Flu Protocol in EMIS PCS

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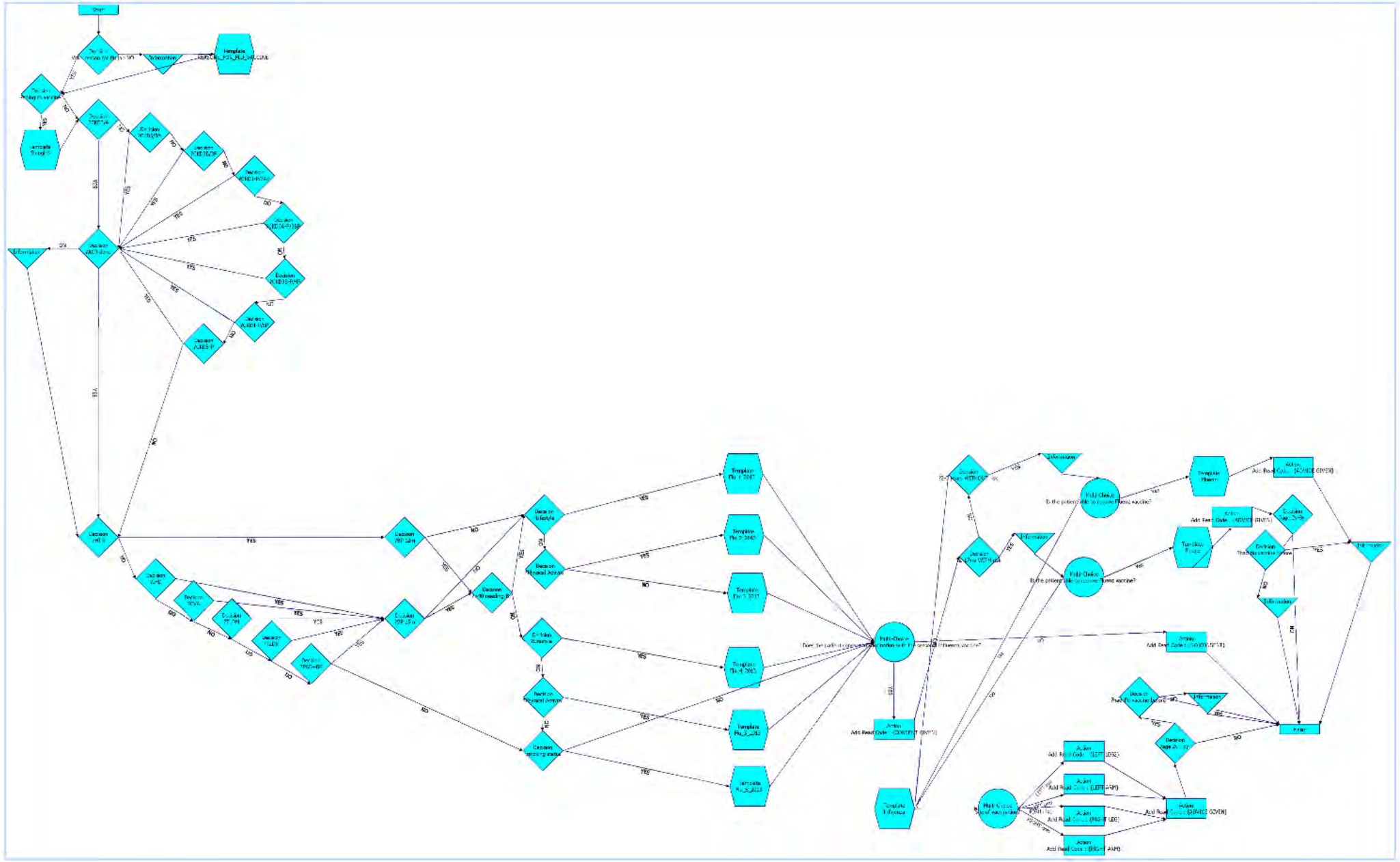
Old Machar Medical Practice

