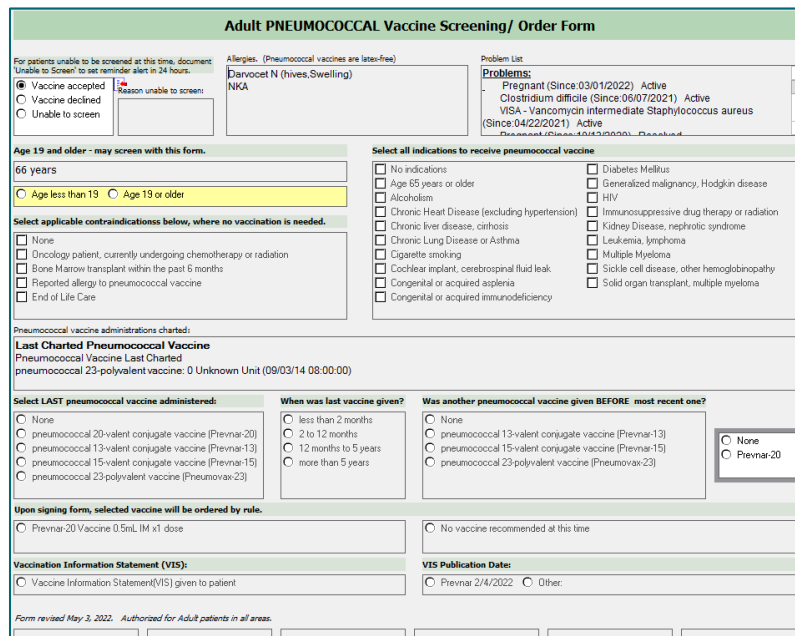


The Pneumococcal Immunization Screening form reflects new clinical guidelines pertaining to the use of Prevnar-20. This format will guide ordering of Prevnar-20 pneumococcal conjugate vaccine for adults.

As part of the patient intake or admission, the Immunization Screening forms are completed for patients. The Adult PNEUMOCOCCAL Vaccine Screening/Order form complies with new guidelines which are met with the use of Prevnar-20 for adult patients. As with previous forms, the user is guided through questions, and within the hospital encounter, orders are placed via a rule.



**Adult PNEUMOCOCCAL Vaccine Screening/ Order Form**

For patients unable to be screened at this time, document 'Unable to Screen' to set reminder alert in 24 hours.

Vaccine accepted  Vaccine declined  Unable to screen

Reason unable to screen: [ ]

Allergies: (Pneumococcal vaccines are latex-free)  
 Darvocet N (hives, Swelling)  
 NKA

Problem List:  
 Pregnant (Since 03/01/2022) Active  
 Clostridium difficile (Since 06/07/2021) Active  
 VISA - Vancomycin intermediate Staphylococcus aureus (Since 04/22/2021) Active

Age 19 and older - may screen with this form.  
 66 years  
 Age less than 19  Age 19 or older

Select applicable contraindications below, where no vaccination is needed.  
 None  
 Oncology patient, currently undergoing chemotherapy or radiation  
 Bone Marrow transplant within the past 6 months  
 Reported allergy to pneumococcal vaccine  
 End of Life Care

Select all indications to receive pneumococcal vaccine  
 No indications  
 Age 65 years or older  
 Alcoholism  
 Chronic Heart Disease (excluding hypertension)  
 Chronic liver disease, cirrhosis  
 Chronic Lung Disease or Asthma  
 Cigarette smoking  
 Cochlear implant, cerebrospinal fluid leak  
 Congenital or acquired asplenia  
 Congenital or acquired immunodeficiency  
 Diabetes Mellitus  
 Generalized malignancy, Hodgkin disease  
 HIV  
 Immunosuppressive drug therapy or radiation  
 Kidney Disease, nephrotic syndrome  
 Leukemia, lymphoma  
 Multiple Myeloma  
 Sickle cell disease, other hemoglobinopathy  
 Solid organ transplant, multiple myeloma

Pneumococcal vaccine administrations charted:  
**Last Charted Pneumococcal Vaccine**  
 Pneumococcal Vaccine Last Charted  
 pneumococcal 23-valent vaccine: 0 Unknown Unit (09/03/14 08:00:00)

Select LAST pneumococcal vaccine administered:  
 None  
 pneumococcal 20-valent conjugate vaccine (Prevnar-20)  
 pneumococcal 13-valent conjugate vaccine (Prevnar-13)  
 pneumococcal 15-valent conjugate vaccine (Prevnar-15)  
 pneumococcal 23 polyvalent vaccine (Pneumovax-23)

