

The Influenza Vaccine Screening/Order PowerForm allows vaccine orders to be placed directly or triggered by rules, streamlining the 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.
 - 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:** Used for NLH employees who decline sharing of vaccination with NLH Human Resources/Work Health.
- **Not NLH Employee. Patient Hospital:** Used for patients in the hospital.
- **Not NLH Employee. 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.

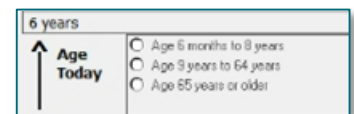
- **Yes and patient was 9 yrs or older** – vaccine not due.

➤ 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.

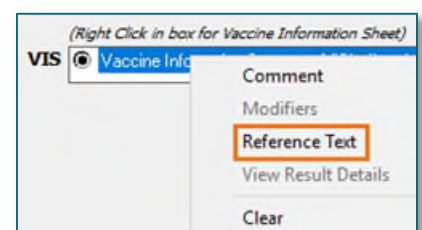
➤ Age

- 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.

➤ Entering a Vaccine Order for Ambulatory, Outpatient, and Walk-In Care (WIC) Settings

STEP 1: Select the **radio button** next to Enter vaccine order (Amb, Outpt, & WIC).

STEP 2: Open the Influenza Vaccine Window.

- Click + **Add** to begin entering the applicable vaccine order.

STEP 3: Change **Type** to Ambulatory Orders and Medications within the Add Order Window.

A screenshot of a software interface element. It shows a label 'Type:' followed by a small wheelchair icon and a dropdown menu. The dropdown menu is open, showing the text 'Ambulatory Orders and Medications' and a downward-pointing arrow.

STEP 4: Choose the Quick Order folder that matches 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.

STEP 5: Choose the Medication Folder.

- Select the folder labeled **Meds/Injections**.
- Then, choose the appropriate Medication folder as needed.

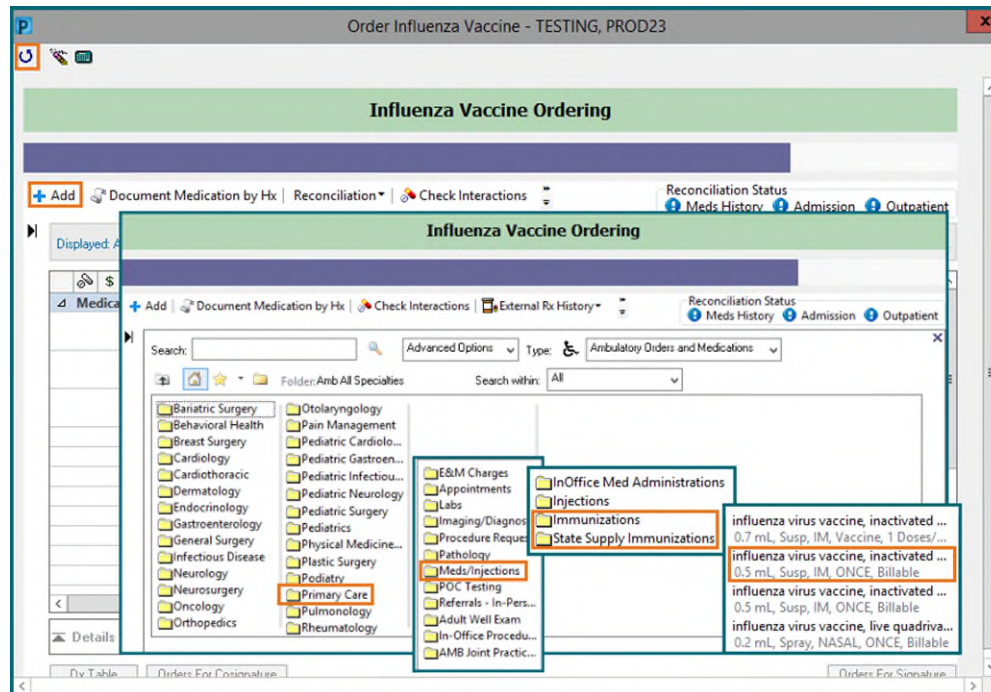
STEP 6: Pick the correct Flu Vaccine Medication.

- **Tip: Look for “billable” or “state supply” at the end of each order to help ensure the correct dose is selected.**

STEP 7: Complete the Order Details.

- Fill in the **Ordering Physician** window as appropriate.

- Adjust **Order Details** if needed and/or click **Sign**.



STEP 8: Once the order is placed, select the  icon to return to the Influenza Vaccine Screening/Order Form.

STEP 9: 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