## **Proposed Information requirements**

Information requirements recommended for a Pharmaceutical Benefits Scheme electronic Chemotherapy Medication Chart

				WORKFL	ow		LEGIS	LATED
			PRESCRIBER	NURSING	РНА	RMACY	REQUIR	EMENTS
DATA GROUP	INFORMATION REQUIREMENT	DESCRIPTION / CONTEXT / EXAMPLES	Prescribing	Administering	Clinical pharmacy	Dispensing	PBS	ADHA
tails	1.1 Hospital Provider Number (HPN)	As issued by Medicare.	•	•	•	•	•	•
ttion de	1.2 Hospital name	Name of the hospital or health care organisation.	•	•	•	•	•	
Organisation details	1.3 Hospital address	Address of the hospital or health care organisation.	•	•	•	•	•	
	1.4 Hospital telephone number	Contact telephone number for the organisation.	•	•	٠	•	•	
ation	2.1 Prescriber name	First name and surname of the prescribing clinician. Linked to clinician system login.	•	•	•	•	•	
entific	2.2 Prescriber number	As issued by Medicare.	•			•	•	•
cian id	2.3 Provider number	As issued by Medicare.	•			•		
g clini	2.4 Prescriber contact details	Mobile number or pager number etc.	•	•	•	•	•	
2. Prescribing clinician identification	2.5 Prescriber practice address	The address linked to the prescriber's place of practice.	•			•	•	•
2. Pres	2.6 Prescriber designation	Level of professional qualification of the healthcare provider e.g. consultant, registrar, medical officer.	•	•	•	•		
3. Repeats / Charting cycles	3.1 Chart validity	Specifies the number of chart cycles for which the chart remains valid. e.g. 1 month, 4 months, 12 months.	•	•	•	•	•	

				WORKFL		LEGIS	LATED	
			PRESCRIBER	NURSING	PHAF	RMACY	REQUIR	EMENTS
DATA GROUP	INFORMATION REQUIREMENT	DESCRIPTION / CONTEXT / EXAMPLES	Prescribing	Administering	Clinical pharmacy	Dispensing	PBS	ADHA
	4.1 Patient name	First name (given name) and surname (family name) of the patient (subject of care). Should be as it appears on the patient's Medicare Card.	•	•	•	•	•	
	4.2 Gender	Gender identity.	•	•	•	•		
	4.3 Sex	Assigned sex at birth.	•	•	•	•		
	4.4 Date of birth	Date of birth of the patient, expressed as DDMMYYYY.	•	•	•	•		•
4. Patient details	4.5 Age <sup>†</sup>	Information documented in this field is derived from a system using inputs based on the patient's Date of Birth and the date on which their service encounter is being viewed.	•	•	•	•		
4	4.6 Patient address	Patient recognised residential address.	•	•	•	•	•	•
	4.7 Patient healthcare identifier	Patient unique identifier within the health care organisation or agency e.g. medical record number.	•	•	•	•		
	4.8 Medicare Number	As displayed on the patient's Medicare Card.	•		•	•	•	
	4.9 DVA Number	A unique personal identifier issued to a veteran by the Department of Veterans' Affairs.	•		•	•	•	

				WORKFL		LEGIS	LATED	
			PRESCRIBER	NURSING	PHAF	RMACY	REQUIR	EMENTS
DATA GROUP	INFORMATION REQUIREMENT	DESCRIPTION / CONTEXT / EXAMPLES	Prescribing	Administering	Clinical pharmacy	Dispensing	PBS	ADHA
	4.10 Concession / Entitlement number	The derived entitlement status of the patient at the time the PBS item is supplied, as represented by a code. Any number specified on a card, issued by the Commonwealth, as an entitlement number for a patient.	•		•	•	•	
	4.11 Close the Gap code	The Closing the Gap (CTG) PBS Co- payment Program.	•		•	•	•	•
(0	4.12 Height (cm)	The height of a person measured in centimetres.	•	•	•	•		
Patient details	4.13 Measured weight (kg) <sup>†</sup>	The weight (body mass) of a person measured in kilograms.	•	•	•	•		
4. Patient	4.14 Date weight recorded	The date when a weight was recorded, which may be different from the date when a weight is entered into the system.	•	•	•	•		
	4.15 Body Surface Area (m²)†	Measured or calculated surface area of the body, linked to the BSA calculation method used.	•	•	•	•		
	4.16 Safety Net details	When a patient or their family's applicable total out-of-pocket expenses for PBS medicines have reached a threshold amount, they meet the eligibility for a PBS Safety Net.			•	•	•	
	4.17 Patient location	The text description of the patient's current treatment location (can include the patient's residential address) e.g. ward 3B.	•	•	•	•		