When was last vaccine given?  
 less than 2 months  
 2 to 12 months  
 12 months to 5 years  
 more than 5 years

Was another pneumococcal vaccine given BEFORE most recent one?  
 None  
 pneumococcal 13-valent conjugate vaccine (Prevnar-13)  
 pneumococcal 15-valent conjugate vaccine (Prevnar-15)  
 pneumococcal 23 polyvalent vaccine (Pneumovax-23)

Upon signing form, selected vaccine will be ordered by rule.  
 Prevnar-20 Vaccine 0.5mL IM x1 dose  
 No vaccine recommended at this time

Vaccination Information Statement (VIS):  
 Vaccine Information Statement (VIS) given to patient

VIS Publication Date:  
 Prevnar 2/4/2022  Other:

Form revised May 3, 2022. Authorized for Adult patients in all areas.

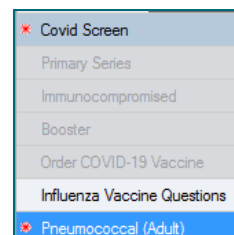
The Pneumococcal (Adult) section has been modified in the following forms: Admission History Adult, Admission History OB, BH Intake Assessment Adult, Immunization Screening, and Pre-Admission Assessment. <https://emh.service-now.com/home.do>

**Documenting Adult PNEUMOCOCCAL Vaccine Screening/ Order Form**

**STEP 1:** From the sections on the left side of the form, choose the Pneumococcal (Adult) section. The Adult PNEUMOCOCCAL Vaccine Screening/Order form will open.

**STEP 2:** The Vaccine accepted selection is the default when opening the form. Within the section there are also the following options: Vaccine declined and Unable to screen. If selecting Unable to screen, the recommendation is to set a reminder alert for 24 hours in the future.

**NOTE:** Although Prevnar-20 is indicated for ages 18 years old or older, NLH immunization screening for pneumococcal is not designed for the pediatric population which is defined as 18 years or less.



**From the Office of Clinical Informatics**  
**Pneumococcal Immunization Screening to Include Prevnar-20**  
 July 20, 2022  
 Page 2 of 3

- STEP 3:** Section **Age 19 and older** – may screen with this form includes a section that will display the patients age from the chart. If patient is 19 years or older, select **Age 19 or older** option.
- STEP 4:** The **Select applicable contraindications below, where no vaccination is needed** section will now be available, highlighted in yellow, for documenting.
- STEP 5:** If **None** was selected in prior section, the **Select all indications to receive pneumococcal vaccine** section will become available. In this section, if **No indications** is selected, it will not allow you to proceed with further documentation and ordering of Prevnar-20 as indicated by **No vaccine recommended at this time**.

**Adult PNEUMOCOCCAL Vaccine Screening/ Order Form**

For patients unable to be screened at this time, document 'Unable to Screen' to set reminder alert in 24 hours.

Vaccine accepted  
 Vaccine declined  
 Unable to screen

Reason unable to screen:

Allergies. (Pneumococcal vaccines are latex-free)  
 Darvocet N (hives,Swelling)  
 NKA

Problem List  
**Problems:**  
 Pregnant (Since:03/01/2022) Active  
 Clostridium difficile (Since:06/07/2021) Active  
 VISA - Vancomycin intermediate Staphylococcus aureus (Since:04/22/2021) Active  
 Deepset (Since:10/13/2020) Deceased

**Age 19 and older - may screen with this form.**  
 66 years  
 Age less than 19  Age 19 or older

**Select applicable contraindications below, where no vaccination is needed.**  
 None  
 Oncology patient, currently undergoing chemotherapy or radiation  
 Bone Marrow transplant within the past 6 months  
 Reported allergy to pneumococcal vaccine  
 End of Life Care

**Select all indications to receive pneumococcal vaccine**

<input type="checkbox"/> No indications	<input type="checkbox"/> Diabetes Mellitus
<input type="checkbox"/> Age 65 years or older	<input type="checkbox"/> Generalized malignancy, Hodgkin disease
<input type="checkbox"/> Alcoholism	<input type="checkbox"/> HIV
<input type="checkbox"/> Chronic Heart Disease (excluding hypertension)	<input type="checkbox"/> Immunosuppressive drug therapy or radiation
<input type="checkbox"/> Chronic liver disease, cirrhosis	<input type="checkbox"/> Kidney Disease, nephrotic syndrome
<input type="checkbox"/> Chronic Lung Disease or Asthma	<input type="checkbox"/> Leukemia, lymphoma
<input type="checkbox"/> Cigarette smoking	<input type="checkbox"/> Multiple Myeloma
<input type="checkbox"/> Cochlear implant, cerebrospinal fluid leak	<input type="checkbox"/> Sickle cell disease, other hemoglobinopathy
<input type="checkbox"/> Congenital or acquired asplenia	<input type="checkbox"/> Solid organ transplant, multiple myeloma
<input type="checkbox"/> Congenital or acquired immunodeficiency	

