

APPENDIX B: JYNNEOS VACCINATION DOCUMENTATION

1. Enter Patient's chart #:
2. Make sure that there is an Jynneos Vaccine Order in EHR: check under ORDERS Tab

Demo Patient Alpha
999920 10-Feb-1993 (29) U

PHARMACY VACCINE CLINIC
DAS NIVEDITA 28-Sep-2022 10:12 Ambulatory No Preference MD

Postings: **CWAD** * Problem List Adv React Medications Needs Rvw Needs Rvw Needs Rvw

NOTIFICATIONS REVIEW TRIAGE IMM/PPD WELLNESS SERVICES PHARMACY MEGATAB ORDERS MEDS LABS X-Ray REPORTS CONSULTS RCIS PRENATAL WELL CHILD DISCHARGE SUMMARIES MORE

File View Action Options

View Orders Active Orders (includes Pending & Recent Activity) - ALL SERVICES

Service	Order
A/D/T	>> Discharge Patient Discharge REGULAR DISCHARGE
A/D/T	>> Discharge Patient Discharge REGULAR DISCHARGE
A/D/T	>>
A/D/T	>> Admit Patient Admit to OCU, L&D Specialty: OBSTETRICS Admitting: NEAL STEPHEN J Attending: NEAL STEPHEN J Diagnosis: 3RD TEST, DIFFERENT TEAM Condition: Stable
A/D/T	>> Admit Patient Admit to OCU, L&D Specialty: OBSTETRICS Admitting: NEAL STEPHEN J Attending: NEAL STEPHEN J Diagnosis: 2nd test for notification Condition: stable
A/D/T	>> Discharge Patient Discharge REGULAR DISCHARGE Instructions: discharge home, t/u 4wks

- a. If there are no orders entered and referral is from clinic, please contact Dr. John Tisdale or Jacqueline Selig
- b. If there are no orders entered and referral is from Public Health, please contact Dr. Va or Dr. Frawley

Demo Patient Alpha
999920 10-Feb-1993 (29) U

Visit not selected
DAS NIVEDITA

Postings: **CWAD** * Problem List Adv React Medications

NOTIFICATIONS REVIEW TRIAGE IMM/PPD WELLNESS SERVICES PHARMACY MEGATAB ORDERS MEDS LABS X-Ray REPORTS CONSULTS RCIS

File View Action Options

Notes: Last 100 signed notes

Visit: 09/27/22 EMERGENCY_MEDICATION_ADMINISTRATION, PINON NURSING VISIT, Saraphine B Josley, HT (Sep 27,22@15:19)

LOCAL TITLE: EMERGENCY_MEDICATION_ADMINISTRATION
DATE OF NOTE: SEP 27, 2022@15:19 ENTRY DATE: SEP 27, 2022@15:19:48
AUTHOR: JOSLEY, SARAPHINE B EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Intimate Partner Assault Documentation

DEMO, PATIENT ALPHA

Date of birth: FEB 10, 1993

Chart #: 99-99-20

IMPORTANT NOTES - PLEASE READ:

1. Please add Adult Maltreatment (ICD 996.8) to today's POV.
2. Select "Present" for Intimate Partner Violence under the "Exam" section in "Wellness" tab.
3. Use IPV packet found in each exam room to complete documentation (includes

3. Vaccination Note in patient's chart
 - a. Go to Template: select Immunization

4 Templates

- BHLC CARDIAC OL
- Care plan-Knowledge
- COVID MEDICATION
- DATA OBJECT
- EMERGENCY
- Family Coping Disat
- INPATIENT
- LAB
- MISCELLANEOUS
- NURSING
- OUTPATIENT
- PHARMACY
- Diabetes
- Inpatient Pharm
- Pharmacy
- Pharmacy Immu
- Immunization
- Tdap letter
- Shingrix for
- Pneumonia
- Vaccination
- Shingrix Let
- Shingrix lett
- Live Vaccin

Chart #: 99-99-20

IMPORTANT NOTES - PLEASE READ:

1. Please add Adult Maltreatment (ICD 996.8) to today's POV.
2. Select "Present" for Intimate Partner Violence under the "Exam" section in "Wellness" tab.
3. Use IPV packet found in each exam room to complete documentation (includes

