

Newfoundland and Labrador 2018/19







Table of Contents

Documenting Patient Immunization – Newfoundland and Labrador	3
Immunization Module Features	4
Configuration	5
Marketing Message Setup	6
Paper Mode	9
Creating a Paper Immunization Record	9
Scanning a Paper Immunization Record	
Billing an Immunization	
Completing Immunizations 'Saved for Later'	17
Recording Emergency Epinephrine Shots	17
Reprinting an Immunization Record	
Viewing Immunization Record Details	
Electronic Mode	
Creating an Electronic Immunization Record	
Emergency Contact	
Patient Consent	
Billing an Immunization	
Completing Immunizations 'Saved for Later'	
Recording Emergency Epinephrine Shots	
Reprinting an Immunization Record	
Viewing Immunization Record Details	
Cancelling a Claim	
Declined or Refused Immunizations	49
Pharmacist Declined	
Patient Refused	
Status Types	55
Status	55
Product Status	55
Fee Status	
Reporting	57
Method 1: Selecting Drugs in the Report Form	
Method 2: Using Drug Groups	
Setting up a Drug Group	59



Kroll

Assigning Drugs to a Drug Group	60
Running a Report	62





Documenting Patient Immunization – Newfoundland and Labrador

Immunization is one of the most important and cost-effective public health innovations. In Canada, immunization has saved more lives than any other health intervention, and has contributed to the reduction in morbidity and mortality from a broad range of vaccine-preventable diseases in adults, children and other vulnerable populations.

Immunization providers are responsible and accountable to ensure that the information entered is accurate and timely and in accordance with their particular professional practice standard. The pharmacist/health care provider must keep a permanent record of immunization history by ensuring the documentation includes the required information:

- Client's name
 Immunization site
- Health Card Number (HCN)

Dose

Vaccine Name

Signature of immunizer

Adverse events following immunization

- Lot number
 Date of immunization
- Dose number in series
- Route administered

Your pharmacy must have Kroll V10 SP7 or higher in order to use this functionality.

NOTE: The examples used in this manual may not reflect the actual drug product used in your pharmacy. Available drug products vary by season.





Immunization Module Features

The Immunization module introduces a simple and streamlined approach to managing and documenting administered immunizations in Kroll that will improve the way your pharmacy manages immunizations. A list of features included with the functionality is below:

- All immunization records are saved to the Immunization section of the patient card, separate from all other patient records.
- Screening questions are used to determine if the patient is eligible for immunization; answers to these questions are stored in the database and are viewable from the patient card.
- Vaccine administered, lot number, expiry date, time and date of immunization, route and site of administration, dose, and pharmacist information is recorded.
- Signatures can be captured on-screen or on paper, giving your pharmacy flexibility in how immunizations are handled.
- In Electronic Mode, the billing process has been streamlined to facilitate faster and more accurate billing.
- Emergency contact information is recorded.
- Emergency Epinephrine shots can be easily added to an immunization record.
- Marketing messages can be configured to print at the bottom of receipts to encourage patients to get their vaccinations.





Configuration

Configuration settings for the Immunization module are located in the **Store Level Configuration Parameters** screen (**File > Configuration > Store > Rx > 8 - Immunization**). Each of the settings on this screen is explained below.

of Store Level Configuration Parameters										
General Patient Drug Doctor Rx FDB Adjudication Labels Reports	Security Interfaces Order X - AR Y - To Do Purge									
1 - General 2 - Pricing 3 - Prompting 4 - Nursing Home 5 - Background Rx Filling 6	5 - Workflow 7 - Counseling 8 - Immunization 9 - CeRx									
Enable electronic immunizations										
Require electronic signature for Pharmacists										
Require UPC Verification of Vaccine Product										
Allow to use non-influenza immunization products obtained externally										
Allow to use non-influenza immunization Rxs dispensed 30 days ago	Allow to use non-influenza immunization Rxs dispensed 30 days ago									
Message on Receipt for patients eligible for Influenza shots										
Print for retail patients										
Print for NH patients										
Message	Influenza Season									
Eont Thr Calibri	Start Date 01/10/2016									
Flu season is coming! Remember to get your Influenza shot	End Date 30/04/2017									
Fit season is coming. Remember to get your minuciza shoe.										
Min Age 0										
	Max Age 100									

- Enable electronic immunization: Turns on electronic immunization functionality. When this setting is enabled, all immunization documentation takes place on-screen; when it is disabled, immunization documentation is recorded in paper mode.
- Require electronic signature for Pharmacists: Requires the pharmacist to record an electronic signature using a digital signature tablet. Note that electronic signature functionality must be setup in order to use this feature.
- Require UPC Verification of Vaccine Product: Requires the user to scan or enter the UPC number associated with the administered vaccine.
- Message on Receipt for patients eligible for Influenza shots / Print for all retail patients / Print for NH patients: Allows users to enter an Influenza marketing message that will print at the bottom of receipts for retail patients and/or nursing home patients.





The following two options were newly added, and do not affect the flu shot functionality:

- Allow to use non-influenza immunization products obtained externally: Allows pharmacist to accept non-influenza immunization products for injection in the following two scenarios:
 - Patient brings in product that was dispensed from another pharmacy
 - When patient is required to take more than one injection of a product on separate days, and is coming in to the same pharmacy the product was dispensed to them with the second or third vaccine of the same product.
- Allow to use non-influenza immunization Rx dispensed _____ days ago: Allows pharmacist to put an expiry date for number of days from when an Rx is dispensed to be treated as a recently dispensed Rx.

Marketing Message Setup

An Influenza marketing message can be entered in the **Store Level Configuration Parameters** screen to remind patients to get the flu vaccination. The message prints at the bottom of the receipt for retail and/or nursing home patients, and is typically used in the weeks leading up to and during the flu season.

NOTE: The Influenza marketing message will replace the Receipt Free Form message (Labels > 4 - Receipt) if one has been entered.

- 1. Select File > Configuration > Store > Rx > 8 Immunization.
- 2. Select **Print for retail patients** to have the marketing message print on retail patients' receipts, or **Print for NH patients** to have the marketing message print on nursing home patient's receipts.







3. Enter your desired marketing message in the space provided. Use the **Font** and **Font Size** controls to customize the appearance of the text.

Selleral Patient Di	ug Doctor	Rx F	DB Adjudicat	ion Labels	Reports	Security Int	erfaces Order	X - AR Y - To Do	Purge
L - General 2 - Pricing	3 - Prompting	g 4 - Nurs	ing Home 5 - B	ackground Ra	Filling 6	- Workflow	7 - Counseling	8 - Immunization	9 - CeRx
Enable electronic immunizations									
Require electronic signature for Pharmacists									
Require UPC Verification of Vaccine Product									
🔽 Allow to use r	ion-influenza im	munizatior	n products obtain	ned externally					
Allow to use non-influenza immunization Rxs dispensed 30 days ago									
Message on Receipt for patients eliglible for Influenza shots									
✓ Print for retail patients									
Print for NH patients									
Print for NH pat	ients								
Print for NH pat Message	ients					Influenza	season		
Print for NH pat Message Font Pr Calibri	lents	-	Font <u>S</u> ize 11	▼ B	/ <u>U</u>	-Influenza : Start Date	e 01/10/2016		
✓ Print for NH pat Message Eont 12 Calibri Flu season is co	ming! Remem	▼ .ber to get	Font <u>S</u> ize 11 your Influenze	• B	/ []	Influenza : Start Date End Date	01/10/2016 30/04/2017		
♥ Print for NH pat Message Eont ℜ Calibri Flu season is co	ming! Remem	▼ lber to get	Font <u>S</u> ize 11 your Influenze	▼ B	/ U	-Influenza : Start Date End Date Min Age	01/10/2016 30/04/2017		

4. Enter the **Start Date** and **End Date** of the Influenza season. The marketing message will print on the receipts for eligible patients between these dates.

If you want the message to print on the receipt only for patients in a specific age range, enter **Min Age** and **Max Age** values.

•	🗲 Store	Level Con	figuratio	on Paramete	rs											
	General	Patient	Drug	Doctor	Rx	FDB	Adjudication	Labels	Report	s Security	Interfaces	Order	X - AR	Y - To D	o Purge	
	1 - Gene	eral 2 - F	Pricing 3	3 - Prompting	9 4 - 1	Nursing H	lome 5 - Back	ground R	x Filling	6 - Workflo	ow 7 - Cou	unseling	8 - Immu	nization	9 - CeRx	
	Enable electronic immunizations															
	Require electronic signature for Pharmacists															
	Require UPC Verification of Vaccine Product															
	Allow to use non-influenza immunization products obtained externally															
	Allow to use non-influenza immunization Rxs dispensed 30 days ago															
	Messa	ige on Re	ceipt for	patients elig	lible fo	or Influen	za shots									
	V P	rint for re	tail patie	nts												
	V P	rint for NI	H patient	s												
	Me	ssage								Influer	nza Season					
	<u>F</u> on	nt Thr Ca	alibri		•	Font	Size 11 •	В		Start	Date 01/10	/2016				
	Fh	1 ceacon	is comi	ngl Remem	her to	get your	r Influenza ch	ot		End D	ate 30/04	/2017				
		a Scasoff	15 COIIIII	iig. Reinein	001 00	geryou	i iiiiuciiza sii				Juic 50/04	,2017				
										Min A	ige 0					
										Max A	ge 100					
													4			





5. Click **OK** to save changes to the **Store Level Configuration Parameters** screen. The marketing message will print at the bottom of all receipts during the specified date range for patients who have not yet received immunization. Once immunization has been administered, the message will no longer print for that patient.

Patient, 100 Any	Test	Fri	12-Aug-2016
St. John's	NL A1A 1A1	(1	23)456-7890
Hydrochl DIN: 003 Dr. Doct	orothiazide 50mg 312800 APX or. Test	Days: 100	NEW RX Refills: 0
Cast	2 20		
Cost: Fee: Total:	2.39 10.49 12.88	Patient Pa	ys: 12.88
Cost: Fee: Total: Pharmacis	2.39 10.49 12.88 rs Signature	Patient Pa	ays: 12.88





Paper Mode

Immunizations documented in Paper Mode are printed from the patient card, completed on paper, and scanned back into Kroll using the Document Scan Utility.

Note that the 'Enable electronic immunizations' configuration setting (File > Configuration > Store > Rx > 8 - Immunization) must be disabled in order to record immunizations in Paper Mode.

of Store Level	Configuration Parameters			
<u>G</u> eneral <u>P</u> atie	ent <u>D</u> rug D <u>o</u> ctor <u>R</u> x <u>F</u> DB <u>A</u> dju	udication <u>L</u> abels Repor <u>t</u> s	s <u>S</u> ecurity <u>Interfaces</u> Ord <u>e</u> r	<u>X</u> - AR <u>Y</u> - To Do P <u>u</u> rge
<u>1</u> - General	2 - Pricing <u>3</u> - Prompting <u>4</u> - Nursing Home	5 - Background Rx Filling	6 - Workflow 7 - Counseling	8 - Immunization 9 - CeRx
Enable el	ectronic immunizations			
Requ	ire electronic signature for Pharmacists			
Requ	ire UPC Verification of Vaccine Product			

Creating a Paper Immunization Record

- 1. Call up a patient using the F3 Patient search.
- 2. Select Immunizations from the right navigation pane.

<u>File</u> <u>E</u> dit	Recent	Patient P	r <u>o</u> file	<u>R</u> eports	<u>U</u> tilities	<u>N</u> H Ce	ntr <u>a</u> l Fill <u>C</u> ards	Session <u>H</u>	lelp				
F3 - Pa	tient	F5 - Di	rug	F7	- Doctor	F9	- Workflow	F11 - Drop	o-off	F12 - N	lew Rx	Alt+X - Start	
Last Name	Last Name Patient First Name Test Salutation				Salutation	•	ОК		🖉 Save	🗙 Scan	[⊗] Profile		
Address 1	122 484	C+	_	_	Phone N	umbers (1) F2 Ins [el Birthdate	01/01/	1090			All Rxs
	125 Ally	y 5t			Descriptio	n Phon	ie		01/01/	1900			Active Rxs
Address 2			_		Home	(123)	456-7890	Age	36 year	rs			Active Rxs w/Passtimes
City	St. John	s 🔻	Prov	NL 🔻				Gender	Male	-	No image available		Refillable Rxs
Postal	A1A 1A1	Country	Canad	la 🔻				Language	English	h 👻			Pricing Profile
Email				Send	Family Do	tor		Height					Not Disp./OTC Rxs
Quick Code							F2 Clea	Weight			Load	i Delete	Rxs Filled in Error
Comments (0) F2 Ins Del						PHN 999	9999999				Suspended Rxs		
Торіс		Comment						Plans (1	Plans (1) F2 Ins (le) Perform FDB Analysis			Perform FDB Analysis	
								SubPla	n Code G	Group ID C	lient ID	Expiry	View
								1 NLPDP		9	999999999		Alternate Addresses
													Alternate Addresses
													Batches
Allergies (0)	Add Dru	Jg F2	Ins Del	General	Family	Nursing Home	Copays	Commu	nications	Other	Ctrl 🗨	Charting
					Detient	Lannik	I to the	copays	comin <u>u</u>	Concert	Other	<u> </u>	Consents
					Patient Activ	e //ł	Last Name			Privacy Un	known		Credit Cards
							Last Hanne						View Patient Documents (0)
					Patient I	On Hun	ian 🔻			Unit Dose	<none></none>		History
Medical Co	onditions	(0)	F2	Ins Del	Dressin	tions				Cycle	<none></none>		Immunizations
					Delivery 1	vpe Def	ault (Pickup)		_	Price Grou	n <default< td=""><td>> (<none>) 👻</none></td><td>Limited Use Items</td></default<>	> (<none>) 👻</none>	Limited Use Items





3. Select N - New Immunization.

<u>F</u> ile <u>E</u> dit	ile Edit Recent Patient Profile Reports Utilities NH Central Fill Cards Session Help														
F3 - Pat	tient	F5 - Di	rug	F7	- Doctor		F9 - Wor	kflow	F11 - Dro	p-off	F12 - M	New Rx	Alt+X - Start		
<u>L</u> ast Name	Patient		Fi	irst Nar	ne Test		Sa	lutation	•	ОК		🖉 Save	🗙 Scan		× Profile
Address 1	123 Any St	•			Phone N	umber	rs (1)	F2 Ins D	Birthdate	01/01/198	0			1	All Rxs
	125 Ally 5				Descriptio	n P	hone			01/01/190	~				Active Rxs
Address 2					Home	0	123) 456-78	90	Age	36 years				Г	Active Rxs w/Passtimes
City	St. John's	-	Prov N	L 🔻					Gender	Male	-	No ir	mage available	ľ	Refillable Rxs
Postal	A1A 1A1	Country	Canada	-					Languag	e English	-			ŀ	Pricing Profile
Email			Se	end	Family Doo	ctor			Height					ŀ	Not Disp./OTC Rxs
Quick Code								F2 Clear	Weight			Load	d Delete	ŀ	Rxs Filled in Error
Immuni	izations													ľ	Suspended Rxs
N - New I	Immunizat	ion P	- Print/R	eprint	:	F - (Call up	C	- Cancel	Claim			Show Reversals	ľ	Perform FDB Analysis
		D	- Pharma	acist D	eclined	R - 1	Patient Re	efused							View
Items (0)													F2 Ins De	Ð	Alternate Addresses
# Туре	:		Status				Product Sta	itus	Fee	Status		Created	d 🔻 Completed	ł	Batches
														ľ	Charting

NOTE: If you attempt to create an immunization record before a product list for the current season has been provided, the following prompt will appear:

	Status			
		Product Status	Fee Status	Created T
lenza	Completed	Claimed	No Fee Applicable	04/10/2016
	Immunization	Products NOT available in Kroll	yet	
		Patient - Smith, J Immunization I	Patient - Smith, John Immunization Products NOT available in Kroll OK	Patient - Smith, John × Immunization Products NOT available in Kroll yet

4. Select an immunization type from the list and click **Print Now**. Or, if you want to add the immunization record to the Immunizations queue in order to print the immunization form later, click **Save for Later**. See the <u>Completing Immunizations 'Saved for Later</u>' section for more information.

