

Intake**Forms**

select a form

Informant/Relationship**Chief Complaint****Vitals**

Temperature

 °F

Unspecified Method

+

More

Comments**Allergies (Chart-wide)**

Display: All Statuses

Edit

Status	Allergy	Reaction	Onset	Resolved

PCC eRx Allergies (Chart-wide) Last Modified N/A

Display: All Statuses

Status	Allergen	Reaction	Severity	Sensitivity Type	Onset	Resolved

Mark as Reviewed

fineprintLbI

EPPA ROS - IIV4 FLU

Make All: Yes No NA

Yes No NA

☐ ☐ ☐ Has your child ever had Guillain-Barre syndrome?

notes

☐ ☐ ☐ Is your child sick today?

notes

☐ ☐ ☐ Has your child ever had a serious reaction to influenza vaccine in the past?

notes

☐ ☐ ☐ Does your child have an allergy to the component of the vaccine? (such as: anaphylaxis to eggs)

notes

☐ ☐ ☐ add item

EPPA ROS - LAIV-4Make All:

Yes No N/A

- ☐ ☐ ☐ Is your child less than 2 years of age?

- ☐ ☐ ☐ Is your child sick today?

- ☐ ☐ ☐ Has your child ever had a serious reaction to influenza vaccine in the past?

- ☐ ☐ ☐ Does your child have an allergy to a component of the vaccine? (such as anaphylaxis to eggs)

- ☐ ☐ ☐ Has your child ever had Guillain-Barre syndrome?

- ☐ ☐ ☐ Does your child have a stuffy nose?

- ☐ ☐ ☐ Has your child received any other vaccines in the past 4 weeks?

- ☐ ☐ ☐ Has your child taken influenza antiviral medication in the past 48 hours?

Yes No N/A

- ☐ ☐ ☐ Does your child have any chronic heart, lung, kidney, liver or nervous system problems?

- ☐ ☐ ☐ Has your child had asthma, breathing problems or wheezing in the past year?

- ☐ ☐ ☐ Is your child receiving aspirin or aspirin containing products?

- ☐ ☐ ☐ Does your child have cancer, leukemia, HIV/AIDS or any other immune system problem or in the past 3 months have they taken medications the effects the immune system?

- ☐ ☐ ☐ Does your child live with or expect to have close contact within the next 7 days with a person who requires protected isolation? (example: requiring a bone marrow transplant)

☐ ☐ ☐ (for girls >12 years of age) Could your child be pregnant?

notes

☐ ☐ ☐ add item

notes

Immunizations

Vaccines

Print

There are no immunizations recorded for this patient

Ordered

Diseases

There are no vaccine-preventable diseases for this patient

Forecasting Results Updated: NA

☒ Show Informational Warnings(0)

Refresh

Immunization forecasting results and warnings provided by IMMUCAST™

▼ Vaccines For Children

Insurance and Race as of 10/21/20

Eligibility Status: select an eligibility status

Immunization Orders

Select Vaccine Lots

Order

Refuse

FLU-IIV4pf 0.5ml

Order

Refuse

FLU-LAIV4

Order

Refuse

select an immunization

Immunization Consent

Select All

☐ CDC VIS provided and consent obtained.

notes

☐ Counseled on risks, benefits, and contraindications for all vaccine components. CDC VIS reviewed. All questions answered.

notes

☐ add item

notes

Diagnoses

☐ Immunization due

☒ Include on Patient Reports

notes

☐ Add to Problem ListOnset: Problem Note: ☐ **Plan****Plan****Select All**☐ Adolescent will be driving self home and has been observed for 15 minutes without adverse side effects☐ **Visit Documents****Followup****Order**

Co-Signature Required

Order**Navigational Anchors in Flu EPPA**

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