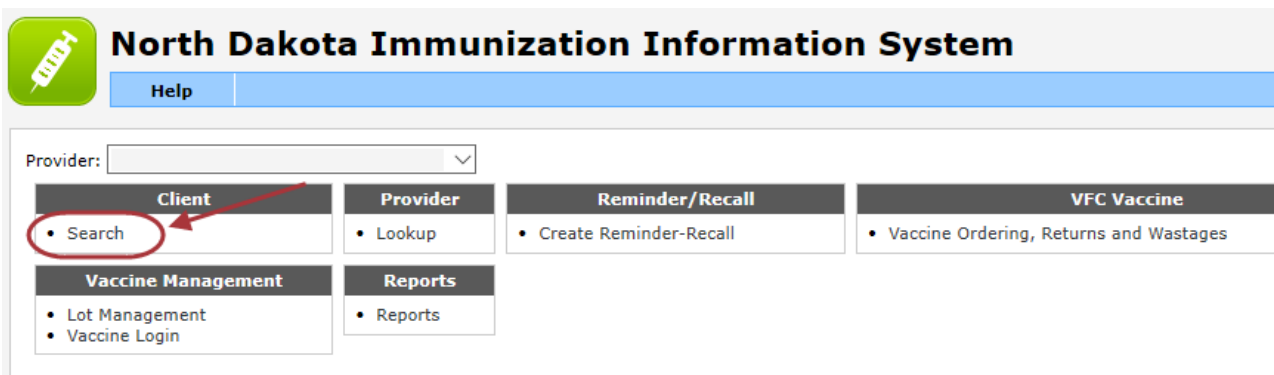


North Dakota Immunization Information System: Entering an Immunization

1.) To access the client lookup page, click the **Search** hyperlink in the Client box.



North Dakota Immunization Information System

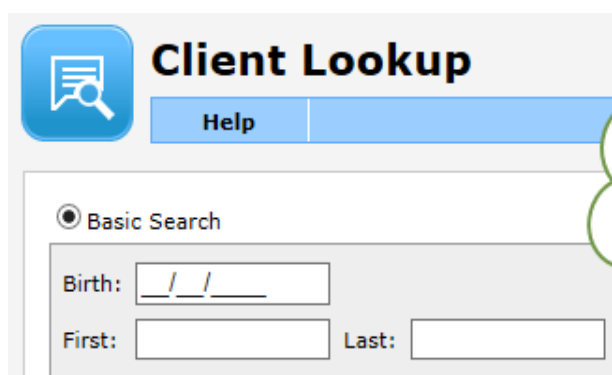
Help

Provider:

Client	Provider	Reminder/Recall	VFC Vaccine
<ul style="list-style-type: none">• Search	<ul style="list-style-type: none">• Lookup	<ul style="list-style-type: none">• Create Reminder-Recall	<ul style="list-style-type: none">• Vaccine Ordering, Returns and Wastages
Vaccine Management	Reports		
<ul style="list-style-type: none">• Lot Management• Vaccine Login	<ul style="list-style-type: none">• Reports		

2.) To search for a client's record:

- Enter search criteria in the basic or expanded search fields by clicking in the free-text box and typing in the correct information
 - Can also use keyboard and *tab* through each field
- Click **Search**
 - Can also hit *Enter* on the keyboard to start search



Client Lookup

Help

Basic Search

Birth:

First: Last:

The easiest way to search for a patient is by using their birthdate and the first letter of their first name

3.) The system will return a list of up to 100 possible matches.

4.) To view a record from the list of possible matches:

- Highlight the correct client from the list and click **Inquire**, or
- Double-click the correct name from the list.

5.) The system will open the record on the **Demographics** tab

- All required fields will be marked by an asterisk (*) and must be filled in before new information can be saved.
- Be sure to verify the client demographics at every visit.

