

1. VERIFY Confirm Veteran's vaccine status**Three options to locate Influenza Immunization information:**➤ Outside the VA: MIIC [Minnesota Immunization Information Connection](#)

- A collaboration between the VA and Minnesota Dept of Health
- MIIC is queried 24 hours ahead of Veterans' **scheduled** appointments and the information is pushed directly into CPRS
- The query will satisfy any Reminders
- The patient appt is what generates the query, so if there is no appointment when the query is run, for example the patient is admitted or the appt is a same day appt, then no new MIIC information will present
- Surrounding states, including Wisconsin, are anticipated to begin sharing information in the coming months

**NEW
INFO!!****1. Immunization History**

Reports tab > Health Summary > Immunizations Minneapolis

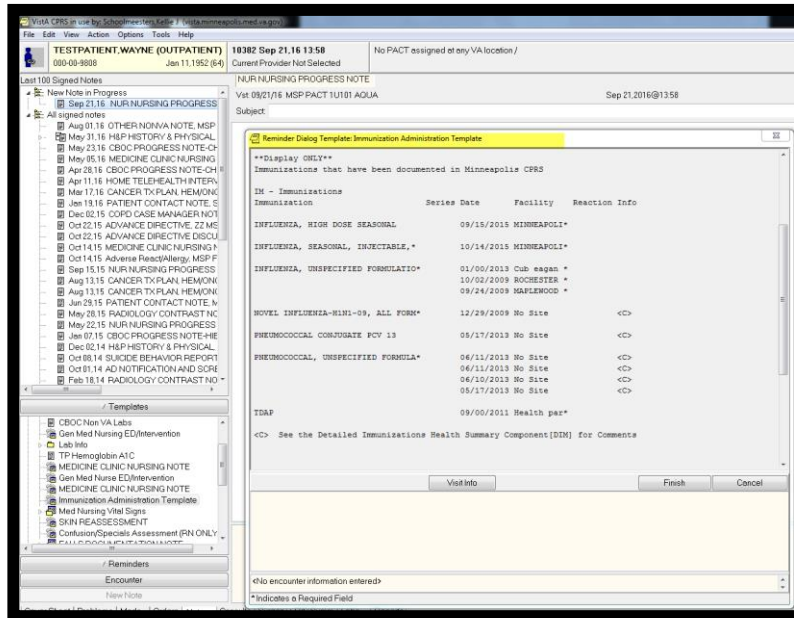
----- IM - Immunizations -----			
Immunization	Series	Date	Facility Reaction Info
COVID-19 (MODERNA), MRNA, LNP-S,*		06/01/2022 IZG:MN IIS	
COVID-19 (PFIZER), MRNA, LNP-S, B*		11/18/2022 IZG:MN IIS	
COVID-19 (PFIZER), MRNA, LNP-S, P*	2	12/01/2021 IZG:MN IIS	
		04/02/2021 MINNEAPOLI*	<C>
	1	03/12/2021 MINNEAPOLI*	<C>
HPV9		05/17/2023 IZG:MN IIS	
		12/29/2022 IZG:MN IIS	
		11/18/2022 IZG:MN IIS	
INFLUENZA, INJECTABLE, QUADRIVALE*		11/18/2022 IZG:MN IIS	
		12/01/2021 IZG:MN IIS	
INFLUENZA, SEASONAL, INJECTABLE		09/00/2016 No Site	
INFLUENZA, SEASONAL, INJECTABLE,*		10/26/2018 MINNEAPOLI*	
		09/22/2017 MINNEAPOLI*	
INFLUENZA, SEASONAL, INTRADERMAL,*		12/29/2021 IZG:MN IIS	
TDAP		08/01/2017 MINNEAPOLI*	<C>
<C> See the Detailed Immunizations Health Summary Component[DIM] for Comments			
*** END ** CONFIDENTIAL Immunizations - Minneapolis SUMMARY pg. 1 *****			

**NEW
INFO!!**

- Immunizations pulled in from the MIIC database will show the location as **IZG:MN IIS**.

2. Immunization Template

Use any note title & the Immunization Administration Template (Located: Shared templates > Nursing > Outpatient > General > Immunization Administration Template)



3. Cover Sheet under Clinical Reminders

PRSMBH, SNAHU CLN (OUTPATIENT) 17344 Aug 26, 22 08:01
101-51-9886 Mar 23, 1995 (27) Current Provider Not Selected

MINNEAPOLIS... | CHIPPEWA VAL... | *PENDING* CHI PACT RIVER *WH* / PCP Vincent, S R

COVID-19 Not Tested

Flag CV MAR 1, 2023 Remote Data

Active Problems

Problem List

- Shoulder pain (SCT 45326000)
- Overweight (SCT 238131007)
- Persistent alcohol abuse (SCT 284591009)
- Hyperlipidemia (SCT 55822004)

Allergies / Adverse Reactions

Agent

No Known Allergies

Postings

Posting Date

No patient postings found.

