Añadiendo observaciones y reacciones adversas en Florida SHOTS



Florida SHOTS utiliza Observaciones (**"Observations**") para documentar contraindicaciones y precauciones al recibir ciertas vacunas. También se requiere registrar una observación para poder emitir una exención de vacuna. Además, los usuarios pueden añadir factores de riesgo como observaciones para indicar administración no rutinaria de vacunas. Una vez grabadas, estas observaciones influenciarán los itinerarios de inmunización del paciente, el pronóstico, y los informes de recordatorio/retiro.

Lo siguiente describe como documentar observaciones utilizadas comúnmente en el expediente del paciente. Primero complete la Búsqueda de Paciente ("**Patient Search**") y abre el expediente del paciente.

AÑADIENDO HISTORIA DE LA ENFERMEDAD DE LA VARICELA (CHICKENPOX):

 Haga clic en el ítem del menú Observaciones ("Observations") a la izquierda para abrir la página de Lista de Observaciones ("Observation List"). Seleccione el botón de Añadir Nueva Observación ("Add New Observation").

Submit	Observation List				📀 Trair	ning Environment
User: DEASHJA PADIN	Description	Expires	Туре	Applies To		Delete?
Task List		N	o observations have been red	corded for this client		
Patients	Next	Add New Observation			Hide Expired Observations	Cancel
Search for Fatlent Redisplay Search Results Todry's Fatlent List Release Patient Record Discard Updates Patient Date Patient Date Patient Date Patient John Immunization Status Vacchatons Advense Events Condact Attempts Exclude From Recall New Tim Status Versite Status						8

2. Seleccione Varicela para Grupo de Vacunas ("Vaccine Group") e Inmunidad a una enfermedad ("Immunity to a disease") de Incluya tipos de observación ("Include observation types"). Haga clic en Mostrar Observaciones que Concuerdan ("Show Matching Observations").

Submit	Find Observation				Training Environment
User: DEASHJA PADIN	Include observations that contain:				
Task List	Include observations that apply to:	O Any Antigen or Vaccine			
Patients		Vaccine Group Varicella			
Search for Patient	Include observation types:	Contraindications and Precautions			
Today's Patient List		Immunity to a disease			
Search for Form 680		Risk factors indicating additional vaccinations			
Release Patient Record	Show Matching Observations				Return to Observation List
Discard Updates	Description		Perm/Temp	Туре	Applies To
Patient Identification Patient Information	Immunocompromised		Temporary	Immunity exclusion for diseases	Varicella when born before 01/01/80 and born in U.S.
Parent/Guardian Immunization Status	Pregnant		Temporary	Contraindication for vaccines	FLU-MIST QUAD;HEP B (HEPLISAV-B);ZOSTER (ZOSTAVAX)
Adverse Events Observations				Contraindication for antigens	HPV;Measles;Mumps;Rubella;Varicella
Contact Attempts Exclude From Recall				Precaution for antigens	Polio
New Imm Status Merge History Religious Exemption				Immunity exclusion for diseases	Varicella when born before 01/01/80 and born in U.S.
Form 680 Form 680	Laboratory Evidence of Immunity of	r confirmation of Varicella disease	Permanent	Immunity for diseases	Varicella
Create Pin Forms	Healthcare provider verified history	of or diagnosis of Varicella	Permanent	Immunity for diseases	Varicella
Form 1478 (opt-out) Reports	Healthcare provider verified history	or diagnosis of Herpes Zoster	Permanent	Immunity for diseases	Varicella
Immunization History Reminder Recall	Health care personnel		Permanent	Immunity exclusion for diseases	Measles when born before 01/01/57;Mumps when born before 01/01/57;Rubella when born before 01/01/57;Varicella when born before 01/01/80 and born in U.S.

3. Seleccione Historial verificado por proveedor del cuidado de la salud de o diagnóstico de varicela ("Healthcare provider verified history of or diagnosis of Varicella") o Evidencia de Laboratorio de Inmunidad ("Laboratory Evidence of Immunity") de la lista de Descripción ("Description"), y se le pedirá que entre la Fecha de identificación ("Date identified") y Año de la enfermedad ("Disease year"). Haga clic en el botón de Próximo ("Next") en la esquina inferior izquierda.

Florida	Name: SMITH,BELL DOB: 01/01/2001 (17 yrs 5 mos 20 dys) CIP: BOND COMMUNITY HEALTH CENT	State IMM Id: 9901437340 (6380 days) SSN: TER Site: 1720 PEDS - BCPED	Sex: Male Status: Overdue	
Submit	Add Observation		¢	Training Environment
User: DEASHJA PADIN	Description: Heal	thcare provider verified history of or diagnosis of Varicella		
Task List	Type	a Applies To unity for diseases Varicella		
Patients	Perm/Temp: Perm	hanent		
Search for Patient Redisplay Search Results Today's Patient List Search for Form 680 To-be Certified 680s	Date Identified: * 06/2 Disease year: * 200 Comments:	1/2018		
Release Patient Record Discard Updates	* Asterisk indicates a required field			
Patient Data Patient Identification	Next	Return to Observation List		Cancel
Patient Information Parent/Guardian				

