

Documenting Patient Non-Influenza Immunization

British Columbia





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Documenting Patient Non-Influenza Immunization

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, 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 following required information:

- Client's name
- Health Card Number (HCN)
- Vaccine Name
- Lot number
- Dose number in series
- Route administered

- Immunization site
- Dose
- Signature of immunizer
- Date of immunization
- Adverse events following immunization

Note: Your pharmacy must have Kroll V10 SP11 or higher in order to use this functionality.





Non-Influenza Immunization Module Features

The Immunization module introduces a simple and streamlined approach to managing and documenting administered non-influenza immunizations in Kroll that will improve the way your pharmacy manages non-influenza immunizations. The features that this functionality will provide are:

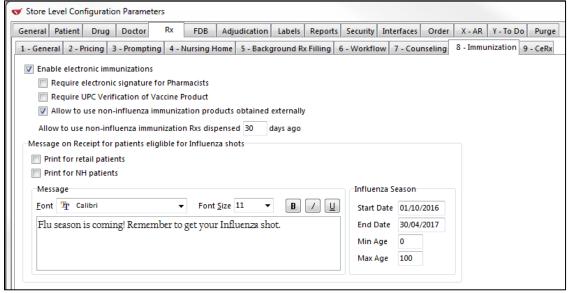
- All immunization records are saved to the Immunization section of the patient card, separate from all other patient records.
- Screening questions are used to determine if the patient is eligible for immunization; answers to these questions are stored in the database and are viewable from the patient 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.





Store Level 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.



- **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.
- 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.





Drug card Configuration

Creating Non-influenza Immunization Drug card

To change the Drug card type to Non-influenza Immunization:

• On the **Drug Card Type** drop down textbox, select **Non-Influenza Immunization.**

The following table is a list of immunizations that require the Drug card Type to be set to **Non-Influenza Immunization:**

Name	Brands	DIN	
	Avaxim	02237792	
	Avaxim Pediatric	02243741	
Hepatitis A (Havrix/Avaxim/Vaqta)	Vaqta	02229702	
	Havrix	02187078	
	Havrix Pediatric	02231056	
	Engerix B	01919431	
Henatitis B (Engerix B/Recombiyay HR)	Engerix B Pediatric	02296454	
Hepatitis B (Engerix B/Recombivax HB) Hepatitis A & Typhoid (Vivaxim) Herpes Zoster (Zostavax II) Japanese Encephalitis (Ixiaro) Pneumococcal – polysaccharide Hepatitis A & B (Twinrix)	Recombivax HB(5mcg/0.5ml,10mcg/ml)	02243676	
	Recombinax HB 40mcg/ml	02245977	
Hepatitis A & Typhoid (Vivaxim)	Vivaxim	02248361	
Herpes Zoster (Zostavax II)	Zostavax	02375516	
Japanese Encephalitis (Ixiaro)	Ixiaro	02333279	
Pneumococcal – polysaccharide	Pneumovax	00431648	
Hanatitic A & R (Twinrix)	Twinrix Adult	02230578	
nepatitis A & B (TWIIIIX)	Twinrix Pediatric	02237548	
Pneumococcal - conjugate (Prevnar 13)	Prevnar 13	02335204	
Meningococcal - Group C (Menjugate)	Menjugate	02243820	
Turn bodd (Turn birns Vi /Turn bouis)	Typhim Vi	02130955	
Typhoid (Typhim Vi/Typherix)	Typherix	02242727	
HPV (Gardasil 9/Cervarix)	Gardasil 9	02437058	
HPV (Galuasii 5/Celvalix)	Cervarix	02342227	
Rabies (Imovax Rabies/Rabavert)	Imovax	01908286	
Rabies (illiovax Rabies/Rabavert)	Rabavert	02267667	
BCG (Immucyst) Tuberculosis	Immucyst	02194376	
Varicella (Varivax/Varilrix)	Varivax 111	02246081	
varicena (varivax) varintx)	Varilrix	02241047	
Meningococcal - Group B (Bexsero)	Bexsero	02417030	
Meningococcal - Group ACYW-135	Menactra	02279924	
(Menactra/Menveo)	Menomune	00588490	
	Menomune	01959018	
Haemophilus Influenzae Type B (Act-HIB)	Act-HIB	01959034	
Yellow Fever - Designated Sites Only (YF-Vax)	YF-VAX	00428833	

Note: The list of Non-Influenza Immunizations is neither an extensive list nor a list in which all that are listed are distributed or used in all provinces.





Creating Administration Fee on Drug card

After creating a Drug Card, to bill the cost of administering a Non-influenza Immunization, ensure the following changes are made:

- 1. On the **Fee for Service** dropdown textbox, select **Non-influenza Immunization**. This ensures that the drug card is recognized as a Non-influenza fee for service.
- 2. On the Price group dropdown textbox, select Non-influenza fee for service.
- 3. On the bottom half of the drug card, click the **General** tab, and input service fee charge in the selling field. This is the service that is charged to the patient for injecting the Non-influenza Immunization.

Note: This option is provided to pharmacies that are in provinces in which they are not paid by the government for fee for service for administrating a Non-influenza Immunization.



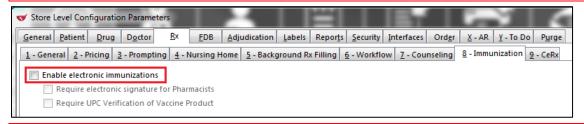


Paper Mode

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

Enabling Paper Mode

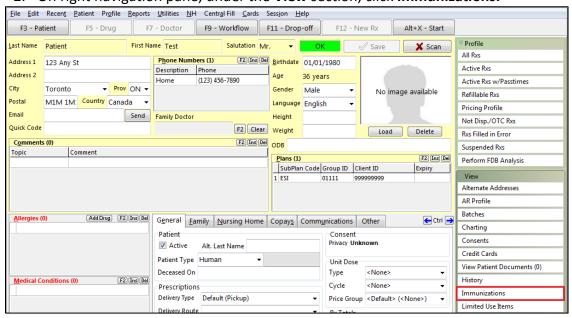
Note: The 'Enable electronic immunizations' configuration setting (File > Configuration > Store > Rx > 8 - Immunization) must be disabled in order to record immunizations in Paper Mode.



Note: Ensure that the Drug card is configured appropriately. Please refer to <u>Drug card</u> Configuration.

Creating a Paper Immunization Record

- 1. Call up a patient card using the **F3 Patient** search.
- 2. On right navigation pane, under the View section, click Immunizations.

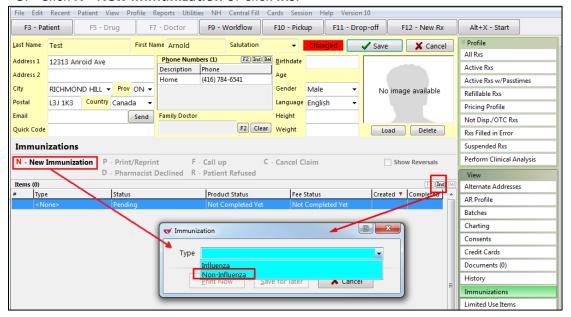


'Immunizations' window appears.





3. Click N - New Immunization or click Ins.

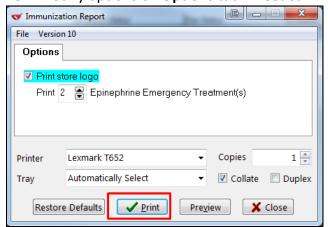


4. Select Non-Influenza in the Type drop down list, and click Print Now.



The 'Immunization Report' window appears.

5. Modify options on **Options** tab if needed.







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

Immunization Record (patient portion):

ATIENT INFORMATION					TRACK	(ING#	: 646	
First Name Patient	Last Name Test	Gender M	DOB 02-Feb-1999	Weight				
Address	rex.	Health Car		Phone Nu	mber			
220 Finch Ave. East, Toronto Of	M2J 2T9					16) 555-5555		
Emergency Contact	Relationship to Patient	nship to Patient Contact's Phone Number Contact's Oth				e Numb	er	
CREENING QUESTIONNAIR	RE	I						
The following questions will help t 'yes" to any question, it does not If a question is not clear, please as	necessarily mean the shot canno k your pharmacist to explain it.	ot be given. It	simply means addition	ne vaccine nal question	today. If yo	u answ asked.	er	
Are you sick today? (i.e. fever greater than 39.5°C, breathing problems, or active infection)							Unsure	
Are you allergic to any medications in		Later 1			Yes	No	Unsure	
Do you have an allergy to kanamycin		<u> </u>	in, polymixin or gelatin?		Yes	No	Unsure	
Have you ever had a severe, life thre					Yes	No	Unsure	
Have you had wheezing, chest tightness or difficulty breathing within 24 hours of getting a vaccine?						No	Unsure	
Are you allergic to latex gloves?		· 0			Yes	No	Unsure	
Have you had Guillain-Barre Syndror		cine?			Yes	No	Unsure	
Do you have a new or changing neurological disorder?						No	Unsure	
Do you take a blood thinner or have a bleeding disorder?					Yes	No	Unsure	
Pharmacist-Will you be administering Do you have a medical condition that			- Lumphama HIV/AIDa	`	Yes	No No		
Are you taking any medications that					Yes	No	Unsure	
Have you received any other vaccine	· · ·	within the past o	months: (eg Frednisor	ie etc)	Yes	No	Unsure	
Are you or do you think you might be				N/A		No	Unsure	
we you or do you trink you might be	pregnant:			147	res	IVU	Unsure	
ONSENT GIVEN BY PATIEN								
I, the undersigned client, parent or g sheets provided to me. I have had the eceiving the vaccine. I agree to wait I am aware that it is possible (yet ran 'anaphylaxis' can be life-threatening he administration of epinephrine, clip provide additional assistance to the irongue, throat, and/or lips.	in the pharmacy for 15 minutes(or e) to have an extreme allergic reac and is a medical emergency. If I es henhydramine, beta-agonists, and	time recomment tion to any come xperience such for antihistamin	nded by the pharmacist) ponent of the vaccine. S a reaction following vac es to try to treat this rea	after getting come serious cination, I are ction and the	the vaccing s reactions of m aware that at 9-1-1 will	e. called at it may be calle	require	
In the event of anaphylaxis, I will reco provided to my agent or EMS parame	eive a copy of this form containing edics.	information on e	emergency treatments th	nat I had rec	eived, or a	copy wi	l be	
I confirm that I want to receive	OR I confirm that I want my o	child to receive						
		Product						
Patient/Agent & Relationship	Patient/Agent Signature			ı	Date Signed 28-A	ug-20	17	
PHARMACIST DECLARATION col	nfirm the above named patient is co	apable of provid	ling consent forshould be given t	patient.	Product			
Pharmacist	Pharmacist Signature				Date Signed			
Pharmacist name (I.D. #)				ľ	28-A	ug-20	17	





Immunization Record (pharmacy portion):

	PHARMAC	Y USE O	NLY			
First Name Patient	Last Name Test	Gender M	DOB 02-Feb-199	Weigh	t	
Address 220 Finch Ave. East. Toront	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			ne Number (416) 555-555		
ION-INFLUENZA VACCIN	JE					KING#: 646
Product	VC.				DIN	Dose
Route of Administration	Site of Administration		Lot Number		Expiry Date	•
Administered by Name and #	Administered by Pharmacist Signal	ture				
Date/Time of Immunization						
PINEPHRINE EMERGEN	ICY TREATMENT				TRACKI	NG#: 646-1
Product				DIN	PIN	Dose
Allerject 0.15mg/0.15ml				02382059		
Allerject 0.3mg/0.3ml (P	<u> </u>					
= · · · · · · · · · · · · · · · · · · ·	ng/mL (Pack Size 1 SOLUTION)			02325225		+
Epipen 1mg/ml (Pack Siz	<u> </u>			00509558		
Epipen Jr 0.5mg/ml (Pac Route of Administration	Site of Administration		Lot Number	00578657	Expiry Date	
Date/Time of Injection						
PINEPHRINE EMERGEN	ICY TREATMENT					NG#: 646-2
Product				DIN	PIN	Dose
Allerject 0.15mg/0.15ml				02382059		
	<u> </u>			02382067		
Allerject 0.3mg/0.3ml (P	ng/mL (Pack Size 1 SOLUTION)			02325225		
Epinephrine Injection 1n	- 1 DEN			00509558		+
Epinephrine Injection 1m Epipen 1mg/ml (Pack Siz				00570657		
Epinephrine Injection 1n			Lot Number	00578657	Expiry Date	•
Epinephrine Injection 1m Epipen 1mg/ml (Pack Siz Epipen Jr 0.5mg/ml (Pac	k Size 1 PEN)	ture	Lot Number	00578657	Expiry Date	
Epinephrine Injection In Epipen Img/ml (Pack Siz Epipen Jr 0.5mg/ml (Pac Route of Administration Administered by Name and #	k Size 1 PEN) Site of Administration	ture	Lot Number	00578657	Expiry Date	•
Epinephrine Injection In Epipen Img/ml (Pack Siz Epipen Jr 0.5mg/ml (Pac Route of Administration Administered by Name and # Date/Time of Injection EPINEPHRINE EMERGEN	k Size 1 PEN) Site of Administration Administered by Pharmacist Signa	ture	Lot Number		TRACKI	NG#: 646-3
Epinephrine Injection In Epipen Img/ml (Pack Siz Epipen Jr 0.5mg/ml (Pac Route of Administration Administered by Name and # Date/Time of Injection EPINEPHRINE EMERGEN Product	k Size 1 PEN) Site of Administration Administered by Pharmacist Signal	ture	Lot Number	DIN		
Epinephrine Injection In Epipen Img/ml (Pack Siz Epipen Ir 0.5mg/ml (Pac Route of Administration Administered by Name and # Date/Time of Injection EPINEPHRINE EMERGEN Product Allerject 0.15mg/0.15ml	k Size 1 PEN) Site of Administration Administered by Pharmacist Signal ICY TREATMENT (Pack Size 1 PEN)	ture	Lot Number	DIN 02382059	TRACKI	NG#: 646-3
Epinephrine Injection In Epipen Img/ml (Pack Siz Epipen Jr 0.5mg/ml (Pac Route of Administration Administered by Name and # Date/Time of Injection EPINEPHRINE EMERGEN Product Allerject 0.15mg/0.15ml Allerject 0.3mg/0.3ml (P	k Size 1 PEN) Site of Administration Administered by Pharmacist Signal ICY TREATMENT (Pack Size 1 PEN)	ture	Lot Number	DIN	TRACKI	NG#: 646-3

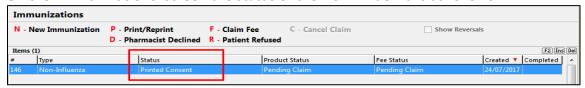




Immunization Record (pharmacy portion continued):

PHARMACY USE ONLY							
First Name Patient	Last Name Test	Gender M	DOB 02-Feb-1999	Weight			
Address 220 Finch Ave. East, Toro	ddress Health Card # Phone 220 Finch Ave. East, Toronto ON M2J 2T9				Number (416) 555-5555		
PINEPHRINE EMERG	ENCY TREATMENT			CKING	#: 646-3	(continued)	
Product Epipen Jr 0.5mg/ml (F	Dack Size 1 DENI\		DIN	578657	PIN	Dose	
Route of Administration	Site of Administration		Lot Number	376037	Expiry Date		
Administered by Name and #	Administered by Pharmacist	t Signature					
Date/Time of Injection							
Comments							

On the 'Immunizations' screen the status of the Non-influenza is as follows.





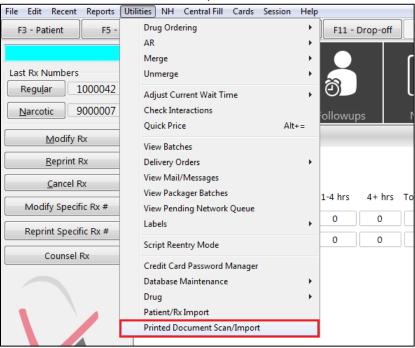


Scanning a Paper Immunization Record

Once the Immunization Record is printed, the Immunization Record needs to be scanned.

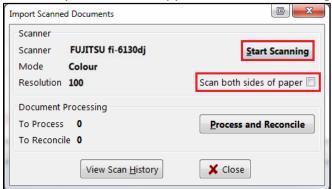
Note: If you will be scanning all immunization records in a single batch at the end of the day, skip these steps and continue to the <u>Billing an Immunization</u> section.

7. On the Alt+X - Start screen, click Utilities > Printed Document Scan/Import.



The 'Import Scanned Documents' window appears.

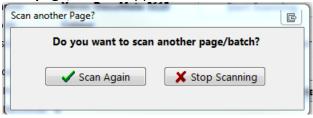
- 8. Place the report pages in the scanner hopper.
- 9. Check **Scan both sides of paper** if you are scanning pages with information on both sides and your scanner supports dual side scanning.



