



# Documenting Vaccines

Module #5

Edition #3

Feb 2008

Adapted from presentation written by JoEllenWolicki RN BSN

Immunization Nurse Educator

MDCH

- Your charting is very, very important!!
  - If you didn't write it down- you didn't do it!
  - If you wrote it down wrong- you did it wrong!

# Vaccine Information Statements (VIS)

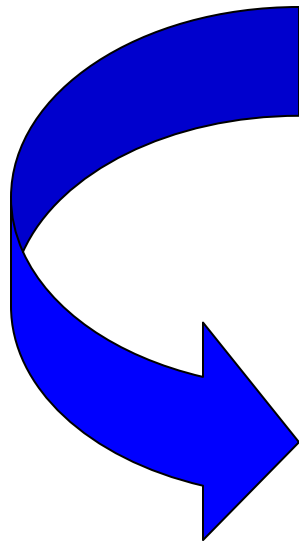
- Education of your patients & families
  - Vaccine Information Statements (VIS) must be given to patients/families
    - For routine vaccines
    - For vaccines given to children, adolescents, & adults
    - For every vaccine that is in the combination vaccines
      - E.g., when giving DTaP – IPAV– HepB vaccine (Pediarix)
        - » Give VIS for DTaP
        - » Give VIS for IPV
        - » Give VIS for Hep B

# VIS

- You must give patient/family VIS copies to take home
- Give VIS in language spoken or understood by patient/family
- Give the VIS every time the same vaccine is given
- Use only the most current VIS
- Recycle your copies of old VIS when you get new ones

# Version Date of VIS

- The version date is located on the back of the VIS, towards the bottom



<b>U.S. DEPARTMENT OF HEALTH &amp; HUMAN SERVICES</b>	
Centers for Disease Control and Prevention National Immunization Program	
Vaccine Information Statement	
Hepatitis A (3/21/06)	42 U.S.C. § 300aa-26

- Some VIS also have the version date on the front in one of the lower corners



**Q: Vaccine Information Statements (VIS) are update frequently. How can we be sure we are using the most current one?**

A: VIS are updated only when they need to be. You can always check for the most up-to-date version dates on the MDCH website or with your LHD.

[www.michigan.gov/immunize](http://www.michigan.gov/immunize)

# VIS

- Use only VIS that come from
  - Your Local Health Dept
  - Or downloaded from [www.michigan.gov/immunize](http://www.michigan.gov/immunize)
  - Do NOT use VIS from other websites (e.g. CDC or IAC)
  - Because of the paragraph about MCIR on our VIS



- **Review:**

- Do you give VIS to family when children are vaccinated?

- Do you give VIS to patient/family when adolescents are vaccinated?

- Do you give VIS to patient when adults are vaccinated?

-



# Documenting Vaccines in Patient Charts

# Documentation Forms

- Purpose of Vaccine Administration Record (VAR)
  - List of dates of ALL vaccines in patient's immunization history
  - Legal documentation of all vaccines given at your health center
- Every health center must have two different VARs
  - One for Children and Teens
  - Another for Adults

Record  
complete  
***list*** of vaccines  
that patient has  
already had!

**Fully**  
document  
immunizations  
**that you give!**



Vaccine Administration Record for Children and Teens

Patient Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
MCIN ID# \_\_\_\_\_

Clinic Name/Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vaccine	Date Vaccine Administered (include date if given)	Type of Vaccine	Date on Vaccine Information Statement (VIS)	Vaccine Mfg.	Vaccine Lot Number	Site Used	Route	Signature of Vaccine Administrator	Client MFC ID#
Diphtheria, Tetanus, Pertussis Types are: DTaP DTaP-IPV Tdap									
Streptococcus pneumoniae Type 6 Types are: IPV IPV-13									
Hepatitis B Types are: HepB HepB-IPV DuaPHepB-IPV									
Hepatitis A Type is: HepA									
Polio Types are: IPV DTaP/IPV-IPV									
Mumps, Multiple Sclerosis Types are: IPV IPV-IPV									
Varicella Types are: VZV MMRV									
Pneumococcal conjugate Type is: PCV7									
Rotavirus Type is: RotA									
Influenza Types are: A/Jordan/01/09 (H1N1) A/Sydney/05/09 (H1N1) A/California/04/09 (H1N1) A/Victoria/361/09 (H3N2)									
Meningococcal Types are: MenACWY MenB									
Human Papillomavirus Type is: HPV4									

