Adding Observations and Adverse Events



Florida SHOTS uses "**Observations**" to document contraindications and precautions to receiving certain vaccinations. An observation is also required to be recorded in order to issue a vaccine exemption - Part C on a DH680 form. In addition, users can add risk factors as observations to indicate non-routine administration of vaccines. When recorded, these observations will influence patient immunization schedules, forecasting, and Reminder/Recall reports.

The following describes how to document commonly used observations in the patient record. First complete the "**Patient Search**" and load the patient's record.

ADDING HISTORY OF VARICELLA (CHICKENPOX) DISEASE:

1. Click the "Observations" menu item on the left to open the "Observation List" page. Select "Add New Observation" button.

Submit	Observation List				📀 🛛 Trai	ning Environment
User: DEASHJA PADIN	Description	Expires	Туре	Applies To		Delete?
Task List		No	observations have been recorde	ed for this client		
Patients	Next	Add New Observation			Hide Expired Observations	Cancel
Search for Patient Rodipsity Search Reath Search for Form 680 Release Patient Record Patient Generation Patient Generation Patient Generation Patient Generation Patient Generation Patient Generation Patient Generation Patient Generation Patient Generation Patient Generation Costact Attempts Costact Attempts Costact Attempts Here Integration Here Integration						\$

2. Select Varicella for "Vaccine Group" and "Immunity to a disease" from "Include observation types." Click on "Show Matching Observations."

Submit	Find Observation			Training Environment
User: DEASHJA PADIN	Include observations that contain:			
Fask List	Include observations that apply to: O Any Antigen or Vaccine			
Patients	Vaccine Group Varicella			
Search for Patient Redisplay Search Results Today's Patient List Search for Form 680 To-be Certified 680s	Include observation types: Contraindications and Precautions Immunity to a disease Risk factors indicating additional vaccin	s		
Release Patient Record Discard Updates	Show Matching Observations			Return to Observation Lis
Patient Data	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 Varcinations	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 or confirmation of Varicella disease	Permanent	Immunity for diseases	Varicella
Create Pin Forms Form 687	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. Select "Healthcare provider verified history of or diagnosis of Varicella" or "Laboratory Evidence of Immunity" from the "Description" list, and you will be prompted to enter the "Date identified" and "Disease year." Click the "Next" button in the lower left corner.

Florida Sho	ts ^m		7 yrs 5 mos 20 dys) (6380 days) JNITY HEALTH CENTER	State IMM Id: 9901437340 SSN: Site: 1720 PEDS - BCPED	Sex: Male Status: Overdue		
Submit	Add	Observation				•	Training Environment
Jser: DEASHJA PADIN			Description: Healthcare provider ve	rified history of or diagnosis of Varicella			
Task List			Туре	Applies To			
			Immunity for diseases	Varicella			
Patients			Perm/Temp: Permanent				
Search for Patient			Date Identified: * 06/21/2018				
Redisplay Search Results Today's Patient List			Disease year: * 2005	14			
Search for Form 680 To-be Certified 680s			Comments:				
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. Click the "Submit" button in the upper left corner to save.

Florida	ts"	Name: SMITH,BELL DOB: 01/01/2001 (17 yrs 5 mos 20 dys) CIP: BOND COMMUNITY HEALTH CEN		Sex: Male Status: Overdue PED			
Submit	Obse	rvation List			•	Training E	nvironment
User: DEASHJA PADIN	Description	1	Expi	res Type		Applies To	Delete?
Task List	Healthcare	provider verified history of or diagnosis of Varicella	Pern	nanent Immunity for disease	5	Varicella	
Patients	Next	Add New Observation			Hide Expired Obse	rvations	Cancel

ADDING OBSERVATIONS:

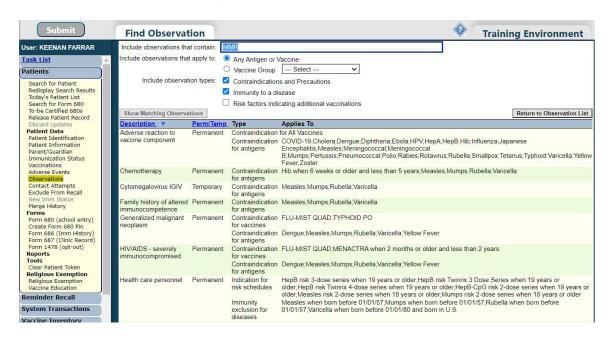
1. Open the patient record, select the "Observations" menu option to open the "Observation List" page. Click on the "Add New Observation" button.

Submit	Observation Li	st		Training Env	vironment
User: KEENAN FARRAR	Description	Expires	Туре	Applies To	Delete?
Task List		No observation	s have been re	ecorded for this client	
Patients	Next Ade	d New Observation		Hide Expired Observations	Cancel
Search for Patient Redisplay Search Results Today's Patient List Search for Form 680 To-be Certified 680s Release Patient Record Discard Updates Patient Data Patient Identification Patient Identification Patient Identification Patient Guardian Immunization Status Vaccinations Adverse Events Observations Contact Attempts		Î			

2. Enter the vaccine that the exemption is being issued for in the "Include observations that contain" field or select it in the "Vaccine Group" from "Include observation that apply to". Click on "Show Matching Observations".