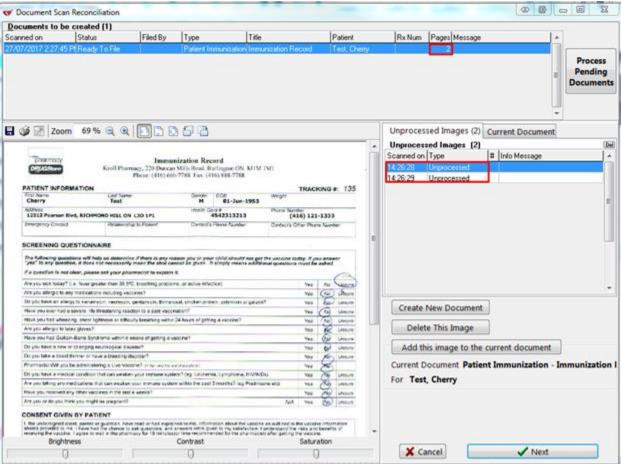




10. Click **Start Scanning**. When scanning is complete. Prompt '**Do you want to scan another page/batch?**' appears.



11. Click Stop Scanning. The 'Document Scan Reconciliation' screen appears.

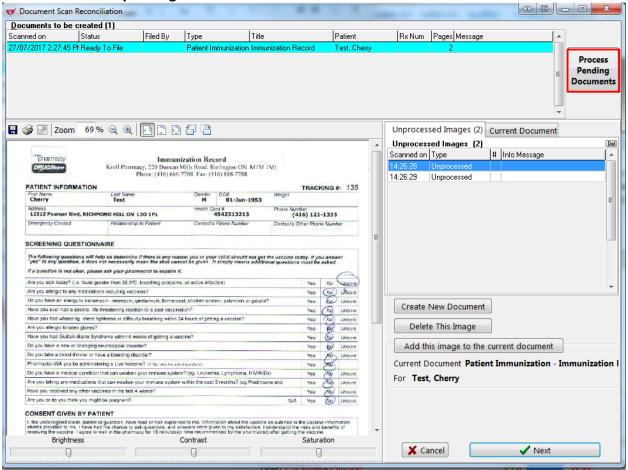


Note: Items ready to be processed displays in the **Documents to be created** section. Items that need to be reconciled are displayed in the **Unprocessed Images** section.





12. Click Process pending Documents.



Document is reconciled successfully.

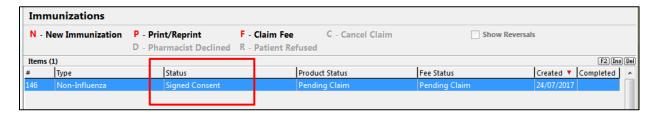
 On Document Scan Reconciliation window, click Cancel. 'Import Scanned Document' window reappears.



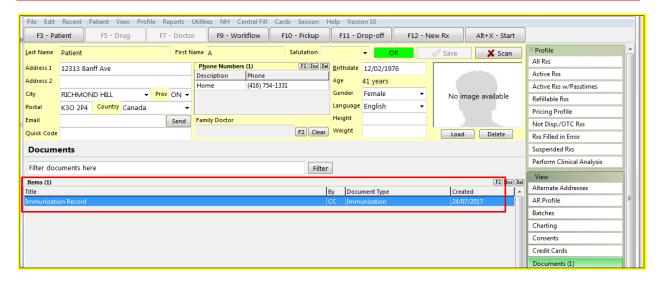




14. On **Import Scanned Documents** window, click **Cancel** to close the screen. Once scanning is complete, the **Status** of the immunization record will change from **Printed Consent** to **Signed Consent**.



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







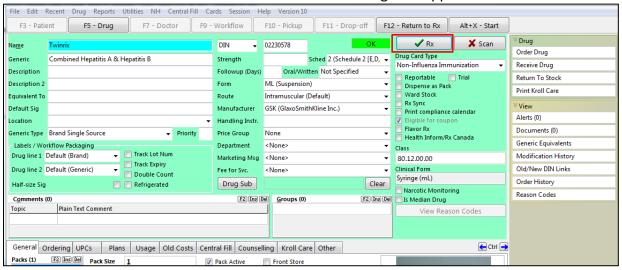
Billing Product

To Bill a Product:

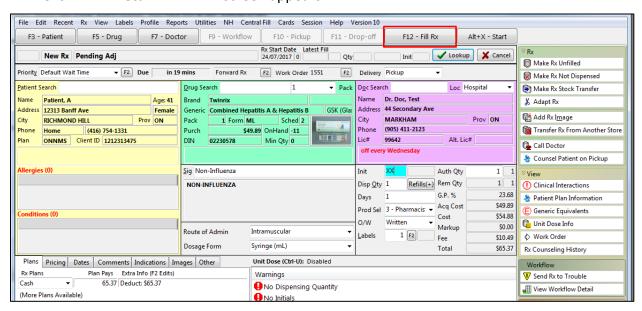
15. Click F- Claim fee or press F on the keyboard. 'F-5 Drug search' screen appears.



16. Search and select a Non-Influenza Immunization. Drug card appears.



17. Click **F12 – Return Rx**. '**F12**' screen appears.







18. Fill in all mandatory fields.

Note: Regardless of whether the vaccine Rx is in schedule 1 or schedule 2, the doctor field will be blank.

'Vaccine Rx in Schedule 1' needs to be prescribed in order for the Rx to be dispensed to the patient. Currently those who can prescribe Rxs are doctors.

'Vaccine Rx in Schedule 2' can be obtained through prescription or over the counter.

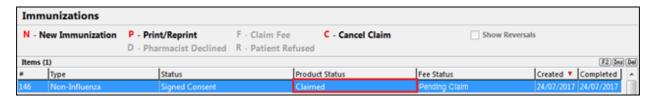
If a patient wants to get a 'Vaccine Rx in schedule 2' through prescription, then the Rx can be filled out normally.

If a patient wants to get a 'Vaccine Rx in schedule 2' over the counter, then click **Make Rx Not Dispensed** before filling the Rx.

19. Click F12- Fill Rx. 'F-5 Drug search' screen reappears.



Note: On the **Immunizations** screen the **Product Status** of the Non-Influenza changes from **Pending Claim**, to **Claimed**.

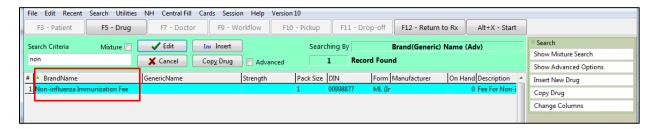




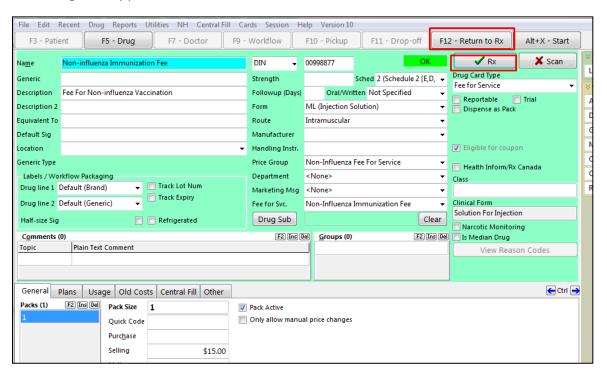


Billing Service Fee

20. On the 'F-5 Drug search' screen, search and select the Non-Influenza Immunization fee for service.



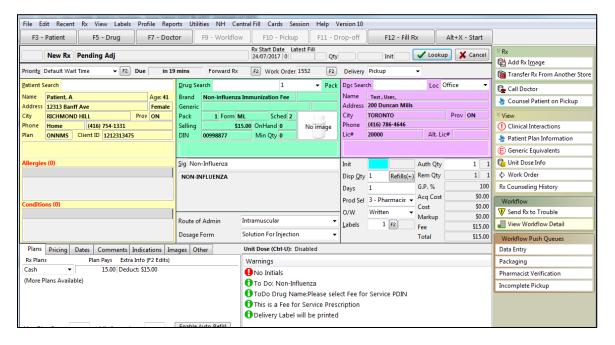
Drug card appears.







21. Click F12 - Return Rx. 'F12' screen appears.



- 22. Input mandatory fields.
- 23. Click **F12 Fill Rx** or press **F12** on your keyboard. Fee is billed successfully and label is printed.
- 24. If structured workflow is activated the Rx will follow the workflow configuration that is dictated.

Note: if structured workflow is not activated, Immunizations screen displays with Immunization Rx status.

- 25. Complete all remaining workflow steps as required.
- 26. Click **Approve. 'Workflow'** screen closes and Patient card's **'Immunizations'** screen appears. The Non-influenza has the following status: **Status = Signed Consent, Product Status = Claimed** and **Fee Status = Claimed**.



Note: If **Free for service** was selected in the **Fee** field on the **Administration** tab. The 'Immunizations' screen displays the same as above, except **Fee status** = **No Fee Applicable**.

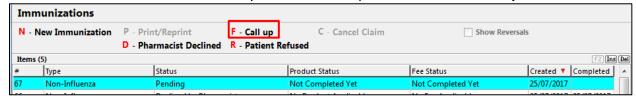




Completing Immunizations 'Saved for Later'

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. On right navigation pane, under the View section, click Immunizations.
- 3. Select the immunization record you want to complete and click F Call up.



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**.

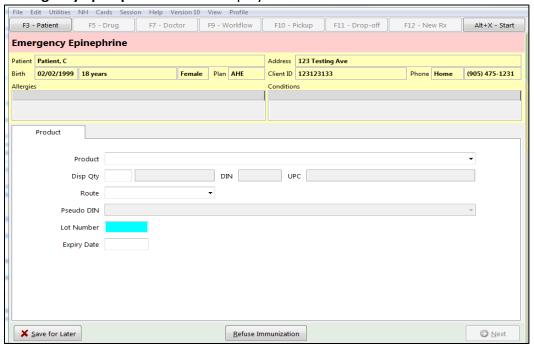
- 1. Call up a patient using the **F3 Patient** search.
- 2. On right navigation pane, under the **View** section, click **Immunizations**.
- 3. Right-click a completed immunization record and select Add Epinephrine shot.







'Emergency Epinephrine' screen displays on the 'Product' tab.



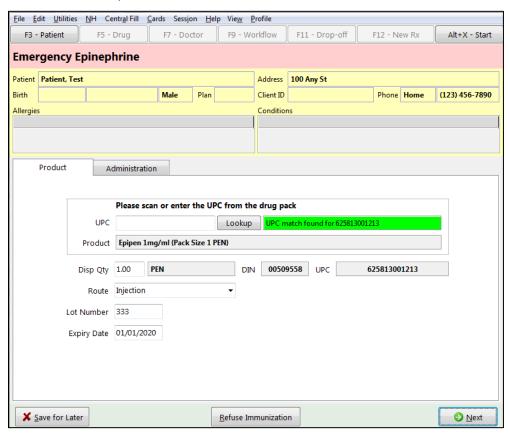




Product

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.

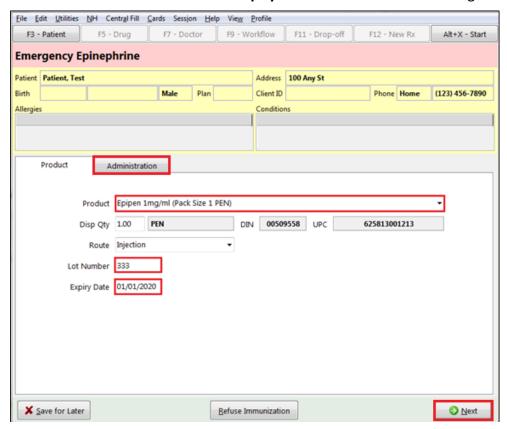
You may need to manually enter the lot number and expiry date if this information is not stored in the product barcode.







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.



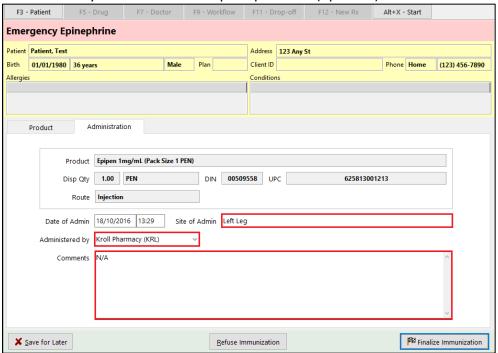
5. Click **Next**. The 'Administration' tab appears.



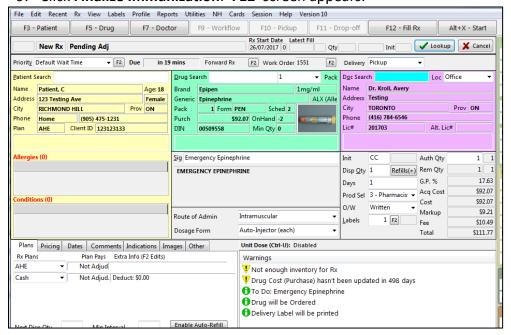


Administration

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



9. Click Finalize Immunization. 'F12' screen appears.







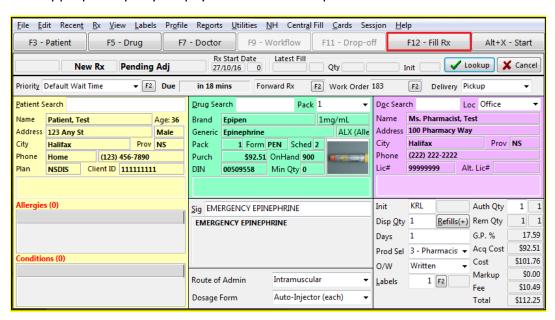
Billing Product

10. Input manditory fields.

Note: 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.

- 11. A claim for the treatment will populate in the **F12** screen. Enter a **Disp Qty** of '1' to represent the number of administered treatments.
- 12. Click **F12 Fill Rx** or press **F12** on your keyboard. The claim will be transmitted to the appropriate party for payment and label is printed.



- 13. Complete all remaining workflow steps as required.
- 14. 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'.



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





Reprinting an Immunization Record

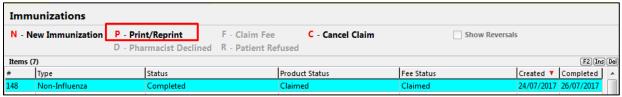
This section explains the process for reprinting immunization records. Immunizations can be reprinted either via the **F3** - **Patient** card or the **F9** - **Workflow** card.

On the **F3-Patient** card and **F9 – Workflow** card, the immunization record can be reprinted:

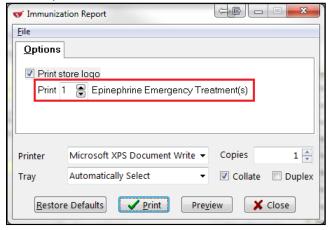
- If the **Status** is either **Printed Consent** or **Signed Consent**, the Product status and Fee status does not affect being able to reprint the immunization record.

Note: for **F9 – Workflow** card if both **Product status** and **Fee status** are both '**Complete**', the immunization record does not appear.

- 1. Call up the patient using the **F3 Patient** search, or select **F9 Workflow**.
- 2. On right navigation pane, under the **View** section, click **Immunizations.**
- 3. Select the appropriate immunization record and click **P Print/Reprint**. The 'Immunization Report' window appears.



4. Select the number of Epinephrine Emergency Treatments that need to be printed in the report.



5. Click **Print**. The selected record generates.



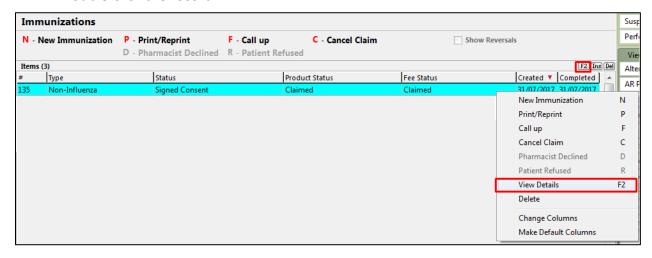


Viewing Immunization Record Details

This section explains the process for viewing immunization records. Immunizations can be viewed via the **F3 - Patient** card.

On the **F3-Patient card**, the immunization record can be reprinted:

- If the **Status** is either **Printed Consent** or **Signed Consent**, the Product status and Fee status does not affect being able to view the immunization record.
- 1. Call up the patient using the **F3 Patient** search.
- 2. On right navigation pane, under the **View** section, click **Immunizations.**
- 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.

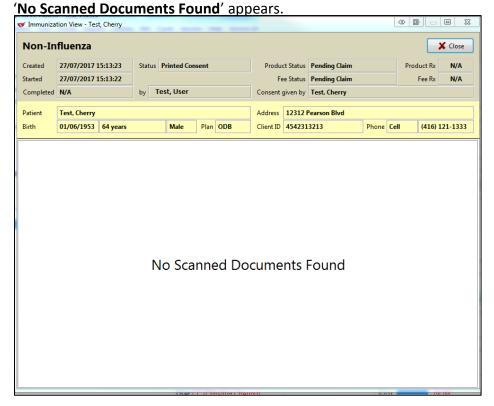


The 'Immunization View' screen appears.





If the immunization record has not yet been scanned into the system, a blank screen showing



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



4. Click Close. The 'Immunization View' screen closes.





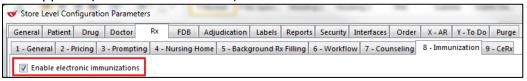
Electronic Mode

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.

Enabling Electronic Mode

To conduct immunizations in Electronic Mode:

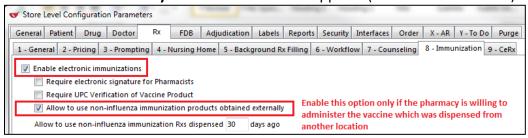
- 1. Click File > Configuration > Store > Rx > 8 Immunization.
- 2. Click the checkbox in front of **Enable electronic immunizations** so that a checkmark appears (checkmark = enabled)



Allowing use of Non- Influenza Immunization Products Obtained Externally

To allow using non-influenza immunization products obtained externally by patients:

3. Click the checkbox in front of **Allow to use non-influenza immunization products obtained externally'** so that a check mark appears (checkmark = enabled).



Note: Enable this option only if you are willing to administer a vaccine that was dispensed externally.

