

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. Below outlines new Screening tool.

Process Care Items

Current Date/Time SB [I: 0/ of 60]

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

Patient [Redacted] Status ADM III Room J.700
 Patient Resuscitate [Redacted] Admit [Redacted] Bed 9
 Attend Dr [Redacted] 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# [Redacted]
 Include A AS,CP,MO,OE,PS 1:99 3L ALL INT Acuity [Redacted]

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: [Redacted]

Have you ever received a COVID-19 vaccine: [Redacted]

Previous severe reaction/allergy due to any cause: [Redacted]

Previous anaphylactic reaction to COVID-19 vaccine ingredient: [Redacted]

(Next Page) [Redacted]

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: _____

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If not able to assess for COVID-19 vaccine status

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 06/30 0938 000078564275 PTCPOE21C,LIVEJFK

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: _____

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: _____

Reason unable to assess COVID-19 vaccine status is automatically skipped if this field is answered "Yes"

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 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 a dropdown menu for "Previous severe reaction/allergy due to any cause:" containing three options: "1 None", "2 Reaction", and "3 Unknown". A yellow information box is overlaid on the form, containing the text: "Previous severe reaction (e.g. anaphylaxis) due to any cause (food, medications, vaccines). Update patient allergies as needed." Below the header, there are several input 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"; "Previous anaphylactic reaction to COVID-19 vaccine ingredient:" with a dropdown set to "None"; and "Previous severe reaction/allergy due to any cause:" with a dropdown set to "None". A "(Next Page)" button is located at the bottom right of the form.

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

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:

(Prev Page) (End)

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

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.

COVID-19 Vaccine Screening

COVID-19 vaccine administration date 1:

Calendar Del
 Yesterday
 Today
 Tomorrow

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)

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

COVID-19 Vaccine Screening

COVID-19 vaccine manufacturer admin 1:

1. Moderna
2. Pfizer
3. Unknown

COVID-19 Manufacturer 1

Select

COVID-19 1 Moderna 12/09/20

COVID-19 2 Pfizer *

COVID-19 3 Unknown *

COVID-19 vaccine manufacturer admin 2:

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

COVID-19 vaccine assessment status:

(Prev Page) (End)

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 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	Patient reports receiving two doses of the COVID-19 Vaccine -Dates and Manufacturers of Dose 1 and Dose 2 are "known" or "Unknown" -AND Patient reports no previous anaphylactic reaction to COVID-19 vaccine ingredient 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	Healthcare team should continue to reassess through alternate sources 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 *

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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:

- Janssen/ J and J
- Moderna
- Pfizer
- Unknown

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

Use the calendar feature to select the correct date.

If the clinician documents the patient reports receiving the Janssen/J and J vaccine, in just one Admin field, the COVID-19 vaccine assessment status will auto populate with the patient's vaccine status as "Up to 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 06/30 0938 000078564275 PTCPOE21C,LIVEJFK

COVID-19 vaccine manufacturer admin 2:

1. Janssen/J and J
2. Moderna
3. Pfizer
4. Unknown

COVID-19 vaccine manufacturer admin 2:

COVID-19 vaccine administration date 1:

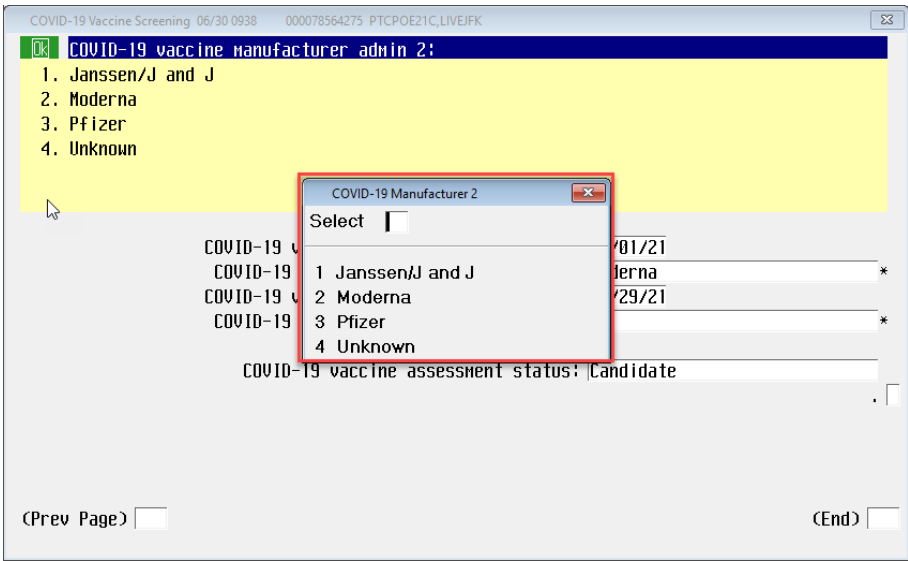
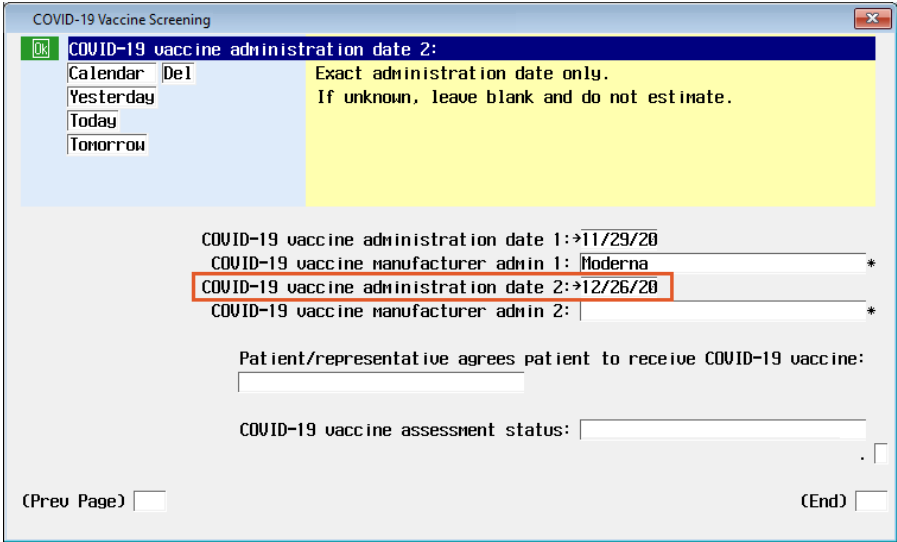
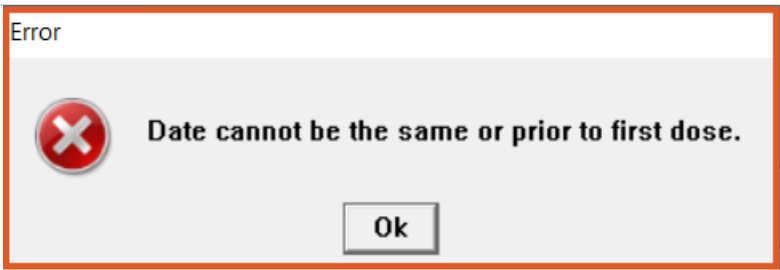
COVID-19 vaccine manufacturer admin 1:

COVID-19 vaccine administration date 2:

COVID-19 vaccine manufacturer admin 2:

COVID-19 vaccine assessment status:

(Prev Page) (End)



If the 2nd vaccine administration date entered is a date preceding the 1 vaccine administration date, the clinician will receive this Error message:

Date cannot be the same or prior to first dose.

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

- Janssen/ J and J
- 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.

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)

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".

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) (End)

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 *

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

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)

Reactions Response Workflow

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.

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:

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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

Yes/No Confirmation

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

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:
 *

(Next Page)

Yes/No Confirmation

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

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:

(Prev Page) (End)

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.

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.

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

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: Not a candidate - contraind

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: Unknown - insuff admin data

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

- ✓ The patient’s status is “Unknown - insufficient 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: *

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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.

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 *

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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

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)

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.

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

Patient has “None” 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 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

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: *

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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)

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)

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 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 assessment status: Candidate as of 01/02/21

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

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: Unknown - insuff admin data

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

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

COVID-19 Vaccination Status Report

1/22/21

There is a Corporate COVID-19 Vaccination Status Report.

Covid-19 Vaccine Status: ALL

Room/Bed	Name	Account #	Admit Dt	Nurse Assess	Recv'd Vaccine	Dose-1 Date & Manufacturer	Nurse C19 Vaccine Assess Status
		Status	Curr Age	Reason UTA	Anaphyl Vac Ing	Dose-2 Date & Manufacturer	
					Allergy/Reactn		

Recv'd Vaccine	Dose-1 Date & Manufacturer		
Anaphyl Vac Ing	Dose-2 Date & Manufacturer		
Allergy/Reactn			
Yes2doses	01/10/21 Pfizer		
None	02/17/21 Pfizer		
None			
Yes1dose	Unknown		
None			
None			
Order Dt/Tm	Service Dt/Tm	Status	Rx#
02/19/21-1637	02/19/21	TRN	
02/19/21-1646	02/20/21-1700	LOG	T037840
- no			
No			
None			
Reaction			
Yes1dose	01/27/21 Moderna		
None			
Reaction			
No			
None			
None			

