

The Adult Inpatient 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 will be updated periodically per State and regulatory guidelines.

Documenting in the Adult Inpatient Screening 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 Employed who decline sharing of vaccination with NLH Human Resources/Work Health.
- **Patient, Hospital:** Used for patients in 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 unable to screen.

➤ Patient Age

- If patient is age greater than 18 years, the **Age 18 years or older** option should be selected to open options for next documentation steps.

Select age range:	24 years
	<input checked="" type="radio"/> Age 18 years or older

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

- COVID-19 vaccine season now matches Influenza: September 1 – April 30. This is indicated on the top of the form.

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

NOTE: Refer to check IMMUNIZATION record and with patient for history. COVID vaccine administration charted within Cerner.

➤ **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 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 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.

➤ **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.

<input type="radio"/> Vaccine not due at this time
<input checked="" type="radio"/> May offer covid vaccine
<input type="radio"/> Request Provider to assess history/order if indicated

➤ **COVID Vaccine dosing**

- COVID Vaccine auto-selects based on age if eligibility options are met: **May offer COVID vaccine** will appear selected.

➤ **Vaccination Information Statement (VIS)**

- Select VIS offered to the patient.

➤ **VIS Publication Date**

- Select appropriate option.

NOTE: The vaccine order will be placed automatically by a rule when the form is signed.

Additional automation associated with updated COVID-19 Inpatient screening

- Open chart alert: linked to screening form.
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- After order is placed from form: a **CareCompass** alert reminds nursing staff to administer: 1 hour after ordered.
- If there is no current season COVID-19 vaccine found, **CareCompass** alert to screen.