The following two scenarios are when a vaccine is considered to be external:

- When patient brings in immunization product that was dispensed from another pharmacy
- When patient is required to take more than one injection of an immunization product on separate days, and is coming in to the same pharmacy with the immunization that was dispensed to them with the second or third vaccine of the same product

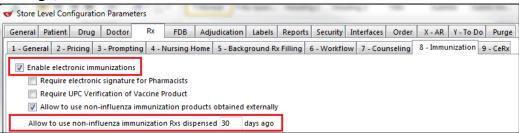




Allowing to use Non-Influenza Immunization Rxs Dispensed within ___ Days

To set number of days a non-influenza immunization Rx can be used after it has been dispensed:

4. Input number of days in 'Allow to use non-influenza immunization Rxs dispensed __ days ago,' and then click OK.



Prior to Filling out an Immunization

Please ask patients whether they are planning on getting the injection done with the pharmacy or with a doctor.

If the patient is planning on getting the injection done by a doctor:

- 1. Fill the Non-influenza Immunization Rx like any other Rx using the **F12 new Rx** screen.
- 2. After dispensing the product to the patient, if the patient changes their mind and wants the pharmacist to inject the product follow one of the following scenarios depending on how long ago the product was dispensed:
 - Scenario 2 if the patient brings in a recently dispensed product that is within the number of days set by the pharmacy of allowing using the Non-Influenza immunization Rx.
 - Scenario 4: if the patient brings in a product that was dispensed at a different location or if a patient brings in product that was dispensed more than the days set out by the pharmacy in accepting the Rx.

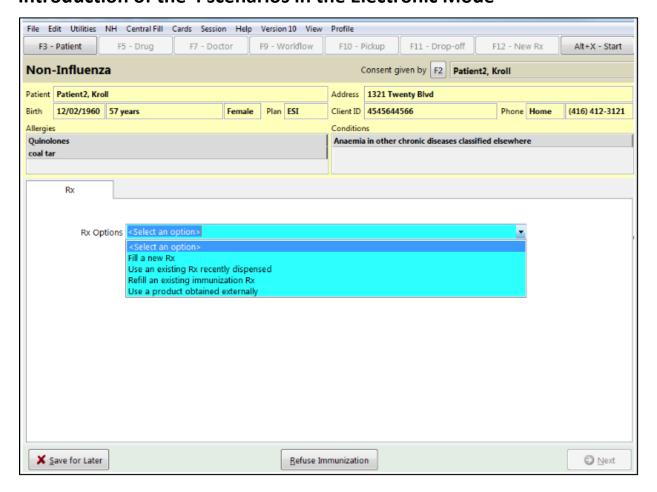
If the patient is planning on getting the injection done by a pharmacist:

 Follow the procedure outlined in one of the following 4 scenarios explained below that applies.





Introduction of the 4 scenarios in the Electronic Mode



Scenario 1: Fill a new Rx – This option is always available in Rx Options.

This option is used when you want to fill and dispense a new Rx for the patient.

<u>Scenario 2</u>: **Use an existing Rx recently dispensed** – This option is ONLY available in **Rx Options** when the Rx was submitted, completed, and dispensed recently. An Rx that is defined as dispensed recently falls within the number of days set by the pharmacy in **Allow to use non-influenza immunization Rx dispensed ___ days ago** option, in **File** > **Configuration** > **Store** > **Rx** > **8** – **Immunization**.

This option is used when the patient comes with the Non-influenza Immunization product into the same pharmacy that recently submitted, completed, and dispensed the Rx within the days set by the pharmacy.





<u>Scenario 3</u>: **Refill an existing immunization Rx** – This option is ONLY available in Rx options when there is a Vaccine Rx in Patient profile with a refill(s) remaining.

This option is used when a non-influenza immunization has more than one injection that needs to be taken by the patient. For example first injection on day 0, second injection on day 30, and third injection on day 60. The second and third injection will fall under **Refill an existing immunization Rx** if the patient decides to purchase the immunizations when they come in for the injection.

<u>Scenario 4</u>: **Use a product obtained externally** – this option is ONLY available when user enables **Allow to use non-influenza immunization products obtained externally** option, in **File** > **Configuration** > **Store** > **Rx** > **8** – **Immunization**.

This option is used in two situations:

- When patient brings in immunization Rx that was dispensed from another pharmacy
- When a non-influenza immunization has more than one injection that needs to be taken by the patient. For example first injection on day 0, second injection on day 30, and third injection on day 60. If the second and third Immunization Rx were purchased and dispensed to the patient along with the first immunization. Then when the patient comes in with the second or third immunization they are treated as products obtained externally.

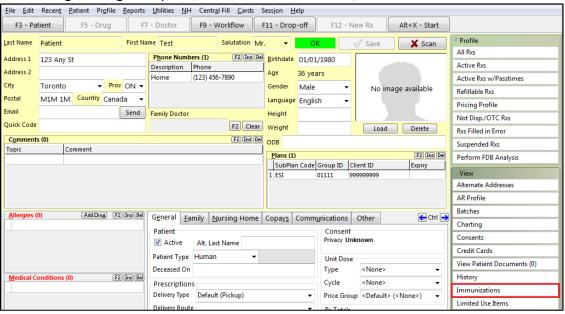




Scenario 1: Filling a New Rx for a Patient

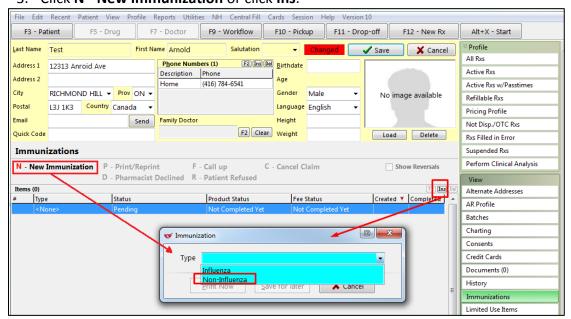
Fill a new Rx for a patient appears in the **Rx Options** Drop down menu as an option in all scenarios. This option is used when you want to fill and dispense a new Rx for the patient.

- 1. Call up a patient card using the **F3 Patient** search.
- 2. On right navigation pane, under the **View** section, click **Immunizations**.



'Immunizations' window appears.

3. Click N - New Immunization or click Ins.





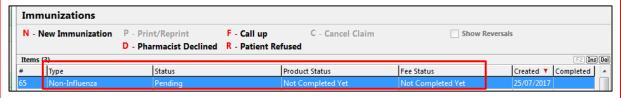


4. On the **Type** drop down list, select **Non-Influenza** and then click **Perform Now**. Immunization wizard begins.



Note: If you want to add the immunization record to the Immunizations queue in order to complete the immunization form later, click **Save for Later**. **'Immunization'** screen appears. The status of the Non-influenza immunization is as follows.

User is brought back to 'Immunization' screen; The Non-influenza Immunization has the following status.

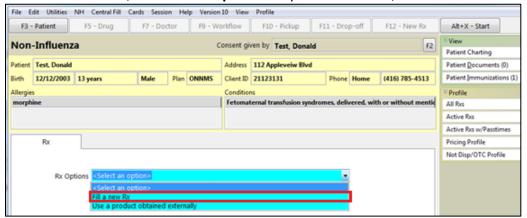


See the **Completing Immunizations 'Saved for Later'** section for more information.

Rx

The Rx section consists of whether the product was dispensed now or earlier, and whether it was dispense from the current pharmacy or externally, the name of the product, the pack size and UPC of the product. To fill in the Rx information:

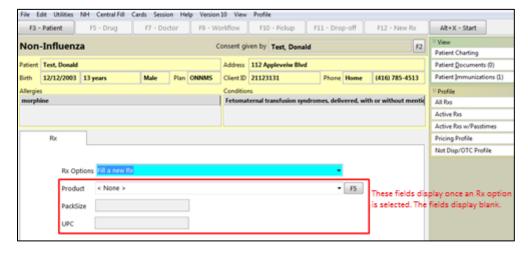
5. On the Rx tab, click the Rx Options drop down textbox, and select Fill a new Rx.



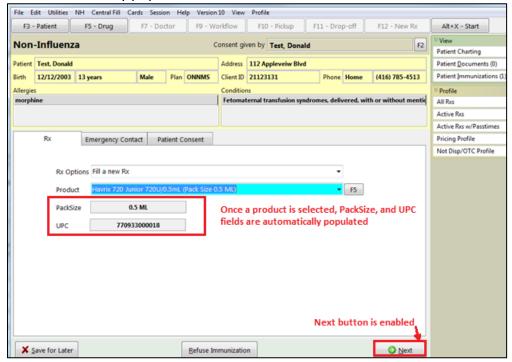




Product, Packsize, and UPC fields display with blank fields.



6. On the **Product** drop down textbox select a product. The PackSize and UPC fields are automatically populated. The '**Next'** button is enabled



Note: Optional - You can press **F5** on the keyboard to view the Drug card and the details of the product, and then click **Close**.

7. Click **Next**. 'Emergency contact' tab appears.





Emergency Contact

The emergency contact will be contacted in the event of an emergency.

- 8. Search for and select an emergency contact.
- 9. Specify the contact's **Relationship** to the patient and enter their phone number(s).

Note: If the patient has an emergency contact saved to the F3 - Patient card (**Other** tab), the contact's information prepopulates in the Emergency Contact fields and the '**Patient** Consent' tab appears.

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

10. Click **Save to Patient**, to save the emergency contact to the **F3 - Patient** card. The emergency contact is inserted in the **Other** tab in the **F3 - Patient** card.



11. Click Next.

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

12. Click Next. 'Patient Consent' tab appears.

Patient Consent

The Patient Consent consists of questions that will determine whether the patient is eligible to get the injection. To fill in the Patient consent section:

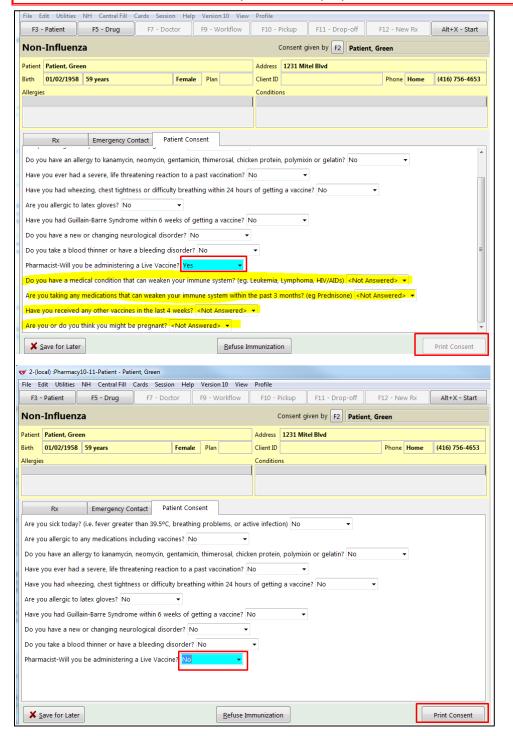
- 13. Select the appropriate answer for each of the Patient Consent questions.
 - Some answers will not allow the patient to receive the immunization.
 - For example, if the patient answers **Yes** to 'Are you sick today?', he or she will be ineligible for immunization.
 - Some answers may present a note to the pharmacist.
 - For example if the patient answers **Yes** to 'Are you allergic to latex gloves?', a note displays instructing the pharmacist to not use latex products.





Note: For question Pharmacist - Will you be administering a Live Vaccine?

- a. If user clicks Yes, 4 additional questions display below for the patient to answer.
- b. If user clicks No, no additional questions display below.







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 Immunizations</u> section for more information.



14. 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**. The 'Immunization Report' window appears.

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





15. Click **Print Consent**. The **'Immunization Report'** window appears. The **Non-Influenza Consent Form** prints. This form shows each of the Patient Consent questions and their answers for the patient to review.

If **No** is answered to the question **Pharmacist-Will you be administering a Live Vaccine?**, then the following Consent form is printed.

ATIENT INFORMATION First Name	Last Na		Gender	DOB		NG#: 647
Patient	Test	me	Genger M	02-Feb-1999	Weight	
Address	- ON MOT		Health Car	d #	Phone Number	
220 Finch Ave. East, Toron Emergency Contact		nship to Patient	Contact's	Phone Number	(416) 555-5 Contact's Other Phone	I
De Gary	Spous			22) 222-2222	Contact o Circi i none	Tamber
CREENING QUESTION	NAIRE					
The following questions will "yes" to any question, it doe If a question is not clear, ple				child should not get t simply means addition	he vaccine today. If you nal questions must be as	answer ked.
Are you sick today? (i.e. fever	greater than 39	9.5°C, breathing problem	ns, or active infect	ion)		No
Are you allergic to any medicat						No
Do you have an allergy to kana				in, polymixin or gelatin?		No
Have you ever had a severe, li						No
Have you had wheezing, chest		fficulty breathing within	24 hours of gettin	g a vaccine?		No
Are you allergic to latex gloves						No
Have you had Guillain-Barre Sy Do you have a new or changing			accine?			No
Do you take a blood thinner or						No No
Pharmacist-Will you be admini						No
, the undersigned client, paren sheets provided to me. I have I eceiving the vaccine. I agree to am aware that it is possible (sanaphylaxis' can be life-threat he administration of epineprovide additional assistance to ongue, throat, and/or lips.	vet rare) to hav lening and is a ne, diphenhydr o the immunize vill receive a co	e an extreme allergic re medical emergency. If amine, beta-agonists, a er. The symptoms of an	eaction to any com I experience such ind/or antihistamin n anaphylactic read	ponent of the vaccine. S a reaction following vac es to try to treat this rea tion may include hives,	Some serious reactions cal cination, I am aware that i ction and that 9-1-1 will be	led t may require called to ng of the
In the event of anaphylaxis, I w provided to my agent or EMS p	eive <u>Avaxim 1</u>	60/0.5ml				
In the event of anaphylaxis, I w provided to my agent or EMS p					Date Signed 28-Au	g-20 1 7
provided to my agent or EMS p I confirm that I want to reconstant Patient		Patient Signature				
provided to my agent or EMS p I confirm that I want to reconstant Fatient Test, Patient		above named patient is		ling consent for Avaxin	160/0.5ml and that the	Avaxim
provided to my agent or EMS p				ling consent for <u>Avaxin</u>	160/0.5ml and that the /	Avaxim_
provided to my agent or EMS p I confirm that I want to reco Patient Test, Patient PHARMACIST DECLARATION		above named patient is hould be given to patien		ling consent for Avaxin	Date Signed	<u>q-2017</u>





If **Yes** is answered to the question **Pharmacist-Will you be administering a Live Vaccine?**, then the following Consent form is printed.

Non-Influenza Vaccine Consent Form Wendell's Pharmacy, 220 Duncan Mill Road, dfdf33 AB 333333333 PATIENT INFORMATION TRACKING #: 647 Last Name First Name Patient Test 02-Feb-1999 Address 220 Finch Ave. East, Toronto ON M2J 2T9 Vumber (416) 555-5555 Emergency Contact De Gary Relationship to Patient Contact's Other Phone Number (222) 222-2222 SCREENING QUESTIONNAIRE The following questions will help us determine if there is any reason you or your child should not get the vaccine today. If you answer "yes" to any question, it does not necessarily mean the shot cannot be given. It simply means additional questions must be asked. If a question is not clear, please ask your pharmacist to explain it. Are you sick today? (i.e. fever greater than 39.5°C, breathing problems, or active infection) No Are you allergic to any medications including vaccines? Do you have an allergy to kanamycin, neomycin, gentamicin, thimerosal, chicken protein, polymixin or gelatin? No Have you ever had a severe, life threatening reaction to a past vaccination? No Have you had wheezing, chest tightness or difficulty breathing within 24 hours of getting a vaccine? No Are you allergic to latex gloves? No Have you had Guillain-Barre Syndrome within 6 weeks of getting a vaccine? No Do you have a new or changing neurological disorder? No Do you take a blood thinner or have a bleeding disorder? No Pharmacist-Will you be administering a Live Vaccine? Yes Do you have a medical condition that can weaken your immune system? (eg. Leukemia, Lymphoma, HIV/AIDs) No Are you taking any medications that can weaken your immune system within the past 3 months? (eg Prednisone etc) No Have you received any other vaccines in the last 4 weeks? No Are you or do you think you might be pregnant? N/A CONSENT GIVEN BY PATIENT I, the undersigned client, parent or guardian, have read or had explained to me, information about the vaccine as outlined in the vaccine information sheets provided to me. I have had the chance to ask questions, and answers were given to my satisfaction. I understand the risks and benefits of receiving the vaccine. I agree to wait in the pharmacy for 15 minutes(or time recommended by the pharmacist) after getting the vaccine. I am aware that it is possible (yet rare) to have an extreme allergic reaction to any component of the vaccine. Some serious reactions called 'anaphylaxis' can be life-threatening and is a medical emergency. If I experience such a reaction following vaccination, I am aware that it may require the administration of epinephrine, diphenhydramine, beta-agonists, and/or antihistamines to try to treat this reaction and that 9-1-1 will be called to provide additional assistance to the immunizer. The symptoms of an anaphylactic reaction may include hives, difficulty breathing, swelling of the In the event of anaphylaxis, I will receive a copy of this form containing information on emergency treatments that I had received, or a copy will be provided to my agent or EMS paramedics. I confirm that I want to receive Avaxim 160/0.5ml Patient Signature Test, Patient 28-Aug-2017 PHARMACISTDECLARATION | Confirm the above named patient is capable of providing consent for Avaxim 160/0.5ml and that the Avaxim 160/0.5ml should be given to patient. | Pharmacist | Phar Gary Deng (3687455) 28-Aug-2017 Page 1 of 1

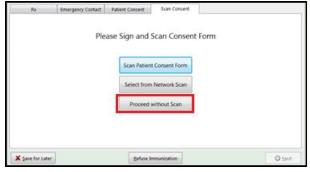




16. After printing the report, the 'Scan Consent' tab appears.

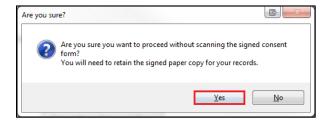
The following 3 options become available if you have a document scanner:

- **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 Document Scan Utility.