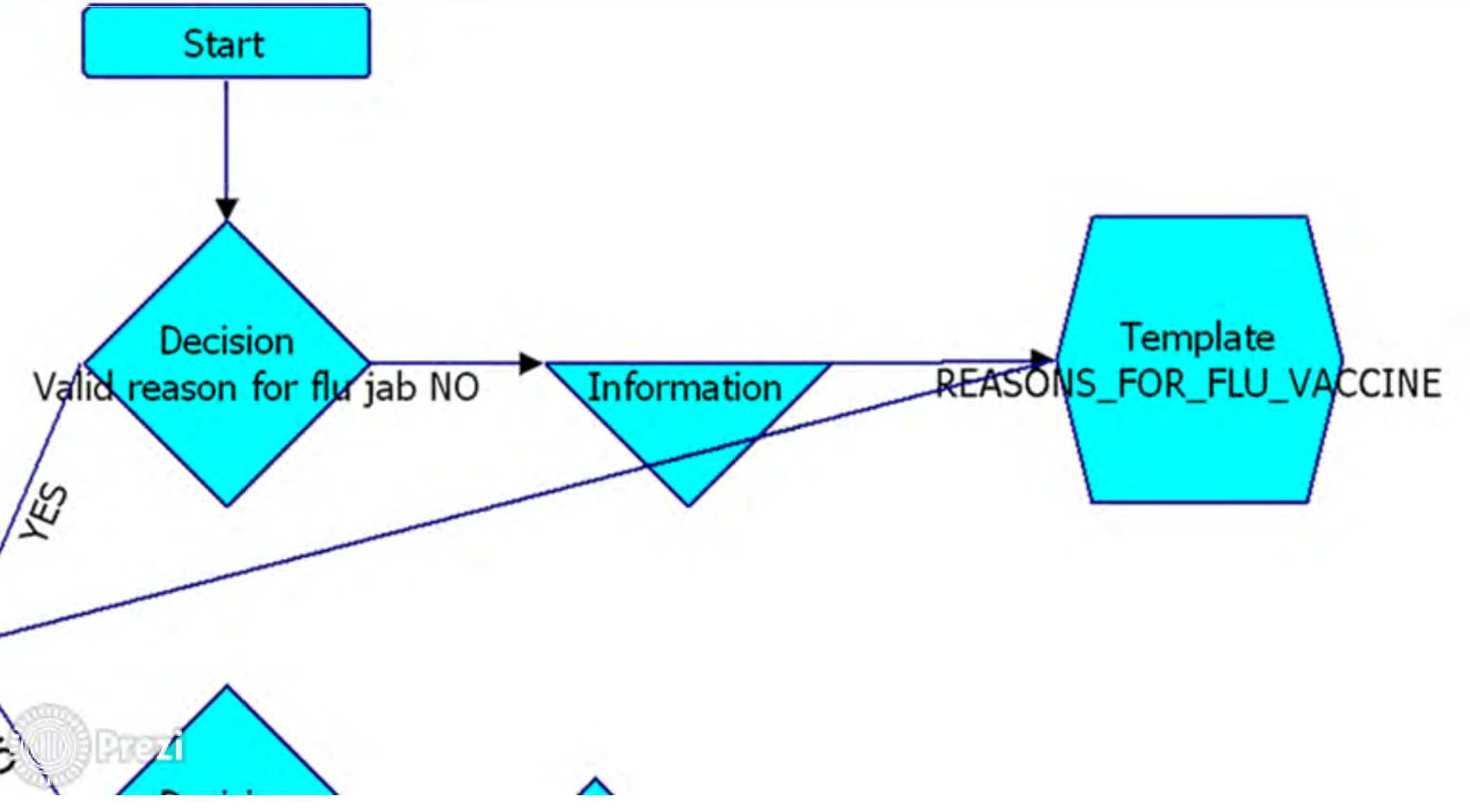
Prezi

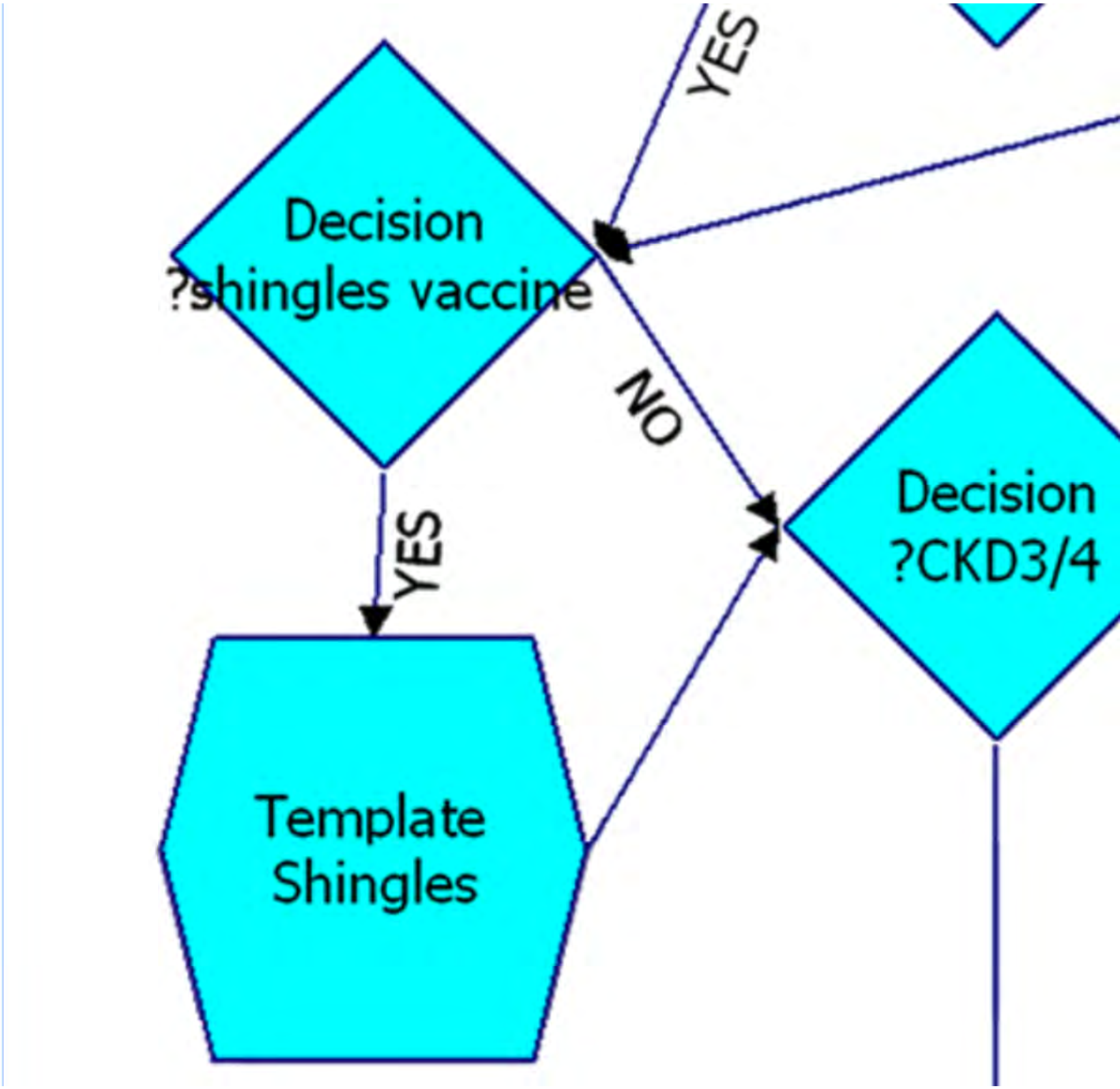
Why use a flu protocol?

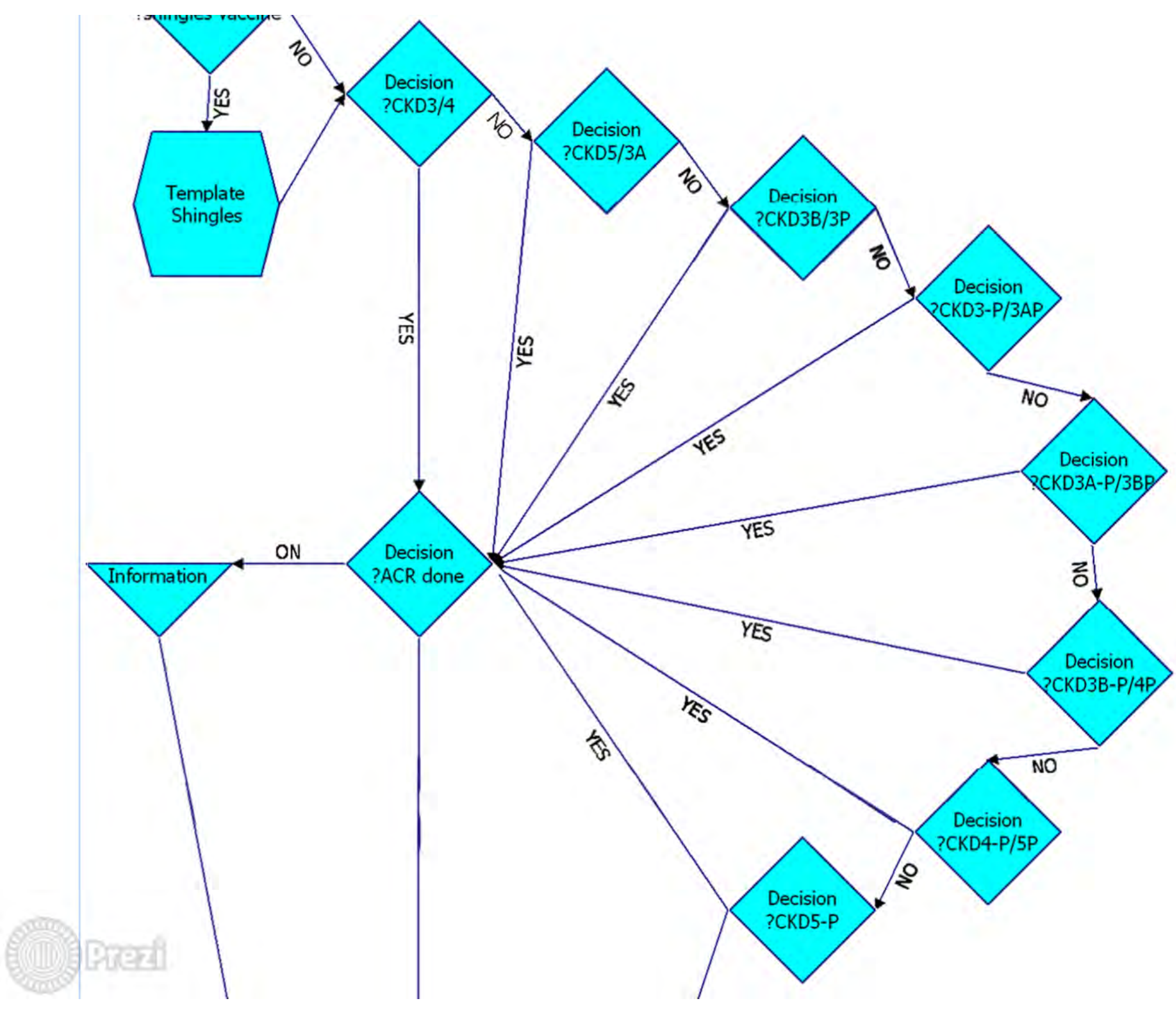
- Easy for the clinician to use - everything done for you
- Consistency of high quality data input
- Obtain QoF data for infrequent practice attenders
- Focused QoF requests for high impact indicators
- If you don't ask, you don't get . . .
- Correct coding for all flu jabs - less lost money
- Easy end of year and payment verification searches