DATE AND TIME OF REPORT : 27-Sep-

DATE AND TIME OF ASSAULT : 27-Sep-

Location of the incident: -----

ALLEGED ASSAILANTS NAME: -----

RELATIONSHIP TO THE PATINET: -----

Current Status of Relationship (t -----

Injuries: -----

see EHR 9/27/2022

see/ Saraphine B Josley, HT

- b. Put yourself in the visit: select NEW Visit

- c. Select Pharmacy Vaccine Clinic and put yourself in the visit

Encounter Settings for Current Activities

PHARMACY VACCINE CLINIC 28-Sep-2022 10:12 - DAS,NIVEDITA

Encounter Location

Appointments / Visits Hospital Admissions **New Visit**

Visit Location

PHARMACY VACCINE CLINIC

PHARMACY
PHARMACY MED PICK-UP ONLY
PHARMACY TELEPHONE PHARMACIST
PHARMACY VACCINE CLINIC
PHE CHINLE JAIL
PHE CHINLE NURSING HOME
PHE CHINLE POLICE DEPT

Date of Visit

Wednesday, September 28, 2022

Time of Visit

10:12 AM

Type of Visit

Ambulatory

☒ Create a Visit Now

Encounter Providers

All Providers

DAS,NIVEDITA

DAS,NIVEDITA
DASZKO,JAROM A
DATO-ON,GERARD R
DAVANTES,LOUELLA B
DAVIS,AGGIE
DAVIS,BRENDA

Providers for this Encounter

DAS,NIVEDITA

OK Cancel

- d. Progress Note Title: select PHARMACY IMMUNIZATION

- e. Template: Double click on Immunization:

- i. Select Facility Site and select Consent Question:

Template: Immunization

NO Diagnoses Found

PATIENT ADVISEMENT

DEMO, PATIENT ALPHA has been advised of possible side effects (rash/hives, nausea, difficulty breathing, redness, pain, fever) and given the following instructions:

(a) After leaving the clinic area, if any side effects are experienced notify your provider.

(b) If any urgent or emergent problems are experienced after leaving the clinic area report to the nearest emergency room or call 911

Appropriate VIS given, discussed with parent/patient and questions answered

Consent obtained from *C Mother C Father C Legal guardian C Next of Kin C Patient C Other .

ID verified with name and DOB

Immunizations Due: Tdap (past due)
HEP A,NOS (due)
FLU,NOS (due)
COV,NOS (due)

All None * Indicates a Required Field Preview OK Cancel

- ii. Scroll Down and select Monkey Pox Vaccine Screening Questionnaire and answer the questions listed in the template:

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Template: Immunization

COV, JNS (due)

☐ TB Questionnaire
☐ Covid-19 Vaccine Questionnaire
☒ Monkey Pox Vaccine Screening Questionnaire

☐ 1) Are you sick today? (can vaccinate with mild illness, consider deferring for moderate to severe acute illness)
☐ yes ☐ no

2) Do you have any signs/symptoms of Monkeypox? ☐ yes ☐ no

This includes new or unexplained rash on/near genitals, anus, hands, chest, face, or mouth; fever; chills; swollen lymph nodes; exhaustion; muscle aches and backache; headache; respiratory symptoms such as sore throat, nasal congestion, or cough
☐ yes ☐ no (if yes, not eligible)

3) Do you have a history of any of the following?

Keloid scarring:

History of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of JYNNEOS:

iii. Sign off on the note:

1. If you are a Pharmacy Student: please add Nivedita Das as cosigner

4. Vaccine Super-Bills Process.

a. Services Tabs → Super-Bills → Immunization → Select 'Orthopox(Monkeypox)

Patient: **Arpana**
 99950 10-Feb-1993 (29) U

Postings: **CWAP** * Problem List: **Needs Row** Advs React: **Needs Row** Medications: **Needs Row**

NOTIFICATIONS REVIEW SUPERBILLS IMMUTED WELLNESS SERVICES **PHARMACY MEDS**

Evaluation and Management

Type of Service: **Consultation**
 Preventive Medicine
 Emergency Services
 Other ER Services
 Initial Hospital Care
 Subsequent Hospital Care
 Observation Inpatient Care
 Hospital Discharge
 Initial Inpatient Consult
 Newborn Care

Level of Service: **History and E**
☐ BRIEF Nurse Visit 5 min 99211
☐ PROBLEM F Straightforward 10 min 99212
☐ EXPANDED Low 15 min 99213
☐ DETAILED Moderate 25 min 99214
☐ COMPREH High 40 min 99215

Services

Super-Bills Display: ☒ Freq. Rank ☐ Code ☐ Description ☐ Cols 4

BIOLOGICS
 CAR SEAT-HP
 CLINIC ADMINISTERED MEDICATIONS
 Covid Medication
 Covid-19 Home Test Kit
 DIABETES MGT GROUP
 ECGM beta testing superbill-DO NOT USE
 FOOT HYGIENE
 FRACTURE CLINIC
 GYN SERVICES PICKLIST
 Health, Tonic
 Home test kit
 I.M./I.P. CLINIC
 IBH for ETOH and SBIRT
 IMMUNIZATION

