

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

Applies to: \blacksquare Clinical \blacksquare Provider

Updated: 2/8/17 (update to form pending)

Pages: 3

Centricity: Immunization History

Open the form "*Immunizations*".

Preload tab; Select the vaccine from the list on the left to record historical immunizations.

For rare vaccines not listed in this column see page 2.

Review/Order	Give Vacc Give Vacc 2 T	7B-PPD Flu Consent Preloa	d Edit/Adv React Text
Ar tie Test		DC	B: 10/10/1996 - 20 Years Old Male
BCG			
DT			
DTaP			
DTaP-Hib			
DTaP-IPV-HepB			
DTaP-IPV-Hib			
DTP			
Flu M1N1 M			
Flu nasal	Historical Immunization		
Flu H1N1 nasal			
i di internationi			
Hen A			
Нер А Нер В НерА-нерВ			
Нер А Нер В Нерд-перВ Нір			
Hep A Hep B HepA-riepB Hib Hib (3 dose sched)			
Hep A Hep B HepA-HepB Hib Hib (3 dose sched) Hib (4 dose sched) Hib (4 dose sched)			
Hep A Hep B HepA-HepB Hib Hib (3 dose sched) Hib (4 dose sched) Hib-HepB HPV	Select Vaccin	e from the list on the left to reco	rd histoical immunizations

Select the *Historical Source*, and then select the *Type* and add the *Date* for Series #1 and then click *Record*.

BCG	Select Vaccine Group: (Hepatitis B Instructions
DTaP DTaP-Hib DTaP-IPV	Vaccine History Detail
DTaP-IPV-HepB DTaP-IPV-Hib DTP	
Flu IM Flu H1N1 IM Flu nasal	
Flu H1N1 nasal Hep A	Historical Immunization Historical Courcer (Historical information - from school record)*required
Hep B	Series #1 Series #2 Series #3 Series #4 Series #5 Series #6
перд-перв Нів	Type (Hepatitis B 🔍 🔍 🔍 🔍 🔍
Hib (3 dose sched)	Date (10/1/13 🔳 🔳 🔳 🔳 🔳
Hib (4 dose sched)	Record Record Record Record Record Record Record
Hib-HepB	
HPV	Include Preloaded Immunizations in Note
HDV/A	

History entered will display in the Vaccine History field.

munizations: Blank Tes Review/Order Give V	t acc Give Vacc 2 T	B-PPD Flu Consent	Preload Edit/Adv Reac	t Text
Blank Test BCG DT	Select Vaccine Group:	Hepatitis B	DOB: 01/17/1945 - 70 Y	ears Old Female
DTaP DTaP-Hib DTaP-IPV DTaP-IPV-HepB DTaP-IPV-Hib DTP Flu IM	Vaccine History 10/01/2013 Hepatitis B - U	nspecified Formulation #1	Refresh!	Detail)
Flu H1N1 IM Flu nasal Flu H1N1 nasal Hep A Hep B HepA-HepB Hib (3 dose sched) Hib (4 dose sched) Hib L4oRB	Historical Immunization Historical Source Series 1 Se Type I H Date I 1 Reco	Historical information - from sch eries #2 Sories #3 epatitis B I III H1/12013 III IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ool record required Series #4 Series #5 Record Record	Series #6
IPV IPV2 IPV2 IPV4 IPV Jap Enceph			Include Preloaded Imm	unizations in Note 🔽
ACV4 Veasles VMR MMRV	Rubella Titer			Record Record Record
Vumps DPV PCV7	Varicella Titer			Record
rev Form (Ctrl+PgUp)	Next Form (Ctrl+PgDn)			Close

Enter the details for Series #2 and then click Record. Repeat until all Series have been entered for the selected vaccine.

*Please note: You may enter the details for more than one series at a time, but you must click *Record* in the order the history should display to maintain chronological order.

Select the next vaccine to enter historical immunizations or if finished click Close.

Process for Documenting Rare Vaccine History

If the vaccine is not included within the column on the left for you to select, enter free text details in the "*Other Vaccine Hx*" field.

Andie Test		DOB:	10/10/1996 - 20 Yea	rs Old Male
BCG 07 07 07 07 07 07 07 07 07 07	Historical Immunization Select Vaccine from	n the list on the left to record	histoical immuniz	zations
HPV2 HPV4 9vHPV PV	Hep B Surf Ab			Record
Jap Enceph	Hx Varicella			Record
Jap Enceph MCV4 Mening B				Record
Jap Enceph MCV4 Mening B Measles MMR MMRV MDRV4	Varicella Tree			

Historical details entered in the *Other Vaccine Hx* field will be visible from the *Travel/Other* view on the *Review/Order* tab.

nmusications: Andie	e Test					
Review/Order G	Sive Vacc Give	e Vacc 2 TB	3-PPD Flu Conser	nt Preload	Edit/Adv React	Text
Anuie Test				DOB: 10/1	0/1996 - 20 Years O	ld Male
Vacc. ord. by: 🗍			provider clic	k enter name 🌖 👘	Vaccine Counselling b	y Provider
VFC Status: Not E	Eligible		verify	Last: 02/09/2017)	MIIS
 Pediatric 		O Adult (18	3 years and older)	Travel/Othe	er	?
/ax Group	Series #1	Series #2	Series #3 Ser	ries #4 Series	#5 Series #6	
Anthrax						Detail
BCG						Detail
H1N1						Detail
Jap Enceph						Detail
Rabies						Detail
RSV-MAb						Detail
Smallpox						Detail
Typhoid						Detail
Yellow Fever						Detail
Zoster						Detail
	typhus vaccine	received 1/3/17 @	Travel Clinic	>)	V 4
Vaccines Ordered				Notifications		1
Varicella 9vHPV HPV4 MR MC MCV4 PPV23 PCV13	☐ Hep A ☐ Hep B ☐ Hib ☐ IPV	Flu nasal Flu IM Td Tdap	BCG Jap Enceph Rabies Typhoid VI Typhoid Oral Yellow Fever Zoster	Give Vaccine	Turn Off 1	Notifications
Vaccine Poview Prev Form (Ctrl+PgU	p) Next Form (C	trl+PgDn)			Link	Close

Once signed this will be saved to the observation "*Vac Other*" and visible at the end of the *Immunization Management* Flowsheet.

The value will include the free text entered on the *Immunizations* form to identify the vaccine and date of administration.

Flowsheet: Enterprise/Immunizations Management			Documents:All				Registration Notes			
	Date	Value	▲.		Date ⊽	Summary	Status			
SYNAGIS 4				Γ	01/25/2017 12:16	Clin Updt	Signed			
SYNAGIS 5				Ē	01/25/2017 12:15	Clin Updt	Signed			
SYNAGIS 6				- F	01/24/2017 3:28 P	Clin Lindt	Signed			
SYNAGIS 7					40/05/0040 0:40 4	Olin Opat	Circud			
SYNAGIS 8					10/25/2016 9:10 A	Ciin Upat	Signed			T
SYNAGIS 9					03/30/2016 1:45 P	Ofc Visit	Signed			
SYNAGIS 11										
SYNAGIS 12										
DT #1										
DT #2									No Photo	
DT #3									Available	
DT #4										
DT #5										
KINRIX										
VAC OTHER	01/25/2017	typhus vaccine received 1/3/17 @ Travel Clinic	>							