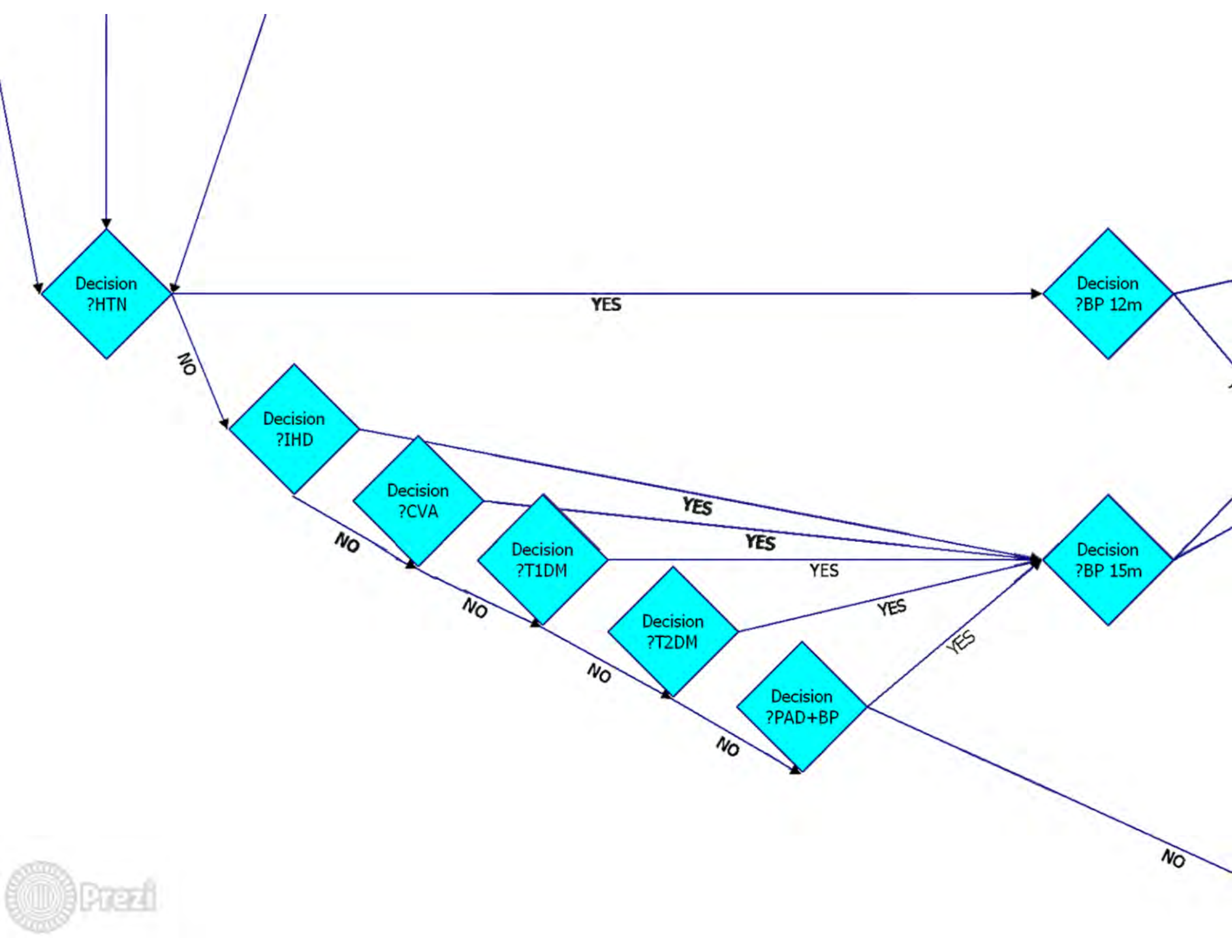
Prezi

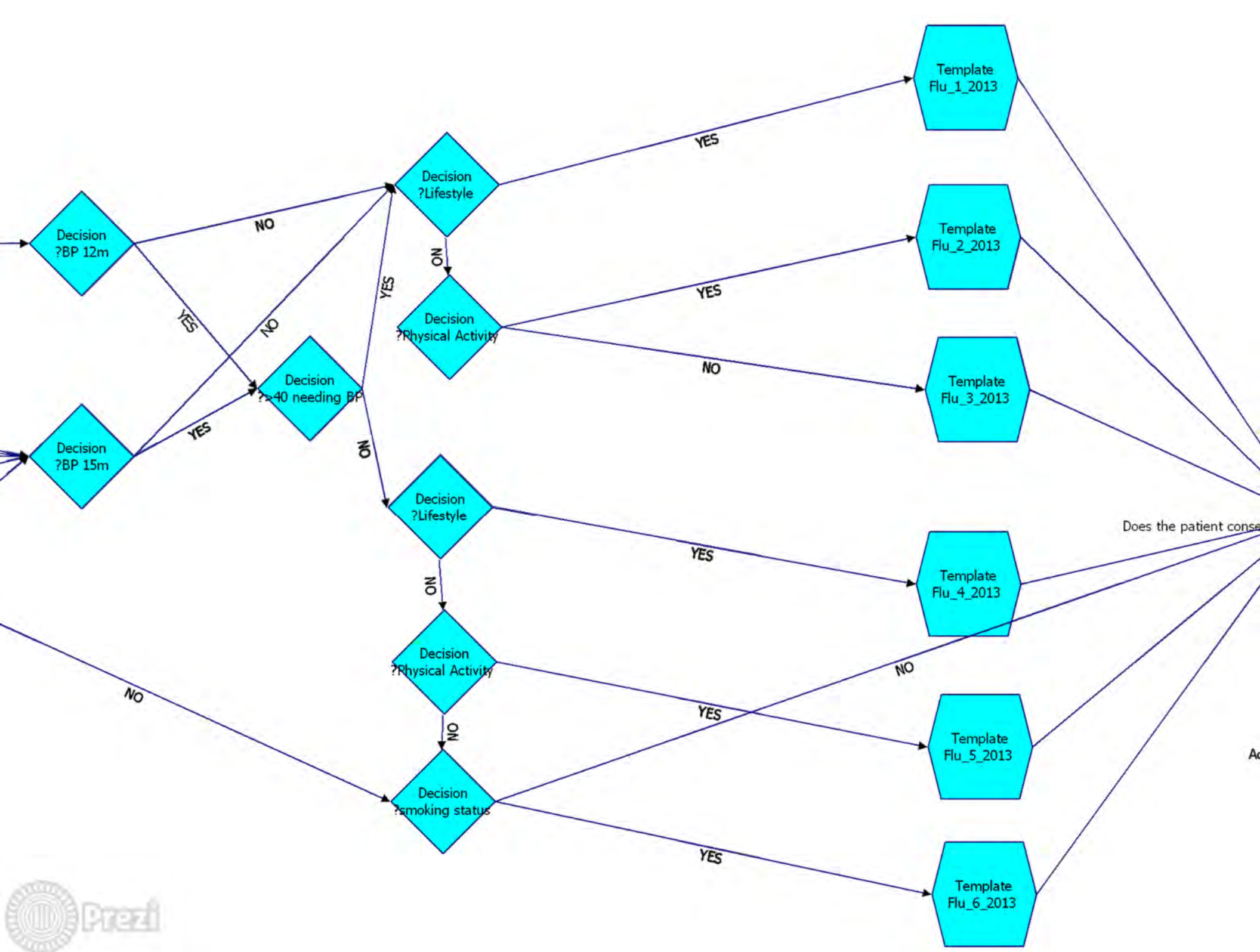

Start
Decision
Information
Template
Action
Add Read Code : (CONTEXT (INIT))
Add Read Code : (ADVICE GIVEN)
Add Read Code : (LEFT LDS)
Add Read Code : (RIGHT LDS)
Add Read Code : (RIGHT ARM)
Multi-Choice
Is the patient able to receive Flavic vaccine?
