

Documenting Patient Non-Influenza Immunization Alberta Now part of



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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.

✓ Store Level Configuration Parameters		
General Patient Drug Doctor Rx FDB Adjudication Labels Reports S	Security Interfaces Order	X - AR Y - To Do Purge
1 - General 2 - Pricing 3 - Prompting 4 - Nursing Home 5 - Background Rx Filling 6 -	Workflow 7 - Counseling	8 - Immunization 9 - CeRx
I Enable electronic immunizations		
Require electronic signature for Pharmacists		
Require UPC Verification of Vaccine Product		
Allow to use non-influenza immunization products obtained externally		
Allow to use non-influenza immunization Rxs dispensed 30 days ago		
Message on Receipt for patients eligible for Influenza shots		
Marrier	Influence Course	
Message	Influenza Season	
<u>F</u> ont Tr Calibri ▼ Font Size 11 ▼ B / U	Start Date 01/10/2016	
Flu season is coming! Remember to get your Influenza shot.	End Date 30/04/2017	
	Min Age 0	
	Max Age 100	
	Max Age 100	

- Enable electronic immunization: Turns on electronic immunization functionality. When this setting is enabled, all immunization documentation takes place on-screen; when it is disabled, immunization documentation is recorded in paper mode.
- **Require electronic signature for Pharmacists**: Requires the pharmacist to record an electronic signature using a digital signature tablet. Note that electronic signature functionality must be setup in order to use this feature.
- **Require UPC Verification of Vaccine Product**: Requires the user to scan or enter the UPC number associated with the administered vaccine.
- 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/Recombivay HB)	Engerix B Pediatric	02296454
	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
Honotitis A & B (Twinriv)	Twinrix Adult	02230578
	Twinrix Pediatric	02237548
Pneumococcal - conjugate (Prevnar 13)	Prevnar 13	02335204
Meningococcal - Group C (Menjugate)	Menjugate	02243820
Typhoid (Typhim )/i/Typhorix)	Typhim Vi	02130955
	Typherix	02242727
HDV (Gardasil 9/Cervariy)	Gardasil 9	02437058
	Cervarix	02342227
Rabies (Imovax Rabies/Rabavert)	Imovax	01908286
	Rabavert	02267667
BCG (Immucyst) Tuberculosis	Immucyst	02194376
Varicella (Varivay/Varilriy)	Varivax 111	02246081
	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.

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P <u>u</u> rge	<u>X</u> - AR <u>Y</u> - To Do	Ord <u>e</u> r	Interfaces	Security	Report	Labels	<u>A</u> djudication	<u>F</u> DB	<u>R</u> x	D <u>o</u> ctor	<u>D</u> rug	<u>P</u> atient	General
<u>9</u> - CeRx	<u>8</u> - Immunization <u>9</u> -	nseling	ow <u>7</u> - Cou	<u>6</u> - Workflo	x Filling	ground R	ome <u>5</u> - Back	Nursing H	ng <u>4</u> - I	- Prompti	ricing	eral <u>2</u> - P	<u>1</u> - Gene
										unizations	onic imm	ble electro	Enal
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<u>9</u> .	<u>8</u> - Immunization <u>9</u> -	nseling	эw <u>7</u> - Cou	<u>6</u> - Workflo	x Filling	ground R	ome <u>5</u> - Back	Nursing H macists Product	ng <u>4</u> - I for Phar /accine F	- Promptin unizations signature ication of V	onic imm electronic JPC Verif	eral <u>2</u> - P ble electro Require e Require U	<u>1</u> - Gene

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

### **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.

<u>F</u> ile <u>E</u> dit	Recent	<u>P</u> atient F	Pr <u>o</u> file	<u>R</u> eports	<u>U</u> tilities	<u>N</u> H C	entr <u>a</u> l Fill	Cards	Sess <u>i</u> o	on <u>H</u> e	elp					
F3 - Pa	tient	F5 - D	rug	F7	- Doctor	F	9 - Workflo	w	F11 -	Drop	-off	F12 - I	New Rx	Alt	+X - Start	
Last Name	Patient			First Na	me Test		Saluta	tion Mr	r.	-	OK		🖉 Save		🗙 Scan	<sup>⊗</sup> Profile
Address 1	100.40			_	Phone N	umbers (	U (E	2 Ins De	Beirt	bdate	01/01	(1000				All Rxs
Address 1	125 AN	y Si			Descriptio	n Pho	ne			inuate	01/01/	1980				Active Rxs
Address 2			_		Home	(123	) 456-7890		Age	2	36 yea	rs				Active Rxs w/Passtimes
City	Toront	•	Prov	ON 🗸					Ger	nder	Male	-	No	image a	vailable	Refillable Rxs
Postal	M1M 1	M: Country	Canad	la 👻					Lan	guage	Englis	h 👻				Pricing Profile
Email				Send	Family Doo	tor			Hei	ght						Not Dire (OTC Dire
Quick Code							E2	Clear	We	iaht					Delete	Not Disp./OTC Rxs
Commont	c (0)			_					, ī	- grit					Delete	Rxs Filled in Error
Topic	S (U)	Comment							ODI	В						Suspended Rxs
									<u>P</u> I	ans (1)					F2 Ins Del	Perform FDB Analysis
									1	SubPlan	n Code	Group ID	Client ID		Expiry	View
									1	51			1999999999		·	Alternate Addresses
																AR Profile
Allergies (	0)	Add Di	rug) (F2)	Ins Del	General	Family	Nursing	Home	Cor		Comm	nications	Other			Batches
					o <u>e</u> nerar	ranniy	INUISING	Home	COL	ays	comin <u>i</u>	inications	Other			Charting
					Patient Activ	e Alt	. Last Name				]	Privacy U	nknown			Consents
					Patient Tr	ne Hu	man	<b>.</b>			ĺ	U-2 D-4	_			Credit Cards
					Deceased	On						Type	< None	>	<b></b> ]	View Patient Documents (0)
Medical Co	ondition	; (0)	F2	Ins Del	Prescrip	tions						Cycle	<none< td=""><td>&gt;</td><td></td><td>History</td></none<>	>		History
					Delivery T	ype De	fault (Picku	p)			•	Price Gro	up <defau< td=""><td>ilt&gt; (<no< td=""><td>ne&gt;) 🔻</td><td>Immunizations</td></no<></td></defau<>	ilt> ( <no< td=""><td>ne&gt;) 🔻</td><td>Immunizations</td></no<>	ne>) 🔻	Immunizations
					Delivery R	oute		•				Py Totala	•		·	Limited Use Items

'Immunizations' window appears.



#### 3. Click N - New Immunization or click Ins.

File Edit	Recent F	atient View	Profile	Reports Utiliti	es NH	Central Fill	Cards Sessi	on Help Ve	rsion 10			
F3 - Pa	tient	F5 - Drug	E	7 - Doctor	F9 - V	Vorkflow	F10 - Pick	Jp F11 ·	Drop-off	F12 - New Rx	Alt+X - Start	]
<u>L</u> ast Name	Test		First Na	ame Arnold		Salutation	•	Changed	🗸 Sav	e 🗙 Cancel	<sup>⊗</sup> Profile	
Address 1	12313 An	roid Ave		Phone Numb	ers (1)	F2 Ins De	Birthdate				All Rxs	
Address 2	12010 / 11			Description	Phone						Active Rxs	
Address 2			_	Home	(416) 784	4-6541	Age		_		Active Rxs w/Passti	mes
City	RICHMON	ID HILL - Pro	on 🚽				Gender	Male	• N	o image available	Refillable Rxs	
Postal	L3J 1K3	Country Cana	ada 👻				Language	English	-		Pricing Profile	
Email			Send	Family Doctor			Height				Not Disp./OTC Rxs	
Quick Code						F2 Clear	Weight			oad Delete	Rxs Filled in Error	
Immun	izations										Suspended Rxs	
N - New	Immuniza	tion P - Prin	nt/Reprir	nt F	- Call up	, C	- Cancel C	aim		Show Reversals	Perform Clinical An	nalysis
	$\overline{}$	D - Pha	armacist	Declined R	- Patien	t Refused					View	
Items (0)		l cteste			Dradu	et Ctatue	I E a a a	***···	low	F. Ins Del	Alternate Addresses	s
# Type	e one>	Pend	us dina		Not C	ompleted Yet	Not	Completed Yet	Crea	ated • Completeer	AR Profile	
									/		Batches	
				Immunia	ration				B	×	Charting	
											Consents	
				Туре					-		Credit Cards	
					Influenz	а				_	Documents (0)	
					Print No	luenza	ve tor later	🔺 Ca	ancei	-	History	
											Immunizations	
											Limited Use Items	

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

🐨 Im	muniz	ation	C. Canadi Dank	E	X
r I	Гуре	Non-Influenza		•	
		Print Now	Save for later	X Cancel	

The 'Immunization Report' window appears.

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

of Immuniza	tion Report	
File Version	10	
Options		
Print st Print 2	ore logo Epinephrine Emergency Tre	atment(s)
Printer	Lexmark T652 🔹	Copies 1
Tray	Automatically Select 👻	🗹 Collate 📃 Duplex
Restor	e Defaults Prey	iew 🗙 Close



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):

First Name	Last N	lame	Gende	r	DOB	Weight	TRACI	<b>NING</b>	<i>t</i> : 040
Patient	Test		M		02-Feb-1999				
Address 220 Finch Ave. East. Toror	nto ON M21	2T9	Health	Car	d #	Phone No	umber 416) 555	-5555	
Emergency Contact	Relatio	onship to Patient	Contac	ct's F	hone Number	Contact's	Other Phon	e Numl	ber
CREENING QUESTION	INAIRE								
The following questions will	help us deter	rmine if there is any re	ason you or y	our	child should not get i	the vaccine	today. If yo	u answ	/er
If a question is not clear ple	ase ask your	nharmacist to evolain	in ot be given		simply means additio	nai quesuo	na muar be	doneu.	
n a question is not clear, ple	ase ask your		<i>n</i> .						
Are you sick today? (i.e. fever	greater than 3	9.5°C, breathing proble	ms, or active in	ifect	on)		Yes	No	Unsure
Are you allergic to any medica	uons including	vaccines?	and akisher		in aduminic		Yes	No	Unsure
Do you have an allergy to kan	amycin, neomy	yoin, gentamicin, thimen	osal, chicken p	rote	in, polymixin or gelatin	f	Yes	No	Unsure
Have you ever had a severe, li	te threatening	reaction to a past vacci	nation?				Yes	No	Unsure
nave you nad wheezing, chesi	o ugnmess or o	annouity preatning within	24 nours of g	eαnį	g a vaccine?		Yes	No	Unsure
Are you allergic to latex gloves	) :	n 6 weeks of getting a v	anino?				res	No	Unsure
Pave you had Guillain-Barre S	a neurological	n o weeks or getting a v	accine?				Yes	No	Unsure
Do you take a blood thinner or	have a bleedi	ng disorder?					Yes	No	Unsure
Pharmacist-Will you be admini	istoring a Live	Vaccine? (Kiter skin the s	hinwing questions!				Vor	No	Unsure
Do you have a medical conditi	on that can we	aken vour immune syst	tem? (en leuk	emi	a Lymphoma HIV/AID	c)	Vor	No	Uncure
Are you taking any medication	s that can wea	aken vour immune syste	m within the p	ast 3	months? (eq Predniso	one etc)	Vas	No	Unsure
Have you received any other v	accines in the	last 4 weeks?			(-9		Yes	No	Unsure
Are you or do you think you mi	ight be pregna	nt?				N/	A Yes	No	Unsure
						I			
UNSENT GIVEN BY PA	ATTENT/AG	EN I	ined to me, inf		tion shout the upgeing	as outlined	in the upper	a infor	nation
sheets provided to me. I have	had the chanc	to ask questions, and	answers were	give	in to my satisfaction. I	understand t	he risks and	benefit	s of
l am aware that it is possible (	to wait in the p	narmacy for 15 minutes	or time recom	imer	need by the pharmacist	) after gettin Somo coriou	g the vaccin	e.	
"anaphylaxis" can be life-threa	tening and is a	a medical emergency. If	I experience s	uch	a reaction following va	ccination, I a	m aware the	at it may	require
provide additional assistance t	o the immuniz	er. The symptoms of a	n anaphylactic	read	tion may include hives	, difficulty br	eathing, swe	elling of	the
tongue, undat, and/or lips.		any of this form containing	an information			that I had so	wined or a		llha
provided to my agent or EMS	paramedics.	opy of this form contain	ng mormation	one	emergency deadnents	unat i naŭ rei	leived, or a	copy w	ii be
I confirm that I want to rec	eive OR	I confirm that I want n	ny child to rece	ive					
			Denduct						
Patient/Agent & Relationship		Patient/Agent Signatur	Product				Data Signar		
r aventrigent a rrelationamp		r alleningent olgnatur	•			ľ	28-4	Aug-20	)17
	Loonfirm the	a shove named nationt i	s canable of p	rowid	ing consent for	I	Product		
PHARMACIST DECLARATIO	and that the	e above nameu patient i	roduct	- Owig	should be given	to patient.	Product		
		Pharmacist Signature					Date Signed	1	
Pharmacist		_					28-4	Aura-20	17



Immunization Record (pharmacy portion):

Parient	Last Name	Gender	DOB	Weight		
Address	ist	Health Card	1#	Phone	Number	
220 Finch Ave. East, Toro	nto ON M2J 2T9				(416) 555-	5555
ION-INFLUENZA VACO	INE				TRACK	ING #: 646
Product					DIN	Dose
Route of Administration	Site of Administration		Lot Number		Expiry Date	
Administered by Name and #	Administered by Pharmacis	t Signature				
Date/Time of Immunization						
	ENCY TREATMENT				TRACKIN	G# 646-1
Product			D	IN	PIN	Dose
Allerject 0.15mg/0.15	ml (Pack Size 1 PEN)			2382059		
Allerject 0.3mg/0.3ml	(Pack Size 1 PEN)	-	(	2382067		
Eninophying Injection	1mg/mL (Pack Size 1 SOLUTION	)	(	2325225		
Epinepinne Injection		-				
Epipen 1mg/ml (Pack	Size 1 PEN)			0509558		
Epinepinne Ingecuon Epipen 1mg/ml (Pack Epipen Jr 0.5mg/ml (F Route of Administration	Size 1 PEN) ack Size 1 PEN) Site of Administration	-	( Lot Number	0509558 0578657	Expiry Date	
Epinepinine injection     Epipen 1mg/ml (Pack     Epipen Jr 0.5mg/ml (P Route of Administration  Administered by Name and # Date/Time of Injection	Size 1 PEN) Tack Size 1 PEN) Site of Administration Administered by Pharmacis	t Signature	Lot Number	00509558 00578657	Expiry Date	
Epinepinne injection     Epipen Jr 0.5mg/ml (Pack     Epipen Jr 0.5mg/ml (R     Route of Administration     Administration     Date/Time of Injection	Size 1 PEN) Tack Size 1 PEN Site of Administration Administered by Pharmacis	t Signature	Lot Number	00509558 00578657	Expiry Date	G.#+ 646.2
Epinepinine injection     Epipen Img/ml (Pack     Epipen Jr 0.5mg/ml (P Route of Administration      Administration      Administered by Name and # Date/Time of Injection      PINEPHRINE EMERGI Product	Size 1 PEN) (ack Size 1 PEN) (ack Size 1 PEN) (Site of Administration (Administered by Pharmacis (Administered by Pharmacis) (Administered by	t Signature	Lot Number	00509558 00578657	Expiry Date	G#: 646-2
Epineprint and angeotom     Epipen Jmg/ml (Pack     Epipen Jm 0.5mg/ml (P Route of Administration      Administration      Administered by Name and # Date/Time of Injection      PINEPHRINE EMERGI  Product     Allerject 0.15mg/0.15i	Size 1 PEN) (ack Size 1 PEN) (ack Size 1 PEN) (Site of Administration (Administered by Pharmacis (Administered by Pharmacis) (Pack Size 1 PEN)	t Signature	Lot Number	00509558 00578657 ///	Expiry Date	G #: 646-2
Epineprint and enjection     Epipen Img/ml (Pack     Epipen Jr 0.5mg/ml (P Route of Administration      Administreed by Name and # Date/Time of Injection      PINEPHRINE EMERGI Product     Allerject 0.15mg/0.15m     Allerject 0.3mg/0.3ml	Size 1 PEN) Size 1 PEN Site of Administration Administered by Pharmacis ENCY TREATMENT Inl (Pack Size 1 PEN) (Pack Size 1 PEN)	t Signature	(   Lot Number   Lot Number   (   (   (	00509558 00578657 ////////////////////////////////////	Expiry Date	G #: 646-2
Epinepi nine angettoin     Epipen 1mg/ml (Pack     Epipen 1r 0.5mg/ml (Pack     Comparison of Administration     Administered by Name and #     Date/Time of Injection     PINEPHRINE EMERGI Product     Allerject 0.15mg/0.15n     Allerject 0.3mg/0.3ml     Epinephrine Injection	Size 1 PEN) Size 1 PEN Site of Administration Administered by Pharmacis ENCY TREATMENT Inl (Pack Size 1 PEN) (Pack Size 1 PEN) 1rmg/mL (Pack Size 1 SOLUTION	t Signature	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	00509558 00578657 /// /// /// /// /// /// /// /// /// /	Expiry Date	G #: 646-2 Dose
Epineprine angleton     Epineprine angleton     Epipen Jr 0.5mg/ml (Pack     Epipen Jr 0.5mg/ml (Route of Administration     Administered by Name and #     Date/Time of Injection     PINEPHRINE EMERGI     Product     Allerject 0.15mg/0.15m     Allerject 0.3mg/0.3ml     Epinephrine Injection	Size 1 PEN) Size 1 PEN Size 1 PEN Site of Administration Administered by Pharmacis ENCY TREATMENT Inl (Pack Size 1 PEN) (Pack Size 1 PEN) Irmg/mL (Pack Size 1 SOLUTION Size 1 PEN)	t Signature	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	INDEXESSE INDEXE	Expiry Date	G #: 646-2 Dose
Epineprine angleton     Epipen Jr 0.5mg/ml (Pack     Epipen Jr 0.5mg/ml (Route of Administration      Administered by Name and # Date/Time of Injection      PINEPHRINE EMERGI Product     Allerject 0.15mg/0.15m     Allerject 0.3mg/0.3ml     Epinephrine Injection     Epipen 1mg/ml (Pack	Size 1 PEN) Size 1 PEN) Size 1 PEN) Administration Administered by Pharmacis ENCY TREATMENT Ini (Pack Size 1 PEN) (Pack Size 1 PEN)	t Signature	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	INDEXTREMENTED INTERNATIONAL INTERNATIONALI INTERNATIONAL INTERNATIONALI INTERNATIONAL INTERNATIONAL INTERNATIONAL INTERNATIONALI INTERNATIONAL INTERNATIONAL INTERNATIONAL INTERNATIONAL INTERNATIONAL INTERNATIONA	Expiry Date	G #: 646-2 Dose
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Immunization Record (pharmacy portion continued):

	PI	HARMACY USE O	ONLY			
First Name Patient	Last Name <b>Test</b>	Gender M	DOB 02-Feb-1999	Weight		
Address 220 Finch Ave. East, To	oronto ON M2J 2T9	Health Ca	ard #	Phone	Vumber (416) 555-	5555
	GENCY TREATMENT		TR	ACKING	#: 646-3 (	(continued)
Product			DI	N	PIN	Dose
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Administered by Name an	d # Administered by Pha	magist Signature				
Auministered by Name and	d # Administered by Fria	macist Signature				
Date/Time of Injection						
Comments						

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

Imm	Immunizations													
N - N	ew Immunization	P - P	rint/Reprint	F - Claim Fee	Claim Fee C - Cancel Claim Show Reversals									
	D - Pharmacist Declined R - Patient Refused													
Items (	1)						F2 Ins	5 Del						
#	Туре		Status		Product Status	Fee Status	Created <b>T</b> Completed	-						
146			Printed Consent		Pending Claim	Pending Claim	24/07/2017							



#### **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.

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

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

ľ	Scan another Page?	
5	Do you want to scan another page/batch?	
	Scan Again X Stop Scanning	

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

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If a question is near a An year lack holy ? I An year lack holy ? I An year lange to as the year lange to as the year lange to an even year and gutter the year lange to the An year along to the Promotion with a streng of Promotion with a streng of Promotion with a streng of Promotion with a streng of Dright have a mention An year daily any the Promotion with a streng of the year lange of the Promotion with a streng of the year lange of the Promotion with a streng of the year daily any the An year of the year have An year of the year have a strength of the year of the An year of the year have a strength of the year of the An year of the year of the year of the An year of the year of the An year of the year of the year of the An year of the year of the year of the An year of the year of the year of the An year of the year of the year of the year of the year of the year of the year of the year of the An year of the year of the year of the year of the year of the year of the year of the year of the year of the year of the year of the year	- состранения на раби рабо на "ностранения состана 20.5 у техностика состана учи у постанатирования и постана учи у постанатирования и постана у на постана учите постана и пост на делика будитите и или и на делика постанати и постана и и постана и постана и постана и постана и постана и постана и и постана и постана и и постана и постана и постана и и постана и постана и постана и и постана и постана и и постана и постана и постана и и постана и постана и постана и и постана и постана и и постана и постана и постана и и постана и постана и и постана и постана и постана и и постана и постана и постана и и постана и постана и и постана и постана и	Mc boarding propin cores? 	res, or active Hillociter) cost, chicker printer, pri nation? 24 hours of printing a co antiput of antiput of printing a co antiput of chick printing and a chicker printing and b printing constraints, type resulties the part of printing printing experiments of printing experiments of the printing of the part of printing of the experimentation of the printing experimentation of Constraints	nymona ar galasta? nanowa, HWMADa) half sag Phadhisana ang AyA na alabhyolon an automagan (an hina alabhyolon alabhagan (an	The Control of the co	Create New D Delete This Add this ima Current Docume For <b>Test, Cher</b>	Image ge to the current doe ent Patient Immunia ry	cument
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that need to be reconciled are displayed in the **Unprocessed Images** section.



#### 12. Click Process pending Documents.

Documents to be created (1)         Scanned on       Status         Filed By       T         27/07/2017 2:27:45 Pf Ready To File       F         Image: Status       Filed By         Image: Sta	Type Patient Immunization tion Record Is Read, Burlington ON Is Fax: (416) 888-7788 Gender OC M OC 0-Jun-1	Title Immunization F MIM IMI	lecord	P T	atient est, Cher		Rx Num Unprocess Gcanned on 14:25:28 14:26:29	Pages Message 2 sed Images (2) sed Images (2) Type Unprocessed Unprocessed	Current Document	Process Pending Documer
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Diarmacy Difformacy Excel Pharmacy, 220 Duncan Mill Phane: (416) 666-778 PATIENT INFORMATION	tion Record Is Road, Burlington ON Is Fax: (416) 888-7788 Gender DOB M 01-Jun-1	MIM IMI	TRACK	ING #	: 135	S 1	Unproces: Scanned on 14:26:28 14:26:29	sed Images (2) Type Unprocessed Unprocessed	# Info Message	
	Gender DOS M 01-Jun-3	Weight								
First Name Cherry Test		A 2 4 3								
Address	Health Gard #	Phone Mu	mber							
12312 Pearson Blvd, RICHMOND HILL ON L3O 1P1	4542313213		416) 121-	1333						
The following questions will help us determine if there is any reason "yets" to any question, it does not necessarily mean the shot cannot b If a question is not clear, please ask your pharmacist to explain it. Are you sick today? ().s favor greater than 36 5°C breathing problems, or	you or your child should be given. It simply means active infaction)	not get the vaccine is additional question	today. If you is must be a Yes	Alo	ar Vassone					
Are you allergic to any medications including vaccines?			Yes	(No)	มีระบาย					
Do you have an allergy to kanamycin, neomycin, gentamicin, thimerosal, d	chicken protein, polymixin o	r gelatin?	Yes	Sia	Ukasune		Create	New Document	•	
Heve you ever had a severe. He threatening reaction to a past vaccination	17		Yes (	Ma	Unsure		create	iten bocanten	·	
make you had wheezing, crest rightness or difficulty breathing within 24 ho Are you allowing to below allower?	surs or getting a vaccine?		¥63	10	Unsure		Delet	e This Image		
Have you had Guillais Barra Surdrama within 5 wooks of anthon a wooding	2		163	X	Duyative		Defet	e mornage		
Do you have a new or changing periodonical disorder?			Yes	200	Unisi/re	_	Add th	is image to the	current document	
Do uni take a blood thionar or have a blaading disordar?			198	100	Langung		Audit	is image to the	current document	
Pharmadist-Will you be administering a Live Vaccine?	endered (		Ver	0	Divisio (B		Current D	ocument Patie	ent Immunization -	Immunizatio
Do you have a medical condition that can weaken your immine sustem? ()	ea Leukemia Lymphoma	HIV/A/Ds)	Vee	Can	10001202		carrent b	ocument ratio		
Are you taking any medications that can weaken your immune system with	hin the past 3 months? Ian 1	Prednisone etc)	Yes	200	Lipsuze		For Test	, Cherry		
Have you received any other vaccines in the last 4 weeks?			Vec	S	LADDING D					
Are you or do you think you might be pregnant?		A.02	Yag	(00)	Legaure					
		189	100	and the	0.10010					
CONSENT GIVEN BY PATIENT 1. the undersigned client, parent or guardian, have read or had explained to sheets provided to ma. I have had the chance to ask questions, and answe receiving the vaccine. Lagree to wall in the pharmacy for 15 minutes(or thm	s me, information about the ars were given to my satisfa recommended by the ph:	vaccine as outlined a action. I understand th armacist) after getting	n the vaccine re risks and t the vaccine	e inform benefits	ation of	-				
Brightness Cor	ntrast		Satura	tion						
0	0		0				🗙 Ca	incel	🗸 Next	

Document is reconciled successfully.

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

Import Scanned Documents	r X
Scanner	
Scanner FUJITSU fi-6130Zdj #2	Start Scanning
Mode Colour	
Resolution 100	Scan both sides of paper 📃
Document Processing	
To Process 0	Process and Reconcile
To Reconcile <b>0</b>	
View Scan <u>H</u> istory	X Close



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**.