**Age 19 and older - may screen with this form.**  
 66 years  
 Age less than 19  Age 19 or older

**Select applicable contraindications below, where no vaccination is needed.**  
 None  
 Oncology patient, currently undergoing chemotherapy or radiation  
 Bone Marrow transplant within the past 6 months  
 Reported allergy to pneumococcal vaccine  
 End of Life Care

**Select all indications to receive pneumococcal vaccine**

<input checked="" type="checkbox"/> No indications	<input type="checkbox"/> Diabetes Mellitus
<input type="checkbox"/> Age 65 years or older	<input type="checkbox"/> Generalized malignancy, Hodgkin disease
<input type="checkbox"/> Alcoholism	<input type="checkbox"/> HIV
<input type="checkbox"/> Chronic Heart Disease (excluding hypertension)	<input type="checkbox"/> Immunosuppressive drug therapy or radiation
<input type="checkbox"/> Chronic liver disease, cirrhosis	<input type="checkbox"/> Kidney Disease, nephrotic syndrome
<input type="checkbox"/> Chronic Lung Disease or Asthma	<input type="checkbox"/> Leukemia, lymphoma
<input type="checkbox"/> Cigarette smoking	<input type="checkbox"/> Multiple Myeloma
<input type="checkbox"/> Cochlear implant, cerebrospinal fluid leak	<input type="checkbox"/> Sickle cell disease, other hemoglobinopathy
<input type="checkbox"/> Congenital or acquired asplenia	<input type="checkbox"/> Solid organ transplant, multiple myeloma
<input type="checkbox"/> Congenital or acquired immunodeficiency	

Pneumococcal vaccine administrations charted:  
**Last Charted Pneumococcal Vaccine**  
 Pneumococcal Vaccine Last Charted  
 pneumococcal 23-valent vaccine: 0 Unknown Unit (09/03/14 08:00:00)

**Select LAST pneumococcal vaccine administered:**

<input type="radio"/> None	<input type="radio"/> less than 2 months	<input type="radio"/> None
<input type="radio"/> pneumococcal 20-valent conjugate vaccine (Prevnar-20)	<input type="radio"/> 2 to 12 months	<input type="radio"/> pneumococcal 13-valent conjugate vaccine (Prevnar-13)
<input type="radio"/> pneumococcal 13-valent conjugate vaccine (Prevnar-13)	<input type="radio"/> 12 months to 5 years	<input type="radio"/> pneumococcal 15-valent conjugate vaccine (Prevnar-15)
<input type="radio"/> pneumococcal 15-valent conjugate vaccine (Prevnar-15)	<input type="radio"/> more than 5 years	<input type="radio"/> pneumococcal 23-valent vaccine (Pneumovax-23)
<input type="radio"/> pneumococcal 23-valent vaccine (Pneumovax-23)		<input type="radio"/> None
		<input type="radio"/> Prevnar-20

**Was another pneumococcal vaccine given BEFORE most recent one?**

No vaccine recommended at this time

**Upon signing form, selected vaccine will be ordered by rule.**  
 Prevnar-20 Vaccine 0.5mL IM x1 dose

**Vaccination Information Statement (VIS):**  
 Vaccine Information Statement(VIS) given to patient

**VIS Publication Date:**  
 Prevnar 2/4/2022  Other:

Form revised May 3, 2022. Authorized for Adult patients in all areas.

**STEP 6:** Selecting a pertinent indication in the prior section will open the **Select LAST pneumococcal vaccine administered:** section. The last charted value for prior pneumococcal vaccine administrations will display above

**NOTE:** If last pneumococcal vaccine was Prevnar-20, it will not allow ordering Prevnar-20.

**STEP 7:** Selecting Prevnar-13, Prevnar-15, or Pneumovax-23 will allow for documenting in the **When was the last vaccine given?** section. Documentation in this section will then direct you to document in **Was another pneumococcal vaccine given BEFORE most recent one?** section. Based on clinical relevance, this section will direct ordering of Prevnar-20 or not depending on which pneumococcal vaccines were previously administered and the date range it which it was given.

**STEP 8:** If clinically relevant and documentation in all required sections is completed, the form will place an order by rule for Prevnar-20 vaccine.

**NOTE:** The **Vaccination Information Statement (VIS)** can be obtained from reference text in the **VIS** section by right-clicking in the section and selecting **Reference Text**.