Is the patient able to receive Fluenz vaccine?
Template Flu 1 2017
Template Flu 2 2017
Template Flu 3 2017
Template Flu 4 2017
Template Flu_3_2016
Template Flu_4_2016
YES
NO

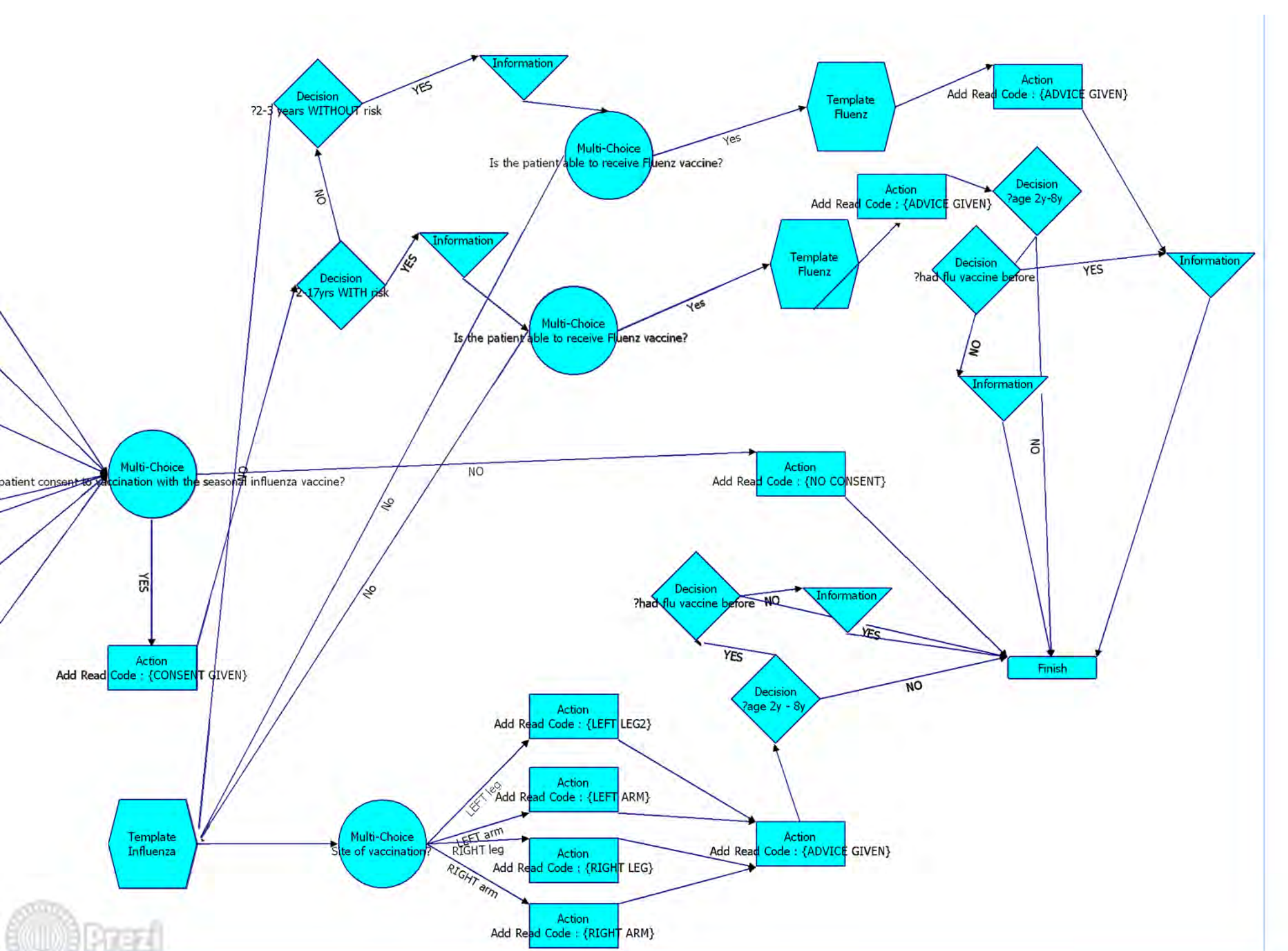

Start
Decision
Valid reason for flu jab NO
Information
Template
REASONS_FOR_FLU_VACCINE
YES