<sup>1</sup> Place an asterisk (\*) next to the date the vaccine was given to indicate vaccine administered classification.  
<sup>2</sup> Site Code: LA=LT ARM, RA=RT ARM, LL=LT LEG, RL=RT LEG    <sup>3</sup> Route Code: IM= Intramuscular, SC=subcutaneous, IN=Intranasal, PO=oral  
<sup>4</sup> Client Status: M=Medicaid, U=Uninsured, D=Underinsured, P=Private Insurance, A=American Indian or Alaskan Native, V=MI/VR, L=Other Public Purpose

Vaccine Administration Record for Children and Teens

Side 2

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ MCH ID# \_\_\_\_\_

Don't forget  
about  
Side 2 of VAR

Vaccine	Date Vaccine & Vaccine Information Statement Given	Type of Vaccine	Date on Vaccine Information Statement (VIS)	Brand Name	Vaccine Lot Number	Site Used	Route	Signature of Vaccine Provider	Child With Shot?
Influenza Types are TIV IAV									
Other									
Other									
Other									
Other									

**Note:**

Patients/parents should be informed about the risks and benefits associated with immunizations including those associated with the vaccine-preventable disease. Federal and state guidelines do not require a parent/patient signature to administer vaccines. However, health care providers have the option to obtain a signature. Check with your agency for specific requirements.

I have been given a copy and have read, or have had explained to me, the information contained on the appropriate Vaccine Information Statement (VIS) about the disease(s) and the vaccine(s) which are to be administered today. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the specific vaccine(s) and I ask that the vaccine(s) I have requested be given to me, or to the person named, for whom I am authorized to make this request.

1. SIGNATURE	DATE	Insurance Status	7. SIGNATURE	DATE	Insurance Status
2. SIGNATURE	DATE	Insurance Status	8. SIGNATURE	DATE	Insurance Status
3. SIGNATURE	DATE	Insurance Status	9. SIGNATURE	DATE	Insurance Status
4. SIGNATURE	DATE	Insurance Status	10. SIGNATURE	DATE	Insurance Status
5. SIGNATURE	DATE	Insurance Status	11. SIGNATURE	DATE	Insurance Status
6. SIGNATURE	DATE	Insurance Status	12. SIGNATURE	DATE	Insurance Status



Alliance for Immunization in Michigan  
 2007 AIM Kit - Childhood Immunization Section

December 8, 2006



# Documenting Vaccines Given Elsewhere

- How do you chart on the VAR when vaccines have been given by another provider?
  - Use the “key” on your VAR
    - List dates of ALL vaccines patient has already had
    - Put an \* (asterick) next to it
    - Be consistent
    - Everyone must do this the same way!!
- Do not assume to know more than you do
  - Write only the date
  - Put an \* next to it
  - Other columns will be blank
    - ...because you do not know the other required information (e.g., VIS given to them, manufacturer & lot #, etc.)