Room/Bed	Name	Account #	Admit Dt	Nurse Assess	Recv'd Vaccine	Dose-1 Date & Manufacturer	Nurse C19 Vaccine Assess Status
2-1014	NAEL,STANISLA	00000000000000000000	02/19/21	TRN			
2-1014	NAEL,STANISLA	00000000000000000000	02/19/21	TRN			
2-1014	NAEL,STANISLA	00000000000000000000	02/19/21	TRN			
2-1014	NAEL,STANISLA	00000000000000000000	02/19/21	TRN			
2-1014	NAEL,STANISLA	00000000000000000000	02/19/21	TRN			
2-1014	NAEL,STANISLA	00000000000000000000	02/19/21	TRN			
2-1014	NAEL,STANISLA	00000000000000000000	02/19/21	TRN			
2-1014	NAEL,STANISLA	00000000000000000000	02/19/21	TRN			
2-1014	NAEL,STANISLA	00000000000000000000	02/19/21	TRN			
2-1014	NAEL,STANISLA	00000000000000000000	02/19/21	TRN			

Nurse C19 Vaccine Assess Status
Up to date
Unknown - insuff admin data
Unable to assess
Candidate - precautions
Candidate-precaution-02/20/21
Candidate

COVID-19 Vaccination Status Report Highlights:

- Nurse C19 Vaccine Assess Status
- If Patient received vaccine
- When Patient received vaccine
- The C19 Vaccine manufacturer

This report's intended purpose is to:

- Drive compliance for nurses performing the COVID-19 Vaccine Assessment screening
- Assist in quickly identifying inpatients that have been screened as well as those who have not been screened by the nurse based on the screening's exclusion criteria
- Assist facilities in the management of COVID-19 Vaccine stock fluctuations

The intended audience for this report are Charge Nurses, Nurse Managers, Infection Prevention, Quality and possibly Pharmacy.

03/16/21

Janssen/ J and J manufacturer vaccine orders and administration are now included in the COVID-19 Vaccination Status Report.



COVID-19 Vaccine – Addition of Janssen/J and J

03/08/21

- At this time, the Janssen/J and J response option will not be added to the Case Management Consult (COVID Vaccine) order. After review, we were unable to identify any scenario in which a patient's vaccine status would require additional follow-up IF it is known that they have received the Johnson & Johnson vaccine. We hope that by excluding this response, we will drive the appropriate use of this order and the consequent use of Case Management resources

Received 1 dose

- The following manufacturer has been added to the list of responses:
 - Janssen/J and J
- Upon selecting the Janssen/J and J manufacturer, the *Patient/representative agrees patient to receive COVID-19 vaccine* field is automatically skipped
- If the clinician documents the patient reports receiving the Janssen/J and J vaccine, in just one Admin field, the *COVID-19 vaccine assessment status* will auto populate with the patient's vaccine status as "Up to date"

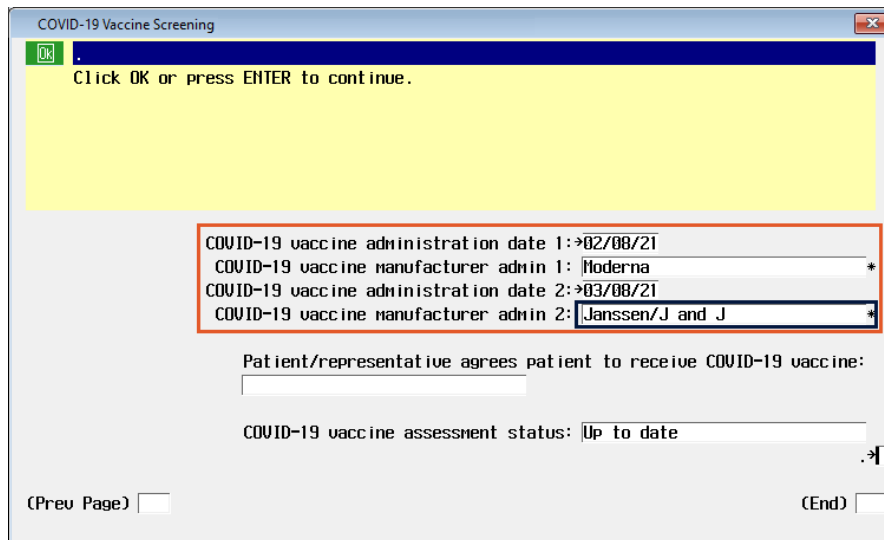
The screenshot shows a web form titled "COVID-19 Vaccine Screening". A dropdown menu is open, displaying a list of manufacturers: 1. Janssen/J and J, 2. Moderna, 3. Pfizer, and 4. Unknown. The first option, "1. Janssen/J and J", is highlighted with a red box. Below the dropdown, there are several input fields. The field "Patient/representative agrees patient to receive COVID-19 vaccine:" is empty. The field "COVID-19 vaccine assessment status:" is populated with the text "Up to date".