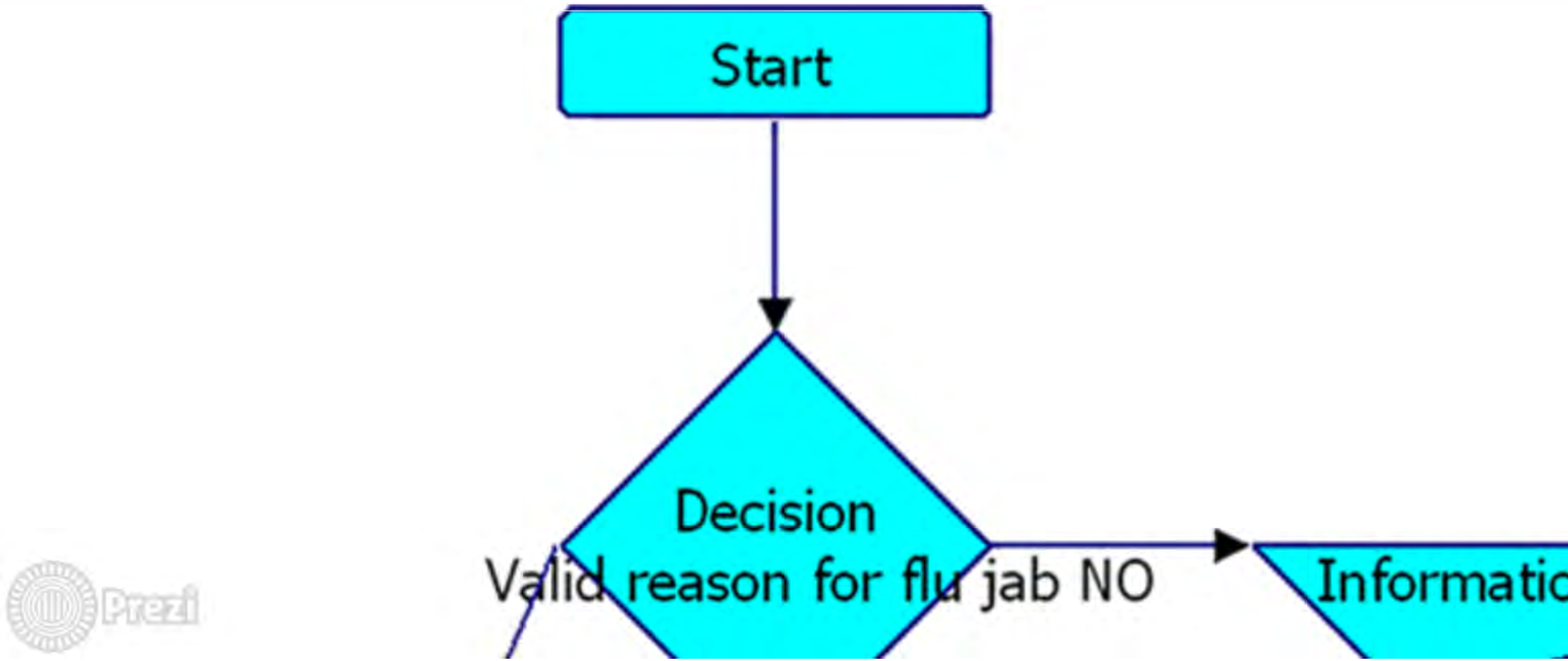

YES
Decision
?shingles vaccine
NO
YES
Decision
?CKD3/4
Template
Shingles

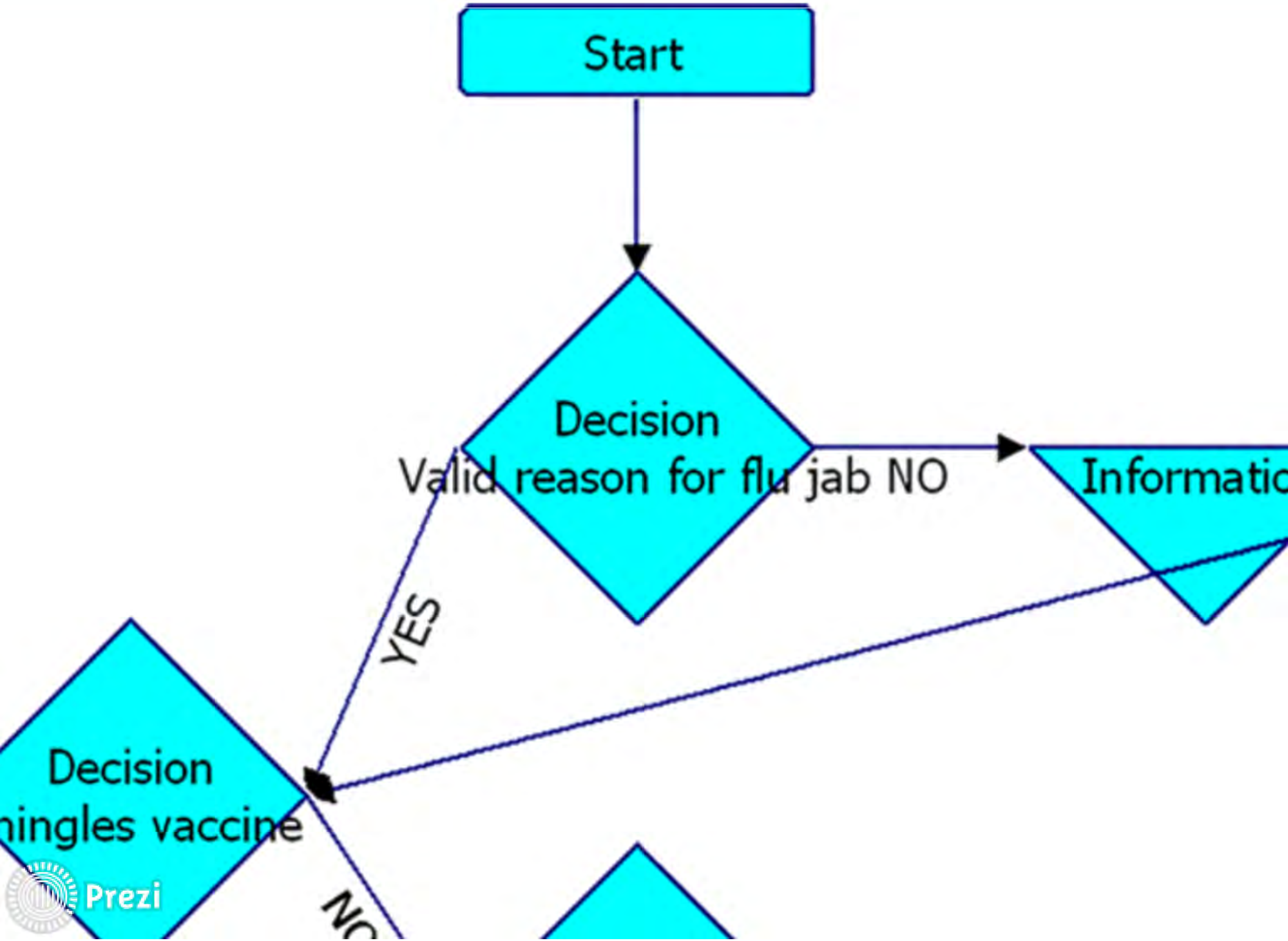

NO
YES
Decision ?CKD3/4
Template Shingles
NO
Decision ?CKD5/3A
NO
Decision ?CKD3B/3P
NO
Decision ?CKD3-P/3AP
NO
Decision ?CKD3A-P/3BP
ON
Decision ?CKD3B-P/4P
NO
Decision ?CKD4-P/5P
NO
Decision ?CKD5-P
YES
YES
YES
YES
YES
YES
YES
YES
ON
Information
Decision ?ACR done

