

Pharmacy Labels

Pharmacy Labels in HomecareNet are highly customizable. You can specify any number of label formats; for each format, you can specify its dimensions and the organization of data fields on the label. For many data fields, you can even choose from a list of format options. For example, dates can be presented with 2-digit or 4-digit years, and with a choice of punctuation.

The following table outlines information about fields available for inclusion on any pharmacy label:

The leftmost column in each section includes the names of data fields available for inclusion on pharmacy labels. HomecareNet will substitute the information for a particular patient and prescription for the field name listed here.

The rightmost column in each section (Format Options) lists one or more options for formatting data in the corresponding label field.

T Indicates that a field is applicable only for TPN prescriptions.

W Indicates that a field supports wrapping of text onto multiple lines.

E Indicates that a field supports expanded component formatting, in which you can choose to print component description, manufacturer, stock code, NDC number, ordered quantity/unit, weight quantity/unit, and/or volume quantity/unit. The column position of each of these values can be explicitly specified. Leading zeros are always omitted; trailing zeroes can optionally be omitted.

| Patient Data | Format Options |
|-----------------|------------------------------|
| Age | Age |
| Patient Address | Address |
| | Address City State Zip Code |
| | Address City, State Zip Code |
| | Address2 |
| | Billing Address |
| | Billing Address2 |
| | Billing City |
| | Billing State |
| | Billing Zip Code |
| | Billing Zip Code Compressed |
| | City |
| | Phone |
| | Phone + Phone Ext |
| | Phone Ext |
| | State |

| Rx Data | Format Options |
|---------------------------|--------------------------------|
| Amino Acid ^{T,E} | Component List |
| | Component per Line |
| Auxil1 | Auxiliary Instruction #1 Text |
| Auxil2 | Auxiliary Instruction #2 Text |
| Auxil3 | Auxiliary Instruction #3 Text |
| Auxil4 | Auxiliary Instruction #4 Text |
| Auxil5 | Auxiliary Instruction #5 Text |
| Components ^{W,E} | Component List |
| | Component per Line |
| | Component List w/ Supplies |
| | Component per Line w/ Supplies |
| Days | Number of Days |
| Dextrose ^{T,E} | Component List |
| | Component per Line |
| Directions ^W | SIG instructions text |
| Doses | Number of Doses |

| Patient Data | Format Options |
|------------------------|---|
| | Zip Code |
| | Zip Code Compressed |
| Patient Control# | Patient Id |
| | Patient Id without hyphens |
| Patient Current Weight | Weight in kg |
| | Weight in lb |
| Patient DOB | <i>Standard set of date options (see Fill Date)</i> |
| Patient Name | First |
| | First Last |
| | First Last + Patient ID |
| | First MI Last |
| | First MI Last + Patient ID |
| | Last |
| | Last First MI |
| | Last First MI + Patient ID |
| | Last, First |
| | Last, First + Patient ID |
| | Last, First MI |
| | Last, First MI + Patient ID |
| | Middle |
| | Middle Name |
| | Suffix |
| SSN | Patient SSN |
| Pharmacy Data | Format Options |
| Pharmacy Address | Address |
| | Address City State Zip Code |
| | Address City, State Zip Code |
| | Address2 |
| | City |
| | Phone |
| | Phone + Phone Ext |
| | Phone Ext |
| | State |
| | Zip Code |

| Rx Data | Format Options |
|-------------------------------|---|
| Fill Date | CCYYMMDD |
| | MM DD YY |
| | MM DD YYYY |
| | MM-DD-CCYY |
| | MM-DD-CCYY (Zero Fill) |
| | MM/DD/CCYY |
| | MMDDCCYY |
| Ions ^{T,E} | Ion per Line |
| Lipid ^{T,E} | Component List |
| | Component per Line |
| Original Fill Date | <i>Standard set of date options (see Fill Date)</i> |
| Per Bag Overfill ^T | 9999.99 |
| Product Expiration | <i>Standard set of date options (see Fill Date)</i> |
| Refill Due | <i>Standard set of date options (see Fill Date)</i> |
| Refill # | Refill # |
| Refills Remaining | Refills Remaining |
| Rx # | Rx # |
| Rx Description ^W | Rx Description |
| Rx Expiration | <i>Standard set of date options (see Fill Date)</i> |
| Rx Frequency | Rx Frequency |
| Rx Frequency Description | Rx Frequency Description |
| Stability | Stability |
| Stability State | Stability State |
| Sterile Water ^{T,E} | Component List |
| | Component per Line |
| Supplies | Component List w/ Supplies |
| | Component per Line w/ Supplies |
| Today's Date | <i>Standard set of date options (see Fill Date)</i> |
| Today's Time | Today's Time – 12h a/p |
| | Today's Time - 24h |
| TPN Additives | Component List |
| | Component per Line |
| Triple Serial | Triple Serial |
| TPN Volume ^T | TPN Volume (9999 ml) |

| Pharmacy Data | Format Options |
|---------------|-----------------------|
| | Zip Code Compressed |
| RPh | RPh – Code (User ID) |
| | RPh – Name |
| Tech | Tech – Code (User ID) |
| | Tech – Name |
| Site | Site – Code |
| | Site – Description |

| Rx Data | Format Options |
|-----------------------|--|
| | TPN Volume (9999) |
| Units | Units |
| Physician Data | Format Options |
| Physician's Address | <i>Standard set of address options (see Patient Address)</i> |
| Physician's ID Number | DEA# |
| Physician's Name | Salutation First Last Degree |
| | Salutation Last Degree, First |