

Workflow for: Internal Medicine I Pediatrics I Family Medicine I Specialty

Applies to: ☑ Clinical ☑ Provider

Updated: 11/2/16

Centricity: Immunization Order & Administration Documentation

Pages: 6

Step 1: Immunization Order

The provider will order the vaccine(s) to be given on the "*Immunizations*" form.

Review/Order tab

Vacc. ord. by: Click the grey button to identify the provider ordering the vaccine(s).

Vaccine History: Pediatric, Adult and Travel/Other are optional lists for review.

Click the grey *Detail* button if you would like further details on any of the historical vaccination information.

Vacc. ord. by: Pro	vider MD; Test		provide	er click enter name	Vaccin	e Counselling by P	rovider
VFC Status:				Las	t up lated: none	VIS	Provided
Pediatric	\frown	O Adult (1	8 years and older) O Tr	avel/Other		
Vax Group	Series #1	Series #2	Series #3	Series #4	Series #5	Series #6	-
Hepatitis B	10/24/2014 Hi)					Detail
	\smile			Hep	B Surface Antibo	dy	Detail
Rotavirus							Detail
DTaP							Detail
HiB							Detail
Pneumo PCV13							Detail
PPSV23							Detail
Polio							Detail
MMR				Measle	Mumps	Rubella	Detail
Varicella							Detail
			Hx Varicella		Varicella T	iter	D
Hepatitis A							Detail
HPV							Detail
Meningococcal							Detail
Influence		(Detail
Vaccines Ordered				Notificatio	ns		
🔽 Hep B	Hib (3 dose sch	Hep A		Vaccine se	elected for admi	nistration outsid	e of 🔺
DTaP-IPV-Hib Rotavirus (2 do:	Hib (4 dose sch DTaP-Hib	Td	Jap Enceph Rabies	normar ag	erange		
Rotavirus (3 do:	Varicella	🗌 Tdap	Typhoid VI				
PCV13	DTaP-IPV	MCV4	Typhoid Ora		\frown		-
PV	Flu nasal	PPV23	Luster	Giv	e Vaccine	Turn Off Noti	fications
DTap In / 11.p3	(I						
Vaccine Review	viewed - up to da	to	Comments	*		Links	0-18 yr
Vaccine Review	viewed - up to da	ite	Comments	s[Links	0-18 vr

Vaccines Ordered: Click the box next to the vaccine(s) you would like to order.

Notifications: Information, based on CDC guidelines, pertaining to the vaccine(s) ordered and this patient may display in the *Notifications* field.

Vaccine Review: Document your review, need for update or if the patient/parent declines vaccination. Additional details can be entered in the *Comments* field.

If you have counseled the patient/parent (<18yrs of age) and provided the VIS (applicable to all pts), check the box(s) at the top of the form to document this was done.

Click *Close* or *Give Vaccine*, if you will be administering the vaccine(s).

Step 2: Immunization Administration Documentation – The person administering the vaccine will

document administration details.

Give Vacc tab

Vacc. ord. by: Review the name of the provider ordering the vaccination(s).

VFC Status: Select the patient's current VFC status. (N/A to patients >18 yrs)

*Once selected, the status will display with future administrations and can be reviewed and updated as needed. *Verify* should be checked when there is no change.

Vaccines Ordered: Review the vaccine(s) ordered by the provider.

If not already done, click VIS Provided and supply the VIS for the patient/parent.

Give Vaccine #1: Select the vaccine from the drop down list.

(Vaccines must be ordered to display as an option.)



Click Get Available Lot

***Vaccine inventory must be entered in the EMR in order to document vaccine administration.**

(See handout; "Immunization Inventory Management – Adding New Inventory")

nmunizations: Urology	accines
Review/Order Give	acc Give Vacc 2 TB-PPD Safety Preload Edit/Adv React Text
Urology Vaccines	DOB: 10/24/2014 - 4 Weeks Old Fen
Vacc. ord. by: Provider	ID; Test 🗾 provider click enter name Vaccine Counselling by Provider
VFC Status: Not Eligib	V01 verify Last updated: (11/24/2014 VIS Provided
Vaccines Ordered	Vaccines Given New Orders
Нер В	
	T
	Vaccines Declined Review/Change Orders
	Nursing
	Comments:
Give Vaccine #1	Enter Immunization Data
Нер В	Source borrowed from Private borrowed from State
Get Available Lot	Group Type NDC CVX
	Manf. Lot# Exp. VIS
View Hx	Route Dose Dose Dt Given:
Declined / Not Give	Site Series Series By Series
	(
Print Vaccine Screen/AB	Patient was observed for 20 mins after vacc admin Adverse Reaction: Record

All inventory previously entered for the vaccine selected will display. Click to select the lot used with this administration and then select *use selected lot*.