The following 3 options become available if you do not have a document scanner:

- **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 Document Scan Utility.
- 17. Click Proceed without Scan. Prompt '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.' with options Yes and No.



18. Click **Yes**. The '**Product**' tab appears.

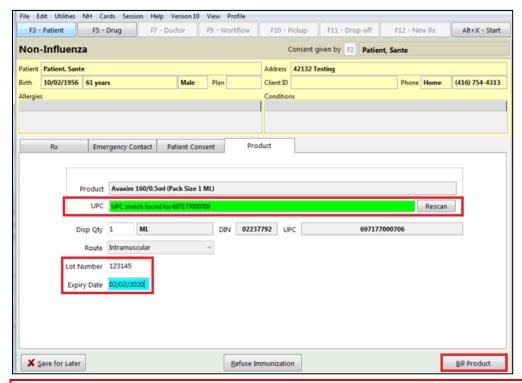




Product

The product tab requires details of the product that will be administered, such as dispense quantity, Lot Number, and Expiry date, this section is used to submit and claim the Rx. To Fill in the product section:

19. 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. The 'Bill Product' button is enabled.



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

If the 'Require UPC verification' configuration setting is disabled, select a product from the list. Enter the 'Disp Qty', 'Lot Number', and 'Expiry Date' fields associated with the drug. The 'Bill Product' button is enabled.





Billing product

To Bill a product:

20. Click **Bill Product**. '**F12 – Fill Rx**' screen appears. Except initial field, all other fields are prepopulated with a value.

Exception: The Doctor Field can either be blank or be auto populated with the pharmacist's information.

'Vaccine Rxs in schedule 1' can only be prescribed by a doctor, and not by a pharmacist. In these scenarios the Doctor Field is not auto populated with the pharmacist's names but rather left blank so that the doctor's information can be inputted.

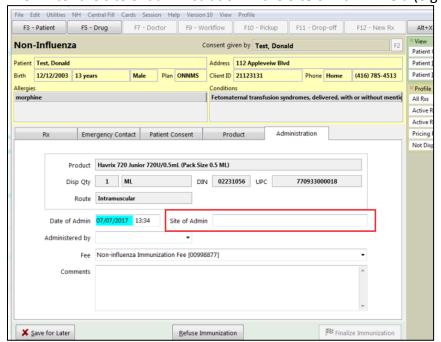
'Vaccine Rxs in schedule 2' does not require a prescription, thus the pharmacists name is auto populated in the doctor field.

- 21. Input your initials, and if needed doctors' information in the appropriate fields.
- 22. Click **F12 Fill Rx** or press **F12** on your keyboard. Rx submitted and claimed. Non-influenza wizard redisplays at the Administration tab.

Administration

The administration section will consist of information in regards to date of administration, site of administration on the body, and whether a service fee is charged. To fill in the Administration section:

23. Enter the site of administration in the Site of Admin field (e.g., left arm, right thigh)





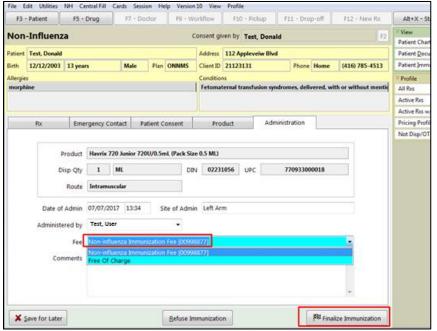


24. Select the pharmacist who administered the shot from the Administered by list.

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.



25. On the **Administration Fee** drop down textbox, select whether or not to charge for the service provided. The 'Finalize Immunization' button is enabled.



- 26. Enter any comments in the space provided (optional).
- 27. Click Finalize Immunization.

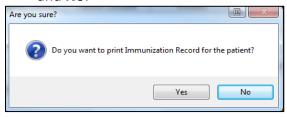




28. If you have electronic signatures enabled, the pharmacist will be prompted to sign the signature pad in order to proceed. Sign the signature pad and click **OK**.



29. Prompt 'Do you want to print Immunization Record for the patient?' with options Yes and No.



30. Click **Yes**. Record is printed. **'F12'** screen displays to bill the fee for service for non-influenza immunization.

Note: If **No** is clicked instead, record is not printed.





Billing Service Fee

Once Immunization is finalized and an Immunization record is printed, and Non-influenza Immunization service fee was selected in the Fee field on the Administration tab, the Immunization can be billed. To bill an Immunization:

- 31. Input manditory fields.
- 32. Click **F12 Fill Rx** or press **F12** on your keyboard. Fee is billed successfully and label is printed.
- 33. If structured workflow is activated the Rx will follow the workflow configuration that is dictated.

Note: if structured workflow is not activated, 'Immunization' screen displays with Immunization Rx status.

- 34. Complete all remaining workflow steps as required.
- 35. Click **Approve.** 'Workflow' screen closes and Patient card's 'Immunization' screen appears. The Non-influenza has the following status: **Status = Signed Consent, Product Status = Claimed** and **Fee Status = Claimed**.



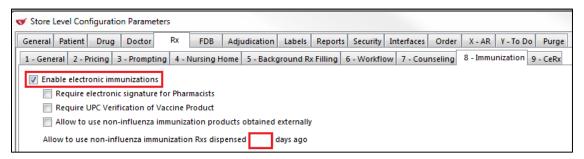
Note: If **Free for service** was selected in the **Fee** field on the **Administration** tab. The 'Immunizations' screen displays the same as above, except **Fee status** = **No Fee Applicable**.



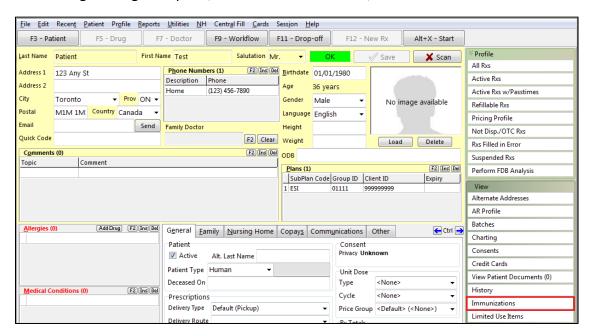


Scenario 2: Using a Recently Dispensed Non-influenza Rx for the Patient

'Use an existing Rx recently dispensed' option displays in the Rx Options drop down menu if a vaccine Rx was dispensed within the number of days set by the pharmacy.



- 1. Call up a patient card using the **F3 Patient** search.
- 2. On right navigation pane, under the **View** section, click **Immunizations.**

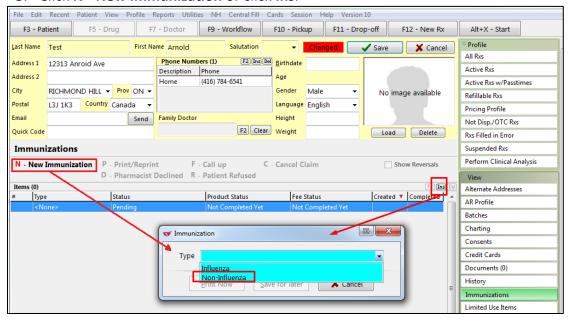


'Immunizations' window appears.





3. Click N - New Immunization or click Ins.



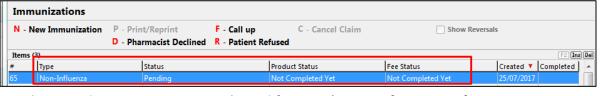
4. On the **Type** drop down list, select **Non-Influenza** and then click **Perform Now**. Immunization wizard begins.



Note: If you want to add the immunization record to the Immunizations queue in order to complete the immunization form later, click **Save for Later**. 'Immunization' screen appears.

The status of the Non-influenza immunization is as follows.

User is brought back to 'Immunization' screen; The Non-influenza Immunization has the following status.



See the Completing Immunizations 'Saved for Later' section for more information.

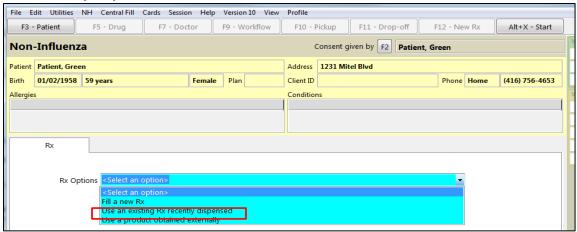




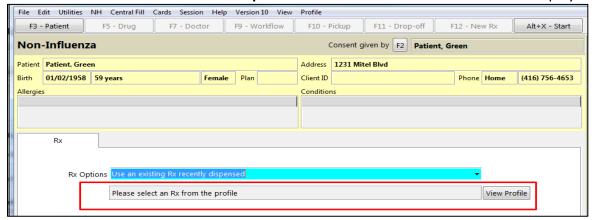
Rx

The Rx section consists of whether the product was dispensed now or earlier, and whether it was dispense from the current pharmacy or externally, the name of the product, the pack size and UPC of the product. To fill in the Rx information:

5. On the **Rx** tab, click the **Rx Options** drop down textbox, and select **Use an existing Rx recently dispensed**.



The 'Please select an Rx from the profile' field and the 'View Profile' button displays below.



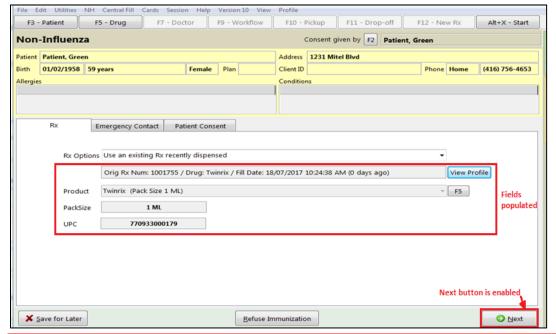
6. Click View Profile. 'Profile - Recently Dispensed' window displays with a list of Vaccine Rx.







7. Select an Rx, and click **OK**. The Field box next to the '**View Profile**' button is populated with the Original Rx Number, Drug name, Fill Date with Time and # of days ago the Rx was filled. Product field, PackSize field and UPC field are all automatically populated. The '**Next'** button is enabled.



Note: Optional - You can press **F5** on the keyboard to view the Drug card and the details of the product, and then click **Close**.

8. Click Next. 'Emergency contact' tab appears.





Emergency Contact

The emergency contact will be contacted in the event of an emergency.

- 9. Search for and select an emergency contact.
- 10. Specify the contact's **Relationship** to the patient and enter their phone number(s).

Note: If the patient has an emergency contact saved to the F3 - Patient card (**Other** tab), the contact's information prepopulates in the Emergency Contact fields and the '**Patient** Consent' tab appears.

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

11. Click **Save to Patient**, to save the emergency contact to the **F3 - Patient** card. The emergency contact is inserted in the **Other** tab in the **F3 - Patient** card.



12. Click Next.

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

13. Click **Next**. 'Patient Consent' tab appears.

Patient Consent

The Patient Consent consists of questions that will determine whether the patient is eligible to get the injection. To fill in the Patient consent section:

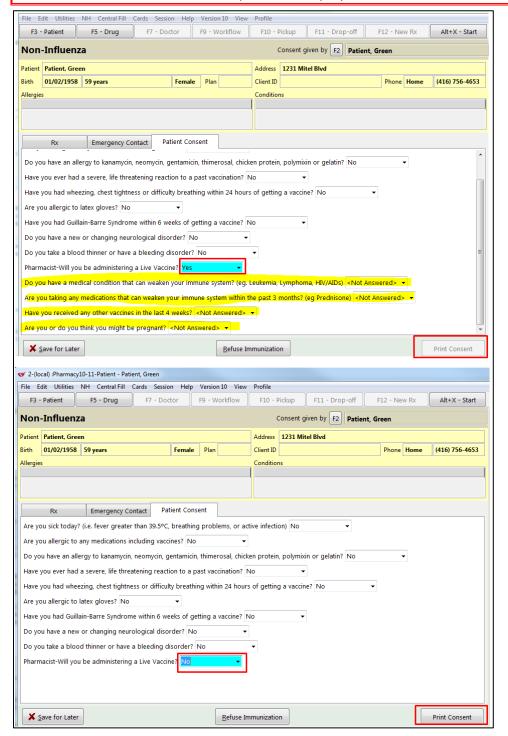
- 14. Select the appropriate answer for each of the Patient Consent questions.
 - Some answers will not allow the patient to receive the immunization.
 - For example, if the patient answers **Yes** to 'Are you sick today?', he or she will be ineligible for immunization.
 - Some answers may present a note to the pharmacist.
 - For example if the patient answers **Yes** to '**Are you allergic to latex gloves?**', a note displays instructing the pharmacist to not use latex products.





Note: For question Pharmacist - Will you be administering a Live Vaccine?

- a. If user clicks Yes, 4 additional questions display below for the patient to answer.
- b. If user clicks No, no additional questions display below.







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** window. See the <u>Declined or Refused Immunizations</u> section for more information.



15. 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**. The 'Immunization Report' window appears.

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





16. Click **Print Consent**. The **'Immunization Report'** window appears. The **Non-Influenza Consent Form** prints. This form shows each of the Patient Consent questions and their answers for the patient to review.

If **No** is answered to the question **Pharmacist-Will you be administering a Live Vaccine?**, then the following Consent form is printed.

PATIENT INFORMATIO			ICd	Inon	IIIV-1-64	TRACKIN	G#: 647
First Name Patient	Last N Test	ame	Gender M	DOB 02-Feb-1999	Weight		
Address	ON MOI	370	Health Car	rd #	Phone N		EE
220 Finch Ave. East, Tor Emergency Contact		nship to Patient	Contact's	Phone Number		(416) 555-55 s Other Phone N	
De Gary	Spou			22) 222-2222	Contact	s other r none is	umber
CREENING QUESTIC	ONNAIRE						
The following questions w "yes" to any question, it d If a question is not clear, p	please ask your	pharmacist to explain	it.		he vaccine nal questio	e today. If you a ons must be ask	nswer red.
Are you sick today? (i.e. fever greater than 39.5°C, breathing problems, or active infection)							No
Are you allergic to any medications including vaccines?							No
Do you have an allergy to k				in, polymixin or gelatin?	?		No
Have you ever had a severe	•	•					No
Have you had wheezing, ch Are you allergic to latex glov		ifficulty breathing within	24 hours of gettin	g a vaccine?			No
Have you had Guillain-Barre		6 weeks of netting a v	accine?				No No
Do you have a new or chang			acune:				No
Do you take a blood thinner	• •						No
Pharmacist-Will you be adm	ninistering a Live	Vaccine?					No
receiving the vaccine. Lagre		harmacy for 15 minutes	or time recomme	nded by the pharmacist			
receiving the vaccine. I agre I am aware that it is possible "anaphylaxis" can be life-thr the administration of epinep provide additional assistance longue, throat, and/or lips. In the event of anaphylaxis.	e (yet rare) to have reatening and is a hrine, diphenhydi e to the immunize	ve an extreme allergic re i medical emergency. If ramine, beta-agonists, a er. The symptoms of ar	eaction to any com l experience such and/or antihistamin anaphylactic read	ponent of the vaccine. a a reaction following vac es to try to treat this rea ction may include hives,	Some serio ccination, I action and t difficulty b	us reactions calle am aware that it hat 9-1-1 will be reathing, swelling	may require called to g of the
am aware that it is possible "anaphylaxis" can be life-thi- the administration of epinep produce additional assistance tongue, throat, and/or lips. In the event of anaphylaxis, provided to my agent or EM lonfirm that I want to n	e (yet rare) to have reatening and is a hrine, diphenhydi e to the immunize I will receive a co IS paramedics.	we an extreme allergic re medical emergency. If amine, beta-agonists, a er. The symptoms of ar appy of this form containi	eaction to any com l experience such and/or antihistamin anaphylactic read	ponent of the vaccine. a a reaction following vac es to try to treat this rea ction may include hives,	Some serio ccination, I action and t difficulty b	us reactions calle am aware that it hat 9-1-1 will be reathing, swelling	may require called to g of the
I am aware that it is possible "anaphylaxis" can be life-three administration of epinep provide additional assistance tongue, throat, and/or lips. In the event of anaphylaxis, provided to my agent or EM localization of the loc	e (yet rare) to have eatening and is a hrine, diphenhyd, e to the immunized I will receive a color paramedics.	re an extreme allergic re medical emergency. If medical emergency, If armine, beta-agonists, a er. The symptoms of an epop of this form containing the emergency of the symptoms of an emergency of this form containing the emergency of this form containing the emergency of the em	s(or time recomme eaction to any com I experience such and/or antihistamin n anaphylactic rea ng information on	ponent of the vaccine. a reaction following vace se to try to treat this re- tiction may include hives, emergency treatments t	Some serio ccination, I a cction and t difficulty b hat I had re	us reactions calls am aware that it hat 9-1-1 will be reathing, swelling eceived, or a cop Date Signed 28-Aug	may require called to g of the y will be
I am aware that it is possible 'anaphylaxis' can be life-thre the administration of epinep provide additional assistant to grow the control of the to the control of the life to my agent or and to my agent or I confirm that I want to Patient Test, Patient PHARMACIST DECLARAT	e (yet rare) to have atening and is a hrine, diphenhydie to the immunization of the immunication of the im	re an extreme allergic re medical emergency. If medical emergency, If armine, beta-agonists, a rr. The symptoms of ar popy of this form containing the symptoms of a source of the symptoms of a symptoms of the symptoms of t	s(or time recommeres acation to any our I experience such and/or antihistamin in anaphylactic rea- ing information on s capable of provide	ponent of the vaccine. a reaction following vace se to try to treat this re- tiction may include hives, emergency treatments t	Some serio ccination, I a cction and t difficulty b hat I had re	us reactions calls am aware that it hat 9-1-1 will be reathing, swelling eceived, or a cop Date Signed 28-Aug	may require called to g of the y will be
"anaphylaxis" can be life-thr the administration of epinepi provide additional assistano tongue, throat, and/or lips. In the event of anaphylaxis, provided to my agent or EM	e (yet rare) to have atening and is a himme, diphenhydhe to the immunize I will receive a cd S paramedics. Peceive Avaxim 1 1 will receive Avaxim 1 1 confirm the 160/0.5ml s	re an extreme allergic re medical emergency. If medical emergency, If armine, beta-agonists, a er. The symptoms of ar appy of this form containing the symptoms of ar appy of this form containing the symptoms of a	s(or time recommeres acation to any our I experience such and/or antihistamin in anaphylactic rea- ing information on s capable of provide	ponent of the vaccine. a reaction following vace se to try to treat this re- tiction may include hives, emergency treatments t	Some serio ccination, I a cction and t difficulty b hat I had re	us reactions calls am aware that it hat 9-1-1 will be reathing, swelling eceived, or a cop Date Signed 28-Aug	may require called to g of the y will be -2017





If **Yes** is answered to the question **Pharmacist-Will you be administering a Live Vaccine?**, then the following Consent form is printed.