			WORKFLOW				LEGIS	LATED
			PRESCRIBER	NURSING	PHA	RMACY	REQUIR	EMENTS
DATA GROUP	INFORMATION REQUIREMENT	DESCRIPTION / CONTEXT / EXAMPLES	Prescribing	Administering	Clinical pharmacy	Dispensing	PBS	ADHA
<u>s</u>	5.1 Diagnosis	The diagnosis established after investigation, ideally represented as codified data (e.g. SNOMED-CT-AU or ICD- 10-AM), or as free text where no appropriate diagnosis code could be located.	•	•	•	•		
5. Clinical details	5.2 Trigger causing adverse reaction	Trigger/allergen that most likely caused the adverse reaction e.g. medicine, latex, eggs or other agent.	•	•	•	•		
5. Cli	5.3 Date of adverse reaction	Date of medicine allergies or adverse drug reactions event.	•	•	•	•		
	5.4 Type of adverse reaction	e.g. anaphylaxis	•	•	•	•		
	5.5 Severity of adverse reaction	e.g. life threatening	•	•	•	•		
6. Protocol specific requirements	6.1 Protocol name or ID	The name of the protocol or ID number used in support of the patient's treatment. A protocol is a precise and detailed plan for therapy that includes the type, quantity, method and length of time of treatment for a required treatment cycle.	•	•	•	•		
	6.2 Current cycle (n) of planned number of cycles (N)	Identifies the current cycle number (n) of the total planned cycles (N) e.g. cycle 6 of 8.	•	•	•	•		
	6.3 Day number (d) of days (D) in cycle	Specifies the day number (d) of the total planned number of days in the current treatment cycle (D).	•	•	•	•		

					LEGIS	LATED		
			PRESCRIBER	NURSING	PHA	RMACY	REQUIR	EMENTS
DATA GROUP	INFORMATION REQUIREMENT	DESCRIPTION / CONTEXT / EXAMPLES	Prescribing	Administering	Clinical pharmacy	Dispensing	PBS	ADHA
6. Protocol specific requirements	6.4 Variation from protocol	A <b>chart flag</b> to identify a change has been actioned from the initial protocol. The specific changes made to the medicine order would be captured in 7.18: <i>'Medication order details - <u>Reason for variation'</u>.</i>	•	•	•	•		
7. Medication order details	7.1 Medicine name	Medicines prescribed electronically must accommodate the requirements for active ingredient prescribing. May additionally include charted vitamins, supplements, recognised clinical trial therapies.	•	٠	•	•	•	•
	7.2 Dose <sup>† #</sup>	The prescribed dose to be administered as ordered by the prescribing clinician. The dose may be derived from a dose calculation or entered directly by the prescriber. The dose must additionally include an appropriate unit of measure to be safely interpreted.	•	•	•	•		•
. Medica	7.3 Frequency	The frequency of administration as ordered by the prescribing clinician e.g. twice daily (BD).	•	•	•	•		
2	7.4 Time of intended administration	The medicine order needs to document a charted administration time using 24hr clock including time zone (e.g. BD: 0800 and 1600 AEST). May include relative timing prescribed per protocol e.g. antiemetic to be administered 1 hr prior to chemotherapy.	•	•	•	•		

				WORKFL	ow		LEGIS	LATED
			PRESCRIBER	NURSING	PHAF	RMACY	REQUIR	EMENTS
DATA GROUP	INFORMATION REQUIREMENT	DESCRIPTION / CONTEXT / EXAMPLES	Prescribing	Administering	Clinical pharmacy	Dispensing	PBS	ADHA
	7.5 Route of administration	The route by which the medicine is administered (e.g. oral, intravenous infusion, intravenous bolus, intraventricular, subcutaneous and intradermal).	•	•	•	•	•	•
	7.6 Form of medicine	The form in which the medicine is presented e.g. tablet.	•	•	•	•	•	•
	7.7 Strength of medicine <sup>#</sup>	The strength of a medicine is the amount of drug per unit dose or volume e.g. mg/mL.	•	•	•	•	•	•
r details	7.8 Additional directions for use	e.g. Required duration of a course of antibiotics	•	•	•	•		
tion orde	7.9 Indication	Indication for use of medicine e.g. hypertension, antiemetic.	•	•	•	•		
7. Medication order details	7.10 Prescription notes to record unusual dose	Supplementary notes to document the rationale for prescribing an unusual dose of a medicine.	•	•	•	•		•
	7.11 Brand substitution not permitted	Check box - as ordered by the prescribing clinician indicating that a brand substitution is not permitted.	•	•	•	•	•	
	7.12 Max PRN dose/24 hr	The maximum PRN dose of a medicine to be administered in a 24 hr period of a single calendar day e.g. oxycodone 5 mg dose for breakthrough pain every 4 hrs - max PRN 20mg in 24 hours.	•	•	•	•		

