

Adding Observations and Adverse Events

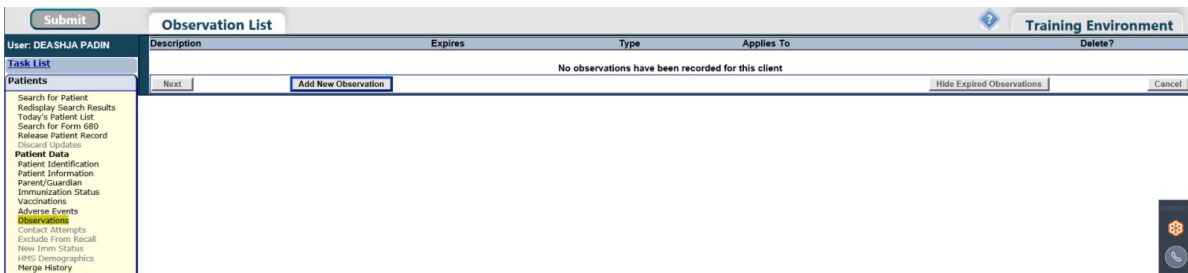


Florida SHOTS uses “**Observations**” to document contraindications and precautions to receiving certain vaccinations. An observation is also required to be recorded in order to issue a vaccine exemption - Part C on a DH680 form. In addition, users can add risk factors as observations to indicate non-routine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

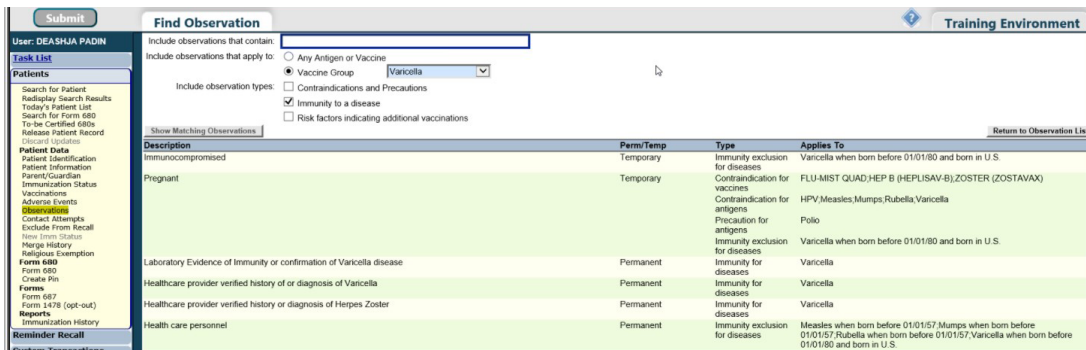
The following describes how to document commonly used observations in the patient record. First complete the “**Patient Search**” and load the patient’s record.

ADDING HISTORY OF VARICELLA (CHICKENPOX) DISEASE:

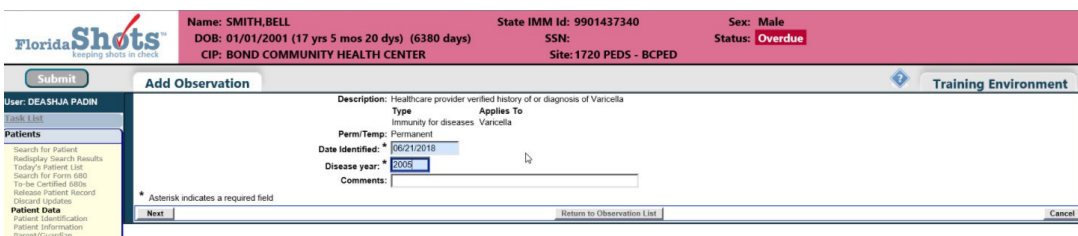
1. Click the “**Observations**” menu item on the left to open the “**Observation List**” page. Select “**Add New Observation**” button.



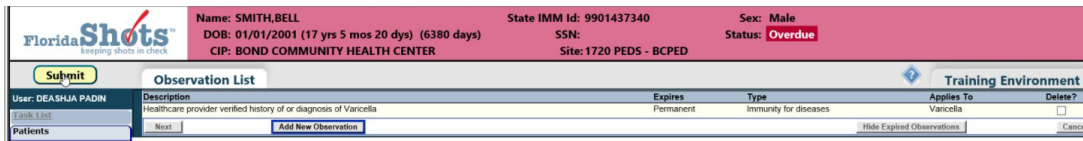
2. Select Varicella for “**Vaccine Group**” and “**Immunity to a disease**” from “**Include observation types.**” Click on “**Show Matching Observations.**”



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.



- Click the “Submit” button in the upper left corner to save.