# Documenting Vaccines Given Elsewhere

Vaccine	Date <sup>1</sup> Vaccine & Vaccine Information Statement Given	Type of Vaccine	Date on Vaccine Informa n Stateme	Vacci ne	Vaccine Lot	Site Given	Route <sup>3</sup>	Signature of Vaccine	Clie nt
Tetanus, diphtheria Td with acellular pertussis	01/12/85*								
Types are:									
DTaP									
Td									
Tdap									
DT									

**Follow the "key" on the bottom of your VAR.**

**Document only the DATE vaccine was given.**

**Follow with an asterisk.  
This tells you that the vaccine was given elsewhere.**

# Consolidate Immunization Records

- Consolidate all immunization records onto one VAR
  - Do NOT document vaccines on many VARs in one chart
- Place all VARs together in chart
- Then keep current VAR on top
- Do not discard VARs used previously.
  - Keep them beneath current VAR
- Do NOT document vaccines you give on copy of another provider's VAR in your charts

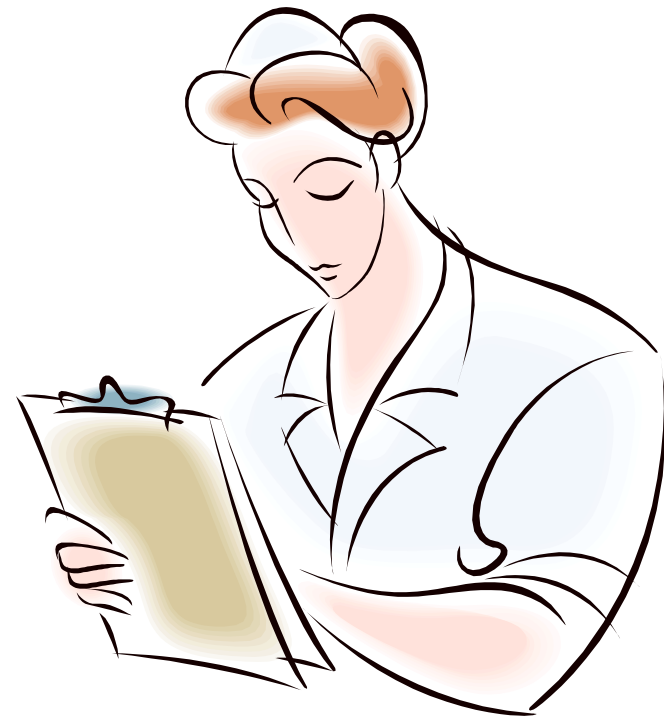
# Consolidate Immunization Records

- Keep all immunization records together in one place in the chart
  - Do not allow them to become spread out throughout the chart
- Keep all immunization records in a spot in the chart where they are easily found
  - On the top of all other sheets on one side of the chart
  - or Behind an “Immunization” tab

# Documenting Vaccines You Give

## It's the Law

- **REMEMBER:** All of this information must be recorded for every vaccine you give
  1. Date vaccine given
  2. Date the VIS was given
  3. Date on the VIS
  4. Manufacturer of the vaccine
  5. Vaccine lot number
  6. Name, address and title of the health care provider



Let's talk about each of these

# Documenting Vaccines You Give

## Date Vaccine & VIS Were Given

Legal Name: (Last, First, Middle Initial)						BIRTHDATE		Medicaid# or Insurance	
Vaccine	Date <sup>1</sup> Vaccine & Vaccine Information Statement Given	Type of Vaccine	Date on Vaccine Information Statement (VIS)	Vaccine Manf.	Vaccine Lot Number	Site <sup>2</sup> Given	Route <sup>3</sup>	Signature of Vaccine Administrator	Client VFC Status <sup>4</sup>
Diphtheria Tetanus, Pertussis Types are: DTaP DT DTaP-Hib DTaP- HepB-IPV Td Tdap	3/02/2007								

**Document date vaccine was given.  
 Document date VIS was given.  
 They should be the same date.**



# Documenting Vaccines You Give

## Type of Vaccine

Legal Name: (Last, First, Middle Initial)				BIRTHDATE		Medicaid# or Insurance			
Vaccine	Date <sup>1</sup> Vaccine & Vaccine Information Statement Given	Type of Vaccine	Date on Vaccine Inform Staten (VIS)	Vaccine	Vaccine	Site <sup>2</sup>	Site <sup>2</sup>	Signature of	Client
Diphtheria Tetanus, Pertussis Types are: DTaP DT DTaP-Hib DTaP- HepB-IPV Td Tdap									
			DTaP						

Document type (CDC abbreviation) of vaccine.