Imn	Immunizations													
N - I	N - New Immunization         P - Print/Reprint         F - Claim Fee         C - Cancel Claim         Show Reversals           D - Pharmacist Declined         R - Patient Refused         Show Reversals         Show Reversals													
Items	; (1)					F2 Ins Del								
#	Туре	Status	Proc	luct Status	Fee Status	Created 🔻 Completed 🔺								
146	Non-Influenza	Signed Consent	Pen	ding Claim	Pending Claim	24/07/2017								

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

File Edit	File Edit Recent Patient View Profile Reports Utilities NH Central Fill Cards Session Help Version10																
F3 - Pa	tient	F5 - Dri	ug 🛛	F7	- Docto	r	F9 - Wo	orkflow	F10	- Pickup	F11 - D	rop-off	F12 - N	New Rx	Alt+X - Start		
Last Name	Patient				First N	lame ,	4		Si	alutation		- O	K 🛛	🖉 Save	🗙 Scan	٦	<sup>♥</sup> Profile
Address 1	Address 1 12313 Banff Ave						Phone Numbers (1) F2			F2 Ins De	<u>B</u> irthdate	12/02/197	6	6			All Rxs Active Rxs
Address 2						Hom	ne	(416) 75	54-1331		Age	41 years					Active Rxs w/Passtimes
City	RICHMON	D HILL	•	Prov	ON 🔻						Gender	Female		No im	age available		Refillable Rxs
Postal	K3O 2P4	Country	Canada	ſ	•	-	L. D. des				Height	English					Pricing Profile
Cinali Ouick Code				l	Send	Fami	iy Doctor			F2 Clear	Weight				Delete		Not Disp./OTC Rxs
Dana	Curck Load Delete										Rxs Filled in Error						
Docum	ents										_						Perform Clinical Analysis
Filter doc	uments her	e								Filter							Manuel Ministration of the second sec
Items (1) Title											By Docu	ment Type		Creat	F2 Ins	Del	Alternate Addresses
Immunizati	on Record										CC Imm	unization		24/07	/2017		AR Profile E
																	Batches
Ch										Charting							
																	Consents
																	Credit Cards
																	Documents (1)



#### **Billing Product**

To Bill a Product:

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

File Edit Recent	Search Utilities	NH Central Fill	Cards Session Help	Version 10				
F3 - Patient	F5 - Drug	F7 - Doctor	F9 - Workflow	F10 - Pickup	F11 - Drop-off	F12 - Return to R	Alt+X - Start	
Search Criteria	Mixture 🥅	A Edit	Ins Insert	Searchin	a By	Brand(Generic) Nar	ne (Adv)	<sup>⊗</sup> Search
Please select approx	priate product	Y Canada	Carry Dava		No Records	Found		Show Mixture Search
		A Cancel	Copy Drug Advar	nced V	NO RECORDS	round		Show Advanced Options
# A BrandName		GenericName	Strength	Pack Size DI	N Form	Manufacturer O	Hand Description	Insert New Drug
								Copy Drug
								Change Columns

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

File Edit	File Edit Recent Drug Reports Utilities NH Central Fill Cards Session Help Version 10												
F3 - Pati	ient F5 - Drug	F7 - Doctor F9 -	- Workflow	F10 - Pickup	F11 - Drop-off	F12	? - Return to Rx	Alt+X - Start					
Na <u>m</u> e	Twinrix		DIN 🗸	02230578	ОК		🖌 Rx	🗙 Scan	<sup>⊗</sup> Drug				
Generic	Combined Hepatitis A &	Hepatitis B	Strength		Sched 2 (Schedule 2 [E.D	). 👻	Drug Card Type		Order Drug				
Description			Follow(up (Days)	Oral/Wr	itten Not Specified	-	Non-Influenza Imn	nunization 👻	Receive Drug				
Description 2			Form	ML (Suspensie		-	Reportable	Trial	Return To Stock				
Description 2			Form	Wit (Suspensio	n) (5. (	-	Dispense as Pack	c	Print Kroll Care				
Equivalent To	·		Route	Intramuscular	(Default)	•	Rx Sync		∑ View				
Default Sig			Manufacturer	GSK (GlaxoSmi	thKline Inc.)	•	Print compliance	calendar	Alats (0)				
Location			Handling Instr.				Eligible for coup	on	Alerts (0)				
Generic Type	Brand Single Source		Price Group	None		•	Health Inform/R	Canada	Documents (0)				
– Labels / Wo	orkflow Packaging		Department	<none></none>		-	Class		Generic Equivalents				
Drug line 1	Default (Brand) 🛛 👻	Track Lot Num	Marketing Msg <none></none>			80.12.00.00		Modification History					
Drug line 2	Default (Generic) 🛛 👻	Track Expiry	Fee for Svc.	Fee for Svc. <none> 👻</none>			Clinical Form		Old/New DIN Links				
Half cize Sic		Double Count	Drug Sub		Cle	Par	Syringe (mL)		Order History				
Train-Size Sig			Endy Sub				Narcotic Monitor	ing	Reason Codes				
Comments	(0)		[F2] Ins	Del <u>G</u> roups (0)	[F2][In	is Del	Is Median Drug		L				
Торіс	Plain Text Comment			┛		_	View Reas	on Codes					
				_									
General (	Ordering UPCs Pla	ns Usage Old Costs Cen	tral Fill Counse	lling Kroll Ca	re Other			🗲 Ctrl 🔿					
Packs (1)	F2 Ins Del Pack Size	1	Pack Active	Front Store									

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

File Edit Recent Rx View Labels Profile Rep	orts Utilities NH Central F	Fill Cards Session Help V	ersion 10		_		
F3 - Patient F5 - Drug F7 - Do	tor F9 - Workflow	F10 - Pickup F11 - D	rop-off	F12 - Fill R	x A	Alt+X - Start	
New Bx Pending Adi	R	x Start Date Latest Fill		Init	Lookup	X Cancel	≪Rx
					<u> </u>		😝 Make Rx Unfilled
Priority Default Wait Time	9 mins Forward Rx	F2 Work Order 1551 F2	Delivery	Pickup	•		🔞 Make Rx Not Dispensed
Patient Search	Drug Search	1 🝷 Pack	D <u>o</u> c Sear	ch	Loc Ho	ospital 👻	🛞 Make Rx Stock Transfer
Name Patient, A Age: 41	Brand Twinrix		Name	Dr. Doc, Test			🐰 Adapt Rx
Address 12313 Banff Ave Female	Generic Combined Hepatitis	A & Hepatitis B GSK (Gla:	Address	44 Secondary Ave		Prov ON	🔂 Add Rx Image
Phone Home (416) 754-1331	Purch \$49.89	OnHand -11	Phone	(905) 411-2123			Transfer Rx From Another Store
Plan ONNMS Client ID 1212313475	DIN 02230578	Min Qty 0	99642	Alt. Lic#	🕞 Call Doctor		
			off ever	'y Wednesday			Scounsel Patient on Pickup
Allergies (0)	Sig Non-Influenza		Init	XX	Auth Qty	1 1	∛ View
	NON-INFLUENZA	Disp <u>O</u> ty	1 Refills(+)	Rem Qty	1 1	() Clinical Interactions	
			Days	1	G.P. %	23.68	🍓 Patient Plan Information
Conditions (0)			Prod Sel	3 - Pharmacis' 👻	Acq Cost	\$49.89	E Generic Equivalents
			0/W	Written 👻	Markup	\$0.00	🔁 Unit Dose Info
	Route of Admin Intra	muscular 👻	<u>L</u> abels	1 F2	Fee	\$10.49	t> Work Order
	Dosage Form Syrin	ige (mL) 👻			Total	<b>\$</b> 65.37	Rx Counseling History
Plans Pricing Dates Comments Indications Ir	nages Other Unit	Dose (Ctrl-U): Disabled					Workflow
Rx Plans Plan Pays Extra Info (F2 Edits)	Wa	rnings		V Send Rx to Trouble			
(More Plans Available)		On Dispensing Quantity					🚛 View Workflow Detail
(More Fians Available)		No Initials					



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, and Pharmacists with Additional Prescribing Authorization (APA).

'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.

File Edit Recent Search Utilities	NH Central Fill Cards Session	on Help Version	10				٦
F3 - Patient F5 - Drug	F7 - Doctor F9 - W	orkflow F10	- Pickup	F11 - Dro	p-off F12 - Return	to Rx Alt+X - Start	
Search Criteria Mixture 🔳	Cedit Ins Insert	7	Searc	hing By	Brand(Generic)	Name (Adv)	Search
Please select Fee for Service PDIN	Cancel Conv Drug			A No R	ecords Found		Show Mixture Search
		Advanced			corus rouna		Show Advanced Options
# A BrandName	GenericName	Strength	Pack Size	DIN	Form Manufacturer	On Hand Description	Insert New Drug
							Copy Drug
							Change Columns

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

Imm	unizations					
N - N	ew Immunization	P - Print/Reprint D - Pharmacist Declined	F - Claim Fee R - Patient Ref	C - Cancel Claim	Show F	leversals
Items (	1)					F2 Inc Del
	Type	Status		Product Status	Fee Status	Created V Completed
146	Non-Influenza	Signed Consent		Claimed	Pending Claim	24/07/2017 24/07/2017



### **Billing Service Fee**

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

	ile	Edit Recent	Search Utilities	NH Central Fill Cards Sessio	n Help Version	10			
	F	3 - Patient	F5 - Drug	F7 - Doctor F9 - W	orkflow F10	) - Pickup 🛛 🛛 F11 -	Drop-off F12 - Return	to Rx Alt+X - Start	
	Sear	ch Criteria	Mixture 🔲	✓ Edit Ins Insert		Searching By	Brand(Generic)	Name (Adv)	<sup>⊗</sup> Search
	non	1		Y Consel	]	1 P	acord Found		Show Mixture Search
	-			Cancel Copy Drug	Advanced	×	ecora rouna		Show Advanced Options
#	4	BrandName		GenericName	Strength	Pack Size DIN	Form Manufacturer	On Hand Description	Insert New Drug
	1 N	on-influenza Imi	munization Fee			1 00998877	ML (Ir	0 Fee For Non-i	Copy Drug
	Ľ			1					Change Columns

Drug card appears.

File Edit F	Recent Drug	g Reports I	Jtilities NH	Central Fill	Cards Session H	elp Version 10	_					
F3 - Patie	ent	F5 - Drug	F7 - Doc	tor F9	- Workflow	F10 - Pickup	F11 - Drop-off	F12	2 - Return to Rx	Alt+X - Start		
Na <u>m</u> e	Non-influen	za Immunizati	on Fee		DIN 👻	00998877		ок	🗸 Rx	🗙 Scan 🛛		
Generic					Strength		Sched 2 (Schedule 2	[E,D, 👻	Drug Card Type			
Description	Fee For Non	-influenza Vac	cination		Followup (Days)	Oral/Writ	ten Not Specified	•		Trial		
Description 2					Form	ML (Injection So	olution)	-	Dispense as Pack			
Equivalent To					Route	Intramuscular		-				
Default Sig					Manufacturer			•	-			
Location									🔽 Eligible for coup	on		
Generic Type					Price Group	Non-Influenza F	Fee For Service	•	Health Inform/R	Canada		
– Labels / Wo	rkflow Packag	jing	<b>-</b>		Department	<none></none>		-	Class			
Drug line 1	Default (Bran	d) 🖵	Track Lot Nu	m	Marketing Msg	Marketing Msg <none></none>						
Drug line 2	Default (Gene	ric) 🔻	- Huck Expiry		Fee for Svc.	Non-Influenza I	Clinical Form					
Half-size Sig			🔲 Refrigerated		Drug Sub			Clear	Narsotic Monitor	ing		
C <u>o</u> mments (	0)				F2 Ins [	Groups (0)	F2	2 Ins Del	Is Median Drug	ing		
Topic	Plain Text	Comment							View Reas	on Codes		
General p	Plans Usa	ge Old Cos	ts Central Fill	Other						🗲 Ctrl 🔿		
Packs (1)	F2 Ins Del	Pack Size	1	[	Pack Active							
1		Quick Code			Only allow manua	al price changes						
		Purc <u>h</u> ase										
		Selling		\$15.00								

#### 21. Click F12 – Return Rx. 'F12' screen appears.

File Edit Recent Rx View Labels Profile Re	oorts Utilities NH Central Fill Cards Session Help	/ersion 10	
F3 - Patient F5 - Drug F7 - Do	ctor F9 - Workflow F10 - Pickup F11 - D	rop-off F12 - Fill Rx Alt+X - Start	
New Rx Pending Adi	Rx Start Date Latest Fill	Init V Lookup X Cancel	<sup>⊗</sup> Rx
			🕞 🛱 Add Rx I <u>m</u> age
Priority Default Wait Time - F2 Due in	19 mins Forward Rx F2 Work Order 1552 F2	Delivery Pickup -	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii
Patient Search	Drug Search 1 - Pack	Doc Search Loc Office -	G Call Doctor
Name Patient, A Age: 41	Brand Non-influenza Immunization Fee	Name Test, User_	Counsel Patient on Pickup
Address 12313 Banff Ave Female	Generic	Address 200 Duncan Mills	Xir
City RICHMOND HILL Prov ON Phone Home (416) 754-1331	Pack 1 Form ML Sched 2	Phone (416) 786-4646	Clinical Interactions
Plan ONNMS Client ID 1212313475	DIN 00998877 Min Oty 0	Lic# 20000 Alt. Lic#	
			Patient Plan Information
			E Generic Equivalents
Allergies (0)	Sig Non-Influenza	Init Auth Qty 1 1	to Unit Dose Info
	NON-INFLUENZA	Disp Qty 1 Refills(+) Rem Qty 1 1	¢> Work Order
		Days 1 G.P. % 100	Rx Counseling History
Conditions (0)		Prod Sel 3 - Pharmacis'  Acq Cost \$0.00	Workflow
	1	O/W Written V Cost S0.00	V Send Rx to Trouble
	Route of Admin Intramuscular 🗸	Labels 1 F2 Fee \$15.00	JII View Workflow Detail
	Dosage Form Solution For Injection 👻	Total \$15.00	Workflow Purch Queuer
Plans Pricing Dates Comments Indications I	mages Other Unit Dose (Ctrl-U): Disabled		Data Entry
Rx Plans Plan Pays Extra Info (F2 Edits)	Warnings		Packaging
Cash			Pharmacist Verification
(More Plans Available)	To Do: Non-Influenza		Incomplete Pickup
	ToDo Drug Name:Please sel	ect Fee for Service PDIN	
	This is a Fee for Service Pres	cription	
	Delivery Label will be printed		
	Fnable Auto Defill		

- 22. Input mandatory fields.
- 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**.

Imm	nunizations							
N - N	lew Immunization	P - Print/Reprint D - Pharmacist Declined	F - Claim Fee R - Patient Refused	C - Cancel Claim		Show Reversals		
Items (	(1)						F2 Ins	; Del
#	Туре	Status	Produ	ct Status	Fee Status	Created 🔻	Completed	
117	Non-Influenza	Signed Consent	Claim	ed	Claimed	26/07/2017	26/07/2017	

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.

Imm	unizations						
N - N	ew Immunization	P - Print/Reprint D - Pharmacist Declined	F - Call up R - Patient Re	C - Cancel Claim	Show Reve	ersals	
Items (	5)					(F2) Ins	s Del
#	Туре	Status		Product Status	Fee Status	Created 🔻 Completed	-
67	Non-Influenza	Pending		Not Completed Yet	Not Completed Yet	25/07/2017	

### **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.

In	nmunizations				Si
N	- New Immunization	P - Print/Reprint	F - Claim Fee C - Cancel Cla	im Show	Reversals
		D - Pharmacist Declined	R - Patient Refused		S 1
Ite	ms (1)				F2 Ins Del A
#	Туре	Status	Product Status	Fee Status	Created Completed
107	Non-Influenza	Completed	Claimed	Claimed	26/07/2017 26/07/2017 A
					New Immunization N
					Add Epinephrine shot



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

File E	dit Utilities	NH Cards Sessio	n Help Ve	rsion 10	View P	rofile						
F3 -	Patient	F5 - Drug	F7 - Doct	or	F9 - Wo	rkflow	F10 - F	ickup	F11 - Drop-off	F12 - Ne	ew Rx	Alt+X - Start
Emer	rgency Ep	oinephrine										
Patient	Patient, C						Address	123 Tes	ting Ave			
Birth	02/02/1999	18 years		Female	Plan /	AHE	Client ID	123123	133	Phone	Home	(905) 475-1231
Allergie	s						Condition	IS				
	Product											
	P	Product										-
	Di	isp Qty			DIN		UF	с				
		Route			•							
	Pseud	do DIN										~
	Lot N	lumber										
		nu Data	_									
	Expli	ly Date										
×s	ave for Later					<u>R</u> efuse Im	munizatio	n				🕑 <u>N</u> ext

#### 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.

<u>F</u> ile	<u>E</u> dit	<u>U</u> tilities	<u>N</u> H (	Centr <u>a</u> l Fill	<u>C</u> ards	Session	<u>H</u> elp	Vie <u>w</u>	<u>P</u> rofile					
F	3 - Pa	atient	F5	- Drug	E	7 - Docto	or [	F9 -	Workflow	F11 -	Drop-off	F12 - N	lew Rx	Alt+X - Start
Em	erg	ency	Epine	ohrine										
Patie	nt Pa	atient, Te	st						Address	100 An	ıy St			
Birth					м	ale	Plan		Client ID			Phone	Home	(123) 456-7890
Allerg	gies								Conditio	ns				
									!					
-														
	Pr	oduct		Administra	tion	]								
				Please	scan or	enter ti	he UPC	from	the drug pa	ack				
			LIPC	-				Look		atch fou	und for 6258	13001213		
							4.00			laterriou	11010250	15001215		-
			Produc	t Epipen	1mg/m	I (Pack Si	ze 1 PE	N)						
			Disp Qty	1.00	PEN			[	DIN 0050	9558	UPC	6258130	01213	
			Route	Injectio	n			•						
				222										
		LOI	Number	333										
		Ex	piry Date	01/01/2	020									
×	<u>S</u> av	e for Lat	er				1	<u>R</u> efuse	Immunizatio	on				📀 <u>N</u> ext



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

	Test				Address	100 Any St			
th			Male	Plan	Client ID		Phone	Home	(123) 456-789
ergies					Condition	ns			
					_				
Product	A	dministratio	n						
	Product	Epipen 1m	o/ml (Pack	Size 1 PENI					-
	Froduct	epipen an	g, (* 0 c				(250120		
	Disp Qty	1.00	EN		DIN 0050	JODE UPC	6258130	01213	
	Route	Injection		•					
I	Lot Number	333							
	Expiry Date	01/01/2020	2						
			-						

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).

F3 -	- Patient	F5 - Drug	F7 - Doct	or	F9 - Wo	rkflow	F11 - Dr	op-off	F12 - New Rx	Alt+X	- Start	
Eme	rgency Ep	inephrine										
Patient	Patient, Test						Address	123 Any	St			
Birth	01/01/1980	36 years		Male	Plan		Client ID			Phone	Home	(123) 456-7890
Allergie	s						Condition	s				
F3 - Patient       F5 - Drug       F7 - Doctor       F9 - Workflow       F11 - Drop-off       F12 - New Rx       Alt+X - 1         Emergency Epinephrine         Patient       Patient, Test       Address       123 Any St         Birth       01/01/1980       36 years       Male       Plan       Client ID       Phone         Allergies       Conditions       Conditions       Conditions       Product       Epipen 1mg/mL (Pack Size 1 PEN)       DiN       00509558       UPC       625813001213         Route       Injection       DiN       00509558       UPC       625813001213         Administered by       Kroll Pharmacy (KRL)             Comments       N/A												
	Product	Administrati	ion									
	P Di Date of Administe	roduct Epipen 11 sp Qty 1.00 Route Injection Admin 18/10/20 red by Kroll Pha	mg/mL (Pack S PEN 16 13:29 rmacy (KRL)	ize 1 PEN	) DIN f Admin	0050 Left Le	9558 UP 9	c	6258130	001213		
Patient, Test         Birh       01/01/1980       36 years       Male       Plan         Allergies       Product       Administration         Product       Administration         Disp Qty       1.00       PEN       Difference         Date of Admin       18/10/2016       13:29       Site of Administreed by         Kroll Pharmacy (KRL)       ✓         Comments       N/A					Refuse Ir	nmunizatio	n			Finali	ize Immunization	

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

File E	dit Recent	Rx	View Labels	Pro	file Repo	orts Utili	ties NH	Cards	Session Help	Versio	n 10						
F3	- Patient	F	5 - Drug		F7 - Doct	or	F9 - Wor	kflow	F10 - Picku	p	F11 - D	rop-off		F12 - Fill R	8x	Alt+X - Star	t
	New Rx	Pendi	ng Adj						Rx Start Date L 26/07/2017 0	atest Fill	Qty			init	🗸 Looki	ıp 🗶 Canc	el
Priority	Default Wa	it Time	▼ F2	Due	in 19	mins	Forwar	d Rx	F2 Work Orde	r 1551	F2	Delivery	Pickup		•		
<u>P</u> atient	Search					<u>D</u> rug Se	arch		1	Pack Doc Search				Loc	Office	-	
Name	Patient, C				Age: 18	Brand	Epipen			1mg/n	nl	Name Dr. Kroll, Avery					
Addres	123 Testin	g Ave			Female	Generic	Epinephri	ine		Α	ALX (Alle	Address Testing					
City	RICHMON	D HILL		Prov	ON	Pack	1 Fo	rm PEN	Sched 2			City	TORON	ITO		Prov ON	
Phone	Home	(90	5) 475-1231			Purch		\$92.0	7 OnHand -2	<b>1</b> (-†)		Phone	(416) 7	84-6546			
Plan	AHE	Client	D 123123133			DIN	00509558		Min Qty 0			Lic#	201703		Alt. Lic#		
Allergi	es (0)					<u>S</u> ig Eme	ergency Ep	inephrin	e			Init	СС		Auth Qty	1	1
						EMERG	ENCY EPIN	NEPHRIN	E			Disp Qty	1	Refills(+)	Rem Qty	1	1
												Davs	1		G.P. %	17	.63
-													3 - Ph	armacis 👻	Acq Cost	\$92	.07
Conditi	ions (0)												141-14-		Cost	\$92	.07
						Route of	f Admin	Int	ramuscular		•	10/w	writte	n 🔻	Markup	\$9	.21
						Noute of	Admin					<u>L</u> abels	1	F2	Fee	\$10	.49
						Dosage	Form	Au	to-Injector (each	)	•				Total	\$111	.77
Plans	Pricing	Dates	Comments	Indica	ations   Im	ages Ot	her	U	nit Dose (Ctrl-U):	Disabled	1						
Rx Pla	ns	Pla	in Pays Extr	a Info	(F2 Edits)			v	Varnings								
AHE	•	No	t Adjud						Not enough i	nventory	for Rx						
Cash	•	No	t Adjud. Ded	uct: \$0	.00				Drug Cost (Pu	rchase)	hasn't l	been upd	ated in	498 days			
								Ē	To Do: Emero	ency Ep	oinephrii	ne .					
								Ē	Drug will be 0	Ordered							
								e	Delivery Labe	will be	printed						
NUN			M-1-1			Enable	Auto-Refill	n II									
nievet 11	100 1 107		www.uptop.co														



#### **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.

<u>F</u> ile <u>E</u>	dit Recen <u>t</u>	<u>R</u> x <u>V</u> i	ew <u>L</u> abe	ls Pr <u>o</u> file	e Re <u>p</u> ort	s <u>U</u> tilities	<u>N</u> H Centr <u>a</u> l Fi	ill <u>C</u> ards Se	ss <u>i</u> on <u>H</u> e	lp	_		
F3 -	Patient	F5	- Drug	F7	- Docto	F9 - 1	Workflow	F11 - Drop-	off	F12 - Fill Rx	Alt+X	- Start	
	N	ew Rx	Pending	g Adj	27	x Start Date	Latest Fill	Qty		Init 🔲 🔽	.ookup	Cancel	
Priority	Default Wai	t Time	▼ E	Due	in 18 n	nins Fo	rward Rx F2	2 Work Order	183	F2 Delivery P	ickup	•	
<u>P</u> atient	Search				<u>D</u> rug Se	arch	Pack 1	1 🗸	D <u>o</u> c Sear	rch L	oc Office	-	
Name	Patient, Te	st		Age: 36	Brand	Epipen		1mg/mL	Name	Ms. Pharmacist, T	est		
Address	123 Any St	:		Male	Generic	Epinephrine		ALX (Alle	Address	100 Pharmacy Wa	y		
City	Halifax		Prov	NS	Pack 1 Form PEN Sched 2				City Halifax Prov NS				
Phone	Home	(123)	456-7890		Purch \$92.51 OnHand 900					Phone (222) 222-2222			
Plan	NSDIS	Client ID	1111111	1	DIN	00509558	Min Qty 0		LIC#	999999999 A	It. LIC#		
Allergie	ıs (0)				Sig EM	ERGENCY EPIN	NEPHRINE		Init	KRL	Auth Qty	1 1	
					EMERG	ENCY EPINEP	HRINE		Disp <u>Q</u> ty	1 <u>R</u> efills(+)	Rem Qty	1 1	
									Days	1	G.P. %	17.59	
									Prod Sel	3 - Pharmacis' 👻	Acq Cost	\$92.51	
Conditi	ons (0)								o/w	Written 🗸	Cost	\$101.76	
					Route of	f Admin	Intramuscula	r <del>v</del>	Labels	1 F2	Markup	\$0.00	
						<b>F</b>	Auto Taiasta	(an ala)		Fee \$10.49			
					Dosage	Form	Auto-Injector	r (each) 🔻			Total	\$112.25	

- 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'**.

Imn	nunizations				
N - 1	New Immunization	P - Print/Reprint D - Pharmacist Declined	F - Claim Fee R - Patient Refused	C - Cancel Claim	Show Reversals
Items	(6)				F2 Ins Del
#	Туре	Status	Product Status	Fee Status	Created 🔻 Completed 🔺
6-1	Emergency Epinephrir	ne Completed	Claimed	No Fee Applicable	29/08/2016 29/08/2016

**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.

Imm	unizations						
N - N	ew Immunization	P - Print/Reprint	F - Claim Fee	C - Cancel Claim	[	Show Reversals	
		D - Pharmacist Decli	ned R - Patient Ref	used			
Items (7	7)						F2 Ins Del
#	Туре	Status		Product Status	Fee Status	Created 🔻 🕻	Completed 🔺
148	Non-Influenza	Completed		Claimed	Claimed	24/07/2017 2	26/07/2017

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

or Immunizat	tion Report	
<u>F</u> ile		
<u>O</u> ptions		
Print st	ore logo	
Print 1	Epinephrine Emergency Tr	eatment(s)
Printer	Microsoft XPS Document Write	Copies 1 🚔
Tray	Automatically Select	Collate Duplex
Restore	e Defaults	view X Close

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.

Imn	nunizations							Sus
N - I	New Immunization	P - Print/Reprint	F - Call up	C - Cancel Claim	Show	Reversals		Perf
		D - Pharmacist Declined	R - Patient Refus	sed				Vie
Items	(3)						F2 Ins D	e Alte
#	Туре	Status	Pr	oduct Status	Fee Status	(	Created 🔻 Completed	
135	Non-Influenza	Signed Consent	CI	aimed	Claimed	-	31/07/2017 31/07/2017	AKI
							New Immunization	N
							Print/Reprint	Ρ
							Call up	F
							Cancel Claim	С
						1	Pharmacist Declined	D
							Patient Refused	R
							View Details	F2
							Delete	
							Change Columns	
							Make Default Columns	

The 'Immunization View' screen appears.



If the immunization record has not yet been scanned into the system, a blank screen showing 'No Scanned Documents Found' appears.

🐨 Immuniza	tion View - Tes	t, Cherry												
Non-In	fluenza											X Close		
Created	27/07/2017 1	15:13:23	Status P	rinted Con	sent		Produ	ct Status	Pending Claim		Pro	duct Rx N/A		
Started	27/07/2017 1	15:13:22					Fe	e Status	Pending Claim			Fee Rx N/A		
Completed	N/A		by Tes	st, User			Consent	given by	Test, Cherry					
Patient	Test, Cherry						Address	12312 F	earson Blvd					
Birth	01/06/1953	64 years		Male	Plan	ODB	Client ID	454231	3213	Phone	Cell	(416) 121-1333		
			No	o Sca	nne	ed Doo	cume	nts l	Found			111.02		

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.

Non-In	ofluenza									2	Close
Created	24/07/2017 10:47:28	Status Signed Cor	isent		Produ	ct Status	Claimed		Pro	duct Rx	100179
itarted	24/07/2017 10:47:26				Fi	ee Status	Claimed			Fee Rx	100179
Completed	24/07/2017 11:08:02	by User test			Consent	given by	Patient, A				
atient	Patient, A				Address	12313	Banff Ave				
lirth	12/02/1976 41 years	Female	Plan	ONNMS	Client ID	121231	3475	Phone	Home	(416) 7	54-1331
- S a	Zoom 100 % 🔍 🎕		1 1/	/2 🔿							
	- pharmacy organization	Kroll Pharmacy, Phone	<b>Im</b> 220 D e: (416	munizat uncan Mills ) 666-7788	ion Reco s Road, Bu s Fax: (41	ord rlington 6) 888-7	ON M1M 7788	1M1 T	RACKIN	iG#: 14	16
PJ	ATIENT INFORMATIO	Kroll Pharmacy, Phone N	<b>Im</b> 220 D e: (416	munizat uncan Mills ) 666-7788	ion Reco Road, Bu Fax: (41) Gender	ord rlington 6) 888-7 008 12-Fe	ON M1M 7788 	1M1 T Weight	RACKIN	IG#: 14	16
PJ	ATIENT INFORMATION	Kroll Pharmacy, Phone N Last Name Patient	<b>Im</b> 220 D e: (416	munizat uncan Mille ) 666-778	Gender	ord rlington 6) 888-7 DOB 12-Fe	ON M1M 7788 20-1976	1M1 Weight Phone Numbe (410	RACKIN	IG #: 14 331	16
P	DELECTOR DELECTOR ATIENT INFORMATION VIEI NAME A Lidness 122313 Banff Ave, RICHM	Kroll PharmaCy, Phone Cast Name Patient OND HILL ON K30 2	Imi 220 D e: (416	munizat uncan Mills ) 666-7788	ion Reck s Road, Bui s Fax: (41) Gender F Health Carr	ord rlington 6) 888-7 DOA 12-Fe	ON M1M 7788 56-1976	1M1 Weight Phone Numbe (410 Contect's Off	RACKIN	IG #: 14 331	16
2	Thermocy ORIGINATION ATIENT INFORMATION Val Name A Idoress 12333 Banff Ave, RICHM Imergency Contact	Kroll Pharmacy, Phon Last Name Patient OND HILL ON K30 2 Relationship fo	Imi 220 D e: (416 P4 Patient	munizat uncan Mille ) 666-7788	ion Reco s Road, Bur 3 Fax: (41) Gender F Health Can Contects F	ord rlington 6) 888-7 2008 12-Fe 8 9	ON M1M 7758 56-1976	1M1 Weight Phone Numbe (410 Contact's Oth	RACKIN ) 754-13 or Phone A	IG #: 14 331 Number	16
رم ۲. ۲.	ATIENT INFORMATION ATIENT INFORMATION War Name (2009) 12313 Banff Ave, RICHM Emergency Contact SCREENING QUESTIO	Kroll PharmaCy, Phone N Last Alame Patient Resolvements NNAIRE	Imi 220 D e: (416 P4 Patient	munizat uncan Mille ) 666-778	ion Rec( s Road, Bu s Fax: (41) Gender F Health Can Contect's F	ord rlington 6) 888-7 DOH 12-Fe are Thone Num	ON M1M 7788 95-1976	1M1 Weight Phone Numbe (410 Contact's Oth	RACKIN ) 754-13 er Phone h	IG #: 14 331 Aumber	16
م م ا	ATIENT INFORMATION WILL ANNIE A MILL ANNIE A M	Kroll PharmaCy, Phone N Last Alame Patient OND HILL ON K30 2 Period Phila Construction NNARE at help us determine if period as not necessarily more	Imi 220 D e: (416 P4 Patient there is nais the i	munizat uncan Milis ) 666-7781 any reason shot cannot	ion Rec: Road, Bui 8 Fax: (41) Gender F Health Carr Contects F You or your be given. If	ord rlington 6) 888-7 DOM 12-Fe 3 8 Phone Num Phone Num simply m	ON M1M 7788 nber nber	1M1 Weight Phone Number (410 Contact's Oth the vaccine fod onal guestions r	RACKIN 754-13 er Phone h ay. If you i nust be as	G #: 14 331 Jumber answer iked.	16
9/ 7 7 2 5	ATIENT INFORMATION WIT Name A Correspondence Content information Without and the second Content information with West To any question, if of Market a question is not clear, pi	Kroll PharmaCy, Phon N Case Name Patient OND HILL ON K3O 2 Residenship fo INNAIRE In help us determine if sease ask your pharmi	Imi 220 D e: (416 P4 Patient sthere is set the is set of the is	munizat uncan Mills ) 666-7788 any reason shot cannot explain it.	ion Recc Road, Bus Fax: (41 Gender F Health Cart Contects F	ord rlington 6) 888-7 008 12-Fe 3 8 Phone Num child she simply m	ON M1M 7788 nber nber	1M1 Weight Phone Number (412 Contact's Oth the vaccine food onal questions r	ACKIN 754-13 ay Phone h ay if you i nust be as	G #: 14 331 Aumber	16
р, , , , , , , , , , , , , , , , , , , ,	ATIENT INFORMATION War Name Constant A Constant A CONST CO	Kroll Pharmacy, Phone N Cast Name Patient OND HILL ON K30 2 Research on K30 2 NNAIRE In help on determine if search actermine if search actermine for ease ask your pharms or greater than 39 5°C. 1	Imi 220 D e: (416 P4 Patient set the s set of the s set of the s	munizat uncan Mills ) 666-7788 shot cannot explain it. problems. c	ion Recci s Road, Bui s Fax: (41) Gender P Health Carr Contacts P you or your be given. If r scove infect	ord rlington 6) 888-7 008 12-Fe 3 8 Phone Nun child shi simply m bon)	ON M1M 7788 sb-1976 nber	1M1 Weight Phone Number (410 Contacts OW the vaccine fod onal guestions n	Page 2 A Contract of the second secon	G #: 14 331 Aumber Answer Ang Uns	16 

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)

of Store Leve	el Configurat	tion Parame	ters								_	_		_
General Pa	tient Drug	Doctor	Rx	FDB	Adju	idication	Labels	Reports	Security	Interfaces	Order	X - AR	Y - To Do	Purge
1 - General	2 - Pricing	3 - Prompt	ing 4 - I	Nursing H	lome	5 - Back	ground R	x Filling	6 - Workflo	w 7 - Cou	nseling	8 - Immu	nization 9	- CeRx
🔽 Enable	electronic im	imunization	s											

# 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.

	uration Paramet	ers					-		_	_		
General Patient	Doctor	Rx	FDB Adj	udication	Labels	Reports	Security	Interfaces	Order	X - AR	Y - To Do	Purge
1 - General 2 - Pric	ng 3 - Promptin	g 4 - N	ursing Home	5 - Back	ground R	x Filling	6 - Workflo	ow 7 - Cou	nseling	8 - Immu	nization	9 - CeRx
Enable electror	c immunizations	]										
Require ele	tronic signature	for Pharm	acists									
Require UP	Verification of V	accine Pr	oduct									
Allow to us	non-influenza ii	nmunizat	ion products	obtained	externally	/						
Allow to use n	n-influenza immi	unization	Rxs dispense	d 30	days ago							

### **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

File E	Edit	Utilities	NH	Central Fill	Cards	Session	n Help	Version	10 View	Profile						
F3	- Pa	itient		F5 - Drug	[ F	7 - Doct	or ]	F9 - Wo	rkflow	F10 - F	lickup	F11 - Drop-off	F1	12 - Ne	w Rx	Alt+X - Start
Non	Ir	nfluen	za							(	Consent g	given by F2 Pat	ient2, Kı	roll		
Patient	Pa	itient2, Ki	roll							Address	1321 Tw	venty Blvd				
Birth	12	2/02/1960	) 57	years			Female	Plan	ESI	Client ID	4545644	1566		Phone	Home	(416) 412-3121
Allergie	es									Condition	ns					
Quino	Quinolones     Anaemia in other chronic diseases classified elsewhere       coal tar															
coal ta	coal tar															
	Rx															
	Rx															
		Rx O	ption	s <select an<="" td=""><th>option</th><th>&gt;</th><th></th><th></th><th></th><td></td><td></td><td></td><th></th><th>-</th><th></th><th></th></select>	option	>								-		
				<select an<="" td=""><th>optior</th><th> &gt;</th><th></th><th></th><th></th><td></td><td></td><td></td><th></th><th></th><th></th><th></th></select>	optior	>										
				Use an exi	isting R	x recent	ly dispen	sed								
				Refill an ex	cisting i	mmuniz	ation Rx									
				Ose a pro	duct of	named e	externally									
×	Save	e for Late	r						<u>R</u> efuse Ir	nmunizatio	n					O Next

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 noninfluenza 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.