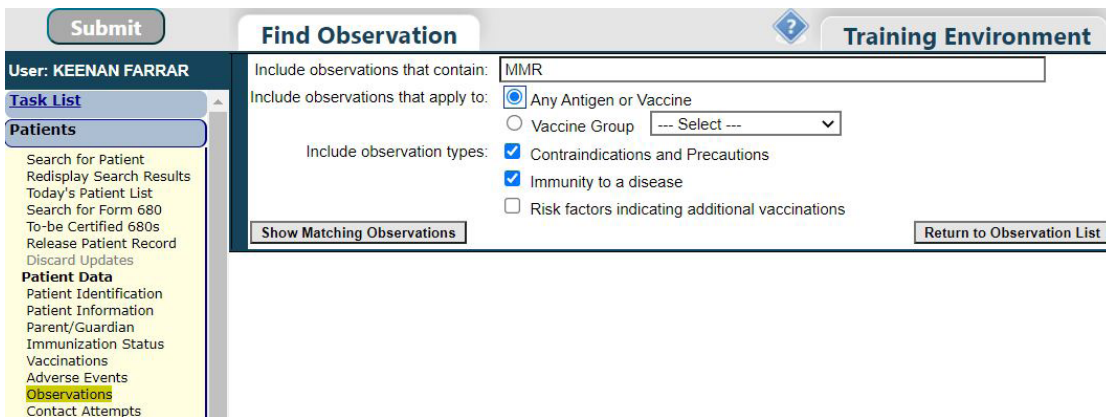


ADDING OBSERVATIONS:

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



- 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”.



3. Select the observation from “Description” list.

Find Observation Training Environment

User: KEENAN FARRAR

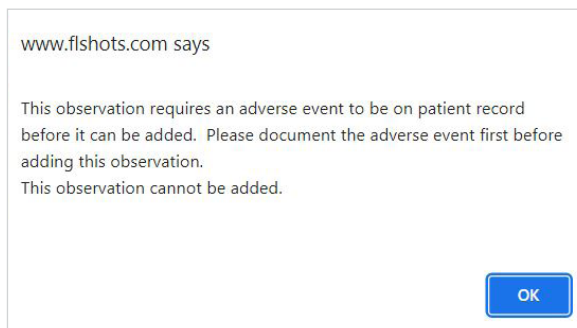
Include observations that contain:

Include observations that apply to: Any Antigen or Vaccine
 Vaccine Group --- Select ---

Include observation types: Contraindications and Precautions
 Immunity to a disease
 Risk factors indicating additional vaccinations

Description	Perm/Temp	Type	Applies To
Adverse reaction to vaccine component	Permanent	Contraindication for All Vaccines	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;Yellow Fever;Zoster
Chemotherapy	Permanent	Contraindication for antigens	Hib when 6 weeks or older and less than 5 years;Measles;Mumps;Rubella;Varicella
Cytomegalovirus IGIV	Temporary	Contraindication for antigens	Measles;Mumps;Rubella;Varicella
Family history of altered immunocompetence	Permanent	Contraindication for antigens	Measles;Mumps;Rubella;Varicella
Generalized malignant neoplasm	Permanent	Contraindication for vaccines	FLU-MIST QUAD,TYPHOID PO
HIV/AIDS - severely immunocompromised	Permanent	Contraindication for vaccines	Dengue;Measles;Mumps;Rubella;Varicella;Yellow Fever
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 or older;Measles risk 2-dose series when 18 years or older;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 01/01/60 and born in U.S.

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:



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



- 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.

Add Observation

User: KEENAN FARRAR

Description: Severe allergic reaction after previous dose of Measles

Type: Contraindication for antigens Applies To: Measles

Perm/Temp: Permanent

Date Identified: * 04/07/2022

Comments:

* Asterisk indicates a required field

Buttons: Next, Return to Observation List, Cancel

- Click the **“Submit”** button in the upper left corner to save the observation.

Observation List

User: KEENAN FARRAR

Description	Expires	Type	Applies To	Delete?
Severe allergic reaction after previous dose of Measles	Permanent	Contraindication for antigens	Measles	<input type="checkbox"/>

Buttons: Next, Add New Observation, Hide Expired Observations, Cancel

ADDING ADVERSE EVENT:

- 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.

Adverse Events

User: KEENAN FARRAR

Select Vaccination Date

Vaccination Date	Adverse Event	Del?
04/04/2022	N	
09/02/2021	N	
10/22/2020	N	
08/20/2020	N	
12/01/2019	N	
07/09/2019	N	
01/01/2019	N	
10/31/2018	N	
08/28/2018	N	
08/01/2018	N	
07/11/2018	N	
05/22/2018	N	
04/20/2018	N	
01/14/2018	N	
09/01/2017	N	
06/28/2017	N	
06/10/2017	N	
09/07/2016	N	
09/04/2015	N	
09/12/2011	N	
11/13/2009	N	
03/15/2009	N	
01/13/2009	N	

Buttons: Next

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 Environment**

User: KEENAN FARRAR

Adverse Event Details

Vaccine Date: 05/22/2018
 Date Onset: 05/22/2018
 Person Reporting: * REBECCA CASEY
 Reporting Phone:
 Date of Death:
 Provider Org ID: --- Select ---
 Provider Person ID:
 Comments: [Link to VAERS](#)

Symptoms*

- Adenopathy
- Adverse death ind
- Adverse oth
- Allergic Event
- Anaphalaxis ind
- Arthralgia ind
- Asptc mening ind
- Asthma ind

Vaccine Types*

- MMR

* Asterisk indicates a required field

Next **Cancel**

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

Submit **Adverse Events**

User: KEENAN FARRAR

Adverse Events

Select Vaccination Date

Vaccination Date	Adverse Event	Del?
04/04/2022	N	
09/02/2021	N	
10/22/2020	N	
08/20/2020	N	
12/01/2019	N	
07/09/2019	N	
01/01/2019	N	
10/31/2018	N	
08/28/2018	N	
08/01/2018	N	
07/11/2018	N	
05/22/2018	Y	<input checked="" type="checkbox"/>
04/20/2018	N	
01/14/2018	N	
02/04/2017	N	

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