ROCEPHIN) DAILY			
Plan start date:	12/5/2022			
Land any idea				
Lead provider:	COLLINS, LAURA B			
Treatment department:	MHCL IV THERAPY			
Problems Preview Plan				
Problems associated with this	treatment are:			
Diabetic foot ulcer with or	steomyelitis (HCC)			
Description	Most Recent Stage	<u>Overview</u>	Re	esolves To
Diabetic foot ulcer with (HCC)	ith osteomyelitis		Dia wit (H	abetic foot ulcer th osteomyelitis CC)
L				
Add a new problem	+ Add			
Add to favorites			<u>A</u> ssign Plan	<u>C</u> ancel

- 4. If you want to change the duration of treatment, click the blue link under the **infusion appointment request** AND the **medications**. Then, update the duration of the treatment to your preferred length.
  - Ex: The plan defaults to 7 treatment days and you want it to be 10 treatment days.

/	/	Cet	ftriax	one	(Rocep	hin) Dai	ily⊗	No	ot Signe	ed															
		✓	App	ointn	nent Req	uests 🔗																			
			✓	Int Ex	fusion Ap pected: S,	pointment Expires: S+3	: Req 365, 9	quest 90 mii	nutes, S	Schedu	ule appoir	ntme	ent at mo	ust 1 day	/s befor	e or at n	nost 1	1 day	Ev ays after	ery 1 da	iy	7/7 re	emaining	)	0
		✓	Labs																						
								Infu G	ler Sc der Sc droup v	n Ap ched with C m se N	pointr ule protoco Categor Interva paration Next due Duration	me ol: ry: al: n:	Ceftri Appo Daily Every 12/5/ Oun • 7	iaxone vintme 1 2022 til disc	e (Roo ent Re days continu	equest aquest ays ued tments		] ] ]	every 1 day						
										I	Duration	n:	<ul> <li>Uni</li> <li>Uni</li> <li>7</li> <li>Uni</li> </ul>	til disc	continu trea	ued tment	;								

5. If you want to adjust the dose of the medication, click the blue link under the medication name and adjust the dose accordingly.

Reference Links:	1. Lexi-Comp				
Dose:	2 g	Q	500 mg	1 g 2 g	
	Weight Type: Reco	rded Ideal	Adjusted	Dosing	Order-Spec

6. Fill out any order details with red hard stops  $\Theta$  and then sign the plan  $\checkmark$  sign Plan.