ATIENT INFORMATION First Name	Last Name	Gender	DOB	Weight	NG #: 647	
Patient Address	Test	M Health Ca	02-Feb-1999	Dhara Nambaa		
Address 220 Finch Ave. East, Toron	to ON M2J 2T9	Health Ca	ra #	Phone Number (416) 555-5	555	
Emergency Contact De Gary	Relationship to Patient Spouse		Phone Number 22) 222-222	Contact's Other Phone I	Number	
CREENING QUESTION	NAIRE					
"yes" to any question, it doe	help us determine if there is any re s not necessarily mean the shot ca ase ask your pharmacist to explain	annot be given. It	r child should not get t simply means addition	he vaccine today. If you nal questions must be as	answer ked.	
Are you sick today? (i.e. fever greater than 39.5°C, breathing problems, or active infection)						
Are you allergic to any medications including vaccines?						
Do you have an allergy to kanamycin, neomycin, gentamicin, thimerosal, chicken protein, polymixin or gelatin?						
Have you ever had a severe, lif	fe threatening reaction to a past vacc	ination?			No	
	tightness or difficulty breathing within	n 24 hours of gettir	ig a vaccine?		No	
Are you allergic to latex gloves					No	
	yndrome within 6 weeks of getting a v	vaccine?			No	
Do you have a new or changing	· ·				No	
Do you take a blood thinner or					No	
Pharmacist-Will you be adminis	stering a Live vaccine? on that can weaken your immune sys	tom2 (on Loukom	is Lumphoma HIV/AIDs	-1	Yes No	
	that can weaken your immune system				No	
Have you received any other v		em widiin die pasc	o monuis: (eg i reuniso	ne etc)	No	
Are you or do you think you mi					N/A	
ONSENT GIVEN BY PA						
am aware that it is possible (y anaphylaxis' can be life-threat he administration of epinephrini rorvide additional assistance to ongue, throat, and/or lips. In the event of anaphylaxis, I w provided to my agent or EMS p	t or guardian, have read or had expl and the chance to ask questions, and o wait in the pharmacy for 16 minute- ret rare) to have an extreme allergio- rening and is a medical emergency. It diphenhydramine, beta-agonists, the immunizer. The symptoms of a till receive a copy of this form contain aramedics.	reaction to any con f l experience such and/or antihistamir in anaphylactic rea	nponent of the vaccine. S a reaction following vac les to try to treat this rea ction may include hives,	Some serious reactions cal cination, I am aware that i cition and that 9-1-1 will be difficulty breathing, swellin	led t may require called to ng of the	
l confirm that I want to rece Patient				10.4.0		
ratient Test, Patient	Patient Signature			Date Signed 28-Au	g-2017	
PHARMACISTDECLARATION	160/0.5ml should be given to patie		ding consent for Avaxin	n 160/0.5ml and that the /	Avaxim	
Pharmacist Pharmacist Signature Date Signed						

54



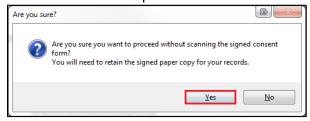


- 17. After printing the report, the 'Scan Consent' tab appears. The following 3 options become available if you have a document scanner:
 - Scan Patient Consent Form: Allows you to scan the patient consent form into the system.
 - **Select from Network Scan**: If you have already scanned the signed 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 Utility</u>.



The following 3 options become available if do not have a document scanner:

- **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 Utility</u>.
- 18. Click Proceed without Scan. Prompt '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.' with options Yes and No.



19. Click Yes. The 'Product' tab appears.

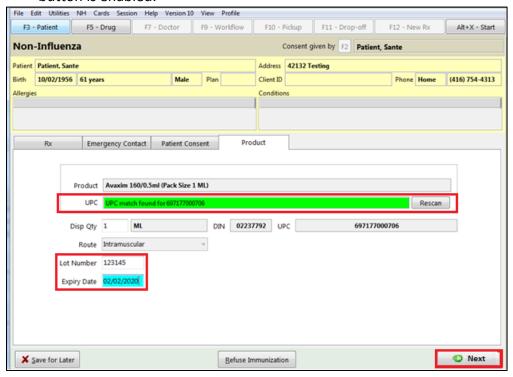




Product

The product tab requires details of the product that will be administered, such as dispense quantity, Lot Number, and Expiry date, this section is used to submit and claim the Rx. To Fill in the product section:

20. 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. The 'Next' button is enabled.

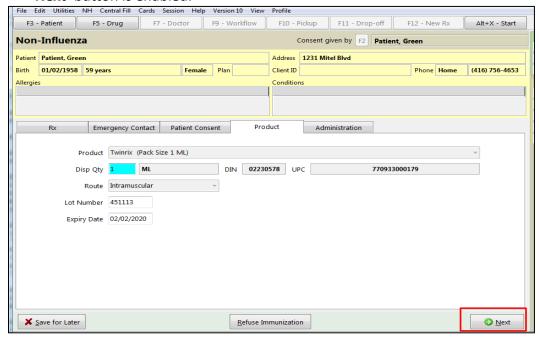


Note: You may need to manually enter the lot number and expiry date if this information is not stored in the product barcode.





If the 'Require UPC verification' configuration setting is disabled, select a product from the list. Enter the 'Disp Qty', 'Lot Number', and 'Expiry Date' fields associated with the drug. The 'Next' button is enabled.



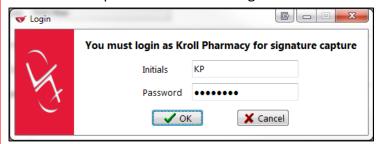
21. Click **Next**. The 'Administration' tab appears.

Administration

The administration section will consist of information in regards to date of administration, site of administration on the body, and whether a service fee is charged. To fill in the Administration section:

- 22. Enter the site of administration in the Site of Admin field (e.g., left arm, right thigh)
- 23. Select the pharmacist who administered the shot from the **Administered by** list.

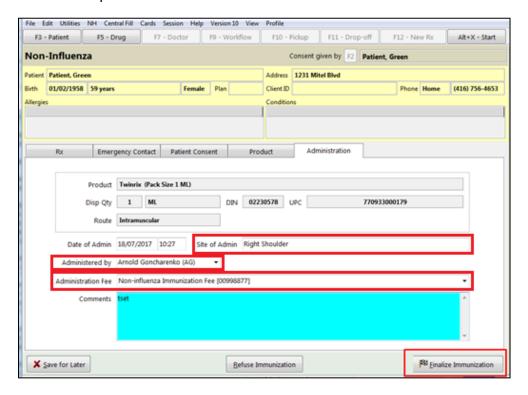
Note: If the **Administered by** user is not the currently logged in user, the **Administered by** user will be required to enter their login credentials in order to proceed.







24. On the **Administration Fee** drop down textbox, select whether or not to charge for the service provided. The 'Finalize Immunization' button is enabled.



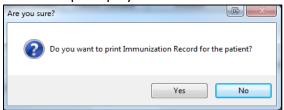
- 25. Enter any comments in the space provided (optional).
- 26. Click Finalize Immunization.
- 27. If you have electronic signatures enabled, the pharmacist will be prompted to sign the signature pad in order to proceed. Sign the signature pad and click **OK**.







28. Prompt displays 'Print Immunization Record' with options Yes and No.



29. Click **Yes**. Record is printed. User is brought to '**F12**' screen to bill the fee for service for non-influenza immunization.

Note: If **No** is clicked instead, record is not printed.

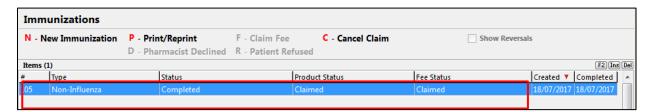
Billing Service Fee

Once Immunization is finalized and an Immunization record is printed, and Non-influenza Immunization service fee was selected in the Fee field on the Administration tab, the Immunization can be billed. To bill an Immunization:

- 30. Input manditory fields.
- 31. Click **F12 Fill Rx** or press **F12** on your keyboard. Fee is billed successfully and label is printed.
- 32. If structured workflow is activated the Rx will follow the workflow configuration that is dictated.

Note: if structured workflow is not activated, 'Immunization' screen displays with Immunization Rx status.

- 33. Complete all remaining workflow steps as required.
- 34. Click **Approve.** 'Workflow' screen closes and the Patient card's 'Immunization' screen appears. The Non-influenza has the following status: **Status = Completed**, **Product Status = Claimed** and **Fee Status = Claimed**.



Note: If **Free for service** was selected in the **Fee** field on the **Administration** tab. The 'Immunizations' screen displays the same as above, except **Fee status** = **No Fee Applicable**.

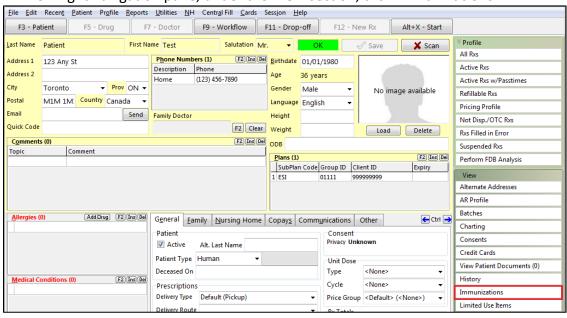




Scenario 3: Refilling an Existing Immunization Rx

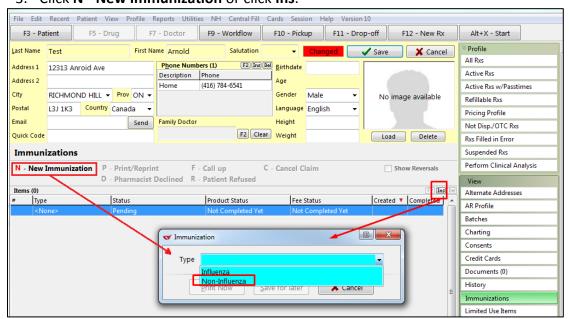
'Refill an existing immunization Rx' displays in the Rx Options drop down menu if there is a refillable vaccine Rx.

- 1. Call up a patient card using the **F3 Patient** search.
- 2. On right navigation pane, under the View section, click Immunizations.



'Immunizations' window appears.

3. Click N - New Immunization or click Ins.







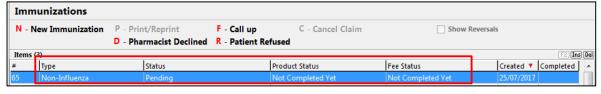
4. On the **Type** drop down list, select **Non-Influenza** and then click **Perform Now**. Immunization wizard begins.



Note: If you want to add the immunization record to the Immunizations queue in order to complete the immunization form later, click **Save for Later**. 'Immunization' screen appears. The status of the Non-influenza immunization is as follows.

User is brought back to 'Immunization' screen: The Non-influenza Immunization has the

User is brought back to 'Immunization' screen; The Non-influenza Immunization has the following status.

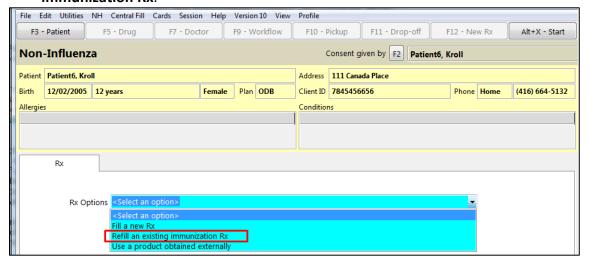


See the Completing Immunizations 'Saved for Later' section for more information.

Rx

The Rx section consists of whether the product was dispensed now or earlier, and whether it was dispense from the current pharmacy or externally, the name of the product, the pack size and UPC of the product. To fill in the Rx information:

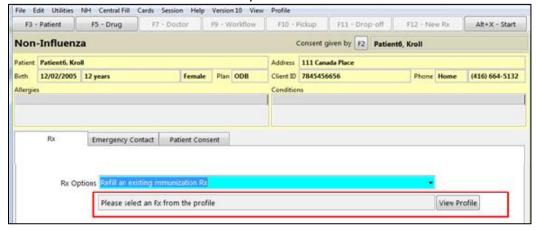
5. On the **Rx** tab, click the **Rx Options** drop down textbox, and select **Refilling an existing** immunization **Rx**.







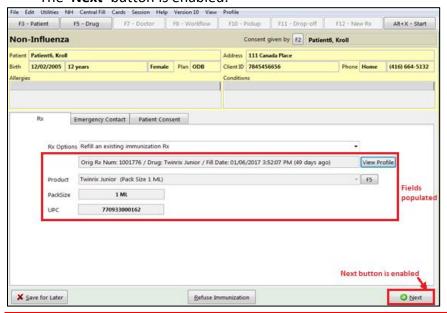
The 'Please select an Rx from the profile' field and the 'View Profile' button displays below.



6. Click View Profile. 'Profile - Refillable' window displays with a list of Vaccine Rx.



7. Select an Rx, and click **OK**. The Field box next to the '**View Profile**' button is populated with the Original Rx Number, Drug name, Fill Date with Time and how many days ago the Rx was filled. Product field, PackSize field and UPC field are all automatically populated. The '**Next**' button is enabled.



Note: Optional - You can press **F5** on the keyboard to view the Drug card and the details of the product, and then click **Close**.

8. Click **Next**. 'Emergency contact' tab appears.





Emergency Contact

The emergency contact will be contacted in the event of an emergency.

- 9. Search for and select an emergency contact.
- 10. Specify the contact's **Relationship** to the patient and enter their phone number(s).

Note: If the patient has an emergency contact saved to the F3 - Patient card (**Other** tab), the contact's information prepopulates in the Emergency Contact fields and the '**Patient** Consent' tab appears.

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

11. Click **Save to Patient**, to save the emergency contact to the **F3 - Patient** card. The emergency contact is inserted in the **Other** tab in the **F3 - Patient** card.



12. Click Next.

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

13. Click Next. 'Patient Consent' tab appears.

Patient Consent

The Patient Consent consists of questions that will determine whether the patient is eligible to get the injection. To fill in the Patient consent section:

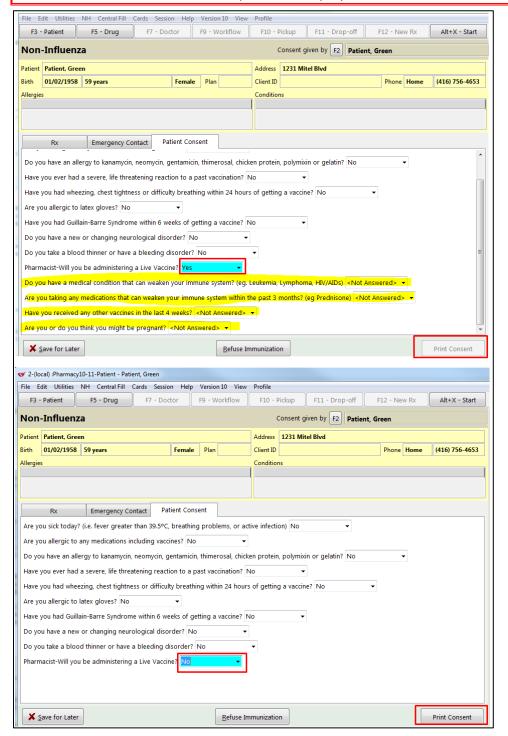
- 14. Select the appropriate answer for each of the Patient Consent questions.
 - Some answers will not allow the patient to receive the immunization.
 - For example, if the patient answers **Yes** to 'Are you sick today?', he or she will be ineligible for immunization.
 - Some answers may present a note to the pharmacist.
 - For example if the patient answers **Yes** to 'Are you allergic to latex gloves?', a note displays instructing the pharmacist to not use latex products.





Note: For question Pharmacist - Will you be administering a Live Vaccine?

- a. If user clicks Yes, 4 additional questions display below for the patient to answer.
- b. If user clicks No, no additional questions display below.







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** window. See the <u>Declined or Refused Immunizations</u> section for more information.



15. 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**. The 'Immunization Report' window appears.

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





16. Click **Print Consent**. The '**Immunization Report**' form appears. The **Non-Influenza Consent Form** prints. This form shows each of the Patient Consent questions and their answers for the patient to review.

If **No** is answered to the question **Pharmacist-Will you be administering a Live Vaccine?**, then the following Consent form is printed.