🕖 Immu	nization		×
Туре	Non-Influenza		~
	Print Now	<u>S</u> ave for later	X Cancel





NOTE: When there is no Influenza Immunizations saved, only the 'Non-Influenza' option will be displayed in the drop down. However, once Influenza immunizations records have been created, both the 'Non-Influenza' and 'Influenza' options will be displayed in the drop-down menu in the 'Immunization' screen.

5. The **Immunization Report** form will appear. It is recommended that you print at least one Epinephrine Emergency Treatment so treatment information can be recorded if the patient has an adverse reaction to the immunization.

If no Epinephrine Emergency Treatment is selected and the patient requires this treatment, a new Immunization Report must be printed so the emergency treatment can be recorded.

🐨 Immunizat	tion Report								
<u>F</u> ile									
Options									
Print store logo									
Print 1	Print 1 🕃 Epinephrine Emergency Treatment(s)								
Printer	Microsoft XPS Document Write	✓ Copies 1 →							
Tray	Automatically Select	🔹 🗵 Collate 🔲 Duplex							
Restore	e Defaults Print Pr	e <u>v</u> iew X Close							

- 6. Click Print.
- 7. The **Immunization Record** will print. Provide this printout to the patient for him or her to fill out. Have the pharmacist complete the **PHARMACY USE ONLY** portion.

NOTE: The products listed in the INFLUENZA VACCINE portion of the Immunization Record may change depending on the current season.





Immunization Record (patient portion):

FirstName	LastName	Gondar	1008	Weicht	TRAC	KING	#: 81
Test	Patient	M	01-Jan-1980	Weight			
Address		HealthCa	ard#	PhoneNumb	er		
123 Any St, Toronto ON M1N	1 1M1			(12	3)456-	7890	
EmergencyContact	Relationship@Patient	Contact's	PhoneNumber	Contact'sOth	heiPhon	eNumb	er
CREENING QUESTIONN	AIRE			1			
Foradultpatientaswellasparen	tsofchildren (5 years or greate	r)tobevaccinated:					
Thefollowing questions will he "yes" to any question, it does no If a question is not clear, please	elp us determine if there is an otnecessarily mean the sho e ask your pharmacist to exp	ay reason you or you tcannotbegiven.Its lainit.	ır child should notg implymeans additio	et the flu shottoda onalquestions m	ay. Ifyou ustbeas	i answe sked.	er
Areyousicktoday?(i.e.fevergrea	terthan39.5°C, breathingpro	blems, oractive infec	tion)		Yes	No	Unsure
Doyouhaveaneworchangingne	urologicaldisorder?				Yes	No	Unsure
Haveyouhad aserious reaction to	o influenzavaccine in the past	?			Yes	No	Unsure
HaveyoueverhadGuillain-Barré	Syndromewithin6weeksafter	receivingthefluvaco	ine?		Yes	No	Unsure
Haveyoueverexperienceddiffic	ultybreathingwithin24hourso	fgettingaflushot?			Yes	No	Unsure
Doyou have an allergy to eggsor	egg products?				Yes	No	Unsure
Doyouhaveanallergytokanamyc	in,neomycin,gentamicin,thin	nerosal,chickenprote	in,polymixinorgelati	n?	Yes	No	Unsure
Areyouallergictolatexgloves?					Yes	No	Unsure
Areyoucurrentlytakinganymedic	ation?				Yes	No	Unsure
Doyou have a history of chronicil	Iness?				Yes	No	Unsure
Doyoutake ablood thinneror hav	eableeding disorder?				Yes	No	Unsure
Areyou or doyou think you might	bepregnant?			N/A	Yes	No	Unsure
CONSENT GIVEN BY PAT I, the undersigned client, parento a chance to ask questions, and ar the pharmacy for 15 minutes (or ti lam aware that it is possible (yetra "anaphylaxis" can be life-threate the administration of epinephrine provide additional assistance tot tongue, throat, and /of ips. In the event of an aphylaxis, limit provided to my agent or EMS para	IENT proguardian, have readorhadexy swerswere given to mysatisfa merecommended by the phar are) to have an extreme allergi ning and is a medical emergen a, diphen hydramine, beta-ago neimmunizer. The symptomso ecoive acopy of this form conta immedics.	xplained tomeinform rdtion. I understand t macist)after gettingt creaction toany com roy. Iffexperiencesuc onists, and/orantihist fananaphylacticrea aining informationor	nationabouttheflush herisks and benefitsc heflushot. ponentofthe vaccine hareactionfollowing aminestotrytotreatthi ctionmayincludehive nemergencytreatme	otas outlined on th freceiving the flu s. Some seriousres vaccination, lams sreaction and that as, difficulty breath ntsthat I had receiv	e FactSł shot. I ag waretha 3-1-1will ing, swe yed, or ac	heet.lha ree tow alled atitmayn becalle llingoft	avehad rait in require dto he be
Confirminatiwanttoreceive	Ineseasonal influenzavaccin	e		Det	Signed		
Patient,Test	, strendighature			241	24-0	oct-20	16
PHARMACISTDECLARATION	lconfirmtheabovenamed pat seasonalinfluenzavaccinesh	tientiscapableofprov ouldbegiventopatier	vidingconsentforseas nt.	onalinfluenzava	ccinean	dthatth	8
	PhamacisSignat	ure		Date	£igned		





Immunization Record (pharmacy portion):

	PHAR	MACYUSE	DNLY			
irst Name	Last Name	Gender	DOB	Weight		
Patient	Test	м	01-Jan-198	30		
ddress		Health Ca	ard #	Phone	Number	
123 Any St, Toronto ON	M1M 1M1				(123)456-7	/890
IFLUENZA VACCINE					TRAC	KING #:
roduct					DIN	Dose
Agriflu Influenza Vacci	ne15/15/15mcg/0.5ml(PackSize	e5ML)			02428881	0.5ML
Fluad 15/15/15mcg/0).5ml(PackSize0.5ML)				02362384	0.5ML
FluLaval Tetra Influen	za Vaccine (Pack Size 5 ML)				02420783	0.5ML
Flumist Quadrivalent ((Pack Size 0.2 ML)				02426544	0.2ML
Fluviral 15/15/15mcg/	<pre>/0.5ml(Pack Size 5 ML)</pre>				02420686	0.5ML
Fluzone Quadrivalent	15mcg (PackSize 0.5ML)				02420643	0.5ML
Fluzone Quadrivalent	15mcg/0.5mL(PackSize5ML)				02432730	0.5ML
Influvac15/15/15mcc	g/0.5ml(PackSize0.5ML)				02269562	0.5ML
oute of Administration	Site of Administration		Lot Number		Expiry Date	
	ENCY TREATMENT	2		DIN 00509558	TRACK	NG #: 1 Dose
Epipen 1mg/mL (Pack	(Size I PEN)- ODB emergency use	8		00509558	0985/423	1 PEN
oute of Administration	Site of Administration	y use	Lot Number	00578057	Expiry Date	IPEN
dministered by Name and #	Administered by Pharmacist S	Signature				
A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4						
ate/lime of injection						





Scanning a Paper Immunization Record

NOTE: If you will be scanning all immunization records in a single batch at the end of the day, skip these steps and continue to the <u>Billing an Immunization</u> section.

1. From the Alt+X - Start screen, go to Utilities > Printed Document Scan/Import.



 The Import Scanned Documents screen will appear. Place the report pages in the scanner hopper. Check Scan both sides of paper if you are scanning pages with information on both sides and your scanner supports dual side scanning. Click Start Scanning.

Import Scanned Documents	
Scanner Scanner FUJITSU fi-6130dj Mode Colour Resolution 100	<u>S</u>tart Scanning Scan both sides of paper
Document Processing To Process 0 To Reconcile 0	Process and Reconcile
View Scan <u>H</u> istory	X Close





3. When scanning is complete, the screen will indicate how many pages were scanned successfully and how many will need to be manually reconciled. When you are finished, click **Process and Reconcile**.

Import Scanned Documents	
Scanner	
Scanner FUJITSU fi-6130Zdj #2	Start Scanning
Mode Colour	
Resolution 100	Scan both sides of paper 📃
Document Processing	
Document Processing To Process 0 To Reconcile 0	Process and Reconcile

- The Document Scan Reconciliation screen will appear. Items ready to be processed will appear in the Documents to be created section. Items that need to be reconciled will appear in the Unprocessed Images section.
- If all pages were scanned successfully and appear in the Documents to be created section, click the Process Pending Documents button. Click Cancel to close the screen.
- Once scanning is complete, the Status of the immunization record will change from Printed Consent to Signed Consent.

Imm	Immunizations										
N - Ne	N - New Immunization P - Print/Reprint F - Call up C - Cancel Claim Show Reversals D - Pharmacist Declined R - Patient Refused										
Items (2	2)								F2 Ins		
#	Туре		Status		Product Status	Fee Status		Created 🔻	Completed		
2	Influenza		Signed Consent		Not Completed Yet	No Fee Applicat	ole	14/10/2016			

The report will be saved to the Immunization record and to the **Documents** section of the **F3 - Patient** card.





Billing an Immunization

- Once the scanning process is complete, select the immunization record from the patient card and click F -Claim Fee.
- 2. The **F5 Drug** search screen will appear. Search for and select the product that was administered to the patient.
- 3. If the user who performed the immunization has an **F7 Doctor** record with a 'Pharmacist' designation, that user's information will populate in the doctor section of the **F12** screen.

If the user does not have an **F7** - **Doctor** record or if the immunization was performed by a different user, the **F7** - **Doctor** search form will appear. Perform a doctor search to locate the pharmacist to use as the prescriber.

- 4. Enter the ML quantity in the **Disp Qty** field and complete all remaining fields.
- 5. Click **F12 Fill Rx**. The claim will be transmitted to the appropriate party for payment.

<u>F</u> ile <u>E</u> d	lit Recen <u>t</u>	<u>R</u> x <u>V</u> ie	ew <u>L</u> abe	ls Pr <u>o</u> file	Report	s <u>U</u> tili	ities]	<u>N</u> Н С	entr <u>a</u> l Fi	II <u>C</u>	ards Ses	s <u>i</u> on <u>H</u> e	p			
F3 -	Patient	F5	- Drug	F7	- Doctor	r][F9 - V	Workflo	ow]	F11	- Drop-o	ff	F12 - F	ill Rx	Alt+X	- Start
	New Rx Pending Adj Rx Start Date [21/10/16] Latest Fill Velocity Init Velocity Cancel															
Priority (Priority Default Wait Time • F2 Due in 17 mins Forward Rx F2 Work Order 168 F2 Delivery Pickup •									4						
<u>P</u> atient S	earch				<u>D</u> rug Sea	arch			0.5		▼ Pack	D <u>o</u> c Sear	ch	Lo	oc Office	4
Name	Patient, Tes	t		Age: 36	Brand	Fluad				15/15	5/15mcg/	Name	Ms. Ph	armacist, Te	est	
Address	123 Any St			Male	Generic	Haema	aggluti	nin-Stra	in A(H1	N1)/	NOV (No	Address	100 Ph	armacy Wa	/	
City	St. John's		Prov	NL	Pack	0.5	Form	ML	Sched 2		<u>, 198</u>	City St. John's Prov NL			NL	
Phone	Home	(123)	456-7890		Purch \$0.00 OnHand 300 No image			Phone	ne (222) 222-2222							
Plan	NLPDP	Client ID	123		DIN 02362384 Min Qty 0				Lic#	9999999	99 Al	t. Lic#				
Allergies	; (0)				<u>S</u> ig INFL	UENZA	4					Init	KRL		Auth Qty	0.5 1
					INFLUE	NZA						Disp <u>Q</u> ty	0.5	Refills(+)	Rem Qty	0.5 1
												Days	1		G.P. %	0
												Prod Sel	3 - Pha	armacis' 👻	Acq Cost	\$0.00
Conditio	Conditions (0)											0/W	Writter	n 🗸	Cost	\$0.00
						Route of Admin Intramuscular			Labels	1	E2	Markup	\$0.00			
						_		-				Laneis			Fee	\$0.00
					Dosage	Form		Syring	ge (mL)		•				Total	\$0.00





6. Once billing is complete, the **Status** of the immunization record will change from **Signed Consent** to **Completed Paper**, and the **Product Status** will change from **Pending Claim** to **Claimed**.

Imm	nunizations				
N - N	New Immunization	P - Print/Reprint D - Pharmacist Declined	F - Claim Fee R - Patient Refused	C - Cancel Claim	Show Reversals (2)
Items	(6)				F2 Ins Del
#	Туре	Status	Product Status	Fee Status	Created 🔻 Completed 🔺
6	Influenza	Completed Paper	Claimed	No Fee Applicable	30/08/2016 30/08/2016

Completing Immunizations 'Saved for Later'

Immunization records that have been 'saved for later' can be accessed either via the F3 - Patient card or the F9 - Workflow card.

- 1. Call up the patient using the F3 Patient search or select F9 Workflow.
- 2. Select Immunizations from the right navigation pane.
- 3. Select the immunization record you want to complete and click **P Print/Reprint**.

Imm	Immunizations											
N - 1	lew Immunization	P - Print/Reprint D - Pharmacist Declined	F - Call up R - Patient Refused	Show Reversals								
Items	(1)				F2 Ins Del							
#	Туре	Status	Product Status	Fee Status	Created 🔻 Completed 🔺							
4	Influenza	Pending	Not Completed Yet	No Fee Applicable	12/08/2016							
-	Innuciiza	renaing	Not completed ret	No ree Applicable	12/00/2010							

4. Complete steps 5 - 13 of the Creating a Paper Immunization Record section.

Recording Emergency Epinephrine Shots

An emergency Epinephrine shot may be required if the patient has a reaction to the immunization. This section explains how to add emergency Epinephrine shots to an immunization record.

NOTE: Emergency Epinephrine shots can only be added to immunization records that have a status of **'Completed'**.

- 1. Call up a patient using the **F3 Patient** search.
- 2. Select **Immunizations** from the right navigation pane.





3. Right-click a completed immunization record and select Add Epinephrine shot.

Im	nunizations							
Ν-	New Immunization	P - Print/Reprint	F - Call u	p <mark>C</mark> -C	ancel Claim	Show	w Reversals	
		D - Pharmacist Declined	R - Patier	nt Refused				
Items	s (5)						F2 In:	s Del
#	Туре	Status	Produc	ct Status	Fee Status	Created 🔻	Completed	-
10	Influenza	Pending	Not Co	ompleted Yet	No Fee Applicable	29/08/2016		
7	Influenza	Declined by Pharmacist	No Pro	oduct Applicable	No Fee Applicable	26/08/2016	29/08/2016	
6	Influenza	Completed	Clai	New Terrariant		26/08/2016	26/08/2016	
5	Influenza	Refused by Patient	No	New Immunizat	ion in le	26/08/2016	26/08/2016	
4	Influenza	Pending	Not	Add Epinephrine	e shot le	12/08/2016		
				Print/Reprint	Р			
				Call up	F			
				Cancel Claim	с			-
				Pharmacist Decl	ined D			=
				Patient Refused	R			
				View Details	F2			
				Delete				
				Change Column	15			
				Make Default Co	olumns			
				Change Column Make Default Co	is blumns			

- 4. The **F5 Drug** search form will appear. Search for and select the Epinephrine medication that was administered to the patient.
- 5. The **F7 Doctor** search form will appear. Perform a doctor search to locate the pharmacist to use as the prescriber.
- 6. A claim for the treatment will populate in the **F12** screen. Enter a Disp Qty 1 and complete all remaining fields.





