The Ambulatory COVID-19 Vaccine Immunization Screening Form guides staff through the screening process of patients and the decision support to order the appropriate COVID-19 Vaccine, per State and regulatory guidelines.

Accessing the Immunization Screening Outpatient/Pediatric PowerForm

The Immunization Screening Outpatient/Pediatric is also available from AdHoc

➢ **Clinical Entry Workspace**:

- Search COVID Immunization Screen

➢ **AdHoc Folders**:

- Ambulatory
- OB/GYN Outpatient Documentation
- Rheumatology
- Walk-in Care
- All Items
- Pt Care including Critical Care Areas

Using the COVID-19 Vaccine Screening Form

As part of some patient intake processes, the **COVID-19 Vaccine Screening Form** will be included in the intake form to perform screening at the time of intake. Complete the form as guided.

STEP 1:   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.
  - Ensure patient (who in this case is an NLH employee) intends for their information to be sent to HR/WH
- **NLH Employee, Do NOT Share with HR/WH**: NLH Employees who decline sharing of vaccination with NLH Human Resources/Work Health.
- **Not NLH Employee. Patient, Hospital**: Patients in the hospital.
- **Not NLH Employee. Patient, Physician Office/WIC/Outpatient:** Patients at Mass Vaccination, Physician Office/WIC/Outpatient.

STEP 2:   Vaccine Acceptance

- Indicate if the patient accepts, declines, or vaccine not available.

STEP 3:   Patient Attestation-Risk Factors for severe Covid-19 Disease

- Yes or No option. Selecting Yes allows screening to continue, No stops further steps.

STEP 4:   Patient Age

- Indicate age range of patient, the age will display from the patient's record for reference.

NOTE: **Before placing a COVID-19 vaccine order, review the patient's IMMUNIZATION record and confirm history with the patient. COVID-19 vaccine administration is charted within Cerner.**

STEP 5: Has the patient received a (current year) updated COVID-19 vaccine this season?

- If yes, indicate how many doses have been received.

STEP 6: Select any precautions or contraindications that apply.

- Select any precautions/conditions that apply.
    - If **None** is selected, the form continues to next section.
    - If any other choices are selected, COVID-19 vaccine must be ordered Provider

NOTE: **Provider can assess dosing recommendations through the Bug-Drug-Guide.**

STEP 7: Immunocompromise Status

- Select the appropriate checkbox to indicate **Immunocompromise Status**.

NOTE: **Based on documentation of last brand/dose, timing of last dose given and immunocompromise status the Patient Vaccine Eligibility will show, and the Vaccine for the appropriate age will be selected.**

STEP 8: Patient Vaccine Eligibility

- Indicates if patient is eligible for the vaccine.
    - Vaccine not due at this time, this will stop the screening process, and the form can be signed by clicking the green checkmark in the top left of the form.
    - May offer the COVID vaccine, the form continues to next section.
- Request Provider to assess history and order if indicated, this will stop the screening process, and the form can be signed by clicking the green checkmark in the top left of the form.

STEP 9: COVID-19 Vaccine Dosing

- COVID Vaccine will auto-select based on age if eligibility option **May Offer the COVID-19 vaccine** in the previous question is selected.

STEP 10: Vaccination Information Statement (VIS)

- Select appropriate option.

STEP 11: VIS Publication Date

- Select appropriate option.

STEP 12:   Patient Location

- Enter vaccine order (Ambulatory, Outpatient & Walk-In Care Locations).

- From the COVID-19 Vaccine ordering window, select ✚ **Add** to enter the applicable Vaccine order.

- Once the order is placed, select the ↻ icon to return to the Vaccine Screening Form to sign.