The different types are listed underneath the vaccines in the far left column. Chose which type you gave and write it in the space.

Example of types: DTaP, DTaP-IPV-HepB, Tdap, MMRV, Rota

Do not document Brand Names here!!

Do NOT circle the type in the list in the far left column!!



**Q: Why can't I just document the brand name of the vaccine under "type"?**

- A:
- Brand names can be confusing.
  - Vaccine information is often read by non-medical persons (e.g. at schools)
  - E.g. Pediarix<sup>®</sup> is often confused with PedvaxHIB<sup>®</sup>
  
  - Brand names come and go.
  - New "types" are added over time
  - but the old "types" are still clear.
  - E.g. Tetramune (brand name) is no longer clear  
DTP/Hib (type) is clear

# Documenting Vaccines You Have Given

## Publication Date of VIS

Legal Name: (Last, First, Middle Initial)						Birthdate:		Medicaid# or Insurance	
Vaccine	Date <sup>1</sup> Vaccine & Vaccine Information Statement Given	Type of Vaccine	Date on Vaccine Information Statement (VIS)	Vaccine Manf.	Vaccine Lot Number	Site <sup>2</sup> Given	Route <sup>3</sup>	Signature of Vaccine Administrator	Client VFC Status <sup>4</sup>
Diphtheria Tetanus, Pertussis Types are: DTaP DT DTaP-Hib DTaP- HepB-IPV Td Tdap									
			7/30/2001						

**Document  
Publication Date of VIS.**

# Documenting Vaccines You Have Given

## Manufacturer & Lot Number

Legal Name: (Last, First, Middle Initial)					BIRTHDATE		Medicaid# or Insurance		
Vaccine	Date <sup>1</sup> Vaccine & Vaccine Information Statement Given	Type of Vaccine	Date on Vaccine Information Statement (VIS)	Vaccine Manf.	Vaccine Lot Number	Site <sup>2</sup> Given	Route <sup>3</sup>	Signature of Vaccine Administrator	Client VFC Status <sup>4</sup>
Diphtheria Tetanus, Pertussis Types are: DTaP DT DTaP-Hib DTaP- HepB-IPV Td Tdap									

**Document vaccine manufacturer & lot number**

# Documenting Vaccines You Have Given

## Administration Site

Legal Name: (Last, First, Middle Initial)						BIRTHDATE		Medicaid# or Insurance	
Vaccine	Date <sup>1</sup> Vaccine & Vaccine Information Statement Given	Type of Vaccine	Date on Vaccine Information Statement (VIS)	Vaccine Manf.	Vaccine Lot Number	Site <sup>2</sup> Given	Route	Signature of Vaccine Administrator	Client VFC Status <sup>4</sup>
Diphtheria Tetanus, Pertussis Types are: DTaP DT DTaP-Hib DTaP- HepB-IPV Td Tdap	<b>Document site where vaccine was given.</b>  <u><b>Use only abbreviations that are on the "key" on the bottom of your VAR.</b></u>					RT			

# Documenting Vaccines You Have Given

## Administration Route

Legal Name: (Last, First, Middle Initial)						BIRTHDATE		Medicaid# or Insurance	
Vaccine	Date <sup>1</sup> Vaccine & Vaccine Information Statement Given	Type of Vaccine	Date on Vaccine Information Statement (VIS)	Vaccine Manf.	Vaccine Lot Number	Site <sup>2</sup> Given	Route <sup>3</sup>	Signature of Vaccine Administrator	Client VFC Status <sup>4</sup>
Diphtheria Tetanus, Pertussis Types are: DTaP DT DTaP-Hib DTaP- HepB-IPV Td Tdap							IM		