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<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.

<u>F</u> ile <u>E</u> dit	Recent	<u>P</u> atient P	r <u>o</u> file	<u>R</u> eports	<u>U</u> tilities	<u>N</u> H C	Centr <u>a</u> l Fill <u>C</u> ar	rds S	Sess <u>i</u> on <u>H</u>	elp					
F3 - Pa	tient	F5 - Di	rug	F7	- Doctor	F	9 - Workflow		F11 - Drop	-off	F12 - N	lew Rx	Alt+X	- Start	
<u>L</u> ast Name	Patient			First Na	me Test		Salutatio	n Mr	· •	ОК		🖉 Save	×	Scan	<sup>⊗</sup> Profile
Address 1	100.4.				Phone N	umbers	(1) [52][	ins Del	Distinguto	01.01.0	1000				All Rxs
Address 1	123 An	y Si			Descriptio	n Pho	one			01/01/	1980				Active Rxs
Address 2			_		Home	(12	3) 456-7890		Age	36 year	rs				Active Rxs w/Passtimes
City	Toront	• •	Prov	ON 🗸					Gender	Male	-	No ir	mage avai	ilable	Refillable Rys
Postal	M1M 1	M: Country	Cana	da 👻					Language	English	1 <b>-</b>				Deleter Des Gla
Email				Send	Family Do	tor			Height						Pricing Profile
Ouick Code							600	Clear							Not Disp./OTC Rxs
Quick Cour								Clear	Weight			Load	d De	elete	Rxs Filled in Error
Comment	s (0)	Comment					F2 I	ns Del	ODB						Suspended Rxs
Topic		comment							Plans (1)					F2 Ins Del	Perform FDB Analysis
									SubPlar	n Code G	Froup ID C	lient ID	Ex	piry	Manu
									1 ESI	0	9	999999999			Allemente Addresses
															Alternate Addresses
															AR Profile
Allergies (	0)	Add Dru	ig) F2	Ins Del	General	Family		omo	Copave	Commu	nications	Other			Batches
					o <u>c</u> neral	Tanni		Jine	copays	comm <u>u</u>	nications	Other		<u> </u>	Charting
					Patient	e /1	t Lact Name			]	Privacy Un	known			Consents
					Datient T		man	-							Credit Cards
					Deceased		inian				Unit Dose	<none></none>			View Patient Documents (0)
Medical C	ondition	; (0)	F2	Ins Del	Droscrip	tions					Cycle	<none></none>			History
					Delivery T	ype D	efault (Pickup)			•	Price Grou	p <default< td=""><td>t&gt; (<none></none></td><th>· ·</th><td>Immunizations</td></default<>	t> ( <none></none>	· ·	Immunizations
					Delivery F	oute	1 17			_		•	•	·	Limited Use Items

'Immunizations' window appears.

3. Click N - New Immunization or click Ins.

File Edit	Recent F	Patient View	Prof	file R	Reports Utiliti	es NH	Central Fill C	ards Sessi	on Help	Version	n 10				
F3 - Pa	tient	F5 - Drug		F7	- Doctor	F9 - 1	Norkflow	F10 - Pick	up	F11 - Dro	op-off	F12 - New Rx		Alt+X - Start	
<u>L</u> ast Name	Test		F	irst Na	me Arnold		Salutation	-	Change	d	🗸 Save	e 🗙 Cancel		<sup>⊗</sup> Profile	
Address 1	12313 An	roid Ave			Phone Numb	pers (1)	F2 Ins De	Birthdate					1	All Rxs	
Address 2				_	Description	Phone		Age						Active Rxs	
					Home	(416) 78	4-6541							Active Rxs w/Passti	mes
City	RICHMOND HILL + Prov Or L3J 1K3 Country Canada			N -				Gender	Male		No	o image available		Refillable Rxs	
Postal	L3J 1K3 Country Canada							Language	English				Pricing Profile		
Email	il Se				Family Doctor	ctor Height						Not Disp./OTC Rxs			
Quick Code					F2 Clear Weight Load Delete					ad Delete		Rxs Filled in Error			
Immun	izations													Suspended Rxs	
N - New	Immuniza	tion P - P	rint/R	leprin	t F	- Call u	о С	- Cancel C	laim		E	Show Reversals		Perform Clinical An	alysis
· · · · · ·	$\overline{}$	D - P	harma	acist I	Declined R	- Patien	t Refused							View	
Items (0)		la.				lo - t	1.51-1	le				F Ins De	el	Alternate Addresses	5
# [Jype <no< th=""><td>e one&gt;</td><td>Pe</td><td>ending</td><td></td><th></th><td>Not C</td><td>ompleted Yet</td><td>Not</td><td>Status Complete</td><td>d Yet</td><td>Creat</td><td>ted + Completeer</td><td></td><td>AR Profile</td><td></td></no<>	e one>	Pe	ending			Not C	ompleted Yet	Not	Status Complete	d Yet	Creat	ted + Completeer		AR Profile	
											/			Batches	
					Immuni:	zation					C .	×		Charting	
														Consents	
Туре										Credit Cards					
Influenza											Documents (0)				
											History				
														Immunizations	
												-	Limited Use Items		



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

of Immunization	
Type Non-Influenza	<b></b>
Perform <u>N</u> ow	Save for later

**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.

Immunizations									
N - N	ew Immunization	P - Print/Reprint	F - Call up	C - Cancel Claim	Show F	Reversals			
D - Pharmacist Declined R - Patient Refused									
Items (3)									
#	Туре	Status		Product Status	Fee Status	Created 🔻 Completed			
65	Non-Influenza	Pending		Not Completed Yet	Not Completed Yet	25/07/2017			
65	Non-Influenza	Pending	(0 )	Not Completed Yet	Not Completed Yet	25/07/2017			

#### 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.** 

File	File Edit Utilities NH Central Fill Cards Session Help Version 10 View Profile										
F3	- Patient	F5 - Drug	F7 - Doo	tor	F9 - W	orkflow	F10 - Pickup	F11 - Dro	p-off	F12 - New Rx	Alt+X - Start
Non-Influenza Consent given by Test Donald F2										<sup>⊗</sup> View	
										Patient Charting	
Patien	t Test, Donald				Address	dress 112 Appleveiw Blvd				Patient Documents (0)	
Birth	12/12/2003	13 years	Male	Plan	ONNMS	Client ID	21123131	Phone	Home	(416) 785-4513	Patient Immunizations (1)
Allerg	Allergies Conditions									<sup>⊗</sup> Profile	
morp	morphine						ternal transfusion syndr	All Ris			
									Active Rxs		
											Active Rxs w/Passtimes
Rx									Pricing Profile		
										Not Disp/OTC Profile	
Rx Options <select an="" option=""></select>											
<select an="" option=""></select>											
Fill a new Rx											
Use a product obtained externally											


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

File E	idit Utilitie	s NH Central	Fill Cards	Session H	elp Versior	10 View	Profile					_
F3 ·	- Patient	F5 - Dru	9 F	7 - Doctor	P9 - W	orkflow	F10 - Pickup	F11 - Dro	p-off	F12 - New Rx	Alt+X - Start	
Non	-Influe	nza			(	Consent gi	iven by Test, Don	ald		12	View Patient Charting	
Patient	Test, Don	ald				Address	112 Appleveiw Bh	d			Patient Document	ts (0)
Birth	12/12/200	13 years		lale Plan	ONNMS	Client ID	21123131	Phone	Home	(416) 785-4513	Patient Immuniza	tions (1)
Allergie	es					Conditio	ns				V Profile	
morph	vine					Fetoma	ternal transfusion sy	ndromes, deli	vered, wi	ith or without mentic	All Ris	
											Active Ris	
											Active Ris w/Pass	times
	Rx										Pricing Profile	
											Not Disp/OTC Pro	fie
	Rx Pro Pac	Options Fill a f duct < Nor kSize	ew Rx ₩ >		]			-	FS	These fields dis is selected. The	play once an R: fields display b	x option slank.

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

File Ec	dit Utilities N	H Central Fill Ca	rds Sessio	n Help	Version	10 View	Profil	e					
F3 -	Patient	F5 - Drug	F7 - Doc	tor	F9 - Wo	orkflow	F10	0 - Pickup	F11 - D	rop-off	F12 - New Rx	Alt+X - Start	
Non-	-Influenza				c	onsent giv	en by	Test Dona	ld		F2	∀View	
												Patient Charting	
Patient	Test, Donald					Address	112 A	ppleveiw Blv	d			Patient Documen	ets (0)
Birth	12/12/2003	13 years	Male	Plan ON	INMS	Client ID	21123	3131	Pho	ne Home	(416) 785-4513	Patient Immuniza	tions (1
Allergies	5					Condition	IS					<sup>⊗</sup> Profile	
morphi	ine					Fetomat	ernal ti	ransfusion sy	ndromes, d	elivered, w	ith or without mentio	All Res	
												Active Ris	
												Active Rxs w/Pass	stimes
	Rx	Emergency Cont	act Pat	tient Cons	ent							Pricing Profile	
												Not Disp/OTC Pro	ofile
	PackSiz	2 0.	5 ML 3000018			Once a fields a	a pro are a	oduct is s	elected cally po	, PackSi pulated	ize, and UPC d		
<b>X</b> <u>S</u>	ave for Later			Be	fuse Im	munization	n				S Next		

**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.

	G <u>e</u> neral	<u>F</u> amily	<u>N</u> ursing Ho	me Copay	<u>s</u> Comm <u>u</u> nications	Other		E Ctrl 🗲
l	<u>E</u> mergen	cy Contact	s (1)					F2 Ins Del
l	Name			Relationship	Daytime Phone	Oth	ner Phone	
	Doe, Jane			Friend	(555) 555-5555 ext 12	234 (77	7) 777-7777	
L								

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.

F3	Edit Utilities	INH Central Fill	Cards Sessio	on Help	Versio	n 10 view	Profile						
	- Patient	F5 - Drug	F7 - Doo	ctor	F9 - V	Vorkflow	F10 -	Pickup	F11 - Drop-o	ff	F12 - Ne	w Rx	Alt+X - Start
Non	-Influenz	a						Consent <u>o</u>	given by F2 P	atient, G	ireen		
Patient	Patient, Gree	2N					Address	1231 Mi	tel Blvd				
Birth	01/02/1958	59 years		Female	Plan		Client ID				Phone	Home	(416) 756-4653
Allergie	es						Conditio	ıs					
							!						
	Rv	Emergency Co	ntact Pa	atient Cons	ent	]							
-	-											_	-
Do yo	ou have an alle	ergy to kanamycin,	neomycin, g	gentamicin	, thime	rosal, chick	en proteir	, polymix	in or gelatin? N	0		•	
Have	you ever had	a severe, life threa	atening react	tion to a p	ast vad	cination?	10	•	•				
Have	you had whee	zing, chest tightne	ess or difficul	lty breathi	ng with	nin 24 hours	of gettin	g a vaccir	ne? No	-			
Are y	rou allergic to	latex gloves? No		•									
Have	you had Guill	ain-Barre Syndrom	ie within 6 we	eeks of ge	tting a	vaccine?	lo	-					
Do yo	ou have a new	or changing neur	ological diso	order? No		•							
Do yo	ou take a bloo	d thinner or have	a bleeding d	lisorder?	No		•						=
Pharn	macist-Will you	ı be administering	a Live Vacci	ne? Yes		•							
Do ve	ou have a mer	lical condition that	can weaken	vour imm	une sv	stem? (eg. )	Leukemia	Lymphor	na, HIV/AIDs) <	Not Answ	/ered>	-	
Arey	ou taking any	medications that o	an weaker w	our immu	ne svet	tem within t	he past 2	months?	(eq Prednisone)	<not a<="" td=""><td>swered</td><td></td><td></td></not>	swered		
	ou taking any	medications that e	in the last 4	un minu	Alat A	newered.		nonars.	(eg Fredhisone)	SNOCA	iswered		
Have	you received	any other vaccines	in the last 4	weeksr		nswered>							
Are y	ou or do you	think you might be	pregnant?	<not ans<="" td=""><td>wered</td><td>&gt; •</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></not>	wered	> •							
×	<u>S</u> ave for Later					<u>R</u> efuse Im	nmunizatio	n					Print Consent
		5											
🍼 2-(lo	ocal) :Pharmacy:	10-11-Patient - Patie	ent, Green										
File E	dit Utilities	NH Central Fill (	Cards Sessio	n Help	Versio	n 10 View	Profile						
F3 -	- Patient	F5 - Drug	F7 - Doc	tor	F9 - W	/orkflow	F10 - F	ickup	F11 - Drop-o	ff	F12 - Ne	w Rx	Alt+X - Start
Non	-Influenz	a					(	onsent g	iven by F2 Pa	atient, G	reen		
Patient	Patient, Gree												
		n					Address	1231 Mi	tel Blvd				
Birth	01/02/1958	n 59 years		Female	Plan		Address Client ID	1231 Mi	tel Blvd		Phone	Home	(416) 756-4653
Birth Allergie	01/02/1958	n 59 years		Female	Plan		Address Client ID Condition	1231 Mi	tel Blvd		Phone	Home	(416) 756-4653
Birth Allergie	01/02/1958	n 59 years		Female	Plan		Address Client ID Condition	1231 Mi	tel Blvd		Phone	Home	(416) 756-4653
Birth Allergie	01/02/1958	n 59 years		Female	Plan		Address Client ID Condition	1231 Min	tel Blvd		Phone	Home	(416) 756-4653
Birth Allergie	01/02/1958 es	n 59 years	ntact Pat	Female	Plan		Address Client ID Condition	1231 Mit	tel Blvd		Phone	Home	(416) 756-4653
Birth Allergie	01/02/1958	n 59 years Emergency Co (i.e. fever greater	ntact Pat	Female	Plan ent		Address Client ID Condition	1231 Min	tel Blvd		Phone	Home	(416) 756-4653
Birth Allergie Are yo	01/02/1958 es Rx ou sick today?	n 59 years Emergency Co (i.e. fever greater	ntact Pai than 39.5°C,	Female	Plan ent g probl	lems, or act	Address Client ID Condition	1231 Min Is	tel Bivd		Phone	Home	(416) 756-4653
Birth Allergie Are yo Are yo	01/02/1958 es Rx ou sick today? ou allergic to a	n 59 years Emergency Co (i.e. fever greater any medications in	ntact Pat than 39.5°C, cluding vacc	Female tient Cons breathing ines? No	Plan ent g probl	lems, or act	Address Client ID Condition	1231 Min is	tel Bivd ▼		Phone	Home	(416) 756-4653
Birth Allergie Are yo Are yo Do yo	01/02/1958 es Rx ou sick today? ou allergic to a ou have an alle	n 59 years Emergency Co (i.e. fever greater any medications in rgy to kanamycin,	ntact Pat than 39.5°C, cluding vacc neomycin, g	Female tient Cons , breathing ines? No entamicin,	Plan ent g probl	lems, or act	Address Client ID Condition	1231 Min is on) No	in or gelatin?	0	Phone	Home	(416) 756-4653
Birth Allergie Are yo Are yo Do yo Have	01/02/1958 es Rx ou sick today? ou allergic to a ou have an alle you ever had	n 59 years Emergency Co (i.e. fever greater any medications in rgy to kanamycin, a severe, life threa	ntact Paf than 39.5°C, cluding vacc neomycin, g tening reacti	Female tient Cons , breathing ines? No entamicin, ion to a pu	Plan ent g probl , thime ast vac	lems, or act	Address Client ID Condition ive infection	1231 Min is on) No , polymix	in or gelatin? [N	0	Phone	Home	(416) 756-4653
Birth Allergie Are yo Are yo Do yo Have	Rx ou sick today? ou allergic to a ou have an alle you ever had you had whee	n 59 years Emergency Co (i.e. fever greater any medications in rgy to kanamycin, a severe, life threa zing, chest tightne	ntact Pat than 39.5°C, cluding vacc neomycin, g tening reacti ss or difficul	Female	Plan ent g probl , thime ast vac	lems, or act rosal, chicke cination? N	Address Client ID Condition ive infection ive infection ive of getting	1231 Min is on) No , polymix + g a vaccin	vel Bivd v   in or gelatin? [N: ] le? [No	0	Phone	+ Home	(416) 756-4653
Birth Allergie Are yo Are yo Do yo Have y Are yo	Rx ou sick today? ou allergic to . ou have an alle you ever had you had whee ou allergic to l	n 59 years Emergency Co (i.e. fever greater any medications in rgy to kanamycin, a severe, life threa zing, chest tightne atex gloves? No	ntact Par than 39.5°C, cluding vacc neomycin, g tening reacti ss or difficul	Female tient Cons , breathing ines? No jentamicin, ion to a pr ty breathin	Plan ent g probl , thime ast vac ng with	lems, or act rosal, chicka ccination? N in 24 hours	Address Client ID Condition ive infection ive infection ive infection of getting	1231 Min s on) No , polymix , a vaccin	v in or gelatin? [№] ] le? No	0	Phone	Home	(416) 756-4653
Birth Allergie Are yo Are yo Do yo Have y Are yo Have y	Rx es Rx ou sick today? ou allergic to o you have an alle you ever had you had whee ou allergic to l you had Guilla	n 59 years Emergency Co (i.e. fever greater any medications in rgy to kanamycin, a severe, life threa zing, chest tightne atex gloves? No in-Barre Syndrom	ntact Pal than 39.5°C, cluding vacc neomycin, g itening reacti ss or difficul e within 6 we	Female tient Cons , breathing ines? No jentamicin, ion to a p. ty breathin v eks of ge	Plan ent g probl ast vac ng with tting a	lems, or act vrosal, chicka cination? N iin 24 hours vaccine? N	Address Client ID Condition ive infection ive infection of getting	1231 Min pon) No polymix y a vaccin	vel Bivd v   in or gelatin? [N: ] le? No	o •	Phone	•	(416) 756-4653
Birth Allergie Are yo Are yo Do yo Have ; Are yo Have ; Do yo	Rx es Rx ou sick today? ou allergic to . ou have an alle you ever had you had whee ou allergic to . you had Guilla ou had Guilla	n 59 years Emergency Co (i.e. fever greater any medications in rgy to kanamycin, a severe, life threa zing, chest tightne atex gloves? No in-Barre Syndrom or changing neurc	ntact Pat than 39.5°C, cluding vacc neomycin, g itening reacti ss or difficul e within 6 we xlogical diso	Female tient Cons , breathing ines? No jentamicin, ion to a pr ty breathin eks of ge rder? No	Plan ent g probl ast vac ng with tting a	lems, or act vicination? N vaccine? N	Address Client ID Condition ive infection ive infection of getting	1231 Min Is Dn) No polymix y a vaccin	in or gelatin? [Ni ] le? No	0	Phone	+Home	(416) 756-4653
Birth Allergie Are yo Are yo Do yo Have y Are yo Have yo Do yo Do yo	Rx ou sick today? ou sick today? ou allergic to . ou allergic to . you had whee ou allergic to l you had Guilla ou had Guilla ou had a new	n 59 years Emergency Co (i.e. fever greater any medications in rgy to kanamycin, a severe, life threa zing, chest tightne atex gloves? No in-Barre Syndrom or changing neurr d thinner or have a	ntact Pat than 39.5°C, cluding vacc neomycin, g itening reacti ss or difficul e within 6 we xlogical diso a bleeding d	Female tient Cons , breathing ines? No jentamicin, ion to a pr ty breathin eks of ge rder? No isorder? T	Plan ent g probl , thime ast vac ang with tting a	lems, or act v rosal, chicke rosal, chicke rosal, chicke vaccine? N vaccine? N	Address Client ID Condition ive infection ive infection of getting	1231 Min is on) No , polymix y a vaccin	in or gelatin? N e? No	0 •	Phone	+ Home	(416) 756-4653
Birth Allergie Are yc Are yc Are yc Have y Have y Have y Have y Do yo Do yo Do yo Do yo	Rx ou sick today? ou allergic to o ou allergic to o ou allergic to o ou allergic to o you had whee ou allergic to o you had Guille ou had Guille ou had a bloo macist-Will you	n 59 years Emergency Co (i.e. fever greater any medications in rgy to kanamycin, a severe, life threa zing, chest tightne atex gloves? No in-Barre Syndrom or changing neurc d thinner or have a be administering	ntact Pat than 39.5°C, cluding vacc neomycin, g itening reacti ss or difficul e within 6 we xlogical diso a bleeding d a Live Vaccir	Female	Plan ent g probl thime ast vac ng with tting a No	lems, or act v rosal, chicke rosal, chicke rosal, chicke vaccine? N vaccine? N	Address Client ID Condition ive infection ive infection of getting lo	1231 Million	in or gelatin? N	0	Phone	Home	(416) 756-4653
Birth Allergie Are yc Are yc Do yo Have Have Are yc Have Do yo Do yo Do yo Pharm	Rx ou sick today? ou allergic to . ou allergic to . ou allergic to . ou have an alle you ever had you had whee ou allergic to l you had Guill ou have a new ou take a bloo macist-Will you	S9 years     S9 years     Emergency Co     (i.e. fever greater     any medications in     rgy to kanamycin,     a severe, life threa     zing, chest tightne     atex gloves? No     iin-Barre Syndrom     or changing neurc     d thinner or have a     be administering	ntact Pat than 39.5°C, cluding vacc neomycin, g itening reacti ss or difficul e within 6 we xlogical diso a bleeding d a Live Vaccir	Female	Plan ent g probl ast vac ng with tting a	lems, or act vicination? N vaccine? N vaccine? N	Address Client ID Condition ive infection of getting to	1231 Mi is polymix g a vaccir	in or gelatin? N	0	Phone	+Home -	(416) 756-4653
Birth Allergie Are yc Are yc Do yo Have Have Do yo Do yo Do yo Do yo Pharm	Rx ou sick today? ou allergic to o ou allergic to o ou allergic to o ou have an alle you ever had you had whee ou allergic to l you had Guilli ou have a new ou take a bloo macist-Will you	n 59 years 59 years Emergency Co (i.e. fever greater any medications in rgy to kanamycin, a severe, life threa zing, chest tightne atex gloves? No iin-Barre Syndrom or changing neurc d thinner or have a be administering	ntact Pat than 39.5°C, cluding vacc neomycin, g itening reacti ss or difficul e within 6 we xlogical diso a bleeding d a Live Vaccir	Female tient Cons , breathing ines? No ientamicin, ion to a part ty breathin weeks of ger rder? No isorder? I ne? No	Plan ent g probl thime ast vac ng with tting a	lems, or act vicination? N vaccine? N vaccine? N	Address Client ID Condition ive infecti io of getting io	1231 Mi s polymix y a vaccin	in or gelatin? N	0	Phone	•	(416) 756-4653
Birth Allergie Are yc Are yc Do yo Have y Have y Have y Have y Do yo Do yo Do yo	Rx ou sick today? ou allergic to . ou have an alle you ever had you had whee ou allergic to l you had Guill you had Guill ou have a new ou take a bloo macist-Will you	S9 years     S9 years     Emergency Co     (i.e. fever greater any medications in rgy to kanamycin, a severe, life threa zing, chest tightne atex gloves? No inin-Barre Syndrom or changing neurc d thinner or have a be administering	ntact Pal than 39.5°C, cluding vacc neomycin, g itening reacti ss or difficul e within 6 we ological diso a bleeding d a Live Vaccir	Female	Plan ent g probl , thime ast vac ng with tting a	lems, or act vicination? N vaccine? N vaccine? N vaccine?	Address Client ID Condition ive infecti io of getting io	1231 Mi is polymix g a vaccin	in or gelatin? Ni e? No	0	Phone	Home	(416) 756-4653
Birth Allergie Are yc Are yc Do yo Have y Have y Have y Have y Do yo Do yo Do yo Do yo	Rx ou sick today? ou allergic to . ou have an alle you ever had you had whee ou allergic to l you had Guill you had Guill ou have a new pou take a bloo macist-Will you	S9 years     S9 years     Emergency Co     (i.e. fever greater any medications in rgy to kanamycin, a severe, life threa zing, chest tightne atex gloves? No inin-Barre Syndrom or changing neurc d thinner or have a be administering	ntact Pat than 39.5°C, cluding vacc neomycin, g itening reacti ss or difficul e within 6 we ological diso a bleeding d a Live Vaccir	Female	Plan ent g probl ast vac ng with tting a No	lems, or act v rosal, chicke rosal, chicke vaccine? N vaccine? N vaccine?	Address Client ID Condition ive infecti io of getting io	1231 Mit is polymix g a vaccin	in or gelatin? Ni e? No	0	Phone	Home	(416) 756-4653



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.

Finter a Comment		X	J
Reason: Declined by Pharmacist		•	
Patient ineligible due to fever		*	
		-	
🗸 ок	X Cancel		

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.