7. Click F12 – Fill Rx. The claim will be transmitted to the appropriate party for payment.

<u>F</u> ile <u>E</u> d	lit Recen <u>t</u>	<u>R</u> x <u>V</u> ie	ew <u>L</u> abe	ls Pr <u>o</u> file	Reports	s <u>U</u> tilities	<u>N</u> H	Centr <u>a</u> l F	Fill <u>C</u>	ards Ses	s <u>i</u> on <u>H</u> e	p			
F3 -	Patient	F5	- Doctor	Doctor F9 - Workflow F11 - Drop-off			ff F12 - Fill Rx Alt+X		- Start						
	Rx Start Date Latest Fill New Rx Pending Adj 21/10/16 Qty Init ✓ Lookup X Cancel														
Priority	Priority Default Wait Time F2 Due in 17 mins Forward Rx F2 Work Order 168 F2 Delivery Pickup														
<u>P</u> atient S	earch				<u>D</u> rug Sea	arch		1		 Pack 	D <u>o</u> c Sear	ch	Lo	oc Office	•
Name	Patient, Te	st		Age: 36	Brand	Epipen			1mg/	/ml	Name	Ms. Pha	armacist, T	est	
Address City	Address 123 Any St Male					Epinephri	ne m PEN	Sched	2	ALX (Alle	Address	St. Johr	armacy wa n's	y Prov	NL
Phone	Home	(123)	456-7890		Purch \$92.51 OnHand 900			Phone	none (222) 222-2222						
Plan	NLPDP	Client ID	123		DIN 00509558 Min Qty 0				Lic#	9999999	99 Al	t. Lic#			
Allergie	; (0)				Sig EME	RGENCY E	PINEPH	RINE			Init	KRL		Auth Qty	1 1
					EMERG	ENCY EPIN	EPHRIN	E			Disp <u>Q</u> ty	1	Refills(+)	Rem Qty	1 1
											Days			G.P. %	17.59
Conditio	nc (0)										Prod Sel	3 - Pha	irmacis' 👻	Acq Cost	\$92.51
Conditio	Conditions (U)										0/W	Writter	n -	Cost	\$92.51
						Admin	Inj	ection		-	Labels	1	F2	Markup	\$9.25
					Dosage	Form	Au	to-Injecto	or (eac	h) 👻				Fee	\$10.49
					Dosage	orm	Au	to-injecto	or (eac	n) 🔻				Total	\$112.25

- 8. Complete all remaining workflow steps as required.
- 9. A record of the emergency Epinephrine show will be added to the **Immunizations** list with a **Status** of **'Completed'** and a **Product Status** of **'Claimed'**.

Imn	Immunizations											
N - I	New Immunization	P - Print/Reprint D - Pharmacist Declined	F - Claim Fee R - Patient Refused	C - Cancel Claim	Show Reversals							
Items	(6)				F2 Ins Del							
#	Туре	Status	Product Status	Fee Status	Created 🔻 Completed 🔺							
6-1	Emergency Epinephri	ne Completed	Claimed	No Fee Applicable	29/08/2016 29/08/2016							
10	Influenza	Pendina	Not Completed Yet	No Fee Applicable	29/08/2016							





Reprinting an Immunization Record

This section explains the process for reprinting completed immunization records. Immunizations can be reprinted either via the **F3 - Patient** card or the **F9 - Workflow** card. Note that immunization records must have a status of 'Completed' to be reprinted; records with a status of 'Pending', 'Declined by Pharmacist', or 'Refused by Patient' cannot be reprinted.

- 1. Call up the patient using the F3 Patient search, or select F9 Workflow.
- 2. Select **Immunizations** from the right navigation pane.
- 3. Select the appropriate immunization record and click P Print/Reprint.

Imn	Immunizations										
N - I	New Immunization	P - Print/Reprint D - Pharmacist Declined	F - Claim Fee R - Patient Refused	C - Cancel Claim	Show Reversals						
Items	(1)				F2 Ins Del						
#	Туре	Status	Product Status	Fee Status	Created 🔻 Completed 🔺						
31	Influenza	Completed	Claimed	No Fee Applicable	31/08/2016 31/08/2016						

4. The **Immunization Report** form will appear. Select the number of Epinephrine Emergency Treatments you want printed in the report.

🐨 Immunizat	tion Report	
<u>F</u> ile		
Options		
✓ Print st	ore logo	
Print 1	🗧 Epinephrine Emergency Tre	eatment(s)
Drintor	Microsoft XPS Document Write -	Copies 1
Printer	Will 03011 XF3 Document Write +	
Tray	Automatically Select 🔹	🗹 Collate 📃 Duplex
Restore	e Defaults Pret	view X Close

5. Click **Print**. The selected record will generate.





Viewing Immunization Record Details

This section explains how to view the details of an Immunization record. Immunization records can be viewed either via the **F3 - Patient** card or the **F9 - Workflow** card.

- 1. Call up the patient using the F3 Patient search, or select F9 Workflow.
- 2. Select **Immunizations** from the right navigation pane.
- 3. Call up the record by doing one of the following:
 - Right-click the record you want to view and select View Details;
 - Select the record and press **F2**;
 - Double-click the record.

Im	munizations							
N -	New Immunization	P - Print/Re D - Pharmac	print F - C ist Declined R - P	laim Fee atient Refuse	C - (Cancel Claim	Show Reversals	
Item	s (3)						F2 In:	is Del
#	Туре	Status	P	roduct Status		Fee Status	Created T Completed	 •
63	Influenza	Patien	New Immunization	N	(et	No Fee Applicable	14/10/2016	
62	Influenza	Pendir	Drint (Densint		(et	No Fee Applicable	14/10/2016	
53	Influenza	Declin	Print/Reprint	P	icable	No Fee Applicable	28/09/2016 28/09/2016	
		-	Call up	F				
			Cancel Claim	С				-
			Pharmacist Declined	I D				=
			Patient Refused	R				
			View Details	F2	1			
			Delete		1			
			Change Columns		1			
			Make Default Colum	nns				
					-			





4. The **Immunization View** screen will appear. If the immunization record has not yet been scanned into the system, a blank screen showing '**No Scanned Documents Found**' will appear.

🤝 Immuniz	ation View				— 🗆 X
Influen	za				X Close
Created	17-Oct-2016 09:29 AM	Status Printed Consent	Product Status	Not Completed Yet	Product Rx N/A
Started	17-Oct-2016 09:28 AM		Fee Status	No Fee Applicable	Fee Rx N/A
Completed	N/A	by Kroll Pharmacy	Consent given by	Patient, Test	
Patient	Patient, Test	Male Plan	Address 123 Any	St	Home (123) 456-7890
birti	01/01/1900 50 years	maic Fian	Cliencio	Phone	1237 430-7830
		No Scanned Docun	nents Fou	nd	





If the immunization record has been scanned into the system, the scanned record will appear in the **Immunization View** screen. From here you can adjust the brightness, contrast, and saturation of the record, or print the record.

	zation View							- 0	×
Influen	iza							×c	lose
Created	17-Oct-2016 09:29 AM	Status Completed Paper		Product Status	Claimed		Pro	Product Rx N/	
Started	17-Oct-2016 09:28 AM			Fee Status		Fee Rx	N/A		
Completed	N/A	by Kroll Pharmacy		Consent given by	Patient, Test				
Patient	Patient, Test			Address 123 An	v St				
Birth	01/01/1980 36 years	Male Plan		Client ID	,	Phone	Home	(123) 456-7	7890
2016-10-17	0-22 AM								
2010-10-17	9:25 AM		11129						
	Zoom 100% 🔍 🍭	Lı [ı li	2						_
		Kroll Pharmacy, 100 Kro	ollwin Drive, St.	7-1-1-11 474					
	PATIENT INFORMATIO	Phone:(222)22	2-2222 Fax: (8	88)888-8888	3A3 TR	ACKING	#: 72		
	PATIENT INFORMATIO	Phone: (222) 22 DN LastName Patient	C2-2222 Fax: (8 Gender M	DOB 01-Jan-198	3A3 TR	ACKING	#: 72		
	PATIENT INFORMATIO FirstName Test Address 123 AnySt, St. John's NL	Phone:(222)22 DN LastName Patient A1A1A1	Gender M HealthC	DOE 01-Jan-1980	TR Weight PhoneNumber (123)45	ACKING 56-7890	#: 72		
	PATIENT INFORMATIO FirstName Test Address 123 AnySt, St. John's NL EmergencyContact	Phone:(222)22 DN LastName Patient A1A1A1 RelationshipdPatient	Gender M HealthC	DOB 01-Jan-1984 ard# PhoneNumber	3A3 Weight PhoneNumber (123)45 Contact'sOthePh	ACKING 56-7890	#: 72		
	PATIENT INFORMATION FirstName Test Address 123 AnySt, St. John's NL EmergencyContact SCREENING QUESTION	Phone:(222)22 DN LastName Patient A1A1A1 RelationshipdPatient DNNAIRE	Gender M HealthC Contact	DOE 01-Jan-1984 ard# PhoneNumber	3A3 TR PhoneNumber (123)45 Contact'sOtherPh	ACKING	#: 72		
	PATIENT INFORMATION FirstName Test Address 123 AnySt, St. John's NL EmergencyContact SCREENING QUESTION Foradultoatientaswellasp	Phone:(222)22 DN LastName Patient A1A1A1 Relationship@Patient DNNAIRE arentsof children (5 years or greater itst	Gender M HealthC Contact	DOB 01-Jan-1984 ard#	TR Weight PhoneNumber (123)45 Contact'sOtheiPh	ACKING	#: 72		
	PATIENT INFORMATION FirstName Test Address 123 AnySt, St. John's NU EmergencyContact SCREENING QUESTION Foradultpatientaswellasc Thefollowing question, idd	Phone:(222)22 DN LastName Patient A1A1A1 RelationshipdPatient DNNAIRE arentsof children (5 years orgreater/tst iillhelp us determine if there is any r ess notnecessarily mean the shotce	22-2222 Fax: (8 Gender M HealthC Contact Contact cobe vaccinated: reason you or you innotbe given.Its	John S NL A3A (88) 888-8888 01-Jan-1980 ard# PhoneNumber ur child should noto implymeans addit	3A3 TR PhoneNumber (123)45 ContactsOthePh ContactsOthePh et the flu shottoday. If ional questions must bi	ACKING 56-7890 soneNumb soneNumb	#: 72 er		
	PATIENT INFORMATION FirstName Test Address 123 AnySt, St. John's NU EmergencyContact SCREENING QUESTION Foradultpatientaswellasp Thefollowing questions, itde If a question is not clear, play	Phone:(222) 22 DN LastName Patient A1A1A1 Relationshi¢dPatient DNNAIRE arentsof children (5 years or greater/tki illhelp us determine if there is any i ease ask your pharmacist to explain	Contact Contact Contact Contact Contact Contact Contact Contact Contact Contact Contact	John S NL A3A (88) 888-888 01-Jan-1984 ard# aPhoneNumber ur child should not simply means addit	3A3 TR Weight PhoneNumber (123)49 ContactsOtheiPh ContactsOtheiPh rettheflu shottoday. If ionalquestions mustbi	ACKING 56-7890 ioneNumb you answe easked.	#: 72 er		
<	PATIENT INFORMATION FirstName Test Address 123 AnySt, St. John's NL EmergencyContact SCREENING QUESTION Foradultoatientaswell asc Thefollowing question, itde If a question is not clear, pl	Phone:(222)22 ON LastName Patient A1A1A1 RelationshipdPatient ONNAIRE arentsofchildren(5vearsorgreaterits ithelp us determine if there is any ites not necessarily mean the shot of a ease ask your pharmacist to explain	22-2222 Fax: (8 Gender M HealthC Contact Contact contact contact number given.lts nit.	John S NL AJA (88) 888-888 01-Jan-1984 ard# PhoneNumber ur child should noto implymeans addit	3A3 TR Weight PhoneNumber (123)45 ContactsOtheiPh ContactsOtheiPh total use the flu shottoday. If ional questions must bi	ACKING 56-7890 soneNumb- you answe easked.	#: 72		~
<	PATIENT INFORMATION FirstName Test Address 123 AnySt, St. John's NUL EmergencyContact SCREENING QUESTION Foradultpatientaswell asc Thefollowing questions w "yes" to any question, itde If a question is not clear, pl	Phone:(222)22 ON LastName Patient A1A1A1 Relationship@atient ONNAIRE arentsofchildren(5 years or greater its illhelp us determine if there is any uses not necessarily mean the shot of a ease ask your pharmacist to explain	Contrast	Jonn s NL A3A 888) 888-8888 DOB 01-Jan-1984 ard# ₽ th oneNumber ur child should note implymeans addit	3A3 TR PhoneNumber (123)45 ContactsOtheiPh contactsOtheiPh et the flu shottoday. If	ACKING 56-7890 soneNumb you answe easked. Sa	#: 72 er er		~

5. Click **Close** to exit the **Immunization View** screen.





Electronic Mode

Immunizations documented in Electronic Mode are completed on-screen in the **Immunizations** section of the patient card. A digital signature pad can be used to capture pharmacist signatures electronically, or the completed record can be printed, signed, and scanned into Kroll using the Document Scan Utility.

Note that the 'Enable electronic immunizations' configuration setting (File > Configuration > Store > Rx > 8 -Immunization) must be enabled in order to conduct immunizations in Electronic Mode.

Store Level Configuration Parameters	
<u>G</u> eneral <u>P</u> atient <u>D</u> rug <u>Doctor</u> <u>B</u> × <u>F</u> DB <u>A</u> djudication <u>Labels</u> <u>Reports</u> <u>S</u> ecurity <u>I</u> nterfaces <u>Orde</u>	<u>X</u> - AR <u>Y</u> - To Do P <u>u</u> rge
1 - General 2 - Pricing 3 - Prompting 4 - Nursing Home 5 - Background Rx Filling 6 - Workflow 7 - Counseling	8 - Immunization 9 - CeRx
Enable electronic immunizations	
Require electronic signature for Pharmacists	
Require UPC Verification of Vaccine Product	

Creating an Electronic Immunization Record

- 1. Call up a patient using the F3 Patient search.
- 2. Select **Immunizations** from the right navigation pane.