Demographics Immunizations Comments Maintenance

Patient Information Last Updated 11/08/2020

* Last Name:	ACCOUNT	* Address:	500 STREET
* First Name:	TEST		
* Middle Name:	A	<input type="checkbox"/> Air Force Base	
Suffix:		* City:	BISMARCK
* Race:	UNKNOWN	* State:	NORTH DAKOTA
* Ethnicity:	UNKNOWN	* Zip:	58506
* Birth Date:	01/01/2010	County:	BURLEIGH
<input type="checkbox"/> Is Multiple Birth (twins, triplets, etc)		* Birth State/Country:	NORTH DAKOTA
* Gender:	FEMALE	* Primary Phone:	701-867-5309
Alias First Name:	ACCT	* Phone Number Type:	MOBILE PHONE
Alias Middle Name:		Email Address:	
Alias Last Name:	TRIAL	Primary Language:	-- SELECT ONE --
		<input type="checkbox"/> Opt client in for text reminder recall	
		<input type="checkbox"/> Exclude client from reminder recall	
		<input type="checkbox"/> Exclude client from client De-Duplication	

Mother Information

* Last Name:	TEST
* First Name:	MISSUS
Middle:	NA
Maiden Name:	TRIAL

Responsible Person

Last Name:	TEST	Relationship to Patient:
Middle Name:	MISTER	-- SELECT ONE --
First Name:	B	

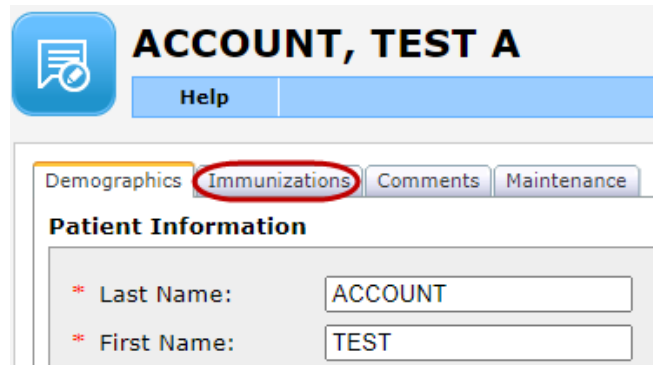
[View Reactions/Comments](#)

Save

Fields Appearing with an Asterisk (*) Are Required.

Indicates historical vaccine reactions or comments

6.) To access the client's immunization record, click on the **Immunizations** tab.



ACCOUNT, TEST A

Help

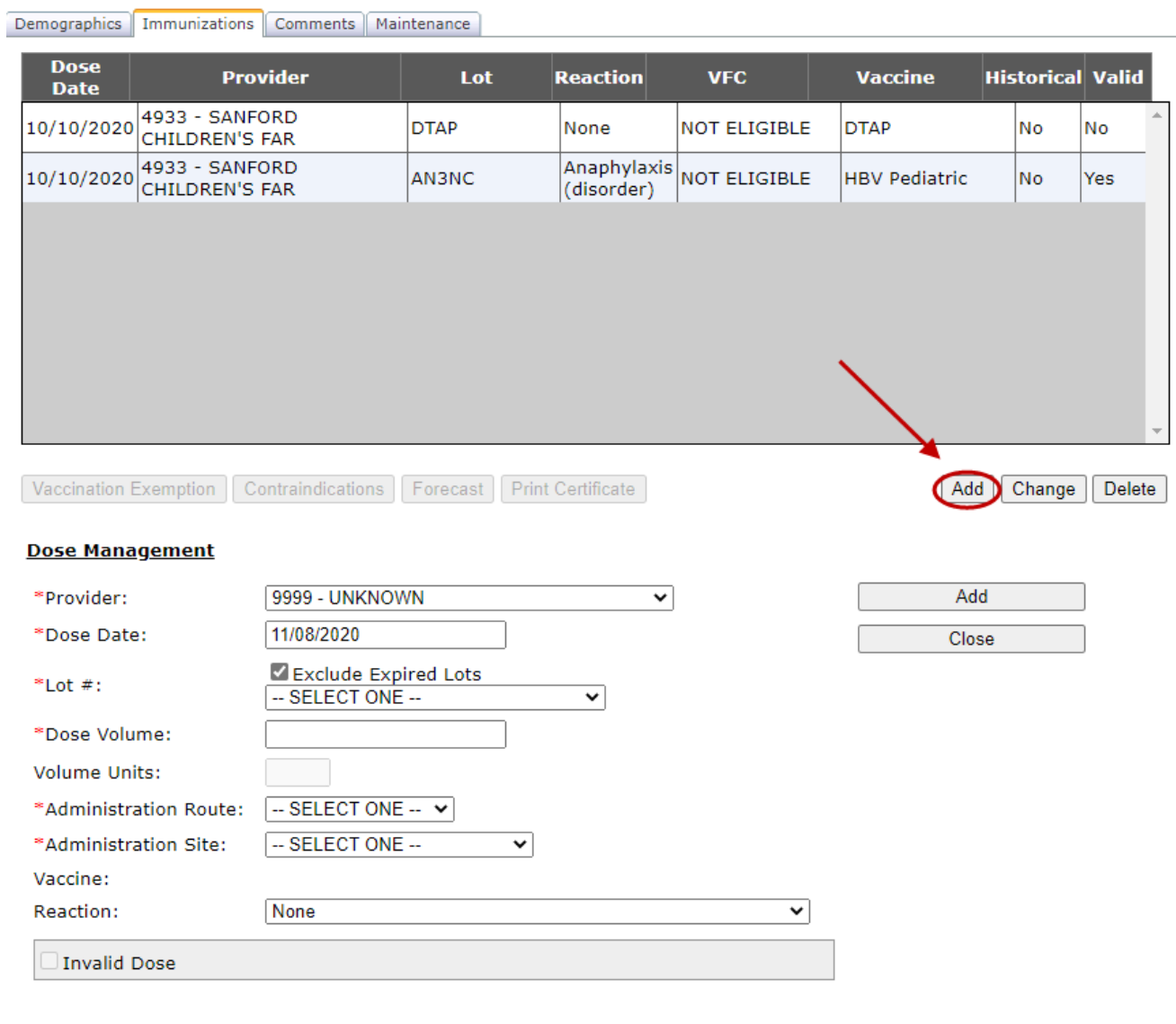
Demographics **Immunizations** Comments Maintenance

