



EHR Usability Test Report of MDToolbox-Rx Version 4.0

Report based on ISO/IEC 25062:2006 Common Industry Format for Usability Test Reports

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EXECUTIVE SUMMARY

A usability test of MDToolbox-Rx Version 4.0 was conducted between August 7th and August 25th by MDToolbox staff in Kennewick, WA through remote sessions. The purpose of this test was to test and validate the usability of the current user interface, and provide evidence of usability in MDToolbox-Rx. During the usability test, 10 healthcare providers matching the target demographic criteria served as participants and used MDToolbox-Rx in simulated, but representative tasks.

The study collected performance data on seven tasks typically conducted by physicians and nurses in MDToolbox-Rx.

- Review and update the medication list
- Review and update the problem list
- Review and update the allergy list
- Respond to a drug intervention
- Write and send a prescription
- Cancel and change a prescription
- Respond to a refill request

During the 45-minute one-on-one usability test, each participant was greeted virtually by the administrator. Each participant was read a request for informed consent/release and asked to give their verbal consent (see Appendix 3, Recording Consent). Participants were instructed that they could withdraw at any time.

All participants had prior experience with the system. The administrator introduced the test, and instructed participants to complete a series of tasks (given one at a time) using MDToolbox-Rx. The administrator did not give the participant assistance in how to complete the task. Participant screens and audio were recorded for subsequent analysis. All participant data was de-identified – no correspondence could be made from the identity of the participant to the data collected.

In accordance with the examples in the NIST 7742 Customized Common Industry Format Template for Electronic Health Record Usability Testing, various recommended metrics were used to evaluate the usability of the software. The following types of data were collected for each participant:

- Number of tasks successfully completed within the allotted time without assistance
- Time to complete the tasks
- Number and types of errors
- Path deviations
- Participant's satisfaction ratings of the system

In addition to the performance data, the following qualitative observations were made:

- Participant's verbalizations
- Major Findings
- Areas for improvement

INTRODUCTION

The EHR Under Test (EHRUT) tested for this study was MDToolbox-Rx version 4.0, an ambulatory electronic prescribing software system. Designed to present medical information to the intended users which include healthcare providers and their medical staff in an outpatient setting for various specialties, MDToolbox-Rx consists of an electronic prescription interface for recording, writing, and electronically sending prescriptions. The usability testing attempted to represent realistic exercises and conditions.

The purpose of this study was to test and validate the usability of the current user interface, and provide evidence of usability in MDToolbox-Rx. To this end, measures of effectiveness, efficiency and user satisfaction, such as task completion rate, time on task, path deviation rate, and errors were captured during the usability testing.

METHOD

Participants

A total of 10 participants were tested on MDToolbox-Rx. Participants in the test were doctors and nurses. Participants were recruited by MDToolbox staff. In addition, participants had no direct connection to the development of or organization producing the EHRUT. For the test purposes, end-user characteristics were identified and translated into a recruitment screener used to solicit potential participants; an example of a screener is provided in Appendix 1.

Recruited participants had a mix of backgrounds and demographic characteristics conforming to the recruitment screener. The following is a table of participants by characteristics, including demographics, professional experience, computing experience and product experience. Participant names were replaced with Participant IDs so that an individual's data cannot be tied back to individual identities.

Part ID	Gender	Age	Education	Occupation /Role	Specialty	Professional Experience (Years)	Computer Experience (Years)	Product Experience (Months)	Assistive Technology Needs
1	Male	68	Doctorate	Physician	Psychiatry	38	10	11	None
2	Male	66	Doctorate	Physician	Orthopedic Surgery	35	31	6	None
3	Male	70	Doctorate	Physician & Medical Director	Hospice and Palliative Medicine	10	22	18	None
4	Female	52	Master's degree	Nurse Practitioner	Psychiatry	7	30	21	None
5	Female	34	Doctorate	Physician	Psychiatry	1	15	10	None
6	Male	54	Doctorate	Physician & Medical Director	Family Medicine	29	20	36	None
7	Female	55	Doctorate	Physician	Psychiatry	33	20+	8	None
8	Male	54	Doctorate	Physician	Family Medicine	25	25+	3	None
9	Male	49	Doctorate	Physician	Family Practice	27	35	8	None
10	Male	64	Doctorate	Dentist Consultant, SME	Dentistry	35+	35+	36	None

Eleven participants matching the demographics in the section on Participants were recruited and ten participated in the usability test. One participant failed to show for the study. See Appendix 2 for participant demographics.

