

# Immunization Consents and Screening Tool

## Front Desk

1. Create service slip under program **11** for immunizations to create an **Immunization Encounter**.
2. Write **IMMUNIZATIONS** as the presenting problem. This is important for the “consent for services” on the service slip the patient will be signing
3. Place a check mark on **Routing Slip** (Routing slip = Service Slip)

The screenshot displays a medical software interface for patient intake forms. A dialog box titled "Print Intake Forms" is open, prompting the user to "Check desired output(s), then click OK." The dialog lists several forms with checkboxes: Referral/Consult Form, Child/Teen Vaccine Questionair, Flu Vaccine Questionaire, Adult Vaccine Questionaire, Flumist Vaccine Questionaire, Routing Slip (checked with a red arrow), and IM Consent Form. The background shows a patient record for FORSYTH County Board of Health, including fields for Patient Name/ID, Street Address (123 NO WHERE RD, TOCCOA GA 30577), Demographics (Race: W, Ethn: N, Gender: F, Mar St: U), and Telephone/Contact Info. The interface also includes an "OUTPUT" menu on the right with options like Service Slip, Consent, Record, Label, Workexcuse, Financial, Master Info, Memo, Intake Forms, and Exit.

- On the print screen adjust the number of copies to **2** (one copy is for the patient to sign for a consent to service and one copy is for check-out) Choose your clinic printer and print.

## Clinic

- A service slip x 2 will print for each patient receiving immunizations. The 1st slip will be for the patient to sign for consent for services that you will keep. The 2<sup>nd</sup> copy is to hand the patient to check-out.
- Once the patient is seated in the clinic and you have checked GRITS and established what the patient needs. Hand the patient the VIS statements if they didn't receive from the front desk. You will then open the Encounter Page in VHN.

Encounter # 344422  
Type IMMUNIZATIONS  
Date 04/26/2016 Center 01 Status: OPEN

Reason for Visit: IMMUNIZATIONS

Task List Items For: IMA TEST

Historical Views: Show All, Alerts, Allergies, Meds, Problems, Labs, Vitals, Immunizations, Family, Social, Radiology, Skin Tests, Prog Notes, Encounters, E-Charts

Immunizations Workflow:  
Allergies  
Enter Vitals  
Immunization Consent Adult Eng  
Immunization Consent Children/Teens Eng  
Influenza Consent English  
Influenza Live Vaccine Eng  
Immunizations  
Review Problem List  
Education  
Sign Encounter

Description	ICD Code	Pro
ENCOUNTER FOR PRE-	Z32.01	AH
NAUSEA WITH VOMITIN-	R11.2	FP
PREGNANCY RELATED-	O26.811	AH
ENCOUNTER FOR IMM-	Z33	IM

Encounter/Note:  
Subjective  
Chief Complaint: IMMUNIZATIONS  
Objective  
Assessment  
Plan  
Overview  
Provider Notes

7. On the Workflow: Choose the appropriate **Immunization Screening E-chart** according to the age of the patient or type of Flu vaccine (Indicated by the red bracket on the previous image) **\*\*Please Note:** These E-charts are the **screening questions** that accompany the consent **NOT** the consent itself. Please do not get confused by their name on the workflow, which is what M&M named them.

VHN v. 11.4 - FORSYTH - # 97656 IMA TEST - DOB 01/05/1985 123-45-6789 Scale3 100% \*CONFIDENTIAL\* \*ALERTS\*

Immunization Consent Children/Teens Eng

Page 1

Is the child sick today?  No  Yes  Don't know

Does the child have allergies to medications, food, a vaccine component, or latex?  No  Yes  Don't know

Has the child had a serious reaction to a vaccine in the past?  No  Yes  Don't know

Has the child had a health problem with lung, heart, kidney, or metabolic disease (e.g., diabetes) asthma, or a blood disorder? Is he/she on long-term aspirin therapy?  No  Yes  Don't know

If the child to be vaccinated is 2 through 4 years of age, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months?  No  Yes  Don't know

If your child is a baby, have you ever been told he or she has had intussusception?  No  Yes  Don't know

Has the child, a sibling, or a parent had a seizure; has the child had a brain or other nervous system problems?  No  Yes  Don't know