Submit	Find Observation	Training Environment
User: KEENAN FARRAR Task List Patients Search for Patient Redisplay Search Results Today's Patient List Search for Form 680 To-be Certified 680s Release Patient Record Discard Updates Patient Identification Patient Information Parent/Guardian Immunization Status	Find Observation Include observations that contain: Include observations that apply to: Include observation types: Show Matching Observations	MMR Any Antigen or Vaccine Vaccine Group Select V
Vaccinations Adverse Events Observations Contact Attempts		

3. Select the observation from "Description" list.



NOTE: The vaccine needs to be recorded in the patient record in order to be allowed to add an observation for it. This message will alert user if this is missing:

www.flshots.com says	
This observation requires an adverse event to be on pati- before it can be added. Please document the adverse ev adding this observation. This observation cannot be added.	
	ОК

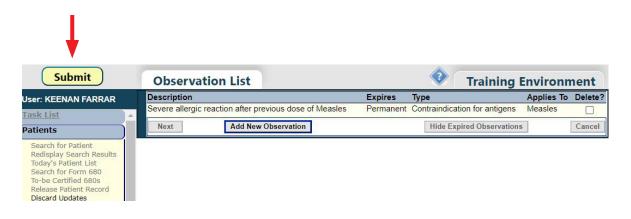
Additionally, certain permanent observations will require an adverse event to be documented for the specific vaccine. This message will alert user if missing:



4. You will be prompted to enter the date of when the observation was identified in the **"Date identified"** field with optional comments. Click on the **"Next"** button to proceed.

Submit	Add Observation		Training Environment
User: KEENAN FARRAR Task List Patients	Description: Perm/Temp:	Severe allergic reaction after previous dose of M Type Applies To Contraindication for antigens Measles Permanent	leasles
Search for Patient Redisplay Search Results Today's Patient List Search for Form 680 To-be Certified 680s Release Patient Record Discard Updates Patient Data Patient Information Patient Information Parent/Guardian Immunization Status Vaccinations Adverse Events Dissurations Contact Attempts	Date Identified: * Comments: * Asterisk indicates a required	04/07/2022	Cancel

5. Click the "Submit" button in the upper left corner to save the observation.



ADDING ADVERSE EVENT:

1. Open the patient record, select the "Adverse Events" menu option to open the Adverse Events page. Click on the "Vaccination Date" for the vaccine you are documenting the adverse event for.

ENAN FARRAR	Select Vac	Select Vaccination Date		
5	Vaccination Date	Adverse Event	Del?	
Patient	04/04/2022	N		
Search Results	09/02/2021	N		
tient List Form 680	10/22/2020	N		
ified 680s	08/20/2020	N		
atient Record	12/01/2019	N		
odates	07/09/2019	N		
ta	01/01/2019	N		
rmation	10/31/2018	N		
rdian	08/28/2018	N		
on Status	08/01/2018	N		
5	07/11/2018	N		
ints	05/22/2018	N		
empts	04/20/2018	N		
m Recall	01/14/2018	N		
Status	09/01/2017	N		
ory	06/28/2017	N		
school entry)	06/10/2017	N		
n 680 Pin	09/07/2016	N		
Imm History)	09/04/2015	N		
Clinic Record)	09/12/2011	N		
(opt-out)	11/13/2009	N		
	03/15/2009	N		
t Token	01/13/2009	N		

2. Enter the information about the Adverse Event(s) associated with the vaccination(s) given on the selected date. Choose one or more symptoms experienced by the patient. Choose from the vaccine types given on the selected date. Click on the **"Next"** button to proceed.

Submit	Adverse Event Record	📀 Training E	nvironment
Jser: KEENAN FARRAR	Adverse Event Details	Symptoms* Vaccine Type	s*
Patients	Vaccine Date: 05/22/2018	Adenopathy Adverse death ind	
Search for Patient	Date Onset: * 05/22/2018	Adverse death hid	
Redisplay Search Results 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:	Asptc mening ind Asthma ind	
Patient Identification Patient Information	Provider Org ID: Select Y	Note: Hold down ctrl-key to select multiple Symptoms or	Vaccine Types
Parent/Guardian Immunization Status	Provider Person ID:		
Vaccinations Adverse Events	Comments:	Link to VAERS	
Observations Contact Attempts	* Asterisk indicates a required field		
Exclude From Recall New Imm Status	Next		Cancel

3. Click the "Submit" button in the upper left corner to save the observation.

Submit	Adverse E	vents
User: KEENAN FARRAR	Select Vaccin	ation Date
Task List	Select vaccin	ation Date
atients	Vaccination Ac Date E	dverse Del? Event
Search for Patient	04/04/2022	N
edisplay Search Results	09/02/2021	N
oday's Patient List Search for Form 680	10/22/2020	N
-be Certified 680s	08/20/2020	N
Release Patient Record	12/01/2019	N
Discard Updates	07/09/2019	N
Patient Data Patient Identification	01/01/2019	N
Patient Information	10/31/2018	N
Parent/Guardian	08/28/2018	N
Immunization Status	08/01/2018	N
Vaccinations Adverse Events	07/11/2018	N
Observations	05/22/2018	Y 🕘 🗆
Contact Attempts	04/20/2018	N
Exclude From Recall	01/14/2018	N
New Imm Status	00/04/2010	1

HELP DESK

FREE TECHNICAL SUPPORT:

877-888-7468 (SHOT) MONDAY – FRIDAY, 8 A.M. TO 5 P.M. EASTERN

INCLUDING:

- Merging duplicate shot records
- Adding account administrators
- Unlocking Florida SHOTS accounts
- Questions about any Florida SHOTS features
- Requesting Florida SHOTS immunization schedule pads or other registry materials