☐ 0001: Flu-Quad 0.5 MI 6Mo +
☐ 0005: Dtap-Ipv-Hep B(Pediatric)
☐ 0009: Mmr
☐ 0013: Kinrix (Dtap-Ipv)
☐ 0017: Mmr-V
☐ 0021: Flu-Quad, Adjuvanted, Pf 0.5MI
☐ 0025: Hep B, Ped/Adol 3 Dose
☐ 0029: Pfizer Covid-19 5-11 Years 2nd Dose
☐ 0033: Hep B, Adult, Adjuv
☐ 0037: Menquadri
☒ 0041: Orthopox (Monkeypox)

☐ Show All **SMALLPOX AND MONKEYPOX VACCINE, ATTENUATED VACCINIA VIRUS, LIVE, NON**

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- b. Complete Information Box and select 'OK'.
 - i. Ensure Lot, Site, Volume are completed. Please note volume should remain 0.50ml for Subcutaneous injection but **adjust to 0.10ml for intradermal injection**. Vaccine Eligibility can select 'Unknown'.

The 'AddVaccination' form is displayed. It includes the following fields and options:

- Vaccine:** Smallpox Monkeypox Vaccine (National Stockpile)
- Administered By:** DAS,NIVEDITA
- Lot:** (Dropdown menu)
- Injection Site:** (Dropdown menu)
- Volume:** 0.50 ml
- Vac. Info. Sheet:** 08/23/2022
- Given:** 9/28/2022 1:16 PM
- Vac. Eligibility:** (Dropdown menu)
- Admin Notes:** (Text area)
- Buttons:** Ok, Cancel
- Radio Buttons:** Current (selected), Historical, Not Done
- Checkbox:** Patient / Family Counseled by Provider

- ii. Complete required fields in this Box. Length 15min and 'Goal Met' for status/outcome and select 'Add'. This box appears twice. Please enter the same information a second time and select 'Add' again.

The 'Add Patient Education Event' form is displayed. It includes the following fields and options:

- Education Topic:** IM-LITERATURE
- Type of Training:** Individual (selected), Group
- Comprehension Level:** GOOD
- Length:** (Text input) min
- Comment:** (Text area)
- Provider:** DAS,NIVEDITA
- Status / Outcome:** Goal Set, Goal Met (selected), Goal Not Met
- Buttons:** Add, Cancel
- Link:** Display Outcome & Standard

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- iii. Complete required fields in this Box. Length 15min and 'Goal Met' for status/outcome and select 'Add'. This box appears twice. Please enter the same information a second time and select 'Add' again.
 1. This should input all of your vaccination information into the Immunization tab correctly.

The screenshot shows a web-based form titled "Add Patient Education Event". The form has several sections: "Education Topic" with a dropdown menu showing "IM-INFORMATION"; "Type of Training" with radio buttons for "Individual" (selected) and "Group"; "Comprehension Level" with a dropdown menu showing "GOOD"; "Length" with a text input field containing "15" and a unit dropdown showing "min"; "Comment" with a large text area; "Provider" with a dropdown menu showing "DAS, NIVEDITA"; and "Status / Outcome" with radio buttons for "Goal Set", "Goal Met" (selected), and "Goal Not Met". On the right side of the form, there are three buttons: "Add", "Cancel", and "Display Outcome & Standard".

5. . Vaccine Consent Form
 - a. We will use our current Due Letter and write "Jynneos/Monkeypox Vaccine" on the due letter and then have the patient sign it.
 - b. In EHR → Imm/PPD tab → Due Letter Button → Print Due Letter
 - c. On Due Letter
 - i. Write 'Jynneos/Monkeypox Vaccine'
 - ii. Document the location of the injection
 - iii. Have patient sign the consent after providing them with the VIS and EUA Fact Sheet
 - iv. Nurse/Provider sign after administering the vaccine and send to medical records
6. Make 2nd dose appointment using Pharmacy Management Suite (Moonwalk)
 - a. Earliest appointment date for 2nd dose is 25 days out.
 - i. Try to make 2nd dose appointment as close to as 28 days as possible.
 - ii. Print out 2nd dose appointment due letter
7. Special Patient Population (pregnancy and lactation)
 - a. JYNNEOS can be offered to people who are pregnant or breastfeeding who are otherwise eligible. The risks and benefits of JYNNEOS should be discussed with the patient using shared decision-making.