

Phase 2 COVID-19 Vaccine Education

EHR

Update



This document reviews the standard workflow for the **COVID-19 Vaccine Nursing screen assessment** and the **COVID-19 Vaccine order** and the new **Case Management Consult (COVID Vacc) order**.

The following screens represent the workflow the Provider and Clinician will experience relative to Phase 2 COVID-19 efforts. These efforts are aimed at individuals who are: 1) admitted for hospitalization; 2) assigned to observation; 3) receiving care at an Inpatient Rehab facility or; 4) receiving care at a Behavioral Health facility.

The general screening is expected to be completed by the Registered Nurse. The nursing **COVID-19 Vaccine Screening Assessment** is the primary screening for *exclusion* criteria.

A notification will then display for the provider on their rounding list. The provider will determine inclusion criteria. If indicated, the provider can submit the **COVID-19 Vaccine Order** via order management.

The nursing **COVID-19 Vaccine Screening Assessment** intervention will be included in the Quick Start routine including Inpatient Rehab and Behavioral Health. Locate the intervention under the History Header.

Below outlines Phase 2 COVID-19 Vaccine patient safety and the different documented and ordering scenarios.

Clickable Topics below:

[COVID Vaccine Assessment](#) – Unable to assess

[Has Received Vaccine](#)

[Vaccine Dose documentation](#)

[Vaccine Manufacturer](#)

[Vaccine response](#)

[Nurse Alert in eMAR](#)

[CPOE Vaccine Order](#)

[Case Management Follow Up](#)

Revised 01/04/2021

Nursing COVID-19 Vaccine Assessment

MEDITECH EBCD Update

EHR
Update

There is a new screening assessment for the COVID-19 vaccinations. This screening **must be completed by the nurse upon admission (for patients with admission and/or observation order) and preferably before the Provider COVID-19 Vaccine order entry.** The new **COVID-19 Vaccine Assessment** is the primary screening for *exclusion* criteria. A notification will then display for the provider on their rounding list. The provider will determine inclusion criteria. If indicated, the provider can submit the COVID-19 vaccine order via order management. Below outlines new Screening tool.

Process Care Items

Current Date/Time SB I: 0/ of 60

Document View Order Add Allergy Change Change >More
Now History Detail Interv Link Directions Level

Patient _____ Status ADM IN Room J.700
Patient Resuscitate _____ Admit _____ Bed 9
Attend Dr _____ Age/Sex 40 F Loc J.7H
Start Date 12/31/20 at 0000 End Date 12/31/20 at 2359 Med Edit 12/30 1127 Unit# _____
Include A AS,CP,MO,OE,PS 1:99 3L ALL INT Acuity _____

Care Items Sts Frequency OD Doc Src D C/N KI Prt

<< ROUTINE CARE >>

History

- Admission Health History + A .2021 .2 PS
- Health History Update + A .2021 .2 PS
- COVID-19 Vaccine Screening Assessment + A .Input attached... PS

The new intervention **COVID-19 Vaccine Screening Assessment** **will be on the worklist once Quick Start has been initiated.**

Locate the intervention in the History Header.

COVID-19 Vaccine Screening

Assess COVID-19 vaccine status:

- Yes
- No, unable to assess

If unable to obtain from patient, the nurse should request information from patient representative.

Assess COVID-19 vaccine status: *

Reason unable to assess COVID-19 vaccine status: _____

Have you ever received a COVID-19 vaccine: _____

Previous severe reaction/allergy due to any cause: _____

Previous anaphylactic reaction to COVID-19 vaccine ingredient: _____

(Next Page)

Assess *COVID-19 vaccine status* field is required with the following responses:

- Yes
- **No, unable to assess**

Note: If "No" is selected, the clinician must follow up with family/representative and other healthcare personnel to update and complete screening.

The Yellow Information Box outlines the guidelines for the nurse:

If unable to obtain from the patient, the nurse should request information from patient representative.



COVID-19 Vaccine Screening

Reason unable to assess COVID-19 vaccine status:
Enter free text. --- COVID-19 vaccine screening ---

Assess COVID-19 vaccine status: *No, unable to assess *

Reason unable to assess COVID-19 vaccine status: *Pt unconscious *

Have you ever received a COVID-19 vaccine: _____

Previous severe reaction/allergy due to any cause: _____

Previous anaphylactic reaction to COVID-19 vaccine ingredient: _____

(Next Page)

Reason unable to assess COVID-19 vaccine status field is free text and is only required if the previous field is answered “No, unable to assess”. Otherwise, this field will automatically be skipped.

COVID-19 Vaccine Screening

Click OK or press ENTER to continue.

COVID-19 vaccine administration date 1: _____

COVID-19 vaccine manufacturer admin 1: _____

COVID-19 vaccine administration date 2: _____

COVID-19 vaccine manufacturer admin 2: _____

Patient/representative agrees patient to receive COVID-19 vaccine:

COVID-19 vaccine assessment status: Unable to assess

(Prev Page) (End)

COVID-19 vaccine assessment status will auto populate with the determined status.

“No, unable to assess” response determines the patient’s COVID-19 vaccine assessment status as “Unable to assess”.

Note: The clinician is expected to complete the screening as soon as clinically appropriate.

COVID-19 Vaccine Screening

Have you ever received a COVID-19 vaccine:

- 1 Yes, 1 dose
- 2 Yes, 2 doses
- 3 No
- 4 Unknown

Only select 'Unknown' if patient/representative is:
- Uncertain if patient has ever received a COVID-19 vaccine
- Uncertain of the number of doses of COVID-19 vaccine patient received

Assess COVID-19 vaccine status: *Yes *

Reason unable to assess COVID-19 vaccine status: _____

Have you ever received a COVID-19 vaccine: *

Previous severe reaction/allergy due to any cause: _____

Previous anaphylactic reaction to COVID-19 vaccine ingredient: _____

Have you ever received a COVID-19 vaccine field is required when the Assess COVID-19 vaccine status is answered “Yes”.

This field has the follow responses:

- Yes, 1 dose
- Yes, 2 doses
- No
- Unknown

The Yellow Information Box outlines guidelines for the “Unknown” response:

Only select ‘Unknown’ if patient/representative is:
-Uncertain if patient has ever received a COVID-19



vaccine.
-Uncertain of the number of doses of COVID-19 vaccine patient received.

Previous severe reaction/allergy due to any cause due to any cause field is required and has the following responses:

- None
- Reaction
- Unknown

The Yellow Information Box outlines the guidelines for any previous severe reaction:

Previous severe reaction (e.g. anaphylaxis) due to any cause (food, medications, vaccines).

Update patient allergies as needed.