Immunizations: Urology Vacci	nes
Review/Order Give Vacc	Give Vacc 2 TB-PPD Safety Preload Edit/Adv React Text
Urology Vaccines	DOB: 10/24/2014 - 4 Weeks Old Fen
Vacc. ord. by: Provider MD; 1	fest 💽 provider click enter name Vaccine Counselling by Provider
VFC Status: Not Eligible	V01 verify Last updated: 11/24/2014 VIS Provided
Vaccines Ordered	Vaccines Given New Orders
Нер В	
	-
	Vaccines Declined
	Review/Change Orders
	Nursing Commenter
Give Vaccine #1	Enter Immunication Data
Нер В	Lot: 123456 ~Private Purchast #GlaxoSmithKline#11/24/2015#10##1234567891#Engerix-B Ped/Adol (3-dose sched
Get Available Lot	
View Hx	
Declined / Not Given	
Print Vaccine Screen/ABN	use selected lot

Enter Immunization Data:

Source, Group, Manf., Route, Type, Lot#, Dose, Series, NDC, CVX, & Exp, VIS dates will populate.

Immunizations: Urology Vacc	ines
Review/Order Give Vacc	Give Vacc 2 TB-PPD Safety Preload Edit/Adv React Text
Urology Vaccines	DOB: 10/24/2014 - 4 Weeks Old Fen
Vacc. ord. by: Provider MD;	Test vaccine Counselling by Provider
VFC Status: Not Eligible	V01 verify Last updated: 11/24/2014 VIS Provided
Vaccines Ordered	Vaccines Given New Orders
Нер В	
	Vaccines Declined Review/Change Orders
T	Nursing 🗐
Give Vaccine #1	Enter Immunization Data
Hep B	Source Private Purchase 💌 🗌 borrowed from Private 📄 borrowed from State
Get Available Lot	Group Hepatitis B Type Engerix-B Ped/Adol (NDC 1234567891 CVX 08
	Manf. (GlaxoSmithKline 🗶 Lot # 123456 💌 Exp. (11/24/2015 🔍 VIS 02/02/2012
(<u>View Hx</u>)	Route M Dose 0.5 I (cc I Dt Direm (1124/2014 m)
Declined / Not Given	Stel Series 2 By Series 2
	Clear all data Enter in all data before proceeding Record binary sets
Print Vaccine Screen/ABN	Patient was observed for 20 mins after vacc admin Adverse Reaction:

Select the *Site* and click the *user* button to identify where the vaccine was given and by whom. Click *Record Data/Orders*.

Give Vaccine #1	Enter Immunization Data
Hep B	Source Private Purchase 💌 🛛 borrowed from Private 🗌 borrowed from State
Gat Available Lot	Group Hepatitis B Type Engerix-B Ped/Adol (NDC 1234567891) CVX 08
	Manf. GlaxoSmithKline 💌 Lot # 123456 💌 Exp. 11/24/2015 🔍 VIS 02/02/2012 💌
(View Hx)	Route (M Dose 0.5 Cc Dt Given: 11/24/2014)
Declined / Not Given	Site (Left Thigh (upper) 🔟 Series 2 🔍 By (Newton: Leanifer 💌 <= user)
	Record Data/Orders
Print Vaccine Screen/ABN	Patient was observed for 20 mins after vacc admin Adverse Reaction:

"Vaccine #____ Recorded" will display in Red.

New Orders: The service order for the vaccine will display.

Repeat this process for *Vaccine #2* etc.

When all *Immunization Data* has been entered, click *Record Immun Admin* to create the service order(s) for administration of the vaccine(s).