First Name	N Last Name	Gender DOB	TRACKING #: (
Patient	Test	M 02-Feb-1999	rreigin
Address 220 Finch Ave. East, Toro	nto ON M2J 2T9	Health Card #	Phone Number (416) 555-5555
Emergency Contact De Gary	Relationship to Patient Spouse	Contact's Phone Number (222) 222-2222	Contact's Other Phone Number
CREENING QUESTIO	NAIRE		
The following questions wi "yes" to any question, it do If a question is not clear, pl	l help us determine if there is any rea es not necessarily mean the shot car ease ask your pharmacist to explain i	ison you or your child should not get t not be given. It simply means addition it.	he vaccine today. If you answer nal questions must be asked.
Are you sick today? (i.e. fever	greater than 39.5°C, breathing problem	ns, or active infection)	No
Are you allergic to any medic	ations including vaccines?	and akinkan mastrin ankanisin as anta'a f	No
Do you have an allergy to kar	hamyoin, neomyoin, gentamicin, thimero	sai, cnicken protein, polymixin or gelatin?	No
Have you ever had a severe,	t tightness or difficulty breathing within	24 hours of actting a vaccine?	No
Are you allergic to latex glove	</td <td>24 hours of getting a vaccine:</td> <td>No</td>	24 hours of getting a vaccine:	No
Have you had Guillain-Barre	Syndrome within 6 weeks of getting a va	accine?	No
Do you have a new or changi	ng neurological disorder?		No
Do you take a blood thinner o	r have a bleeding disorder?		No
Pharmacist-Will you be admir	istering a Live Vaccine?		No
	A TIFNIT		I
sheets provided to me. I have receiving the vaccine. I agree "anaphylaxis" can be life-three "anaphylaxis" can be life-three the administration of epinephin provide additional assistance tongue, throat, and/or lips. In the event of anaphylaxis, I provided to my agent or FMS	had the chance to ask questions, and it to wait in the pharmacy for 15 minutes? (yet rare) to have an extreme allergic reatening and is a medical emergency. If it inte, dipherhydramine, beta-agonists, at to the immunizer. The symptoms of an will receive a copy of this form containing parametics.	answers were given to my satisfaction. I c or time recommended by the pharmacist action to any component of the vaccine. : experience such a reaction following vac difor antihistamines to ity to treat this rea- anaphylactic reaction may include hives, ng information on emergency treatments t	nderstand the risks and benefits of after getting the vaccine. Some serious reactions called cination, I am aware that it may req citon and that 9-1-1 will be called to difficulty breathing, swelling of the hat I had received, or a copy will be
	ceive Avaxim 160/0 5ml		
I confirm that I want to re-			Date Signed
I confirm that I want to re-	Patient Signature		28-Aug-2017
I confirm that I want to re Patient Test, Patient	Patient Signature		20 // 49 202/
I confirm that I want to re Patient Test, Patient	Patient Signature I confirm the above named patient is <u>160/0.5mL</u> should be given to patien	capable of providing consent for <u>Avaxin</u> t.	n 160/0.5ml and that the Avaxim
l confirm that I want to re- Patient Test, Patient PHARMACISTDECLARATIC Pharmacist Gary Deng (3687455)	N I confirm the above named patient is 160/0.5ml should be given to patien Pharmacist Signature	capable of providing consent for <u>Avaxin</u> t.	Date Signed 28-Aug-2017



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

First Name Patient	Last Name Test	Gender	DOB 02-Eeb-1999	Weight	
Address	Test	Health Ca	oz 1 eb 1555	Phone Number	
220 Finch Ave. East, Toro	onto ON M2J 2T9			(416) 555-5	5555
Emergency Contact De Gary	Relationship to Patient Spouse	Contact's	Phone Number 22) 222-2222	Contact's Other Phone	Number
CREENING QUESTIO	NNAIRE	1		- 1	
The following questions wi "yes" to any question, it do If a question is not clear, pl	II help us determine if there is any rei es not necessarily mean the shot cai lease ask your pharmacist to explain	ason you or you nnot be given. Ii it.	r child should not get : t simply means additio	the vaccine today. If you nal questions must be a	answer sked.
Are you sick today? (i.e. feve	r greater than 39.5°C, breathing problen	ms, or active infec	tion)		No
Are you allergic to any medic	ations including vaccines?				No
Do you have an allergy to ka	namycin, neomycin, gentamicin, thimero	osal, chicken prot	ein, polymixin or gelatin'	?	No
Have you ever had a severe,	life threatening reaction to a past vaccir	nation?			No
Have you had wheezing, che	st tightness or difficulty breathing within	24 hours of gettir	ng a vaccine?		No
Are you allergic to latex glove	rs?				No
Have you had Guillain-Barre	Syndrome within 6 weeks of getting a va	accine?			No
Do you have a new or changi	ing neurological disorder?				No
Do you take a blood thinner o	or have a bleeding disorder?				No
Pharmacist-Will you be admi	nistering a Live Vaccine?				Yes
Do you have a medical condi	ition that can weaken your immune syste	em? (eg. Leukem	iia, Lymphoma, HIV/AID	s)	No
Are you taking any medicatio	ns that can weaken your immune syster	m within the past	3 months? (eg Predniso	one etc)	No
Have you received any other	vaccines in the last 4 weeks?				No
Are you or do you think you r	night be pregnant?				N/A
I, the understand of the service of	ATTENT ent or guardian, have read or had explain e had the chance to ask questions, and to wait in the pharmacy for 15 minutes (yet rare) to have an extreme altergic re- atening and is a medical emergency. If rine, diphenhydramine, beta-agonists, a to the immunizer. The symptoms of an will receive a copy of this form containing	ined to me, inform answers were giv (or time recomme eaction to any cor I experience such Ind/or antihistamin I anaphylactic rea ng information on	nation about the vaccine ren to my satisfaction. I inded by the pharmacist moonent of the vaccine. I a reaction following va- nes to try to treat this re- ction may include hives emergency treatments i	as outlined in the vaccine understand the risks and b ) after getting the vaccine. Some serious reactions ca coination, 1 am aware that action and that 9-1-1 will b , difficulty breathing, swell that I had received, or a co	information penefits of alled it may requi e called to ing of the opy will be
provided to my agent or EMS	paramedics. ceive Avaxim 160/0.5ml	-			
Patient	Patient Signature			Date Signed	
				28-Au	ıg-2017
Test, Patient		s capable of provi	ding consent for Avaxing	m 160/0.5ml and that the	Avaxim
Test, Patient PHARMACISTDECLARATK	<u>2N</u> I confirm the above named patient is <u>160/0.5ml</u> should be given to patien	nt.			



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 <u>Document Scan Utility</u>.

Ple	ase Sign and	Scan Consent Form	
	Scan Patien	L Consent Form	
	Select from	Network Scan	
	Proceed	without Scan	

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 <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.

F3 -	Patient	F5 - Dru	ig F7	- Doctor	F9 - Workflow	F10 - I	Pickup	F11 - Drop-of		F12 - New	Rx	Alt+X - Sta
on	Influen	za					Consent g	given by F2 Pa	tient, S	ante		
tient	Patient, Sar	ite				Address	42132 T	esting				
th	10/02/1956	61 years		Male	Plan	Client ID				Phone H	lome	(416) 754-43
ergie	:					Conditio	ns					
						-						
-	By	Emerge	ncy Contact	Patient Co	nsent Pro	oduct	7					
-												
		Product A	vaxim 160/0.5	nl (Pack Size	1 ML)							
		Product A	vaxim 160/0.5i	nl (Pack Size	1 ML)							
		Product A	vaxim 160/0.5	nl (Pack Size	1 ML) 10706						Rescan	
	C	Product AUPC UPC U	vaxim 160/0.5r PC match found	nl (Pack Size <mark>1 for 69717700</mark>	1 ML) 10706 DIN 0223	37792 U	PC	697	177000	1706	Rescan	
		Product A UPC U Disp Qty 1	vaxim 160/0.5r PC match found ML	nl (Pack Size	1 ML) 10706 DIN 0223	<b>37792</b> U	PC	697	177000	1706	Rescan	
		Product A UPC U Disp Qty 1 Route Int	vaxim 160/0.5n PC match found ML tramuscular	nl (Pack Size <del>1 for 6971770</del> 0	1 ML) 10706 DIN 0223	37792 U	PC	697	177000	1706	Rescan	
	Lot	Product A UPC U Disp Qty 1 Route Int Number 12	Vaxim 160/0.5 PC match found ML tramuscular	nl (Pack Size <del>1 for 69717700</del>	1 ML) 00706 DIN 0223	37792 U	PC	697	177000	1706	Rescan	
	Lot	Product A UPC UPC U Disp Qty 1 Route Int Number 12 biry Date 02	Vaxim 160/0.5# PC match found ML ramuscular 3145 _/02/2020	nl (Pack Size <del>1 for 69717700</del>	1 ML) 00706 DIN 0223	37792 U	PC	697	177000	1706	Rescan	
	Lot	Product A UPC UPC U Disp Qty 1 Route Inf Number 12 Diry Date 02	Vaxim 160/0.5m PC match found ML tramuscular 3145 V02/2020	nl (Pack Size <mark>4 fer 69717700</mark>	1 ML) 00706 DIN 0223	37792 U	PC	697	177000	1706	Rescan	
	Lot Exp	Product A UPC U Disp Qty 1 Route In Number 12 Diry Date 0	vaxim 160/0.5n PC match found ML tramuscular 3145 702/2020	nl (Pack Size 1 for 69717700	1 ML) 00706 DIN 0223	<b>37792</b> U	PC	697	177000	1706	Rescan	
	Lot	Product A UPC U Disp Qty 1 Route In Number 12 Diry Date 02	Vaxim 160/0.5 PC match found ML tramuscular 3145 1/02/2020	nl (Pack Size	1 ML) 00706 DIN 0223	UI	PC	697	177000	1706	Rescan	
	Lot	Product VPC	Vaxim 160/0.5 PC match found ML tramuscular 3145 1/02/2020	nl (Pack Size	1 ML) 00706 DIN 0223	U	PC	697	177000	1706	Rescan	
	Lot Exp	Product UPC Disp Qty 1 Route Ini Number 12 Disiry Date 02	Vaxim 160/0.5 PC match found ML tramuscular 3145 1/02/2020	nl (Pack Size	1 ML) 0706 DIN 0223	37792 U	PC	697	177000	1706	Rescan	

**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.

In most provinces '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.

In Alberta however, there are pharmacist with Additional Prescribing Authorization (APA). These pharmacists can prescribe 'vaccine Rxs in schedule 1'. Pharmacists with APA will have their name automatically populate in the doctor field regardless of whether the vaccine Rx is in schedule 1 or 2.

'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)

File Edit	t Utilities NH	Central Fill C	ards Sessi	on Help	Version	10 View	Profile	e						
F3 - P	Patient F	5 - Drug	F7 - Do	ctor	F9 - Wo	orkflow	F10	- Pick	up	F11 - Dro	p-off	F12	2 - New Rx	Alt+)
Non-I	influenza				c	onsent gi	ven by	Test,	Donald				F2	<sup>⊗</sup> View Patient
Patient T	fest, Donald					Address	112 Ap	plevei	w Blvd					Patient
Birth 1	12/12/2003 13	years	Male	Plan ON	NMS	Client ID	21123	131		Phone	Home	(41)	6) 785-4513	Patient
Allergies						Conditio	ns			_				× Profile
morphine	e					Fetoma	ternal tr	ansfusi	ion syndr	omes, deli	ivered, w	vith or w	ithout mentic	All Rxs
														Active
											_			Active
	Rx E	Emergency Cor	ntact Pa	tient Conse	ent	Pro	duct		Admin	istration				Pricing
														Not Dis
	Prod	Havrix 72	0 Junior 720	)U/0.5mL (P	ack Siz	e 0.5 ML)								
	riodi						_					_		
	Disp C	Qty 1	ML		DIN	0223	1056	UPC		7709330	00018			
	Roi	Intramuse	ular											
	Date of Adn	nin <mark>07/07/201</mark>	7 13:34	Site o	f Admir	n 📃								
	Administered	by			•								_	
	F	ee Non-influe	enza Immun	nization Fee	[00998	877]						•		
	Comme	nts										^		
× Sav	ve for Later			Be	fuse Im	munizatio	n			ſ	Pag Fin	+ alize Im	munization	

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.

of Login			
$\overline{}$	You must login as Kr	oll Pharmacy for	signature capture
NA -	Initials	КР	
X	Password	•••••	
	<b>V</b> 01	K Can	ncel



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

	da vonoes	NH Cer	teral Fill Car	ds Sessi	on He	sip Version	n 10 View	Profile				
F3	- Patient	F5 - C	Drug	F7 + D0	ctor	F9 - W	oridiow	F10 - Pickup	F11 + Dro	p-off	F12 - New Rx	Alt+X - S
Non	-Influenz	a				3	Consent gi	ven by Test, Do	mald		F2	View Patient Cha
Patient	Test, Donald						Address	112 Appleveiw I	Blvd			Patient Doc
Birth	12/12/2003	13 years		Male	Plan	ONNMS	Client ID	21123131	Phone	Home	(416) 785-4513	Patient ]mn
Allergie	15						Conditio	ns				8 Profile
morph	vine						Fetoma	ternal transfusion	syndromes, del	vered, wi	th or without mentic	All Rss
												Active Ris
										-		Active Rxs v
	Rx	Emer	gency Conta	ect Pa	stient C	onsent	Pro	duct A	dministration			Pricing Prof
	I Date of Administr	Admin Route Admin red by Fee	Hawris 720 J 1 M Intramuscul 07/07/2017 Test, User Non-influen Non-influen Free Of Cha	unior 720 L 13:34 23 Immu 23 Immu 24 Immu 26 Immu 26 Immu	Since the second	nt (Pack Siz	ce 0.5 ML) N 0223 in Left Ar 85771	1056 UPC	7709330	30018		

- 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 noninfluenza 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**.

Imn	nunizations							
N - I	New Immunization	P - Print/Reprint D - Pharmacist Declined	F - Claim Fee R - Patient Refused	C - Cancel Claim		Show Reversals		
Items	(1)						F2 Ins	3 Del
#	Туре	Status	Produ	t Status	Fee Status	Created 🔻 🛛	Completed	
117	Non-Influenza	Signed Consent	Claim	ed	Claimed	26/07/2017	26/07/2017	

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.

✓ Store Level Configuration Par.	rameters					
General Patient Drug Doc	ctor Rx FDB Adju	udication Labels	Reports Security	Interfaces Order	X - AR Y - To Do	Purge
1 - General 2 - Pricing 3 - Pro	ompting 4 - Nursing Home	5 - Background Rx	Filling 6 - Workflo	w 7 - Counseling	8 - Immunization	9 - CeRx
Enable electronic immunization	ations					
Require electronic signa	ature for Pharmacists					
Require UPC Verification	on of Vaccine Product					
Allow to use non-influe	enza immunization products	obtained externally				
Allow to use non-influenza	a immunization Rxs dispense	d days ago				

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

<u>F</u> ile <u>E</u> dit	Recen <u>t</u>	Patient P	r <u>o</u> file	<u>R</u> eports	<u>U</u> tilities <u>I</u>	<u>I</u> H Centr <u>a</u> l	Fill <u>C</u> ards	Sess <u>i</u> on <u>H</u>	elp				
F3 - Pa	tient	F5 - Di	rug	F7	- Doctor	F9 - W	/orkflow	F11 - Drop	o-off	F12 - N	ew Rx	Alt+X - Start	
Last Name	Patient			First Na	me Test		Salutation M	r. 🔻	OK		✓ Save	X Scan	<sup>™</sup> Profile
A d d 4	100.0				Phone Nu	nhers (1)	F2 Ins De		-				All Rxs
Address 1	123 Any :	ot			Description	Phone		<u>b</u> irthdate	01/01/	1980			Active Rxs
Address 2					Home	(123) 456-	-7890	Age	36 year	rs			Active Rxs w/Passtimes
City	Toronto	-	Prov	ON 🔻				Gender	Male	•	No ir	mage available	Refillable Rxs
Postal	M1M 1N	Country	Canad	da 🔻				Language	Englist	h 🔻			Pricing Profile
Email				Send	Family Doct	or		Height					Not Disp./OTC Rxs
Quick Code							F2 Clear	Weight			Load	I Delete	Rxs Filled in Error
Comment Tania	s (0)						F2 Ins Del	ODB					Suspended Rxs
Торіс	C	omment						<u>P</u> lans (1)				F2 Ins Del	Perform FDB Analysis
								SubPla	n Code (	Group ID C	lient ID	Expiry	No.
								1 ESI	C	01111 99	99999999		View
													Alternate Addresses
													AR Profile
Allergies (	0)	Add Dru	Jg (F2	Ins Del	General	Fomily NI	ursing Home	Conque	Commi	nications	Other	Ctrl 🖌	Batches
					Detient		arsing nome	copays	comin <u>u</u>	Concent	Other		Charting
					Patient Active	Alt. Last	Name			Privacy Uni	known		Consents
					Active	Alt. Last	Indiffe						Credit Cards
					Patient Typ	e Human	•			Unit Dose		]	View Patient Documents (0)
Medical O	onditions (	))	F2	Ins Del	Deceased	n				Type	<none></none>		History
					Prescripti	ons Default	(Pickup)			Cycle Price Grou	< ivone>	• ( <none>) -</none>	Immunizations
					Delivery Ro	ute	(			Du Tatala	P		Limited Use Items

'Immunizations' window appears.



#### 3. Click N - New Immunization or click Ins.

File Edit	Recent P	atient Vi	iew P	rofile l	Reports Utiliti	es NH	Central Fill	Cards Sess	on Help	Versior	n 10				
F3 - Pa	tient	F5 - Dr	rug	E	7 - Doctor	F9 -	Workflow	F10 - Pick	up 🔤		op-off	F12 - New Rx		Alt+X - Start	
<u>L</u> ast Name	Test			First Na	ame Arnold		Salutation	•	Change		🗸 Save	e 🗙 Cancel	ו	<sup>⊗</sup> Profile	
Address 1	12313 An	oid Ave			Phone Num	bers (1)	F2 Ins I	Birthdate					-	All Rxs	
A dates a	12313 All	OIU AVE			Description	Phone								Active Rxs	
Address 2					Home	(416) 78	4-6541	Age						Active Rxs w/Passtir	mes
City	RICHMON	ID HILL 🔻	Prov	ON 🔻				Gender	Male		No	image available		Refillable Rxs	
Postal	L3J 1K3	Country	Canad	da 🔻				Language	English	•				Pricing Profile	
Email				Send	Family Doctor			Height						Not Disp./OTC Rxs	
Quick Code							F2 Clea	🗾 Weight			Lo	ad Delete		Rxs Filled in Error	
Immun	izations													Suspended Rxs	
N - New	Immunizat	tion P	- Print	t/Reprir	nt F	- Call u	р (	- Cancel C	laim			Show Reversals		Perform Clinical An	alysis
	$\overline{}$	D	- Phar	macist	Declined R	- Patier	nt Refused							View	
Items (0)			let-tur			Incode		le			low	F Ins I	Del)	Alternate Addresses	;
# [lype <no< td=""><td>one&gt;</td><td></td><td>Pendi</td><td>na</td><td></td><td>Not (</td><td>Completed Yet</td><td>Not</td><td>Status Complete</td><td>d Yet</td><td>Creat</td><td>ted Completed</td><td></td><td>AR Profile</td><td></td></no<>	one>		Pendi	na		Not (	Completed Yet	Not	Status Complete	d Yet	Creat	ted Completed		AR Profile	
											/			Batches	
					🐨 Immuni	zation					c	×		Charting	
														Consents	
					Туре						-			Credit Cards	
						Influen	za							Documents (0)	
					t	Print N	fluenza	ave tor later		Cance				History	
													-	Immunizations	
														Limited Use Items	

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

✓ Immunization	
Type Non-Influenza	
Perform Now Save for later	X Cancel

**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.

Imm	unizations					
N - N	lew Immunization	P - Print/Reprint D - Pharmacist Declined	F - Call up R - Patient Refu	C - Cancel Claim	Show F	Reversals
Items	(3)					F2 Ins D
#	Type	Status	Pr	oduct Status	Fee Status	Created 🔻 Completed
65	Non-Influenza	Pending	N	ot Completed Yet	Not Completed Yet	25/07/2017



#### 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.

File	Edit Utilities	NH Central Fill	Cards Sessio	n Help	Version	10 View	Profile						
F3	- Patient	F5 - Drug	F7 - Dod	tor	F9 - W	orkflow	F10 - I	Pickup	F11 - Dro	p-off	F12 - Ne	w Rx	Alt+X - Start
Nor	-Influen	za						Consent g	iven by F2	Patient, G	reen		
Patient	Patient, Gre	en					Address	1231 Mit	tel Blvd				
Birth	01/02/1958	59 years		Female	Plan		Client ID				Phone	Home	(416) 756-4653
Allergi	es						Conditio	ns					
	-												
	RX												
	Rx O	ptions <select an<="" th=""><th>option&gt;</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>-</th><th></th><th></th></select>	option>								-		
		<select an<="" th=""><th>option&gt;</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>Ĩ</th><th></th></select>	option>									Ĩ	
		Fill a new F	tina Rx recent	lv dispen	sed								
		Use a proc	duct obtained	externally									

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

File	Edit	Utilities	NH	Central Fill	Cards	Session	Help	Versio	n 10 Vie	v Profile						
F	3 - Pa	atient		F5 - Drug	] F	F7 - Doct	or	F9 - W	/orkflow	F10 -	Pickup	F11 - Dro	p-off	F12 - Ne	w Rx	Alt+X - Start
No	n-Iı	nfluen	za								Consent g	given by F2	Patient, G	reen		
Patie	nt Pa	ntient, Gre	en							Address	1231 Mi	itel Blvd				
Birth	01	L/02/1958	59	) years			Female	Plan		Client II				Phone	Home	(416) 756-4653
Aller	gies									Conditio	ns					
		Des														
		RX														
		Rx O	ptior	ns Use an exi	sting R	Rx recentl	y dispen	sed						•		
		ſ		Please sele	ect an I	Rx from t	he profi	le							View Pro	ofile
		L														

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

✓ Patient Profile for Patient, V										
Profile - Recently Dispensed (1)				ESC	Back	to Pati	ent		D - Detail	🗸 ок
# Status	Orig Rx	RxNum	Date	Ago	Qty	Auth	Rem	BrandName	Doctor	Sig 🔺
1	1001796	1001796	24/07/2017	0		1	10	Bexsero Vaccine	Test, docdo	c MD



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.

File	Edit	t Utilities	NH Central Fill	Cards Session	n Help	Version 10 V	ew Profile							
	3 - P	atient	F5 - Drug	F7 - Doc	tor	F9 - Workflow	F10	Pickup	F11 - D	rop-off	F12 -	New Rx	A	t+X - Start
No	on-I	nfluen	za					Consent	given by F	2 Patie	nt, Green			
Pati	ent P	atient, Gro	en				Addres	1231 M	litel Blvd					
Birth	0	1/02/1958	59 years		Female	Plan	Client I	D			Phe	one Home	(41)	6) 756-4653
Aller	gies						Condit	ons						
		Rx	Emergency C	ontact Pat	ient Cons	ent								
		Pr O	ntions like an evid	ting Py recent	ly dispen	cod						-		
		NA U	puons ose an exis	sting for recent	iy dispen	seu						-	_	
			Orig Rx Nu	ım: 1001755 /	Drug: Tw	inrix / Fill Date	18/07/201	10:24:38	AM (0 days	; ago)		View P	rofile	
		Prod	uct Twinrix (Pa	ck Size 1 ML)								~ F5		Fields
		Pack	Size	1 MI										populated
		Pack	5126											
		UPC	77	0933000179										
												Next but	ton is e	enabled
	Sav	ve for Late	r			Befus	e Immunizat	ion						S Next

**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.

G <u>e</u> neral	<u>F</u> amily	Nursing Hom	e Copay <u>s</u>	Comm <u>u</u> nications	Other		E Ctrl 🗲
Emergeno	cy Contact	s (1)					F2 Ins Del
Name		R	elationship	Daytime Phone	0	ther Phone	
Doe, Jane		Fr	riend	(555) 555-5555 ext 12	34 (7	77) 777-7777	

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.