Previous severe reaction/allergy due to any cause is a required field and will recall reaction data from Influenza and Pneumococcal vaccine documentation as well as previously documented "Reaction" in the COVID-19 screening.

Note: (Default responses are not cross referenced from the Allergies Routines)

The clinician will need to follow facility process to update patient's allergy and add reaction if applicable.

The screenshot shows a web form titled "COVID-19 Vaccine Screening". At the top, there is a blue header with the text "Previous severe reaction/allergy due to any cause:". Below this header is a dropdown menu with three options: "1 None", "2 Reaction", and "3 Unknown". To the right of the dropdown is a yellow information box with a red border containing the text: "Previous severe reaction (e.g. anaphylaxis) due to any cause (food, medications, vaccines). Update patient allergies as needed." Below the dropdown and yellow box are several form fields: "Assess COVID-19 vaccine status:" with a dropdown set to "Yes", "Reason unable to assess COVID-19 vaccine status:" with an empty text box, "Have you ever received a COVID-19 vaccine:" with a dropdown set to "No", "Previous severe reaction/allergy due to any cause:" with a dropdown set to "None", and "Previous anaphylactic reaction to COVID-19 vaccine ingredient:" with an empty text box. At the bottom right of the form is a "(Next Page)" button.



COVID-19 Vaccine Screening 01/04 0839 J00021268335 DEMO,SAMBINK

Previous anaphylactic reaction to COVID-19 vaccine ingredient:

1 None
 2 Reaction
 3 Unknown

This contraindication includes anaphylactic reaction to Polysorbate. Reference emergency use authorization (EUA) for a list of potential allergens. The EUA must be provided to patient/representative prior to consent.

Assess COVID-19 vaccine status: *

Reason unable to assess COVID-19 vaccine status:

Have you ever received a COVID-19 vaccine: *

Previous severe reaction/allergy due to any cause:
 *

Previous anaphylactic reaction to COVID-19 vaccine ingredient:
 *

(Next Page)

Previous anaphylactic reaction to COVID-19 vaccine ingredient field is

required and has the following responses:

- None
- Reaction
- Unknown

Note: Selecting “Unknown” is acceptable after the 1st dose is administered however after the 2nd dose, if “Unknown” is selected, further investigation is required by the care team.

The Yellow Information Box outlines the guidelines for the Emergency Use Authorization (EUA):

This contraindication includes anaphylactic reaction to Polysorbate. Reference emergency use authorization (EUA) for a list of potential allergens. The EUA must be provided to patient/representative prior to consent.

Assess Links below within the COVID-19 Vaccine Order Screen:

[Pfizer EUA link](#) available in English and additional Languages

[Moderna EUA link](#) available in English and additional Languages

*Previous **anaphylactic reaction to COVID-19 vaccine ingredient** is a required field and recalls from previously documented “Reaction” in this field.*



COVID-19 Vaccine Screening

OK Patient/representative agrees patient to receive COVID-19 vaccine:

1 Yes, agrees
2 No, declines

This is intended to gauge patient/representative interest in receiving the vaccine and does not translate to consent. The emergency use authorization (EUA) must be provided to patient/representative prior to consent.

COVID-19 vaccine administration date 1:
 COVID-19 vaccine manufacturer admin 1:
 COVID-19 vaccine administration date 2:
 COVID-19 vaccine manufacturer admin 2:

Patient/representative agrees patient to receive COVID-19 vaccine:
 *

COVID-19 vaccine assessment status:

(Prev Page) (End)

Patient/representative agrees patient to receive COVID-19 vaccine field is required with the following responses:

- Yes, agrees
 - Patient agrees to information on receiving vaccine
- No, declines
 - Patient declines to information on receiving vaccine

Note: If "Declines vaccine" is selected, the patient's vaccine status is "Declines vaccine".
Note: This field records that the patient declines information on receiving the vaccine. The actual consent to receive or decline the vaccine will be addressed in the Provider's order.

The Yellow Information Box outlines the guidelines for the clinician regarding the EUA:

This is intended to gauge patient/representative interest in receiving the vaccine and does not translate to consent. The emergency use authorization (EUA) must be provided to patient/representative prior to consent.

COVID-19 vaccine assessment status field auto populates with the determined vaccine status.

Patient/representative agrees patient to receive COVID-19 vaccine:
 →No, declines *

COVID-19 vaccine assessment status: Declines vaccine

COVID-19 Vaccine Screening

OK

Click OK or press ENTER to continue.

COVID-19 vaccine administration date 1:
 COVID-19 vaccine manufacturer admin 1:
 COVID-19 vaccine administration date 2:
 COVID-19 vaccine manufacturer admin 2:

Patient/representative agrees patient to receive COVID-19 vaccine:
 →Yes, agrees *

COVID-19 vaccine assessment status: Candidate

(Prev Page) (End)



COVID-19 Vaccine Screening

Previous anaphylactic reaction to COVID-19 vaccine ingredient:

- ✓ 1 None
- 2 Reaction
- 3 Unknown

Reference emergency use authorization (EUA) for a list of potential allergens. The EUA must be provided to patient/representative prior to consent.

Assess COVID-19 vaccine status: *

Reason unable to assess COVID-19 vaccine status:

Have you ever received a COVID-19 vaccine: *

Previous severe reaction/allergy due to any cause:
 Reaction *

Previous anaphylactic reaction to COVID-19 vaccine ingredient:
 None *

(Next Page)

Patient has received 1 Dose COVID-19 vaccine scenario

Have you ever received a COVID-19 vaccine is responded with “Yes, 1 dose”.

Document required Reaction fields as previously noted.

Use the calendar feature to complete the COVID-19 vaccine administration date 1 field.

The Yellow Information Box outlines the guidelines for the clinician:

Exact administration date only.
 If unknown, leave blank and do not estimate.

Note: COVID-19 Vaccination dates must be exact, not estimated and can be left blank if necessary to determine if the patient is a true candidate.

In this example we will select the patient’s **vaccine administration date** of 12/09/20.

COVID-19 **vaccine manufacturer** admin 1 populates 3 options:

- Moderna
- Pfizer
- Unknown

This field is required if the “Yes, 1 dose” is selected.

The clinician will select the appropriate manufacturer.

COVID-19 Vaccine Screening

COVID-19 vaccine administration date 1:

Calendar

Exact administration date only.
 If unknown, leave blank and do not estimate.