Patient Information

* Last Name: ACCOUNT

* First Name: TEST

7.) Click the **Add** button to open the Dose Management menu.



Demographics **Immunizations** Comments Maintenance

Dose Date	Provider	Lot	Reaction	VFC	Vaccine	Historical	Valid
10/10/2020	4933 - SANFORD CHILDREN'S FAR	DTAP	None	NOT ELIGIBLE	DTAP	No	No
10/10/2020	4933 - SANFORD CHILDREN'S FAR	AN3NC	Anaphylaxis (disorder)	NOT ELIGIBLE	HBV Pediatric	No	Yes

Vaccination Exemption Contraindications Forecast Print Certificate **Add** Change Delete

Dose Management

* Provider: 9999 - UNKNOWN Add

* Dose Date: 11/08/2020 Close

* Lot #: Exclude Expired Lots -- SELECT ONE --

* Dose Volume:

Volume Units:

* Administration Route: -- SELECT ONE --

* Administration Site: -- SELECT ONE --

Vaccine:

Reaction: None

Invalid Dose

Dose Management

*Provider: 9999 - UNKNOWN

*Dose Date: 11/08/2020

*Lot #: Exclude Expired Lots
-- SELECT ONE --

*Dose Volume:

Volume Units:

*Administration Route: -- SELECT ONE --

*Administration Site: -- SELECT ONE --

Vaccine:

Reaction: None

*VFC: -- SELECT ONE --

8.) The following categories will require completion:

Provider: Ensure your provider number has populated, 9999 indicates an unknown provider has administered a historical vaccine dose.

Dose Date: Ensure that this field is correctly filled with date of administration

Lot #: Select the correct lot number for the vaccine administered. If historical, a dummy dose lot may be selected

Dose Volume: Enter volume of dose administered. If vaccine is historical, enter zero.

Volume Units: *Field will auto-populate.*

Administration Route: Select route of dose administered.

Administration Site: Select site of dose administration.

Vaccine Reaction: Indicate if a reaction to vaccine has occurred, and if so, select symptom reactions.

VFC Status: Will appear only for clients under age 18. Indicate if dose administered is eligible for Vaccines for Children (VFC) funding.

9.) **Historical Vaccine** Field will appear following the completion of other vaccine information when a normal lot number is entered

*Historical Vaccine: -- SELECT ONE --

10.) After vaccine information has been entered, click the **Add** button.



11.) Review vaccine information in the **Immunizations** tab to ensure all information was entered correctly.

Demographics Immunizations Comments Maintenance

Dose Date	Provider	Lot	Reaction	VFC	Vaccine	Historical	Valid
10/10/2020	4933 - SANFORD CHILDREN'S FAR	DTAP	None	NOT ELIGIBLE	DTAP	No	No
10/10/2020	4933 - SANFORD CHILDREN'S FAR	AN3NC	Anaphylaxis (disorder)	NOT ELIGIBLE	HBV Pediatric	No	Yes
11/08/2020	9999 - UNKNOWN	DTAP	None	MEDICAID	DTAP	Yes	Yes

12.) After ensuring all vaccine information was correctly entered, click the **Close** button.