	Edit Utilities	NH Central Fill	Cards Session	n Help	Versio	on 10 View	Profile						
F3	- Patient	F5 - Drug	F7 - Dod	tor	F9 - V	Vorkflow	F10 -	Pickup	F11 - Dro	p-off	F12 - Ne	ew Rx	Alt+X - Start
Non	-Influen	za						Consent	given by F2	Patient,	Green		
Patient	Patient, Gre	en					Address	1231 M	itel Blvd				
Birth	01/02/1958	59 years		Female	Plan	1	Client ID				Phone	Home	(416) 756-4653
Allergie	es						Conditio	ns					
	Ry	Emergency Co	ontact Pat	ient Cons	sent	]							
-	-	, Linergency et				L							
Do yo	ou have an all	ergy to kanamycin	i, neomycin, ge	entamicir	, thime	erosal, chick	en protei	, polymi:	kin or gelatin	? No		•	
Have	you ever had	a severe, life thre	atening reacti	on to a p	ast va	ccination?	NO	•	·				
Have	you had whe	ezing, chest tightn	ess or difficult	y breathi	ng with	hin 24 hours	s of gettin	g a vacci	ne? No	-	•		
Are y	ou allergic to	latex gloves? No		•									
Have	you had Guil	ain-Barre Syndron	ne within 6 we	eks of ge	etting a	vaccine?	10	•	•				
Do yo	ou have a nev	or changing neur	rological disor	der? No	)	•							
Do yo	ou take a blo	od thinner or have	a bleeding di	sorder?	No		•						E
Pharm	macist-Will yo	u be administering	g a Live Vaccin	e? <mark>Yes</mark>		-							
Do yo	ou have a me	dical condition that	t can weaken	your imm	nune sy	/stem? (eg.	Leukemia,	Lympho	ma, HIV/AIDs	Not Ans	wered>	•	
Are y	ou taking any	medications that	can weaken yo	our immu	ne syst	tem within t	he past 3	months?	(eg Prednisc	ne) <not a<="" td=""><td>nswered</td><td>&gt; 🔻</td><td></td></not>	nswered	> 🔻	
Have	vou received	any other vaccine	s in the last 4	weeks?	<not a<="" th=""><th>answered&gt;</th><th>•</th><th></th><th>-</th><th></th><th></th><th></th><th></th></not>	answered>	•		-				
Are v	ou or do you	think you might be	e pregnant?	Not Ans	wered	> •							
×	<u>Save</u> for Late					<u>R</u> efuse In	nmunizatio	n					Print Consent
🤝 2-(lo	ocal) :Pharmacy	10-11-Patient - Patient	ent, Green		Manaia	- 10 16	Desfile						
File E	- Patient	F5 - Drug	E7 - Doct	or	FQ - W	Vorkflow	F10 - I	lickup	E11 - Dro	p-off	F12 - Ne	w Ry	Alt+X - Start
	T ducint	io brog					120 1	rentarp	1 122 010		1.4.4		Factor otare
NON		_									_		
	-Influenz	a						Consent <u>c</u>	given by F2	Patient, (	Green		
Patient	Patient, Gre	Ca en					Address	Consent <u>c</u> 1231 Mi	given by F2 tel Blvd	Patient, (	Green		
Patient Birth	Patient, Gree 01/02/1958	ca en 59 years		Female	Plan		Address Client ID	Consent <u>c</u> 1231 Mi	given by F2	Patient, (	Green Phone	Home	(416) 756-4653
Patient Birth Allergie	Patient, Gree 01/02/1958	ca en 59 years		Female	Plan		Address Client ID Condition	Consent <u>o</u> 1231 Mi	given by F2	Patient, (	Green Phone	Home	(416) 756-4653
Patient Birth Allergie	Patient, Gree 01/02/1958	C <b>a</b> en 59 years		Female	Plan		Address Client ID Condition	Consent <u>c</u> 1231 Mi	jiven by F2	Patient, (	Green Phone	Home	(416) 756-4653
Patient Birth Allergie	Patient, Gree 01/02/1958	ca en 59 years		Female	Plan		Address Client ID Condition	2015 2015	given by F2	Patient, (	Sreen Phone	Home	(416) 756-4653
Patient Birth Allergie	Patient, Gree 01/02/1958 25	Ca en 59 years Emergency Co	ontact Pati	Female	] Plan		Address Client ID Condition	Consent <u>c</u> 1231 Mi	given by F2	Patient, (	Sreen	Home	(416) 756-4653
Patient Birth Allergie	Patient, Gree 01/02/1958 s Rx ou sick today	Ca en 59 years Emergency Co 7 (i.e. fever greater	ontact Pati	Female ent Cons	Plan ent	lems, or act	Address Client ID Conditio	Consent <u>c</u> 1231 Mi Is	given by F2	Patient, (	Green	Home	(416) 756-4653
Patient Birth Allergie Are yo	Patient, Gree 01/02/1958 ss Rx ou sick today ou allergic to	59 years 59 years Emergency CC 7 (i.e. fever greater any medications ir	ontact Pati r than 39.5°C, ncluding vaccir	Female ent Cons breathing nes? No	Plan ent g prob	lems, or act	Address Client ID Conditio	1231 Mi Is Don) No	tel Blvd	Patient, (	Sreen Phone	Home	(416) 756-4653
Patient Birth Allergie Are yo Are yo Do yo	Patient, Gree 01/02/1958 ss Rx ou sick today ou allergic to ou have an all	59 years	ontact Pati r than 39.5°C, ncluding vaccir , neomvcin, ge	Female ent Cons breathing nes? No	Plan ent g prob	lems, or act	Address Client ID Condition	Consent <u>c</u> 1231 Mi Is	tel Blvd	Patient, (	Sreen Phone	Home	(416) 756-4653
Patient Birth Allergie Are yo Are yo Do yo	Patient, Gree 01/02/1958 s Rx ou sick today ou allergic to ou have an all	Emergency Co C (i.e. fever greater any medications in ergy to kanamycin, a severe life three	ontact Pati than 39.5°C, ncluding vaccir , neomycin, ge	Female ent Cons breathing nes? No entamicin	Plan ent g prob , thime	lems, or act	Address Client ID Condition	Consent <u>c</u> 1231 Mi Is on) No , polymix	tel Bivd	Patient, (	Sreen Phone	Home	(416) 756-4653
Patient Birth Allergie Are yo Are yo Do yo Have	Rx Patient, Gree 01/02/1958 B Rx ou sick today ou allergic to bu have an all you ever had	Emergency Co Emergency Co Content of the service of	ontact Pati r than 39.5°C, ncluding vaccir neomycin, ge atening reactions con criticinu	Female ent Cons breathing nes? No entamicin on to a p	Plan ent g prob t, thime ast vac	lems, or act	Address Client ID Condition	Consent <u>c</u> 1231 Mi 135 Dn) No , polymix	in or gelatin	Patient, (	Sreen Phone	Home	(416) 756-4653
Patient Birth Allergie Are yo Are yo Do yo Have Have	Rx Patient, Gree 01/02/1958 s Rx ou sick today ou allergic to bu have an all you ever had you ver had	Emergency Co Emergency Co 2 (i.e. fever greater any medications in ergy to kanamycin, a severe, life three ezing, chest tighthn large player?	ntact Pati r than 39.5°C, ncluding vaccir , neomycin, ge atening reactic esss or difficult	Female ent Cons breathing nes? No entamicin on to a p y breathi	Plan ent g prob , thime ast vac	lems, or act	Address Client ID Condition ive infection ive infection ion protein Io	consent c 1231 Mi Is on) No , polymix	in or gelatin	Patient, ( No	Sreen Phone	+Home	(416) 756-4653
Patient Birth Allergie Are yo Are yo Do yo Have Have	Rx Patient, Gree 01/02/1958 Rx ou sick today ou allergic to bu have an all you ever had you aver had you hav dwhee ou allergic to uwa had a com	Emergency Co Emergency Co C (i.e. fever greater any medications in ergy to kanamycin, a severe, life threa ezing, chest tightne latex gloves? No	ntact Pati r than 39.5°C, ncluding vaccir , neomycin, ge atening reactic sess or difficulty	Female ent Cons breathing nes? No entamicin on to a p y breathi y	Plan Plan g prob , thime ast vac ng with	lems, or act	Address Client ID Condition ive infecti en proteir Io c of gettin	consent c 1231 Mi Is Dn) No , polymix g a vaccir	in or gelatin	Patient, (	Sreen Phone	Home	(416) 756-4653
Patient Birth Allergie Are yo Are yo Do yo Have Have Are yo Have	Patient, Gree 01/02/1958 ss Rx ou sick today ou allergic to bu have an all you ever had you hav an all you ever had you hav dwhe ou allergic to you had Guill	Emergency Co Emergency Co Constraints Emergency Co Emergency Co	ntact Pati r than 39.5°C, ncluding vaccir , neomycin, ge atening reactic esss or difficult ne within 6 were	Female ent Cons breathing nes? No entamicin on to a p y breathi y breathi eks of ge	Plan ent g prob , thime ast vac ng with tting a	lems, or act erosal, chick ccination? [N inin 24 hours vaccine? [N	Address Client ID Condition ive infection ive infection io c of gettine Io	consent <u>c</u> 1231 Mi ss pn) No , polymix g a vaccir	in or gelatin	Patient, (	Sreen Phone	Home	(416) 756-4653
Patient Birth Allergie Are yo Are yo Do yo Have Are yo Have Do yo	Patient, Gree 01/02/1958 ss Rx ou sick today ou allergic to bu have an all you ever had you had when ou allergic to you had Guill ou allergic to you had Guill	Emergency Co Emergency Co Constraints Emergency Co Emergency Co	ntact Pati r than 39.5°C, ncluding vaccir , neomycin, ge atening reactic ess or difficult ne within 6 wer ological disor	Female ent Cons breathini, entamicin entamicin on to a p y breathi v v beks of ge der? No	Plan ent g prob , thime ast vac ng with tting a	lems, or act erosal, chick ccination? N inin 24 hours vaccine? N	Address Client ID Condition tive infection en proteir Io to gettine	ionsent ( 1231 Mi Is Don) No , polymis , polymis , a vaccir	in or gelatin	Patient, (	Sreen Phone	Home	(416) 756-4653
Patient Birth Allergie Are yy Are yy Do yc Have Have Are yy Have Do yc Do yc	Patient, Gree 01/02/1958 ss Rx ou sick today ou allergic to bu have an all you ever had you had whee ou allergic to you had Guill ou allergic to you had Guill ou allergic to you had share a new ou take a bloc	Emergency Co Emergency Co Constructions in ergy to kanamycin, a severe, life threa ezing, chest tightne latex gloves? No ain-Barre Syndrom or changing neur of thinner or have	ntact Pati r than 39.5°C, ncluding vaccir , neomycin, ge atening reactic esss or difficult ne within 6 wee ological disor a bleeding dis	Female ent Cons breathing entamicin on to a p y breathi v eks of ge eks of ge eks of ge sorder?	Plan ent g prob , thime ast vac ng with tting a	lems, or act erosal, chick ccination? N inin 24 hours	Address Client ID Condition tive infection in protein to to to	ionsent ( 1231 Mi is pon) No , polymix , a vaccir ,	in or gelatin	No	Sreen Phone	Home ▼	(416) 756-4653
Patient Birth Allergie Are yu Are yu Do yo Have Have Are yu Have Do yo Do yo Do yo Pharm	Rx Patient, Gree 01/02/1958 Rx ou sick today ou sick today ou allergic to pu have an all you ever had you had whee ou allergic to you had Guill pou have a new pou have a new po	Emergency Co S9 years Emergency Co 2 (i.e. fever greater any medications in ergy to kanamycin, a severe, life three ezing, chest tightne latex gloves? No ain-Barre Syndrom or changing neur of changing neur d thinner or have u be administering	ntact Patin r than 39.5°C, ncluding vaccin, neomycin, ge atening reactic ess or difficult ne within 6 were ological disor a bleeding dis a Live Vaccini	Female ent Cons breathing entamicin on to a p whereathing v y breathing v v v sorder? No	Plan ent g prob t, thime ast vac ng with tting a	lems, or act erosal, chick ccination? N vaccine? N	Address Client D condition ive infecti ive infecti io condition io condition io	(insent g 1231 Mi is 201) No polymbi g a vaccir	in or gelatin	Patient, (	Sreen Phone	Home	(416) 756-4653
Patient Birth Allergie Are yu Are yu Do yo Have Have Are yu Have Do yo Do yo Do yo Pharm	Rx Patient, Gree 01/02/1958 Rx ou sick today ou sick today ou allergic to pu have an all you ever had you had whee ou allergic to you had Guill pou have a new pu have a new	Emergency Co 59 years Emergency Co 2 (i.e. fever greater any medications in ergy to kanamycin, a severe, life threa ezing, chest tightne latex gloves? No ain-Barre Syndrom or changing neur of changing neur of changing neur of changing neur of changing neur	ntact Pati r than 39.5°C, ncluding vaccir , neomycin, ge atening reactic ess or difficult ne within 6 wer ological disor a bleeding dis a Live Vaccin	Female ent Cons breathing entamicin on to a p eks of ge eks of ge eks of ge eks of ge eks of ge eks of ge eks of ge	Plan ent g prob , thime ast vac ng with tting a	Iems, or act erosal, chick ccination? N vaccine? N	Address Client D condition ive infecti io condition ive infecti io condition condition io condition io condition io condition io condition io condition io condition io condition io condition io condition io condition io condition condittion condi condittion c	(onsent g 1231 Mi ss (on) No polymbi g a vacci	in or gelatin	No	Sreen Phone	Home	(416) 756-4653
Patient Birth Allergie Are yy Are yy Are yy Do yc Have Have Do yc Do yc Pharm	Rx Patient, Gree 01/02/1958 Rx ou sick today ou sick today ou allergic to pu have an all you ever had you had whee ou allergic to you had Guill pou have a new pou have a new	Emergency Co S9 years Emergency Co P (i.e. fever greater any medications ir ergy to kanamycin, a severe, life threa ezing, chest tightne latex gloves? No ain-Barre Syndrom or changing neur of changing neur of changing neur of changing neur of changing neur	ntact Pati r than 39.5°C, ncluding vaccir , neomycin, ge atening reactic esss or difficult ne within 6 wer ological disor a bleeding dis a Live Vaccini	Female ent Cons breathinging entanicin on to a p eks of ge eks of ge	Plan ent g prob , thime ast vac ng with tting a No	Iems, or act erosal, chick ccination? N vaccine? N	Address Client D condition ive infecti io i of gettin io	231 Mi 1231 Mi ss polymbi g a vaccii	in or gelatin	No	Sreen Phone	Home	(416) 756-4653
Patient Birth Allergie Are yy Are yy Are yy Do yc Have Have Do yc Do yc Pharm	Rx Patient, Gree 01/02/1958 Rx ou sick today ou sick today ou allergic to bu have an all you ever had you had whee ou allergic to you had whee ou allergic to you had Guill bu have a new bu have a new bu have a new bu have a new bu have a bloc macist-Will you	Emergency Co 59 years Emergency Co 2 (i.e. fever greater any medications ir ergy to kanamycin, a severe, life threa ezing, chest tightne latex gloves? No ain-Barre Syndrom or changing neur id thinner or have u be administering	ntact Pati r than 39.5°C, ncluding vaccir , neomycin, ge atening reactic esss or difficult ne within 6 wer ological disor a bleeding dis a Live Vaccin	Female ent Cons breathinging entanicin on to a p eks of ge eks of ge eks of ge eks of ge eks of ge eks of ge eks of ge	Plan ent g prob , thime ast vac ng with tting a No	Iems, or act erosal, chick ccination? N vaccine? N	Address Client D condition ive infecti ive infecti io i of gettin	231 Mi 1231 Mi Is 201) No polymb g a vaccii	in or gelatin	No	Sreen Phone	Home	(416) 756-4653

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.

🗲 Enter a Comment		
Reason: Declined by Pharmacist	•	
Patient ineligible due to fever	A	
	*	
✓ ок	X Cancel	

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.

First Name	N Last Name	Gender DOB	TRACKING #: 64
Patient	Test	M 02-Feb-1999	rreigin
Address 220 Finch Ave. East, Toro	onto ON M2J 2T9	Health Card #	Phone Number (416) 555-5555
Emergency Contact De Gary	Relationship to Patient Spouse	Contact's Phone Number (222) 222-2222	Contact's Other Phone Number
CREENING QUESTIO	NNAIRE		
The following questions wi "yes" to any question, it do If a question is not clear, pl	ll help us determine if there is any rea es not necessarily mean the shot car ease ask your pharmacist to explain i	ison you or your child should not get inot be given. It simply means additio it.	the vaccine today. If you answer nal questions must be asked.
Are you sick today? (i.e. feve	r greater than 39.5°C, breathing problem	ns, or active infection)	No
Are you allergic to any medic	ations including vaccines?	ral shiskan aratain nakumiyinI-F-'	No
Do you have an allergy to kai Have you ever had a severe	namyoin, neomyoin, gentamicin, thimero	isai, cnicken protein, polymixin or gelatin astion?	n No
Have you ever had a severe,	st tightness or difficulty broathing within	24 hours of gotting a vaccine?	No
Are you allergic to latex glove	st agricess of announy breating wants	24 nours of getting a vaccine:	No
Have you had Guillain-Barre	Syndrome within 6 weeks of getting a va	accine?	No
Do you have a new or changi	ng neurological disorder?		No
Do you take a blood thinner o	r have a bleeding disorder?		No
Pharmacist-Will you be admir	nistering a Live Vaccine?		No
CONCENT CIVEN BY D	ATIENT		
sheets provided to me. I have receiving the vaccine. I agree I am aware that it is possible "anaphylaxis" can be life-thre	In origination, nave read on had explain that the chance to ask questions, and a to wait in the pharmacy for 15 minutes (yet rare) to have an extreme allergic re atening and is a medical emergency. If 1 rine, diphenhydramine, beta-agonists, a to the immunizer. The symptoms of an	The to the international accord the value of the state of	as obtined in the vaccine information inderstand the risks and benefits of after getting the vaccine. Some serious reactions called coination, I am aware that it may requir action and that 9-1-1 will be called to difficulty breathing, swelling of the that I had received, or a copy will be
the administration of epinephi provide additional assistance tongue, throat, and/or lips. In the event of anaphylaxis, I provided to my agent or EMS	will receive a copy of this form containing paramedics.	ig mornauon on energency reachents i	
the administration of epineph provide additional assistance tongue, throat, and/or lips. In the event of anaphylaxis, I provided to my agent or EMS	will receive a copy of this form containin paramedics. ceive Avaxim 160/0.5ml	g mornauon on energency reachens i	
the administration of epinepin 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	will receive a copy of this form containin paramedics. ceive <u>Avaxim 160/0.5ml</u>  Patient Signature	g inormation on energency treatments i	Date Signed
the administration or epinepin 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 Test, Patient	will receive a copy of this form containing paramedics. ceive <u>Avaxim 160/0.5ml</u> Patient Signature	g mornauon on energency acamena i	Date Signed 28-Aug-2017
the administration of epimeph 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 Test, Patient PHARMACISTDECLARATK	will receive a copy of this form containing paramedics. ceive <u>Avaxim 160/0.5ml</u> Patient Signature <u>Patient Signature</u> <u>N</u> I confirm the above named patient is <u>160/0.5ml</u> should be given to patien	capable of providing consent for <u>Avaxir</u>	Date Signed 28-Aug-2017 n 160/0.5ml and that the <u>Avaxim</u>
the administration of epinepin provide additional assistance tongue, throat, and/or lips. In the event of anaphylaisi, I provided to my agent or EMS li confirm that I want to re Patient Test, Patient PHARMACIST DECLARATION Pharmacist Gary Deng (3687455)	will receive a copy of this form containing paramedics. ceive <u>Avaxim 160/0.5ml</u> Patient Signature DN I confirm the above named patient is <u>160/0.5ml</u> should be given to patien Pharmacist Signature	capable of providing consent for <u>Avaxir</u>	Date Signed 28-Aug-2017 n 160/0.5ml and that the Avaxim Date Signed 28-Aug-2017



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

First Name Patient	Last Name Test	Gender	DOB 02-Eeb-1999	Weight	
Address	rest	Health Ca	ard #	Phone Number	
220 Finch Ave. East, Toror	nto ON M2J 2T9			(416) 555-5	555
Emergency Contact De Gary	Relationship to Patient Spouse	Contact's	Phone Number 22) 222-2222	Contact's Other Phone	Number
CREENING QUESTION	INAIRE	ľ		•	
The following questions will "yes" to any question, it doe If a question is not clear, ple	help us determine if there is any re- sonot necessarily mean the shot car ease ask your pharmacist to explain	ason you or you nnot be given. I it.	r child should not get t simply means additi	the vaccine today. If you onal questions must be a	answer sked.
Are you sick today? (i.e. fever	greater than 39.5°C, breathing problen	ms, or active infec	tion)		No
Are you allergic to any medica	tions including vaccines?				No
Do you have an allergy to kan	amycin, neomycin, gentamicin, thimero	osal, chicken prot	ein, polymixin or gelatin	1?	No
Have you ever had a severe, l	ife threatening reaction to a past vaccir	nation?			No
Have you had wheezing, ches	t tightness or difficulty breathing within	24 hours of gettir	ng a vaccine?		No
Are you allergic to latex gloves	?				No
Have you had Guillain-Barre S	yndrome within 6 weeks of getting a va	accine?			No
Do you have a new or changin	g neurological disorder?				No
Do you take a blood thinner or	have a bleeding disorder?				No
Pharmacist-Will you be admini	istering a Live Vaccine?				Yes
Do you have a medical conditi	on that can weaken your immune syste	em? (eg. Leukem	iia, Lymphoma, HIV/AI	Ds)	No
Are you taking any medication	s that can weaken your immune syster	m within the past	3 months? (eg Prednis	one etc)	No
Have you received any other v	accines in the last 4 weeks?				No
Are you or do you think you m	ight be pregnant?				N/A
ONSENT GIVEN BY PA	ATIENT				
i, the undersigned onem, pane sheets provided to me. I have receiving the vaccine. I agree I an apyret that it is possible ( "anaphylaxis" can be life-threa the administration of epinephri provide additional assistance to tongue, throat, and/or lips. In the event of anaphylaxis, I v provided to my agent or EMS j	It of guardiant, have read of hid eveloping, had the chance to ask questions, and to wait in the pharmacy for 15 minutes tening and is a medical emergency. If e. diphenhydramine, beta-agonists, a o the immunizer. The symptoms of an will receive a copy of this form containin paramedics.	(or time recomme (or time recomme eaction to any cor I experience such ind/or antihiistami a anaphylactic rea ng information on	nation about the vacching ten to my satisfaction. I ended by the pharmaois moonent of the vaccine, a reaction following va- nes to try to treat this re- action may include hive: emergency treatments	e as outlined in one vacchine understand the risks and b st) after getting the vaccine. Some serious reactions ca accination, 1 am aware that eaction and that 0-1-1 will b s, difficulty breathing, swelli that I had received, or a co	lled t may requi e called to ng of the py will be
I confirm that I want to rec	eive Avaxim 160/0.5ml				
Patient Test Patient	Patient Signature			Date Signed	a-2017
PHARMACIST DECLARATIO	N I confirm the above named patient is	s capable of provi	ding consent for <u>Avaxi</u>	im 160/0.5ml and that the	g-2017 Avaxim
	Pharmacist Signature	н.		Date Signed	
Pharmacist					



- 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>.

Rx	Emergency Contact	Patient Consent	Scan Consent								
	Ple	ase Sign and S	Scan Consent	t Form							
		Scan Patient	Consent Form								
		Select from	Select from Network Scan								
		Proceed a	without Scan								
X Save for Later		Befuse In	munication		Q Net						

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.

	ait Utilit	ties NH Ca	rds Session H	elp Version 10	View Profile							·
F3 -	Patient	F5 -	Drug F7	7 - Doctor	F9 - Workflow	F10 -	Pickup	F11 - Dro	p-off	F12 - Ne	w Rx	Alt+X - Star
lon	Influ	enza				(	Consent g	iven by F2	Patient,	Sante		
atient	Patient,	Sante				Address	42132 T	esting				
rth	10/02/1	956 61 yea	s	Male	Plan	Client ID				Phone	Home	(416) 754-431
llergie						Conditio	ns					
	Rx	Eme	rgency Contact	Patient Co	nsent Pro	duct	7					
	1											
		Product	Avaxim 160/0.	5ml (Pack Size	1 ML)							
	- r	UPC	UPC match four	nd for 69717700	0706						Rescan	
							_					_
		Disp Qty	1 ML		DIN 0223	7792 U	×		6971770	00706		
		Disp Qty Route	1 ML Intramuscular		DIN 0223	7792 U	×		6971770	00706		
	Γ	Disp Qty Route Lot Number	1 ML Intramuscular 123145		DIN 0223	7792 U	×		6971770	00706		
	I	Disp Qty Route Lot Number	1 ML Intramuscular 123145		DIN 0223	7792 U	PC		6971770	00706		
	l	Disp Qty Route Lot Number Expiry Date	1 ML Intramuscular 123145 02/02/2020		DIN 0223	7792 U			6971770	00706		
		Disp Qty Route Lot Number Expiry Date	1 ML Intramuscular 123145 02/02/2020		DIN 0223	7792 U			6971770	00706		
	1	Disp Qty Route Lot Number Expiry Date	1 ML Intramuscular 123145 02/02/2020		DIN 0223	7792 U			6971770	00706		
	ľ	Disp Qty Route Lot Number Expiry Date	1 ML Intramuscular 123145 02/02/2020		DIN 0223	7792 U			6971770	00706		
	ţ	Disp Qty Route Lot Number Expiry Date	1 ML Intramuscular 123145 02/02/2020		DIN 0223	7792 U			6971770	00706		

**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.

File E	dit Utilities	NH Central Fill	Cards	Session	Help	Version	10 View	Profile						
F3 -	- Patient	F5 - Drug	E	7 - Doct	or	F9 - Wo	orkflow	F10 - F	vickup	F11 - Dro	op-off	F12 - New F	Rx A	lt+X - Start
Non	-Influenz	a						c	Consent	given by F2	Patient,	, Green		
Patient	Patient, Gree	en						Address	1231 M	itel Blvd				
Birth	01/02/1958	59 years			Female	Plan		Client ID				Phone H	ome (41	6) 756-4653
Allergie	s							Conditio	ns					
	Rx	Emergency	Contact	Pati	ent Cons	ent	Prod	luct	Adı	ministration				
	F	Product Twinrix	(Pack S	Size 1 M	L)								Ŧ	
	D	isp Qty 1	ML			DIN	02230	578 U	PC		7709330	00179		
		Route Intram	uscular			-								
	Lot N	Jumber 451113	3											
	Evni	n/ Data 02/02/	2020											
	CAPI	1y Date 02/02/	2020											
						ſ								
×	Save for Later						<u>R</u> efuse Im	munizatio	n					🕑 <u>N</u> ext

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.

of Login		ē	
	You must login as Kro	oll Pharmacy for signa	ture capture
$\lambda \lambda$	Initials	КР	
X	Password	•••••	
	✓ OK	Cancel	



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

	Patient F5 - 0	F7 - Docto	r F9 - World	low F10 - F	Pickup F11 - Dr	op-off	F12 - New Rx	Alt+X - Star			
lon	-Influenza			(	Consent given by F2 Patient, Green						
tient	Patient, Green			Address							
rth	01/02/1958 59 year	s   F	Female Plan	Client ID			Phone Home	(416) 756-465			
lergie	15			Condition	15						
		1			1	_					
	Rx Emer	gency Contact Patie	nt Consent	Product	Administration						
	Product	Twinrix (Pack Size 1 M	U)								
	Dise Ob	1	0.01	02220578	~	73093300	0170				
	map co	1 mu	Pare	02230370	ACC.	11093.00	0175				
	Route	Intermeter									
		Intramuscular									
								_			
	Date of Admin	18/07/2017 10:27	Site of Admin	Right Shoulder							
	Date of Admin Administered by	18/07/2017 10:27 Arnold Goncharenko (A	Site of Admin	Right Shoulder							
	Date of Admin Administered by Administration Fee	18/07/2017 10:27 Arnold Goncharenko (/ Non-influenza Immuniz	Site of Admin	Right Shoulder							
	Date of Admin Administered by Administration Fee	18/07/2017 10:27 Arnold Goncharenko (/ Non-influenza Immuniz	Site of Admin AG) • zation Fee [0099883	Right Shoulder 77]				_			
	Date of Admin Administered by Administration Fee Comments	18/07/2017 10:27 Arnold Goncharenko (J Non-influenza Immuniz Eset	Site of Admin AG) • zation Fee (0099883	Right Shoulder				•			

- 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**.

V Electronic Signature	C X
Please sign on the signature table	Ł
1 AL	
J. J. A.	-
Kroll Pharmacy	
✓ <u>O</u> K Clear X Canc	el



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**.

Imm	Immunizations												
N - New Immunization		P - Print/Reprint	F - Claim Fee	C - Cancel Claim		Show Reversals	5						
		D - Pharmacist Declined	R - Patient Refused										
Items (	(1)							F2 Ins	is Del				
#	Туре	Status	Product Status		Fee Status		Created 🔻	Completed	-				
.05	Non-Influenza Completed		Claimed		Claimed		18/07/2017	18/07/2017					

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.

<u>F</u> ile <u>E</u> dit	Recent	<u>P</u> atient Pr <u>o</u> f	ile <u>R</u> eports	<u>U</u> tilities	<u>N</u> H Centr <u>a</u>	l Fill <u>C</u> ards	Sess <u>i</u> on <u>H</u>	elp					
F3 - Pa	tient	F5 - Drug	; F7	- Doctor	F9 - V	/orkflow	F11 - Drop	o-off	F12 - N	ew Rx	Alt+X - Start		
Last Name Patient First Name Test Salutation						Salutation M	r. 👻	ОК		🖉 Save	🗙 Scan	<sup>⊗</sup> Profile	
Address 1	Address 1 (1991) - Classical Phone Numbers (1)						Birthdata	01/01/	1000			All Rxs	
Address 1	123 AN	y St		Description Phone			2 Dititibate 01/01/1980			Active Rxs			
Address 2				Home (123) 456-7890			Age	36 year	s			Active Rxs w	/Passtimes
City	Toront	o ▼	Prov ON -				Gender	Male	-	No in	nage available	Refillable Rx	
Postal	M1M 1	M: Country C	anada 👻				Language	English	1 <b>-</b>			Pricing Profi	le .
Email			Send	Family Doc	tor		Height					Not Disp. (0)	TC Pvc
Quick Code						F2 Clear	Weight			beal	Delete	Not Disp./O	
Comment	F (0)					E2 Inc Dal	, <b>.</b>			Load	Delete	Rxs Filled in	Error
Topic	3 (0)	Comment					ODB					Suspended F	bis .
							Plans (1) F2 Ins Del					Perform FDB	Analysis
							SubPlan Code Group ID Client ID Expiry				View		
							1 ESI 01111 999999999 Alternate					Alternate Ad	dresses
												AR Profile	
Allergies (	0)	[Add Drug]	F2 Ins Del	General	Family N	ursing Home	Consure	Commu	nications	Othor	Ctrl 🖌	Batches	
				<u>oc</u> nerur		uising Home	Cobayz	comm <u>u</u>	incations	Other	Cur C	Charting	
				Patient	Alt lac	t Name			Consent Privacy Uni	known		Consents	
				Datient Tu	ne Human							Credit Cards	
				Deceased	On	•			Unit Dose	<none></none>		View Patient	Documents (0)
Medical C	onditions	; (0)	F2 Ins Del	Droccript	ions				Cycle	<none></none>	•	History	
				Delivery Ty	pe Default	(Pickup)		-	Price Grou	p <default< td=""><td>&gt; (<none>) 🔻</none></td><td>Immunizatio</td><td>ins</td></default<>	> ( <none>) 🔻</none>	Immunizatio	ins
				Delivery R	oute	· · · · ·		_	D. T-t-l-		· · · · · · · · · ·	Limited Use	Items

'Immunizations' window appears.

3. Click N - New Immunization or click Ins.

File Edit	Recent P	Patient Vie	ew P	rofile l	Reports Utiliti	es NH	Central Fill	Cards Sess	on He	lp Versior	n 10				
F3 - Pa	tient	F5 - Dri	ug	F	7 - Doctor	F9 -	Workflow	F10 - Pick	up	F11 - Dro	op-off	F12 - New Rx		Alt+X - Start	]
<u>L</u> ast Name	Test			First Na	ame Arnold		Salutation	•	Chang	jed 📄	🗸 Save	e 🗙 Cancel	ון	<sup>⊗</sup> Profile	
Address 1	12313 An	roid Ave			Phone Num	pers (1)	F2 Ins I	Birthdate					-	All Rxs	
	12515 Mil				Description	Phone								Active Rxs	
Address 2			1		Home	(416) 78	4-6541	Age						Active Rxs w/Passti	mes
City	RICHMON	ND HILL 🔻	Prov	ON 🝷				Gender	Male	-	No	o image available		Refillable Rxs	
Postal	L3J 1K3	Country	Canad	la 👻				Language	Englis	1 <b>-</b>				Pricing Profile	
Email				Send	Family Doctor			Height						Not Disp./OTC Rxs	
Quick Code							F2 Clea	Weight			Lo	oad Delete		Rxs Filled in Error	
Immun	izations													Suspended Rxs	
N - New	Immuniza	tion P -	Print	/Reprir	nt F	- Call u	p (	- Cancel C	laim			Show Reversals		Perform Clinical Ar	nalysis
	$\overline{}$	D -	Phar	macist	Declined R	- Patier	t Refused							View	
Items (0)								1-			1	F Ins D	e)	Alternate Addresse	s
# [Jyp	e one>		Status	na		Not (	ompleted Vet	Fee	Comple	ted Vet	Creat	ted V Completed		AR Profile	
	0110					11000	iompieteu ret		compre		/			Batches	
					Immuni	zation					C	×		Charting	
						Lution				_ (				Consents	
					Туре						-			Credit Cards	
						Influen	za							Documents (0)	
						Print N	i <mark>fluenza</mark>	ive for later		🔺 Cance	1			History	
														Immunizations	
					-		_							Limited Use Items	



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

✓ Immunization	
Type Non-Influenza	•
Perform <u>N</u> ow	Save for later Cancel

**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.

Imm	unizations					
N - N	lew Immunization	P - Print/Reprint	F - Call up	C - Cancel Claim	Show F	Reversals
		D - Pharmacist Declined	R - Patient Ref	used		
Items (	3)					F2 Ins D
#	Туре	Status	1	Product Status	Fee Status	Created 🔻 Completed 🔺
65	Non-Influenza	Pending		Not Completed Yet	Not Completed Yet	25/07/2017
See t	he Comple	ting Immunizat	ions 'Saved	d for Later' secti	ion for more in	formation.

#### 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**.

	File E	dit Utiliti	es N	NH Central Fill	Cards Sessi	on Help	Versio	on 10 Vi	ew f	Profile				
	F3 -	Patient		F5 - Drug	F7 - Do	ctor	F9 - V	Vorkflow		F10 - F	ickup F11 - Drop-off	F12 - Ne	ew Rx	Alt+X - Start
	Non	-Influe	enza	1						c	Consent given by F2 Patient	, Kroll		
1	atient	Patient6	Kroll						4	Address	111 Canada Place			
1	Birth	12/02/2	005	12 years		Female	Plan	ODB	(	Client ID	7845456656	Phone	Home	(416) 664-5132
	Allergie	s								Conditior	IS			
		Rx		]										
													_	
		R	( Opti	ions <select an<="" th=""><th>option&gt;</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></select>	option>									
				<select an<="" th=""><th>option&gt;</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></select>	option>									
				Refill an ex	isting immuni	ization Rx								
1				Use a proc	luct obtained	externally								



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

F3 -	Patient	F5 - Drug	F7 - Doctor	F9	- Workflow	F10 - 3	Pickup	F11 - Drop	i tho-e	F12 - Nev	w Roc	Alt+X - Start
Non	Influenz	a				5.6	Consent g	iven by F2	Patient6, I	Croll		
atient	Patientő, Kro	a				Address	111 Can	ada Place				
lirth	12/02/2005	12 years	F	emale P	tan ODB	Client ID	7845456	656		Phone	Home	(416) 664-5132
lergies						Conditio	15					
	Rx	Emergency Con	tact Patier	t Consent								
	Rx	Emergency Con	tact Patier	t Consent								
	Rx	Emergency Con	itact Patier	t Consent		16						
	Rx Rx Op	Emergency Con	itact Patier	tt Consent						•		

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

4	Patient Profile for Patient, V											• <mark> </mark>	
	Profile - Refillable (1)				ESC	Back	to Pati	ent		D - Detai		🗸 ОК	
+	Status	Orig Rx	RxNum	Date	Ago	Qty	Auth	Rem	BrandName	Do	ctor	Sig	*
	1	1001797	1001797	27/06/2017	0		1	2 1	Havrix 720 Junior 720U/0.5mL	Kro	ll, Test do	c MD	

 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.