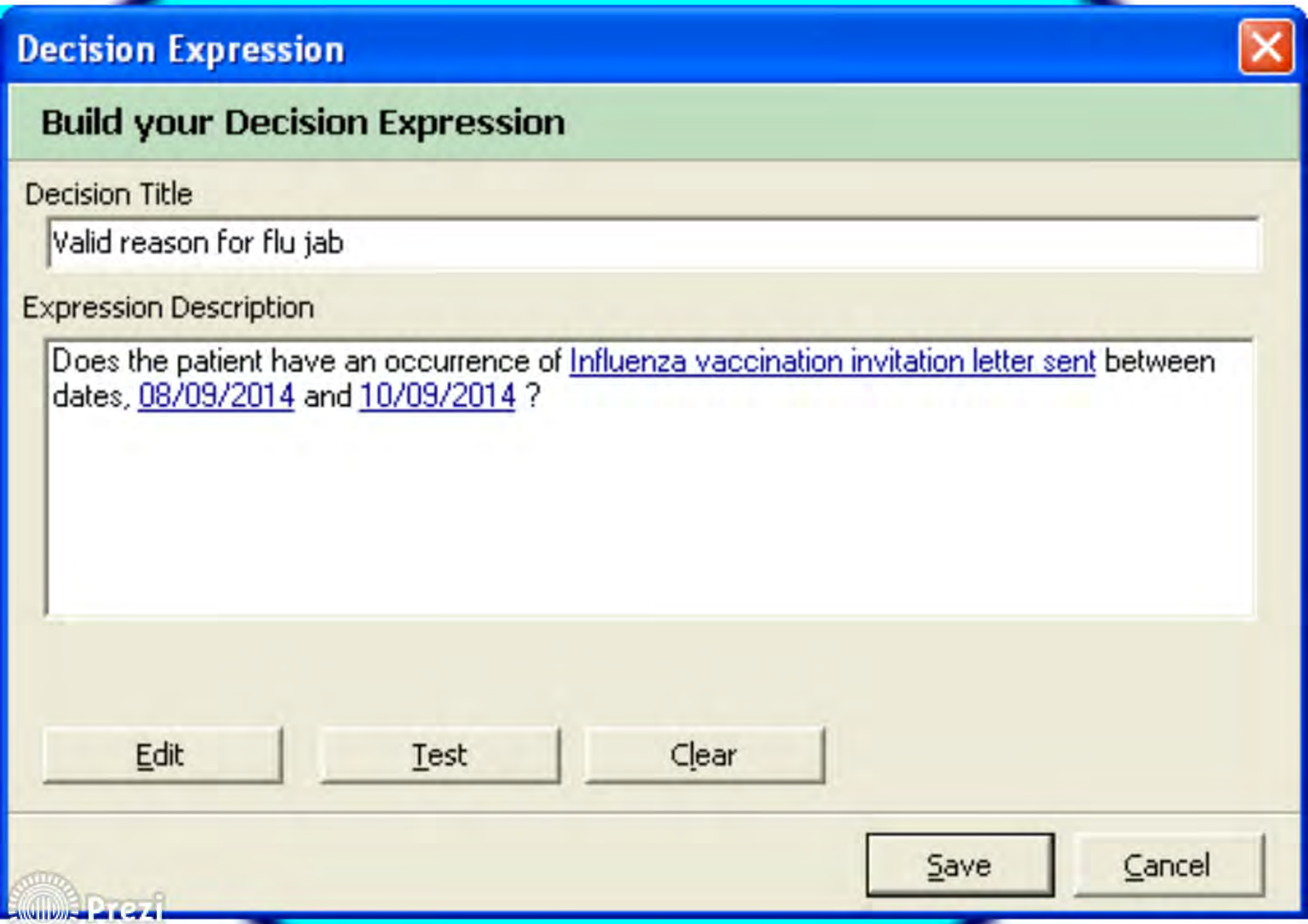

Decision ?HTN
YES
Decision ?BP 12m
NO
Decision ?IHD
YES
Decision ?CVA
YES
NO
Decision ?T1DM
YES
Decision ?BP 15m
NO
Decision ?T2DM
YES
NO
Decision ?PAD+BP
YES
NO

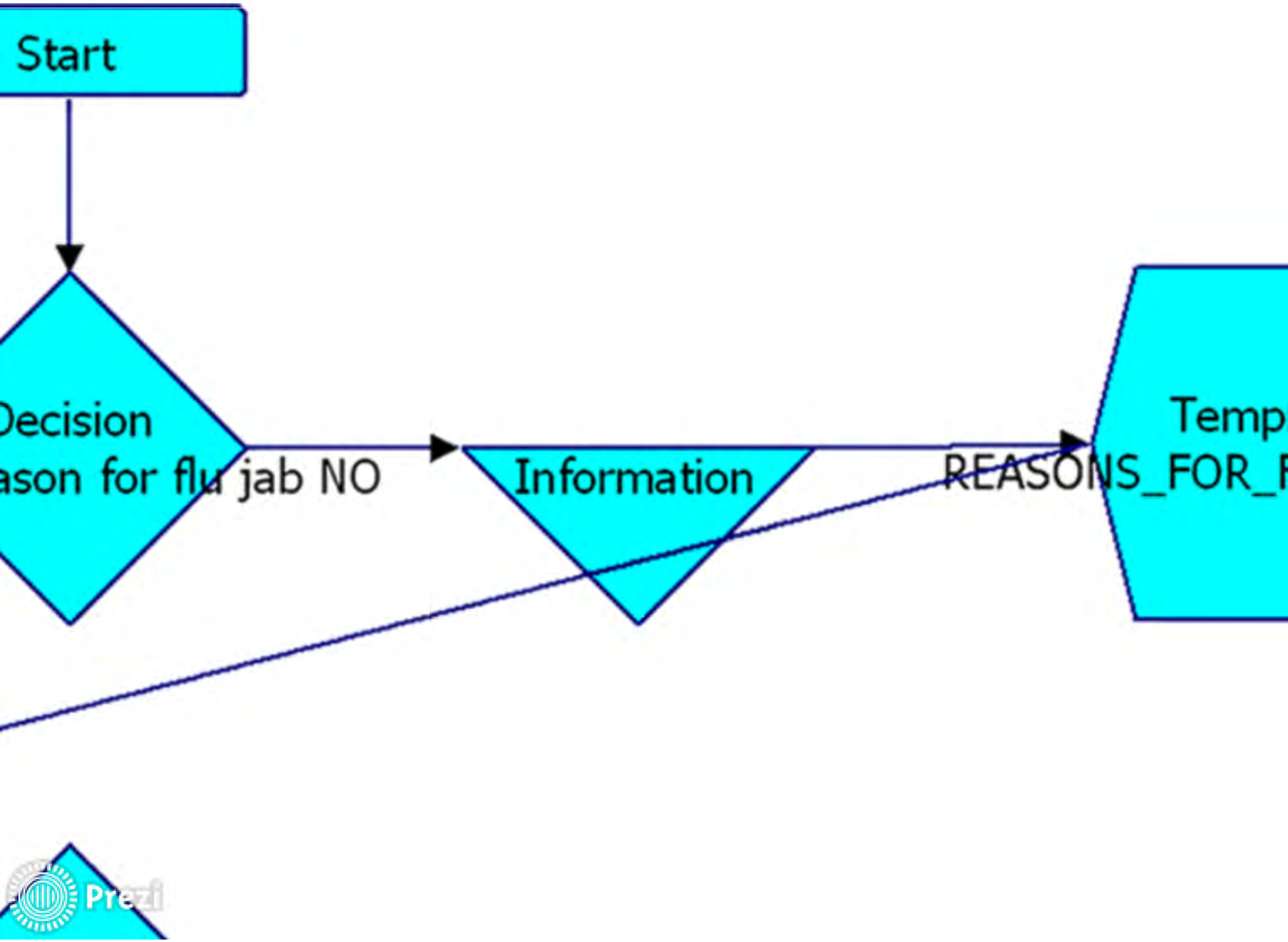

Decision ?BP 12m
Decision ?BP 15m
Decision ?>40 needing BP
Decision ?Lifestyle
Decision ?Physical Activity
Decision ?Lifestyle
Decision ?Physical Activity
Decision ?smoking status
Template Flu_1_2013
Template Flu_2_2013
Template Flu_3_2013
Template Flu_4_2013
Template Flu_5_2013
Template Flu_6_2013
YES
NO
Does the patient conse