Study Design

Overall, the objective of this test was to uncover areas where the application performed well – that is, effectively, efficiently, and with satisfaction – and areas where the application failed to meet the needs of the participants. The data from this test may serve as a baseline for future tests with an updated version of MDToolbox-Rx. In short, this testing serves as both a means to record or benchmark current usability, but also to identify areas where improvements must be made.

During the usability test, participants interacted with only MDToolbox-Rx. Each participant used the system in the same development environment and was provided with the same instructions. The system was evaluated for effectiveness, efficiency and satisfaction as defined by measures collected and analyzed for each participant:

- Number of tasks successfully completed within the allotted time without assistance
- Time to complete the tasks
- Number and types of errors
- Path deviations
- Participant's verbalizations (comments)
- Participant's satisfaction ratings of the system

Additional information about the various measures can be found in the section on Usability Metrics.

Tasks

A number of tasks were constructed that would be realistic and representative of the kinds of activities a user might do within the MDToolbox-Rx system. Tasks were selected based on ONC CEHRT2015 certification criteria, their frequency of use, criticality of function, and those that may be most troublesome for users. The tasks included:

Task	Safety Enhanced Design Criteria
1. Review the medication list and refill a medication	170.315(a)(7) Medication list
2. Update the condition list	170.315(a)(6) Problem list
3. Add and modify allergies	170.315(a)(8) Medication allergy list
4. Respond to a drug intervention	170.315(a)(4) Drug-drug, drug-allergy interaction checks
5. Write and send a prescription	170.315(b)(3) Electronic prescribing 170.315(a)(1) Computerized provider order entry— Medications
6. Cancel and change a prescription	170.315(b)(3) Electronic prescribing 170.315(a)(1) Computerized provider order entry— Medications
7. Respond to a refill request	170.315(b)(3) Electronic prescribing

Procedures

MDToolbox staff conducted the study during remote sessions using GoToMeeting which allows screen-sharing, audio-conferencing and the ability to take mouse control of another person's computer. The test administrator moderated the session including administering instructions and tasks. The administrator also monitored task times, obtained post-task rating data, and took notes on participant comments.

Participants were instructed to perform the tasks (see specific instructions below):

- As quickly as possible making as few errors and deviations as possible.
- Without assistance; administrators were allowed to give immaterial guidance and clarification on tasks, but not instructions on use.

For each task, the participants were given a written copy of the task. Task timing began once the administrator finished reading the question. The task time was stopped once the participant indicated they had successfully completed the task. Scoring is discussed below in the Usability Metrics section.

Participants' demographic information, task success rate, time on task, errors, deviations, verbal responses, and post-test questionnaire were recorded into a spreadsheet.

Test Location

Test sessions were held remotely via GoToMeeting. The test administrator logged into the session from a quiet office at MDToolbox in Kennewick, WA. Participants logged into the session from various locations. During the session, the test administrator could see only the participant's screen and listen to the participant's responses.

Test Environment

MDToolbox-Rx would typically be used in a healthcare office or facility. In this instance, the testing was conducted remotely via GoToMeeting. For testing, the test administrator used a Dell Latitude laptop running Windows 10 with a 1366x768 screen resolution. The participants used their own computer, keyboard and mouse when interacting with the system and were given remote control of the test administrator's system.

The application was set up by MDToolbox staff according to the documentation describing the system set-up and preparation. The application itself was running on a web-based browser platform using a test database on a wireless connection. Technically, the system performance (i.e., response time) was somewhat slower than what actual users would experience in a field implementation due to the remote connection.

Test Forms and Tools

During the usability test, various documents and instruments were used, including:

- Recruiting Screener
- Recording Consent Statement
- Task List
- GoToMeeting Software

Examples of these documents can be found in the Appendices.

The participant's interaction with MDToolbox-Rx was captured and recorded digitally with the GoToMeeting recording tool running on the test administrator's computer. Verbal comments were recorded with the participants' computer microphones or telephones.

Participant Instructions

The administrator read the following instructions aloud to each participant:

Thank you for participating in MDToolbox's Usability Test! Your input is very important to us. Our session today will last about 45 minutes. You will be using MDToolbox-Rx Version 4.0. During this time, I will ask you to complete a few tasks using the system and answer some questions.