Active Medications

Medication

No Active Medications Found

Clinical Reminders

Reminder	Due Date
PTSD Screening	Feb 26, 2021
Nursing Annual Screening	DUE NOW
Advanced Care Planning	Feb 26, 2021
Influenza Immunization	DUE NOW
Pneumovax (Pneumovax)	DUE NOW
MOVE! Nursing Screen	DUE NOW

Women's Health

Not Applicable

Recent Immunizations

Vitals

Appointments/Visits/Admissions

The Order!

Remote Data section to see additional/remote vaccination information documented at other VAs

2. SCREEN

Per available stock and ACIP 2023-24 recommendations, the VA will provide two options of the **Sanofi Fluzone**:

**NEW
INFO!!**

- **High-dose Quadrivalent to adults aged ≥ 65 years**
(A high dose includes 3-4 times as much flu virus antigen for an increased immune response)

OR

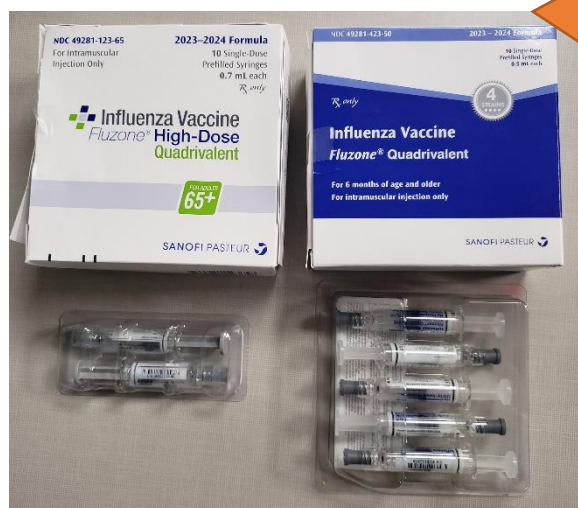
- **Quadrivalent – standard influenza vaccine recommended for adults ≤ 64 years**
(There are currently no special considerations for immunocompromised ≤ 64 years)

- Immunocompromised persons ≤ 64 years are still recommended to receive their age-appropriate dose
- The standard quadrivalent dose is available to persons ≥ 65 years by request only
- Screen each patient per department process prior to giving vaccine
- Eggs and latex allergies are NOT considered contraindications to receiving the vaccine, the only contraindication to the flu vaccination is severe allergic reaction (ie. Anaphylactic reactions)
- Review link for community options to receive flu vaccines:

[Flu Shots Near You - National Center for Health Promotion and Disease Prevention \(va.gov\)](https://www.va.gov/flu-shots-near-you/)

3. SUPPLIES

**NEW
INFO!!**

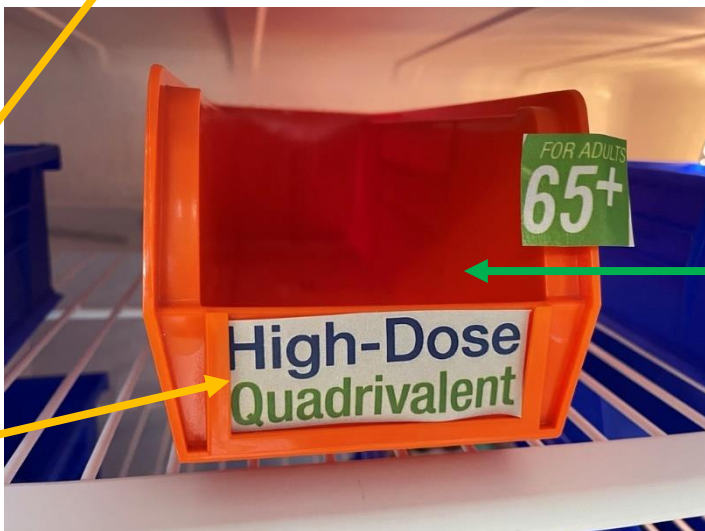


Supplies needed:

- Prefilled syringe in fridge
- Safety locking needle (22g-25g, 1-1½ inch)
- Alcohol prep
- Gloves/Face Shield (optional)
- Vaccine Information Sheet (VIS)
- Bandaid/cotton balls

