Informant/R	elationship		
			*
Next Visit (C	hart-wide) No Sa	ed Notes	Edit
Vitals			
Weight	lbs	oz	+
Temperature		°F	+
	Tympanic		
O More			
HPI			
пгі			
Make All: Y Yes No N/A		accinated moderately to severely ill (with or	without fever) today?
	notes		•
000	Does the person be	g vaccinated have an allergy to any compor	nent of the vaccine?
	notes	RY Longing (FI 1.0	•
000	Has the person beir	vaccinated ever had a reaction after receiv	ing any vaccine?
	notes		*
000	Has the person beir	vaccinated ever had a neurological problen	n called Guillain-Barre syndrome?
	notes		•
000	add item		•
	notes		•

COVID-19 (Moderna) Vaccine Screening Questions

Make All:	Yes	No	N/A

Yes No N/A

 \odot \odot \odot Is the person being vaccinated moderately to severely ill (with or without fever) today?

notes

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PUDDLE Beyfortus,	COVID, and	/or Flu	Vaccine
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0	0	Has the person being vaccinated received a COVID-19 vaccine before?	
		notes	
С	0	Has the person being vaccinated tested positive for COVID-19 in the past 10 days?	
		notes	
O	0	Has the person being vaccinated ever had multisystem inflammatory syndrome (MIS-C or	MIS-A)?
		notes	
	1.20		in •2
0	0 ()	Does the person being vaccinated have an allergy to any component of the COVID-19 vacc	ine?
C) ()	Does the person being vaccinated have an allergy to any component of the COVID-19 vaccinotes	ine?
0			
0		notes Has the person being vaccinated ever had a reaction after receiving any vaccine, including	
0		notes Has the person being vaccinated ever had a reaction after receiving any vaccine, including pericarditis within 3 weeks after a dose of COVID-19 vaccine?	- myocarditis c

Make All:	Yes	No	N/A

Yes No N/A

0	0	0	Is the patient younger than 8 months old?	
			notes	*
0	0	0	Did the patient's biological mother receive the RSV vaccine during pregnancy at least 14 days giving birth?	prior to
			notes	•
0	0	0	Is the patient moderately to severely ill (with or without fever) today?	
			notes	•
0	0	0	Has the patient had a history of serious allergic reactions to nirsevimab or any of its compone	ents?
			notes	
0	0	0	Has the patient been diagnosed with hemophilia or any other bleeding disorder?	
			notes	•
0	0	0	add item	-
			notes	•

Immunizations

Vaccines

Print



Immunization Consent

Select All

I personally provided parent education about immunizations and the appropriate CDC VIS was provided for each vaccine. Parent was counseled about the risks and benefits of each antigen administered. Verbal consent was obtained for each of the vaccines given.

notes

Vaccine refusal	form signed
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ing 1		l
	add item	٠
	notes	*

Diagnoses

	Vaccination				
	Refine the diagnosis of Vaccinati	on			*
					 Include on Patient Reports
	notes				•
	Add to Problem List	set:	mm/dd/yy	Problem Note:	problem note

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PUDDLE Beyfortus, COVID, and/or Flu Vaccine

select diagnosis	*
notes	-

Plan Notes (for caregivers)

Plan Notes (NOT published to portal)

Followup

Order select a followup

Visit Documents

Forms

select a form

Navigational Anchors in PUDDLE Beyfortus, COVID, and/or Flu Vaccine

- 1. HPI
- 2. Flu Vaccine Screening Questions
- 3. COVID-19 (Moderna) Vaccine Screening Questions
- 4. Beyfortus (Nirsevimab) Screening Questions
- 5. Immunizations
- 6. Immunization Consent
- 7. Diagnoses
- 8. Prescriptions
- 9. Visit Documents

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