

Community Health Services

Office Procedures

VI.

Completion of Consent for Immunization Form

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Purpose:

To assure accuracy and consistency of completion of the Consent for Immunization Forms among PHN staff. Note: this is a legal document and all documentation rules must be adhered to. Do not use white out/correction tape; use only ink pens, if a mistake is made, line through the error and initial.

Procedure:

Page One:

Complete Identifying Information

1. Write/stamp date and clinic code for immunization clinic in the upper right corner of page 1. [See attached listing of clinic codes (may use ASIIS ID code for that clinic site when no longer using Main Frame)].
2. See VFC Patient Eligibility Screening definitions and categories, revised effective 10/01/12 by Arizona Department of Health Services (ADHS).
3. Instruct parent/guardian or person receiving vaccine (if 18 years or over) to complete the client filled portion of the form.
4. While parent/guardian/client completes encounter form, staff will check AHCCCS or private insurance eligibility for anyone 18 years of age or younger. If child has an appointment, eligibility should be checked **prior** to the appointment time. (See insurance verification procedure). Staff will initial encounter form on the eligibility checked line in the "For Staff Use Only" section.
5. Clerical staff will make copies of **both** sides of the insurance or AHCCCS card and attach to the encounter form **or** print out AHCCS or private insurance eligibility page from data base which clearly shows the insurance ID number, and attach to encounter form. We do not need a copy of the insurance card if the eligibility print out is available.

6. If the person receiving immunizations is under 18 years of age, be sure mother's name and birth date are on form.
 - This information makes it possible to update child's immunization history and track the child's age compliant immunization status.
 - It is helpful to obtain this information for adults as well.
7. Screening nurse will review information in the client filled portion of the form for completeness and legibility.
 - Verify date of birth/age of child is accurate.
 - Check that insurance information is complete. If the client has private insurance or AHCCCS, write in the name of the insurance company or AHCCCS plan, if known.
 - Make sure all other requested information is complete.

Signatures

1. Screening nurse will verify that parent/guardian signed consent for a child less than 18 years of age or if the client is 18 years of age or older, that they have signed and dated the consent for immunizations form.
2. If a child less than 18 years of age comes to clinic without a parent or guardian, one of the following actions should be taken:
 - Encourage child to return to clinic with a parent or guardian (preferable).
 - Phone consent may be obtained from parent or guardian. The pre-conferencing nurse and one other PCHD staff member should be on the phone to verify/witness parent/guardian giving consent for vaccination. The vaccines to be given should be specified during this conversation. Both PCHD staff members should sign the Consent for Immunization form stating phone permission for vaccines was obtained from (name of) parent/guardian.
 - A written note from the parent/guardian granting PCHD permission to vaccinate the child may be accepted and attached to the consent form.
 - If the child under 18 has no parent/guardian, contact the PCHD medical director or delegate for guidance.

Immunization History

1. Assess client's immunization record for history of previous immunizations – be sure to check spacing between vaccine doses.
2. If no immunization record is available, the screener or other designated staff member **must** check the Main Frame computer and/or ASIIS for previous immunizations. Clients with appointments should have their immunization history checked in ASIIS and the Main Frame **prior** to the appointment time. Many adults have immunization history in the Main

Frame, but not in ASIIS. The staff member will initial the ASIIS Checked line in the "For Staff Use Only" section.

3. If no immunization record available, the screener may determine vaccines needed based on age of child, parent's report/request and/or school request. The screener will initial the No Immunization Record line in the "For Staff Use Only" section.
4. Records should be transcribed from a foreign record, school or childcare record or other reliable but "unofficial source" and/or if the immunization record is falling apart.
 - In the margin of the new immunization book, note that record transcribed from _____, date and nurse's signature/title/PCHD.
 - Be sure to indicate named vaccine, if known (Pediarix, Menactra, Menveo, etc.).
 - Staple old record to new Immunization book.
5. Clerical staff should make a copy of the immunization record for everyone 18 years and younger, and attach to the Consent for Immunization form.