4. Haga clic en Enviar ("Submit") en la esquina superior izquierda para guardar.

Florida Sho	ts"	Name: SMITH DOB: 01/01, CIP: BOND	I,BELL /2001 (17 yrs 5 mos 20 dys) (6380 days) COMMUNITY HEALTH CENTER	State IMM Id: 9901437340 SSN: Site: 1720 PEDS - BCPED	Sex: Male Status: Overdue			
Submit	Obse	rvation List				•	Training En	vironment
User: DEASHJA PADIN	Description	n		Expires	Туре		Applies To	Delete?
Task List	Healthcare	provider verified histo	ry of or diagnosis of Varicella	Permanent	Immunity for diseases		Varicella	
Patients	Next		Add New Observation			Hide Expired Obse	ervations	Cancel

AÑADIENDO OBSERVACIONES:

 Abra el expediente del paciente, seleccione Observaciones ("Observations") en el ítem del menú para abrir la página de Lista de Observaciones ("Observation List"). Haga clic el botón de Añadir Nueva Observación ("Add New Observation").



 Ingrese la vacuna para la cual se emite la exención en Incluye Observaciones que Contienen "Include observations that contain" o seleccione del Grupo de Vacunas ("Vaccine Group") de Observación que se aplica a "Include observation that apply to". Haga clic en el botón de Mostrar Observaciones que Coinciden ("Show Matching Observations").

Submit	Find Observation	Training Environment
User: KEENAN FARRAR	Include observations that contain:	MMR
Task List	Include observations that apply to:	Any Antigen or Vaccine
Patients		○ Vaccine Group Select ∨
Search for Patient	Include observation types:	Contraindications and Precautions
Redisplay Search Results		Immunity to a disease
Search for Form 680		Risk factors indicating additional vaccinations
To-be Certified 680s	Show Matching Observations	Return to Observation List
Discard Updates		
Patient Data		
Patient Information		
Parent/Guardian		
Vaccinations		
Adverse Events		
Contact Attempts		

3. Seleccione la observación de la lista de Descripción ("Description").

Submit	Find Observat	ion		📀 🛛 Training Environment
User: KEENAN FARRAR	Include observations that	it contain: 🚺	MR	
Task List	Include observations that	apply to:	Any Antigen or V	/accine
Patients		C	Vaccine Group	Select 🗸
Search for Patient	Include observati	ion types: 🔽	Contraindication	s and Precautions
Redisplay Search Results	The second second		Immunity to a dis	sease
Search for Form 680			Risk factors indic	cating additional vaccinations
To-be Certified 680s	Show Matching Observa	tions		Return to Observation Lis
Discard Updates	Description V	Perm/Temp	Туре	Applies To
Patient Data	Adverse reaction to	Permanent	Contraindication :	for All Vaccines
Patient Identification Patient Information Parent/Guardian Immunization Status	vaccine component		Contraindication for antigens	COVID-19;Cholera;Dengue;Diphtheria;Ebola;HPV;HepA;HepB;Hib;Influenza;Japanese Encephalitis;Measles;Meningococcal;Meningococcal B;Mumps;Pertussis;Pneumococcal;Polio;Rabies;Rotavirus;Rubella;Smallpox;Tetanus;Typhoid;Varicella;Yello Fever:Zoster
Adverse Events Observations	Chemotherapy	Permanent	Contraindication for antigens	Hib when 6 weeks or older and less than 5 years;Measles;Mumps;Rubella;Varicella
Contact Attempts Exclude From Recall	Cytomegalovirus IGIV	Temporary	Contraindication for antigens	Measles;Mumps;Rubella;Varicella
New Imm Status Merge History	Family history of altered immunocompetence	Permanent	Contraindication for antigens	Measles;Mumps;Rubella;Varicella
Form 680 (school entry) Create Form 680 Pin	Generalized malignant neoplasm	Permanent	Contraindication for vaccines	FLU-MIST QUAD; TYPHOID PO
Form 686 (Imm History) Form 687 (Clinic Record)			Contraindication for antigens	Dengue;Measles;Mumps;Rubella;Varicella;Yellow Fever
Form 1478 (opt-out) Reports	HIV/AIDS - severely immunocompromised	Permanent	Contraindication for vaccines	FLU-MIST QUAD;MENACTRA when 2 months or older and less than 2 years
Clear Patient Token			Contraindication for antigens	Dengue;Measles;Mumps;Rubella;Varicella;Yellow Fever
Religious Exemption Vaccine Education	Health care personnel	Permanent	Indication for risk schedules	HepB risk 3-dose series when 19 years or older;HepB risk Twinrix 3 Dose Series when 19 years or older;HepB risk Twinrix 4-dose series when 19 years or older;HepB-CpG risk 2-dose series when 19 years of older;He
Reminder Recall			Immunity	order; Measles risk 2-dose series when 18 years or order; Mumps risk 2-dose series when 18 years or order Measles when born before 01/01/57: Mumps when born before 01/01/57: Rubella when born before
System Transactions			exclusion for	01/01/57;Varicella when born before 01/01/80 and born in U.S.
Vaccine Inventory			diseases	

NOTA: La vacuna tiene que ser registrada en el expediente del paciente para poder añadir una observación. Este mensaje alertara al usuario si falta:

www.flshots.com say	/S
This observation require before it can be added. adding this observation This observation cannot	es an adverse event to be on patient record Please document the adverse event first before , t be added.
	ОК

Adicionalmente ciertas observaciones permanentes requerirán que se documente la reacción adversa para la vacuna especifica. Este mensaje alertara al usuario si falta:

OK

4. Se le pedirá que ingrese la fecha en que se identificó la observación en la casilla de Fecha de Identificación ("Date identified") con opción de comentarios. Haga clic en el botón de Próximo ("Next") para continuar.