COVID-19 vaccine administration date 1:

COVID-19 vaccine manufacturer admin 1: *

COVID-19 vaccine administration date 2:

COVID-19 vaccine manufacturer admin 2:

Patient/representative agrees patient to receive COVID-19 vaccine: *

COVID-19 vaccine assessment status:

(Prev Page) (End)

COVID-19 Vaccine Screening

COVID-19 vaccine manufacturer admin 1:

- 1. Moderna
- 2. Pfizer
- 3. Unknown

COVID-19 vaccine manufacturer admin 1: *

COVID-19 vaccine manufacturer admin 2:

Patient/representative agrees patient to receive COVID-19 vaccine: *

COVID-19 vaccine assessment status:

(Prev Page) (End)



COVID-19 Vaccine Screening 01/04 0839 J00021268335 DEMO,SAMBINK

Patient/representative agrees patient to receive COVID-19 vaccine:

1 Yes, agrees
 2 No, declines

This is intended to gauge patient/representative interest in receiving the vaccine and does not translate to consent. The emergency use authorization (EUA) must be provided to patient/representative prior to consent.

COVID-19 vaccine administration date 1: 12/09/20
 COVID-19 vaccine manufacturer admin 1: Pfizer *
 COVID-19 vaccine administration date 2:
 COVID-19 vaccine manufacturer admin 2:

Patient/representative agrees patient to receive COVID-19 vaccine:
 Yes agrees *

COVID-19 vaccine assessment status: Candidate

(Prev Page) (End)

[Patient/representative agrees patient to receive COVID-19 vaccine](#) is a

required and has the following responses:

- Yes, agrees
 - Patient agrees to information on receiving 2nd dose
- No, declines
 - Patient declines to information on receiving 2nd dose

COVID-19 vaccine assessment status auto populates the determined patient's vaccine status.

Example:

The patient receiving the Pfizer vaccine on 12/09/20 is a Candidate for the second dose on 12/26/20.

The Pfizer vaccine has a 17-21 day window for administration of the second dose.

See the table below for all possible COVID -19 vaccine candidate status.

Patient/representative agrees patient to receive COVID-19 vaccine:
 No, declines *

COVID-19 vaccine assessment status: Declines vaccine



COVID-19 Possible Patient Candidate Status

Candidate	Candidate as of day of screening COVID-19 vaccine assessment status: Candidate
Candidate as of MM/DD/YY	Future candidate without contraindications (1st date and manufacturer known and future date is calculated + 17 days for Pfizer and + 24 days for Moderna) COVID-19 vaccine assessment status: Candidate as of 01/02/21
Candidate-precautions	-Candidate as of day of screening -AND 'If patient has previous severe reaction/allergy due to any cause COVID-19 vaccine assessment status: Candidate - precautions
Candidate - precautions MM/DD/YY	-Future candidate -(1 st date and manufacturer known and future date is calculated + 17 days for Pfizer and + 24 days for Moderna) -AND 'If previous severe reaction/allergy due to any cause COVID-19 vaccine assessment status: Candidate-precaution-01/07/21
Declines	Was not excluded but Patient/Rep declines during interview COVID-19 vaccine assessment status: Declines vaccine
Up to date	Date and manufacturer of dose 1 and dose 2 are known and documented COVID-19 vaccine assessment status: Up to date
Not a candidate-Contraind	Pt has had a Previous anaphylactic reaction to COVID-19 vaccine ingredient ***This response overrules any other responses*** COVID-19 vaccine assessment status: Not a candidate - contraind
Unable to assess	COVID-19 vaccine assessment status: Unable to assess
Unknown- insuff admin data	Any of the following are unknown: -Have you ever received a COVID-19 vaccine -Previous anaphylactic reaction due to COVID-19 vaccine ingredient -COVID-19 vaccine manufacturer admin 1 -Received 1 dose, but date is blank COVID-19 vaccine assessment status: Unknown - insuff admin data



COVID-19 Vaccine Screening

Click OK or press ENTER to continue.

COVID-19 vaccine administration date 1: 12/09/20
 COVID-19 vaccine manufacturer admin 1: Moderna *

COVID-19 vaccine administration date 2:
 COVID-19 vaccine manufacturer admin 2:
 Patient/representative agrees patient to receive COVID-19 vaccine:
 →Yes, agrees *

COVID-19 vaccine assessment status: Candidate as of 01/02/21

For patients receiving the Moderna vaccine, the window for administering the second dose is 24-28 days.

The patient receiving a Moderna vaccine on 12/09/20 is eligible for the second vaccine on 01/02/21, 24 days after the initial vaccine.

The patient receiving a Pfizer vaccine on 12/05/20 is listed as a “Candidate” due to the patient being assessed during the eligible administration window.

Exact Dates are needed to confirm true candidates v/s candidates with precautions.

Note: A response of a previous reaction is NOT a contraindication for the COVID-19 Vaccine; rather it is an indication that the patient should be monitored for a longer duration.

Patient has received 2 Doses COVID-19 vaccine scenario

Have you ever received a COVID-19 vaccine is responded with “Yes, 2 doses”.

Use the calendar feature to complete the COVID-19 vaccine administration date 1 field.

COVID-19 Vaccine Screening

Click OK or press ENTER to continue.

COVID-19 vaccine administration date 1: 12/05/20
 COVID-19 vaccine manufacturer admin 1: Pfizer *

COVID-19 vaccine administration date 2:
 COVID-19 vaccine manufacturer admin 2:
 Patient/representative agrees patient to receive COVID-19 vaccine:
 →Yes, agrees *

COVID-19 vaccine assessment status: Candidate

(Prev Page) (End)

COVID-19 Vaccine Screening

Previous anaphylactic reaction to COVID-19 vaccine ingredient:

- ✓ 1 None
- 2 Reaction
- 3 Unknown

Reference emergency use authorization (EUA) for a list of potential allergens. The EUA must be provided to patient/representative prior to consent.

Assess COVID-19 vaccine status: Yes *

Reason unable to assess COVID-19 vaccine status:
 Have you ever received a COVID-19 vaccine: →Yes, 2 doses *

Previous severe reaction/allergy due to any cause:
 →None *

Previous anaphylactic reaction to COVID-19 vaccine ingredient:
 →None *

(Next Page)



COVID-19 Vaccine Screening

COVID-19 vaccine administration date 1:

Calendar:

COVID-19 vaccine administration date 1:

COVID-19 vaccine manufacturer admin 1:

COVID-19 vaccine administration date 2:

COVID-19 vaccine manufacturer admin 2:

Patient/representative agrees patient to receive COVID-19 vaccine:

COVID-19 vaccine assessment status:

(Prev Page) (End)

The Yellow Information Box outlines the guidelines for the clinician:

Exact administration date only.
If unknown, leave blank and do not estimate.