We are interested in how easy (or how difficult) this system is to use and how we could improve it. The purpose of this study is to test the usability of our software and not to test you. Therefore, if you have difficulty with something there may be something in the system that we need to improve.

Only de-identified data – i.e., identification numbers not names – will be used in analysis and reporting of the results. The results from this study will help us to make our software more useful and usable in the future.

With your permission, I would like to record today's session. Do you agree to grant the MDToolbox team permission to use screen recording and audio recordings of this session for internal purposes related to the improvement of the product?

Once permission was given, the administrator read the following instructions:

Thank you so much. If for any reason you feel it necessary to take a break or withdraw from the test you may do so.

I have prepared the testing system for you and we are about to start the tasks. I have made it so that you can take control of the screen. Are you able to see the testing system on your screen and can you move the mouse? Great!

For each task, I will read the instructions to you and they will appear on screen for you to read as well.

Please work at your normal speed and only do what you are specifically asked to do in the system. I will be here in case you are stuck, but I won't be able to instruct you or provide specific steps on how to use the application.

Please verbally indicate when you are done with each task. I will then ask you to rate the ease of completing each task and whether you have any feedback.

Do you have any questions or concerns?

Participants were then given the seven tasks to complete. The tasks are listed in Appendix 4.

Usability Metrics

According to the *NIST Guide to the Processes Approach for Improving the Usability of Electronic Health Records*, EHRs should support a process that provides a high level of usability for all users. The goal is for users to interact with the system effectively, efficiently, and with an acceptable level of satisfaction. To this end, metrics for effectiveness, efficiency and user satisfaction were captured during the usability testing. The goals of the test were to assess:

1. Effectiveness of MDToolbox-Rx by measuring participant success rates and errors
2. Efficiency of MDToolbox-Rx by measuring the average task time and path deviations
3. Satisfaction with MDToolbox-Rx by measuring ease of use ratings

Data Scoring

The following table details how tasks were scored, errors evaluated, and the time data analyzed.

Measures	Rationale and Scoring
Effectiveness: Task Success	<p>A task was counted as a "Success" if the participant was able to achieve the correct outcome, without assistance, within the time allotted on a per task basis.</p> <p>The total number of successes were calculated for each task and then divided by the total number of times that task was attempted. The results are provided as a percentage.</p> <p>Task times were recorded for successes. Observed task times divided by the optimal time for each task is a measure of optimal efficiency.</p> <p>Optimal task performance time, as benchmarked by expert performance under realistic conditions, is recorded when constructing tasks. Target task times were operationally defined by taking multiple measures of optimal performance and</p>

	<p>multiplying by 2, that allows some time buffer because the participants are presumably not trained to expert performance. Thus, if expert, optimal performance on a task was 20 seconds then allotted task time performance was 40 seconds. This ratio was aggregated across tasks and reported with mean and variance scores.</p>
<p>Effectiveness: Task Failures</p>	<p>If the participant abandoned the task, did not reach the correct answer or performed it incorrectly, or reached the end of the allotted time before successful completion, the task was counted as an “Failures.” No task times were taken for errors.</p> <p>The total number of errors was calculated for each task and then divided by the total number of times that task was attempted. Not all deviations were counted as errors. Task failures were also expressed as the mean number of failed tasks per participant.</p> <p>On a qualitative level, an enumeration of errors and error types were collected.</p>
<p>Efficiency: Task Deviations</p>	<p>The participant’s path (i.e., steps) through the application was recorded. Deviations occur if the participant, for example, went to a wrong screen, clicked on an incorrect menu item, followed an incorrect link, or interacted incorrectly with an on-screen control. This path was compared to the optimal path. The number of steps in the observed path is divided by the number of optimal steps to provide a ratio of path deviation.</p>
<p>Efficiency: Task Time</p>	<p>Each task was timed from when the administrator said “Begin” until the participant said, “Done.” If he or she failed to say “Done,” the time was stopped when the participant stopped performing the task. Only task times for tasks that were successfully completed were included in the average task time analysis. Average time per task was calculated for each task. Variance measures (standard deviation and standard error) were also calculated.</p>
<p>Satisfaction: Task Rating</p>	<p>Participant’s subjective impression of the ease of use of the application was measured by administering a simple post-task question. After each task, the participant was asked to rate “Overall, this task was:” on a scale of 1 (Very Difficult) to 5 (Very Easy). These data were averaged across participants.</p>

Results

Data Analysis and Reporting

The results of the usability test were calculated according to the methods specified in the Usability Metrics section above. Participants who failed to follow session and task instructions had their data excluded from the analyses.