F3 - Patient     F5 - Drug     F7 - Doctor     F9 - Workflow     F10 - Pickup     F11 - Drop-off     F12 - New Rx       Non-Influenza     Consent given by     F2     Patient6, Kroll       Address     111 Canada Place       Inith     12/02/2005     12 years     Female     Plan     ODB     Client ID     78454556656     Phone Home       Wilergies     Emergency Contact     Patient Consent     Conditions     •       Rx     Emergency Contact     Patient Consent     •       Rx Options Refill an existing immunization Rx     •       Orig Rx Num: 1001776 / Drug: Twinrix Junior / Fill Date: 01/06/2017 3:52:07 PM (49 days ago)     View       Product     Twinrix Junior (Pack Size 1. ML)     •	New Rx Alt+X - Start	F12 - Nev	F11 - Drop-off given by F2 Patier ada Place 6656	Pickup     Consent     Ill Can     Passas	F10 -	• Workflow	octor	F7 - Do	F5 - Drug	Patient	F3
Rx     Emergency Contact     Patient Consent       Rx     Emergency Contact     Patient Consent	ine Home (416) 664-5132	ntő, Kroll Phone	given by F2 Patier ada Place 6656	Consent	Address				-		1000
tient Patient6, Kroll Address 111 Canada Place Address 111 Canada Place Inthe 12/02/2005 12 years Female Plan ODB Client 10 7845456656 Phone Home lergies Rx Emergency Contact Patient Consent Rx Options Refill an existing immunization Rx Orig Rx Num: 1001776 / Drug: Twinrix Junior / Fill Date: 01/06/2017 3:52:07 PM (49 days ago) View Product Twinrix Junior (Pack Size 1. ML) F5	one Home (416) 664-5132	Phone	ada Place 6656	5 111 Car	Address				d	-Influenz	lon
th 12/20/2005 12 years Female Plan ODB Client 10 7845456656 Phone Home Home lergies Conditions Client 10 7845456656 Phone Home Home Rx Options Refill an existing immunization Rx Orig Rx Num: 1001776 / Drug: Twinrix Junior / Fill Date: 01/06/2017 3:52:07 PM (49 days ago) View Product Twinrik Junior (Pack Size 1 ML) = F5	ne Home (416) 664-5132	Phone	6656	TRACAS					8	Patient6, Kro	tient
Rx         Emergency Contact         Patient Consent           Rx         Orig Rx Num: 1001776 / Drug: Twinrix Junior / Fill Date: 01/06/2017 3:52:07 PM (49 days ago)         View           Product         Twinrix Junior (Pack Size 1 ML)         F5				104343	Client ID	Plan ODB	Female		12 years	12/02/2005	th
Rx         Emergency Contact         Patient Consent           Rx Options         Refill an existing immunization Rx         •           Orig Rx Num: 1001776 / Drug: Twinrix Junior / Fill Date: 01/06/2017 3:52:07 PM (49 days ago)         View I           Product         Twinrix Junior (Pack Size 1 ML)         =				ions	Conditio					5	lergie
Rx         Emergency Contact         Patient Consent           Rx Options         Refill an existing immunization Rx         •           Orig Rx Num: 1001776 / Drug: Twinrix Junior / Fill Date: 01/06/2017 3:52:07 PM (49 days ago)         View M           Product         Twinrix Junior (Pack Size 1 ML)         =         F5					-						
Rx         Emergency Contact:         Patient Consent           Rx Options         Refill an existing immunization Rx         •           Orig Rx Num: 1001776 / Drug: Twinrix Junior / Fill Date: 01,06/2017 3:52:07 PM (49 days ago)         View I           Product         Twinrix Junior (Pack Size 1 ML)         =         F5											
Rx Options     Refill an existing immunization Rx       Orig Rx Num: 1001776 / Drug: Twinrix Junior / Fill Date: 01/06/2017 3:52:07 PM (49 days ago)       View I       Product       Twinrix Junior (Pack Size 1 ML)						t	atient Cons	Contact Pa	Emergency (	Rx	
Rx Options     Refill an existing immunization Rx     •       Orig Rx Num: 1001776 / Drug: Twinrix Junior / Fill Date: 01/06/2017 3:52:07 PM (49 days ago)     View       Product     Twinrix Junior (Pack Size 1 ML)     =											
Rx Options     Refill an existing immunization Rx     •       Orig Rx Num: 1001776 / Drug: Twinrix Junior / Fill Date: 01/06/2017 3:52:07 PM (49 days ago)     View       Product     Twinrix Junior (Pack Size 1 ML)     •											
Orig Rx Num: 1001776 / Drug: Twinrix Junior / Fill Date: 01/06/2017 3:52:07 PM (49 days ago)         View           Product         Twinrix Junior (Pack Size 1 ML)         = [5]	•	-					nization Rx	existing immuni	tions Refill an e	Rx Op	
Orig Rx Num: 1001776 / Drug: Twinnix Junior / Fill Date: 01/06/2017 3:52:07 PM (49 days ago) View Product Twinnix Junior (Pack Size 1 ML) - F5											
Product Twinrix Junior (Pack Size 1.ML) = F5	View Profile	0)	52:07 PM (49 days ag	06/2017 3:	ate: 01/06	ix Junior / Fill D	/ Drug: Twi	Jum: 1001776 /	Orig Rx N		
Product Twinnx Junior (Pack Size 1 ML)								alex these first	The local days		
	- 10	1.5					ZE 1 MIL)	mor (Pack Size	twinnoc Jur	Produ	
PackSize 1ML	rields							1 ML	ze	PackSi	
	populat									1000000000	
UPC 770933000162								70933000162	71	UPC	

**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.

	G <u>e</u> neral	<u>F</u> amily	<u>N</u> ursing Ho	me	Copay <u>s</u>	Comm <u>u</u> nications	Oth	er	E Ctrl 🗲
l	<u>E</u> mergen	cy Contact	s (1)						F2 Ins Del
	Name			Relat	tionship	Daytime Phone		Other Phon	e
	Doe, Jane			Frien	d	(555) 555-5555 ext 12	34	(777) 777-77	77
Π									

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.

File E	Edit Utilities	NH Central Fill	Cards Session Hel	p Versi	ion 10 View	Profile					
F3	- Patient	F5 - Drug	F7 - Doctor	F9 -	Workflow	F10 - I	ickup	F11 - Drop-off	F12 - N	ew Rx	Alt+X - Start
Non	-Influen	za					onsent	given by F2 Patie	nt, Green		
Patient	Patient, Gre	en				Address	1231 M	itel Blvd			
Birth	01/02/1958	59 years	Femal	e Pla	n	Client ID			Phone	Home	(416) 756-4653
Allergie	25					Conditio	ıs				
	_		Datiant Ca	ncont	7						
-	KX -	Emergency C		ilsent							
Do yo	ou have an all	lergy to <mark>kanamycin</mark>	, neomycin, gentami	in, thim	erosal, chick	en proteir	, polymi	xin or gelatin? No		-	
Have	you ever had	l a severe, life thre	atening reaction to a	past va	accination?	No		-			
Have	you had whe	ezing, chest tightn	ess or difficulty brea	thing wi	thin 24 hour	s of gettin	g a vacci	ne? No	•		
Are y	ou allergic to	latex gloves? No	•								
Have	you had Guil	lain-Barre Syndron	ne within 6 weeks of	getting	a vaccine?	No		-			
Do yo	ou have a nev	v or changing neu	ological disorder?	٩٥	-						
Do yo	ou take a blo	od thinner or have	a bleeding disorder	? No		•					E
Pharm	nacist-Will vo	u be administering	a Live Vaccine? Ve		-						
Dove	ou have a me	dical condition the	t can weaken your in	mune	vstem? (eg	Leukemia	lympho	ma_HIV/AIDs) < Not	Answered	<b>•</b>	
Arow		medications that	can weaken your imm	nune er	ctam within 4	the pact 2	nonthe2	(eq Prednicono)	ot Answared		
Ale y		medications triat	a in the last 4 weeks	iune sy	Annual and	ine past 5	nonuis:		ot Answered	-	
Have	you received	any other vaccine	s in the last 4 weeks?	<1001	Answered>	•					
Are y	ou or do you	think you might b	e pregnant? <not a<="" th=""><th>nswered</th><th>d&gt; ▼</th><th></th><th></th><th></th><th></th><th>_</th><th>*</th></not>	nswered	d> ▼					_	*
×	Save for Late	r			Refuse Ir	nmunizatio	n				Print Consent
											,
🤝 2-(lo	ocal) :Pharmacy	10-11-Patient - Pati	ent, Green								
File E	dit Utilities	NH Central Fill	Cards Session Hel	o Versi	on 10 View	Profile					
F3 -	- Patient	F5 - Drug	F7 - Doctor	F9 - 1	Workflow	F10 - F	ickup	F11 - Drop-off	F12 - N	ew Rx	Alt+X - Start
Non	-Influenz	za				(	onsent g	given by F2 Patier	nt, Green		
Patient	Patient, Gre	en				Address	1231 Mi	itel Blvd			
Birth	01/02/1958	59 years	Femal	e Plai	n	Client ID			Phone	Home	(416) 756-4653
Allergie	s					Condition	s				
	Ry	Emergency Co	ontact Patient Co	nsent							
Arow	ou sick to devi	2 (i.e. fever groater	than 20 50C broath	na prel	blems or cr	tive infact:					
Are yo	ou sick today	i (i.e. rever greater	uian 59.5°C, breath	ng pro	orems, or ac	uve intecti	N0 IN0	•			
Are yo	ou allergic to	any medications in	ciuding vaccines?	0	•					_	
Do yo	ou have an all	ergy to kanamycin	, neomycin, gentamic	in, thim	erosal, chick	en protein	polymi	kın or gelatin? No		•	
Have	you ever had	a severe, life thre	atening reaction to a	past va	ccination?	No		·			
Have	you had whe	ezing, chest tightn	ess or difficulty breat	hing wit	thin 24 hours	s of getting	a vaccii	ne? No	-		
Are yo	ou allergic to	latex gloves? No	*								
Have	you had Guill	ain-Barre Syndron	e within 6 weeks of	getting	a vaccine? N	lo	•	•			
Do yo	ou have a new	or changing neur	ological disorder?	lo	•						
Do yo	ou take a bloc	d thinner or have	a bleeding disorder	No		•					
Pharm	nacist-Will yo	u be administerino	a Live Vaccine? No		•						
	,										
X	Save for Later				Refuse In	nmunizatio	1				Print Consent

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.

•	🍠 Enter a Comment		x	
	Reason: Declined by Pharmacist		•	
	Patient ineligible due to fever		*	
1				
			Ŧ	
	✓ ок	X Cancel		

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.

First Name	N Last Name	Gender	DOB	Weight	G #: 04
Patient	Test	м	02-Feb-1999		
Address 220 Finch Ave. East, Toro	nto ON M2J 2T9	Health Ca	rd #	Phone Number (416) 555-55	55
Emergency Contact De Gary	Relationship to Patient Spouse	Contact's	Phone Number 22) 222-2222	Contact's Other Phone N	umber
CREENING QUESTIO	NAIRE				
The following questions wil "yes" to any question, it do If a question is not clear, pl	l help us determine if there is any r es not necessarily mean the shot c ease ask your pharmacist to explain	eason you or your annot be given. It n it.	r child should not get t simply means addition	he vaccine today. If you a nal questions must be asi	nswer ked.
Are you sick today? (i.e. feve	r greater than 39.5°C, breathing proble	ems, or active infect	tion)		No
Are you allergic to any medic	ations including vaccines?				No
Do you have an allergy to kar	namycin, neomycin, gentamicin, thime	rosal, chicken prote	ein, polymixin or gelatin?	,	No
Have you ever had a severe,	life threatening reaction to a past vaco	anation?			No
Have you had wheezing, che	st tightness or difficulty breathing withi	n 24 hours of gettin	ig a vaccine?		No
Are you allergic to latex glove	5 : Dundrama within 8 weaks of action a				No
Have you had Guillain-Barre : Do you have a new or changi	syndrome within 6 weeks of getting a	vaccine?			No
Do you take a blood thinner o	r bave a bleeding disorder?				No
Pharmacist-Will you be admir	istering a Live Vaccine?				No
sneets provided to me. I have receiving the vaccine. I agree 'anaphylaxis' can be life-thre the administration of epineph provide additional assistance tongue, throat, and/or lips. In the event of anaphylaxis, I	nad the chance to ask questions, and to wait in the pharmacy for 15 minute to wait in the pharmacy for 15 minute altering and is a medical emergency. In the dipendivariante, beta-aponists, to the immunizer. The symptoms of a will receive a copy of this form contain narrametics.	is answers were giv s(or time recomme reaction to any corr f l experience such and/or antihistamin in anaphylactic rea ing information on	en to my satisfaction. I ( inded by the pharmacist ponent of the vaccine. 1 a reaction following vac les to try to treat this reaction to may include hives, emergency treatments t	Inderstand the insks and be after getting the vaccine. Some serious reactions call scination, I am aware that it cition and that 9-1-1 will be difficulty breathing, swellin hat I had received, or a cop	ed may require called to g of the y will be
Confirm that I want to re	ceive Avaxim 160/0 5ml				
Patient	Patient Signature			Date Signed	
Test, Patient				28-Aug	-2017
PHARMACISTDECLARATIC	N I confirm the above named patient <u>160/0.5ml</u> should be given to patient	is capable of provi ent.	ding consent for <u>Avaxin</u>	n 160/0.5ml and that the A	vaxim
-	Pharmacist Signature			Date Signed 28-Aug	-2017
Pharmacist Gary Deng (3687455)					



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

First Name Patient	Last Name Test	Gender M	DOB 02-Feb-1999	Weight	
Address		Health Ca	ard #	Phone Number	
220 Finch Ave. East, Tor	ronto ON M2J 2T9			(416) 555-	5555
Emergency Contact De Gary	Relationship to Patient Spouse	Contact's	Phone Number 22) 222-2222	Contact's Other Phone	Number
CREENINGQUESTIC	NNAIRE				
The following questions w "yes" to any question, it d If a question is not clear, p	ill help us determine if there is any re oes not necessarily mean the shot ca please ask your pharmacist to explain	ason you or you nnot be given. I it.	r child should not get t simply means additi	t the vaccine today. If you onal questions must be a	answer sked.
Are you sick today? (i.e. fev	er greater than 39.5°C, breathing probler	ms, or active infec	tion)		No
Are you allergic to any medi	cations including vaccines?				No
Do you have an allergy to k	anamycin, neomycin, gentamicin, thimero	osal, chicken prot	ein, polymixin or gelatir	1?	No
Have you ever had a severe	, life threatening reaction to a past vacci	nation?			No
Have you had wheezing, ch	est tightness or difficulty breathing within	24 hours of getti	ng a vaccine?		No
Are you allergic to latex glov	res?				No
Have you had Guillain-Barre	Syndrome within 6 weeks of getting a v	accine?			No
Do you have a new or chan	ging neurological disorder?				No
Do you take a blood thinner	or have a bleeding disorder?				No
Pharmacist-Will you be adm	inistering a Live Vaccine?				Yes
Do you have a medical con	dition that can weaken your immune syst	em? (eg. Leuker	iia, Lymphoma, HIV/All	Ds)	No
Are you taking any medicati	ons that can weaken your immune system	m within the past	3 months? (eg Prednis	ione etc)	No
Have you received any othe	r vaccines in the last 4 weeks?				No
Are you or do you think you	might be pregnant?				N/A
ONSENT GIVEN BY	PATIENT				
I, the ordersigned chern, bas sheets provided to me. I have receiving the vaccine. I agre i'anaphylaxis' can be life-thir the administration of epinep provide additional assistanc forgue, throat, and/or lips. In the event of anaphylaxis, provided to my agent or EM	The hold guardiant, have read on have span be had the chance to ask questions, and e to wait in the pharmacy for 15 minutes e (yet rare) to have an extreme allergicer eatening and is a medical emergency. If hine, diphenhydramine, beta-agonists, a e to the immunizer. The symptoms of an I will receive a copy of this form containin S paramedics.	(or time recomme (or time recomme eaction to any cor I experience such ind/or antihistami in anaphylactic rea ng information on	nation adductine values in a satisfaction. I needed by the pharmaois mponent of the vaccine. a reaction following vo nes to try to treat this re- action may include hive emergency treatments	as obtained in hersks and b st) after getting the vaccine scientation, 1 am aware that saction and that 0-1-1 will b, difficulty breathing, swell that I had received, or a co	alled it may requi e called to ing of the opy will be
I confirm that I want to r	eceive Avaxim 160/0.5ml				
Patient Test Patient	Patient Signature			Date Signed	a-2017
rest, Patient	I confirm the above named patient is	s capable of prov	iding consent for Avax	im 160/0.5ml and that the	Avaxim
PHARMACIST DECLARAT	160/0.5ml should be given to patier	nt.			
PHARMACIST DECLARAT	Pharmanist Signature			Data Signad	



- 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>.

Ple	ase Sign and Si	can Consent Fo	m	
	Scan Patient 0	Consent Form		
	Select from N	letwork Scan		
	Proceed wi	thout Scan		

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.

File Edit Utilities NH Cards Session Help Version10 View Profile																
F3 -	- Patient		F5 - I	Drug	F7	- Doctor		F9 - Wo	rkflow	F10 -	Pickup	F11 - D	rop-off	F12 -	New Rx	Alt+X - Start
Non-Influenza Consent given by F2 Patient, Sante																
Patient	ent Patient, Sante Address 42132 Testing															
Birth	10/02/	1956	6 61 years Mai			lale	Plan		Client ID	lient ID			Pho	ne Home	(416) 754-4313	
Allergie	Allergies Conditions															
	Rx Emergency Contact Patient Consent Product															
	Product Avavim 160/0 5ml (Park Size 1 ML)															
	Rescan															
	Disp Qty 1 ML DI						DIN	022	37792 U	PC		697177	7000706			
Route Intramuscular ~																
	Lot Number 123145															
		Expiry	y Date	02/02/20	20											
															_	
X	Save for	Later	]						<u>R</u> efuse I	mmunizati	m					Refill Rx

**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.

File	Edit Utilitie	s NH C	entral Fill	Cards Sessio	n Help	Versio	n 10 View	Profile						
F	3 - Patient	F5 -	Drug	F7 - Doc	tor	F9 - W	/orkflow	F10 - F	Pickup	F11 - Droj	p-off	F12 - New Rx	Alt+X - Start	
No	n-Influe	nza						(	Consent <u>o</u>	given by F2	Patient6,	system (Sibling	)	<sup>⊗</sup> View Patient Cl
Patie	nt Patient6, I	Kroll						Address	111 Can	ada Place				Patient D
Birth	12/02/200	)5 12 yea	irs		Female	Plan	ODB	Client ID	7845456	6656		Phone Home	(416) 664-5132	Patient In
Aller	Allergies Conditions												× Profile	
-													All Rxs	
														Active Rxs
	Dv	Em	argangy Cr	ntact Dat	iont Cons	ont	Pro	duct						Active Ro
	KX	Eme	ergency Co	ontact Pat	ient Cons	ent	FIG	duct						Not Disp/
	No hut Tuinin (Dack Size 1 MI)													
		Product	TWININ	unior (Fack 3	ize i ivitj								*	
		Disp Qty	1	ML		DI	N 0223	7548 U	PC		770933000	0162		
		Route	Intramus	cular		-								
	Lo	t Number	121202											
	E	cpiry Date	31/12/20	020										
F						ſ								
	Save for Lat	ter					<u>R</u> efuse Ir	nmunizatio	n				Refill Rx	

### **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.

🐨 Login		e	
	You must login as Kre	oll Pharmacy for signa	ture capture
$\mathbf{\lambda}$	Initials	КР	
X	Password	•••••	
	<b>•</b> OF	Cancel	

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

File Ed	lit Utilities	NH Cent	tral Fill C	ards Sessio	on Help	Versio	n 10 View	Profile							
F3 -	Patient	F5 - D	rug	F7 - Do	ctor	F9 - W	/orkflow	F10 -	Pickup	F11 - Dro	p-off	F12 - Ne	w Rx	Alt+X - S	tart
lon-	Influenz	a							Consent	given by F2	Patient6,	system	Sibling)		
atient	Patient6, Kro	u						Address	111 Car	ada Place					
irth	12/02/2005	12 years			Female	Plan	ODB	Client ID	784545	6656		Phone	Home	(416) 664-	5132
llergies								Conditio	ns						
								I							
											_				
	Rx	Emerg	gency Con	itact Pa	tient Cons	ent	Pro	duct	Ad	ministration					
		Product	Twinrix	Junior (Pacl	Size 1 ML	)									
		Disp Otv	1	ML			DIN 022	37548	UPC		77093300	0162			
		Route	Intramus	scular											
	Date o	f Admin	01/06/20	17 15:56	Site	of Adr	min Left S	houlder							
				1											
	Administ	tered by	xtest xte	ist (200000	9										
	Administra	tion Fee	Non-infl	uenza Immu	inization F	ee (009	998877]							-	
	Co	mments												~	
														*	
		2							_						
<b>X</b> ≦	ave for Later						Befuse In	nmunizatio	n				Einaliz Einaliz	e Immunizat	ion

- 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**.

🤝 Elec	ctronic Signature	×
	Please sign on the signature tablet	
	DA	
	Kroll Pharmacy	
	✓ <u>O</u> K Clear X Cancel	

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 noninfluenza 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.
- 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.

Immu	Immunizations											
N - Ne	w Immunization	P - Print/Reprint D - Pharmacist Declined	F - Claim Fee R - Patient Refused	C - Cancel Claim		Show Reversals	5					
Items (1	)							F2 In:	s Del			
#	Туре	Status	Prod	uct Status	Fee Status		Created 🔻	Completed				
137	Non-Influenza	Completed	Clair	ned	Claimed		01/06/2017	20/07/2017				

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.

V Store Level Configuration Parameters	search and the second second									
General Patient Drug Doctor Rx FDB Adjudication Labels F	Reports Security Interfaces Order X - AR Y - To Do Purge									
1 - General 2 - Pricing 3 - Prompting 4 - Nursing Home 5 - Background Rx F	illing 6 - Workflow 7 - Counseling 8 - Immunization 9 - CeRx									
Enable electronic immunizations										
Require electronic signature for Pharmacists										
Require UPC Verification of Vaccine Product										
Allow to use non-influenza immunization products obtained externally	Enable this option only if the pharmacy is willing to									
Allow to use non-influenza immunization Rxs dispensed 30 days ago	another location									

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.

<u>File</u> <u>E</u> dit	Recent	<u>P</u> atient P	r <u>o</u> file <u>R</u> e	eports	Utilities	<u>N</u> H	Centr <u>a</u> l Fill <u>C</u> ards	Session H	lelp					
F3 - Pa	tient	F5 - D	rug	F7	- Doctor		F9 - Workflow	F11 - Drop	o-off	F12 - N	ew Rx	Alt+X - Start		
<u>L</u> ast Name	Patient		Fi	irst Nar	me Test		Salutation N	ir. 👻	ОК		🖉 Save	🗙 Scan		<sup>⊗</sup> Profile
Address 1	122.44				Phone N	umbe	ers (1) F2 Ins D	Birthdate	01/01/	(1000			=	All Rxs
	125 AI	y St			Descriptic	on	Phone		2					Active Rxs
Address 2					Home		(123) 456-7890	Age	36 year	rs			Active Rxs w/Passtimes	
City	Toront	• •	Prov O	N 🗕				Gender	Male	-	<ul> <li>No image available</li> </ul>			Refillable Rys
Postal	M1M 1	M: Country	Canada	-				Language	English	h 👻	- 1	-		
Email	mail					ctor		Height						Pricing Profile
Ouick Code	Duick Code					ctor								Not Disp./OTC Rxs
Quick Couc							(F2) Clear	Weight			Load	Delete		Rxs Filled in Error
Comment Topic	Comments (0) F2 Ins													Suspended Rxs
TOPIC		comment						Plans (1)	)			F2 Ins I	)el	Perform FDB Analysis
								SubPla	n Code (	Group ID CI	ient ID	Expiry		
								1 ESI 01111 999999999					- 1	View
														Alternate Addresses
														AR Profile
Allergies (	0)	Add Dr	ug) (F2)(In:	s Del	General	For	niky Nursing Homo	Copave	Commu	nications	Othor	Ctrl		Batches
					Detient	<u>r</u> ai	nily   Nursing Home	copays	comm <u>u</u>	Concont	Other	Cur Cur		Charting
					Activ	re.	Alt. Lact Name			Privacy Unk	nown			Consents
	Active Alt. Last Name													Credit Cards
	Patient Type Deceased On						numan •			Unit Dose	< None>	_		View Patient Documents (0)
Medical C	Aedical Conditions (0) F2 Ins De				Droceseu	tion	-			Cycle	<none></none>	-		History
					Prescriptions Delivery Type Default (Pickup)			•	Price Group	oun Chefaults (cNones)		41	Immunizations	
					Delivery	Poute			_		crudic	. (	9	Limited Use Items

'Immunizations' window appears.



3. Click N - New Immunization or click Ins.

File Edit	Recent A	Patient View	Profile	Reports Utilit	ies NH	Central Fill C	Cards Sessi	on Help V	ersion 10				
F3 - Pa	tient	F5 - Drug	E	7 - Doctor	F9 -	Workflow	F10 - Pick	up F11	- Drop-of	f F12 - New Rx		Alt+X - Start	
Last Name	Test		First Na	ame Arnold		Salutation	-	Changed	🗸 s	ave 🗙 Cancel		<sup>⊗</sup> Profile	
6 d d		114		Phone Num	hers (1)	F2 Ins De					=	All Rxs	
Address 1	12313 An	roid Ave		Description	Phone							Active Rxs	
Address 2				Home	(416) 78	34-6541	Age					Active Rxs w/Passtimes	
City	RICHMON	ND HILL 🔻 P	rov ON 🗸					Male	-	No image available		Refillable Rxs	
Postal	Postal L3J 1K3 Country Canada						Language	English	-			Pricing Profile	
Email	Email Send Fa						Height					Not Disp./OTC Rxs	
Quick Code						F2 Clear	Weight			Load Delete		Rxs Filled in Error	
Immun	Immunizations Suspended Rxs												
N - New	Immuniza	tion P - Pr	rint/Reprin	nt F	- Call u	p C	- Cancel C	laim		Show Reversals		Perform Clinical Analysis	
	$\overline{}$	D - Pi	harmacist	Declined R	- Patier	nt Refused						View	
Items (0)		le:									Del	Alternate Addresses	
# Type	e one>	Sta	nding		Not (	ompleted Vet	Fee	Status Completed Ve		reated Completed		AR Profile	
	5110				1101 0	- ompreten ret		completes re				Batches	
				Immuni	ization				E	×		Charting	
					Lation							Consents	
				Туре						-		Credit Cards	
Influenza												Documents (0)	
				t	Print N	n <mark>fluenza</mark>	/e tor later	<b>~</b> (	ancei		_	History	
											=	Immunizations	
												Limited Use Items	

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

of Immuniz	ation			x
Туре	Non-Influenza	]	-	
P	erform <u>N</u> ow	Save for later	X Cancel	

**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.

Immunizations											
N - New Immunization	P - Print/Reprint	F - Call up	C - Cancel Claim	Show R	leversals						
	D - Pharmacist Declined	R - Patient Refused	8								
Items (3).											
# Type	Status	Prod	uct Status	Fee Status	Created 🔻 Completed 🔺						
65 Non-Influenza	Pending	Not	Completed Yet	Not Completed Yet	25/07/2017						
ee 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**.

File	Edit	Utilities	NH Central Fill	Cards Sessio	n Help	Versio	n 10 Vie	v Profile					
F:	3 - Pa	atient	F5 - Drug	F7 - Dod	tor	F9 - W	/orldlow	F10 -	Pickup F11 - Drop-off	F12 - New Ro	Alt+X - Start		
No	n-Ir	nfluenz	za						Consent given by F2 Kroll, Mor	no			
Patier	nt Ke	roll, Momo						Address	121313 Happy Land				
Birth	01	1/02/2002	15 years		Male	Plan	ODB	Client ID	452121333	Phone Hor	me (416) 545-4433		
Allerg	jies							Conditio	ns				
		Rx											
		RX Op	<select an<="" td=""><td>option&gt;</td><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td></select>	option>						-			
			Fill a new B	Spalon> X									
			Use a proc	luct 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.

File	Edit	Utilities	NH	Central Fill	Cards	Session	n Help	Versio	n 10 View	Profile						
FS	3 - Pa	tient	FS	5 - Drug	F7	- Doc	or	F9 - W	/orkflow	F10 - F	lickup	F11 - Drop	o-off	F12 - New	Rx	Alt+X - Start
No	n-Ir	nfluen	za							C	Consent o	given by F2	Kroll, Mo	omo		
Patier	nt Kr	oll, Momo	•							Address	121313	Happy Land				
Birth	01	/02/2002	15 y	ears			Male	Plan	ODB	Client ID	452121	333		Phone H	lome	(416) 545-4433
Allerg	ies									Condition	ns					
											_					
		Rx	E	mergency C	ontact	Pat	ient Cons	ent	Proc	duct						
															_	
		Rx O	ptions	Use a proc	luct obt	ained e	externally							w		
		Prod	uct	Bexsero Va	ccine (	Pack Si	ze 1 ML)							-	F5	
		Packs	Size		1 ML											
		UPC		06	360104	5833										
×	Save	e for Late	r					[	<u>R</u> efuse Im	imunizatio	n					<b>N</b> ext

**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.

	G <u>e</u> neral	<u>F</u> amily	Nursing Ho	me Copay <u>s</u> Comm <u>u</u> nications			Othe	er	E Ctrl 🚽
	<u>E</u> mergen	cy Contact	s (1)						F2 Ins Del
l	Name			Rela	tionship	Daytime Phone		Other Phone	
l	Doe, Jane	Doe, Jane			nd	(555) 555-5555 ext 1234		(777) 777-7777	
L									

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.