ATIENT INFORMATIO				T		NG#: 647
First Name Patient	Last Na Test	me	Gender M	DOB 02-Feb-1999	Weight	
Address			Health Ca	rd#	Phone Number	
220 Finch Ave. East, Tor			Cantanta	Ohana Musehaa	(416) 555-5	
Emergency Contact De Gary	Spous	ship to Patient e		Phone Number 22) 222-222	Contact's Other Phone I	vumber
CREENING QUESTIO	NNAIRE					
The following questions wi "yes" to any question, it do If a question is not clear, p				child should not get t simply means addition	he vaccine today. If you a nal questions must be as	answer ked.
Are you sick today? (i.e. feve			ns, or active infec	tion)		No
Are you allergic to any medic	ations including v	vaccines?				No
Do you have an allergy to ka				in, polymixin or gelatin?		No
Have you ever had a severe,		-				No
Have you had wheezing, che		ficulty breathing within	24 hours of gettin	g a vaccine?		No
Are you allergic to latex glove						No
Have you had Guillain-Barre Do you have a new or chang	•		accine?			No
Do you take a blood thinner						No No
Pharmacist-Will you be admi						No
receiving the vaccine. I agree am aware that it is possible anaphylavis" can be life thre	(yet rare) to have	an extreme allergic re	eaction to any com I experience such and/or antihistamin anaphylactic rea	ponent of the vaccine. S a reaction following vac es to try to treat this rea ction may include hives,	Some serious reactions cal cination, I am aware that in cition and that 9-1-1 will be difficulty breathing, swellin	t may require called to ng of the
the administration of epineph provide additional assistance tongue, throat, and/or lips.	will receive a cop paramedics.	by of this form containing	ng information on			,
the administration of epineph provide additional assistance tongue, throat, and/or lips. In the event of anaphylaxis, I provided to my agent or EMS			ng information on			,
the administration of epineph provide additional assistance tongue, throat, and/or lips. In the event of anaphylaxis, I provided to my agent or EMS I confirm that I want to re Patient	eceive <u>Avaxim 16</u>		ng information on		Date Signed	
the administration of epineph provide additional assistance tongue, throat, and/or lips. In the event of anaphylaxis, I provided to my agent or EMS I confirm that I want to re Patient	eceive <u>Avaxim 16</u>	0/0.5ml Patient Signature			Date Signed 28-Aug	g-20 1 7
the administration of epineph provide additional assistance tongue, throat, and/or lips. In the event of anaphylaxis, provided to my agent or EMS I confirm that I want to re Patient Test, Patient	eceive <u>Avaxim 16</u>	0/0.5ml Patient Signature above named patient is	s capable of provi		Date Signed	g-20 1 7
the administration of epineph provide additional assistance tongue, throat, and/or lips. In the event of anaphylaxis, I provided to my agent or EMC I confirm that I want to re Patient Test, Patient PHARMACIST DECLARATION Pharmacist	ON I confirm the	0/0.5ml Patient Signature	s capable of provi		Date Signed 28-Aug n 160/0.5ml and that the A	g-2017 Avaxim
the administration of epineph provide additional assistance tongue, throat, and/or lips. In the event of anaphylaxis, provided to my agent or EM I confirm that I want to re Patient Test, Patient PHARMACISTDECLARATION	ON I confirm the	0/0.5ml Patient Signature above named patient is sould be given to patien	s capable of provi		Date Signed 28-Aug n 160/0.5ml and that the A	g-20 1 7





If **Yes** is answered to the question **Pharmacist-Will you be administering a Live Vaccine?**, then the following Consent form is printed.

Non-Influenza Vaccine Consent Form Wendell's Pharmacy, 220 Duncan Mill Road, dfdf33 AB 333333333 PATIENT INFORMATION TRACKING #: 647 Last Name First Name Patient Test 02-Feb-1999 Address 220 Finch Ave. East, Toronto ON M2J 2T9 Vumber (416) 555-5555 Emergency Contact De Gary Relationship to Patient Contact's Other Phone Number (222) 222-2222 SCREENING QUESTIONNAIRE The following questions will help us determine if there is any reason you or your child should not get the vaccine today. If you answer "yes" to any question, it does not necessarily mean the shot cannot be given. It simply means additional questions must be asked. If a question is not clear, please ask your pharmacist to explain it. Are you sick today? (i.e. fever greater than 39.5°C, breathing problems, or active infection) No Are you allergic to any medications including vaccines? Do you have an allergy to kanamycin, neomycin, gentamicin, thimerosal, chicken protein, polymixin or gelatin? No Have you ever had a severe, life threatening reaction to a past vaccination? No Have you had wheezing, chest tightness or difficulty breathing within 24 hours of getting a vaccine? No Are you allergic to latex gloves? No Have you had Guillain-Barre Syndrome within 6 weeks of getting a vaccine? No Do you have a new or changing neurological disorder? No Do you take a blood thinner or have a bleeding disorder? No Pharmacist-Will you be administering a Live Vaccine? Yes Do you have a medical condition that can weaken your immune system? (eg. Leukemia, Lymphoma, HIV/AIDs) No Are you taking any medications that can weaken your immune system within the past 3 months? (eg Prednisone etc) No Have you received any other vaccines in the last 4 weeks? No Are you or do you think you might be pregnant? N/A CONSENT GIVEN BY PATIENT I, the undersigned client, parent or guardian, have read or had explained to me, information about the vaccine as outlined in the vaccine information sheets provided to me. I have had the chance to ask questions, and answers were given to my satisfaction. I understand the risks and benefits of receiving the vaccine. I agree to wait in the pharmacy for 15 minutes(or time recommended by the pharmacist) after getting the vaccine. I am aware that it is possible (yet rare) to have an extreme allergic reaction to any component of the vaccine. Some serious reactions called 'anaphylaxis' can be life-threatening and is a medical emergency. If I experience such a reaction following vaccination, I am aware that it may require the administration of epinephrine, diphenhydramine, beta-agonists, and/or antihistamines to try to treat this reaction and that 9-1-1 will be called to provide additional assistance to the immunizer. The symptoms of an anaphylactic reaction may include hives, difficulty breathing, swelling of the In the event of anaphylaxis, I will receive a copy of this form containing information on emergency treatments that I had received, or a copy will be provided to my agent or EMS paramedics. I confirm that I want to receive Avaxim 160/0.5ml Patient Signature Test, Patient 28-Aug-2017 PHARMACISTDECLARATION | Confirm the above named patient is capable of providing consent for Avaxim 160/0.5ml and that the Avaxim 160/0.5ml should be given to patient. | Pharmacist | Phar Gary Deng (3687455) 28-Aug-2017 Page 1 of 1



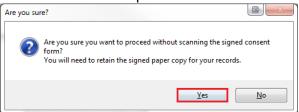


- 17. After printing the report, the 'Scan Consent' tab appears. The following 3 options become available if you have a document scanner:
 - Scan Patient Consent Form: Allows you to scan the patient consent form into the system.
 - **Select from Network Scan**: If you have already scanned the signed 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 Document Scan Utility.



The following 3 options become available if do not have a document scanner:

- **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 Utility</u>.
- 18. Click Proceed without Scan. Prompt '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.' with options Yes and No.



19. Click **Yes**. The '**Product**' tab appears.

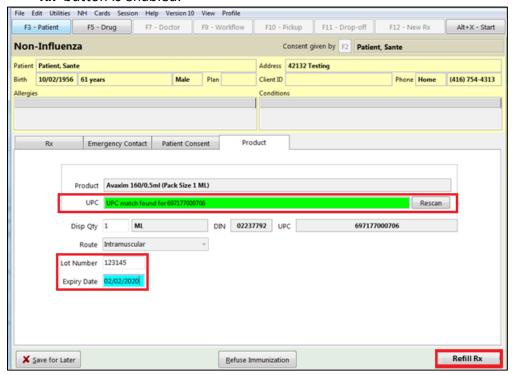




Product

The product tab requires details of the product that will be administered, such as dispense quantity, Lot Number, and Expiry date, this section is used to submit and claim the Rx. To Fill in the product section:

20. 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. The 'Refill Rx' button is enabled.

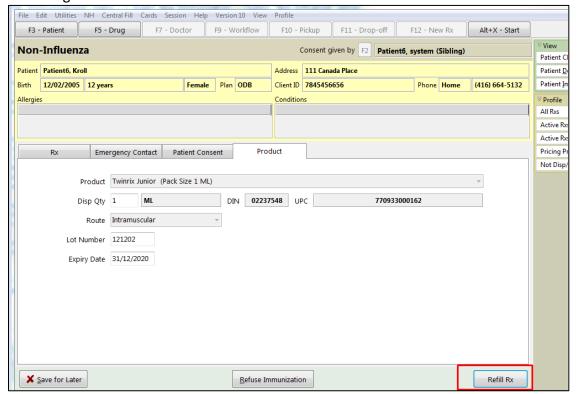


Note: You may need to manually enter the lot number and expiry date if this information is not stored in the product barcode.





21. If the 'Require UPC verification' configuration setting is disabled, select a product from the list. Enter the 'Disp Qty', 'Lot Number', and 'Expiry Date' fields associated with the drug. The 'Refill Rx' button is enabled.



Refill Rx

- 22. Click **Refill Rx**. '**F12 Fill Rx'** screen appears. All fields are prepopulated with a value except the 'Initials' field.
- 23. Input initials, and then click **F12**. 'Non-Influenza wizard' window displays with the 'Administration' tab opened.





Administration

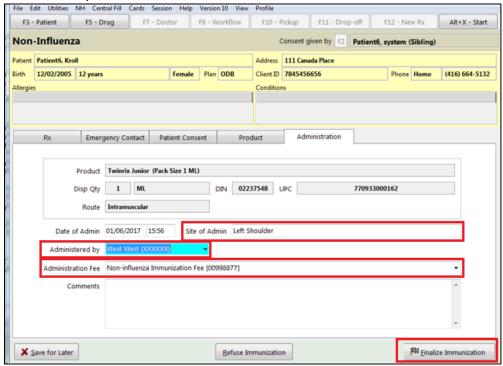
The administration section will consist of information in regards to date of administration, site of administration on the body, and whether a service fee is charged. To fill in the Administration section:

- 24. Enter the site of administration in the Site of Admin field (e.g., left arm, right thigh)
- 25. Select the pharmacist who administered the shot from the **Administered by** list.

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.



26. On the **Administration Fee** drop down textbox, select whether or not to charge for the service provided. The 'Finalize Immunization' button is enabled.



- 27. Enter any comments in the space provided (optional).
- 28. Click Finalize Immunization.

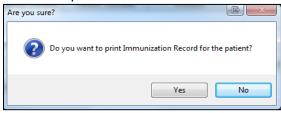




29. If you have electronic signatures enabled, the pharmacist will be prompted to sign the signature pad in order to proceed. Sign the signature pad and click **OK**.



30. Prompt 'Print Immunization Record' with options Yes and No.



31. Click **Yes**. Record is printed. **'F12'** screen displays to bill the fee for service for non-influenza immunization.

Note: If No is clicked instead, record is not printed.





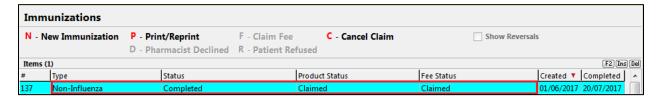
Billing Service Fee

Once Immunization is finalized and an Immunization record is printed, and Non-influenza Immunization service fee was selected in the Fee field on the Administration tab, the Immunization can be billed. To bill an Immunization:

- 32. Input manditory fields.
- 33. Click **F12 Fill Rx** or press **F12** on your keyboard. Fee is billed successfully and label is printed.
- 34. If structured workflow is activated the Rx will follow the workflow configuration that is dictated.

Note: if structured workflow is not activated, 'Immunization' screen displays with Immunization Rx status.

- 35. Complete all remaining workflow steps as required.
- 36. Click **Approve.** 'Workflow' screen closes and Patient card's 'Immunization' screen appears. The Non-influenza has the following status: **Status = Completed**, **Product Status = Claimed** and **Fee Status = Claimed**.



Note: If **Free for service** was selected in the **Fee** field on the **Administration** tab. The 'Immunizations' screen displays the same as above, except **Fee status** = **No Fee Applicable**.





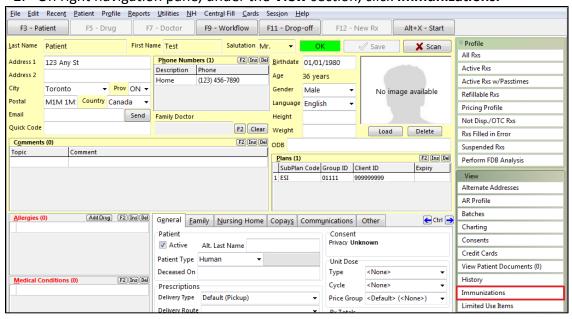
Scenario 4: Using a Product Obtained Externally

'Use a product obtained externally' displays in the Rx Options drop down menu if the vaccine Rx is obtained externally.



Rx obtained externally is defined in the following two situations:

- When a patient brings in an immunization Rx that was dispensed from another pharmacy.
- When a non-influenza immunization has more than one injection that needs to be taken by the patient. For example first injection on day 0, second injection on day 30, and third injection on day 60. If the second and third Immunization Rx were purchased and dispensed to the patient along with the first immunization. Then when the patient comes in with the second or third immunization they are treated as products obtained externally.
- 1. Call up a patient card using the **F3 Patient** search.
- 2. On right navigation pane, under the View section, click Immunizations.



'Immunizations' window appears.





3. Click N - New Immunization or click Ins.



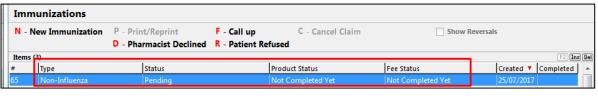
4. On the **Type** drop down list, select **Non-Influenza** and then click **Perform Now**. Immunization wizard begins.



Note: If you want to add the immunization record to the Immunizations queue in order to complete the immunization form later, click **Save for Later**. 'Immunization' screen appears.

The status of the Non-influenza immunization is as follows.

You are brought back to 'Immunization' screen; The Non-influenza Immunization has the following status.



See the Completing Immunizations 'Saved for Later' section for more information.

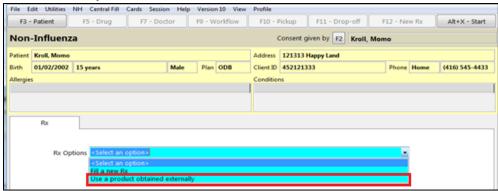




Rx

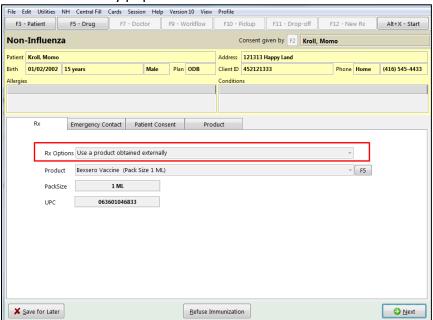
The Rx section consists of whether the product was dispensed now or earlier, and whether it was dispense from the current pharmacy or externally, the name of the product, the pack size and UPC of the product. To fill in the Rx information:

5. On the **Rx** tab, click the **Rx Options** drop down textbox, and select **Use a product obtained externally**.



Product, Packsize, and UPC fields displays with blank fields.

6. Select a product in the '**Product**' drop down textbox. The PackSize and UPC fields are automatically populated. The '**Next**' button is enabled.



Note: The Option to press **F5** on the keyboard to view the Drug card and the details of the product, is also available, once viewed click **Close**, to return to the **Rx** tab.

7. Click **Next**. 'Emergency contact' tab appears.





Emergency Contact

The emergency contact is the person who will be contacted in the event of an emergency.

- 8. Search and select the emergency contact.
- 9. Specify the contact's **Relationship** to the patient and enter their phone number(s).

Note: If the patient has an emergency contact saved to the F3 - Patient card (**Other** tab), the contact's information prepopulates in the Emergency Contact fields and the '**Patient** Consent' tab appears.

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

10. Click **Save to Patient**, to save the emergency contact to the **F3 - Patient** card. The emergency contact is inserted in the **'Other'** tab in the **F3 - Patient** card.



11. Click Next.

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

12. Click Next. 'Patient Consent' tab appears.

Patient Consent

The Patient Consent consists of questions that will determine whether the patient is eligible to get the injection. To fill in the Patient consent section:

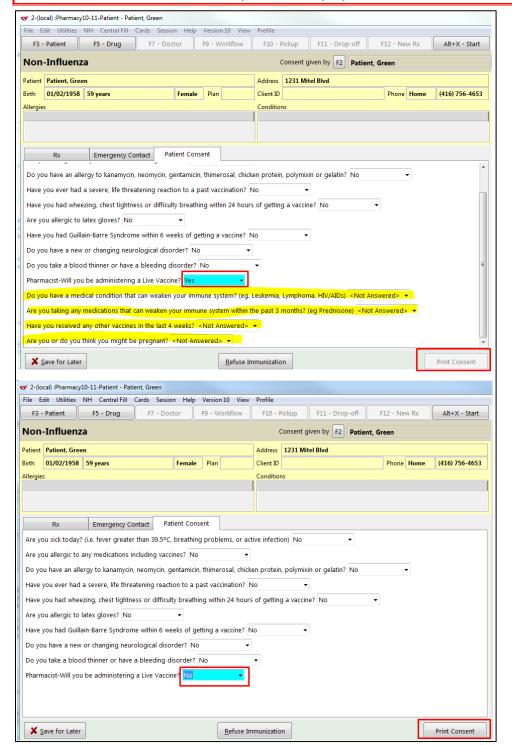
- 13. Select the appropriate answer for each of the Patient Consent questions.
 - Some answers will not allow the patient to receive the immunization.
 - For example, if the patient answers **Yes** to 'Are you sick today?', he or she will be ineligible for immunization.
 - Some answers may present a note to the pharmacist.
 - For example if the patient answers **Yes** to '**Are you allergic to latex gloves?**', a note displays instructing the pharmacist to not use latex products.





Note: For question Pharmacist - Will you be administering a Live Vaccine?

- a. If user clicks Yes, 4 additional questions display below for the patient to answer.
- b. If user clicks No, no additional questions display below.







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 Declined or Refused Immunizations section for more information.



14. 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**. The 'Immunization Report' window appears.