- The High-Dose is a 0.7 ml dose and comes in packages of two
- The Standard dose is a 0.5 ml dose and comes packed in groups of five

*****PRECAUTIONS*****

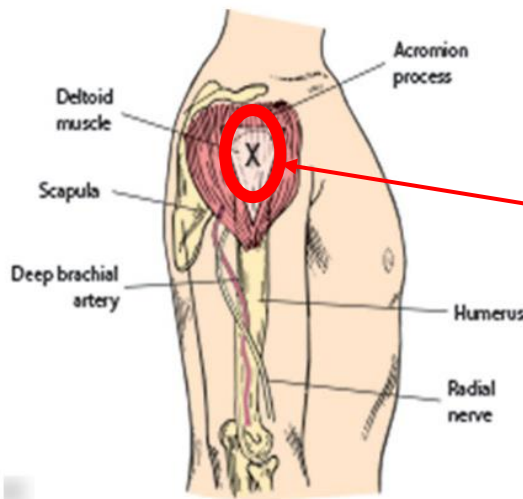


Doses should be stored:

- Specifically marked
- Different colored bins
- Separated either by refrigerator, different shelves, or as much space as possible

4. ADMINISTRATION

- Administer flu vaccine in deltoid muscle
- This muscle can be used for more than one IM injection including Covid-19 vaccine
- Separate injection sites by 1 inch or more, if possible.



- Administer vaccine to the patient's deltoid (locate the acromion process, which is the prominent part of the shoulder bone; then aim for administration at approximately 2-3 finger widths below)
- Administer at a 90- degree angle
- Do not aspirate

5. MONITOR

- Instruct patient to wait 15 minutes in clinic post immunization.
- Follow Anaphylactic Reaction guidelines from the Ambulatory Standing Orders for any suspected allergic reactions:

ANAPHYLACTIC REACTION TO VACCINES AND MEDICATIONS POLICY:

Anaphylactic Reaction to Vaccines and medications	Mild <u>local</u> reactions: Redness, Itching, Tenderness Localized edema at site Systemic reactions including: Hives Dizziness Shortness of breath Tongue/throat/angioedema Nausea Weakness Hypotension Loss of Consciousness	Mild local symptoms: <ul style="list-style-type: none"> • Ice pack to localized area Any Systemic Symptom reaction: <ul style="list-style-type: none"> • Call RRT/SMART: 1911 CBOCs call 911 • Maintain airway • Administer Epinephrine (1:1000) 0.3ml IM injection. <p><i>*Do not hesitate when systemic reaction is suspected! Epinephrine injection should be repeated every 5 minutes if needed until EMS arrives.</i></p> <ul style="list-style-type: none"> • Document adverse reaction in CPRS. • Complete Joint Patient Safety Reporting (JPSR)
----------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

- Health care providers are required to report to Vaccine Adverse Event Reporting system (VAERS) any adverse events listed by the vaccine manufacturer as a contraindication to further doses listed: <https://vaers.hhs.gov/>

6. DOCUMENT

There are 3 ways to document the administration of the Influenza vaccine:

1) Provider/Nurse Schedule appointment:

- Choose current clinic appointment
- Use any note title & the Immunization Administration template (Shared templates >Nursing >Outpatient >General >Immunization Administration Template)

2) Flu shot only appointment:

- Choose new visit location-MSP or CBOC specific Flu Shot
- Note title Influenza Vaccination (template opens automatically),
*do not choose *Historical Visit*

3) Reminder drawer

- After opening any clinic note, open the *Reminders* tab on the left
- Choose *Influenza Immunization* and it automatically opens the influenza immunization

4. Documenting in the Influenza Vaccine Template

Reminder Resolution: Influenza Immunization

☐ Detailed information on seasonal influenza immunization

SEASONAL INFLUENZA VACCINE

☒ Document administration of influenza vaccine today

The patient was given the influenza VIS which lists the benefits and side effects of the vaccine and which reviews the risks of not receiving the flu vaccine. The VIS was reviewed with the patient and they were given an opportunity to ask questions. The patient was provided education on how to decrease the risk of influenza infection including social distancing and use of good hand hygiene. The patient denied any prior severe reaction to the flu vaccine or its components. The patient gave verbal consent to receive the vaccine.