<u>F</u> ile <u>E</u> dit	Recent	Patient P	r <u>o</u> file	<u>Reports</u>	<u>U</u> tilities	<u>N</u> H Cent	tr <u>a</u> l Fill <u>C</u> ards	Session <u>H</u>	elp			
F3 - Pa	tient	F5 - Di	rug	F7	- Doctor	F9 -	Workflow	F11 - Drop	F12 -	New Rx	Alt+X - Start	
Last Name	Patient			First Na	me Test		Salutation	•	ОК	🖉 Save	🗙 Scan	[⊗] Profile
Address 1	122 Apv	C †			Phone N	umbers (1)	F2 Ins D	e Birthdate	01/01/1980			All Rxs
Address 2	125 Ally	50			Descriptio	n Phone			01/01/1900	1		Active Rxs
Address 2			_		Home	(123) 4	56-7890	Age	36 years			Active Rxs w/Passtimes
City	St. John	s •	Prov	NL 🔻				Gender	Male 👻	No ii	mage available	Refillable Rxs
Postal	A1A 1A1	Country	Canad	da 🔻				Language	English 🔹			Pricing Profile
Email				Send	Family Do	ctor		Height				Not Disp./OTC Rxs
Quick Code							F2 Clear	Weight		Load	i Delete	Rxs Filled in Error
Comments Tania	Comments (0) [F2]							PHN 999	999999		Suspended Rxs	
Topic		comment						Plans (1))	F2 Ins Del	Perform FDB Analysis	
								SubPla	n Code Group ID	Client ID	Expiry	Manu
								1 NLPDP		9999999999		Alternate Addresses
												Alternate Addresses
												Batches
Allergies (0)	Add Dru	Jg F2	Ins Del	General	Family	Nursing Home	Copays	Communications	Other	Ctrl 🔿	Charting
					Dationt	<u>1</u> 0)	Early Frome	copuj <u>s</u>	Concon	- Cuici		Consents
					Activ	e ∆lt.I	ast Name		Privacy U	nknown		Credit Cards
	Active Alt. Last Name											View Patient Documents (0)
	Patient Type Human						in 🔻		Unit Dos	e		History
Medical Co	Medical Conditions (0) F2 Ins Del							Type <none></none>				Immunizations
					Delivery T	tions ype Defai	ult (Pickup)		 Cycle Price Gro 	<default< td=""><td>▼ t> (<none>) ▼</none></td><td>Limited Use Items</td></default<>	▼ t> (<none>) ▼</none>	Limited Use Items





3. Select N - New Immunization.

<u>F</u> ile <u>E</u> dit	Recent	<u>P</u> atient P	r <u>o</u> file	<u>R</u> eports	<u>U</u> tilities	<u>N</u> H	Central Fill	<u>C</u> ards	Sess <u>i</u> on <u>H</u>	elp					
F3 - Pat	tient	F5 - D	rug	F7	- Doctor		F9 - Work	flow	F11 - Drop	p-off Fi	12 - N	New Rx	Alt+X - Start		
Last Name	Patient			First Na	me Test		Sale	utation	-	ОК		Save	🗙 Scan	ור	[⊗] Profile
Address 1	122 4 84			_	Phone Nu	umbers	s (1)	F2 Ins De	Richdate	01/01/1020	-	· · · ·		=	All Rxs
Address I	123 Any :	st			Description	n Ph	hone			01/01/1980		1			Active Rxs
Address 2			_		Home	(1	23) 456-789	0	Age	36 years					Active Rxs w/Passtimes
City	St. John's	-	Prov	NL 🔻					Gender	Male	•	No ir	mage available		Refillable Rxs
Postal	A1A 1A1	Country	Canad	la 🔻					Language	English	•				Pricing Profile
Email				Send	Family Doc	tor			Height						Not Disp./OTC Rxs
Quick Code							(F2 Clear	Weight			Load	Delete		Rys Filled in Error
Immuni	izations														Suspended Rys
Innun	Zations													_	Suspended for
N - New I	Immuniza	tion P	- Print	/Reprin	t	F - C	Call up	C	- Cancel C	laim			Show Reversals		Perform FDB Analysis
		D	- Pharr	macist [Declined	R - P	atient Ref	lused							View
Items (0)													F2 Ins	Del	Alternate Addresses
# Туре	:		Status			P	Product State	us	Fee S	tatus		Created	1 T Completed	4	Batches
															Charting

NOTE: If you attempt to create an immunization record before a product list for the current season has been provided, the following prompt will appear.

N - New Immu	nization P - Print/Re D - Pharma	eprint F - Call up cist Declined R - Patient F	C - Cancel Claim Refused	Show Re	versals
Items (1) #	Type	Status	Product Status	Fee Status	Created T Com
1	Influenza	Completed	Claimed	No Fee Applicable	04/10/2016 04/1
		Imm	unization Products NOT available in	n Kroll yet	

Select an immunization type from the list and click **Perform Now**. Or, if you want to add the immunization record to the Immunizations queue in order to complete the immunization form later, click **Save for Later**. See the <u>Completing Immunizations 'Saved for Later</u>' section for more information.

🕖 lmi	munization		×
Тур	pe Non-Influenza		~
	Print Now	Save for later	X Cancel





Emergency Contact

- 1. Search for and select an emergency contact. This is the person who will be contacted in the event of an emergency.
- 2. Specify the contact's Relationship to the patient and enter their phone number(s).

<u>F</u> ile <u>E</u>	dit <u>U</u> tilities <u>N</u> F	l Centr <u>a</u> l Fill <u>C</u>	ards Sess	on <u>H</u> elp	Vie <u>w</u> P	rofile							
F3 -	• Patient	F5 - Drug	F7 - Do	ctor	F9 - Wo	rkflow	F11 - D	rop-off	F12 - N	lew Rx	Alt+X - Star	t	
Influ	enza				C	onsent ai	ven by P	atient Te	st			F2	[⊗] View
						-		,					Patient Charting
Patient	Patient, Test					Address	100 Any	St			1		Patient <u>D</u> ocuments (2)
Birth			Male	Plan		Client ID			Phone	Home	(123) 456-7890)	Patient Immunizations (2)
Allergie	s					Conditio	ns					_	[⊗] Profile
												_	All Rxs
													Active Rxs
												-	Active Rxs w/Passtimes
Emer	gency Contact	Patient Conse	nt									_	Pricing Profile
													Not Disp/OTC Profile
	Select Contact	Doe, Jane			- 🔎	Save to	Patient						
	Last Name	Doe											
	First Name	Jane											
	Relationship	Friend					•						
	Daytime Phone	e (555) 555-5555	;		ext	1234							
	Other Phone	(777) 777-7777	•		ext								
	ave for Later				ofuco Imi	munizatia					Not		
	ave for Later			<u>1</u>	seruse Imi	munizatio	n				N ext		

NOTE: If the patient has an emergency contact saved to the **F3 - Patient** card (**Other** tab), the contact's information will prepopulate in the Emergency Contact fields and the **Patient Consent** tab will be displayed.

If the patient has more than one emergency contact saved to the **F3 - Patient** card, select the desired contact from the list.

3. To save the emergency contact to the **F3 - Patient** card, click **Save to Patient**. The emergency contact will be inserted in the **Other** tab in the **F3 - Patient** card.

G <u>e</u> neral	<u>F</u> amily	Nursing Hor	ne Copay <u>s</u>	Comm <u>u</u> nications	Othe	r	Ectri 🗲					
Emergen	Emergency Contacts (1) F2 Ins Del											
Name			Relationship	Daytime Phone		Other Phone						
Doe, Jane			Friend	(555) 555-5555 ext 12	34	(777) 777-7777						





4. Click Next.

NOTE: A daytime phone number for the emergency contact is required to proceed.

Patient Consent

- 1. Select the appropriate answer for each of the Patient Consent questions.
 - Some answers may preclude the patient from receiving immunization. For example, if the patient answers Yes to 'Are you sick today?', he or she will be ineligible for immunization.

<u>F</u> ile	<u>E</u> dit <u>U</u> tilities	<u>N</u> H Centr <u>a</u> l Fill <u>C</u>	ards Sess <u>i</u> o	n <u>H</u> elp	o Vie <u>w P</u> ro	file						
F3	- Patient	F5 - Drug	F7 - Dod	tor	F9 - Work	flow	F11 - Drop-off	F12 - N	ew Rx	Alt+X - Sta	rt	
Influ	ienza				Con	nsent ai	ven by Patient Te	.+		(F2	[⊗] View
							ratient, re.					Patient Charting
Patient	Patient, Tes	t			A	ddress	100 Any St					Patient <u>D</u> ocuments (2)
Birth			Male	Plan	C	Client ID		Phone	Home	(123) 456-789	0	Patient Immunizations (2)
Allergi	es				c	Condition	ns					× Profile
												All Rxs
												Active Rxs
												Active Rxs w/Passtimes
Eme	rgency Conta	ct Patient Conse	nt									Pricing Profile
Are	you sick toda	y? (i.e. fever greater	than 39.5°C	, breatl	ning problem	ns, or a	ctive infection) Yes		-		*	Not Disp/OTC Profile
Р	atient Ineligib	le today. May be elig	gible later						_			
Dog	/ou have a ne	w or changing neuro	ological diso	order?	No							
Hav	e you had a s	erious reaction to in	fluenza vacc	ine in t	he past? <n< td=""><th>lot Ansv</th><td>wered></td><th></th><th></th><th></th><td></td><td></td></n<>	lot Ansv	wered>					
Hav	e you ever ha	d Guillain-Barré Syno	drome withir	n 6 wee	ks after rece	eiving th	e flu vaccine? <not< td=""><th>Answered></th><th></th><th></th><td></td><td></td></not<>	Answered>				
Hav	e you ever ex	perienced difficulty b	preathing wit	thin 24	hours of get	tting a f	lu shot? <not answ<="" td=""><th>ered></th><th></th><th></th><td></td><td></td></not>	ered>				
Dog	ou have an a	llergy to eggs or eg	g products?	<not< th=""><td>Answered></td><th></th><td></td><th></th><th></th><th></th><td>=</td><td></td></not<>	Answered>						=	
Doy	ou have an a	llergy to kanamycin,	neomycin, g	gentami	icin, thimeros	sal, chic	ken protein, polymi	in or gelatin		nswered>		
Are	you allergic t	o latex gloves? <no< td=""><td>t Answered</td><th>></th><td></td><th></th><td></td><th></th><th></th><th></th><td></td><td></td></no<>	t Answered	>								
Are	you currently	taking any medicatio	on? <not a<="" td=""><th>nswere</th><td>d></td><th></th><td></td><th></th><th></th><th></th><td></td><td></td></not>	nswere	d>							
Doy	/ou have a hi	story of chronic illnes	ss? <not ar<="" td=""><th>nswered</th><td> k</td><th></th><td></td><th></th><th></th><th></th><td></td><td></td></not>	nswered	 k							
Dog	ou take a blo	ood thinner or have a	a bleeding d	lisorde	r? <not ans<="" td=""><th>wered></th><td>•</td><th></th><th></th><th></th><td></td><td></td></not>	wered>	•					
Are	you or do yo	u think you might be	pregnant?	<not a<="" th=""><td>Answered></td><th></th><td></td><th></th><th></th><th></th><td></td><td></td></not>	Answered>							
											*	
×	<u>S</u> ave for Late	r			<u>R</u> efuse Imm	unizatio	in			Print Consent		



TELUS | Health

Other answers may present a note to the pharmacist. For example, if the patient answers Yes to 'Are you allergic to latex gloves?', a note will appear instructing the pharmacist to not use latex products.

<u>F</u> ile <u>E</u>	dit <u>U</u> tilitie	s <u>N</u> H Centr <u>a</u> l Fill	<u>C</u> ards Sess <u>i</u>	on <u>H</u> elp	Vie <u>w</u> Profi	ile					
F3	- Patient	F5 - Drug	F7 - Do	ctor	F9 - Workfl	ow	F11 - Drop-off	F12 - New Rx	Alt+X - St	art	
Influ	ienza				Conse	ent ai	ven by Patient Te	c+		E2	[⊗] View
						J.	rudent, re			<u> </u>	Patient Charting
Patient	Patient, Te	est			Ade	dress	100 Any St				Patient <u>D</u> ocuments (2)
Birth			Male	Plan	Clie	ent ID		Phone Home	(123) 456-78	390	Patient Immunizations (2)
Allergie	s		[▼] Profile								
			All Rxs								
											Active Rxs
											Active Rxs w/Passtimes
Emer	rgency Con	tact Patient Con	sent								Pricing Profile
Are	ou sick too	lay? (i.e. fever great	er than 39.5°	C, breath	ing problems	, or a	ctive infection) No	•		^	Not Disp/OTC Profile
Dov											
Have											
Llow		ad Cuillain Barrá Cu	ndromo with	in 6 wool	ka offer receivi	in a th	o flu vaccino? No				
Have	e you ever r	ad Guillain-Barre Sy	ndrome with	in o wee	is after receiv	ing in					
Have	e you ever e	experienced difficulty	y breathing w	ithin 24 I	hours of gettir	ng a f	lu shot? No	-			
Do y	ou have an	allergy to eggs or	egg products	? No	•	•					
Do y	ou have an	allergy to kanamyci	n, neomycin,	gentami	cin, thimerosa	l, chic	ken protein, polymi	kin or gelatin? No	•	E	
Are	ou allergic	to latex gloves? Ye	s	-							
P	narmacist, c	lo not use latex pro	ducts								
Are y	ou current	ly taking any medica	tion? No		-						
Do y	ou have a l	nistory of chronic illr	ness? <not a<="" th=""><th>nswered</th><th>> 🔻</th><th></th><th></th><td></td><td></td><td></td><td></td></not>	nswered	> 🔻						
Do y	ou take a b	lood thinner or hav	e a bleeding	disorder	<pre>? <not answ<="" pre=""></not></pre>	ered>	• •				
Are	you or do y	ou think you might I	be pregnant?	<not a<="" th=""><th>nswered> 👻</th><th></th><th></th><td></td><td></td><td></td><td></td></not>	nswered> 👻						
										-	
×	Save for Lat	ter			<u>R</u> efuse Immur	nizatio	on	(Print Consen	t	





If the system determines the patient is ineligible for immunization, all consent questions will become read-only. Click **Refuse Immunization** and complete the **Enter a Comment** form. See the <u>Declined or Refused</u> <u>Immunizations</u> section for more information.

,	There a Comment	x	
1	Reason: Declined by Pharmacist	-	
	Patient ineligible due to fever	^	
1			
1			1
į		÷	
-	V OK Cancel		

2. Once the patient has answered each of the Patient Consent questions and the pharmacist has determined the patient is eligible for immunization, click **Print Consent**.

NOTE: All questions must be answered in order to proceed.

3. The Immunization Report form will appear. Click Print.

of Immunizat	tion Re <mark>p</mark> ort	
<u>F</u> ile	-	
Options		
Print s	tore logo	
Printer	Microsoft XPS Document Writer 👻	Copies 1
Tray	Automatically Select 👻	Collate Duplex
Restor	e Defaults	Pre <u>v</u> iew X Close

4. The **Influenza Vaccine Consent Form** will print. This form shows each of the Patient Consent questions and their answers for the patient to review.