**Document the route you used.**

**Use only abbreviations that are on the "key" that is on the bottom of your VAR!!**

**Remember some vaccines given by the wrong route must be repeated**

**E.g., Hep B given by any other route that IM must be repeated**

# Documenting Vaccines You Have Given

## Vaccine Administrator

Legal Name: (Last, First, Middle Initial)						Birthdate:		Medicaid# or Insurance						
Vaccine	Date <sup>1</sup> Vaccine & Vaccine Information Statement Given	Type of Vaccine	Date on Vaccine Information Statement (VIS)	Vaccine Manf.	Vaccine Lot Number	Site <sup>2</sup> Given	Route <sup>3</sup>	Signature of Vaccine Administrator	Client VFC Status <sup>4</sup>					
Diphtheria Tetanus, Pertussis Types are: DTaP DT DTaP-Hib DTaP- HepB-IPV Td Tdap														
		<p style="color: green; font-weight: bold; text-align: center;">                             When you give a vaccine, you                              MUST, MUST sign with your                              signature and title at least one                              time on each VAR.                               After that, you may initial when                              documenting vaccines on same                              VAR.                         </p>						<i>J. Wolicki</i>						



**Q: Do I have to write out my full name every time I give a vaccine or can I use my initials instead?**

- A: - The first time you give a patient a vaccine, sign your full name and credentials.
- Your signature and title must be on every immunization form!!
  - After that, you can just put your initials on the VAR when you give additional vaccines for that patient, because your full signature is already on that VAR.

# Documenting Vaccines You Have Given

## VFC Eligibility

Legal Name: (Last, First, Middle Initial)					BIRTHDATE		Medicaid# or Insurance	
Vaccine	Date <sup>1</sup>					Route <sub>3</sub>	Signature of Vaccine Administrator	Client VFC Status <sup>4</sup>
	Vaccine & Vaccine Information Statement Code							
Diphtheria, Tetanus, Pertussis Types are: DTaP DT DTaP-Hib DTaP-HepB-IPV Td Tdap								M

**Document patient's insurance status:**  
**Use only the "key" that is on your VAR**

- M=Medicaid
- U=Uninsured
- D=Underinsured
- P=Private Insurance
- N=American Indian/Alaskan Native

**Insurance status MUST also be documented in MCIR!!**



# Documenting Vaccines You Have Given

## Clinic Name & Address

### Vaccine Administration Record For Children and Teens

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

MCIR ID# \_\_\_\_\_

**Clinic Name/Address**  
**Dr Good Clinic 123 Medical Road**  
**City MI 48000**

Vaccine	Date <sup>1</sup> Vaccine & Vaccine Information Statement Given	Type of Vaccine	Date on Vaccine Information Statement (VIS)	Vaccine Manf.	Vaccine Lot #	Date <sup>2</sup> Given	Route <sup>3</sup>	Signature of Vaccine Administrator	Client VFC Status <sup>4</sup>
Diphtheria Tetanus, Pertussis Types are: DTaP DT DTaP-Hib DTaP- HepB-IPV Td									

**Every patient's VAR must be stamped or printed with your health center site's name and address**



# Documenting Vaccines You Have Given Combination Vaccines

- Chart Combination Vaccines with GREAT care!!!
  - Current combination vaccines
    - DTaP – IPV – Hep B (Pediarix)
    - Hep B – Hib (Comvax)
    - Hep B – Hep A (Twinrix)
    - DTaP – Hib (TriHIBIT)
- Do not allow your documentation to become confusing

# Documenting Vaccines You Have Given

## Combination Vaccines

Legal Name: (Last, First, Middle Initial)						BIRTHDATE		Medicaid# or Insurance	
Vaccine	Date <sup>1</sup> Vaccine & Vaccine Information Statement Given	Type of Vaccine	Date on Vaccine Information Statement (VIS)	Vaccine Manf.	Vaccine Lot Number	Site <sup>2</sup> Given	Route <sup>3</sup>	Signature of Vaccine Administrator	Client VFC Status <sup>4</sup>
Diphtheria Tetanus, Pertussis Types are: DTaP DT DTaP-Hib DTaP- HepB-IPV Td Tdap									