The usability testing results for MDToolbox-Rx are detailed below. The results should be seen in light of the objectives and goals outlined in the Study Design section. The data yielded actionable results that, when corrected, will yield a material, positive impact on user performance.

Task	N #	Task Success Mean (SD)	Path Deviations (Observed/optimal)	Task Time Mean (SD)	Task Time Deviations (Observed/Optimal)	Errors Mean (SD)	Task Ratings 5=easy Mean (SD)
1. Review the medication list and refill a medication	10	100% (0)	5.4/5 Clicks	44.7 (30.1)	44.7/42 Seconds	0.2 (0.42)	4.7 (0.67)
2. Update the condition list	10	90% (31.6)	8.9/7 Clicks	82.78 (36.82)	82.78/44 Seconds	0.4 (0.52)	3.5 (1.27)
3. Add and modify allergies	10	100% (0)	8.5/8 Clicks	52.6 (40.93)	52.6/40 Seconds	0 (0)	4.5 (1.08)
4. Respond to a drug intervention	10	100% (0)	4/4 Clicks	30.4 (15.24)	30.4/34 Seconds	0 (0)	4.7 (0.67)
5. Write and send a prescription	10	80% (42.2)	10.6/9 Clicks	91 (28.48)	91/82 Seconds	0.2 (0.42)	4.3 (0.82)
6. Cancel and change a prescription	10	80% (42.2)	11.9/10 Clicks	109.4 (36.68)	109.4/84 Seconds	0.3 (0.67)	3.7 (1.25)
7. Respond to a refill request	10	100% (0)	3/3 Clicks	19.7 (5.27)	19.7/34 Seconds	0 (0)	5 (0)

Effectiveness

Overall, MDToolbox-Rx was found to be very effective. There was a 93% success rate across all tasks and over half of the tasks had a 100% success rate. Most of the task failures were due to the participants not following the directions closely (e.g. sending a prescription to the wrong pharmacy) and not due to not understanding how to use the software.

Efficiency

MDToolbox-Rx was also found to have high measures of efficiency. The path deviation rate was found to be very low with the highest only being 1.2 (the closer to 1, the better) proving that the software pathways are intuitive to users and efficient. The task time deviation rate was also fairly low for most tasks.

Satisfaction

Participants rated MDToolbox-Rx with a high satisfaction rating overall. The average satisfaction rating for all tasks was 4.34 out of 5.

Major Findings

MDToolbox-Rx was found to be a very usable system and overall intuitive, efficient and with a high satisfaction rate. Participants struggled the most in the areas of the product they were unfamiliar with but after attempting the tasks found the areas to be straightforward.

Areas for Improvement

Areas for improvement for each individual task are listed below. However, there were a few common areas of improvement that could be applied to the software for increased usability including adding an initial on-screen tutorial to step new users through the functionality of the software and updating some of the UI.

Task Results and Discussion of Findings

Task 1: Review the Medication List and Refill a Medication

Effectiveness

There was a 100% success rate for this task. It was very easy for participants to access the patient's medication list and refill a historical medication.

Efficiency

Most participants completed the task faster than the optimal time with no path deviations. The average task time was 44.7 seconds, just slightly higher than the optimal task time of 42 seconds. The few path deviations made were mainly due to minor typing errors.

Satisfaction

This task had a high satisfaction rate of 4.7 out of 5. Most participants were familiar with the task and found it very easy to complete.

Major Findings

Participants very easily located the patient's medication list and refilled a historical medication. The refill icon made it very easy and clear for participants to add the new medication to the list.

Areas for Improvement

The 100% success rate indicates there is not much need for improvement. The only comment made by participants is that they originally had to teach themselves the functions of the icons on the medication list and this could be improved by including an initial on-screen tutorial of the software.

Task 2: Update the Condition List

Effectiveness

There was a 90% success rate for this task with nine out of ten participants completing the task. The task failure was due to not understanding where to add a new condition and adding it to the existing condition's fields.

Efficiency

The average task time was 82.8 seconds with most participants exceeding the optimal task time and over half of the participants had path deviations. Both of these were due to unfamiliarity.