Immunizations: Urology Vaccines
Review/Order Give Vacc Give Vacc 2 TB-PPD Safety Preload Edit/Adv React Text
Urology Vaccines DOB: 10/24/2014 - 4 Weeks Old Fen
Vacc. ord. by: Provider MD; Test 💌 provider click enter name 🗸 Vaccine Counselling by Provider
VFC Status: [Not Eligible V01 V01 V01 V01 V124/2014 VIS Provided
Vaccines Ordered Vaccines Given Rew Orders
Hep B Hep B Hepatitis B immunization <20 years [CPT-90744]
Image: Second control Review/change orders Image: Second control Nursing comments:
Give Vaccine #1 Enter Immunization Data
Hep B Source i Private Purchase oproved norm Private borrowed norm State Get Available Lot Group (Hepatitis B Type (Encerix-B Ped/Adol (NDC 1234567891 CVX 08 Mant, GlaxoSmithKline Lot # (123456 Exp. (11/24/2015 View Hx Route (M Dose (0.5 x) (cc x) Dt Given: (11/24/2014 Declined / Not Given Site (Left Thigh (upper) Series (2 x) By (Newton; Jennifer x) <= user)
Vaccine #1 Recorded undo Record Data/Orders Dis Haccine Server (ABN) Patient was observer for 20 mins after vacc admin Adverse Reaction: Image: Record Data/Orders Give Vaccine #2 Enter Immunization Data Enter Immunization Data Image: Record Data/Orders Image: Record Data/Orders

For TCMA Supplied Vaccines (Skip to the middle of page 5 if State Supplied.)

Click *Review/Change Orders* to include the associated PO# (purchase order) for billing.

Immunizations: Urology Vaccines					
Review/Order Give Vacc Give Vacc 2 TB-PPD Safety Preload Edit/Adv React Text					
Urology Vaccines DOB: 10/24/2014 - 4 Weeks Old Fen					
Vacc. ord. by: Provider MD; Test					
VFC Status: Not Eligible 🔽 V01 🗌 verify Last updated: 11/24/2014 🔽 VIS Provided					
Vaccines Ordered Vaccines Given New Orders					
Hep B Hep B Hep B Hepattis B immunization <20 years [CPT-90744] tx admin via ID IM or jet injects with counseling by physician [CPT-90460]					
Vaccines Declined Vaccines Declined Nursing commenter					
Give Vaccine #1 Enter Immunization Data					
Hep B Source (Private Purchase borrowed from Private borrowed from State Get Available Lot Group (Hepatitis B Type (Engerix-B Ped/Adol (INDC 1234567891) CVX 08 Manf. GlaxoSmithKline Lot #(123456 Exp. (11/24/2015) VIS (02/02/2012)					
View nx Note im Dosel 0.5 Icc Dr Given: (11/24/2014) Declined / Not Given Site (Left Thigh (upper)) Series (2) By (Newton; Jennifer) Second Data/Orders Vaccine #1 Recorded undo Record Data/Orders					
Print Vaccine Screen/ABN Patient was observed for 20 mins after vacc admin Adverse Reaction: Record					
Give Vaccine #2 Enter Immunization Data					

Select the vaccine order. *Order Details* should include the TCMA Supplied Vaccine (TL) modifier. If it does not, please click *Add Modifiers* to apply for this order.

Enter the PO# in the *Instructions* field and then click *OK*.

Update Orders - Charles A Test 76 Years Old Male, (DOB: 01/22/1940) Orders: This update Open All Primary Coverage: Date Description Status 11/02/2016 Hepatitis B immunization <20 year Up and 11/02/2016 First VX - bt admin via D IM or jet Unsigned Y	Set Coverage Potential Diagnoses: Diagnoses POLYCYSTIC KIDNEY DISEA! VACCINE AGAINST HEPATITIS A OR E DIABETES MELLITUS VACCINE AGAINST HEPATITIS A OR E GYNECOLOGICAL EXAMINA' VACCINE AGAINST HEPATITIS A OR E GYNECOLOGICAL EXAMINA' VACCINE AGAINST HEPATITIS A OR E GYNECOLOGICAL EXAMINA' VACCINE AGAINST HEPATITIS A OR E MEDP, MALIGNANT, LARYNG PHARYNGTIS, CHRONIC DYSPHAGIA HOARSENESS, CHRONIC ANXETY DISORDER PREVENTIVE HEALTH CARE I MEDENTIVE
Remove Reorder Custom List Categories Search Order Details Clinical Information Description: Hepatitis B immunization <20 years	Clear Diagnoses New Change Service Administration
	Sign Orders OK Cancel

****Always verify the vaccine administered appears as expected** (correct placement/series# etc.) on the Review/Order tab before closing the Immunizations form.