Submit	Add Observation	Training Environm	nent
Jser: KEENAN FARRAR	Description: Perm/Temp:	: Severe allergic reaction after previous dose of Measles Type Applies To Contraindication for antigens Measles Permanent	
Search for Patient Redisplay Search Results Today's Patient List Search for Form 680 To-be Certified 680s Release Patient Record Discard Updates	Date Identified: * Comments: * Asterisk indicates a required	field Return to Observation List	Cancel
Patient Data Patient Information Patient Information Parent/Guardian Immunization Status Vaccinations Adverse Events Chicervations Contact Attempts			

5. Haga clic en Enviar ("Submit") en la esquina superior izquierda para guardar la observación.



AÑADIR REACCIÓN ADVERSA:

 Abra el expediente del paciente, seleccione Reacción Adversa ("Adverse Events") en el ítem del menú para abrir la página de Reacción Adversa. Haga clic en la Fecha de Vacunación ("Vaccination Date") para la vacuna que está documentando la reacción adversa.

Submit	Adverse	Events	
r: KEENAN FARRAR	Select Vac	cination	Date
ients	Vaccination Date	Adverse	Del?
rch for Patient	04/04/2022	N	
splay Search Results	09/02/2021	N	
s Patient List	10/22/2020	N	
Certified 680s	08/20/2020	N	
e Patient Record	12/01/2010	N	
d Updates	07/00/2019	N	
Data	01/09/2019	N	
Identification	01/01/2019	N	
Information	10/31/2018	N	
Guardian	08/28/2018	N	
zation Status	08/01/2018	N	
Evente	07/11/2018	N	
ations	05/22/2018	N	
t Attempts	04/20/2018	N	
e From Recall	01/14/2018	N	
mm Status	09/01/2017	N	
History	06/28/2017	N	
COD (ask as I asks)	06/10/2017	N	
Form 680 Pin	09/07/2016	N	
586 (Imm History)	00/04/2016	N	
87 (Clinic Record)	09/04/2015	N	
478 (opt-out)	09/12/2011	N	
	11/13/2009	N	
	03/15/2009	N	
Patient Token	01/13/2009	N	
ous Exemption			_
Education	Next		

2. Ingrese la información sobre la reacción adversa asociada con la vacuna administrada en la fecha seleccionada. Elija uno o más síntomas que el paciente tiene. Elija entre los tipos de vacunas proporcionada en la fecha seleccionada. Haga clic en el botón de Próximo ("**Next**") para continuar.

Submit	Adverse Event Record	Training Environment
Jser: KEENAN FARRAR	Adverse Event Details	Symptoms* Vaccine Types*
Patients	Vaccine Date: 05/22/2018	Adenopathy MMR
Search for Patient	Date Onset: * 05/22/2018	Adverse dealth ind
Today's Patient List Search for Form 680	Person Reporting: * REBECCA CASEY	Allergic Event Anaphalaxis ind
To-be Certified 680s Release Patient Record	Reporting Phone:	Arthralgia ind
Discard Updates Patient Data	Date of Death:	Ashma ind
Patient Identification Patient Information	Provider Org ID: Select V	Note: Hold down ctrl-key to select multiple Symptoms or Vaccine Types
Parent/Guardian Immunization Status	Provider Person ID:	
Vaccinations	Comments:	Link to VAERS
Observations Contact Attempts Exclude From Recall	*Asterisk indicates a required field Next	Cancel
Merce History		

3. Haga clic en Enviar (**"Submit**") en la esquina superior izquierda para guardar la reacción adversa.

Submit	Adverse	Event	s	
Iser: KEENAN FARRAR	Select Vac	cination	Date	
Fask List		Sciect vaccination Date		
atients	Vaccination Date	Adverse Event	Del?	
Search for Patient	04/04/2022	N		
Redisplay Search Results	09/02/2021	N		
Search for Form 680	10/22/2020	N		
To-be Certified 680s	08/20/2020	N		
Release Patient Record	12/01/2019	N		
Discard Updates	07/09/2019	N		
Patient Data	01/01/2019	N		
Patient Information	10/31/2018	N		
Parent/Guardian	08/28/2018	N		
Immunization Status	08/01/2018	N		
Vaccinations	07/11/2018	N		
Observations	05/22/2018	Y		
Contact Attempts	04/20/2019	N		
Exclude From Recall	01/14/2018	N		
New Imm Status	09/01/2017	N		

Información de Contacto

Servicio de Ayuda Gratuita:

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