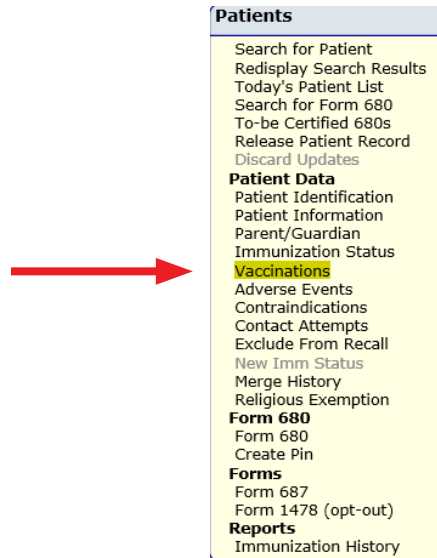


Editando Expedientes de Vacunas en Florida SHOTS



Hacer cambios a expedientes de vacunas cargados manual o electrónicamente es sencillo. Primero, complete la **“Búsqueda de Paciente”** (Patient Search) y abra al expediente del paciente.

1. Haga clic en la opción **“Vacunas”** (Vaccinations) del menú en la izquierda.



2. En la **“Lista de Vacunas”** (Vaccination List), busque la vacuna que usted desea editar y haga clic directamente sobre ella para abrir la pantalla de **“Cambiar Expediente de Vacunas”** (Change Vaccination Record).

Vaccination List									
Sort by: <input checked="" type="radio"/> Antigen <input type="radio"/> Vaccine <input type="radio"/> Date Given									
Antigen	Vaccine Type	Date Given	Dose/ Interval	Age Yr-Mo/ in Days	Total Mos/ Adv Event?	Provider/Person	Source	Delete?	
DIPHThERIA	DTAP	07/23/2006	1 0	2-10 1045	34 Y	TAMPA FAMILY HEALTH CENTERS	TAMPA FAMILY HEALTH CENTERS		
DIPHThERIA	DTAP-IPV	06/25/2008	2 703	4-9 1748	57 N	TAMPA FAMILY HEALTH CENTERS	TAMPA FAMILY HEALTH CENTERS		
DIPHThERIA	PEDIARIX	11/13/2008	3 141	5-2 1889	62 N	TAMPA FAMILY HEALTH CENTERS	TAMPA FAMILY HEALTH CENTERS		
DIPHThERIA	TDAP	01/12/2015	4 2251	11-4 4140	136 N		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>	
FLU	FLU-MIST	01/01/2014	1 0	10-3 3764	123 N		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>	
HEP B	PEDIARIX	11/13/2008	1 0	5-2 1889	62 N	TAMPA FAMILY HEALTH CENTERS	TAMPA FAMILY HEALTH CENTERS		
HEP B	HEP B	07/21/2015	2 2441	11-10 4330	142 N		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>	
HEP B	HEP B	03/01/2016	3 224	12-5 4554	149 N	TAMPA FAMILY HEALTH CENTERS FARRARK	TAMPA FAMILY HEALTH CENTERS		
HIB	HIB PRPOMP	11/13/2003	1 0	0-2 62	2 N	TAMPA FAMILY HEALTH CENTERS	TAMPA FAMILY HEALTH CENTERS		
HIB	HIB PRPOMP	01/15/2004	2 63	0-4 125	4 N		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>	
HIB	HIB PRPOMP	03/14/2004	3 59	0-6 184	6 N	TAMPA FAMILY HEALTH CENTERS	TAMPA FAMILY HEALTH CENTERS		
HPV	HPV9	11/16/2016	1 0	13-2 4814	158 N	TAMPA FAMILY HEALTH CENTERS BROWNS	TAMPA FAMILY HEALTH CENTERS		
MEASLES	MMR	04/01/2013	1 0	9-6 3489	114 N	TAMPA FAMILY HEALTH CENTERS	TAMPA FAMILY HEALTH CENTERS		
MEASLES	MMR	04/04/2015	2 733	11-6 4222	138 N	HILLSBOROUGH CHD ACKEYF	HILLSBOROUGH CHD		
MEN	MENACTRA	08/01/2016	1 0	12-10 4707	154 N		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>	
MUMPS	MMR	04/01/2013	1	9-6	114	TAMPA FAMILY HEALTH CENTERS	TAMPA FAMILY HEALTH CENTERS		