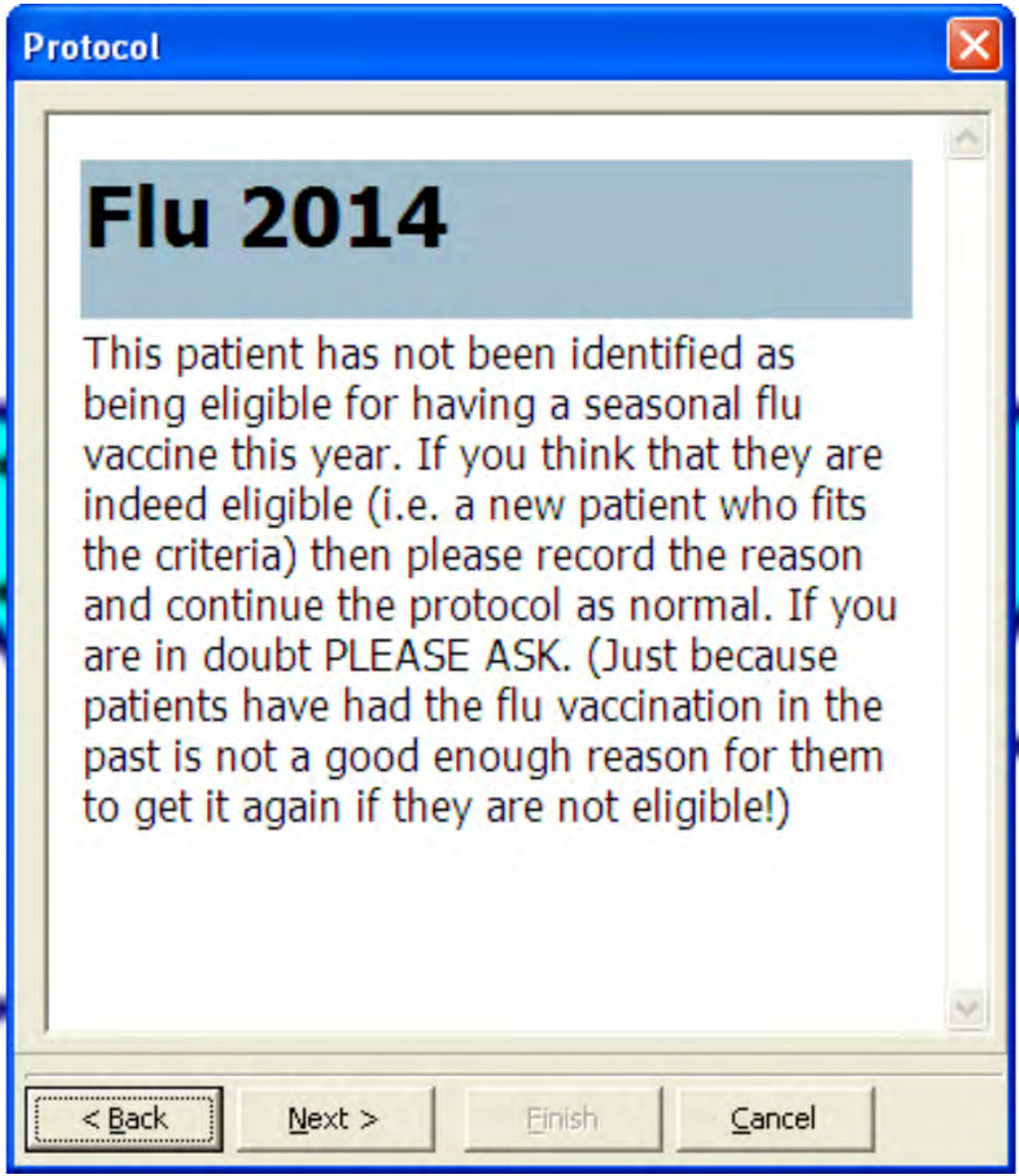

Decision
?2-3 years WITHOUT risk
YES
Information
Multi-Choice
Is the patient able to receive Fluenz vaccine?
Yes
Template
Fluenz
Action
Add Read Code : {ADVICE GIVEN}
NO
Decision
2-17yrs WITH risk
YES
Information
Multi-Choice
Is the patient able to receive Fluenz vaccine?
Yes
Template
Fluenz
Action
Add Read Code : {ADVICE GIVEN}
Decision
?age 2y-8y
Decision
?had flu vaccine before
YES
Information
NO
Information
ON
Multi-Choice
patient consent to vaccination with the seasonal influenza vaccine?
NO
Action
Add Read Code : {NO CONSENT}
YES
Action
Add Read Code : {CONSENT GIVEN}
No
No
Decision
?had flu vaccine before
NO
Information
YES
YES
Decision
?age 2y - 8y
NO
Finish
Action
Add Read Code : {LEFT LEG2}
Action
Add Read Code : {LEFT ARM}
Action
Add Read Code : {RIGHT LEG}
Action
Add Read Code : {RIGHT ARM}
Action
Add Read Code : {ADVICE GIVEN}
Template
Influenza
Multi-Choice
Site of vaccination?
LEFT leg
LEFT arm
RIGHT leg
RIGHT arm

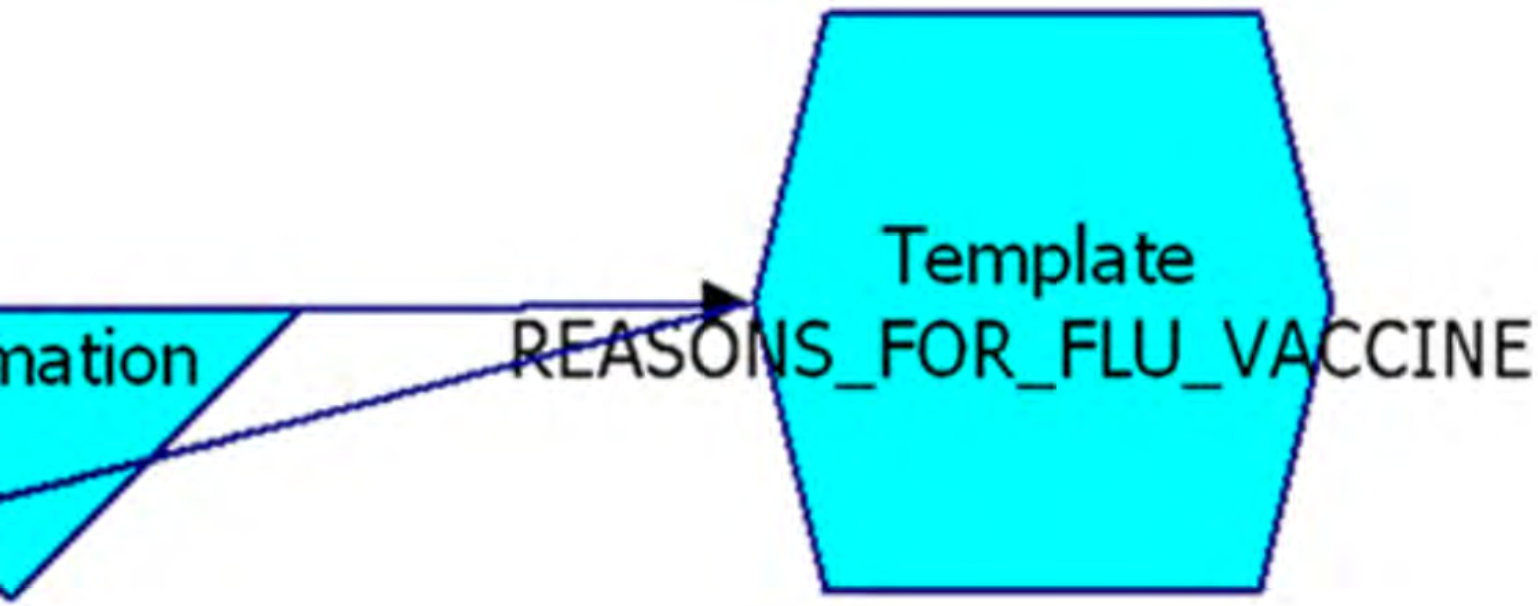

Start
Decision
Valid reason for flu jab NO
Informatio


Start
Decision
Valid reason for flu jab NO
Informatic
YES
Decision
ingles vaccine
Prezi