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





15. Click **Print Consent**. The **'Immunization Report'** window appears. The **Non-Influenza Consent Form** prints. This form shows each of the Patient Consent questions and their answers for the patient to review.

If **No** is answered to the question **Pharmacist-Will you be administering a Live Vaccine?**, then the following Consent form is printed.

ATIENT INFORMATIO						NG#: 647	
First Name Patient	Last N Test		Gender M	DOB 02-Feb-1999	Weight		
Address		Health Car	rd#	Phone Number			
220 Finch Ave. East, Toronto ON M23 2T9 Emergency Contact Relationship to Patient			Cantania	Phone Number	(416) 555-5555 Contact's Other Phone Number		
De Gary	Spou			22) 222-2222	Contacts Other Fronte Humber		
CREENING QUESTION	NNAIRE						
The following questions wi "yes" to any question, it do If a question is not clear, pl			_	child should not get t simply means addition	he vaccine today. If you nal questions must be a	answer sked.	
Are you sick today? (i.e. feve	•		ns, or active infect	ion)		No	
Are you allergic to any medications including vaccines?						No	
Do you have an allergy to kanamycin, neomycin, gentamicin, thimerosal, chicken protein, polymixin or gelatin?						No	
Have you ever had a severe, life threatening reaction to a past vaccination?						No	
Have you had wheezing, chest tightness or difficulty breathing within 24 hours of getting a vaccine? Are you allergic to latex gloves?						No No	
Have you had Guillain-Barre Syndrome within 6 weeks of getting a vaccine?						No No	
Do you have a new or changing neurological disorder?							
Do you take a blood thinner or have a bleeding disorder?							
Pharmacist-Will you be administering a Live Vaccine?							
the undersigned client, pare sheets provided to me. I have eceiving the vaccine. I agree am aware that it is possible anaphylaxis ² can be life-thre he administration of epineph rovide additional assistance ongue, throat, and/or lips. In the event of anaphylaxis, I rovided to my agent or EMS	(yet rare) to hai atening and is a rine, diphenhyd to the immuniz will receive a co paramedics.	ve an extreme allergic re n medical emergency. If ramine, beta-agonists, a er. The symptoms of an opy of this form containing	action to any com l experience such nd/or antihistamin anaphylactic read	ponent of the vaccine. S a reaction following vac es to try to treat this rea ction may include hives,	Some serious reactions ca cination, I am aware that iction and that 9-1-1 will be difficulty breathing, swelli	lled t may require e called to ng of the	
Patient	ceive <u>Avaxiiii i</u>	Patient Signature			Date Signed		
Test, Patient		. Inch organitare				g-2017	
	I confirm the	above named patient is should be given to patien	s capable of provid	ling consent for Avaxin	n 160/0.5ml and that the	Avaxim	
PHARMACIST DECLARATION		Pharmacist Signature			Date Signed	g-2017	
PHARMACIST DECLARATION Pharmacist Gary Dept. (2687455)					20 Au	g 2017	





If **Yes** is answered to the question **Pharmacist-Will you be administering a Live Vaccine?**, then the following Consent form is printed.

Patient	Last Name Test	Gender M	DOB 02-Feb-1999	Weight			
Address	Test	Health Ca		Phone Number			
220 Finch Ave. East, Toronto O	(416) 555-5			555			
Emergency Contact De Gary	Relationship to Patient Spouse		Phone Number 22) 222-222	Contact's Other Phone Number			
CREENING QUESTIONNAI	RE						
The following questions will help "yes" to any question, it does not f a question is not clear, please a	sk your pharmacist to explain it.	:		he vaccine today. If you a nal questions must be asl	nswer ked.		
Are you sick today? (i.e. fever greater than 39.5°C, breathing problems, or active infection)							
Are you allergic to any medications including vaccines?							
Do you have an allergy to kanamycin, neomycin, gentamicin, thimerosal, chicken protein, polymixin or gelatin?							
Have you ever had a severe, life threatening reaction to a past vaccination?							
Have you had wheezing, chest tightness or difficulty breathing within 24 hours of getting a vaccine? Are you allergic to latex gloves?							
Have you had Guillain-Barre Syndrome within 6 weeks of getting a vaccine? Do you have a new or changing neurological disorder?							
Do you take a blood thinner or have a bleeding disorder?							
Do you take a blood trinner or nave a bleeding disorder? Pharmacist-Will you be administering a Live Vaccine?							
Priarmacist-vviii you be administering a Live Vaccine? Do you have a medical condition that can weaken your immune system? (eg. Leukemia, Lymphoma, HIV/AIDs)							
Are you taking any medications that can weaken your immune system within the past 3 months? (eg Prednisone etc) Have you received any other vaccines in the last 4 weeks?							
Are you or do you think you might be pregnant?							
					N/A		
ONSENT GIVEN BY PATIEI , the undersigned client, parent or g sheets provided to me. I have had th receiving the vaccine. I agree to wait am aware that it is possible (yet rainaphylaxis' can be life-threatening the administration of epinephrine, dip provide additional assistance to the longue, throat, and/or lips.	uardian, have read or had explain e chance to ask questions, and ar in the pharmacy for 15 minutes(o e) to have an extreme allergic rea and is a medical emergency if I e shenhydramine, beta-agonists, an	ction to any com experience such d/or antihistamin	ponent of the vaccine. S a reaction following vac es to try to treat this rea	Some serious reactions call cination, I am aware that it action and that 9-1-1 will be	ed may require called to		
In the event of anaphylaxis, I will rec provided to my agent or EMS param I confirm that I want to receive A	edics.	information on	emergency treatments t	hat I had received, or a cop	y will be		
Patient	Patient Signature			Date Signed			
Test, Patient				28-Aug			
	<u>ro.əmi</u> snould be given to patient.	capable of provi	ling consent for Avaxin		vaxim_		
	Pharmacist Signature			Date Signed 28-Aug			
Pharmacist Gary Deng (3687455)							



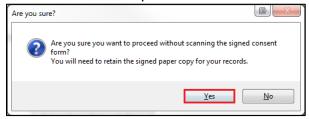


- 16. After printing the report, the 'Scan Consent' tab appears. The following 3 options become available if you have a document scanner:
 - Scan Patient Consent Form: Allows you to scan the patient consent form into the system.
 - **Select from Network Scan**: If you have already scanned the signed 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 Document Scan Utility.



The following 3 options become available if do not have a document scanner:

- **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 Utility</u>.
- 17. Click Proceed without Scan. Prompt '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.' with options Yes and No.



18. Click **Yes**. The '**Product**' tab appears.

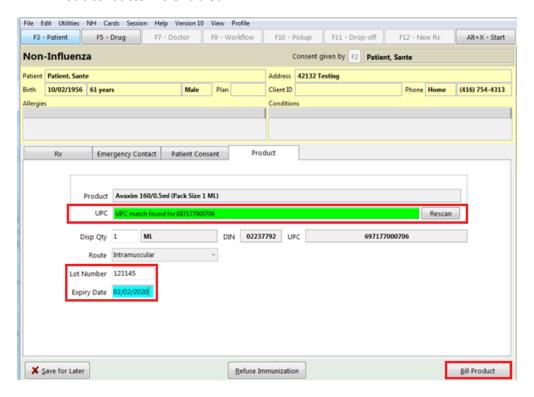




Product

The product tab requires details of the product that will be administered, such as dispense quantity, Lot Number, and Expiry date, this section is used to submit and claim the Rx. To Fill in the product section:

19. 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. The 'Bill Product' button is enabled.

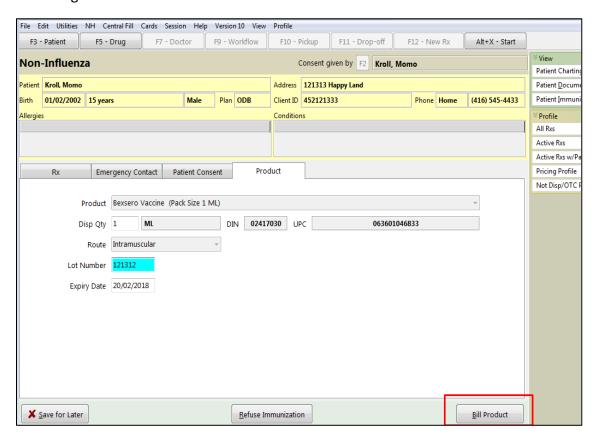


Note: You may need to manually enter the lot number and expiry date if this information is not stored in the product barcode.





20. If the 'Require UPC verification' configuration setting is disabled, select a product from the list. Enter the 'Disp Qty', 'Lot Number', and 'Expiry Date' fields associated with the drug. The 'Bill Product' button is enabled.



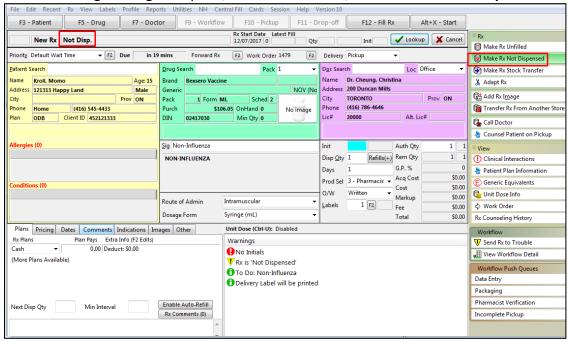




Not billing product

The product is not billed since the patient is bringing in the product.

- 21. Click **Bill Product**. '**F12 Fill Rx**' screen appears.
- 22. Fill in all mandatory fields.
- 23. On the right navigation pane, in the 'Rx' section, click Make Rx Not Dispensed.



24. Click **F12** – **Fill Rx** or press **F12** on your keyboard. The Rx is submitted successfully. You are brought back to the Non-influenza wizard, and the '**Administration**' tab appears.



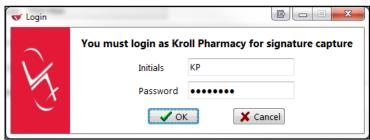


Administration

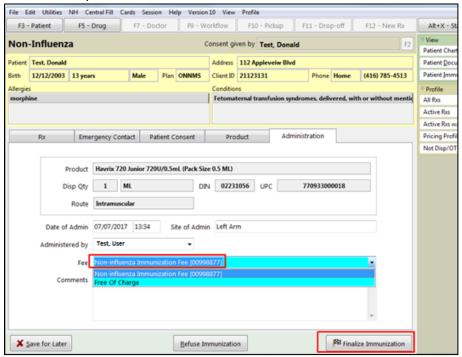
The administration section will consist of information in regards to date of administration, site of administration on the body, and whether a service fee is charged. To fill in the Administration section:

- 25. Enter the site of administration in the Site of Admin field (e.g., left arm, right thigh)
- 26. Select the pharmacist who administered the shot from the **Administered by** list.

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.



27. On the **Administration Fee** drop down textbox, select whether or not to charge for the service provided. The 'Finalize Immunization' button is enabled.



- 28. Enter any comments in the space provided (optional).
- 29. Click Finalize Immunization.

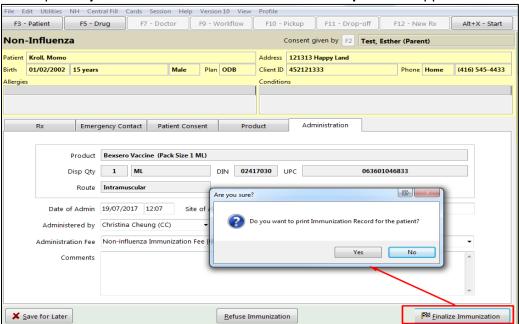




30. If you have electronic signatures enabled, the pharmacist will be prompted to sign the signature pad in order to proceed. Sign the signature pad and click **OK**.



Prompt 'Do you want to Print Immunization for the patient?' appears.



31. Click Yes. Record is printed. 'F12' screen appears.

Note: If **No** is clicked instead, record is not printed.





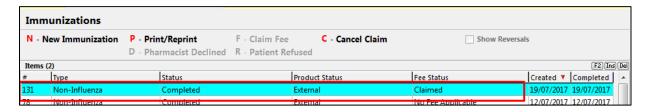
Billing Service Fee

Once Immunization is finalized and an Immunization record is printed, and Non-influenza Immunization service fee was selected in the Fee field on the Administration tab, the Immunization can be billed. To bill an Immunization:

- 32. Input manditory fields.
- 33. Click **F12 Fill Rx** or press **F12** on your keyboard. Fee is billed successfully and label is printed.
- 34. If structured workflow is activated the Rx will follow the workflow configuration that is dictated.

Note: if structured workflow is not activated, 'Immunization' screen displays with Immunization Rx status.

- 35. Complete all remaining workflow steps as required.
- 36. Click **Approve. 'Workflow**' screen closes and Patient card's **'Immunization**' screen appears. The Non-influenza has the following status: **Status = Completed**, **Product Status = External** and **Fee Status = Claimed**.



Note: If **Free for service** was selected in the **Fee** field on the **Administration** tab. The 'Immunizations' screen displays the same as above, except **Fee status** = **No Fee Applicable**.



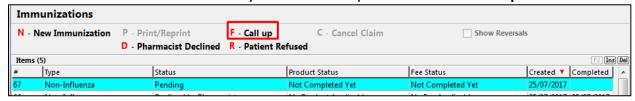




Completing Immunizations 'Saved for Later'

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. On right navigation pane, under the **View** section, click **Immunizations.**
- 3. Select the immunization record you want to complete and click **F Call up**.



Note: For Scenario 1, 2, and 3 complete steps starting from 'Rx' to the end of 'Billing an Immunization' of the Electronic Mode section.

For Scenario 4 complete steps starting from 'Rx' to the end of 'Administration' of the Electronic Mode section.





Recording Emergency Epinephrine Shots

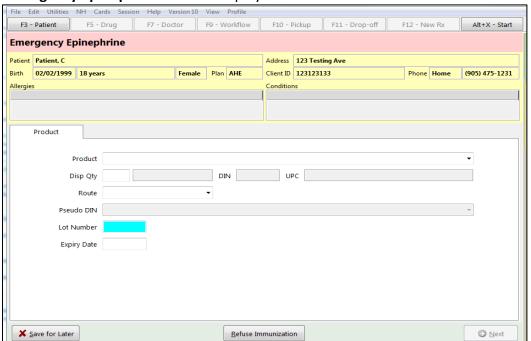
An emergency Epinephrine shot may need to be administered if the patient has a reaction to the immunization. This section explains how to add Emergency Epinephrine shot records to an immunization record.

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. On right navigation pane, under the View section, click Immunizations.
- 3. Right-click a completed immunization record and select Add Epinephrine shot.



'Emergency Epinephrine' screen displays on the 'Product' tab.



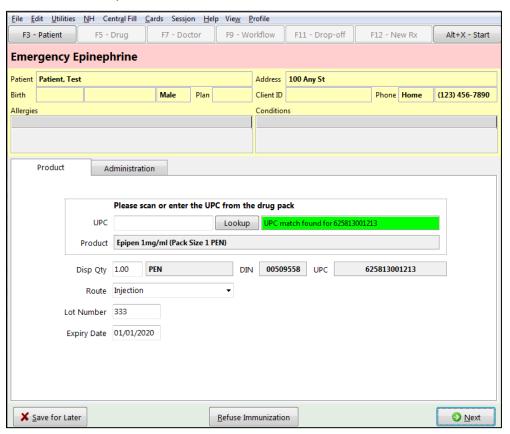




Product

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.

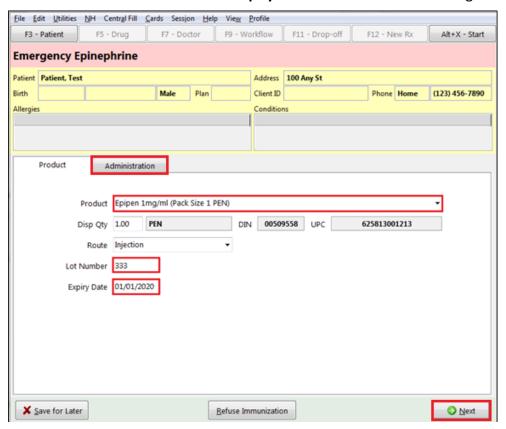
You may need to manually enter the lot number and expiry date if this information is not stored in the product barcode.







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.



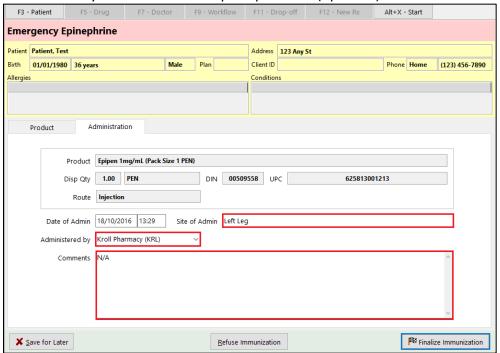
5. Click **Next**. The 'Administration' tab appears.



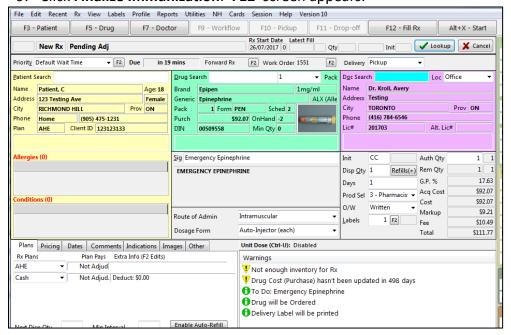


Administration

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



9. Click Finalize Immunization. 'F12' screen appears.







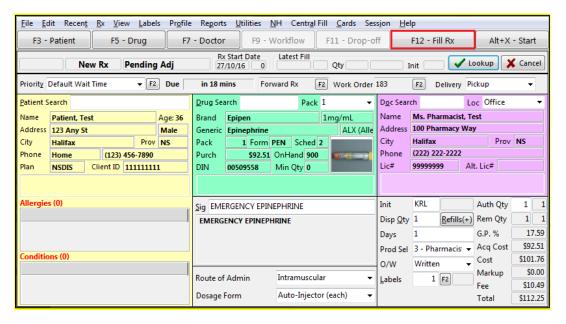
Billing Product

10. Input manditory fields.

Note: 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.