3. Verifique que el “Programa de Cubierta” (Funding Program) esté correcto para asegurarse. Si la vacuna fue administrada a un paciente VFC elegible, a usted se le requiere especificar el “Programa de Cubierta” del menú desplegable. La mayoría de los Proveedores Privados de VFC solo tendrían la opción de seleccionar “VFC/PED”.

NOTA: Si esta vacuna fue adquirida privadamente, deje este campo como –Seleccionar– (Select) y continúe.

The screenshot shows the 'Change Vaccination Record' form. The 'Funding Program' dropdown menu is open, showing a red arrow pointing to the '--- Select ---' option. The form includes fields for Vaccine Type (VZV), Injection Site, Provider Org ID (TAMPA FAMILY HEALTH CENTERS), Imm Service Site (TAMPA FAM NEBRASKA), Date Given (06/28/2017), Injection Route, Provider Person ID (BISHOPJ), and Vaccine Information Statements (VIS) for Varicella. A 'Record added' message at the bottom indicates the record was added on 06/28/2017 by user FARRAR, KEENAN.

4. Una vez usted haya seleccionado el “Programa de Cubierta” (Funding Program), a usted se le requerirá que seleccione la “Elegibilidad VFC” (VFC Eligibility) según le aplique a esta vacuna.

The screenshot shows the 'Change Vaccination Record' form with the 'Funding Program' set to 'VFC/PED'. The 'VFC Eligibility' dropdown menu is open, showing a red arrow pointing to the '--- Select ---' option. The menu lists options: PRIVATELY INSURED, VFC ELIGIBLE-AMERICAN INDIAN/ALASKAN NATIVE, VFC ELIGIBLE-MEDICAID/MCO, VFC ELIGIBLE-UNDERINSURED, and VFC ELIGIBLE-UNINSURED. The form also shows the 'Vaccine Information Statements (VIS)' for Varicella. A 'Record added' message at the bottom indicates the record was added on 06/28/2017 by user FARRAR, KEENAN.

5. Al seleccionar entre los campos de la “**Elegibilidad VFC**” (VCF Eligibility), el “**Manufacturero**” (Manufacturer), “**Número de Lote**” (Lot Number), y “**Fecha de Expiración**” (Expiration Date), todos se vuelven requeridos. Ingrese o haga cambios a estos campos para corregir la información.

Change Vaccination Record Trai

Vaccine Type: * [Vaccine Type Information](#) Date Given: *

Injection Site: Injection Route:

Provider Org ID: * Provider Person ID:

Imm Service Site:

Funding Program:

VFC Eligibility: *

Vaccine Information Statements

[CDC Vaccine Information Statements \(VIS\)](#) Type: VIS Date:

VIS Recipient: Mother: SMITH, PAMELA

*

* Consent for treatment given by VIS recipient

Manufacturer: Expiration Date:

Lot Number: *

6. Para guardar sus cambios, haga clic en PRÓXIMO **Next** en la esquina inferior izquierda y luego haga clic en PRESENTAR **Submit** en la esquina superior izquierda de la “**Lista de Vacunas**” (Vaccination List).

INFORMACIÓN DE CONTACTO

SERVICIO DE AYUDA GRATUITO:

877-888-7468 (SHOT)

LUNES – VIERNES, 8 A.M. A 5 P.M. HORA DEL ESTE

INCLUYE:

- Consolidación de registros de pacientes duplicados
- Adición de administradores de cuentas
- Desbloqueo de cuenta en Florida SHOTS
- Preguntas sobre las funciones de Florida SHOTS
- Pedidos de materiales de Florida SHOTS