Screening:

1. Document the screening of children/adults for contraindications by signing and dating "Screener's Signature" and title in the "For Staff Use Only" section.
2. Indicate an adult client or privately insured child by writing "Adult" or "Child" in red ink on top of both pages. Use green ink if the adult is receiving Americare's Tdap, outreach flu vaccine or any other "special program" vaccines.
3. Comments must be written to document all "yes" responses to screening questions and any contraindications for receiving the vaccine(s).
4. Document any consultation with PCHD Medical Director or delegate regarding vaccines to be administered.
5. Provide education on vaccines that are required and/or recommended:
6. Parents/clients should be given the Vaccine Information Statement (VIS) for each vaccine ordered. (See # 5 under ordering vaccines).
7. Other educational materials may be used to inform parent/guardian or client about vaccines, including brochures/materials/pictures from the manufacturer, CDC or other reliable sources. Discretion should be used when pictures are graphic in nature – such materials are not appropriate

for all clients.

8. Parents/clients may be referred to the CDC or other reliable websites for additional information on recommended vaccines.
9. All questions/concerns must be addressed prior to vaccines being administered. Adequate time must be allowed to address all concerns of parent/guardian or client.
10. If client will return to PCHD for the next vaccines, try to schedule an appointment for their return. Write return date for the next immunization at the bottom of page (Return date).
11. Write special instructions (if needed) at the bottom:
 - a. Document if vaccines offered and declined.
 - b. Document educational materials given (other than VIS).

Amount Paid

1. Record the amount paid by adult client (age 19 years and older) for the cost of the vaccine and the administration fee.
2. PCHD staff signs next to the amount paid line.
3. Receipt is given to the client.
4. See cash handling procedure(s).

Page Two:

Screening Nurse, continued:

1. Write first, last name and DOB on top of page; Adult, privately insured child in red ink; Medicare or other special program client in green ink.
2. Screening nurse to sign name/title at bottom of page. Initials/title is acceptable.

Ordering Immunizations

- 1 Follow Standing Orders:
 - Schedule for persons 0 through 6 years
 - Schedule for persons ages 7 through 18 years
 - Adult immunization Schedule
 - Catch-up Immunization Schedule for persons aged 4 months – 18 years.

- Standing Orders for individual vaccines

2. Immunizations to be given to the child/adult will be ordered by the person whose signature, title and date is in the "For Staff Use Only" section of page 1.
- 2 Only those vaccines that the parent/guardian or client have agreed to should be ordered.
- 3 Order immunizations by circling the type of vaccine to be given this visit, writing the dose number in the appropriate box and checking the box indicating if Vaccine For Children (VFC) or Privately Purchased Vaccine (PPV) should be used. If the vaccine requires only one dose, write in the number "1".
 - For combination vaccines: Circle vaccine type and write dose # for each vaccine in the same order as printed on the form. Example:

CPT code	Dose	Site	VFC	PPV
90698 Pentacel (DTaP, HiB, IPV)	2/2/2		x	

5. The Vaccine Information Sheet (VIS) is to be given to the person to receive the vaccine or person authorized to make the request. The parent/client is to be given the VIS to read prior to the time that the vaccine is given. An opportunity to ask questions must be provided.
6. Provide information after the immunization: Inform parents/client about possible side effects and actions to take — on the back side of page two, indicate vaccines given and briefly discuss possible side effects; point out on the VIS where this information is located.
7. After indicating which vaccines are to be given on page 2, have parent or client initial bottom left corner of page.
9. Fill in the client's immunization record with the date vaccine was given, type of vaccine if necessary (e.g. Menactra or Menveo) and provider (PCHD) and initial of the office—E, S, N, GV, C, Ajo, etc.

Document Immunizations Administered:

The person administering the vaccine will:

1. Review the vaccines ordered, immunization record/history and age/date of birth (if client is under 18 years of age) to be sure that the correct vaccines are ordered.
2. If the immunizing nurse has questions regarding the vaccines ordered or

finds an error in vaccines ordered, the encounter form should be taken back to the pre-conferencing nurse for clarification and/or correction.

3. Complete the following sections: Mfg-Lot # (may use labels from vaccine). See sample for Pentacel:

CPT Code	Dose	Site	VFC	PPV
90698 Pentacel (Dtap, HiB, IPV)	2/2/2	LLT	x	
Lot # SP 1233				

4. Sign form on the lower right corner—giver's signature, title and date.
5. If vaccine is not given for any reason, draw a line through that vaccine, write "not given" and initial.
 - Correct the immunization book/card to reflect that vaccine not given.

Give yellow copy of page one and two of the Consent for Immunization form and immunizations record (blue book, yellow card) to parent/client.

After clinic, the VIS sheet (printed page listing names/dates of VIS' being used for that clinic) should be bundled with the encounter forms for that day.