

# Computer physician order entry

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Computerized Physician Order Entry      Computerized Physician Order Entry

Computerized physician order entry (CPOE) system is one the promising Information Technology (IT) solutions to challenges such as medication errors and staff shortages, which are facing the current health sector (Kuperman & Richard, 2003). CPOE denotes a new medication ordering process in which medical practitioners enter patients' medication orders into a computerized system that will be used by both pharmacists and nurses in charge of administering drugs to the patients (Kuperman & Richard, 2003). Common inclusions bar coding, which allows nurses to easily determine whether they are acting on the rights orders or not. The CPOE system has been identified as significant model of attaining improvement, especially with regard to medication error minimization. Wrong medication administration has often resulted from errors in transcription of handwritten orders as well as confusion of drugs with similar sounding labels or names. However, with computerized ordering and bar code reading of orders and patient records, nurses are least likely to make errors. The capability of CPOE to significantly change the ordering procedures could substantially reduce misuse, underuse and overuse of the health services. The application of CPOE can bring significant improvement in various areas by enhancing compliance, shortening length of hospitalization, reducing medication errors, reducing healthcare costs, reducing legal suits and improve care outcomes (Committee on Quality of Health Care in America, Institute of Medicine, 2000).

Introduction of CPOE within health facilities requires structural changes in staffing coupled by appropriate IT training to support staff use. Therefore, there is a need for systematic and extensive review of the ordering system

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and subsequent restructuring and redesign of the process. All these process should involve all stakeholders interacting with such a system so that they can learn how to apply it in care delivery (Kuperman & Richard, 2003). The CPOE system basically works by guiding the ordering system, and orders are first made by the medical practitioner based on the patient conditions and care requirements. In addition to order details other pertinent issues such as polypharmacy and patients allergies as well as conditions are included alongside the order. The complete order is the transmitted simultaneously to the pharmacy department as well as the patient care unit (AHRQ, 2012). The pharmacy uses the order dispense medicine and check any possible complications and problems that may arise based on patient information on issues such as allergies and polypharmacy. Once this is cleared, the nurse uses the same order at the bedside by probably using a handheld scanner to read the patient's order so as to cross-check the order for appropriateness and final drug administration. Any noticeable error along the chain can be referred back to the doctor on the same system with the inclusion of identified concerns. This is just an idealized implementation, but the versatility of IT shows that the application of CPOE could take multiple forms and channels (AHRQ, 2012).

## References

Agency for Healthcare Research and Quality (AHRQ) (2012), Computerized Provider Order Entry, retrieved from [http://www.psnet.ahrq.gov/primer.aspx? primerID= 6](http://www.psnet.ahrq.gov/primer.aspx?primerID=6)

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