COVID-19 vaccine manufacturer admin 1 is required and has the following responses:

- Moderna
- Pfizer
- Unknown

This field is required if the "Yes, 2 doses" is selected.

Use the calendar feature to select the correct date.

The Yellow Information Box outlines the guidelines for the clinician:

Exact administration date only.
If unknown, leave blank and do not estimate.

COVID-19 Vaccine Screening

COVID-19 vaccine manufacturer admin 1:

1. Moderna
2. Pfizer
3. Unknown

COVID-19 vaccine administration date 1:

COVID-19 vaccine manufacturer admin 1:

COVID-19 vaccine manufacturer admin 1 dropdown menu:

- 1 Moderna
- 2 Pfizer
- 3 Unknown

COVID-19 vaccine administration date 2:

COVID-19 vaccine manufacturer admin 2:

Patient/representative agrees patient to receive COVID-19 vaccine:

COVID-19 vaccine assessment status:

(Prev Page) (End)

COVID-19 Vaccine Screening

COVID-19 vaccine administration date 2:

Calendar:

COVID-19 vaccine administration date 1:

COVID-19 vaccine manufacturer admin 1:

COVID-19 vaccine administration date 2:

COVID-19 vaccine manufacturer admin 2:

Patient/representative agrees patient to receive COVID-19 vaccine:

COVID-19 vaccine assessment status:

(Prev Page) (End)



COVID-19 Vaccine Screening

COVID-19 vaccine manufacturer admin 2:

1. Moderna
2. Pfizer
3. Unknown

COVID-19 vaccine administration date 1: 11/29/20

COVID-19 vaccine manufacturer admin 1: Moderna *

COVID-19 vaccine administration date 2: 12/26/20

COVID-19 vaccine manufacturer admin 2: *

Patient/representative agrees patient to receive COVID-19 vaccine:

COVID-19 vaccine assessment status:

(Prev Page) (End)

COVID-19 vaccine manufacturer admin 2 is a required field and has the following responses:

- Moderna
- Pfizer
- Unknown

[If the clinician chooses a different manufacturer than the COVID-19 Vaccine manufacturer admin 1](#), an alert will populate:

You have chosen different manufacturers. Are you sure?

The clinician will select “Yes” to continue or “No” to clear the defaulted manufacturer.

Note:

User is alerted to discrepancy but may document different manufacturers.

If the patient has both Admin 1 and Admin 2 manufacturers fields documented, the COVID-19 vaccine assessment status will auto populate with the patient’s vaccine status as “Up to date”.

Yes/No Confirmation

 You have chosen different manufacturers. Are you sure?

COVID-19 Vaccine Screening

Click OK or press ENTER to continue.

COVID-19 vaccine administration date 1: 11/29/20

COVID-19 vaccine manufacturer admin 1: Moderna *

COVID-19 vaccine administration date 2: 12/26/20

COVID-19 vaccine manufacturer admin 2: Moderna *

Patient/representative agrees patient to receive COVID-19 vaccine:

COVID-19 vaccine assessment status: Up to date

(Prev Page) (End)



COVID-19 Vaccine Screening

Click OK or press ENTER to continue.

COVID-19 vaccine administration date 1: 12/14/20
 COVID-19 vaccine manufacturer admin 1: Unknown
 COVID-19 vaccine administration date 2:
 COVID-19 vaccine manufacturer admin 2:

Patient/representative agrees patient to receive COVID-19 vaccine:

COVID-19 vaccine assessment status: Unknown - insuff admin data

(Prev Page)

COVID-19 Vaccine Screening

Click OK or press ENTER to continue.

COVID-19 vaccine administration date 1:
 COVID-19 vaccine manufacturer admin 1: Moderna
 COVID-19 vaccine administration date 2:
 COVID-19 vaccine manufacturer admin 2:

Patient/representative agrees patient to receive COVID-19 vaccine:

COVID-19 vaccine assessment status: Unknown - insuff admin data

(Prev Page) (End)

Insufficient Admin data Status will populate if the Vaccine administration date is blank or the manufacturer is "Unknown."

COVID-19 Vaccine Screening

Have you ever received a COVID-19 vaccine:

- Yes, 1 dose
- Yes, 2 doses
- No
- Unknown

Only select 'Unknown' if patient/representative is:
 - Uncertain if patient has ever received a COVID-19 vaccine
 - Uncertain of the number of doses of COVID-19 vaccine patient received

Assess COVID-19 vaccine status: Yes *

Reason unable to assess COVID-19 vaccine status:

Have you ever received a COVID-19 vaccine: Unknown *

Previous severe reaction/allergy due to any cause:
 None *

Previous anaphylactic reaction to COVID-19 vaccine ingredient:
 None *

(Next Page)

Patient has "Unknown" response to COVID-19 Vaccination scenario:

Have you ever received a COVID-19 vaccine is responded with "Unknown".

The clinician will need to complete the next required fields as previously noted.

COVID-19 Vaccine Screening

Click OK or press ENTER to continue.

COVID-19 vaccine administration date 1:
 COVID-19 vaccine manufacturer admin 1:
 COVID-19 vaccine administration date 2:
 COVID-19 vaccine manufacturer admin 2:

Patient/representative agrees patient to receive COVID-19 vaccine:

COVID-19 vaccine assessment status: Unknown - insuff admin data

(Prev Page) (End)

COVID-19 vaccine assessment status auto populates with the patient's vaccine status as "Unknown – insufficient admin data".



Reactions Response Workflow

Patient has “Reaction” response as a previous allergy:

Previous severe reaction/allergy due to any cause is a required field and will recall reaction data as previously noted.

If the clinician manually selects another response from the defaulted “Reaction” response, an alert will populate:

Previous reaction documented in patient record from prior Vaccine Screening. Are you sure?

The clinician can then select “Yes” to continue or “No” to clear the defaulted response.

Previous anaphylactic reaction to COVID-19 vaccine ingredient is a required field and recalls from previously documented “Reaction” screening if applicable.

If the clinician manually selects another response from the defaulted “Reaction” response, an alert will populate:

Previous reaction documented in patient record from prior Vaccine Screening. Are you sure?

The clinician can then select “Yes” to continue or “No” to clear the defaulted response.

COVID-19 Vaccine Screening

Previous severe reaction/allergy due to any cause:

- 1 None
- 2 **Reaction**
- 3 Unknown

Previous severe reaction (e.g. anaphylaxis) due to any cause (food, medications, vaccines).

Update patient allergies as needed.

