
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: The 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.

➤ 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, unable to screen, or vaccine not available.
 - If **Vaccine declined** is selected, navigate to the **Patient/Guardian decline** section and select **Patient/Guardian declined vaccine**.
 - If **Unable to screen** is selected, enter a reason.



Patient / Guardian decline Patient /Guardian declined vaccine

➤ Question

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

- **4 or more weeks** – continue with the screening.

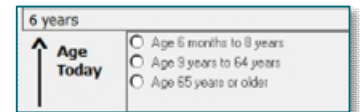
- **Yes and patient was 9 yrs or older** – vaccine not due.

➤ **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.**

- For Hospital patients: vaccine dose is auto selected and the regular vaccine order is placed by rule for hospital patients upon signing the form.
- For Ambulatory, Outpatient, and Walk-In Care locations – enter the order as outlined below.

- **Age 65 years or older.**

- **High dose vaccine available:**

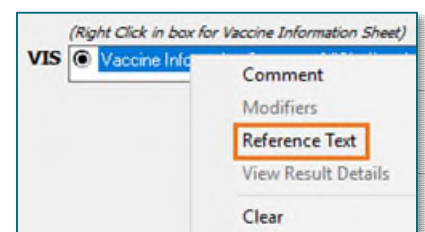
- For Hospital patients: the high dose vaccine is auto selected and order is placed by rule for hospital patients upon signing the form.
- For Ambulatory, Outpatient, and Walk-In Care locations – enter the order as outlined below.

- **No high dose vaccine available or Patient prefers regular vaccine:**

- For Hospital patients: the regular dose vaccine is auto selected and order is placed by rule for hospital patients upon signing the form.
- For Ambulatory, Outpatient, and Walk-In Care locations – enter the order as outlined below.

➤ **Vaccine Information Sheet**

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



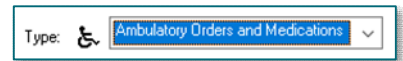
➤ **Enter VIS Publication Date**

- 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.

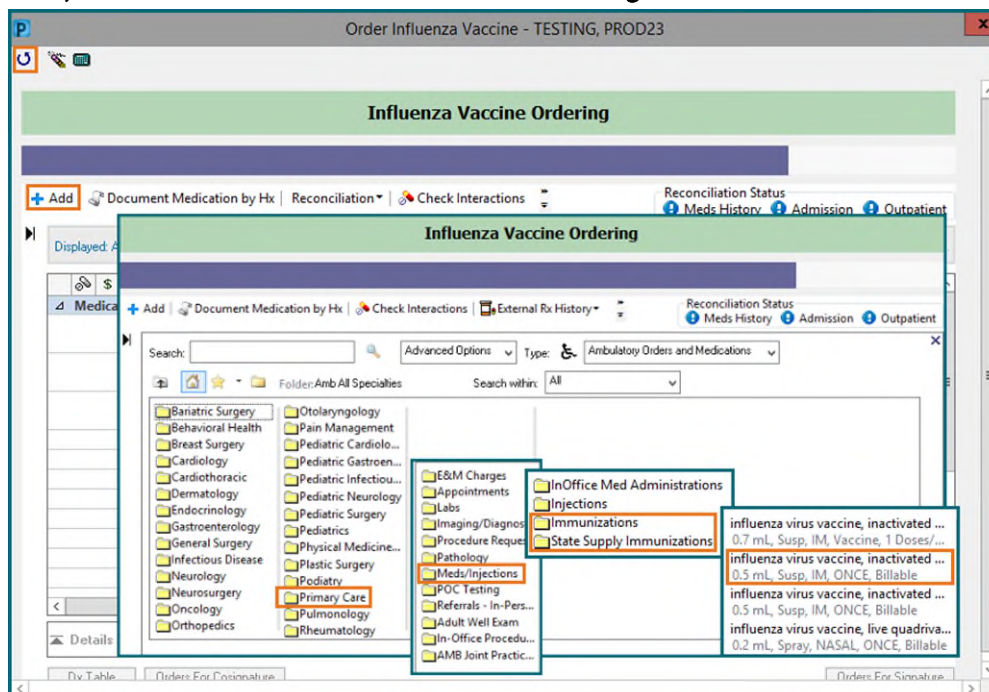
➤ Enter vaccine order (Ambulatory, Outpatient, and WIC)


- 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.

Accessing the Influenza Vaccine Screening/Order Form outside of Intakes

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**