

The Influenza Vaccine Screening/Order PowerForm incorporates the ability to place or have a rule fire the vaccine order from within the form resulting in a more efficient and expedited workflow.

Using the Influenza Vaccine Screening/Order Form

Review questionnaire with the patient and answer questions as appropriate.

NOTE: This combination questionnaire/order form should not be used in pediatric clinics, review of all vaccines due or overdue should be acknowledged from the immunization component.

➤ Vaccine Acceptance

- Indicate if the patient accepts, declines, unable to screen, or vaccine not available.
 - Vaccine declined is selected, click **Patient declined vaccine** under **Patient decline**.
 - Unable to screen is selected, add reason.

Patient decline
 Patient declined vaccine

➤ Patient Type

- **NLH Employee, SHARE with HR/WH:** Used for NLH employees who agree to share vaccine record with NLH Human Resources/Work Health. If selected, enter the Employee # in the box indicated.
- **NLH Employee, Do NOT Share with HR/WH:** Used for NLH employees who decline sharing of vaccination with NLH Human Resources/Work Health.
- **Non-Employed Staff:** Used for Locum Providers, Travelers, etc.
- **Essential Worker, non-NLH:** Used for non-NLH essential workers, such as private practice physicians, dentists, clinical staff, etc.
- **Patient:** Used for patients in hospital, mass vaccination, physician office/WIC/outpatient, and Work Health settings respectively.

➤ Question

- Has patient received Influenza Vaccine for the (current year) season?
 - No – continue.
 - Yes and patient was 6 months to 8 years old – continue.
 - Was that dose the first lifetime dose?
 - No – vaccine not due.
 - Yes – continue.
 - How long ago was that first dose (current season) received?
 - Less than 4 weeks – vaccine not due.
 - 4 or more weeks – continue.
 - Yes and patient was 9 yrs or older – vaccine not due.

➤ **Contraindications**

- Select any contraindications that apply.
 - If **None** is selected, the form continues to the next section.
 - If any other choice is selected, the form stops and the influenza vaccination must be ordered by the provider.

➤ **Age**

- Indicate age range of the patient, the age displays from the patient's record for reference.
 - Age 6 months to 8 years and age 9 years to 64 years.
 - Vaccine dose auto selects and the regular vaccine order is placed by rule for hospital patients upon signing the form.
 - Ambulatory, Outpatient, and WIC enter the order as stated below.
 - Age 65 years or older.
 - High dose vaccine available.
 - Vaccine dose auto selects the high dose vaccine and order is placed by rule for hospital patients upon signing the form.
 - Ambulatory, Outpatient, and WIC enter the order as stated below.
 - No high dose vaccine available or Patient prefers regular vaccine.
 - Vaccine dose auto selects the regular dose vaccine and order is placed by rule for hospital patients upon signing the form.
 - Ambulatory, Outpatient, and WIC enter the order as stated below.

6 years	<input type="radio"/> Age 6 months to 8 years
↑ Age Today	<input type="radio"/> Age 9 years to 64 years
	<input type="radio"/> Age 65 years or older

➤ **Vaccine Information Sheet**

- Indicate Vaccine Information Statement (VIS) offered to the patient.
 - Right-click the box, select reference text, and print the VIS sheet if needed.

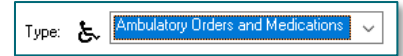
➤ **Enter VIS Publication Date**

- Date auto selects, choose other if it needs to be changed.

NOTE: If *hospital* patient, click the green checkmark to complete and save the form. If *ambulatory* patient, continue to enter the vaccine order or select patient has an acute febrile illness, in which the vaccine should not be given.

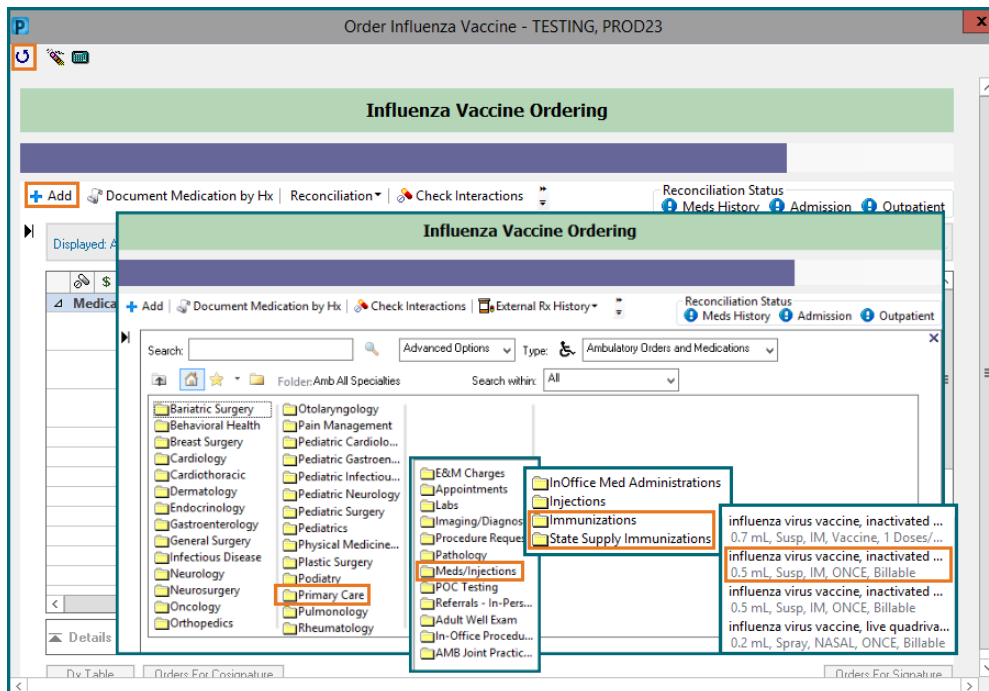
➤ **Enter vaccine order (Ambulatory, Outpatient, and WIC)**


- Ambulatory, Outpatient and Walk-In Care locations select the radio button next to **Enter vaccine order (Ambulatory, Outpatient, and WIC)**.
 - From the order influenza vaccine ordering window, select **+ Add** to enter the applicable Vaccine order.
 - Change **Type** to **Ambulatory Orders and Medications**.
 - Select the **Quick Order** folder specific to your specialty.



NOTE: The example shown is for Primary Care; however, folder names for in-office medications/injections may vary by specialty. Select as appropriate for your specialty.

- Select the folder for **Meds/Injections**.
- Select the appropriate **Medication** folder as needed.
- Select the appropriate **Flu Vaccine Medication**.
 - Note **billable** or **state supply** at the end of each order to assist with ordering appropriate dose.
- Fill in the **Ordering Physician** window as appropriate.
- Adjust **Order Details** if needed and/or click **Sign**.



- Once the order is placed, select the  icon to return to the Influenza Vaccine Screening/Order Form.
- Click the **green checkmark** to complete and save the form.

The **Flu Vaccine Questionnaire/Order Form – Ambulatory** is also available from AdHoc.

➤ **From AdHoc:**

- The form is found in the following folders:
 - **Ambulatory**
 - **OB/GYN Outpatient Documentation**
 - **Pediatric**
 - **Primary Care**
 - **All Items**
 - **Patient Care**
 - **Flu Vaccine Questionnaire- Amb Pediatrics**
 - **Flu Vaccine Questionnaire/Order Form- Ambulatory**