Influenza Vaccine Consent Form:

PATIENT INFORMATION				TRACK	CING #: 6					
Test	Patient	Gender	01-Jan-1980	Weight 200lbs	bs					
Address		HealthCa	ard#	PhoneNumber						
123 AnySt, St. John's NL A1A	1A1			(123)456-7	890					
EmergencyContact Jane Doe	RelationshiødPatient Sibling	Contact's	Contact'sPhoneNumber Contact'sOtherPhone (555)555-5555							
CREENING QUESTIONNA	IRE									
Foradultpatientaswellasparents	of children (5 years or greater) to be	evaccinated:								
The following questions will help "yes" to any question, it does not If a question is not clear, please a	us determine if there is any rea necessarily mean the shot can skyour pharmacist to explain it	son you or you totbe given. Its	r child should notget i implymeans addition	theflu shottoday. If you a laquestions mustbe ask	answer red.					
Areyousidtoday?(i.e.fevergreate	rthan39.5°C, breathingproblem	s, oractive infect	tion)		No					
Doyouhaveaneworchangingneur	ologicaldisorder?				No					
Haveyouhadaseriousreactiontoin	nfluenzavaccine in the past?				No					
HaveyoueverhadGuillain-BarréS	yndromewithin@weeksafterrecei	vingthefluvacc	ine?		No					
Haveyoueverexperienceddifficult	tybreathing within 24 hours of getti	ingaflushot?			No					
Doyou have an allergy to eggsor eg	gg products?				Yes					
Doyouhaveanallergytokanamycin,	neomycin,gentamicin,thimeros	al, chickenprote	in.polymixinogelatin?	>	No					
Areyouallergictolatexgloves?					No					
Areyoucurrentlytakinganymedicat	tion?				Yes					
Doyou have a history of chronicilln	ess?				No					
Doyoutake ablood thinneror have	ableeding disorder?				No					
Areyou or doyou thinkyou might be	epregnant?				No					
CONSENT GIVEN BY PATIE I, theundersigned client, parentorg a chance to ask questions, and ansi the pharmacyfor 15 minutes/or time Iam aware that it is possible (yetrare "anaphylaxis" can be life-threaten the administration of epinephrine, o provide additional assistance to the tongue, throat, and/orlips.	NT guardian, have readorhad explain werswere given to my satisfaction erecommended by the pharmaci b) to have an extreme all ergic read- ng and is a medical emergency. Iff diphen hydramine, beta-agonists immunizer. The symptoms of a nar	ned tomeinform . I understand ti st) aftergettingti tion toany com experiencesud and/orantihists naphylacticrea	ationabout the flushots herisks and benefits of ri- he flushot. ponent of the vaccine. S nareaction following va aminest otry to treat this re- ction may include hives.	asoutlinedonthe FactShe eceiving the flushot. I agri come serious reactions cal coination, I a maware that action and that 8-1 - fwill b difficulty breathing, swell	eet.Ihaveha eetowait in led itmayrequin ecalledto ingofhe					
Intheevent of an aphylaxis, lwill rec provided to my agent or EMS param	eiveacopy of this form containing edics. eseasonal influenzavaccine	informationon	emergencytreatments	that lhad received, or acc	pywillbe					
Patient Patient Test	PatierBignature			DateSigned	+ 2016					
radeliçiest				17-00	t-2016					
PHARMACISTDECLARATION Se	onfirmtheabovenamed patientis asonalinfluenzavaccineshouldb	egiventopatien	idingconsentforseasor nt.	nalinfluenzavaccineand	hatthe					
Phamacist KrollPharmacy(99999999)	PhamacisBignature			DateSigned 17-Oc	t-2016					
KrollPharmacy (99999999)	Framacissignature			17-Oc	t-2016					





- 5. Sign the consent form. Have the patient sign the form as well.
- 6. The **Scan Consent** tab will appear. If you have a document scanner attached to the workstation, you will be presented with the following options. Select one to continue.

File Edit Utilities NH Cards Session Help View Profile			
F3 - Patient F5 - Drug F7 - Doctor F9 - Workflow	F11 - Drop-off F12 - New Rx Alt-	+X - Start	
Influenza	Consent given by Patient Test	E2	[∀] View
innachza	ruden, rest		Patient Charting
Patient Patient, Test	Address 100 Any St		Patient <u>D</u> ocuments (0)
Birth Male Plan	Client ID Pho	one Home (123) 456-7890	Patient Immunizations (1)
Allergies	Conditions		[∀] Profile
			All Rxs
			Active Rxs
			Active Rxs w/Passtimes
Emergency Contact Patient Consent Scan Consent			Pricing Profile
			Not Disp/OTC Profile
please sign and Scan Patient Consen Select from Networ Proceed without S	scan consent form Form :Scan		
Save for Later	nmunization	🕑 <u>N</u> ext	

- **Scan Patient Consent Form**: Allows you to scan the patient consent form into the system.
- Select from Network Scan: If you have already scanned the signed consent form and the file is saved to the network, select this option to import the form.
- Proceed without Scan: Allows you to continue processing the immunization without importing the signed consent form. All consent forms can then be scanned at the end of the day using the <u>Document Scan</u> <u>Utility</u>.

If you **do not** have a document scanner attached to the workstation, you will be presented with the following options. Select one to continue.

- Select from File: If you have already scanned the signed consent form and the file is saved to a local directory, select this option to import the form.
- Select from Network Scan: If you have already scanned the signed consent form and the file is saved to the network, select this option to import the form.





Proceed without Scan: Allows you to continue processing the immunization without importing the signed consent form. All consent forms can then be scanned at the end of the day using the <u>Document Scan</u> <u>Utility</u>.

<u>File Edit U</u> tilities <u>N</u> H Centr <u>a</u> l Fill <u>C</u> ards Sess <u>i</u> on <u>H</u>	<u>H</u> elp Vie <u>w P</u> rofile										
F3 - Patient F5 - Drug F7 - Doctor	F9 - Workflow F11 -	Drop-off F12 - Ne	w Rx Alt+X - Start								
Influenza	View										
	Patient Charting										
Patient Patient, Test	tient, Test Address 100 Any St										
Birth Male Pla	n Client ID	Phone	Home (123) 456-7890	Patient Immunizations (14)							
Allergies	Conditions			[⊗] Profile							
				All Rxs							
				Active Rxs							
				Active Rxs w/Passtimes							
Emergency Contact Patient Consent Scan C	Consent			Pricing Profile							
				Not Disp/OTC Profile							
please signature of the second s	gn and scan conser Select from File elect from Network Scan Proceed without Scan	nt form]]									
Save for Later	Refuse Immunization		🕞 Next								





7. If you selected **Proceed without Scan** in the previous step, a warning will appear asking if you are sure you want to proceed without scanning the signed consent form. Answer **Yes**. Ensure you keep the signed paper copy for your records.

Are you su	re?
?	Are you sure you want to proceed without scanning the signed consent form? You will need to retain the signed paper copy for your records.
	<u>Y</u> es <u>N</u> o

8. If the '**Require UPC verification**' configuration setting is enabled, scan or enter the UPC from the drug pack. If a UPC match is found, product information will populate.

You may need to manually enter the lot number and expiry date if this information is not stored in the product barcode.

<u>File E</u>	dit <u>U</u> tili	ities	<u>N</u> H Ce	ntr <u>a</u> l Fill	<u>C</u> ar	ds Sess <u>i</u> o	on <u>H</u> e	lp Vie <u>v</u>	<u>w</u>	<u>P</u> rofile						
F3 -	Patient		F5 -	Drug		F7 - Do	tor	F9 -	Wo	orkflow	F11	- Drop-off		F12 - Ne	ew Rx	Alt+X - Start
Influ	enza								С	onsent giv	/en by	Patient, Te	est			F2
Patient	Patient	, Test								Address	123 A	ny St				
Birth	01/01/	1980	36 year	s		Male	Plan			Client ID				Phone	Home	(123) 456-7890
Allergies	Ilergies Conditions															
-																
Emer	aency C	ontact	Pa	tient Con	sent	_	Produ	uct		Admini	stratio	n				
	<u> </u>															
	Place and a the UPC form the days and															
			LINC	Pleases	can	or enter	the OF	-C mon	1 th	e arug pa	CK			-		
			UPC					LOO	кир	UPC m	atch fo	und for 06360	104086	58		
		Р	roduct	Fluad 1	5/15,	/15mcg/0	.5ml (Pa	ack Size	e 0.5	ML)						
		Di	sp Qty	0.50	M	L			DIN	02362	2384	UPC	06	5360104	0868	
			Deute	Intronuu	cula			_								
			Route	Intramu	scula	-		•								
		Lot N	umber	J36T												
		Expir	y Date	01/06/2	017											
			_													
X <u>s</u>	ave for	Later						<u>R</u> efus	e Im	munizatio	n					📀 <u>N</u> ext





If the '**Require UPC verification**' configuration setting is disabled, select a product from the list. Enter the **Lot Number** and **Expiry Date** associated with the drug.

<u>F</u> ile	<u>E</u> dit	<u>U</u> tilities	<u>N</u> H	Centr <u>a</u> l Fi	l <u>C</u> a	rds Sess <u>i</u>	on <u>H</u> el	p Vie <u>w</u>	<u>P</u> rofile			_			
F3	- Pat	ient	F5	5 - Drug		F7 - Do	ctor	F9 - Wo	orkflow	F11	- Drop-off	F1	l2 - N	ew Rx	Alt+X - Start
Influ	uen	za						С	onsent gi	ven by	Patient, Te	est			F2
Patien	t Pat	ient, Tes	t						Address	123 A	ny St				
Birth	01/	01/1980	36 y	ears		Male	Plan		Client ID			1	Phone	Home	(123) 456-7890
Allergi	Allergies Conditions														
Eme	ergen	cy Conta	ct	Patient C	onsen	t	Produ	ct	Admini	stratio	n				
	-	-													
			Produ	et Eluad	15/15	/15mca/0	5ml (P	ock Size O S	5 MID						
			FIGUU		13/13	,/15/mcg/c	.om (ri	JCK SIZE O.	((() () () () () () () () ()						
		[Disp Q	ty 0.50	Μ	IL		DIN	02362	2384	UPC	063	60104	10868	
			Rout	e Intran	nuscul	ar		•							
		Lot I	Numbe	er J36T]									
		Exp	irv Dat	e 01/06	/2017	7									
		Evb	ny Du	02/00	,202,										
							ſ								ſ
×	<u>S</u> ave	for Late	r					<u>R</u> efuse Im	munizatio	n					📀 <u>N</u> ext

9. Click Next.





- 10. The **Administration** tab will appear.
 - Enter the site of administration in the **Site of Admin** field (e.g., left arm, right thigh).
 - Select the pharmacist who administered the immunization from the Administered by list.
 - Enter any comments in the space provided (optional).

<u>F</u> ile <u>E</u>	dit <u>U</u>	tilities	<u>N</u> H Ce	entr <u>a</u> l Fill	<u>C</u> ard	ls Sess <u>i</u> o	on <u>H</u> e	lp Vie <u>w</u>	<u>P</u> rofile							
F3 ·	- Patie	nt	F5 -	Drug		F7 - Do	tor	F9 - \	Vorkflow	F11 -	Drop-off	F12 - M	lew Rx	Alt+X - Start		
Influ	nfluenza Consent given by Patient, Test F2															
Patient	Patie	nt, Test							Address	Address 123 Any St						
Birth	01/0	1/1980	36 yea	rs		Male	Plan		Client ID			Phon	e Home	(123) 456-7890		
Allergies Conditions																
Emer	ciency	Contac	t Pa	tient Con	cont		Prod	uct	Admini	stration						
	gency	contac		itient con	sem		FIGU	uct]							
		P	roduct	Fluad 15	/15/	15mcg/0	.5ml (Pa	ack Size 0	.5 ML)							
		Di	isp Qty	0.50	ML			D	IN 0236	2384	UPC	0636010	40868			
			Route	Intramu	scula	r										
		Date of	Admin	24/10/20	016	11:07	Si	te of Adn	nin Left Ar	m						
				Keell Dh				_								
	AC	dministe	red by	Kroll Pha	arma	icy (KRL)		•								
		Con	nments	N/A										*		
														-		
×	Save fo	or Later						<u>R</u> efuse I	mmunizatio	n			Finali	ze Immunization		

11. Click Finalize Immunization.





NOTE: If the **Administered by** user is not the currently logged in user, the **Administered by** user will be required to enter their login credentials in order to proceed.

🐨 Login			
$\hat{\mathbf{v}}$	You must login as Kr Initials	oll Pharmacy for sign	nature capture
J.	Password	•••••	
		K Cancel	

12. If you have electronic signatures enabled, the pharmacist will be prompted to sign the signature pad in order to proceed. Sign the signature pad and click **OK**.

V Electronic Signature	C X
Please sign on the signature tabl	let
Ata	
Kroll Pharmacy	
✓ <u>O</u> K	incel

13. A prompt will appear asking if you want to print an Immunization Record for the patient. Answer accordingly.





Billing an Immunization

1. If the user who performed the immunization has an **F7 - Doctor** record with a 'Pharmacist' designation that user's information will populate in the doctor section of the **F12** screen.

If the user does not have an **F7** - **Doctor** record or if the immunization was performed by a different user, the **F7** - **Doctor** search form will appear. Perform a doctor search to locate the pharmacist to use as the prescriber.

- 2. A claim for the immunization will populate in the **F12** screen. Ensure the **Disp Qty** field shows the ML quantity.
- 3. Click F12 Fill Rx. The claim will be transmitted to the appropriate party for payment.

<u>F</u> ile <u>E</u> o	lit Recen <u>t</u>	<u>R</u> x <u>V</u> i	ew <u>L</u> abe	ls Pr <u>o</u> file	Report	s <u>U</u> tilities	<u>N</u> H Centr <u>a</u> l Fil	I <u>C</u> ards Ses	s <u>i</u> on <u>H</u> e	lp			
F3 -	Patient	F5	- Drug	F7	- Doctor	r F9 -	Workflow	F11 - Drop-o	ff	F12 - F	ill Rx	Alt+X	- Start
	Ne	w Rx	Pending	g Adj	R) 21	< Start Date ./10/16 0	Latest Fill	Qty	1	init 📃		ookup 🔰	Cancel
Priority	Default Wai	t Time	▼ F2	Due	in 17 n	nins F	orward Rx F2	Work Order	168	F2	Delivery Pi	ckup	•
Patient S	earch				Drug Sei	arch	0.5	✓ Pack	D <u>o</u> c Sear	ch	Lc	oc Office	-
Name	Patient, Te	st		Age: 36	Brand	Fluad	1	15/15/15mcg/	Name	Ms. Ph	armacist, Te	est	
Address	123 Any St			Male	Generic	Haemagglu	tinin-Strain A(H1N	11)/ NOV (No	Address	100 Pha	armacy Way	у	
City	St. John's		Prov	NL	Pack	0.5 Form	ML Sched 2	5.00	City	St. Joh	n's	Prov	NL
Phone	Home	(123)	456-7890		Purch	\$0.0	0 OnHand 300	No image	Phone	(222) 22	22-2222		
Plan	NLPDP	Client ID	123		DIN	02362384	Min Qty 0		Lic#	999999	99 Al	t. Lic#	
Allergie	s (O)				Sig INF	LUENZA			Init	KRL		Auth Qty	0.5 1
					INFLUE	NZA			Disp <u>Q</u> ty	0.5	Refills(+)	Rem Qty	0.5 1
									Days	1		G.P. %	0
	(0)								Prod Sel	3 - Pha	armacis' 👻	Acq Cost	\$0.00
Conditio	ins (0)								o/w	Writter	n 👻	Cost	\$0.00
					Route of	f Admin	Intramuscular		Labels	1	E2	Markup	\$0.00
					-				Labers	-		Fee	\$0.00
					Dosage	Form	Syringe (mL)	-				Total	\$0.00

4. Complete all remaining workflow steps as required.





Completing Immunizations 'Saved for Later'

Immunization records that have been 'saved for later' can be accessed either via the **F3 - Patient** card or the **F9 -Workflow** card.

- 1. Call up the patient using the F3 Patient search or select F9 Workflow.
- 2. Select Immunizations from the right navigation pane.
- 3. Select the immunization record you want to complete and click **F** Call up.

Imm	nunizations						
N - N	lew Immunization	P - Print/Reprint D - Pharmacist Declined	F - Call up R - Patient	C - Car Refused	ncel Claim	Show Reversals	
Items	(4)					F2 (Ins Del
#	Туре	Status	Product S	tatus	Fee Status	Created 🔻 Completed	A E
7	Influenza	Pending	Not Com	pleted Yet	No Fee Applicable	26/08/2016	

4. Complete steps 5-26 of the Creating an Electronic Immunization Record section.

Recording Emergency Epinephrine Shots

An emergency Epinephrine shot may need to be administered if the patient has a reaction to the immunization. This section explains how to add Emergency Epinephrine shot records to an immunization record.