Assess COVID-19 vaccine status: Yes *

Reason unable to assess COVID-19 vaccine status: *

Have you ever received a COVID-19 vaccine: Yes, 1 dose *

Previous severe reaction/allergy due to any cause: Reaction *

Previous anaphylactic reaction to COVID-19 vaccine ingredient: *

(Next Page)

Yes/No Confirmation

Previous reaction documented in patient record from prior Vaccine Screening. Are you sure?

Yes No

COVID-19 Vaccine Screening

Previous anaphylactic reaction to COVID-19 vaccine ingredient:

- 1 None
- 2 **Reaction**
- 3 Unknown

Reference emergency use authorization (EUA) for a list of potential allergens. The EUA must be provided to patient/representative prior to consent.

Assess COVID-19 vaccine status: Yes *

Reason unable to assess COVID-19 vaccine status: *

Have you ever received a COVID-19 vaccine: Yes, 1 dose *

Previous severe reaction/allergy due to any cause: Reaction *

Previous anaphylactic reaction to COVID-19 vaccine ingredient: None *

(Next Page)

Yes/No Confirmation

Previous reaction documented in patient record from prior Vaccine Screening. Are you sure?

Yes No



COVID-19 Vaccine Screening

Click OK or press ENTER to continue.

COVID-19 vaccine administration date 1: 11/29/20
 COVID-19 vaccine manufacturer admin 1: Moderna *
 COVID-19 vaccine administration date 2:
 COVID-19 vaccine manufacturer admin 2:

Patient/representative agrees patient to receive COVID-19 vaccine:
 Yes, agrees *

COVID-19 vaccine assessment status: Candidate - precautions

(Prev Page) (End)

This field has the following responses:

- None
- Reaction
- Unknown

The COVID-19 vaccine assessment status field will auto populate with the patient's status determined by the responses to Previous severe reaction/allergy due to any cause and Previous anaphylactic reaction to COVID-19 vaccine ingredient and the COVID-19 vaccine administration information.

Patient has "Reaction" response but "None" to COVID-19 Ingredient:

- ✓ "Candidate - precautions"
- ✓ The patient's status is "Candidate -precautions MM/DD/YY"

COVID-19 vaccine assessment status: Candidate-precaution-01/07/21

Patient has "Reaction" response and has "Reaction" to COVID-19 Ingredient:

- ✓ The patient's status is "Not a candidate – contraind"

COVID-19 vaccine assessment status: Not a candidate - contraind

Patient has "Reaction" response but has "Unknown" to COVID-19 Ingredient:

- ✓ The patient's status is "Unknown - insufficient admin data"

COVID-19 vaccine assessment status: Unknown - insuff admin data



COVID-19 Vaccine Screening

Previous severe reaction/allergy due to any cause:

1 None
2 Reaction
3 Unknown

Previous severe reaction (e.g. anaphylaxis) due to any cause (food, medications, vaccines).

Update patient allergies as needed.

Assess COVID-19 vaccine status: Yes *

Reason unable to assess COVID-19 vaccine status:

Have you ever received a COVID-19 vaccine: Yes, 1 dose *

Previous severe reaction/allergy due to any cause: None *

Previous anaphylactic reaction to COVID-19 vaccine ingredient:

(Next Page)

COVID-19 Vaccine Screening

Previous anaphylactic reaction to COVID-19 vaccine ingredient:

1 None
2 Reaction
3 Unknown

Reference emergency use authorization (EUA) for a list of potential allergens. The EUA must be provided to patient/representative prior to consent.

Assess COVID-19 vaccine status: Yes *

Reason unable to assess COVID-19 vaccine status:

Have you ever received a COVID-19 vaccine: Yes, 1 dose *

Previous severe reaction/allergy due to any cause: None *

Previous anaphylactic reaction to COVID-19 vaccine ingredient: None *

(Next Page)

COVID-19 Vaccine Screening

Click OK or press ENTER to continue.

COVID-19 vaccine administration date 1: 11/29/20

COVID-19 vaccine manufacturer admin 1: Moderna *

COVID-19 vaccine administration date 2:

COVID-19 vaccine manufacturer admin 2:

Patient/representative agrees patient to receive COVID-19 vaccine: Yes, agrees *

COVID-19 vaccine assessment status: Candidate

(Prev Page) (End)

Patient has “None” response as a previous allergy:

The clinician must manually select “None” from the responses in the *Previous severe reaction/allergy due to any cause* field.

Previous anaphylactic reaction to COVID-19 vaccine ingredient is a required field and recalls from previously documented “Reaction” screening as noted above.

This field has the following responses:

- None
- Reaction
- Unknown

The *COVID-19 vaccine assessment status* field will auto populate with the patient’s status determined by the responses to *Previous severe reaction/allergy due to any cause* and *Previous anaphylactic reaction to COVID-19 vaccine ingredient* and the COVID-19 vaccine administration information.

Patient has “None” response and “None” to COVID-19 Ingredient:

- ✓ The patient’s status is “Candidate”



COVID-19 vaccine assessment status: Candidate as of 01/02/21

✓ The patient's status is "Candidate as of MM/DD/YY"

COVID-19 vaccine assessment status: Not a candidate - contraind

Patient has "None" response and has "Reaction" to COVID-19 Ingredient:

✓ The patient's status is "Not a candidate - contraind"

COVID-19 vaccine assessment status: Unknown - insuff admin data

Patient has "None" response but has "Unknown" to COVID-19 Ingredient:

✓ The patient's status is "Unknown - insufficient admin data"

Patient has "Unknown" response as a previous allergy:

The clinician must manually select "Unknown" from the responses in the *Previous severe reaction/allergy due to any cause* field.

Previous anaphylactic reaction to COVID-19 vaccine ingredient is a required field and recalls from previously documented "Reaction" screening as noted above.

This field has the following responses:

- None
- Reaction
- Unknown

The *COVID-19 vaccine assessment status* field will auto populate with the patient's status determined by the responses to *Previous severe reaction/allergy due to any cause* and *Previous*

COVID-19 Vaccine Screening

Previous severe reaction/allergy due to any cause:

1 None
2 Reaction
3 Unknown

Previous severe reaction (e.g. anaphylaxis) due to any cause (food, medications, vaccines).
Update patient allergies as needed.

Assess COVID-19 vaccine status: Yes *

Reason unable to assess COVID-19 vaccine status:

Have you ever received a COVID-19 vaccine: Yes, 1 dose *

Previous severe reaction/allergy due to any cause: Unknown *

Previous anaphylactic reaction to COVID-19 vaccine ingredient:

(Next Page)



COVID-19 Vaccine Screening

Previous anaphylactic reaction to COVID-19 vaccine ingredient:

- ✓ 1 None
- 2 Reaction
- 3 Unknown

Reference emergency use authorization (EUA) for a list of potential allergens. The EUA must be provided to patient/representative prior to consent.

