The Ambulatory COVID-19 Vaccine Immunization Screening Form is designed to guide staff through the screening process of patients and the decision support to order the appropriate COVID-19 Vaccine. The form is updated periodically per State and regulatory guidelines.

Documenting in the Ambulatory COVID-19 Vaccine Immunization Screening Form

As part of the patient intake process the **COVID-19 Vaccine Immunization Screening Form** is included within some intake forms that are used to document upon patient arrival. The workflow begins with the intake form open for documentation.

Complete the form as guided.

➢ **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.

- **Patient, Hospital**: Used for patients in the hospital.

- **Patient, Physician Office/WIC/outpatient**: Used for patients in Mass Vaccination, Physician Office/WIC/Outpatient.

➢ **Vaccine Acceptance**

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

➢ **Patient Age**

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

31 years
Patient Age above - select correct age range on right.

NOTE: Refer to the "Check IMMUNIZATION record and with patient for history. COVID vaccine administration charted within Cerner" section.

Last Charted Covid-19 Vaccination
Last Charted OTHER Covid-19 Vaccine:
SARS-CoV2 ChAdOx1 vac,rcmb(Astra-Zeneca): 0 Unknown Unit (01/28/21 00:00:00)

➢ **Has the patient received a (current year) updated COVID-19 vaccine this season?**

- Indicate how many have been received.

➢ **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 choice is selected, **Covid-19 vaccination must be ordered by Provider.**

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

➢ **Immunocompromise Status**

- Select the appropriate check box to indicate **Immunocompromise Status**.

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

➢ **Patient Vaccine Eligibility**

- Indicates if patient is eligible for the vaccine.
  - **Vaccine not due at this time –** this stops 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 stops the screening process and the form can be signed by clicking the green checkmark in the top left of the form.

➢ **COVID Vaccine dosing**

- COVID Vaccine auto-selects based on age if eligibility option **May offer the COVID vaccine** in the previous question is selected.

➢ **Vaccination Information Statement (VIS)**
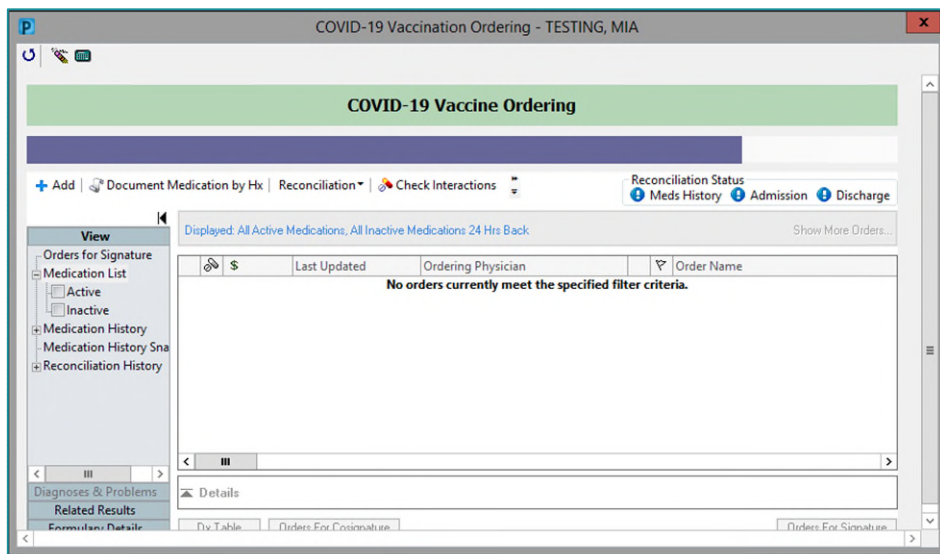
- Select appropriate option.

➢ **VIS Publication Date**

- Select appropriate option.

➢ **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.

Accessing the Immunization Screening Outpatient/Pediatric PowerForm outside of Intakes

The **Immunization Screening Outpatient/Pediatric** is also available from AdHoc.

➢ **From AdHoc:**

- The form is found in the following folders:
  - **Ambulatory**
  - **OB/GYN Outpatient Documentation**
  - **Rheumatology**
  - **Walk-in Care**
  - **All Items**
  - **Pt Care including Critical Care Areas**