**Give the correct VIS for EACH part of the combination vaccine (except MMR and DTaP).**

**Record required information for EACH part of the combination vaccine, including the VIS dates.**

**E.g., when you gave Pediarix:**

**Record all information for DTaP with its VIS publication date.**

**Record all information for Hep B with its VIS publication date.**

**Record all information for IPV with its VIS Publication date.**

# Documenting Vaccines You Have Given

## Combination Vaccines

Vaccine	Date <sup>1</sup> Vaccine & Vaccine Information Statement Given	Type of Vaccine	Date on Vaccine Information Statement	Vaccine Manf.	Vacc Lot Nu	Client Status <sup>4</sup>
Hep B Types are: HepB HepB- HepA	10/2/2002	<i>HepB- HepA</i>	7/11/01	GSK	HAB2 4	P
	11/12/2002	<i>HepB- HepA</i>	7/11/01	GSK	HAB2	P
	08/04/2003	<i>HepB- HepA</i>	7/11/01	GSK	HAB2 4	P
Hep A Types are: HepA HepB- HepA	10/2/2002	<i>HepB- HepA</i>	8/25/98	GSK		P
	11/12/2002	<i>HepB- HepA</i>	8/25/98	GSK	HAB2 4	P
	08/04/2003	<i>HepB- HepA</i>	8/25/98	GSK	HAB255A 4	P

Patient received combination vaccine HepA-HepB (Twinrix). Document the vaccine type & the 2 different VIS dates for each antigen



**Q. Do patient's need to sign a specific vaccine consent form before receiving immunizations?**

A. This is not required by law.

However, it may be a requirement of your health center.

# Other Common Documentation Issues on VAR

- Write legibly and clearly
  - Does your “r” look like a “v”?
  - E.g., is the vaccine MMR or MMRV?
- Be very clear in documenting dates
  - Can your “1/11/05” be mistaken for “11/1/05”?
  - Does your “5” look like a “6” or a “2”?
- Date must be entered for Hep B birth dose
  - Do not leave this space blank
  - Do not write “Hospital” in space
  - A dose of vaccine cannot be counted unless date is recorded

# Other Common Documentation Issues on VAR (2)

- Enter vaccines on first blank line for that vaccine
  - Do not skip lines.
  - If you feel you are giving dose #3 but have no dates for previous vaccines
    - Enter your dose on first blank line
    - If you get additional dates later on, go back and number vaccines in proper order
    - For example 

<u>#3</u>	DTaP	5-6-07
<u>#1</u>	DTaP	1-6-07
<u>#2</u>	DTaP	3-6-07
- Be sure to number vaccines in their proper order to avoid confusion!!

# Other Common Documentation Issues on VAR (3)

- Take care not to make transcription errors
  - E.g., Vaccines recorded for date before child was born
  - E.g., Vaccines recorded for date in the future
- If you find transcription errors
  - Discuss with supervisor
  - What might you be able to do to correct it?
    - Look back in your health center's log
    - Call another provider for correct date
  - Do NOT just change date to the date you believe to be correct!!
- Remember, transcription errors can make a dose invalid

# Other Common Documentation Issues on VAR (4)

- Document “TYPE” of vaccine
  - Do NOT document BRAND name
- Document TIV or LAIV
  - Do NOT document “Flu”
- Document combination vaccines correctly!!
- Be careful to use correct row for each vaccine
  - Do NOT use row labeled “Other” for Hep A if Hep A vaccine has it’s own row above

# Other Common Documentation Issues on VAR (5)

- Give vaccines by correct route AND document correct route
- **Always remember:**  
Your documentation is a legal document.  
You could be asked to explain it in court.