[Seasonal Influenza Vaccine VIS](#)

choose one

☐ Influenza, Quadrivalent preservative free (Fluzone - syringe)

☒ Influenza, High Dose, Quadrivalent (Fluzone - syringe) preferred for ≥65 **Fluzone, High Dose***

☐ Record seasonal influenza vaccine given elsewhere

☐ Deferral / Refusal

☐ Virtual/Telehealth Visit - Patient educated on the need for receiving influenza immunization either at VA or outside facility. (A reference for outside immunization locations can be found at this link [Find VA locations](#) by searching for Community pharmacies.)

Clear Clinical Maint Visit Info < Back Next > Finish Cancel

Influenza Immunization:
The patient was given the influenza VIS which lists the benefits and side

If you need a copy of the VIS, click on the hyperlink

NEW
INFO!!

- The VIS hyperlink takes you to the most up-to-date version from the CDC
- If the patient is ≥65 years old **both** doses will be listed, if the patient is ≤64 years old then **only** the standard quadrivalent dose will be listed
- After selecting a dose, fill out the VIMM

Reminder Resolution: Influenza Immunization

SEASONAL INFLUENZA VACCINE 2023-2024 (version 4.2)

☐ Detailed information on seasonal influenza immunization

SEASONAL INFLUENZA VACCINE

☒ Document administration of influenza vaccine today

The patient was given the influenza VIS which lists the benefits and side effects of the vaccine and which reviews the risks of not receiving the flu vaccine. The VIS was reviewed with the patient and they were given an opportunity to ask questions. The patient was provided education on how to decrease the risk of influenza infection including social distancing and use of good hand hygiene. The patient denied any prior severe reaction to the flu vaccine or its components. The patient gave verbal consent to receive the vaccine.

[Seasonal Influenza Vaccine VIS](#)

choose one

☒ Influenza, Quadrivalent preservative free (Fluzone - syringe) **Fluzone, Quadrivalent***

☐ Record seasonal influenza vaccine given elsewhere

☐ Deferral / Refusal

☐ Virtual/Telehealth Visit - Patient educated on the need for receiving influenza immunization either at VA or outside facility. (A reference for outside immunization locations can be found at this link [Find VA locations](#) by searching for Community pharmacies.)

Clear Clinical Maint Visit Info < Back Next > Finish Cancel

Influenza Immunization:
The patient was given the influenza VIS which lists the benefits

The VIMM

- Verify the correct vaccination, lot number, and expiration date (if there are any discrepancies, contact pharmacy)
- Any asterisked fields are required
- You will need to manually check the box *Administered by Policy* to activate it

Enter Immunization

Immunization Evaluation Statuses:

Immunization List Add Immunization

Immunization	Documentation Type	Documentation Status
INFLUENZA, INJECTABLE, QUADRIVALENT, PRESERVATIVE FREE	Administered	Incomplete

Immunization Selection

Select Documentation Type*
☒ Administered
☐ Refused
☐ Contraindication/Precaution

Select an Immunization*
 INFLUENZA, INJECTABLE, QUADRIVALENT, PRESERVATIVE FREE

Editor/Detail Viewer

Lot Number*
 UT8055JA

Expiration Date
 Jun 30, 2024

Manufacturer
 SANOFI PASTEUR

Administration Date*
 Aug 24, 2023@13:45

Administered by*
 Draeger, Samantha K - Staff Educator

Administering by Policy ☒

Ordered by*

Route*
 INTRAMUSCULAR

Anatomic Location*
 LEFT DELTOID

Series

Dosage in mL*
 0.5

Vaccine Information Statement
 INACTIVATED INFLUENZA VACCINE VIS Aug 15, 2019 (ENGLISH)

Procedure Codes
 90686 (IIV4 VACC NO PRSV 0.5 ML IM)

Diagnosis Codes

Comment

Override Reason

Cancel Clear Save Finish

Reminder Resolution: Influenza Immunization

☐ Detailed information on seasonal influenza immunization

SEASONAL INFLUENZA VACCINE

☒ Document administration of influenza vaccine today

The patient was given the influenza VIS which lists the benefits and side effects of the vaccine and which reviews the risks of not receiving the flu vaccine. The VIS was reviewed with the patient and they were given an opportunity to ask questions. The patient was provided education on how to decrease the risk of influenza infection including social distancing and use of good hand hygiene. The patient denied any prior severe reaction to the flu vaccine or its components. The patient gave verbal consent to receive the vaccine.

Seasonal Influenza Vaccine VIS

choose one

☒ Influenza, Quadrivalent preservative free (Fluzone)

☐ Influenza, High Dose, Quadrivalent (Fluzone - syringe)

☐ Record seasonal influenza vaccine given elsewhere

☐ Deferral / Refusal

☐ Virtual/Telehealth Visit - Patient educated on the need for receiving influenza immunization either at VA or outside facility. (A reference for outside immunization locations can be found at this link [Find VA locations](#) by searching for Community pharmacies.)