(The Immunization Management flowsheet will not be updated until the visit is signed.)

Click Review/Order

Immunizations: Charles A Tes Review/Order Give Vacc	st Give Vacc 2 TB-PPD Flu Consent Preload Edit/Adv React Text
Charles Test Vacc. ord. by:	DOB: 01/22/1940 - 76 Years Old Male provider click enter name Vaccine Counselling by Provider
VFC Status: (Not Eligible	verify Last: 11/02/2016 MIIS
Vaccines Ordered	Vaccines Given New Orders Hep B Hepatitis B immunization <20 years [CPT-90744] First Vx - bx admin via ID IM or jet injects [CPT-90471]
Cive Vacsine #4	Vaccines Declined Review/Change Orders Nursing comments:
(Hep B Get Available Lot)	Source(Private Purchase borrowed from Private borrowed from State Group(Hepatitis B Type(Recombivax HB (3 dc) NDC 123456 CVX 08 Manf. (Abbott Laboratories) Lot#123456 Exp. (11/04/2016) VIS 02/02/2012) Route(IM Dose 1 Cc VIS Provided v
Declined / Not Given	Site Left Detoid Series 1 By (Newton RMA; Jennife Series 1 Vaccine #1 Recorded undo Record Data/Orders Patient was observed for 20 mins after vacc admin Adverse Reaction: Record
Give Vaccine #2	Enter Immunization Data

Once verified, click Close.

Review/Order	Give Vacc Give	Vacc 2 TB	-PPD Flu Conse	ent Preix	oad 🔰 Edit/Adv Read	t Text	
Charles Test					DOB: 01/22/1940 - 70	6 Years Old N	lale)
Vacc. ord. by:				ick enter name	Vaccine Coun	selling by Prov	ider
VFC Status: Not	Eligible		verify	Last: 11/02	/2016		MIIS
 Pediatric 		Adult (18)	years and older)	 Tra 	wel/Other		?
Vax Group	Series #1	Series #2	Series #3 Se	eries #4	Series #5 Ser	ries #6	
Varicella	03/01/2003 vɛ						Detail
			Hx Varicella		Varicella Titer		
HPV							Detail
Zoster							Detail
MMR	06/07/1999 m				Measles Mumps	Rubella	Detail
Pneumo PCV	06/05/2015 P(Detail
PPSV23	11/08/2010 pr	08/12/2015 Pr					Detail
/leningococcal							Detail
Jenina B							Detail)
Henatilia à							Detail)
Henetitis R	11/02/2016 Rf						Detail
Tepatitis D	(Indezerie In)			Hop	R Surface Antihody		
HIB.				nep	D Surface Antibudy		Detail
nib							
Yearly / Booster							
nfluenza	06/07/2012 fli	12/2/2014 infl	· · · · · · · · · · · · · · · · · · ·	ast 3 recorded			Detail
Td	9/15/2014 td t	*Last recorded					Detail
Tdap	4/12/2016 Adi						Detail
Vaccines Ordered				Notification	IS		
Varicella	Hep A	Flu nasal	BCG				
9vHPV	Hep B	E Flu IM	Jap Enceph				
MMR		Tdan	Typhoid VI				
MCV4			Typhoid Oral				-
MPSV4			Yellow Fever	Give	Vaccine T	urn Off Notifica	tions
PCV13			Zoster	Give			_
Vaccine Review		0				Linko	

Click End Update.



Hold Document to the provider.

End Update						×
Properties						
Summary: test						
Provider: Provider MD, Test	▼ (H				
Route to						
Me						
Provider (Test Provider MD)						
Sender (Jennifer Newton)						
Date User	Priority	Reason		Comments		
11/25/2014 Test Provider MD	Normal	Action	Complete do	cument		
		<u>N</u> e	ew R	e <u>m</u> ove	C <u>h</u> ange	
Drug interactions		Enco	unter is a Tran:	sition of Car	e	
•		Retu	rn to Desktop	View clin	ical list change	s
		Sign	clinical list char	iges.		
		Pen	ding prescriptio pleted automati	ns set to pr	int or fax will be	
Discard Document		<u>Sign Doc</u>	ument H <u>o</u> k	1 Documer	Cancel	