File Ed	dit Utilities	NH Central Fill	Cards Session He	lp Version 10	View Profile					
F3 -	Patient	F5 - Drug	F7 - Doctor	F9 - Workfl	low F10 - F	Pickup	F11 - Drop-of	f F1	.2 - New Rx	Alt+X - St
Non	-Influenz	a			c	Consent <u>c</u>	iven by F2 Pa	tient, Gre	en	
atient	Patient, Gree	en			Address	1231 Mi	tel Blvd			
Birth	01/02/1958	59 years	Fema	ale Plan	Client ID				Phone Hom	ie (416) 756-4
Allergie	s				Condition	ns				μ
_	Du	Emergence Co	ntent Dationt C	onsent						
	KX -	Emergency Co								
Do yo	u have an all	ergy to kanamycin,	neomycin, gentam	icin, thimerosal	l, chicken protein	, polymix	in or gelatin? No	)	-	
Have y	you ever had	a severe, life threa	atening reaction to	a past vaccinat	ion? No	•				
Have y	you had whee	ezing, chest tightne	ess or difficulty brea	athing within 24	hours of getting	g a vaccir	ne? No	•		
Are yo	ou allergic to	latex gloves? No	•							
Have y	you had Guill	ain-Barre Syndrom	ie within 6 weeks of	getting a vacc	ine? No	•				
Do yo	u have a new	or changing neur	ological disorder?	No	•					
Do yo	u take a bloo	d thinner or have	a bleeding disorde	r? No	•					
Pharm	nacist-Will you	u be administering	a Live Vaccine?	s	-					
Do yo	u have a med	dical condition that	can weaken your i	mmune system	? (eg. Leukemia.	Lymphor	na, HIV/AIDs) <n< td=""><td>lot Answei</td><td>red&gt; 👻</td><td></td></n<>	lot Answei	red> 👻	
Are vo	ou taking anv	medications that o	an weaken vour im	mune system w	vithin the past 3 i	months?	(eg Prednisone)	<not ans<="" td=""><td>wered&gt; 👻</td><td></td></not>	wered> 👻	
Have	you received	any other vaccines	in the last 4 weeks	? <not answe<="" td=""><td>red&gt; 🔻</td><td></td><td></td><td></td><td></td><td></td></not>	red> 🔻					
Arow	you received	think you might be	program							
are yo	ou or uo you		pregnant: <1400	answereu > 🔻						
Xs	ave for Later									
	ave for cater			Ref	fuse Immunizatio	n				Print Conser
				<u>R</u> ef	fuse Immunizatio	n				Print Conser
2-(loc	cal) :Pharmacy:	10-11-Patient - Patie	ent, Green	Ref	fuse Immunizatio	n				Print Conser
2-(loc le Ec	cal) :Pharmacy: dit Utilities	10-11-Patient - Patie NH Central Fill (	ent, Green Cards Session He	P Version 10	fuse Immunizatio	n	[11] Drop off	: [1	3 Now Dr.	Print Conser
2-(loc le Ec F3 -	cal) :Pharmacy: dit Utilities Patient	10-11-Patient - Patie NH Central Fill ( F5 - Drug	ent, Green Cards Session He F7 - Doctor	Ref Version 10 F9 - Workfl	fuse Immunizatio View Profile ow F10 - P	n	F11 - Drop-off	F1	2 - New Rx	Print Conser
' 2-(loc ile Ec F3 - <b>ION-</b>	cal) :Pharmacy: dit Utilities Patient	10-11-Patient - Patie NH Central Fill ( F5 - Drug	ent, Green Cards Session He F7 - Doctor	P Version 10	fuse Immunizatio View Profile ow F10 - P C	n ickup Consent g	F11 - Drop-off	F F1	2 - New Rx en	Print Conser
i 2-(loc ile Ec F3 - <b>ION-</b> atient	cal) :Pharmacy: dit Utilities Patient -Influenz Patient, Gree	10-11-Patient - Patie NH Central Fill ( F5 - Drug Ca	ent, Green Cards Session He F7 - Doctor	P Version 10	fuse Immunizatio View Profile ow F10 - P C Address	n ickup Consent g 1231 Mit	F11 - Drop-off iven by F2 Pat	F1	2 - New Rx en	Print Conser
2-(loc le Ec F3 - <b>lon-</b> atient [ rth	cal) :Pharmacy: dit Utilities Patient -Influenz Patient, Gree 01/02/1958	10-11-Patient - Patie NH Central Fill ( F5 - Drug (a m 59 years	ent, Green Cards Session He F7 - Doctor F7 - Poctor	lp Version 10 F9 - Workfli le Plan	View Profile ow F10 - P C Address Client ID	n ickup ionsent g 1231 Mit	F11 - Drop-off iven by F2 Pat	F1	2 - New Rx en Phone Hom	Print Conser Alt+X - St e (416) 756-4
2-(loc Ie Ec F3 - ION- tient th [ergies	cal) :Pharmacy: dit Utilities Patient	10-11-Patient - Patie NH Central Fill ( F5 - Drug a a sn 59 years	ent, Green Cards Session He F7 - Doctor F7 - Marce Perma	P Version 10 F9 - Workfle	View Profile ow F10 - P C Address Client ID Condition	n ickup Consent g 1231 Mit	F11 - Drop-off iven by F2 Pat	F1	2 - New Rx en Phone Hom	Print Conser Alt+X - St e (416) 756-4
2-(loc F3 - lon- tient th	are for cater all :Pharmacy: dit Utilities Patient [ -Influenz Patient, Gree 01/02/1958	10-11-Patient - Patient NH Central Fill ( F5 - Drug a m 59 years	ent, Green Cards Session He F7 - Doctor F7 - ma	p Version 10 F9 - Workfil le Plan	View Profile ow F10 - P C Address Client ID Condition	n ickup ionsent g 1231 Mit	F11 - Drop-off iven by F2 Pat	F1	2 - New Rx en Phone Hom	Print Conser Alt+X - St e (416) 756-4
2-(loc F3 - lon- tient [ rth [ lergies	cal) :Pharmacy: dit Utilities Patient -Influenz Patient, Gree 01/02/1958	10-11-Patient - Patient NH Central Fill ( F5 - Drug a sn 59 years	ent, Green Cards Session He F7 - Doctor F7 - <b>Doctor</b>	p Version 10 F9 - Workfl	View Profile ow F10 - P C Address Client ID Condition	n ickup Consent g 1231 Mit	F11 - Drop-off iven by F2 Pat	tient, Gre	2 - New Rx en Phone Hom	Print Conser
2-(loc F3 - ION- tient [ th [	Rx for taker rate for taker rate of taker rate o	ID-11-Patient - Patie NH Central Fill ( F5 - Drug a 59 years Emergency Co	ent, Green Cards Session He F7 - Doctor Ferma ntact Patient Cc	P Version 10 F9 - Workfl	View Profile ow F10 - P C Address Client ID Condition	n ickup Consent g 1231 Mit	F11 - Drop-off iven by F2 Pat	F1	2 - New Rx en Phone Hom	Print Conser
2-(loc F3 - lon- tient [ lergies	cal) :Pharmacy/. fit Utilities Patient -Influenz Patient, Gree 01/02/1958 - Rx u sick today2	10-11-Patient - Patie NH Central Fill ( F5 - Drug a sa 59 years Emergency Co (i.e. fever greater	ent, Green Cards Session He F7 - Doctor Ferma ntact Patient Co than 39.5°C. breat	P Version 10 F9 - Workfline Ie Plan	View Profile OW F10 - P C Address Client ID Condition or active infectio	n ickup ionsent g 1231 Mit	F11 - Drop-off iven by F2 Part iel Blvd	F1	2 - New Rx en Phone Home	Print Conser
2-(lor F3 - lon- tient [ th [ lergies	cal) :Pharmacy/ ift Utilities Patient -Influenz Patient, Gree 01/02/1958 Rx Rx uu sick today? uu sick today?	10-11-Patient - Patient -	nt, Green Cards Session He F7 - Doctor Ferma ntact Patient Co than 39.5°C, breat	P Version 10 F9 - Workfline He Plan	View Profile ow F10 - P C Address Client ID Condition or active infection	n ickup iconsent g 1231 Mit is	F11 - Drop-off iven by F2 Par iel Blvd	F1	2 - New Rx en Phone Home	Print Conser
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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.

	🖌 Enter a Comment		х	
	Reason: Declined by Pharmacist		•	
	Patient ineligible due to fever		*	
8				
			Ŧ	
	🗸 ок	X Cancel		

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.

First Name	N	ame	Gender	DOB	Weight	TRACKING	5#: 04
Patient	Test		м	02-Feb-1999			
Address 220 Finch Ave East Toro	nto ON M21	979	Health Ca	rd #	Phone N	umber (416) 555-55	5
Emergency Contact	Relatio	nshin to Patient	Contact's	Phone Number	Contact's	Conter Phone Nu	mher
De Gary	Spou	se	(2	22) 222-2222			
CREENING QUESTION	INAIRE						
The following questions wil "yes" to any question, it do If a question is not clear, plo	l help us deter es not necessi ease ask your	mine if there is any reason rily mean the shot cannot l pharmacist to explain it.	you or you be given. It	r child should not get : t simply means additio	the vaccine nal questio	e today. If you an ons must be aske	swer d.
Are you sick today? (i.e. fever	greater than 3	9.5°C, breathing problems, or	active infec	tion)			No
Are you allergic to any medica	ations including	vaccines?					No
Do you have an allergy to kar	amycin, neomy	cin, gentamicin, thimerosal, c	hicken prot	ein, polymixin or gelatin	?		No
Have you ever had a severe,	life threatening	reaction to a past vaccination	?				No
Have you had wheezing, ches	at tightness or d	ifficulty breathing within 24 ho	urs of gettir	ig a vaccine?			No
Are you allergic to latex glove	s?						No
Have you had Guillain-Barre S	Syndrome within	n 6 weeks of getting a vaccine	?				No
Do you have a new or changir	ng neurological	disorder?					No
Do you take a blood thinner o	r have a bleedi	ng disorder?					No
Pharmacist-Will you be admin	istering a Live	Vaccine?					No
receiving the vaccine. I agree I am aware that it is possible I anaphylaxis' can be life-three the administration of epinephr provide additional assistance tongue, throat, and/or lips. In the event of anaphylaxis, I provided to my agent or EMS	to wait in the p (yet rare) to hav stening and is a ine, diphenhydi to the immunizy will receive a co paramedics.	harmacy for 10 minutes(of tin re an extreme allergic reaction medical emergency. If I expe amine, beta-agonists, and/or rr. The symptoms of an anap upy of this form containing info	ne recomme n to any con rience such antihistamir hylactic rea prmation on	noed by the pharmacist nponent of the vaccine. a reaction following va- les to try to treat this re- ction may include hives. emergency treatments t	) after gettin Some serior ccination, I a action and th difficulty br that I had re	ng the vaccine. us reactions calle am aware that it n hat 9-1-1 will be c reathing, swelling received, or a copy	d hay require alled to of the will be
I confirm that I want to rec	eive <u>Avaxim 1</u>	60/0.5ml					
rauent Test, Patient		ratient Signature				Date Signed 28-Aug-	2017
PHARMACISTDECLARATIO	N I confirm the	above named patient is capa	ble of provi	ding consent for Avaxir	n 160/0.5m	l and that the Av	axim
		Pharmacist Signature				Date Signed	
Pharmacist						28-Aug-	2017
Pharmacist Gary Deng (3687455)							



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

	Test		Gender M	02-Feb-1999	weigin	
Address			Health Car	rd #	Phone Number	
220 Finch Ave. East, Tor	onto ON M2J	2T9			(416) 555-	5555
Emergency Contact De Gary	Relation Spou	nship to Patient se	Contact's (22	Phone Number 22) 222-2222	Contact's Other Phone	Number
CREENING QUESTIO	NNAIRE				•	
The following questions w "yes" to any question, it de If a question is not clear, p	ill help us deter oes not necess ilease ask your	mine if there is any reason arily mean the shot cannot i pharmacist to explain it.	you or your be given. It	child should not get simply means additio	the vaccine today. If you nal questions must be a	i answer isked.
Are you sick today? (i.e. feve	er greater than 3	9.5°C, breathing problems, or	active infect	ion)		No
Are you allergic to any media	cations including	vaccines?				No
Do you have an allergy to ka	anamycin, neomy	cin, gentamicin, thimerosal, o	hicken prote	in, polymixin or gelatin	?	No
Have you ever had a severe	, life threatening	reaction to a past vaccination	?			No
Have you had wheezing, che	est tightness or d	ifficulty breathing within 24 ho	ours of gettin	g a vaccine?		No
Are you allergic to latex glov	es?					No
Have you had Guillain-Barre	Syndrome within	n 6 weeks of getting a vaccine	2?			No
Do you have a new or chang	ing neurological	disorder?				No
Do you take a blood thinner	or have a bleedi	ng disorder?				No
Pharmacist-Will you be admi	inistering a Live	Vaccine?				Yes
Do you have a medical cond	lition that can we	aken your immune system?	eg. Leukemi	a, Lymphoma, HIV/AID	s)	No
Are you taking any medication	ons that can wea	ken your immune system wit	nin the past 3	8 months? (eg Predniso	one etc)	No
Have you received any other	r vaccines in the	last 4 weeks?				No
Are you or do you think you	might be pregna	nt?				N/A
ONSENT GIVEN BY F	PATIENT					
<ol> <li>the undersigned client, par sheets provided to me. I have receiving the vaccine. I agree I am aware that it is possible "anaphylaxis" can be life-thre the administration of epineph provide additional assistance tongue, throat, and/or lips.</li> </ol>	rent or guardian, e had the chano e to wait in the p e (yet rare) to have eatening and is a nrine, diphenhyd e to the immunizi	have read or had explained t e to ask questions, and answ harmacy for 15 minutes(or tin ve an extreme allergic reaction medical emergency. If I exp ramine, beta-agonists, and/or er. The symptoms of an anag	o me, inform ers were give ne recommen n to any com erience such antihistamin ohylactic read	ation about the vaccine en to my satisfaction. I inded by the pharmacist ponent of the vaccine. a reaction following va es to try to treat this re- ction may include hives	as outlined in the vaccine understand the risks and I t) after getting the vaccine Some serious reactions c coination, I am aware that action and that 9-1-1 will b , difficulty breathing, swell	e information benefits of alled it may require be called to ling of the
In the event of anaphylaxis, provided to my agent or EM	l will receive a c S paramedics.	opy of this form containing inf	ormation on (	emergency treatments	that I had received, or a o	opy will be
I confirm that I want to re	eceive Avaxim 1	60/0.5ml				
Patient Test, Patient		Patient Signature			Date Signed 28-Au	ıg-2017
	ON I confirm the	above named patient is capa hould be given to patient.	able of provid	ling consent for Avaxin	m 160/0.5ml and that the	Avaxim_
PHARMACISTDECLARATI	160/0.5ml s					
PHARMACIST DECLARATI	<u>160/0.5ml</u> s	Pharmacist Signature			Date Signed	- 2017



- 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 <u>Document Scan Utility</u>.

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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.

15	Patient	F5 -	Drug F7 -	Doctor	F9 - Workflow	F10 -	Pickup	F11 - Drop	o-off	F12 - Ne	w Rx	Alt+X - Start
lon	Influer	za					Consent g	iven by F2	Patient, S	ante		
tient	Patient, Sa	nte				Address	42132 T	esting				
rth	10/02/195	6 61 yea	rs	Male	Plan	Client ID				Phone	Home	(416) 754-4313
lergie						Conditio	ns					
						_						
	P~	Em	research Contact	Datiant Con	cont Dr	oduct	1					
_	FOX .	Eme	rgency contact	Patient Con	sent	out						
												_
		Product	Avaxim 160/0.5m	I (Pack Size 1	ML)							
												_
		UPC	UPC match found	for 6971770007	706						Rescan	
	C	UPC Disp Otv	UPC match found	for 6971770007	DIN 022	37792 U	PC		697177000	706	Rescan	
	C	UPC Disp Qty	UPC match found	for <del>6971770007</del>	DIN 022	37792 U	PC		697177000	706	Rescan	
		UPC Disp Qty Route	UPC match found 1 ML Intramuscular	for 697177000	DIN 022	37792 U	PC		697177000	706	Rescan	
	Lot	UPC Disp Qty Route Number	UPC match found 1 ML Intramuscular 123145	for 6971770007	DIN 022	37792 U	PC		697177000	706	Rescan	
	Lot	UPC Disp Qty Route Number	UPC match found 1 ML Intramuscular 123145 02/02/2020	for 697177000;	DIN 022	37792 U	PC		697177000	706	Rescan	
	Lot	UPC Disp Qty Route Number piry Date	UPC match found 1 ML Intramuscular 123145 02/02/2020	for 697177000)		37792 U	PC		697177000	706	Rescan	
	Lot	UPC Disp Qty Route Number piry Date	UPC match found  ML Intramuscular  123145  02/02/2020	for 697177000;	DIN 022	37792 U	PC		697177000	1706	Rescan	
	Lot Ex	UPC Disp Qty Route Number piry Date	UPC match found  ML Intramuscular  123145  02/02/2020	for 697177000;	DIN 022	37792 U	PC		697177000	1706	Rescan	
	Lot	UPC Disp Qty Route Number piry Date	UPC match found  ML Intramuscular  123145  02/02/2020	for 697177000;	DIN 022	37792 U	PC		697177000	1706	Rescan	
	Lot Ex	UPC Disp Qty Route Number piry Date	UPC match found  ML Intramuscular  123145  02/02/2020	fe <del>r 6971770007</del>	DIN 022	37792 U	PC		697177000	1706	Rescan	

**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.

File E	dit Utilities	NH Ce	entral Fill	Cards	Session	n Help	Versio	n 10 View	Profile									
F3	- Patient	F5 -	Drug	F7	- Dod	tor	F9 - W	/orkflow	F10	- Pickup	F11 - Dro	p-off	F12 - Ne	w Rx	A	t+X - Start		
Non	-Influenz	а								Conser	t given by F2	Kroll Mo	mo				×	View
									_	_								Patient Charting
Patient	Kroll, Momo								Addre	ss 1213	13 Happy Land		_	-			1	Patient <u>D</u> ocume
Birth	01/02/2002	15 yea	rs			Male	Plan	ODB	Client	ID <b>4521</b>	21333		Phone	Home	(41)	6) 545-4433	lĿ	Patient Immuni
Allergie	5								Condi	tions							. *	Profile
									I								1	All Rxs
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-																		Active Rxs w/Pa
	Rx	Eme	ergency Co	ontact	Pat	ient Cons	ent	Pro	duct									Pricing Profile
																	Ľ	Not Disp/OTC F
	P	roduct	Bexsero	Vaccine	e (Pack	c Size 1 M	/L)								~			
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	DI	sp Qty	1	ML			DI	N 0241	7030	UPC		003001040	833					
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	Expir	v Date	20/02/20	018														
		,																
																	4	
×	Save for Later							<u>R</u> efuse I	nmuniza	tion					<u>B</u> ill	Product		



### 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**.

File Edit Recent Rx View Labels Profile Reports Utilities NH Central Fill Cards Session Help Version 10									
F3 - Patient F5 - Drug F7 - Doctor	F9 - Workflow F10 - Pickup F11 -	Drop-off F12 - Fill Rx Alt+X -	Start						
New Rx Not Disp.	Rx Start Date Latest Fill	Init Lookup	Cancel × Rx						
			Make Rx Unfilled						
Priority Default Wait Time  F2 Due in 19 mins	Forward Rx F2 Work Order 1479 F2	Delivery Pickup -	😡 Make Rx Not Dispensed						
Patient Search Drug	Search Pack 1	Doc Search Loc Office	<ul> <li>Make Rx Stock Transfer</li> </ul>						
Name Kroll, Momo Age: 15 Brand	Bexsero Vaccine	Name Dr. Cheung, Christina	🕺 🕺 Adapt Rx						
Address 121313 Happy Land Male Gener	ic NOV (N	Address 200 Duncan Mills	Add Bx Image						
City Prov ON Pack Phone Home (416) 545-4433 Purch	1 Form ML Sched 2	Phone (416) 786-4646	Transfer Bx From Another Store						
Plan ODB Client ID 452121333 DIN	02417030 Min Qty 0	Lic# 20000 Alt. Lic#							
			Call Doctor						
			Counsel Patient on Pickup						
Allergies (0) Sig N	on-Influenza	Init Auth Qty	1 1 View						
NON	INFLUENZA	Disp Qty 1 Refills(+) Rem Qty	1 1 (1) Clinical Interactions						
		Days 1 G.P. %	0 & Patient Plan Information						
Conditions (0)		Prod Sel 3 - Pharmacis'  Acq Cost	S0.00 E Generic Equivalents						
		O/W Written Varkup	\$0.00 C Unit Dose Info						
Route	of Admin Intramuscular	Labels 1 F2 Fee	\$0.00 🕏 Work Order						
Dosag	je Form Syringe (mL)	Total	\$0.00 Rx Counseling History						
Plans Pricing Dates Comments Indications Images	Other Unit Dose (Ctrl-U): Disabled		Workflow						
Rx Plans Plan Pays Extra Info (F2 Edits)	Warnings		V Send Rx to Trouble						
Cash	\rm 😣 No Initials		🚛 View Workflow Detail						
(More Plans Available)	🐺 Rx is 'Not Dispensed'		Workflow Push Oueues						
	To Do: Non-Influenza		Data Entry						
	Uelivery Label will be printe	3	Packaging						
Fnahl	e Auto-Refill		Pharmacist Verification						
Next Disp Qty Min Interval Rx Co	omments (0)		Incomplete Pickup						
	A		•						

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.

13.	Patient	F5 - Drug	F7 - Docto	or F9 - W	orkflow	F10 - Pickup	F11 - Drop-off	F12 - New Rx	Alt+X - S
Non	-Influenz	a			Consent ai	ven by Test Dona	ıld	F2	<sup>⊗</sup> View
		-							Patient Cha
atient	Test, Donald	-			Address	112 Appleveiw Blv		Patient Doc	
lirth	12/12/2003	13 years	Male	Plan ONNMS	Client ID	21123131	Phone Home	(416) 785-4513	Patient ]mm
Allergie	s				Conditio	ns			Se Profile
morph	ine				Fetoma	ternal transfusion sys	ndromes, delivered, w	ith or without mentic	All Ros
									Active Rxs
									Active Ris w
	Rx	Emergency Con	tact Patie	ent Consent	Pro	duct Adn	ninistration		Pricing Prof
									Not Disp/O
	Date of Administe	Route Intramusc Admin 07/07/201 ered by Test, User	ular 7 13:34	Site of Admi	in Left Ar	m			
	Cor	Fee Non-influe nments Free Of Ch	nza Immuniz nza Immuniz arge	ation Fee (0099 ation Fee (0099	8877] 8877]				

- 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**.

🤝 Electronic Signature	C ×
Please sign on the signature table	et
Ada	_
Kroll Pharmacy	
✓ <u>Q</u> K	ncel

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

File E	dit Utilities	NH Cent	tral Fill Cards	Session	n Help	Versio	n 10 Vi	ew Prot	file									
F3 -	Patient	F5 - D	rug	F7 - Doct	tor	F9 - W	/orkflow	E	10 - F	vickup	F11	L - Droj	o-off	F1	12 - Ne	w Rx	Alt+3	X - Start
Non	-Influenz	a							¢	Consent	given b	y F2	Test,	Esthe	r (Pare	nt)		
Patient	Kroll, Momo							Add	iress	121313	В Нарру	Land						
Birth	01/02/2002	15 years			Male	Plan	ODB	Clie	nt ID	452121	1333				Phone	Home	(416)	545-4433
Allergie	s							Cor	nditio	ns								
	Ry	Emerc	nency Contact	Pati	ient Conse	ant		roduct		Ad	Iministra	ation						
	105	Lincig	gency contac	, ruc	ient const			roddet	_									
		Product	Bexsero Vac	cine (Pao	k Size 1 N	IL)												
		Disp Qty	1 M	L		(	DIN	2417030	D	JPC			06360	010468	333			
		Route	Intramuscul	ar		r										~		
						A	re you su	ire?						l				
	Date o	of Admin	19/07/2017	12:07	Site	of												
	Administ	tered by	Christina Ch	eung (CC	)	-	?	) Do you	ı want	to print	Immuni	zation R	ecord fo	or the p	atient?	_		
	Administra	ation Fee	Non-influen	za Immur	nization Fe	e fi											•	
	Addition											γ	es		No			
	Co	mments				L											<u>^</u>	
							_	_	_	_	_	_				_		
																	-	
															_			
×	ave for Later					[	<u>R</u> efuse	e Immun	izatio	n						Einali <u>E</u> inali	ze Immur	nization

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.
- 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.

Imm	unizations							
N - N	ew Immunization	P - Print/Reprint D - Pharmacist Declined	F - Claim Fee R - Patient Refused	C - Cancel Claim	Sho	ow Reversals		
Items (	2)						F2 In	ns Del
#	Туре	Status	Produ	ct Status	Fee Status	Create	d 🔻 Completed	<b>A</b>
131	Non-Influenza	Completed	Extern	al	Claimed	19/07/	2017 19/07/2017	
78	Non-Influenza	Completed	Extern	ai	No Fee Applicable	12/07/	2017 12/07/2017	

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.

Imm	unizations							
N - N	ew Immunization	P - Print/Reprint D - Pharmacist Declined	F - Claim Fee R - Patient Refu	C - Cancel Claim	Show Revers	als		
Items (2	2)						F2 Ins	s Del
#	Туре	Status	P	roduct Status	Fee Status	Created 🔻	Completed	
131	Non-Influenza	Completed	E	xternal	Claimed	19/07/2017	19/07/2017	
78	Non-Influenza	Completed	E	xternal	No Fee Applicable	12/07/2017	12/07/2017	



## **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.

Imm	unizations						
N - N	ew Immunization	P - Print/l	Reprint	F - Call up	C - Cancel Claim	Show	Reversals
		D - Pharm	acist Declined	R - Patient I	Refused		
Items (	5)						F2 Ins Del
#	Туре	Sta	atus		Product Status	Fee Status	Created 🔻 Completed 🔺
67	Non-Influenza	Pe	ending		Not Completed Yet	Not Completed Yet	25/07/2017
							25/07/2017 25/07/2017

**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.

Imr	nunizations									Su
N -	New Immunization	P - Print/Reprint	F - Claim Fee C	- Cancel Claim		Show Rev	versals			Pe
		D - Pharmacist Declined	R - Patient Refused							1
Items	s (1)							F2 In	is Del	A
#	Туре	Status	Product St	atus	Fee Status		Created	Completed		
107	Non-Influenza	Completed	Claimed		Claimed	_	26/07/201	7 26/07/2017		A
							New Immur	nization	N	
							Add Epinep	hrine shot		

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

File E	dit Utilities	NH Cards Sessi	on Help Ve	rsion 10	View	Profile						
F3 -	Patient	F5 - Drug	F7 - Doct	or 📃	F9 - W	orkflow	F10 - F	ickup	F11 - Drop-off	F1	2 - New Rx	Alt+X - Start
Eme	rgency Ep	pinephrine										
Patient	Patient, C						Address	123 Test	ing Ave			
Birth	02/02/1999	18 years		Female	Plan	AHE	Client ID	1231231	.33	F	Phone Home	(905) 475-1231
Allergie	s						Conditio	15				
							!					[
	Product											
		-										
	F	Product										<b>•</b>
	D	isp Qty			DI	N	UF	c				
		Route			•							
	Brou											-
	1500											
	Lot N	Jumber										
	Expi	ry Date										
		_										
× 2	ave for Later					<u>R</u> efuse Im	munizatio	n				🕑 <u>N</u> ext

### 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.

<u>F</u> ile	Ed	lit <u>U</u> tili	ties	<u>N</u> H	Centr <u>a</u> l Fill	Cards	Sess <u>i</u> on	<u>H</u> elp	Vie <u>w</u>	<u>P</u> rofile						
E	3 - 1	Patient		F5	- Drug		F7 - Doct	or	F9 -	Workflow	F11	- Drop-	off	F12 - N	ew Rx	Alt+X - Start
Em	er	genc	y El	pine	phrine											
Patie	nt	Patient,	Test							Address	100 /	Any St				
Birth						N	/lale	Plan		Client ID				Phone	Home	(123) 456-7890
Allerg	gies									Conditio	ns					
										!						
	F	Product			Administra	tion	1									
					Administra	lion										
					Please	scan o	r enter t	he UPC	from	the drug p	ack					_
				UP	°C				Look	up UPC r	natch f	ound for 6	525813001	213		
				Produ	ct Epipen	1mg/n	nl (Pack Si	ze 1 PE	N)							
			D	isp Of	ty 1.00	PEN				DIN 0050	9558			62581300	01213	
									_			J [				
				Rout	e Injection	ו 			•							
			Lot N	Numbe	er 333											
			Expi	iry Dat	e 01/01/2	020										
×	<u>S</u> a	ave for	Later						<u>R</u> efuse	Immunizati	on					<b>O</b> Next



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.

(123) 456-78
_
-

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).