Satisfaction

This task had the lowest satisfaction rating of all tasks with an average rating of 3.5 out of 5. The lower satisfaction rating was also due to unfamiliarity.

Major Findings

Participants struggled with this task the most out of all tasks due to unfamiliarity. A majority of the participants had never used the feature before and were unsure how to add new conditions to the list. However, once they tried it and figured it out, many commented that it would be easy to use again.

Areas for Improvement

Currently, to add a new condition, users click on a blue text link. It may make it more intuitive if a button icon similar to the other button icons in the software is added. An initial on-screen tutorial could also help increase the usability of this feature as well.

Task 3: Add and Modify Allergies

Effectiveness

There was a 100% success rate with all participants being able to easily access the allergy list, modify an allergy, and add an allergy.

Efficiency

Nine out of ten participants had no path deviations and over half of the participants completed the task faster than the optimal time.

Satisfaction

The task had a high satisfaction rate of 4.5 out of 5.

Major Findings

Participants generally found it very easy to add and modify allergies in the system. The allergy screen is very similar to the condition screen, so once participants had used the condition screen they found it easy to navigate the allergy screen. This supports the thought that more training would help users be able to navigate both the condition and allergy screens easier.

Areas for Improvement

Because the allergy screen is so similar to the condition screen, it may be useful to also update the add allergy text to a button icon to make it more obvious for new users who may not have used either screen before.

Task 4: Respond to a Drug Intervention

Effectiveness

This task had a 100% success rate with zero errors and all participants found it very easy to respond to the drug-drug intervention.

Efficiency

None of the participants had any path deviations and seven out of ten participants were able to complete the task faster than the optimal time.

Satisfaction

This task had a very high satisfaction rating with an average of 4.7 out of 5.

Major Findings

This task was very easy for all participants to respond to the drug intervention alert. Some participants commented that they find the alerts very helpful and that they like being able to adjust which alerts they see.

Areas for Improvement

No major suggestions for improvement were given since the task was easily completed.

Task 5: Write and Send a Prescription

Effectiveness

This task had an 80% success rate due to participants either entering the wrong dosage amount or sending the prescription to the wrong pharmacy. These errors seemed to be due to the participants not paying close attention to the instructions.

Efficiency

The average time for the task was 91 seconds and the optimal task time was 82 seconds. The path deviation rate was 1.17 with most of the path deviations being due to typing errors, trying to navigate a new and unfamiliar SIG builder, and clicking the wrong area to select the patient's second favorite pharmacy.

Satisfaction

The task had a high satisfaction rate of 4.3 out of 5. Most participants found writing and sending a prescription straightforward and easy.

Major Findings

Many of the participants were confused by the addition of a SIG builder on screen. It was unclear to them if they needed to enter the prescription information there in addition to entering the directions in the directions field, as well as what information should be entered where in the SIG builder. Some participants were also unfamiliar with how to select a patient's second favorite pharmacy.

Areas for Improvement

It needs to be made clear that using the SIG builder is an option, and not a requirement. The labels on the SIG builder should also be made clearer. The on-screen initial tutorial mentioned previously could also help with training users on the quick ways to select different pharmacies.

Task 6: Cancel and Change a Prescription

Effectiveness

This task had an 80% success rate due to participants sending the new prescription to the wrong pharmacy. This seemed to be due to the participants not paying close attention to the instructions.

Efficiency

The path deviation rate was 1.2. A few of the participants were unsure where to cancel the prescription but once they figured it out found it easy. Several of the participants wrote new prescriptions in order to change the prescription, where they could have instead refilled the canceled prescription and edited it. Both ways are acceptable, the former just included more path steps.

Satisfaction

The task had an average satisfaction rate of 3.7 out of 5.

Major Findings

Most participants found it easy to cancel and change a prescription but a couple struggled with the task due to unfamiliarity.

Areas for Improvement

More training on where users can find certain functions and the quickest ways to complete tasks could be useful. This is another area that an initial on-screen tutorial could help with.

Task 7: Respond to a Refill Request

Effectiveness

There was a 100% success rate, zero errors, and all participants found it very easy to respond to and approve a refill request.

Efficiency

There were zero path deviations and all participants completed the task faster than the optimal time.

Satisfaction

This task had the highest satisfaction rating with all participants rating it a 5 out of 5. They all stated they found it very easy to complete.

Major Findings

All participants found responding to a refill request very easy.