Assess COVID-19 vaccine status: Yes *

Reason unable to assess COVID-19 vaccine status: *

Have you ever received a COVID-19 vaccine: Yes, 1 dose *

Previous severe reaction/allergy due to any cause:

→Unknown *

Previous anaphylactic reaction to COVID-19 vaccine ingredient:

→None *

(Next Page)

anaphylactic reaction to COVID-19 vaccine ingredient and COVID-19 vaccine administration information.

Patient has “Unknown” response and “None” to COVID-19 Ingredient:

- ✓ The patient’s status is “Candidate ”
- ✓ The patient’s status is “Candidate as of MM/DD/YY

COVID-19 Vaccine Screening

Click OK or press ENTER to continue.

COVID-19 vaccine administration date 1: →11/29/20

COVID-19 vaccine manufacturer admin 1: Moderna *

COVID-19 vaccine administration date 2: *

COVID-19 vaccine manufacturer admin 2: *

Patient/representative agrees patient to receive COVID-19 vaccine:

→Yes, agrees *

COVID-19 vaccine assessment status: Candidate

(Prev Page) (End)

Patient has “Unknown” response but has “Reaction” to COVID-19 Ingredient:

- ✓ The patient’s status is “Not a candidate - contraindicate”

COVID-19 vaccine assessment status: Candidate as of 01/02/21

Patient has “Unknown” response and has “Unknown” to COVID-19 Ingredient:

- ✓ The patient’s status is “Unknown - insufficient admin data”

COVID-19 vaccine assessment status: Not a candidate - contraind

COVID-19 vaccine assessment status: Unknown - insuff admin data



eMAR Desktop Total # orders 1

Allergy No Known Allergies
Diagnosis Chest Pain

Document Rx # 053839
COVID-19 Vaccine... 30 mcg IM ONCE01700

Non-Scheduled
Scheduled 12/31/20-1700

Given
Not Given

Administration Dose Units
12/30/20 1127 30 MCG

Rule Check: COVID-19 14 Day Vaccine Alert

NOTE: Other vaccines should not be administered within 14 days of a COVID-19 vaccine. Please contact the provider if another vaccine is ordered.

Document Cancel

Document Ack Preferences Drug Data eMAR Reports Change Order Other Submit

Patient ADRs not entered
30, 2020 1126

Admin Data
My List
Transfusions
Plan of Care
Assessment
Pt Notes
Orders
Review
Process Int
Print Report
Ack/Ver
Flowsheet
eMAR
Reconcile Px
References
Messages
Worklist
Pt Instruct
Discharge
Notification
More
Exit

Nurse Alert in eMAR

The patient should not receive any other vaccines 14 days within (before or after) COVID-19 vaccine administration.

The clinician will receive an Alert message for all vaccine administration:

NOTE: Other vaccines should not be administered within 14 days of COVID-19 vaccine. Please contact provider if another vaccine is ordered.

Body System Assessment

Choose body systems to document:

COVID-19 Vaccination Alert

***** ATTENTION: COVID-19 VACCINATION ALERT *****

This patient has not yet been assessed/screened to establish if patient is a candidate for the COVID-19 vaccine.

Assess vaccine status:

Reason unable to assess:

Estimated pneumococcal PCV13 vaccine admin date:

Estimated pneumococcal PPSV23 vaccine admin date:

Was that your second PPSV23 vaccination:

Nurse Alert for Admission/Shift Assessment

If the COVID-19 Vaccination screening status is “Blank” or “Unable to assess”, the clinician will receive this Alert Message when filing the **Admission/Shift Assessment**:

***** ATTENTION: COVID-19 VACCINATION ALERT *****

This patient has not yet been assessed/screened to establish if patient is a candidate for COVID-19 vaccine.



COVID-19 Vaccine Order

MEDITECH Provider Order Entry

EHR
Update

There is a new [COVID-19 Vaccination Order](#). The COVID-19 Vaccine screening tool should be completed prior to ordering the vaccine. A positive screen will trigger a reflex notification to alert providers of the patient's vaccine status. The nurse COVID-19 Screening data will populate into the COVID-19 vaccine medication order.

The screenshot shows the 'All Medications' window with '1 Order(s) Selected'. The 'Medication' field contains 'COV'. Below this, a list of medications is displayed, with 'COVID-19 Vaccine' highlighted. A detailed view of the 'COVID-19 Vaccine' medication is shown, including the following information:

Rate/Dose	Directions	PRN	Start	Stop
30 MCG	ONCE#1700	N	12/23 0745	
* Pfizer COVID-19 mRNA Vaccine - Patients >= 16 YO - 2 Doses 17-21 days apart *				
100 MCG	ONCE#1700	N		
* Moderna COVID-19 mRNA Vaccine - Patients >= 18 YO - 2 doses 24-28 days apart *				

COVID-19 Vaccine medication will be available to order.

The Provider will have the following to choose from:

