

# ELECTRONIC HEALTH RECORD (EHR) CAPABILITIES

---

Updating Flatiron OncoEMR Treatment Regimens  
to Include UDENYCA™ (pegfilgrastim-cbqv)



EHR Treatment Regimens group treatments in one place based upon clinical guidelines and practice protocols. They help promote consistency and efficiency by helping ensure patients receive all appropriate clinical activities.

Updating EHR Treatment Regimens to include UDENYCA™, a pegfilgrastim biosimilar, will communicate to the health care team that it is available to order for appropriate patients.

### UPDATING TREATMENT REGIMENS

Modifying existing Treatment Regimens to include UDENYCA™ (pegfilgrastim-cbqv) based on chosen plan of treatment

EHR FEATURE	DEFINITION
Treatment Regimen	Group of orders for selection
Protocol	Practice's implementation of chosen treatment plan

**THIS GUIDE PROVIDES A HIGH-LEVEL OVERVIEW OF HOW TO MODIFY AND USE TREATMENT REGIMENS WITHIN ONCOEMR. THIS OVERVIEW IS DESIGNED TO PROVIDE GUIDANCE FOR YOU, YOUR PRACTICE EHR CHAMPION, OR IT STAFF.**

Please note that this Guide was created based upon the most current version of OncoEMR. Features and their locations may change as new software versions are released.

This Guide is meant to serve as summary information only and should not replace detailed instructions provided to you by your internal or external EHR support resources.

OncoEMR Treatment Regimens may enable the practice to build treatment plans based on standard group orders for easier selection. Treatment Regimens group appropriate therapies together based upon disease, enabling consistency of care and efficiency of ordering.

## MODIFYING AN EXISTING TREATMENT REGIMEN

- Access **Regimen List** and Search for appropriate regimen

**Find Regimen By Disease:**  **Stage:**  **Setting:**

**Or By Name:**  **Find**  
 (Enter a few characters of the regimen name and click Find)

**Regimen to Show:**  
**Regimen Type:**  Chemotherapy  Premed  Follow up  
**Owned by:**  The system (built-in)  Practice  Me  Others

Any Stage, Any Setting (7 found)	Version	Type	Owner
UDENYCA	5.0	Chemo	Practice
Capecitabine 2500 mg/m2 and Tykerb 150mg/day d1-14 q 21 d	2.0	Chemo	Practice
Clinical Trial, Metastatic Colon: Capecitabine, Irinotecan, Cetuximab	3.0	Chemo	Practice
Folfiri / Avastin	1.0	Chemo	Practice
Folfox 6 with Ca /Mg protection pre-post infusion with Avastin	2.0	Chemo	Practice
Folfox 7	2.0	Chemo	Practice
mFolfox 6 (Preferred)	3.0	Chemo	Practice

- Select **Edit Regimen Details**
- Select **Premed** checkbox
- Select **Add: Drug**

You own this regimen and may copy, edit or delete it.

**Regimen Name:**  **Version:**  **Rel Cost:**

**Description:**  
 Edit  
 Link this regimen to: Disease/Stage/Setting  
**Cycle Lengths and Count (cLen1, CNum1, cLen2, cNum2,...)**

**Regimen type:**  Chemotherapy  Premed  Follow up  Orderset

**Add:** Drug, Test, Activity, ruleSet, Regimen, Linked Regimen

			Cycle & Day:																											
			1:1	1:2	1:3	1:4	1:5	1:6	1:7	1:8	1:9	1:10	1:11	1:12	1:13	1:14	2:1	2:2	2:3	2:4	2:5	2:6	2:7	2:8	2:9	2:10				
Weekday			1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3				
Antiemetic -1/Dex 10	Regimen	All Insurers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Oxeliplatin IV	130 mg/m2	All Insurers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Leucovorin Calcium IV	400 mg/m2	All Insurers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
5-FU CI	400 mg/m2	All Insurers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
CBC	2400 mg/m2	All Insurers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
CEA		All Insurers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
CMP		All Insurers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
LDH		All Insurers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
CL3		All Insurers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
PUMP Fill/Main		All Insurers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Pump Management		All Insurers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

- Search for **Drug** to be added to the regimen

**Display Name**

**\*Dose**  **\*Units**  **Round to nearest**

**\*Hours**  **\*Route**

**Initial CPT Code**  **Planned Duration**  **minutes**

**\*Instructions**

**Fluid**  None  NS  D5W **Amount**  **ml**

**Insurer Group**

- UDENYCA™ (pegfilgrastim-cbqv) is now added to the Regimen

## ACCESSING AND USING THE TREATMENT REGIMENS

- After selecting a patient, select **Find Regimens**
- Select appropriate **regimen**
- In Regimens to Show, check **Premed** checkbox

**Find Regimen By Disease:**

**Stage:**

**Setting:**

**Or By Name:**  **Find**  
 (Enter a few characters of the regimen name and click Find)

**Regimen to Show:**

**Regimen Type:**  Chemotherapy  Premed  Follow up

**Owned by:**  The system (built-in)  Practice  Me  Others

**Refresh List**

Any Stage, Any Setting (7 found)	Version	Type	Owner
UDENYCA	5.0	Chemo	Practice
Capecitabine 2500 mg/m2 and Tykerb 150mg/day d1-14 q 21 d	2.0	Chemo	Practice
Clinical Trial, Metastatic Colon: Capecitabine, Irinotecan, Cetuximab	3.0	Chemo	Practice
Folfiri / Avastin	1.0	Chemo	Practice
Folfox 6 with Ca /Mg protection pre-post infusion with Avastin	2.0	Chemo	Practice
Folfox 7	2.0	Chemo	Practice
mFolfox 6 (Preferred)	3.0	Chemo	Practice