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

COVID-19 vaccine assessment status: Up to date

Janssen/ J and J Note

- While the Janssen/J and J vaccine is considered to only be a one dose vaccine and not to be given as a second dose, it could be reported by the patient. Therefore, the *COVID-19 vaccine manufacturer admin 1* field will remain open, allowing clinicians to document two manufacturers if reported by the patient.



COVID-19 Vaccine Screening

Click OK or press ENTER to continue.

COVID-19 vaccine administration date 1: 02/08/21
COVID-19 vaccine manufacturer admin 1: Moderna *
COVID-19 vaccine administration date 2: 03/08/21
COVID-19 vaccine manufacturer admin 2: Janssen/J and J *

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

COVID-19 vaccine assessment status: Up to date

(Prev Page) (End)



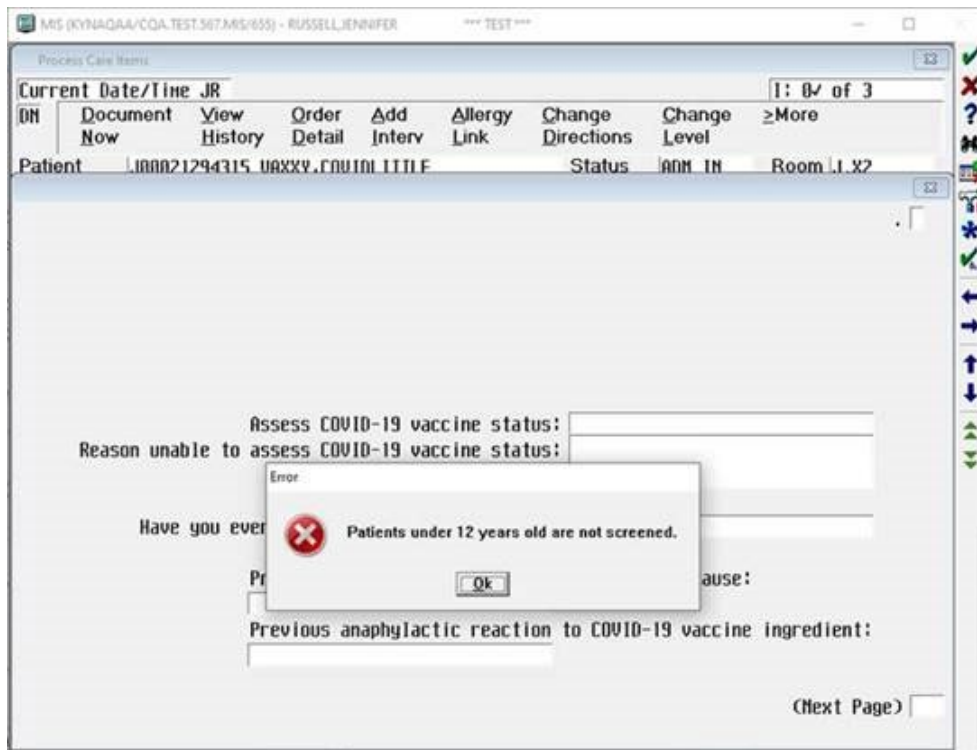
Yes/No Confirmation

 You have chosen different manufacturers. Are you sure?

Age Restriction Programming Update

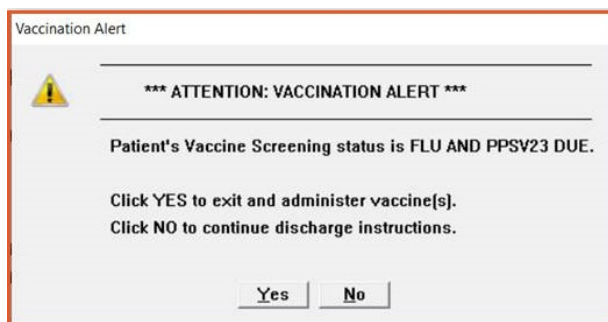
05/17/21

The COVID-19 vaccination screening has been updated to allow screening of patients 12 years of age and up. Please continue to screen all applicable patients.



Discharge Update

If the Influenza and/or Pneumococcal vaccine(s) are due (and have not been administered), the clinician will receive the following alert:



The clinicians will receive the soft-stop alert if the Influenza or Pneumococcal vaccine is due at the time of discharge regardless of recent COVID-19 vaccination. This update affects the Discharge Instructions, BH Discharge Instructions, and BH Discharge Nursing Summary.