Pfizer 30 mcg IM

- Patients greater than or equal to 16 years old
- 2 Doses 17-21 days apart

Moderna 100 mcg IM

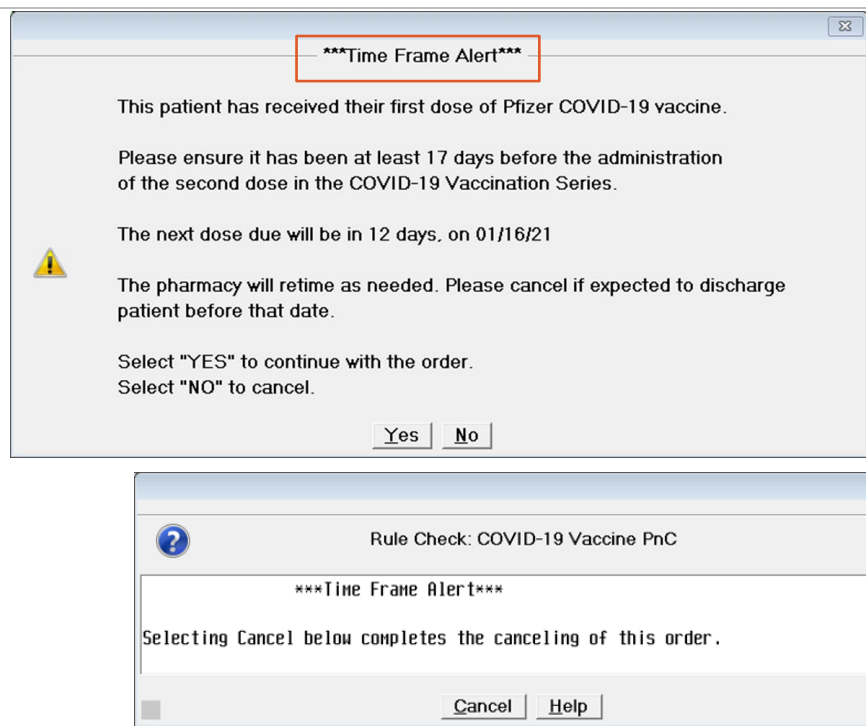
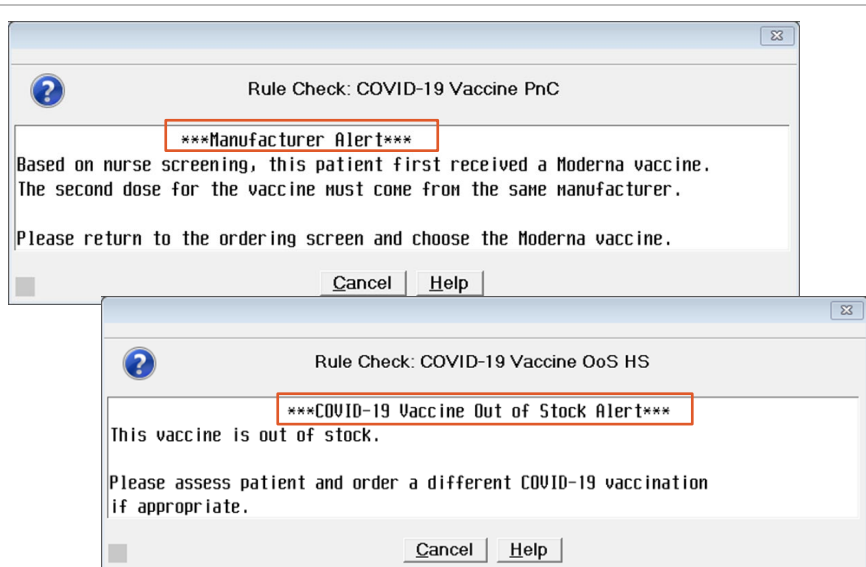
- Patients greater than or equal to 18 years old
- 2 Doses 24-28 days apart

The screenshot shows three overlapping 'Rule Check: COVID-19 Vaccine PnC' dialog boxes. The top box displays a red-bordered alert: '*** Age Alert ***'. The middle box displays a red-bordered alert: 'The ordered vaccine is only authorized for patients 18 years of age or older. This vaccine is authorized for patients 16 years of age or older: Pfizer - 16 or older'. The bottom box displays a red-bordered alert: '***Series Complete Alert***'. The text in the bottom box reads: 'This patient has received the complete series of their COVID-19 vaccination. First Administration Date: 12/13/20. Second Administration Date: 12/30/20. Please cancel this order.'

The provider will receive several hard stops or alert messages if the patient's criteria is outside of the following parameters:

- Age
 - Patient must be 16 years of age and older;
 - An alert will occur for MODERNA patients 16-17 years of age to switch to the PFIZER vaccine
- Series has already been completed
- Manufacturer mismatch





- Vaccine out of stock
 - Will result in a hard or soft stop depending on facility setup
- Patient/representative did not agree to the vaccine
- Severe allergy to COVID vaccine or ingredients
- Case Management Consult Order is needed to collect additional information

These Hard stops will not allow the order to be submitted and filed.

The Provider will receive a "Time Frame Alert" if the COVID-19 Vaccine is ordered on a patient who is not yet due for their 2nd dose.

- Yes- Provider proceeds with order
- No- Provider cancels order



COVID-19 Vaccine Screening

Previous severe reaction/allergy due to any cause:

- None
- Reaction
- Unknown

Previous severe reaction (e.g. anaphylaxis) due to any cause (food, medications, vaccines).

Update patient allergies as needed.

Have you ever received a COVID-19 vaccine: Yes, 1 dose *

COVID-19 vaccine administration date 1: 12/26/20

COVID-19 vaccine manufacturer admin 1: Pfizer *

COVID-19 vaccine administration date 2:

COVID-19 vaccine manufacturer admin 2:

Previous severe reaction/allergy due to any cause:

Reaction *

Previous anaphylactic reaction to COVID-19 vaccine ingredient: None *

(Prev Page) (End)

If the patient presents with no screening restrictions; the **Provider COVID-19 Vaccine screening** will open and need to be addressed.

Data from the nursing **COVID-19 Vaccine Screening Assessment** will default responses in appropriate fields if screening has already been documented prior to the order.

The Provider will have the ability to update or change responses if needed.

The Provider should review the facility's current phase information.

Is patient eligible for current COVID-19 vaccination phase field must be completed by a Provider.

- Yes
- No

Relevant Patient Information in the Yellow Information box:

This patient has the following characteristics:
 -Occupation info populates
 -Residency info populates
 NOTE: Other vaccines should not be administer within 14 days of COVID-19 vaccine.

The Provider will be able to Print the EUA in English and Spanish as well as print the V-Safe Link.

COVID-19 Vaccine POM Order J00021268335 DEMO,SAMBINK

Is patient eligible for current COVID-19 vaccination phase:

- Yes
- No

This patient has the following characteristics:
 Admission source: INFORMATION NOT AVAILABLE