# What if you make a mistake?

- Mistakes are a part of life
- To correct errors in any legal, written document
  - Draw a single line through the incorrect information
  - Write down the correct information
  - Include your initials and the date you corrected the information
- Do NOT write over one date with correct date!!
- Do NOT:
  - Do not use white-out
  - Do not erase, scribble, or block out information so it cannot be read



# A Vaccine Record for Patients/Families

# Immunization Record for patient or families

- Always give the parents/family a complete immunization record
- Include
  - Vaccines you gave that day
  - Vaccines that were given before you saw them
- Use an Official Record
  - **NEW!**
    - One card that can be used for children and adults
    - Print is green on white card
    - Free to vaccine providers
      - [www.hpclearinghouse.org](http://www.hpclearinghouse.org)
  - or print immunization record from MCIR for families
- Instruct patients to keep this official record safe and bring it to every health care visit
  - Even Emergency and Urgent Care visits



# Other Considerations

# Vaccine Adverse Event Reporting System (VAERS)

- If you learn about an unexpected reaction to a vaccine
  - Notify your supervisor
  - Who will help you report it to the Vaccine Adverse Event Reporting System (VAERS)
  - This is required by law



- **Persons who have had chickenpox disease do not need varicella vaccine.**
- **Document this history of disease on:**
  1. VAR in patient's chart
  2. MCIR
  3. Patient's own immunization record card



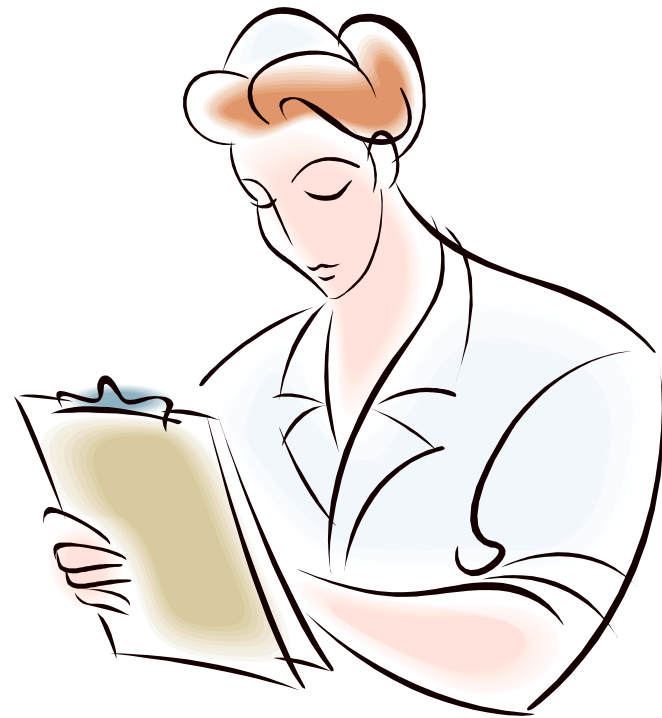
**Q: We have a family that doesn't want their children to be immunized. Should we document that? If so, do you have a form we could use?**

**A: Whenever vaccines are needed but refused**

- Document this
- For both children and adults
- Forms are in AIM Provider Tool Kit.
- Remember to discuss immunizations with the family again during the next visit.
  - Family may have changed their mind
  - May allow patient to have different vaccines

# Remember: It's the Law

- By law, these details must be recorded for every vaccine that is given:
  1. Date vaccine given
  2. Date the VIS was given
  3. Date on the VIS
  4. Manufacturer of the vaccine
  5. Vaccine lot number
  6. Name, address and title of the health care provider



# Games People Play #7

## Let's Practice

- Note to instructor
  - Give attendees a number of copies of agency's VAR
    - Ask them to document a variety of scenarios
    - Include single vaccines and combination vaccines
    - Include situations with history of vaccines not given at your health center
    - Work with both Child & Teen VAR and Adult VAR
    - Practice correcting mistakes