

Flu Clinic Workflow

The Immunization Clinic allows you to document the same immunization quickly on a series of patients by retaining the immunization details across patients. Before documenting an immunization, remember to schedule the patient with your department Flu Clinic scheduling resource and the visit type "Flu" or "Flu Shot". These specific visit types will automatically convert to an Immunization encounter.

Try It Out

- 1) To access the immunization clinic, select a patient in the schedule and click on "Imm Clinic" from the Schedule toolbar.



- 2) Fill in all necessary information about the administration in the administration form that populates at the bottom of the activity, including answers to any patient-specific questions. Please note that vaccine lot related details will auto-populate in the form if there is a single influenza lot manager entry for your department. If multiple lot numbers were entered for influenza, select applicable lot number. Fill in any remaining necessary information manually.

Imm:	Influenza Quadrivalent PF IM	Site:	Left arm
Lot #:	1234	Date:	9/6/2017
Dose:	0.5 mL	Route:	Intramuscular
Billing Dx:	Encounter for immunization [Z23]	Mfg:	GlaxoSmithKline
Given By:	SEVERNS, HANNAH	VIS:	8/7/2015
Sup Prov:	ANESTHESIA - BWHC, PAIN FELLOW	NDC:	49281-416-58
Product:		Exp Date:	9/6/2018

Source of Vaccine: ☐ State Supplied ☐ Office/Hospital Supplied ☐ Patient Supplied

Is this vaccine sponsored by the state as part of a VFC program? ☐

☐ Yes-Medicaid/MassHealth/HMOs ☐ Yes-No Health Ins. ☐ Yes-FQHC (Under-Ins.) ☐ Yes-Alaska Native
☐ Yes-American Indian ☐ No-Has Health Insurance

Did the patient receive a Vaccine Information Statement(VIS) today? ☐ Yes ☒ No
 Did patient receive clinician counseling? ☐ Yes ☒ No

- 3) Upon administering the vaccine, click on "Administer" at the bottom of the form. This will close the Immunization Encounter and file charges. Both **Administration** and **Medication** charges drop automatically when you document the administration.
- 4) Select the **next** patient from the schedule (Test, Pedi Bwf in screen shot below). Notice that all the immunization details copy forward. Patient specific details will not carry forward, such as "patient supplied," etc. Click administer and then move on to next patient on the schedule.

Huddle Note	Time	MRN	Patient	Age/Sex	Type	Notes	Status	Provider	My Sticky Note	Referring Provider Creds
	10:30 AM	80000004	Test, Phmblank	31 y.o. / F	FLU		Sch	MGC MILTON PEDI BRT FLU CLINIC		
	10:35 AM	<103000759...	Test, Pedi Bwf	9 y.o. / F	FLU		Sch	MGC MILTON PEDI BRT FLU CLINIC		

MGC MILTON PEDI BRT Department (All Providers) Total: 2 Auto-refreshed: 4:33 PM											
Test, Pedi Bwf											
Age: 9 y.o. Sex: Female [1] DOB: 10/7/2007 MRN: <10300075941> Chart Review Immunizations Allergies No Active Allergies Notes											
Imm:	Influenza Quadrivalent Preservative Free IM	Site:									
Lot #:	123456	Date:	9/28/2017								
Dose:	0.5 mL	Route:	Intramuscular								
Billing Dx:	Encounter for immunization [Z23]	Mfg:	Biopart Corp								
Given By:	FAMILY MEDICINE, NURSE	VIS:	8/7/2015								
Sup Prov:	NURSE, SANDRA	NDC:	19515-891-01								
Product:		Exp Date:	8/29/2018								
Comment:											

Source of Vaccine: ☐ State Supplied ☐ Office/Hospital Supplied ☐ Patient Supplied

Is this vaccine sponsored by the state as part of a VFC program? ☐

☐ Yes-Medicaid/MassHealth/HMOs ☐ Yes-No Health Ins. ☐ Yes-FQHC (Under-Ins.)