Añadiendo observaciones en Florida SHOTS



Florida SHOTS utiliza Observaciones (**"Observations"**) para documentar contraindicaciones y precauciones al recibir ciertas vacunas. 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 llene el expediente del paciente.

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

1. 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				Training Environment
User: DEASHJA PADIN	Description	Expires	Туре	Applies To	Delete?
Task List			No observations have been reco	rded for this client	
Patients	Next	Add New Observation			Hide Expired Observations
Search for Patient Reddpuly Search Results Reddpuly Search Results Search for Form 680 Release Patient Record Destination Record Patient Identification Patient Identification Patient Identification Patient Identification Patient Record Immunication Status Vaccinations Adverse Events Contact Altempts Exclude From Recall HetS Demographics HetS Demographics					

 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 Ar	ntigen or Vaccine					
Patients	Vaccir	ne Group Varicella	V				
Search for Patient	Include observation types: Contra	aindications and Precautions					
Today's Patient List	Immur	nity to a disease					
Search for Form 680	Risk fa	actors indicating additional vaccin-	ations				
To-be Certified 6805 Release Patient Record Discard Updates Patient Data Patient Identification Patient Information	Show Matching Observations						Return to Observation List
	Description			Perm/Temp	Туре	Applies To	
	Immunocompromised			Temporary	Immunity exclusion for diseases	Varicella when born before 01/01/80	and born in U.S.
Parent/Guardian Immunization Status	Pregnant			Temporary	Temporary Contraindication for FLU-MIST QUAD;HEP B (HEPLIS vaccines		
Adverse Events					Contraindication for antigens	HPV;Measles;Mumps;Rubella;Varic	ella
Contact Attempts Exclude From Recall					Precaution for antigens	Polio	
New Imm Status Merge History Religious Examplion					Immunity exclusion for diseases	Varicella when born before 01/01/80	0 and born in U.S.
Form 680 Form 680 Create Pin Form 687 Form 687 Form 687 Form 1478 (opt-out) Reports Immunization History Reminder Recall	Laboratory Evidence of Immunity or confirmation	on of Varicella disease		Permanent	Immunity for diseases	Varicella	
	Healthcare provider verified history of or diagno	sis of Varicella		Permanent	Immunity for diseases	Varicella	
	Healthcare provider verified history or diagnosis	s of Herpes Zoster		Permanent	Immunity for diseases	Varicella	
	Health care personnel			Permanent	Immunity exclusion for diseases	Measles when born before 01/01/57 01/01/57;Rubella when born before 01/01/80 and born in U.S.	;Mumps when born before 01/01/57;Varicella when born before

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 Sho		Name: SMITH,BE DOB: 01/01/200 CIP: BOND COI	LL 1 (17 yrs 5 mos 20 dy MMUNITY HEALTH CE	s) (6380 days) ENTER	State IM	M Id: 9901437340 SSN: Site: 1720 PEDS -	BCPED	Sex: Male Status: <mark>Overdue</mark>		
Submit	Add 0	Observation							•	Training Environment
User: DEASHJA PADIN			Description: H	lealthcare provider ve	rified history of or Applies To	diagnosis of Varicella				
Task List			1	mmunity for diseases	Varicella					
Patients			Perm/Temp: F	Permanent						
Search for Patient			Date Identified: *	06/21/2018	N.					
Redisplay Search Results Today's Patient List			Disease year: *	2005	13					
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 Immunication Status										

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

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

AÑADIENDO FACTORES DE RIESGO A LAS OBSERVACIONES:

Basado en ciertos factores de riesgo tales como condiciones médicas subyacentes o proximidad a un brote, algunos pacientes van a necesitar vacunas no rutinarias. En estos casos, Florida SHOTS requiere que observaciones de factores de riesgo sean añadidas al expediente del paciente para evaluarlo(a) adecuadamente y recetar dosis.

Para ciertas vacunas, tales como la meningococo B, Florida SHOTS reconocerá la administración de la primera dosis de Men B (Bexsero o Trumenba) y evaluará y recetará dosis adecuadamente.

Para añadir una observación manualmente, siga los siguientes pasos:

 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				Training Environ
User: DEASHJA PADIN	Description	Expires	Туре	Applies To	Delete?
Task List			No observations have been record	ded for this client	
Patients	Next	Add New Observation			Hide Expired Observations
Search for Patient Reddiplay Search Resitts Search Resit Record Release Patient Record Distance Record Distance Record Patient Identification Patient Identification Patient Identification Patient Identification Patient Identification Patient Record Immunication Status Vaccinations Adverse Events Contact. Attempts Exclude From Recall HISD Demographics Herge Hatory					

2. Seleccione una vacuna de interés para Grupo de Vacunas ("Vaccine Group"), Factores de riesgo indicando vacunas adicionales ("Risk factors indicating additional vaccinations"), y haga clic en el botón de Mostrar Observaciones que Coinciden ("Show Matching Observations").

Submit	Find Observation							•	Traini	ng Environment
User: DEASHJA PADIN	Include observations that contain:									
Task List	Include observations that apply to:	O Any Antigen or Vacci	ne							
Patients		Vaccine Group	Meningococcal B	\sim						
Search for Patient	Include observation types:	Contraindications and	Precautions							
Redisplay Search Results 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 Li
Discard Updates Patient Data	Description					Perm/Temp	Туре	Applies To		
Patient Identification Patient Information	FLShots Men B risk schedules					Permanent	Indication for risk schedules	Meningococcal B risk 2-dose series series MenB-FHbp;Meningococcal B	/lenB-4C;Men risk 3-dose se	ingococcal B risk 2-dose eries MenB-FHbp

3. Seleccione las observaciones de factores de riesgo de la lista de Descripción (**"Description"**) y a usted se le pedirá que escriba detalles adicionales.

Add Observation	Ý	Training Environmen
Description	: FLShots Men B risk schedules	
	Type Applies To Indication for risk schedules Meningococcal B risk 2-dose series MenB-4C Meningococcal B risk 2-dose series MenB-FHbp Meningococcal B	3 risk 3-dose series MenB-FHbp
Perm/Temp	: Permanent	
Date Identified: *	06/21/2018 ×	
Comments		
* Asterisk indicates a required field		
Next	Return to Observation List	Ca

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



MOSTRADOR DE AYUDA

SERVICIO DE AYUDA GRATUITO:

877-888-7468 (SHOT) LUNES – VIERNES, 8 A.M. A 5 P.M. HORA DEL ESTE

INCLUYENDO:

- 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