NOTE: Emergency Epinephrine shots can only be added to immunization records that have a status of **'Completed'**.

- 1. Call up a patient using the F3 Patient search.
- 2. Select Immunizations from the right navigation pane.
- 3. Right-click a completed immunization record and select Add Epinephrine shot.

Imn	nunizations									
N - I	New Immunization	P - Print/Reprint	F - C	Call up	C - Car	cel Claim		Sho	w Reversals	
		D - Pharmacist Declined	R - F	Patient I	Refused					
Items	(5)								F2 In:	s Del
#	Туре	Status	F	Product S	tatus	Fee Status		Created 🔻	Completed	
10	Influenza	Pending	1	Not Com	pleted Yet	No Fee Applica	ble	29/08/2016		
7	Influenza	Declined by Pharmacist	1	No Produ	ict Applicable	No Fee Applica	ble	26/08/2016	29/08/2016	
6	Influenza	Completed		Clai '			'le	26/08/2016	26/08/2016	
5	Influenza	Refused by Patient	1	No	New Immunization	n N	e	26/08/2016	26/08/2016	
4	Influenza	Pending	1	Not	Add Epinephrine s	hot	le	12/08/2016		
					Print/Reprint	Р				
					Call up	F				
					Cancel Claim	С				





4. If the '**Require UPC verification**' configuration setting is enabled, scan or enter the UPC from the drug pack. If a UPC match is found, product information will populate.

You may need to manually enter the lot number and expiry date if this information is not stored in the product barcode.

<u>F</u> ile	<u>E</u> dit	<u>U</u> tilities	<u>N</u> H	Centr <u>a</u> l Fill	<u>C</u> ards	Sess <u>i</u> or	n <u>H</u> elp	p Vie <u>w</u>	<u>v P</u> rof	file						
F	3 - Pati	ent	F5	- Drug] E	7 - Doct	or	F9 -	- Work	flow	F11	- Drop-o	off	F12 - N	ew Rx	Alt+X - Start
Em	erge	ncy E	pine	phrine												
Patier	nt Pati	ent, Tes	t						A	ddress	100 A	ny St				
Birth					м	ale	Plan		CI	lient ID				Phone	Home	(123) 456-7890
Allerg	gies								C	onditior	ns					
	Proc	duct		Administra	ation]										
				Diases		ontor t	he LID	C from	a tha d							
				Please	scan or	enter t		C from	n the a				250120012	11.7		
			UP					LOOP	кир	UPC m	latch fo	una tor o.	208130012	213		
			Produ	ct Epipen	1mg/m	l (Pack S	ize 1 Pl	EN)								
		[Disp Qt	y 1.00	PEN				DIN	00509	9558	UPC	6	52581300	1213	
			Rout	e Iniectio	n			•	_							
		Lot I	Numbe	er 333												
		Exp	iry Dat	e 01/01/2	2020											
×	<u>S</u> ave	for Late	r					<u>R</u> efuse	e Immu	unizatio	n					🜔 <u>N</u> ext





 If the 'Require UPC verification' configuration setting is disabled, select a product from the list. Enter the Lot Number and Expiry Date associated with the drug.

<u>F</u> ile	<u>E</u> dit	<u>U</u> tilities	<u>N</u> H	Centr	r <u>a</u> l Fill	<u>C</u> aro	ds Ses	i <u>i</u> on	<u>H</u> elp	p Vie	e <u>w</u>	<u>P</u> rofile								
F3	3 - Pat	ient	FS	5 - Dr	ug		F7 - D	octo	r	F9	- W	orkflow	F11	- Drop	o-off	F	12 - N	ew Rx	Alt+X - St	art
Eme	erge	ency E	pine	phr	rine															
Patien	nt Pat	tient, Te	st									Address	100 A	Any St						
Birth							Male	P	lan			Client ID					Phone	Home	(123) 456-78	90
Allerg	ies											Condition	ns							
												!								!
	Pro	duct		Adm	inistrati	ion														
			Produ	ct E	pipen 1	.mg	/ml (Pa	:k Siz	ze 1 F	PEN)									•	
			Dien O	- L	00	DE	N				DIN	0050	0550	LINC		62	501200	1212		
			Disp Q	ty I.	.00	FE	N				DIN	0050	9330	UPC		02	301300	J1215		
			Rou	te In	jection		-			•										
		Lot	Numb	er 3	33															
		Exp	oiry Da	te O	1/01/20	20	1													
							•													
×	<u>S</u> ave	for Late	er							<u>R</u> efu	se Im	munizatio	n						🕑 <u>N</u> ext	

6. Click Next.





- 7. The Administration tab will appear.
 - Enter the site of administration in the **Site of Admin** field (e.g., left arm, right thigh)
 - Select the pharmacist who administered the shot from the Administered by list.
 - Enter any comments in the space provided (optional).

F3 -	Patient	F5 - Drug	F7 - Doct	tor	F9 - Woi	rkflow	F11 - Dr	op-off	F12 - New F	Rx	Alt+X -	Start	
Emer	rgency Ep	oinephrine											
Patient	Patient, Test						Address	123 Any	St				
Birth	01/01/1980	36 years		Male	Plan		Client ID				Phone	Home	(123) 456-7890
Allergies	s						Condition	s					
	Product	Administrat	ion										
	P	roduct Epipen 1	mg/mL (Pack S	Size 1 PEN)									
	Di	sp Qty 1.00	PEN		DIN	00509	558 UP	c	625	581300121	13		
		Route Injection	1										
	Date of	Admin 18/10/20)16 13:29	Site of	f Admin	Left Leg							
	Administe	red by Kroll Pha	armacy (KRL)		~								
	Con	nments N/A											< v
X <u>s</u>	ave for Later				I	<u>R</u> efuse Im	munizatio	ı				Finali	ze Immunization

- 8. Click Finalize Immunization.
- 9. If the user who performed the immunization has an **F7 Doctor** record with a 'Pharmacist' designation, that user's information will populate in the doctor section of the **F12** screen.

If the user does not have an **F7** - **Doctor** record or if the immunization was performed by a different user, the **F7** - **Doctor** search form will appear. Perform a doctor search to locate the pharmacist to use as the prescriber.





- 10. A claim for the treatment will populate in the **F12** screen. Enter a Disp Qty of '1' to represent the number of administered treatments.
- 11. Click **F12 Fill Rx**. The claim will be transmitted to the appropriate party for payment.

<u>F</u> ile <u>E</u> o	lit Recen <u>t</u>	<u>R</u> x <u>V</u> i	ew <u>L</u> abe	ls Pr <u>o</u> file	e Re <u>p</u> ort	s <u>U</u> tiliti	ies <u>N</u> H	Centr <u>a</u> l	Fill <u>C</u>	ards Ses	s <u>i</u> on <u>H</u> e	lp			
F3 -	Patient	F5	- Drug	F7	- Doctor		F9 - Wo	rkflow	F11	- Drop-o	ff	F12 - F	ill Rx	Alt+X	- Start
	Eile Edit Recent Rx Yiew Labels Profile Reports Utilities NH Central Fill Cards F3 - Patient F5 - Drug F7 - Doctor F9 - Workflow F11 - Drug New Rx Pending Adj Zt/10/16 O Latest Fill Priority Default Wait Time F2 Due in 17 mins Forward Rx F2 Work O Patient Search Prug Search 1 I I Imag/ml Generic Epipen 1mg/ml Generic Epipen ALX Pack 1 Form PEN Sched 2 Sched						y	1	nit 🗌	~ L	ookup 🚺	Cancel			
Priority	Default Wait	Time	▼ Fá	Due	in 17 m	nins	Forwa	rd Rx [F2 W	ork Order	168	F2	Delivery Pi	ckup	•
Patient S	earch				<u>D</u> rug Sea	arch		1		 Pack 	Doc Sear	ch	Lo	oc Office	•
Name	Patient, Tes	t		Age: 36	Brand	Epipen			1mg/	/ml	Name	Ms. Ph	armacist, T	est	
Address	123 Any St			Male	Generic	Epineph	hrine			ALX (Alle	Address	100 Ph	armacy Wa	у	
City	St. John's		Prov	NL	Pack	1 F	orm PE	Sched	2		City	St. Joh	n's	Prov	NL
Phone	Home	(123)	456-7890		Purch	S	92.51 Or	Hand 900)		Phone	(222) 2	22-2222		
Plan	NLPDP	Client ID	123		DIN	0050955	58 M	in Qty 0			Lic#	999999	99 Al	t. Lic#	
Allergie	s (0)				Sig EME	RGENCY	(EPINEPI	HRINE			Init	KRL		Auth Qty	1 1
					EMERG	ENCY EP	INEPHRI	NE			Disp <u>Q</u> ty	1	Refills(+)	Rem Qty	1 1
											Days			G.P. %	17.59
											Prod Sel	3 - Pha	armacis' 👻	Acq Cost	\$92.51
Conditio	ons (0)										0/W	Writte	n 🔻	Cost	\$92.51
	ile Edit Recent Rx View Labels Pr F3 - Patient F5 - Drug Image: Constraint of the second s				Route of	Admin	Ir	iection		•	Labels	1	E 2	Markup	\$9.25
	e Edit Recent Ex View Labels F3 - Patient F5 - Drug New Rx Pending Ac ority Default Wait Time F2 C itent Search me Patient, Test Ag dress 123 Any St Ma y St. John's Prov NL one Home (123) 456-7890 n NLPDP Client ID 123 ergies (0)				noule of	- saitini					Lanels	-	12	Fee	\$10.49
					Dosage	Form	A	uto-Inject	or (eacl	h) 🔻				Total	\$112.25

- 12. Complete all remaining workflow steps as required.
- 13. A record of the emergency Epinephrine show will be added to the **Immunizations** list with a Status of '**Completed**' and a **Product Status** of '**Claimed**'.

Imn	nunizations				
N - I	New Immunization	P - Print/Reprint D - Pharmacist Declined	F - Claim Fee R - Patient Refused	C - Cancel Claim	Show Reversals
Items	(6)				F2 Ins Del
#	Туре	Status	Product Status	Fee Status	Created 🔻 Completed 🔺
6-1	Emergency Epinephrir	ne Completed	Claimed	No Fee Applicable	29/08/2016 29/08/2016
10	Influenza	Pending	Not Completed Yet	No Fee Applicable	29/08/2016

Repeat these steps for each Emergency Epinephrine shot that is administered to the patient.





Reprinting an Immunization Record

This section explains how to reprint an Immunization record. Immunizations can be reprinted either via the F3 - Patient card or the F9 - Workflow card.

- 1. Call up the patient using the F3 Patient search, or select F9 Workflow.
- 2. Select **Immunizations** from the right navigation pane.
- 3. Select the appropriate immunization record and click **P Print/Reprint**.

Imm	unizations				
N - N	lew Immunization	P - Print/Reprint	F - Claim Fee	C - Cancel Claim	Show Reversals
		D - Pharmacist Declined	R - Patient Refused		
Items	(7)				F2 Ins Del
#	Туре	Status	Product Status	Fee Status	Created 🔻 Completed 🔺
6	Influenza	Completed	Claimed	No Fee Applicable	26/08/2016 26/08/2016
6.1	For succession For in such sizes	Communicational	Claiment	No Fee Annlineble	20/09/2016 20/09/2016

4. The **Immunization Report** form will appear. Select **Full Report** from the **Print** list to print the full report, or select **Patient Immunization Record** to print the **Patient Immunization Record** portion only.

or Immunizat	ion Report	
File		
Options		
✓ Print st	ore logo	
Print Full Pat	Report	
Printer	Microsoft XPS Document Write 👻	Copies 1
Tray	Automatically Select 👻	Collate Duplex
Restore	Defaults <u>Print</u> Pre <u>v</u>	iew 🗙 Close





Viewing Immunization Record Details

This section explains how to view the details of a completed Immunization record. Immunization records can be viewed either via the **F3 - Patient** card or the **F9 - Workflow** card.

- 1. Call up the patient using the F3 Patient search, or select F9 Workflow.
- 2. Select **Immunizations** from the right navigation pane.
- 3. Call up the record by doing one of the following:
 - Right-click the record you want to view and select View Details;
 - Select the record and press **F2**;
 - Double-click the record.

Im	munizations							
N -	New Immunization	P - Print/Re D - Pharmac	print F - C ist Declined R - P	laim Fee atient Refuse	C - (Cancel Claim	Show Reversals	
Item	s (3)						F2 Ins	s Del
#	Туре	Status	P	roduct Status		Fee Status	Created 🔻 Completed	
63	Influenza	Patien	New Immunization	N	(et	No Fee Applicable	14/10/2016	
62	Influenza	Pendir	Drint/Dannint		(et	No Fee Applicable	14/10/2016	
53	Influenza	Declin	Print/Reprint	P	icable	No Fee Applicable	28/09/2016 28/09/2016	
		-	Call up	F				
			Cancel Claim	С				-
			Pharmacist Declined	I D				-
			Patient Refused	R				
			View Details	F2	1			
			Delete		1			
			Change Columns					
			Make Default Colum	nns				





4. The Immunization View screen will appear. If the immunization record has not yet been scanned into the system, only the immunization details that were recorded on-screen will be visible. Click Print to reprint the immunization record or full report, or View Signature to view the digital signature, if one was captured.

Influen	za											🗙 Close
Created	18-Oct-2016 09:2	22 AM	Status Co	ompleted			Produ	ct Status	Claimed		Product Rx	1000001
Started	18-Oct-2016 09:2	22 AM					Fe	e Status	No Fee Applicable		Fee Rx	N/A
Completed	18-Oct-2016 10:1	4 AM	by Kroll I	Pharmacy			Consent	given by	Patient, Test			
Patient	Patient, Test						Address	100 Ang	y St			
Birth				Male	Plan		Client ID		Ph	ione Hom	e (123)	456-7890
Emergen	cy Contact Pa	tient Con	sent	Proc	duct		Administratio	n		<u>V</u> iew Signa	ture	<u>P</u> rint
	Product	Fluad 15	/15/15mc	g/0.5ml (P	Pack Size 0	.5 ML)					
	Disp Qty Route	0.5 Intramu	0.5 ML Di				02362384	UPC	06360104	10868	7.0	
	Date of Admin	18-0ct-	2016 09:2	2	Site of Adr	nin [Left Arm					
	Administered by	Kroll Ph	armacy (K	RL)								
	Comments	N/A									^	
											v	





 If the immunization record has been scanned into the system, the immunization details will display in the Immunization tab. Click Print to reprint the immunization record or full report, or View Signature to view the digital signature, if one was captured.