Areas for Improvement

All participants found it very easy but a couple suggested that it would be even easier if users did not have to scroll down on the screen in order to complete the request.

Appendices

Appendix 1: Recruiting Screener

Participants were asked to complete an online recruiting screener prior to the test session. If they did not complete the test screener prior to the test session, the test administrator asked the questions at the beginning of the session.

1. Name
2. Email address
3. Gender
 - Male
 - Female
 - Other/decline to answer
4. Age
5. Credentials
6. Highest Level of Education
 - High school graduate/GED
 - Some college credit, no degree
 - Trade/technical/vocational training
 - Associate degree
 - Bachelor's degree
 - Master's degree (MSN, MS)
 - Doctorate (MD, DNP, DO, PhD)
7. What is your current position and title?
8. What is your specialty?
9. How many years have you been working in your field?
10. How many years of experience do you have using computers for personal and professional activities (such as email, shopping, record keeping, etc.)?
11. How long have you used MDToolbox-Rx?

Appendix 2: Participant Demographics

Below is a high-level overview of the participants in this study.

Gender

Male	7
Female	3
Total Participants	10

Occupation/Role

Physician	9
NP	1

Education

Doctorate	9
Masters	1

Professional Experience

0-9 years	2
10-19 years	1
20-29 years	3
30-39 years	4

Computer Experience

0-9 years	0
10-19 years	2
20-29 years	4
30-39 years	4

MDToolbox-Rx Experience

0-9 months	4
10-19 months	3
20-29 months	1
30-39 months	2

Appendix 3: Recording Consent

Participants were asked to give a verbal consent to the statement below:

Do you agree to grant the MDToolbox team permission to use screen recording and audio recordings of this session for internal purposes related to the improvement of the product?

Appendix 4: Tasks

The first patient you are seeing today is Suzy Thomas, a 35-year-old female. She is a regular patient of yours who is already in the system and has come in due to having a rash on her arms and legs.

Task 1 Review the medication list and refill a medication.

In addition to needing to be seen for the rash, the patient also asks for a refill of her birth control while she is there. She ran out of refills last month so the prescription is listed as a historical medication. You need to review her medication list and decide if the refill is appropriate.

- Open the chart for Suzy Thomas
- Review the medication list
- Refill the following medication and save it as a new pending medication:

Yasmin 3 mg-0.03 mg oral tablet

Task 2 Update the Condition List.

After examination and a lab test, you have determined that the patient's rash is from Streptococcus. During her chart review, she also mentions that the UTI she had been seen for previously has been resolved.

- Mark the Urinary Tract Infection condition as historical
- Add the following condition to the patient's record:

A49.1: Streptococcal infection, unspecified site

- Save the information

Task 3 Add and modify allergies.

Before prescribing any medications for her treatment, you double check the patient's allergy list with her. She informs you she had a small reaction from the Macrobid prescription she took for the UTI and that she no longer has a sulfa topical allergy.

- Mark the sulfa topical allergy as historical and enter today's date as the resolved date
- Add the allergy Macrobid with a mild severity level
- Save the information

Task 4 Respond to a drug intervention.

You decide to prescribe the patient Amoxicillin. You receive a drug-drug interaction warning and realize Amoxicillin interacts with a drug the patient is currently taking. You decide against prescribing Amoxicillin.

- Start a new prescription and select Amoxicillin 500 mg oral capsule.
- Respond to the alert

Task 5 Write and send a prescription.

You decide to prescribe Cephalexin which does not interact with the patient's current medications.

- Write a prescription for Cephalexin 250 mg oral tablet two times daily for 10 days.
- e-Send the prescription to the patient's 2nd favorite pharmacy:
CA Pharmacy Store 10.6

Task 6 Cancel and change a prescription.

Oops, you realize you meant to prescribe Cephalexin 500 mg oral tablet instead of Cephalexin 250 mg oral tablet.

- Cancel the Cephalexin 250 mg oral tablet.
- Change the prescription to Cephalexin 500 mg oral tablet two times daily for 10 days and re-send it to:
CA Pharmacy Store 10.6

Task 7 Respond to a refill request.

Now that you are done with that patient visit, you take a minute to respond to refill requests that pharmacies have sent you.

You have one pending refill request for Elizabeth Itasca. After reviewing it, you decide to approve it.

- Open and review the refill request for Elizabeth Itasca
- Approve the request