Don't forget to chart when the vaccine is received elsewhere or refused

Clear Clinical Maint Visit Info < Back Next > Finish Cancel

5. Completing the Encounter

➔ Visit Type - The following information will automatically display in the encounter

Encounter Form for ALB COVID VACCINE (Sep 01, 2021@16:57)

Visit Type Diagnoses Procedures Vitals Immunizations Skin Tests Patient Ed Health Factors Exams

Type of Visit Section Name Modifiers

Service Connection & Related Disabilities
Service Connected: NO
NOT A VETERAN.

Visit Related To

Yes No

- ☐ Service Connected Condition
- ☐ Combat Vet (Combat Related)
- ☐ Agent Orange Exposure
- ☐ Ionizing Radiation Exposure
- ☐ Southwest Asia Conditions
- ☐ Shipboard Hazard and Defense
- ☐ **MST**
- ☐ Head and/or Neck Cancer

You must document what the visit is related to if there is a bold option

Available providers

Bonebrake, Jolene C. - Clinical Application Coord

Bonebrake, Jolene C. - Clinical Application Coord

Bonello, Robert S. - Physician [NPI: 1073534640]

Bong, Dennis W. - Registered Nurse

Bongers, Quinn C. - Resident [NPI: 1073133757]

Bonham, Cleo L. - Nurse Educator

Bonham, Erica A. - Registered Nurse

Bonicatto, Donna L. - Social Worker [NPI: 1295325983]

Bonk, Jolynn K. - Nurse Educator

Bonner, Michelle N. - Voucher Examiner

Bonner, Ryan Michael - Staff Physician [NPI: 1316471733]

Add

Remove

Primary

Current providers for this encounter

Bonebrake, Jolene C. (Primary)

OK Cancel

Receiving a flu vaccine does not count for service connection

➔ Diagnosis

Selected Diagnoses will autopopulate from using the *Influenza Vaccine* template

Encounter Form for CRC MH INDIV HOUSING MHOP CRRC (Sep 01,2021@12:17)

Visit Type **Diagnoses** Procedures Vitals Immunizations Skin Tests Patient Ed Health Factors Exams GAF

Diagnoses Section

Problem List Items

Prior Encounter Diagnoses [Past 3 Years]

Problem List Items

- ☐ Bipolar affective disorder (SCT 13746004) F31.0
- ☐ HTN - Hypertension (SCT 38341003) I11.0
- ☐ # Sinusitis, Acute (ICD-9-CM 461.9) 461.9
- ☐ Congestive heart failure (SCT 42343007) I50.32
- ☐ Adjustment disorder with anxious mood (SCT 47372000) R53.1
- ☐ Asthma-chronic obstructive pulmonary disease overlap syndrome (SCT 10692761000119107) I50.1

Other Diagnosis...

Add to PL	Primary	Selected Diagnoses
Primary	Primary	Encounter for Immunization (ICD-10-CM Z23.)

Comments

Select All

Add to Problem list

Primary

Remove

OK

Cancel

➔ Procedures

Procedures will autopopulate from using the Influenza Vaccine template

Encounter Form for CRC MH INDIV HOUSING MHP CRRC (Sep 01,2021@12:17)

Visit Type Diagnoses **Procedures** Vitals Immunizations Skin Tests Patient Ed Health Factors Exams GAF

Procedure Section

Section Name

Modifiers

Other Procedure...

Quantity Selected Procedures

Immunization Administration (Includes Percutaneous, Intradermal, Subcutaneous, or Intramuscular Injections); 1 Vaccine (single or Combination Vaccine/Txoid)

Comments

Provider: [] Quantity []

Select All Remove OK Cancel

➔ Immunizations

Immunizations will autopopulate from using the Influenza Vaccine template

Encounter Form for CRC MH INDIV HOUSING MHP CRRC (Sep 01,2021@12:17)

Visit Type Diagnoses Procedures Vitals **Immunizations** Skin Tests Patient Ed Health Factors Exams GAF

Immunization Section

Section Name

Other Immunization...

Series Reaction Contra Selected Immunizations

INFLUENZA, INJECTABLE, QUADRIVALENT, PRESERVATIVE FREE

Comments

Select All

Series Reaction

Repeat Contraindicated

Remove

OK Cancel

When the Encounter is completed, click “ok”, and sign.

If there are any further questions, please reach out to your manager.