Created 18-Oct-2016 09:22 AM Status Completed Product Status Claimed Product Rx 1 Stated 18-Oct-2016 10:14 AM by Kroll Pharmacy Consent given by Patient, Test Patient Patient, Test Address 100 Any St Birth Male Plan Client ID Phone Home (123) 45 Immunization Documents View Signature I Product Fluad 15/15/15mcg/0.5ml (Pack Size 0.5 ML) Disp Qty Date of Admin 18-Oct-2016 09:22 Site of Admin Left Arm Administered by Kroll Pharmacy (KRL) Comments N/A	Influen	za		740								🗙 Close
Stated 18-Oct-2016 09:22 AM Completed 18-Oct-2016 10:14 AM by Kroll Pharmacy Consent given by Patient, Test Address 100 Any St Immunization Documents Free Rt Address Intermunization Documents Free Rt Address Intermunization Documents Free Rt Address Intermunization Documents Intermunization Documents Intermunization Product Fluad 15/15/15mcg/0.5ml (Pack Size 0.5 ML) Disp Qty 0.5 ML DIN 02362384 UPC 063601040868 Route Intermuscular Date of Admin 18-Oct-2016 09:22 Site of Admin Left Arm Administered by Kroll Pharmacy (KRL) Comments N/A Intermuscular N/A Intermuscular <	Created	18-Oct-2016 09:2	22 AM	M Status Completed			Produ	Product Status Claimed			Product Rx	1000001
Completed 18-Oct-2016 10:14 AM by Kroll Pharmacy Consent given by Patient, Test Patient Patient, Test Address 100 Any St Birth Male Plan Client ID Phone Home (123) 45 Immunization Documents View Signature Immunization View Signature Immunization Product Fluad 15/15/15mcg/0.5ml (Pack Size 0.5 ML) Disp Qty 0.5 ML DIN 02362384 UPC 063601040868 Route Intranuscular Site of Admin Left Arm Administered by Kroll Pharmacy (KRL) N/A	Started	18-Oct-2016 09:2	22 AM				Fe	e Status	No Fee Applicable	P.	Fee Rx	N/A
Patient Patient, Test Address 100 Any St Birth Male Plan Client ID Phone Home (123) 45 Immunization Documents View Signature I Emergency Contact Patient Consent Product Administration Product Fluad 15/15/15mcg/0.5ml (Pack Size 0.5 ML) UPC 063601040868 Birth 0.5 ML DIN 02362384 UPC 063601040868 Route Intramuscular Intr	Completed	18-Oct-2016 10:1	I4 AM	by Kroll Phar	macy		Consent	given by	Patient, Test			
Birth Male Plan Client ID Phone Home (123) 45 Immunization Documents Emergency Contact Patient Consent Product Administration Product Fluad 15/15/15mcg/0.5ml (Pack Size 0.5 ML) Disp Qty 0.5 ML DIN 02362384 UPC 063601040868 Route Intramuscular Date of Admin 18-Oct-2016 09:22 Site of Admin Left Arm Administered by Kroll Pharmacy (KRL) Comments N/A	Patient	Patient, Test					Address	100 An	y St			
Immunization Documents Immunization View Signature Emergency Contact Patient Consent Product Administration Product Fluad 15/15/15mcg/0.5ml (Pack Size 0.5 ML) Disp Qty 0.5 ML DIN 02362384 UPC 063601040868 Route Intramuscular Intramuscular Intramuscular Intramuscular Immunistered by Kroll Pharmacy (KRL) Comments N/A N/A Immunistered by N/A	Birth			Ma	le Plan		Client ID			Phone I	Home (123)	456-7890
View Signature Emergency Contact Patient Consent Product Administration Product Fluad 15/15/15mcg/0.5ml (Pack Size 0.5 ML) Image: Consent in the image: Consent interval in	Immunizatio	n Documents										
Emergency Contact Patient Consent Product Administration Product Fluad 15/15/15mcg/0.5ml (Pack Size 0.5 ML)										View	Construct	Drint
Emergency Contact Patient Consent Product Administration Product Fluad 15/15/15mcg/0.5ml (Pack Size 0.5 ML) Image: Consent of Consent o										Views	Signature	Print
Product Fluad 15/15/15mcg/0.5ml (Pack Size 0.5 ML) Disp Qty 0.5 ML DIN 02362384 UPC 063601040868 Route Intramuscular Date of Admin 18-Oct-2016 09:22 Site of Admin Left Arm Administered by Kroll Pharmacy (KRL) Comments N/A ^	Emergen	cy Contact Pa	tient Co	nsent	Product		Administratio	on				
Product Fluad 15/15/15mcg/0.5ml (Pack Size 0.5 ML) Disp Qty 0.5 ML DIN 02362384 UPC 063601040868 Product Intramuscular Date of Admin 18-Oct-2016 09:22 Site of Admin Left Arm Administered by Kroll Pharmacy (KRL) Comments N/A	1											
Disp Qty 0.5 ML DIN 02362384 UPC 063601040868 Route Intramuscular Date of Admin 18-Oct-2016 09:22 Site of Admin Left Arm Administered by Kroll Pharmacy (KRL) Comments N/A		Product	Fluad 1	5/15/15mcg/0.	5ml (Pack Si	ze 0.5 ML)					
Route Intramuscular Date of Admin 18-Oct-2016 09:22 Site of Admin Left Arm Administered by Kroll Pharmacy (KRL) Comments N/A		Disp Qty	0.5	ML		DIN	02362384	UPC	06360	1040868		
Date of Admin 18-Oct-2016 09:22 Site of Admin Left Arm Administered by Kroll Pharmacy (KRL) Comments N/A		Route	Intramuscular									
Administered by Kroll Pharmacy (KRL) Comments N/A			40.0	2016 00 22	1							
Administered by Kroll Pharmacy (KRL) Comments		Date of Admin	18-0ct	-2016 09:22	Site of	Admin	Left Arm					
Comments N/A		Administered by	Kroll Pl	harmacy (KRL)								
		Comments	N/A								^	





6. In the **Documents** tab, the scanned record will appear. From here you can adjust the brightness, contrast, and saturation of the record, or reprint the consent record.

🤝 Immuniz	zation View						— 🗆 X	
Influen	za						X Close	
Created	17-Oct-2016 09:29 AM	Status Signed Consent		Product Status	Not Completed Ye	et	Product Rx N/A	
Started	17-Oct-2016 09:28 AM			Fee Status	No Fee Applicable		Fee Rx N/A	
Completed	N/A	by Kroll Pharmacy	Co	nsent given by	Patient, Test			
Patient	Patient, Test		Ad	dress 123 Any	St			
Birth	01/01/1980 36 years	Male Plan	Cli	ent ID		Phone	Home (123) 456-7890	
Immunizatio	on Documents							
2016-10-17	7 9:36 AM							
	700m 100% @ @							
		Immuniz Kroll Pharmacy, 100 Krolly	vin Drive, St.	cord John's NL A3A	3A3			
		Phone: (222) 222-	2222 Fax: (8	888-8888 (88				
	PATIENT INFORMATI	ON	Gander	1000	TR	RACKING	#: 72	
	Test	Patient	M	01-Jan-198	0			
	Address	1 010101	HealthCa	rd#	PhoneNumber (123)4	PhoneNumber		
	EmergencyContact	RelationshipPatient	Contact's	PhoneNumber	Contact'sOtherP	Contact'sOtherPhoneNumber		
	SCREENING QUEST	ONNAIRE						
	Foradultpatientaswellas	parentsof children (5 years or greater) to be	evaccinated:					
	The following questions " "yes" to any question, itd	will help us determine if there is any rea oes not necessarily mean the shot cann	son you or you totbe given.lts	r child should not implymeans addi	get the flu shottoday. It tional questions must b	fyou answ easked.	ver	
	If a question is not clear, p	leaseask your pharmacist to explain it			1010 Int 1 1			
· · · ·	Brightness		Contrast			Sa	aturation V	
and the second s	the second second second second			And the second second		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

NOTE: If you reprint the immunization document(s) from the **Documents** tab in the **Immunization View** screen, the scanned image of the original document(s) (not the original documents themselves) will print. As such, the resolution may not be optimal. See the <u>Reprinting an Immunization Record</u> section for instructions on how to reprint the original document(s).

7. Click **Close** to exit the **Immunization View** screen.





Cancelling a Claim

This section explains how to cancel an Immunization claim. Immunization claims can be cancelled either via the **F3 - Patient** card or the **F9 - Workflow** card.

- 1. Call up the patient using the F3 Patient search, or select F9 Workflow.
- 2. Select **Immunizations** from the right navigation pane.
- 3. Select the appropriate immunization record and click **C Cancel Claim**.

Imm	nunizations				
N - New Immunization P		P - Print/Reprint D - Pharmacist Declined	F - Claim Fee R - Patient Refused	C - Cancel Claim	Show Reversals
Items	(7)				F2 Ins Del
#	Туре	Status	Product Status	Fee Status	Created 🔻 Completed 🔺
6	Influenza	Completed	Claimed	No Fee Applicable	26/08/2016 26/08/2016

4. A prompt will appear asking if you are sure you want to cancel the Rx. Answer Yes.

Confirm Rx								
Are you sure you want to Cancel this Rx?								
✓ <u>Y</u> es	<u>\N</u> o	Cancel and <u>R</u> efill						

- 5. Enter your user initials and click **OK**.
- 6. A prompt will appear stating you are cancelling the first fill of an Rx. Select **Filled in Error Remove from profile**.

•	Select an Option	E X						
Y	You are canceling the first fill of an Ro Do you want to:							
	Make this Rx <u>U</u> nf	ïlled						
	Filled in <u>E</u> rror - Remove	from profile						





7. A prompt may appear asking if you want to copy the "mistake" Rx to a new number. Answer No.

F	Please Select a choice
	Do you want to copy this "mistake" Rx to a new number?
	<u>Y</u> es <u>N</u> o

The record will be removed from the Immunizations section of the patient card.

Declined or Refused Immunizations

This section explains the process for recording immunizations that have been declined by the pharmacist or refused by the patient.

NOTE: Immunizations that have been declined by the pharmacist or refused by the patient can be noted from the **F3 - Patient** card or the **F9 - Workflow** card.

Pharmacist Declined

- 1. Call up the patient using the F3 Patient search, or select F9 Workflow.
- 2. Select **Immunizations** from the right navigation pane.
- 3. Select the appropriate immunization record and click **D Pharmacist Declined**.

Imn	nunizations				
N - New Immunization		P - Print/Reprint	F - Call up	C - Cancel Claim	Show Reversals
		D - Pharmacist Declined	R - Patient Refused		
Items	(4)				F2 Ins Del
#	Туре	Status	Product Status	Fee Status	Created 🔻 Completed 🔺
7	Influenza	Pending	Not Completed Yet	No Fee Applicable	26/08/2016
6	Influenza	Completed	Claimed	No Fee Applicable	26/08/2016 26/08/2016





4. Enter the reason for the declined in the space provided and click **Pharmacist Declined**.

▼ Enter a Comment	x
Patient not eligible for immunization	*
	Ŧ
Pharmacist Declined X Cancel	

5. In the Immunizations list, the record will show a Status of 'Declined by Pharmacist'.

Imm	nunizations						
N - New Immunization		P - Print/Reprint D - Pharmacist Declined	F - Call up R - Patient Refused	C - Cancel Claim	Show Reversals		
Items	(4)				F2 Ins Del		
#	Туре	Status	Product Status	Fee Status	Created 🔻 Completed 🔺		
7	Influenza	Declined by Pharmacist	No Product Applica	ble No Fee Applicable	26/08/2016 29/08/2016		
6	Influenza	Completed	Claimed	No Fee Applicable	26/08/2016 26/08/2016		





NOT	E. In also							aliand by		oting Defus		in a ma tha a
NOT	E: In elec	tronic mo	de, the	Immu	unizatio	on ca	n also be de	eclined by	sele	ecting Refus	se immunization	rom the
Imm	unization	screen.										
<u>F</u> ile <u>B</u>	<u>E</u> dit <u>U</u> tilities <u>N</u>	H Centr <u>a</u> l Fill	<u>C</u> ards Sess <u>i</u>	on <u>H</u> el	p Vie <u>w P</u>	rofile					7	
F3	- Patient	F5 - Drug	F7 - Do	ctor	F9 - Wo	rkflow	F11 - Drop-off	F12 - New F	Rx	Alt+X - Start		
Influ	ienza				Co	onsent gi	iven by Patient, Te	est		F2]	
Patient	Patient, Test					Address	100 Any St					
Birth			Male	Plan		Client ID		Phone Ho	me	(123) 456-7890		
Allergie	es					Conditio	ns			·		
Eme	rgency Contact	Patient Con	sent									
	Salact Conta	t Free form				Course	Detient					
	Select Contac				* 🖉	save to	Patient					
	Last Name											
	First Name											
	Relationship						-					
	Daytime Pho	ne			ext							
	Other Phone				ext							
×	Save for Later			- 6	<u>R</u> efuse Im	munizatio	on			S Next		
)											
Sele	ct a refusa	al reason	and ent	er ar	ny com	ment	s in the spa	ce provide	d. C	Click OK.		
🥣 E	nter a Commen	t		-B		x						
Rea	ason: Decline	ed by Pharma	cist			.						
	Refuse	d by Patient	0.50									
	Patient	: Ineligible										
- I						Ŧ						
		OK	× co									
		V UK	🔥 Car	icer								
							٩					





Patient Refused

- 1. Call up the patient using the F3 Patient search, or select F9 Workflow.
- 2. Select **Immunizations** from the right navigation pane.
- 3. Select the appropriate immunization record and click **R Patient Refused**.

Imm	Immunizations										
N - New Immunization P D		P - Print/Reprint D - Pharmacist Declined	F - Call up C R - Patient Refused	- Cancel Claim	Show Reversals						
Items	(2)				F2 Ins Del						
#	Туре	Status	Product Status	Fee Status	Created 🔻 Completed 🔺						
9	Influenza	Pending	Not Completed Yet	No Fee Applicable	29/08/2016						
0	Influence	Demoline	Net Completed Vet	No Fee Analizable	20/08/2016						

- 4. The Enter a Comment form will appear.
 - a. If the immunization was refused by the patient, select **Patient**. Enter a comment in the space provided and click **Patient Refused**.

ſ	🥑 Enter a Comment		
1	Refused by: <u> Patier</u>	t 💿 Someone <u>e</u> lse	
	Select agent	<free-form agent="" name=""> 👻 🔎</free-form>	
l	<u>L</u> ast name		
1	<u>F</u> irst name		
1	Relationship to patient	· · · · · · · · · · · · · · · · · · ·	1
-	Patient posponing im	nunization 1 week	
		~	
	Patient	Refused X Cancel	





b. If the immunization was refused by someone other than the patient, select Someone else. The
 Select agent, Last name, First name, and Relationship to patient fields will open.

or Enter a Comment	
Refused by: © Patient	le Someone <u>e</u> lse
<u>S</u> elect agent	<free-form agent="" name=""> 🔻 🔎</free-form>
<u>L</u> ast name	
<u>F</u> irst name	
Relationship to patient	▼
1	
1	-
Patient F	Refused X Cancel

Click the **Select agent** list. The patient's linked family members will appear in the list. Select a patient or click the magnifying glass icon to search for and select a patient.

If the person does not have a patient card, manually enter their name in the Last Name and First Name fields.

🐨 Enter a Comment	
Refused by: 🔘 <u>P</u> a	tient 💿 Someone <u>e</u> lse
<u>S</u> elect agent	<free-form agent="" name=""></free-form>
<u>L</u> ast name	<free-form agent="" name=""> Smith, John</free-form>
<u>F</u> irst name	Patient, Test
Relationship to pati	ient
	^
	-
Patie	ent Refused X Cancel





The selected patient's name will populate in the Last name and First name fields. Select a Relationship to patient. Enter any comments in the space provided and click Patient Refused.

✓ Enter a Comment						
Refused by: 🔘 <u>P</u> atient	t 💿 Someone <u>e</u> lse					
<u>S</u> elect agent	Géroux,Amélie 🛛 🗸 🔎					
<u>L</u> ast name	Géroux					
<u>F</u> irst name	Amélie					
<u>R</u> elationship to patient	Wife 🗸					
Relationship to patient Wife						

5. In the Immunizations list, the record will show a Status of 'Refused by Patient'

Imn	nunizations				
N - 1	New Immunization	P - Print/Reprint D - Pharmacist Declined	F - Call up R - Patient Refused	C - Cancel Claim	Show Reversals
Items	(2)				F2 Ins Del
#	Туре	Status	Product Status	Fee Status	Created 🔻 Completed 🔺
9	Influenza	Refused by Patient	No Product Applicat	ble No Fee Applicable	29/08/2016 29/08/2016
0	Influenza	Donding	Not Completed Vet	No Fee Applicable	20/08/2016





Status Types

This section explains each possible status that may be attributed to an immunization record.