- 11. A claim for the treatment will populate in the **F12** screen. Enter a **Disp Qty** of '1' to represent the number of administered treatments.
- 12. Click **F12 Fill Rx** or press **F12** on your keyboard. The claim will be transmitted to the appropriate party for payment and label is printed.



- 13. Complete all remaining workflow steps as required.
- 14. 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'.



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





Reprinting an Immunization Record

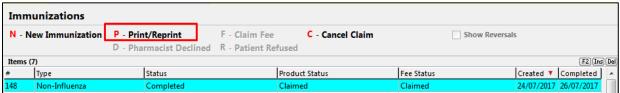
This section explains the process for reprinting immunization records. Immunizations can be reprinted either via the **F3** - **Patient** card or the **F9** - **Workflow** card.

On the **F3-Patient** card and **F9 – Workflow** card, the immunization record can be reprinted:

- If the **Status** is either **Printed Consent** or **Signed Consent**, the Product status and Fee status does not affect being able to reprint the immunization record.

Note: for **F9 – Workflow** card if both **Product status** and **Fee status** are both '**Complete**', the immunization record does not appear.

- 1. Call up the patient using the **F3 Patient** search, or select **F9 Workflow**.
- 2. On right navigation pane, under the **View** section, click **Immunizations.**
- 3. Select the appropriate immunization record and click **P Print/Reprint**. The 'Immunization Report' window appears.



4. Select the number of Epinephrine Emergency Treatments that need to be printed in the report.



5. Click **Print**. The selected record generates.



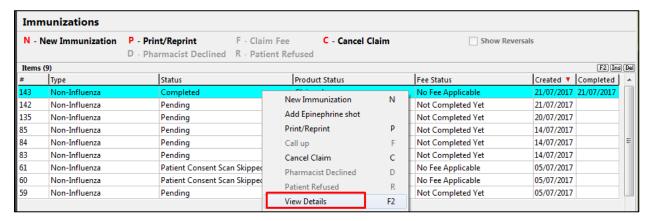


Viewing Immunization Record Details

This section explains the process for viewing immunization records. Immunizations can be viewed via the **F3 - Patient** card.

On the **F3-Patient card**, the immunization record can be reprinted:

- If the **Status** is either **Printed Consent** or **Signed Consent**, the Product status and Fee status does not affect being able to view the immunization record.
- 1. Call up the patient using the **F3 Patient** search.
- 2. On right navigation pane, under the **View** section, click **Immunizations.**
- 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.

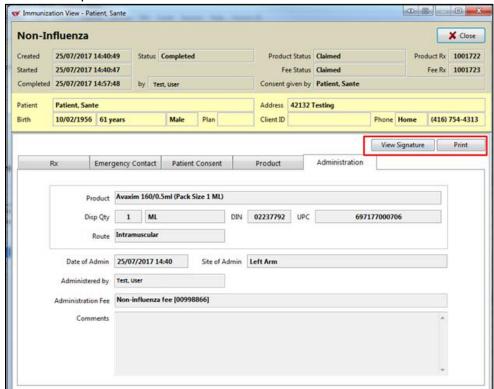


The 'Immunization View' screen appears

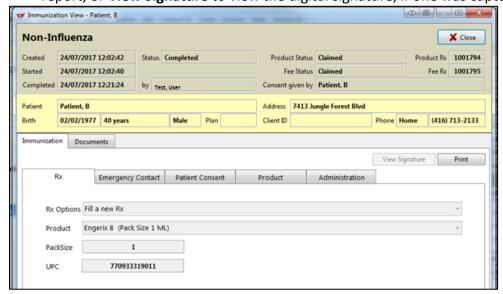




4. If the immunization record has not yet been scanned into the system, only the immunization details that were recorded on-screen will be visible. Click **Print** to reprint the immunization record or full report, or **View Signature** to view the digital signature, if one was captured.



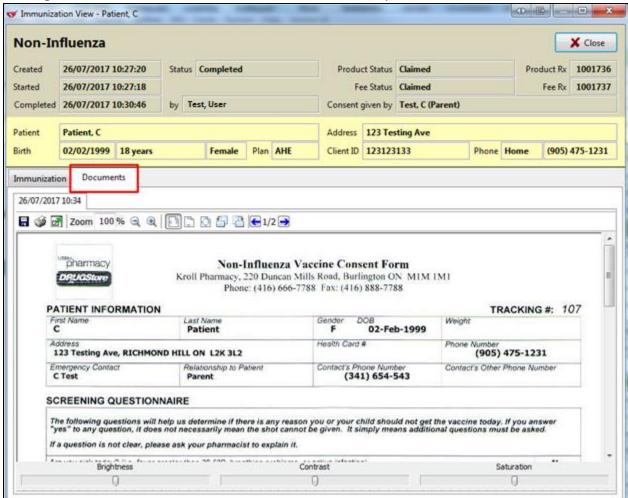
5. If the immunization record has been scanned into the system, the immunization details displays in the **Immunization** tab. Click **Print** to reprint the immunization record or full report, or **View Signature** to view the digital signature, if one was captured.







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



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).

6. Click Close. 'Immunization View' screen closes.





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.

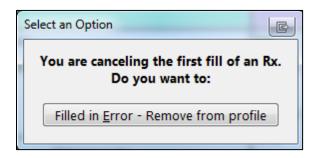
- 1. Call up the patient using the **F3 Patient** search, or select **F9 Workflow**.
- 2. On right navigation pane, click Immunizations.
- 3. Select the appropriate immunization record and click C Cancel Claim.



A prompt displays 'Are you are sure you want to cancel the Rx?'. (For fee)



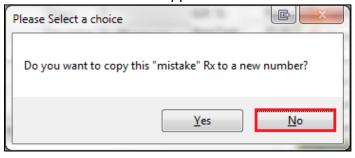
- 4. Click Yes.
- 5. Enter initials and click **OK**. A prompt displays 'You are cancelling the first fill of an Rx. Do you want to:'.





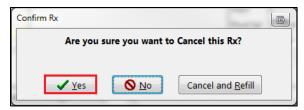


6. Click **Filled in Error – Remove from profile**. Prompt 'Do you want to copy this "mistake" Rx to a new number?' appears.



- 7. Click No.
- 8. Close report.

Prompt displays 'Are you are sure you want to cancel the Rx?' (For product)



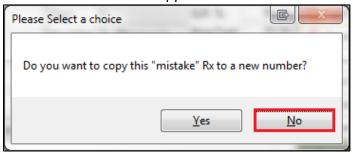
- 9. Click **Yes**. Are you sure? Prompt appears with message 'Is this Rx being cancelled because this patient didn't pick it up / it couldn't be delivered?
- 10. Click **No**.
- 11. Put in initials, and click **OK**. A prompt displays 'You are cancelling the first fill of an Rx. Do you want to:'.



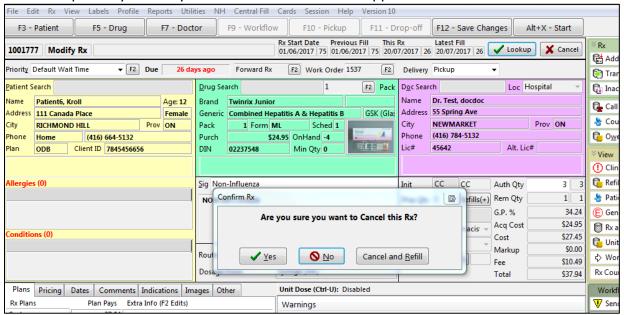




12. Click **Filled in Error - Remove from profile**. Prompt 'Do you want to copy this "mistake" Rx to a new number?' appears.



13. Click **No**. The record is removed from the Immunizations section of the patient card. Prompt 'Are you sure you want to Cancel this Rx?' appears.



14. Click Yes. Rx is cancelled.

Note: If **No** is clicked, there are no changes.





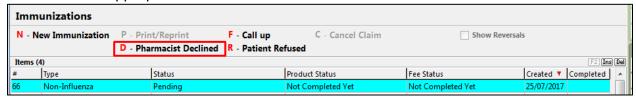
Declined or Refused Immunizations

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

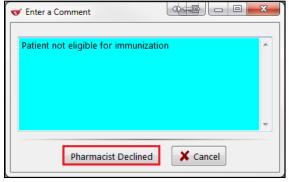
Note: Immunizations that have been declined by the pharmacist or refused by the patient can be noted from the **F3 - Patient** card or the **F9 - Workflow** card.

Pharmacist Declined

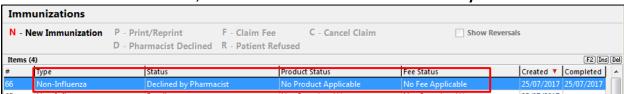
- 1. Call up the patient using the **F3 Patient** search, or select **F9 Workflow**.
- 2. On right navigation pane, click Immunizations.
- 3. Select the appropriate immunization record and click **D Pharmacist Declined**.



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

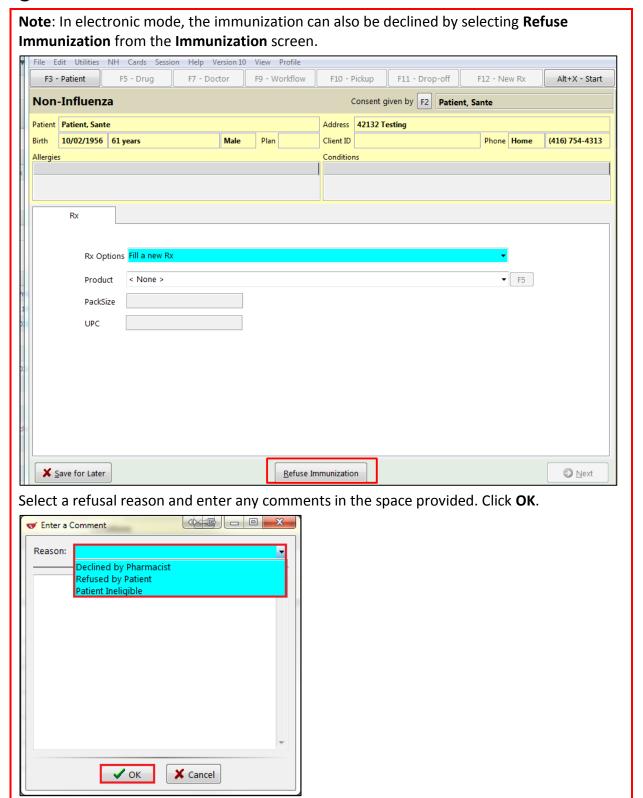


5. In the Immunizations list, the record shows a Status of 'Declined by Pharmacist'.









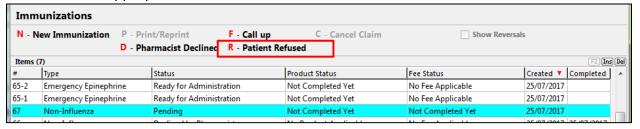




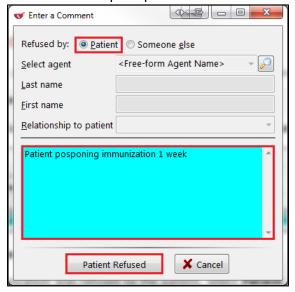
Patient Refused

The 'Patient Refused' option can only be used before the patient has been charged for the immunization has been claimed. Once the Immunization has been charged for, the option to use is 'Cancel Claim'.

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



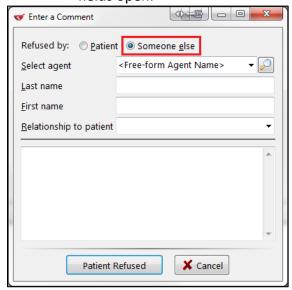
- 4. The **Enter a Comment** window appears.
 - a) If the immunization was refused by the patient, select **Patient**. Enter a comment in the space provided and click **Patient Refused**.



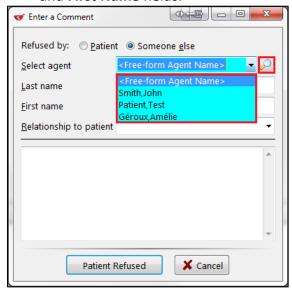




b) If the immunization was refused by someone other than the patient, select **Someone else**. The **Select agent, Last name**, **First name**, and **Relationship to patient** fields open.



- 5. Click the **Select agent** list. The patient's linked family members display in the list.
- 6. Select a patient or click the magnifying glass icon to search for and select a patient.
- 7. If the person does not have a patient card, manually enter their name in the **Last Name** and **First Name** fields.

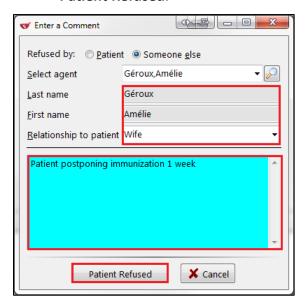


The selected patient's name populates in the **Last name** and **First name** fields.

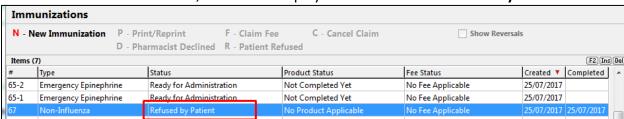




8. Select a **Relationship to patient**. Enter any comments in the space provided and click **Patient Refused**.



9. In the Immunizations list, the record displays with a Status of 'Refused by Patient'







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.





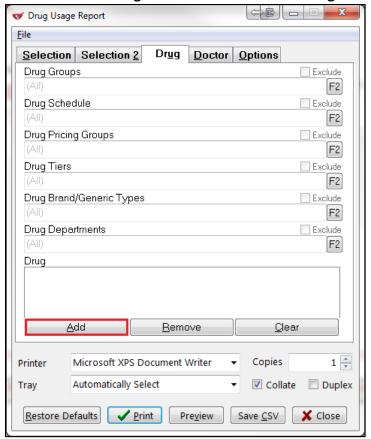
Reporting

Reporting Immunizations Products

Running reports for immunization products can be done by selecting the product(s) you want included in the report via the report form. This section instructs on how to run a report for immunization products.

Selecting Drugs in the Report Form

- Select the report you want to run from the Reports menu. The 'Drug Usage Report' window appears.
- 2. Locate the **Drug** field and click **Add**. The '**Drug Search**' screen appears.

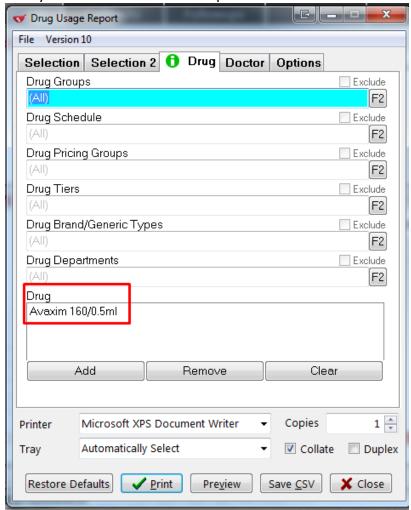


3. Search for and select a drug.

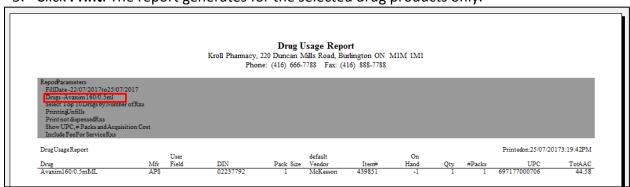




4. The drug is added to the **Drug** list in the report form. Repeat steps 2-3 for each product you want included in the report.



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



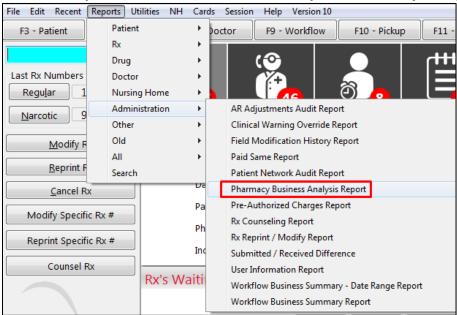




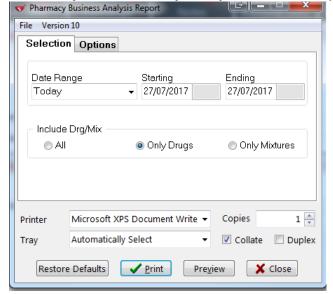
Reporting Non-Influenza Service Fee

This section explains how to report number of fee for Service for Non-Influenza Immunization that are either filled or cancelled.

1. Click Reports > Administration > Pharmacy Business Analysis Report.



'Pharmacy Business Analysis Report' window displays on the Selection tab.



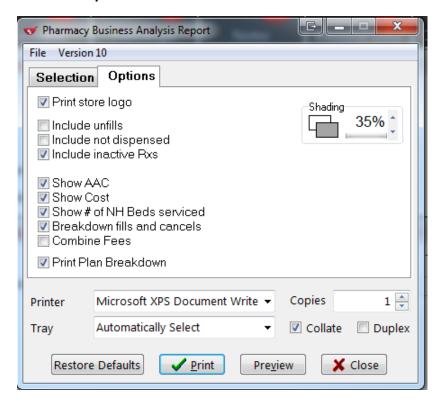




2. On the **Date Range** drop down textbox, select Date Range.

Note: if you want to customize your date range you can input a Starting and Ending date.

3. Click Options tab.



4. Ensure Include inactive Rxs, and Breakdown fills and cancels are both enabled.





5. Click Preview.

The 'Pharmacy Business Analysis Report' appears.