Other vaccines should not be administered within 14 days of a COVID-19 vaccine

Review COVID-19 vaccination current phase information

Is patient eligible for current COVID-19 vaccination phase: *

Patient/representative agrees patient to receive COVID-19 vaccine: *

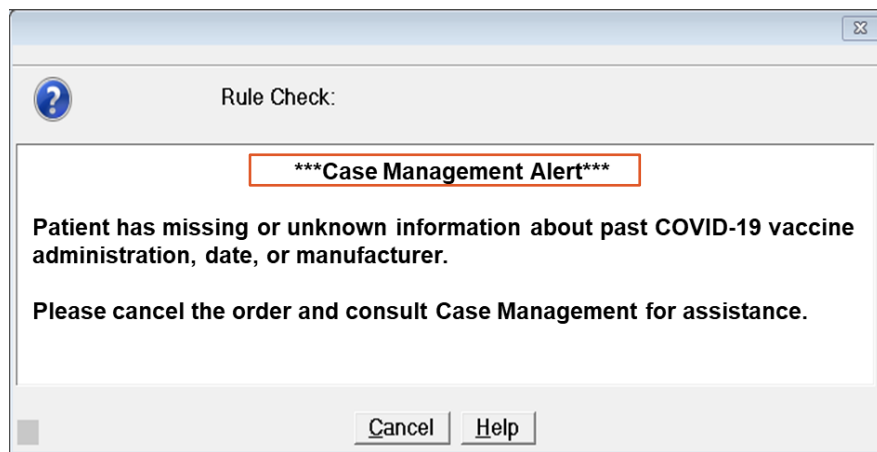
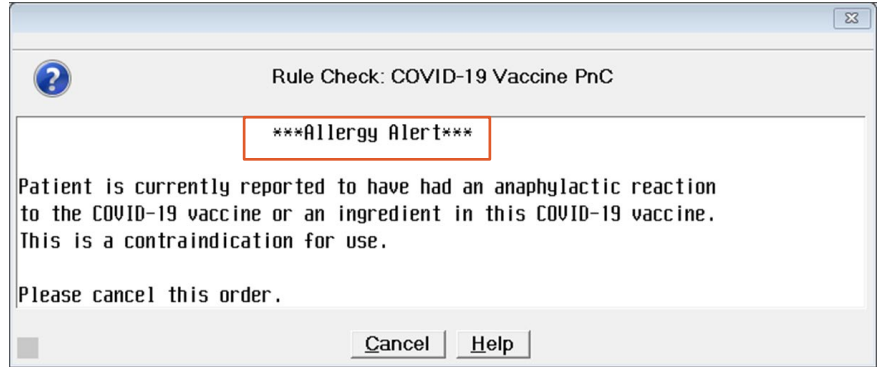
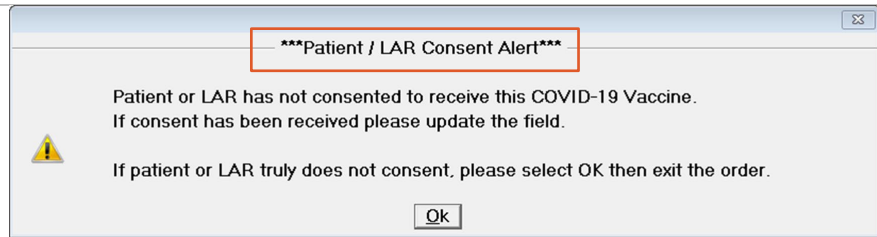
Print English EUA:

Print Spanish EUA: *

Print V-SAFE Link: *

(Prev Page) (End)





The following Alert messages will appear if:

- A Provider orders the COVID-19 Vaccine when the patient/representative did not agree to receive the vaccination.
- A Provider orders the COVID-19 Vaccine when the patient has a documented anaphylactic allergy to the actual COVID-19 vaccine or ingredients.
- A Provider leaves certain components of the COVID-19 screening tool incomplete:
 - Has patient received a dose of COVID-19 Vaccine
 - Manufacturer
 - Date of 1st Dose

The Provider will need to cancel Order and Consult Case Management to proceed with Vaccination.



Case Management Consult (COVID VACC)

MEDITECH Provider Order Entry

EHR

Update

A new [Social work/ Case Management \(SW/CM\) Consult](#) order has been created to help our providers gather COVID-19 Vaccine information that is key to determining the need for any follow-up vaccinations. Nurses attempt to screen for all of the needed information, but it is possible that 1 or more of the below data points are unknown or uncollectable. [This order instructs our Case Managers/ Social Workers to follow-up on any missing data points and provide clarity to our care team.](#)

Needed Vaccine Information:

1. If the patient ever received a COVID-19 vaccine
2. 1st dose administration manufacturer
3. 1st dose administration date
4. Anaphylactic reaction to COVID-19 vaccine ingredient

Within this order, the provider must indicate which pieces of information are known and unknown, so that the SW/CM can focus their efforts where it is needed. If the nurse screening has been completed prior to order entry, those responses will auto populate within the order. However, the provider can update these responses if they have received any new information.

Order Description	Category
CASE MANAGEMENT 2MIN FOLLOWUP T	CASE MGMT 2MIN FOLLOWUP NONBILL
CASE MANAGEMENT CONSULT	CASE MANAGEMENT HL7 NONBILL
Case Manager Consult	CONSULTATIONS HL7 NONBILL
Case Mgmt Consult (COVID VACC)	CONSULTATIONS HL7 NONBILL
Cast Adjustment	ORTHOPEDECS BILL
Cast Arm Long	ORTHOPEDECS BILL

Select **Case Mgmt Consult (COVID VACC)** order

Note: The nurse COVID-19 Screening data will populate into the appropriate fields if completed prior to order.

Have you ever received a COVID-19 vaccine is required and has the following responses:

- Yes, 1 dose
- Yes, 2 doses
- No
- Unknown

Yellow information box guidance:

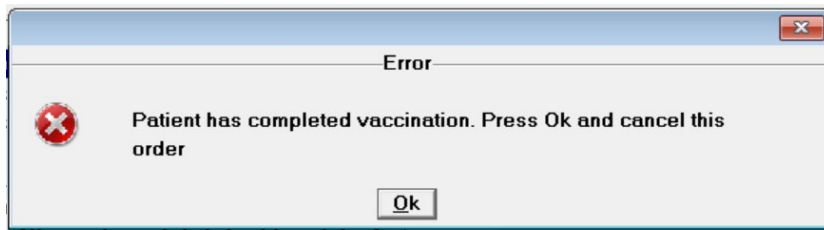
Select 'Unknown' if patient/representative is uncertain if patient has received a COVID-19 vaccine OR if uncertain of the number of doses the patient received

Have you ever received a COVID-19 vaccine:

- 1 Yes, 1 dose
- 2 Yes, 2 doses
- 3 No
- 4 Unknown

Select 'Unknown' if patient/representative is uncertain if patient has received a COVID-19 vaccine OR if uncertain of the number of doses the patient received





If “Yes, 2 doses” is selected, the provider receives the Error message

Patient has completed vaccination. Press Ok and cancel this order

If patient has received 2 doses, they are considered “up to date” and require no additional follow-up.

The *COVID-19 vaccine administration date 1* is only accessible if *Have you ever received a COVID-19 vaccine* response is “Yes, 1 dose.”

Use the calendar feature to select the correct date.

Yellow information box guidance.

Exact administration date only. If unknown, leave blank and do not estimate.

COVID-19 vaccine manufacturer admin 1 is required and has the following responses:

- Moderna
- Pfizer
- Unknown

This field is required if the “Yes, 1 doses” is selected.

Previous severe reaction/allergy due to any cause field is required and has the following responses:

- None
- Reaction
- Unknown

The Yellow Information Box outlines the guidelines for any previous severe reaction:

Includes anaphylactic reaction to Polysorbate. See emergency use authorization (EUA) for a list of potential allergens. EUA must be given to patient/representative prior to consent.