Status

Patient Consent Scan Skipped - The patient consent has not yet been scanned; no claim has been submitted.

Pending - The immunization is partially complete, or has been saved for later; no claim has been submitted.

Refused by Patient - The immunization has been refused by the patient; no claim has been submitted.

Signed Consent - A signed consent form has been obtained and scanned back into the system.

Completed - The immunization is complete and the claim has been submitted.

Completed Paper - The immunization or Emergency Epinephrine shot has been completed in Paper Mode.

Declined by Pharmacist - The immunization has been declined by the pharmacist; no claim has been submitted.

Printed Consent - The consent form has been printed but has not been scanned into the system; no claim has been submitted (Paper Mode only).

Ready for Administration - A record of the Emergency Epinephrine shot has been created, but is not yet complete, or has been saved for later; no claim has been submitted.

Product Status

Pending Claim -The immunization or Emergency Epinephrine shot is complete but the claim has not yet been submitted.

Claimed - The immunization or Emergency Epinephrine shot is complete and the claim has been submitted.

Not Completed Yet - The immunization or Emergency Epinephrine shot is partially complete, or has been saved for later.

No Product Applicable - The immunization or Emergency Epinephrine shot has been declined by the pharmacist or refused by the patient. No product has been administered and no claim has been submitted.





Fee Status

No Fee Applicable - Indicates there is no charge to the patient for the immunization.





Reporting

Running reports for immunization products can be done in one of two ways: You can select the product(s) you want included in the report via the report form, or you can assign the immunization products to a drug group and run the report for that particular group. This section instructs on how to run reports for immunization products using either method.

Method 1: Selecting Drugs in the Report Form

- 1. Select the report you want to run from the **Reports** menu.
- 2. The report form will appear. Locate the **Drug** field and click **Add**.

☞ Drug Usage Report	
Eile	
Selection Selection 2 Drug Doctor Options	
Drug Groups	Exclude
(AII)	F2
Drug Schedule	Exclude
(All)	F2
Drug Pricing Groups	Exclude
(All)	F2
Drug Tiers	Exclude
	F2
Drug Brand/Generic Types	Exclude
(All)	F2
Drug Departments	Exclude
	F2
Drug	
Add <u>R</u> emove <u>C</u> lei	ar
Printer Microsoft XPS Document Writer Copies	1 🚔
Tray Automatically Select 👻 🗹 Collat	e 🔲 Duplex
Restore Defaults	X Close

3. The (Drug Search) form will appear. Search for and select a drug.



TELUS | Health

4. The drug will be added to the **Drug** list in the report form. Repeat steps 2-3 for each product you want included in the report.

<u>F</u> ile	
Selection Selection 2 1 Drug Doctor Options	
Drug Groups	Exclude
(All)	F2
Drug Schedule	Exclude
(AII)	F2
Drug Pricing Groups	Exclude
	F2
Drug Tiers	Exclude
	F2
Drug Brand/Generic Types	Exclude
Drug Departmente	
	Exclude
Drug	
Influvac	
Fluad 15/15/15mcg/0.5ml	
Add <u>R</u> emove <u>C</u> l	ear
Printer Microsoft XPS Document Writer Copies	1
Tray Automatically Select Colla	ate 📃 Duplex
Restore Defaults Preview Save CSV	X Close

5. Click **Print**. The report will generate for the selected drug products only.

		Kroll Pl	harmacy, 10 Phone: (222	0 Krollw 2) 222-22	in Drive, 222 Fax	, St. John' <: (888) 8	s NL A34 88-8888	A 3A3			
ReportParameters Fill Date - 01/01/2016 to Drugs - Fluad 15/15/15n Show Price Breakdown Include Fee For Service!	0 21/10 ncg/0.1 Rxs)/2016 5ml; Influvac									
)rug Usage Report				On					Printed on: 2	1/10/2016 09 Total	9:40:09 # of
	MG	DIN	Pack Size	Hand	Qty	AAC	Cost	Markup	Fees	Amount	Rxs
)rug	14111	0.114							10.10		
Drug Fluad 15/15/15mcg/0.5ml ML nfluvac ML	NOV ABB	02362384 02269562	1 10	100 4997	0.5 2.5	6.57 27.95	7.22 30.75	0.00 0.00	10.49 52.45	17.71 83.20	1 5





Method 2: Using Drug Groups

If you use drug groups to run reports, you must first create a drug group and then assign all applicable products to that group. This is a one-time task that will expedite the reporting process going forward.

Setting up a Drug Group

- 1. Select Edit > Lists > Drug/Mixture Groups.
- 2. Click **Ins** or press the **Insert** key on your keyboard.

🐨 Edit Mast Lists / Groups					e x	
X Close						
Drug Marketing Msgs	Drug <u>Forms</u>	<u>A</u> R GL Categories	Spoken Languages	Drug Alerts	<u>C</u> ounselin 🗲 Ctrl 🔿	
Master Lists Patie	Patient Groups Drug/Mixture Groups		Drug D <u>e</u> partments	D <u>o</u> ctor Groups	Transfer <u>S</u> tores	
Drug/Mixture Groups (0)					F2 Ins Del	
Description					*	

3. Enter a **Group Name** (e.g., 'Immunization Products') and click **Save**.



 The drug group will be added to the Drug/Mixture Groups list. Click Close to exit the Edit Mast Lists / Groups form.

▼ Edit Mast Lists / Groups							
X Close							
Drug Marketin	Drug Marketing Msgs Drug Forms AR GL Categories Spoken Languages Drug Alerts Counselin Counselin						
Master Lists	Master Lists Patient Groups Drug/Mixture Groups			Drug D <u>e</u> partments	D <u>o</u> ctor Groups	Transfer <u>S</u> tores	
Drug/Mixture Gro	ups (1)					F2 Ins Del	
Description						A	
Immunization Product	Immunization Products						





Assigning Drugs to a Drug Group

- 1. Call up an immunization product using the **F5 Drug** search.
- 2. Ensure that 'Influenza Immunization' is selected from the 'Drug Card Type' Field.

File Edit F	File Edit Recent Drug Reports Utilities NH Central Fill Cards Session Help Version 10							
F3 - Patie	ent F5 - Drug F7 - Doctor	F9 - Workflo	ow F11 - Drop-off	- New Rx Alt+X - Start				
Na <u>m</u> e	Influvac	DIN 👻	02269562	ОК	🖉 Save 🔀 Scan			
Generic		Strength	Sched 2 (Se	chedul 👻	Drug Card Type			
Description		Followup (Days)	Oral/Written Not Sp	ecifiec 👻	Reportable Trial			
Description 2		Form	ML (Suspension)	•	Dispense as Pack			
Equivalent To		Route	Intramuscular (Default)	-	Ward Stock			
Default Sig		Manufacturer	ABB (Abbott Laboratories,	Limite 👻	Rx Sync Print compliance calendar			
Location	-	Handling Instr.			Eligible for coupon			
Generic Type	Brand Single Source 🚽 Priority	Price Group	None	-	Flavor Rx Health Inform/Rx Canada			
– Labels / Wo	rkflow Packaging	Department	<none></none>	-	Class			
Drug line 1	Default (Brand) - Track Lot Num	Marketing Msg	<none></none>	-	80.12.00.00			
Drug line 2	Default (Generic)	Fee for Svc.	<none></none>	-	Clinical Form			
Half-size Sig	Refrigerated	Drug Sub		Clear	Syringe (mL)			
Comments (F2 Ins Del	Groups (1)	F2 Ins Del	Narcotic Monitoring			
Topic	Plain Text Comment				View Reason Codes			
					View Reason codes			
General O	rdering UPCs Plans Usage Old Cos	sts Counselling	Kroll Care Other		E Ctrl 🗲			

3. Select Ins from the Groups frame.

File Edit	File Edit Recent Drug Reports Utilities NH Central Fill Cards Session Help Version 10						
F3 - Pati	ent F5 - Drug F7 - Doctor	F9 - Workflo	ow F11 - Drop-off F12	2 - New Rx Alt+X - Start			
Na <u>m</u> e	Influvac	DIN 👻	02269562 OK	🖉 Save 🛛 🗶 Scan			
Generic		Strength	Sched 2 (Schedul 🗸	Drug Card Type			
Description		Followup (Days)	Oral/Written Not Specifiec 👻	Influenza Immunization			
Description 2		Form	ML (Suspension) 👻	Dispense as Pack			
Equivalent To		Route	Intramuscular (Default) 🔹 👻	Ward Stock			
Default Sig		Manufacturer	ABB (Abbott Laboratories, Limite 👻	Rx Sync Print compliance calendar			
Location		Handling Instr.		🔽 Eligible for coupon			
Generic Type	Brand Single Source 👻 Priority	Price Group	None 👻	Flavor Rx Health Inform/Rx Canada			
– Labels / Wo	rkflow Packaging	Department	<none> 👻</none>	Class			
Drug line 1	Default (Brand) - Track Lot Num	Marketing Msg	<none> 👻</none>	80.12.00.00			
Drug line 2	Default (Generic)	Fee for Svc.	<none> 👻</none>	Clinical Form			
Half-size Sig	Refrigerated	Drug Sub	Clear	Syringe (mL)			
Comments		E2 Ins Del	Groups (1) F2 Ins De	Narcotic Monitoring			
Topic	Plain Text Comment			View Reason Codes			
				Hen Reason codes			
General C	ordering UPCs Plans Usage Old Co	sts Counselling	Kroll Care Other	Etrl 🛁			





4. Select the drug group. Click Insert.

♂ Add/Delete Groups for Influvac	and the second		x
Available Groups 1	✓ Insert >	Selected Groups	0
Immunization Products	Cancel		
	Insert All >>		
	<< <u>D</u> elete All		

5. The drug group will move from the Available Groups frame to the Selected Groups frame. Click OK.

V Add/Delete Groups for Influvac		
Available Groups 0	✓ OK X Cancel	Selected Groups 1
		Immunization Products
	Insert All >>	
	<< <u>D</u> elete All	

6. The drug group will be added to the **F5 - Drug** card. Click **Save** to save changes to the drug record.

File Edit F	Recent Drug Reports Utilities NH Centra	l Fill Cards Se	ssion Help Version 1	0				
F3 - Patie	ent F5 - Drug F7 - Doctor	F9 - Workflo	w F11 - Drop-of	f F12	- New Rx Alt+X - Start			
Na <u>m</u> e	Influvac	DIN 👻	02269562	Changed	Save X Cancel			
Generic		Strength	Sched 2	(Schedul 🗸	Drug Card Type Influenza Immunization			
Description		Followup (Days)	Oral/Written Not	Specifiec 👻	, Reportable Trial			
Description 2		Form	ML (Suspension)	•	Dispense as Pack			
Equivalent To		Route	Intramuscular (Default)	-	Ward Stock			
Default Sig		Manufacturer	ABB (Abbott Laboratori	es, Limite 👻	KX Sync Print compliance calendar Eligible for coupon Flavor Rx Health Inform/Rx Canada			
Location	•	Handling Instr.						
Generic Type	Brand Single Source 🚽 Priority	Price Group	None	-				
– Labels / Wo	rkflow Packaging	Department	<none></none>	-	Class			
Drug line 1	Default (Brand) 🗸 🔲 Track Lot Num	Marketing Msg	<none></none>	-	80.12.00.00			
Drug line 2	Default (Generic)	Fee for Svc.	<none> 👻</none>		Clinical Form			
Half-size Sig	Refrigerated	Drug Sub		Clear	Syringe (mL)			
Comments (0)	E2 Te3 Del	Groups (1)	F2 [Ins] [Del]	Narcotic Monitoring			
Topic	Plain Text Comment		Immunization Produc	ts	View Reason Codes			
					View Reason codes			
General O	rdering UPCs Plans Usage Old Cos	ts Counselling	Kroll Care Other		Ctrl 🗨			

7. Repeat steps 1-5 for each immunization product your pharmacy uses.





Running a Report

- 1. Select the report you want to run from the **Reports** menu.
- 2. The report form will appear. Locate the **Drug Groups** field and click **F2**.

🤝 Drug Usag	ge Report				
<u>F</u> ile					
Selection	n Selection 2	Dr <u>u</u> g	Doctor	<u>Options</u>	
Drug Grou	lps				Exclude
(All)					F2
Drug Sch	edule				Exclude
(All)					F2
Drug Prici	ing Groups				Exclude
(AII)					F2
Drug Tier	s				Exclude
(AII)					F2
Drug Bran	id/Generic Types				Exclude
	artments				Exclude
Drug					12
Diag					
	hdd	Bemo	ive	Cler	ar
		<u></u> ome			
Printer	Microsoft XPS Do	ocument \	Writer ·	- Copies	1
Tray	Automatically Sel	ect	•	 Collate 	e 🔲 Duplex
Restore D	efaults	nt Pr	re <u>v</u> iew	Save <u>C</u> SV	X Close

3. Select the drug group your immunization products have been assigned to. Click **Insert**.







4. The drug group will move from the **Available** frame to the **Selected** frame. Click **OK**.

♂ Select Drug Groups	Dag Liberts	
Available	1 🗸 ок	Selected 1
All drugs not in a group	X Cancel	Immunization Products
	Insert All >>	

5. The drug group will appear in the **Drug Groups** field in the report form. Repeat steps 2-4 for each drug group you want included in the report.

<u>F</u> ile	
Selection Selection 2 O Drug Doctor Options	
Drug Groups	Exclude
Immunization Products	F2
Drug Schedule	Exclude
	F2
Drug Pricing Groups	Exclude
	F2
	Exclude
Drug Brend/Conorio Turpos	Euclude
	Exclude F2
Drug Departments	Exclude
(All)	F2
Drug	
Add <u>R</u> emove <u>Clea</u>	ar
Printer Microsoft XPS Document Writer Copies	1 🔺
Tray Automatically Select Collate Collate	e 📃 Duplex
Restore Defaults Print Preview Save CSV	X Close

If you want to exclude the selected drug groups from the report (i.e., run the report for all drugs except those in the selected drug group), check the **Exclude** checkbox.

🐨 Drug Usage	Report				- • · X
<u>F</u> ile					
Selection	Selection 2	Dr <u>ug</u>	Doctor	<u>Options</u>	
Drug Group	IS				🔽 Exclude
Immunizati	on Products				[F2]
Drug Scheo	dule				Exclude





6. Click **Print**. The report will generate for the selected drug group(s) only.

		Kroll Pl	harmacy, 10 Phone: (222	0 Krollw 2) 222-22	in Drive, 222 Fax	St. John's (888) 88	5 NL A3A 38-8888	3A3			
ReportParameters Fill Date - 01/01/2016 to 2: Drug Groups - Immunization Show Price Breakdown Include Fee For Service Rxs	1/10/ n Pro	/20.16 oducts							Printed on: 2	1/10/2016.09	.41.17
orug Usage Report				On					Printed on; 2	Total	#1:17 #of
Drug M	fr	DIN	Pack Size	Hand	Oty	AAC	Cost	Markup	Fees	Amount	Rxs
Fluad 15/15/15mcg/0.5ml ML NO	OV	02362384	1	100	0.5	6.57	7.22	0.00	10.49	17.71	1
luviral Influenza Vaccine (Gov' GS	SK	02015986	1	69999	1	10.00	0.00	0.00	10.49	10.49	1
nfluvac ML Al	BB	02269562	10	4997	2.5	27.95	30.75	0.00	52.45	83.20	5