				WORKFL	ow		LEGIS	LATED
			PRESCRIBER	NURSING	PHAF	RMACY	REQUIR	EMENTS
DATA GROUP	INFORMATION REQUIREMENT	DESCRIPTION / CONTEXT / EXAMPLES	Prescribing	Administering	Clinical pharmacy	Dispensing	PBS	ADHA
	7.13 Quantity of medicine to be supplied <sup>#</sup>	Includes PBS, non-PBS or clinical trial medicines e.g. 30 caps, 14 tabs, 1 pack or other units of use.	•	•	•	•	•	
	7.14 Maximum quantity authorised to dispense <sup>#</sup>	In numbers and words where a controlled medicine is prescribed on discharge.	•		•	•		•
tails	7.15 Number of repeats prescribed	For a given PBS prescription, the total number of 'repeats' (repeat supplies of a medicine/product) that can be supplied to the patient.	•		•	•	•	•
ler de	7.16 Prescription type	e.g. PBS, RPBS, Private	•		•	•	•	
7. Medication order details	7.17 Product type	e.g. Clinical trial, Special Access Scheme, Schedule 19a, Alternative Access Program, compassionate supply, manufactured product	•	•	•	•		
7. Me	7.18 Reason for variation	The reason for the adjustment made to the original prescribed medicine order e.g. dose reduced by 20% to manage side effects.	•	•	•	•		
	7.19 Lifetime dose (mg/m²) <sup>†</sup>	For consideration with anthracycline, bleomycin or other agents as directed by local protocol.	•	•	•	•		
	7.20 Authority Prescription Identification Number	Authority required items require telephone or written approval from Services Australia or DVA prior to prescribing.	•		•	•	•	

			WORKFLOW				LEGIS	LATED
			PRESCRIBER	NURSING	PHAF	RMACY	REQUIR	EMENTS
DATA GROUP	INFORMATION REQUIREMENT	DESCRIPTION / CONTEXT / EXAMPLES	Prescribing	Administering	Clinical pharmacy	Dispensing	PBS	ADHA
	7.21 Streamlined authority code	Authority required STREAMLINED items do not require telephone or written approval from Services Australia or the DVA prior to prescribing. Prescribers are required to include a streamlined authority code on the authority prescription. However, to prescribe quantities and/or additional repeats above those specified in the PBS schedule, the item will be treated as an Authority required item.	•		•	•	•	
7. Medication order details	7.22 Authority Approval Number	A number confirming that authority has been provided for a prescription by Services Australia and that it can be supplied by the pharmacist as a PBS/RPBS benefit.	•		•	•	•	
Medication	7.23 Pharmaceutical benefit item details (code)	The PBS item prescribed in a claim for a benefit under the PBS, as represented by a PBS item code e.g. 10745M for nivolumab.	•		•	•	•	
7.	7.24 Clinician's electronic authorisation	Prescriber's electronic signature.	•	•	•	•	•	
	7.25 Date of prescription authorisation	The date the electronic prescription order is authorised by the prescribing clinician.	•	•	•	•	•	•
	7.26 Verifier details	The name of the clinician who has verified the prescribed order details e.g. pharmacist.	•	•	•	•		

				WORKFL	ow		LEGISI	LATED
			PRESCRIBER	NURSING	PHA	RMACY	REQUIR	EMENTS
DATA GROUP	INFORMATION REQUIREMENT	DESCRIPTION / CONTEXT / EXAMPLES	Prescribing	Administering	Clinical pharmacy	Dispensing	PBS	ADHA
put	8.1 Diluent name	The name of the diluent solution that has been used to dilute the medicine for infusion e.g. sodium chloride.	•	•	•	•		
8. Infusions - Pharmacist input	8.2 Diluent concentration	The strength of the diluent solution that has been used e.g. sodium chloride <b>0.9%</b> .	•	•	•	•		
sions - Pha	8.3 Total infusion volume	The sum of active ingredient volume and diluent volume e.g. <u>500mL</u> .	•	•	•	•		
8. Infu	8.4 Infusion rate <sup>† #</sup>	The rate of infusion administration expressed as dose/time e.g. mg/hr.	•	•	•	•		
	8.5 Infusion duration <sup>† #</sup>	e.g. Infuse over 1 hour	•	•	•	•		
9. Administration record	9.1 Administration verifier	The name of the administering clinician. Where a double check verification is needed against an order, this would be documented by recording a second administration verifier name.	•	•	•	•		
	9.2 Time and date of administration	The date and time that reflects the administration of the medicines. May be system captured or manually updated by the administrator, based on local governance procedures.	•	•	•	•		

		WORKFLOW			LEGIS	LATED		
			PRESCRIBER	NURSING	PHAF	RMACY	REQUIR	EMENTS
DATA GROUP	INFORMATION REQUIREMENT	DESCRIPTION / CONTEXT / EXAMPLES	Prescribing	Administering	Clinical pharmacy	Dispensing	PBS	ADHA
ation record	9.3 Actual dose of medicine administered	The actual dose of medicine administered where a patient was unable to receive the full prescribed dose e.g. a patient's infusion was ceased early as a result of a suspected infusion reaction.	•	•	•	•		
	9.4 Reason for medicine delay	e.g. Patient is neutropenic, planned dose delayed by 7 days to allow for white cell count recovery	•	•	•	•		
	9.5 Pharmacist note	Additional information to support safe administration e.g. cytotoxic precautions, use an inline filter during infusion administration.	•	•	•	•		