F3 -	Patient	F5 - Drug	F7 - Docto	or	F9 - Workfl	ow	F11 - Dr	op-off	F12 - New Rx	Alt+X -	Start	
Eme	rgency Ep	oinephrine										
Patient	Patient, Test						Address	123 Any	St			
Birth	01/01/1980	36 years		Male	Plan		Client ID			Phone	Home	(123) 456-7890
Allergie	s						Condition	s				
	Product	Administrati	on									
	P Di Date of Administe	roduct Epipen 11 sp Qty 1.00 Route Injection Admin 18/10/20 red by Kroll Pha	ng/mL (Pack Si PEN 16 13:29 rmacy (KRL)	ize 1 PEN) Site o	) DIN f Admin	00509 eft Le <u>c</u>	558 UP	c	62581300	1213		
× 2	Com	iments N/A			Refi	use Im	munizatio	n			Finali	ze Immunization

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

File	Ed	it Rece	nt F	₹x Vi	ew Label	s Pr	ofile Rep	orts Utili	ties NH	Cards	Session	Help	Version	n 10						
F3	3 -	Patient		F5	- Drug		F7 - Doc	tor	F9 - Wo	rkflow	F10	- Pickup	F	-11 - D	rop-off		F12 - Fill F	<del>ک</del> x	Alt+X - Sta	irt
		New Ro	Pe	ending	g Adj						Rx Start I 26/07/20	Date La 17 0	test Fill	Qty			Init	🖌 Look	up 🗶 Can	ncel
Priorit	ty (	Default W	ait Tir	ne	▼ F2	Due	e in 19	) mins	Forwa	rd Rx	F2 Wo	rk Order	1551	F2	Delivery	Pickup	)	•		
<u>P</u> atien	nt S	earch						Drug Se	arch			1	•	Pack	D <u>o</u> c Sear	ch 📒		Loc	Office	-
Name		Patient,	2				Age: 18	Brand	Epipen				1mg/m	1	Name	Dr. Kro	oll, Avery			
Addre	ss	123 Testi	ng Aı	/e			Female	Generic	Epineph	rine			AL	.X (Alle	Address	Testing	g			
City		richmo	ND H	ILL		Pro	V ON	Pack	1 F	orm PEN	I S	ched 2			City	TORO	TORONTO		Prov ON	
Phone	e	Home		(905)	475-1231			Purch		\$92.0	07 OnHan	d -2	<b>K</b> -#		Phone	(416) 7	84-6546			
Plan		AHE	Cli	ient ID	12312313	3		DIN	0050955	8	Min Qt	y 0			Lic#	201703	3	Alt. L	ic#	
Allerg	jies	(0)						Sig Eme	rgency E	pinephri	ne				Init	СС		Auth Qty	1	1
								EMERG	EMERGENCY EPINEPHRINE					Disp Qty	1	Refills(+	Rem Qty	1	1	
															Davs	1		G.P. %	1	7.63
-															Prod Sel	3 - Ph	armacis 👻	Acq Cost	\$9	2.07
Condi	itio	ns (0)														Written		Cost	\$9	92.07
								Route of	Admin	In	tramuscul	ar		•	O/W Written			Markup	S	9.21
								noute of	Addition						<u>L</u> abels	1	F2	Fee	\$1	10.49
								Dosage	Form	A	uto-Injecto	or (each)		•				Total	\$11	1.77
Plar	ns	Pricing	Dat	tes C	Comments	Indi	ations Im	ages Ot	her	U	Init Dose (	Ctrl-U): C	Disabled							
Rx PI	lan			Plan	Pays Ext	ra Info	(F2 Edits)				Warnings									
AHE			•	Not A	\djud						Vot en	ough in	ventory	for Rx						
Cash	sh 🔹 Not Adjud. Deduct: \$0.00									V Drug Cost (Purchase) hasn't been updated in 498 days										
										To Do: Emergency Epinephrine										
										Drug will be Ordered										
											Deliver	y Label	will be p	orinted						
Net	Die	- 0+		۰.	Aller Testa			Enable	Auto-Refi		_									
- outout					unton/															



### **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.

<u>F</u> ile <u>E</u> o	dit Recen <u>t</u>	<u>R</u> x <u>V</u> ie	w <u>L</u> abe	ls Pr <u>o</u> file	e Re <u>p</u> ort	s <u>U</u> tilities	<u>N</u> H Centr <u>a</u> l F	-ill <u>C</u> ards S	ess <u>i</u> on <u>H</u> e	lp	_	
F3 -	Patient	F5 ·	Drug	F7	- Doctor	F9 -	Workflow	F11 - Drop-	off	F12 - Fill Rx	Alt+X	- Start
	Ne	ew Rx	Pending	g Adj	R) 27	K Start Date	Latest Fill	Qty		Init 📃 🔽	ookup 🔰	Cancel
Priority	Default Wai	t Time	▼ Fi	Due	in 18 n	nins Fo	rward Rx	2 Work Orde	r 183	F2 Delivery Pi	ckup	•
<u>P</u> atient S	earch				<u>D</u> rug Se	arch	Pack	1 .	Doc Sear	ch Lo	oc Office	-
Name	Patient, Te	st		Age: 36	Brand	Epipen		1mg/mL	Name	Ms. Pharmacist, T	est	
Address	123 Any St			Male	Generic	Epinephrine		ALX (All	e Address	100 Pharmacy Wa	у	
City	Halifax		Prov	NS	Pack 1 Form PEN Sched 2				City	Halifax	Prov	NS
Phone	Home	(123)	456-7890		Purch \$92.51 OnHand 900				Phone	(222) 222-2222		
Plan	NSDIS	Client ID	1111111	1	DIN	00509558	Min Qty 0		Lic#	999999999 AI	t. Lic#	
Allergie	s (0)				Sig EME	ERGENCY EPI	VEPHRINE		Init	KRL	Auth Qty	1 1
					EMERG	ENCY EPINEP	HRINE		Disp <u>Q</u> ty	1 <u>R</u> efills(+)	Rem Qty	1 1
									Days	1	G.P. %	17.59
									Prod Sel	3 - Pharmacis' 👻	Acq Cost	\$92.51
Conditio	ons (0)							0/W	Written 👻	Cost	\$101.76	
					Route of	f Admin	Intramuscula	ar •	Labels	1 F2	Markup	\$0.00
									- (1)	Fee	\$10.49	
					Dosage	Form	Auto-Injecto	or (each)			Total	\$112.25

- 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'**.

Imn	nunizations				
N - 1	New Immunization	P - Print/Reprint D - Pharmacist Declined	F - Claim Fee R - Patient Refused	C - Cancel Claim	Show Reversals
Items	(6)				F2 Ins Del
#	Туре	Status	Product Status	Fee Status	Created 🔻 Completed 🔺
6-1	Emergency Epinephrir	ne Completed	Claimed	No Fee Applicable	29/08/2016 29/08/2016

**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.

Imm	unizations						
N - N	ew Immunization	P - Print/Reprint	F - Claim Fee	C - Cancel Claim	[	Show Reversals	
		D - Pharmacist Decli	ned R - Patient Ref	used			
Items (7	7)						F2 Ins Del
#	Туре	Status		Product Status	Fee Status	Created 🔻 🕻	Completed 🔺
148	Non-Influenza	Completed		Claimed	Claimed	24/07/2017 2	26/07/2017

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

or Immunizat	tion Report								
<u>F</u> ile									
<u>Options</u>									
Print st	Print store logo								
Print 1	🗧 Epinephrine Emergency Tre	eatment(s)							
Printer	Microsoft XPS Document Write 🔻	Copies 1 🚔							
Tray	Automatically Select 🗸	Collate Duplex							
Restore	e Defaults Prey	view X Close							

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.

Imm	nunizations								
N - N	New Immunization	P - Print/Reprint F - Cl	aim Fee C - Cancel	Claim	Show Re	versals			
		D - Pharmacist Declined R - Pa	tient Refused						
Items	ems (9)								
#	Туре	Status	Product Status		Fee Status	Created 🔻 Completed 🔺			
143	Non-Influenza	Completed			No Fee Applicable	21/07/2017 21/07/2017			
142	Non-Influenza	Pending	New Immunization	N	Not Completed Yet	21/07/2017			
135	Non-Influenza	Pending	Add Epinephrine shot		Not Completed Yet	20/07/2017			
85	Non-Influenza	Pending	Print/Reprint	P	Not Completed Yet	14/07/2017			
84	Non-Influenza	Pending	Call up	F	Not Completed Yet	14/07/2017			
83	Non-Influenza	Pending	Cancel Claim	с	Not Completed Yet	14/07/2017			
61	Non-Influenza	Patient Consent Scan Skippe	Pharmacist Declined	D	No Fee Applicable	05/07/2017			
60	Non-Influenza	Patient Consent Scan Skippe	Deticat Defined	5	No Fee Applicable	05/07/2017			
59	Non-Influenza	Pending	Patient Kerused	ĸ	Not Completed Yet	05/07/2017			
			View Details	F2					

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.

Non-In	fluenza												X Close
Created	25/07/2017	4:40:49	Status	Completed			Produc	t Status	Claimed		Pro	duct Rx	100172
Started	25/07/2017	4:40:47					Fe	e Status	Claimed			Fee Rx	100172
Completed	25/07/2017	4:57:48	by Te	st, User			Consent	given by	Patient, Sante				
Patient	Patient, Sante			Address	Address 42132 Testing								
Sirth	10/02/1956	61 years	6	Male	Plan		Client ID	[		Phone I	Home	(416)	754-4313
					5							-	
						-				View S	ignature		Print
1	X I	Emergenc	y Contact	Patient	Consent		Product		Administration				
	Disp	o Qty	1 ML amuscular			DIN	02237792	UPC	6971	17700070	5		
	Date of Ac	dmin 25,	07/2017 1	4:40	Site of A	Admin	Left Arm						
	Administere	d by Tes	t, User										
	Administration	Fee No	n-influenza	fee [00998	866]							T.	
	Comm	ents											

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.

Non-In	fluenza											X Close
Created	24/07/201	7 12:02:42	Status	Completed		Produc	t Status	Claimed		Prod	luct Rx	100179
Started	24/07/201	7 12:02:40				Fe	e Status	Claimed			Fee Rx	100179
Completed	24/07/201	7 12:21:24	by T	est, User		Consent g	given by	Patient, B				
Patient	Patient, B					Address	7413 Ju	ungle Forest Blvd				
lirth	02/02/197	7 40 years		Male	Plan	Client ID			Phone	Home	(416)	713-2133
	2v	Emergency	Contact	Patient	Consent	Product		Administration	1			
F		entergency										
F	n Filler	a new Pr										-
F Rx (	∽ Options Fill	a new Rx										¥
F Rx ( Pro	Options Fill duct Eng	a new Rx gerix B (Pack	Size 1 I	ML)								Ψ Ψ
F Rx ( Pro Pac	Options Fill duct Eng	a new Rx gerix B (Pack 1	Size 1 I	ML)								¥



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.

lon-In	fluenza								Close
eated	26/07/2017 10:27:20	Status Completed	Produ	Product Status C			Pro	duct Rx	1001736
arted	26/07/2017 10:27:18		F	Fee Status	Claimed			Fee Rx	1001737
ompleted	26/07/2017 10:30:46	by Test, User	Consent	t given by	Test, C (Paren	it)			
tient	Patient, C		Address	123 Tes	ting Ave				
th	02/02/1999 18 years	Female Plan A	HE Client ID	123123	133	Phone	Home	(905) 4	75-1231
<b>S</b>	🖥 Zoom 100 % 🤤 🔍		•						
	DRUGStore	Non-Influenz Kroll Pharmacy, 220 Dunc Phone: (416) 6	■ za Vaccine Con can Mills Road, Bur 666-7788 Fax: (416)	sent Fo lington O 5) 888-778	rm N MIM IMI 18			o.n. 10	17
PA	Diddostore	Non-Influenz Kroll Pharmacy, 220 Dunc Phone: (416) 6	Za Vaccine Con can Mills Road, Bur 666-7788 Fax: (416 Gender F	sent Fo lington O b) 888-778 DOB 02-Fel	rm N MIM IMI 18 5-1999	Ti	RACKIN	G#: 10	)7
PA PA Fin C Act	Zoom 100 % Q Q pharmacy DOCCSTORE ATTIENT INFORMATION rst Name Solverss 23 Testing Ave, RICHMO	Non-Influenz Kroll Pharmacy, 220 Dunc Phone: (416) 6 N Last Name Patient ND HILL ON L2K 3L2	Za Vaccine Con can Mills Road, Bur 666-7788 Fax: (416 Gender F Heath Car	DOB 02-Fel	гт N MIM IMI 8 5-1999	Ti leight tone Number (905)	RACKIN	G #: 10 31	)7
PA PA Fr C Ac 1 E C	Zoom 100 % Q Q pharmacy DidioStore ATIENT INFORMATION rst Name Const Variable Stores 223 Testing Ave, RICHMO mergency Contect Test	Non-Influenz Kroll Pharmacy, 220 Dunc Phone: (416) 6 N Last Name Patient ND HILL ON L2K 3L2 Relationship to Patient Parent	Za Vaccine Con can Mills Road, Bur 666-7788 Fax: (416 Gender F Heath Can Contect's P (34	sent Fo lington O ) 888-79 02-Fel 9# mone Aumit 1) 654-9	rm N MIM IMI 88 5-1999 P 543 C	Tf leight hone Number (905) ontect's Other	ACKIN	G #: 10 31 mber	)7
PA PA Fr C Act SC	Zoom 100 % Q Q Pharmacy DEVOSIONE ATTENT INFORMATION of Name 23 Testing Ave, RICHMO mergency Contact Test CREENING QUESTION	Non-Influenz Kroll Pharmacy, 220 Dunc Phone: (416) 6 N Last Name Patient ND HILL ON L2K 3L2 Relationship to Patient Parent NAIRE	Za Vaccine Con can Mills Road, Bur 666-7788 Fax: (416 Gender F Heath Cart Contact's P (34	sent Fo lington O 5) 888-775 DOB 02-Fel 5# mone Num <b>1) 654-</b> !	гт N MIM IMI 18 5-1999 И рог С 143	Tf leight hone Number (905) ontact's Other	ACKIN	G #: 10 31 mber	)7
PAA PAA Fro C C SCC Th Y	Zoom 100 % Q Q pharmacy DUCSTORE ATIENT INFORMATION St Name Const Name C	Non-Influenz Kroll Pharmacy, 220 Dunc Phone: (416) 6 N Last Name Patient ND HILL ON L2K 3L2 Relationship to Patient Parent INAIRE help us determine if there is any is not necessarily mean the shot of ase ask your pharmacist to expla	Za Vaccine Con can Mills Road, Bur 666-7788 Fax: (416 Gender F Heath Can Contect's P (34 reason you or your of cannot be given. It s tin it.	sent Fo lington O ) 888-779 DOB 02-Fel 2# hone Numl <b>11 654-</b> child shou limply mea	rm N MIM IMI IS b-1999 P ber C 543 Id not get the v ins additional of	Tf leight hone Number (905) ontect's Other accine today puestions mu	ACKING 475-12 Phone No Phone No st be ask	G #: 10 31 mber ed.	)7
	Zoom 100 % Q Q     Pharmacy     DOUCSING     TIENT INFORMATION     St Name     Software     Za Testing Ave, RICHMO     mergency Contact     Test     CREENING QUESTION     the following questions will     res" to any question, it doe     a question is not clear, ple     Brightness	Non-Influenz Kroll Pharmacy, 220 Dunc Phone: (416) 6 N Last Name Patient ND HILL ON L2K 3L2 Relationship to Patient Parent NNAIRE help us determine if there is any is is not necessarily mean the shot of ase ask your pharmacist to expla	za Vaccine Con can Mills Road, Bur 666-7788 Fax: (416 Gender F Heath Car Contect's P (34 reason you or your of cannot be given. It s thin it. Contrast	sent Foi lington O s) 888-778 DOB 02-Fel 54 mone Numl \$1) 654-9 child shou limply mea	rm N MIM IMI 8 b-1999 P ber C 543 C id not get the v ins additional of	Ti leight hone Number (905) ontect's Other accine today puestions mu	RACKING 475-12 Phone No , If you an ist be ask isturation	G #: 10 31 Iswer ed.	<b>77</b>

**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.

Imm	unizations					
N - N	ew Immunization	P - Print/Reprint D - Pharmacist Declined	F - Claim Fee R - Patient Refused	C - Cancel Claim		Show Reversals
Items (	1)					F2 Ins Del
#	Туре	Status	Produc	tt Status	Fee Status	Created 🔻 Completed 🔺
137	Non-Influenza	Completed	Claime	ed	Claimed	01/06/2017 20/07/2017

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)

Confirm Rx			E
Are you	sure you want to	Cancel this Rx?	
✓ <u>Y</u> es	<u>\</u> 0	Cancel and <u>R</u> efill	

- 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.

File Edit Rx View Labels Profile Reports Utilities NH Central Fill Cards Session Help Version10							
F3 - Patient F5 - Drug F7 - Doc	or F9 - Workflow F10 - Pickup F11 - Dr	op-off F12 - Save Changes Alt+X - Start					
Rx Start Date         Previous Fill         This Rx         Latest Fill         X Cancel           1001777         Modify Rx         01/06/2017         75         01/06/2017         75         20/07/2017         26         V Lookup         X Cancel							
virority Default Wait Time    F2 Due 26 days ago Forward Rx F2 Work Order 1537 F2 Delivery Pickup    Tra							
Patient Search	Drug Search 1 F2 Pack	Doc Search Loc Hospital 🗸 🕞 Inac					
Name Patient6, Kroll Age: 12	Brand Twinrix Junior	Name Dr. Test, docdoc					
Address 111 Canada Place Female	Generic Combined Hepatitis A & Hepatitis B GSK (Glas	Address 55 Spring Ave					
City RICHMOND HILL Prov ON	Pack 1 Form ML Sched 1	City NEWMARKET Prov ON					
Phone Home (416) 664-5132	Purch \$24.95 OnHand -4	Phone (416) 784-5132					
Plan ODB Client ID 7845456656	DIN 02237548 Min Qty 0	LIC# 45642 Alt. LIC# View					
		() Clin					
Allergies (0)	Sig Non-Influenza	Init CC CC Auth Qty 3 3 🔂 Refi					
	NO Confirm Rx	🔄 efills(+) Rem Qty 🛛 1 1 😓 Pati					
	Are you sure you want to Cancel this	G.P. % 34.24 🕞 Gen					
	Are you sure you want to cancer this	acis Acq Cost \$24.95					
Conditions (0)		Cost \$27.45					
	Rout Ves No Cancel and	d Pafill Markup \$0.00					
		Fee \$10.49					
	Dosa	Total \$37.94 Rx Cou					
Plans Pricing Dates Comments Indications In	ages Other Unit Dose (Ctrl-U): Disabled	Workf					
Rx Plans Plan Pays Extra Info (F2 Edits)	Warnings	V Sen					

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**.

Immu	unizations					
N - Ne	w Immunization	P - Print/Reprint	F - Call up	C - Cancel Claim	Show Revers	sals
		D - Pharmacist Declined	R - Patient Re	fused		ſ
Items (4	4)					F2 Ins Del
#	Туре	Status		Product Status	Fee Status	Created 🔻 Completed
66	Non-Influenza	Pending		Not Completed Yet	Not Completed Yet	25/07/2017

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

	x
Patient not eligible for immunization	*
	Ŧ
Pharmacist Declined K Cancel	

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

Imm	unizations								
N - Ne	ew Immunization	P - Print/Reprint	F - Claim Fee	C - Cancel Claim	Show	Reversals	5		
		D - Pharmacist Declined	R - Patient Refused						1
Items (4	4)							F2 Ins	Del
#	Туре	Status	Produ	uct Status	Fee Status		Created 🔻	Completed	
66	Non-Influenza	Declined by Pharma	icist No P	roduct Applicable	No Fee Applicable		25/07/2017	25/07/2017	
<b>CF</b>	N. T. (I	D II	N	5 I. I.Y. I	N. C. L. IV.		25 (07 (2017		



nmunization	from the			- 61-				
File Edit Utilities IVI	F5 - Drug	E7 - Doctor	F9 - Wo	rkflow F10	- Pickup	F11 - Drop-off	F12 - New Ry	Alt+X - Start
New Teches	10 bittig							ARTA Start
Non-Influenza					Consent g	liven by F2 Patie	nt, Sante	
Patient Patient, Sante				Addres	is 42132 To	esting		
Birth 10/02/1956 6	ol years	Ma	ale Plan	Client	ions		Phone Home	(416) /54-4313
Allergies					10115			
Pv	]							
~~								
	Fill a name Du							
Rx Optic	ons <mark>mir a new Rx</mark>							
Product	< None >						▼ F5	
PackSize								
UPC								
Save for Later				Refuse Immuniza	tion			© Next
Save for Later		and ontor		<u>R</u> efuse Immuniza	tion		od Click <b>OK</b>	Next
¥ Save for Later lect a refusa	l reason a	and enter	any con	Befuse Immuniza	tion the sp	bace provid	ed. Click <b>OK</b>	Next
¥ Save for Later lect a refusa f Enter a Comment	l reason a	and enter	any con	Refuse Immunizan nments in	tion I the sp	bace provid	ed. Click <b>OK</b> .	Next
¥ Save for Later lect a refusa ✓ Enter a Comment	l reason a	and enter	any con	Refuse Immuniza	tion the sp	bace provid	ed. Click <b>OK</b> .	Next
Save for Later	l reason a	and enter	any con	Refuse Immuniza	tion the sp	bace provid	ed. Click <b>OK</b> .	Next
Save for Later	l reason a	and enter	any con	Befuse Immuniza	tion the sp	bace provid	ed. Click <b>OK</b> .	Next
Save for Later	l reason a	and enter	any con	Befuse Immuniza	tion the sp	bace provid	ed. Click <b>OK</b> .	<u>N</u> ext
¥ Save for Later lect a refusa ✓ Enter a Comment Reason: Declined Refused to Patient Int	l reason a by Pharmacist by Patient eligible	and enter	any con	Refuse Immuniza	tion the sp	bace provid	ed. Click <b>OK</b> .	<u>N</u> ext
Save for Later	l reason a by Pharmacist by Patient eligible	and enter	any con	Refuse Immuniza	tion the sp	bace provid	ed. Click <b>OK</b> .	<u>N</u> ext
Save for Later lect a refusa Enter a Comment Reason: Declined Refused to Patient Interest	l reason a by Pharmacist by Patient eligible	and enter	any con	Refuse Immuniza	tion the sp	bace provid	ed. Click <b>OK</b> .	ext
Save for Later	l reason a by Pharmacist by Patient eligible	and enter	any con	Refuse Immuniza	tion the sp	bace provid	ed. Click <b>OK</b> .	© Next
Save for Later	l reason a by Pharmacist by Patient eligible	and enter	any con	Refuse Immuniza	tion the sp	pace provid	ed. Click <b>OK</b> .	© Next
Save for Later elect a refusa fenter a Comment Reason: Declined Refused t Patient Inv	l reason a	and enter	any con	Befuse Immuniza	tion the sp	bace provid	ed. Click <b>OK</b> .	€ Next
Save for Later elect a refusa Enter a Comment Reason: Declined Refused t Patient Int	l reason a	and enter	any con	Befuse Immuniza	tion the sp	bace provid	ed. Click <b>OK</b> .	€ Next
Save for Later	l reason a	and enter	any con	Refuse Immuniza	tion the sp	bace provid	ed. Click <b>OK</b> .	S Next
Save for Later ect a refusa Enter a Comment Reason: Declined Refused t Patient In	l reason a by Pharmacist by Patient eligible	and enter	any con	Refuse Immuniza	tion the sp	bace provid	ed. Click <b>OK</b> .	€ Next
Save for Later	l reason a	and enter	any con	Refuse Immuniza	tion the sp	pace provid	ed. Click <b>OK</b> .	€ Next
Save for Later	l reason a	and enter	any con	Befuse Immuniza	tion the sp	bace provid	ed. Click <b>OK</b> .	€ Next



## 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.

Immunizations									
N - N	ew Immunization	P - Prin	nt/Reprint	F - Call up	C - Cancel Claim	Show Rev	versals		
		D - Pha	rmacist Declined	R - Patient Re	fused				1
Items (	7)							F2 In	is Del
#	Туре		Status		Product Status	Fee Status	Created 🔻	Completed	
65-2	Emergency Epinephr	ine	Ready for Administ	tration	Not Completed Yet	No Fee Applicable	25/07/2017		
65-1	Emergency Epinephr	ine	Ready for Administ	tration	Not Completed Yet	No Fee Applicable	25/07/2017		
67	Non-Influenza		Pending		Not Completed Yet	Not Completed Yet	25/07/2017		
	N 1.0				N. D. J. J.A. J. J.J.	N. F. A. F. LL	05 (07 (2017	05 (07 (001 7	1

- 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**.

🐨 Enter a Comment	
Refused by: <u> </u>	t 💿 Someone <u>e</u> lse
<u>S</u> elect agent	<free-form agent="" name=""> 👻 🔎</free-form>
<u>L</u> ast name	
Eirst name	
Relationship to patient	· · ·
Patient posponing imm	nunization 1 week
Patient F	Ketused 👗 Cancel



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

🐨 Enter a Comment	
Refused by: <u>P</u> atient	Someone <u>e</u> lse
Last name	
<u>F</u> irst name	
<u>R</u> elationship to patient	•
	*
	•
Patient Refus	ed X Cancel

- 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**.

🥣 Enter a Comment	
Refused by: © <u>P</u> atien	t 💿 Someone <u>e</u> lse
<u>S</u> elect agent	Géroux,Amélie 🗸 🔎
<u>L</u> ast name	Géroux
<u>F</u> irst name	Amélie
Relationship to patient	Wife 👻
Patient postponing im	munization 1 week

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

Imm	unizations								
N - N	lew Immunization	P - Prin	nt/Reprint	F - Claim Fee	e C - Cancel Claim	Show Rever	sals		
Items (	(7)	P - Pilo	imacist Decimeu	N - Patient N	eruseu			F2 In:	s Del
#	Туре		Status		Product Status	Fee Status	Created 🔻	Completed	
65-2	Emergency Epinephi	ine	Ready for Administr	ation	Not Completed Yet	No Fee Applicable	25/07/2017		
65-1	Emergency Epinephi	ine 🖕	Ready for Administr	ation	Not Completed Yet	No Fee Applicable	25/07/2017		
67	Non-Influenza		Refused by Patient		No Product Applicable	No Fee Applicable	25/07/2017	25/07/2017	



# **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

- 1. 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.

🤝 Drug Usag	e Report				
<u>F</u> ile					
Selection	Selection 2	Dr <u>ug</u>	Doctor	<u>O</u> ptions	
Drug Grou	ps				Exclude
(All)					F2
Drug Sche	dule				Exclude
(All)					F2
Drug Pricir	ng Groups				Exclude
(AII)					F2
Drug Tiers	3				Exclude
	10 · · · ·				
Drug Bran	a/Generic Types				Exclude
	artmonto				- Evoludo
	aruments				F2
Drug					
	Add	Remo	ove	Cle	ar
Printer	Microsoft XPS D	ocument	Writer	<ul> <li>Copies</li> </ul>	1 🛓
Tray	Automatically Sel	lect		<ul> <li>Collat</li> </ul>	e 🔲 Duplex
Restore D	efaults	nt P	re <u>v</u> iew	Save <u>C</u> SV	X Close

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.

🤝 Drug Usage Report	Laborate 1	
File Version 10		
Selection Selectio	n 2 🚺 Drug Doctor	Options
Drug Groups		Exclude
(All)		F2
Drug Schedule		Exclude
(All)		F2
Drug Pricing Groups		Exclude
(All)		F2
Drug Tiers		Exclude
Drug Brand/Generic Ty	/pes	
Drug Donartmonto		
(All)		F2
Drug		
Avaxim 160/0.5ml		
Add	Remove	Clear
Printer Microsoft X	PS Document Writer 🔹	Copies 1 🌩
Tray Automatical	ly Select 👻	🗹 Collate 🔲 Duplex
Restore Defaults	Print Pre <u>v</u> iew	Save <u>C</u> SV X Close

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

			Kroll Pharmacy, 2 Phone	Drug U 20 Duncan N e: (416) 666-7	J <b>sage Rep</b> Aills Road, B 1788 Fax: (+	ort urlington ON M 416) 888-7788	M1M 1M1				
ReporParameters FillDate-22:07/2017(c) Drugs-Avaxim 1600.5n Select 10p 10Drugs by Print nof dispensedRas Show UPC, # Packs and Include FeeTor ServiceR	25/07/2017 nl vumber of Rxs Acquisition Cost Cxs										
Drug Usage Report Drug Avaximl 60/0.5mML	Mfr APS	User Field	DIN 02237792	Pack Size 1	default Vendor McKesson	<u>Item#</u> 439851	On Hand -1	Qty 1	#Packs 1	Printedon:25/07/ UPC 697177000706	20173:19:42PM TotAAC 44.58



### **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.

of Pharmacy	Business Analysis I	Report		
File Versior	10			
Selection	Options			
				٦
Date Ra	nge	Starting	Ending	
Today	•	27/07/2017	27/07/2017	
📗 – Include	Dra/Mix			
© All		© Onl∨ Druas	○ Onl∨ Mixtures	
	r			
Printer	Microsoft XPS D	ocument Write 👻	Copies 1 🌲	-
Tray	Automatically Se	elect 👻	🗹 Collate 📃 Duple	x
Restore	e Defaults 🛛 💽 🗸	Print Pre <u>v</u> i	ew 🗙 Close	



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.

🐨 Pharmacy I	Business Analysis Report
File Version	10
Selection	Options
🛛 📝 Print sto	re logo Shading
□ Include □ Include ▼ Include	unfills not dispensed inactive Pxs
✓ Show A ✓ Show C ✓ Show # ✓ Show # ✓ Breakdo	AC ost of NH Beds serviced own fills and cancels e Fees
🔽 Print Pla	an Breakdown
Printer	Microsoft XPS Document Write 👻 Copies 1
Tray	Automatically Select   Collate  Duplex
Restore	Defaults <u>Print</u> Pre <u>v</u> iew Close

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



5. Click **Preview**.

	Phone: (416) 666-778	8 Fax: (416) 888-7788	IMI
rameters inge - 27/07/2017 to 27/07/2017 g Only Drugs and Inactive Rxs			
		Fill	Cancel
	AAC	\$482.69	\$199.67
	Cost	\$546.91	\$241.60
Droscription	Markup	\$17.69	\$0.00
Cost	Dispensing Fee	\$59.95	\$20.98
Breakdown	Fee For Service Fee	\$45.00	\$15.00
		\$669.55	\$277.58
	Total	\$391.9	7
	Brand	\$613.93	\$262.58
	Generic	\$10.62	\$0.00
Drug Sales Breakdown	Not Specified	\$45.00	\$15.00
DIedkuown		\$669.55	\$277.58
	Total	\$391.9	17
	New	9	3
Prescription	Repeat	0	0
Count Breakdown		9	3
	Total	б	
		0	0
Rx Adaptations	Total	0	
Nc	n-Influenza Immunization Fee	3	1
Rx Fee For Service	Total	2	
		0	0
<b>Rx With No Fees</b>	Total	0	-
		In	Out
Rxs Transferred		0	0
	Brand		-\$58,221.92
	Generic		-\$7,430.97
CurrentInventory			
Currentinventory	Not Specified		-\$719.09

#### The 'Pharmacy Business Analysis Report' appears.