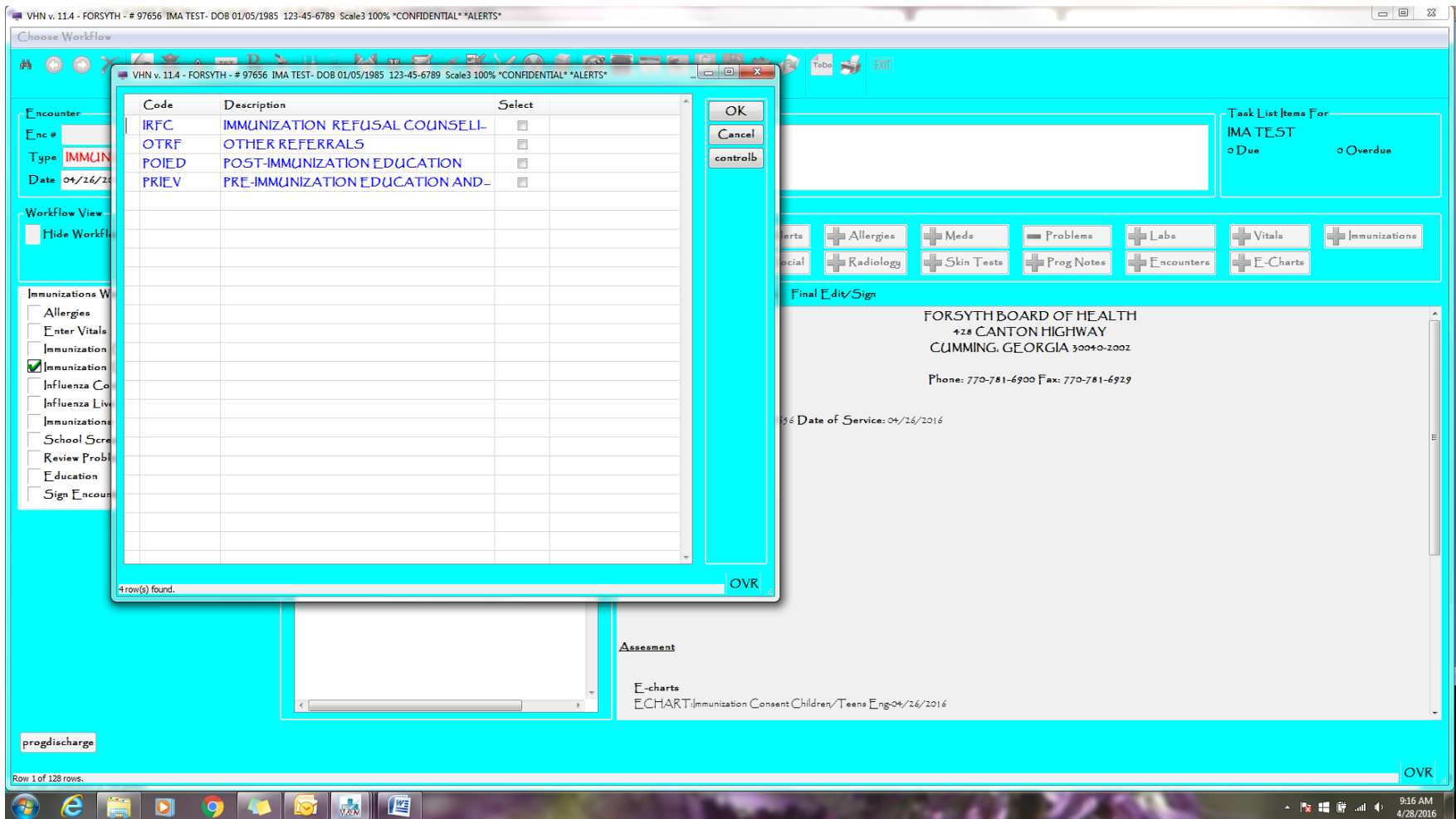
Does the child have cancer, leukemia, HIV/AIDS, or any other immune system problem?  No  Yes  Don't know

In the past 3 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments?  No  Yes  Don't know

In the past year, has the child received a

Cancel Void Print Finish

8. Complete the E-chart and sign with your Log-in at the bottom. **You do not need to print this page!** It will be saved under E-charts just like any other E-chart we do in other programs. There is not a need to have the patient or parent sign the screening questions, See the next step for the consent for service.
9. Once you have asked the screening Questions and have given the patient (or parent) time to ask questions, have them sign the Service slip that printed from the Front Desk. **THIS IS THE CONSENT FOR THE SERVICE.** \*\*\*If the patient has Medicare that was entered in at the Front Desk, the Medicare authorization will also print on the service slip for the patient to sign.
10. Use the blank space at the bottom of the signed service slip to list the vaccines received and lot numbers, either by peeling the labels off the vaccine and adhering or by hand writing. This will serve as a backup for inventory purposes.
11. The next item on the workflow is the **Immunization Page**. Vaccinate and enter your lot numbers as usual. \*\*\* You can also access Hearing, Vision, and Dental Page from here if done at the same visit or see the next item on the workflow (School Screening GA). Print your immunization History and 3231's as usual and give to the patient. Once you have completed and exited from this page you will automatically return to the Encounter page.
12. The next item on the workflow is Problem List. You do not have to list any additional problems into the list, but it is there if you happen to need it. **Immunization Z23.** will automatically pull when you administer your vaccines in the previous Immunization page.
13. The next item on the workflow is Education: (see Next page for Image)



- This gives you the opportunity to document that Pre-Immunization/VIS and Post-Immunization education was given in case that documentation was ever needed. You can also mark if any Immunization Refusal counseling was done for someone refusing vaccines.

14. When your visit is complete, hand the patient the unsigned routing slip to take up front to check out. If you would like to indicate the number of vaccines given during the visit as a double check for the front desk you can do so on this slip. Close and sign the Encounter **\*\*\*A warning box will pop saying there is no office visit for this Encounter, Click "OK."** You do not need an office visit for an Immunization Encounter.

15. The signed service slip should be scanned into VHN under the imported documents. Per your individual clinics, you can retain the hard copy until end of the month inventory is complete, then the hard copy may be shredded.