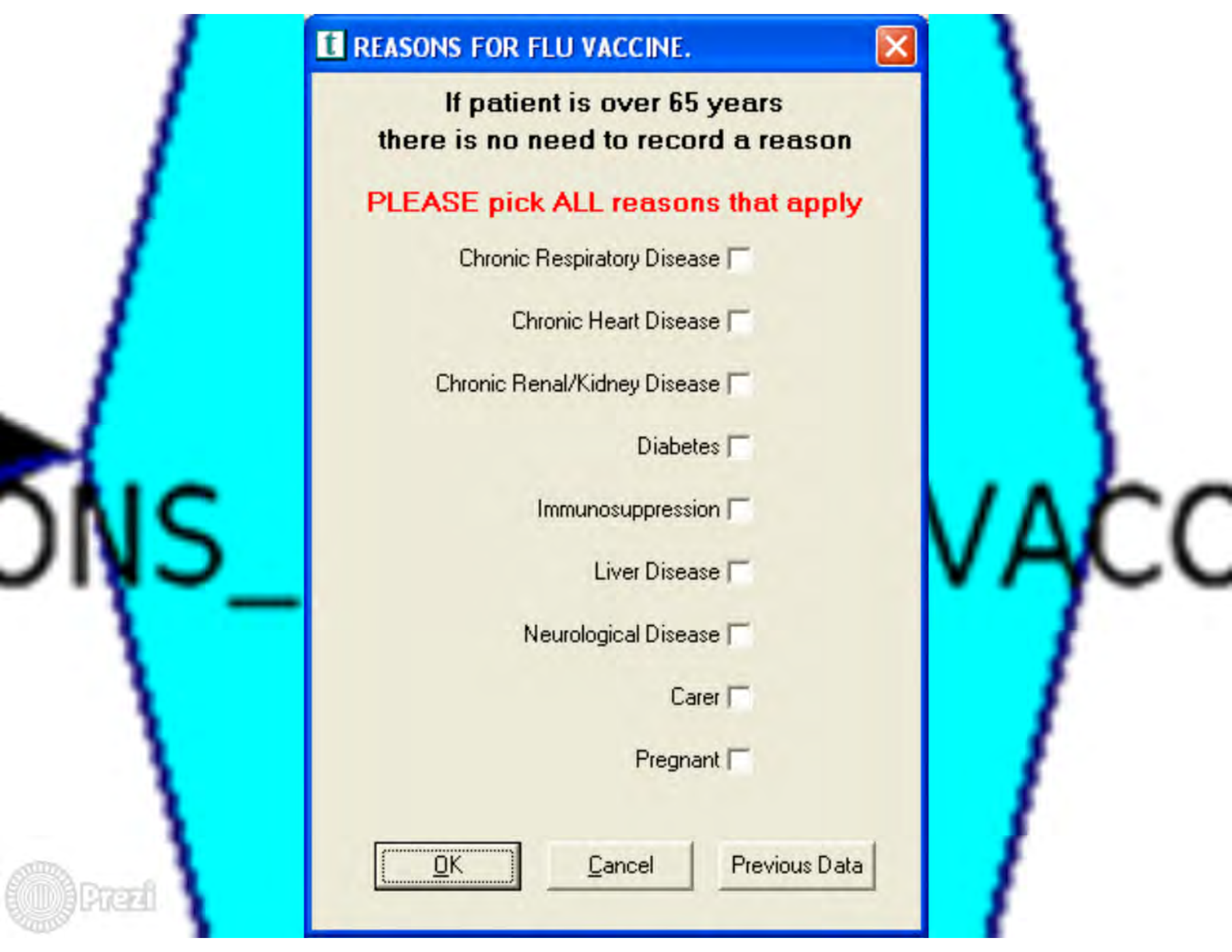

Decision Expression
Build your Decision Expression
Decision Title
Valid reason for flu jab
Expression Description
Does the patient have an occurrence of Influenza vaccination invitation letter sent between dates, 08/09/2014 and 10/09/2014 ?
Edit
Test
Clear
Save
Cancel

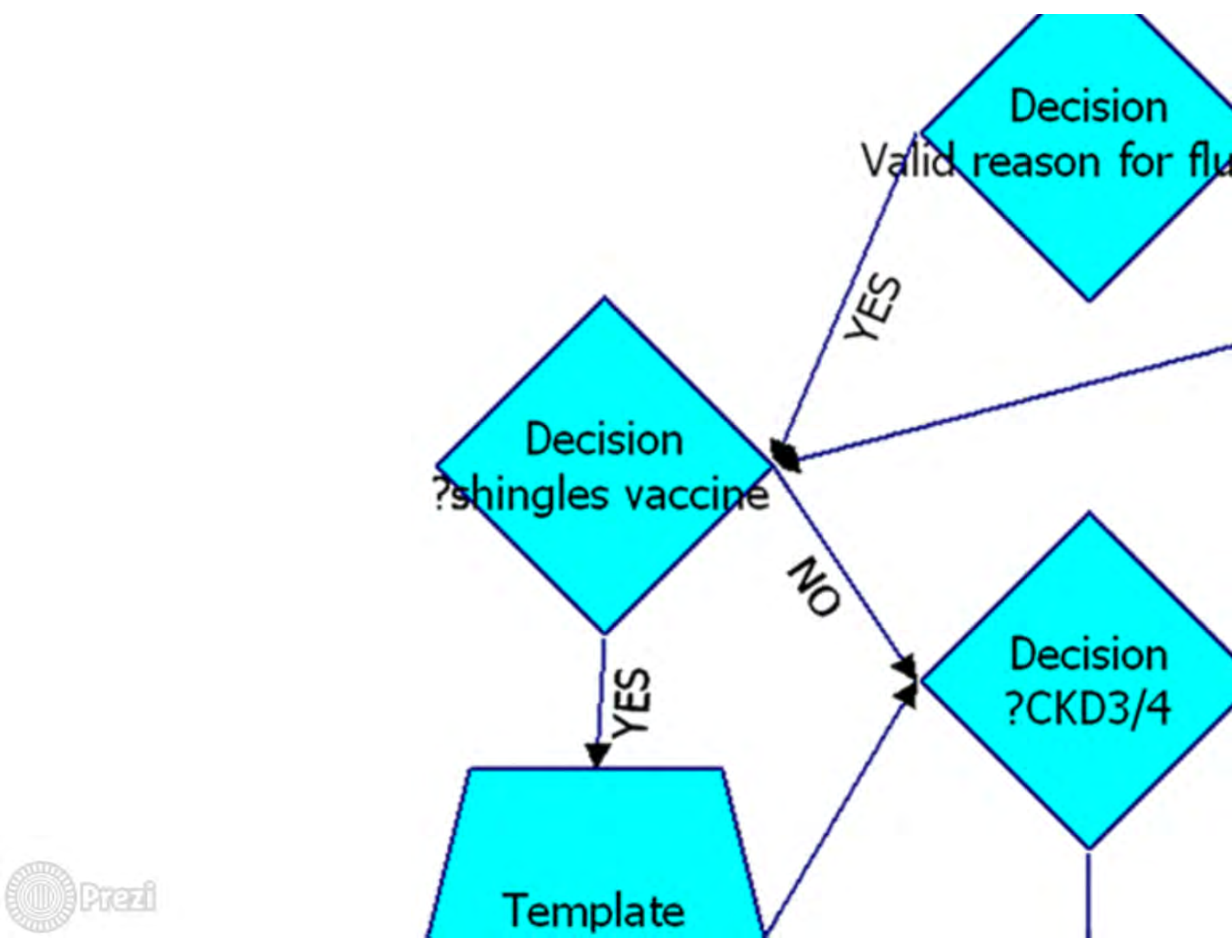

Start
Decision
ason for flu jab NO
Information
REASONS_FOR_
Temp

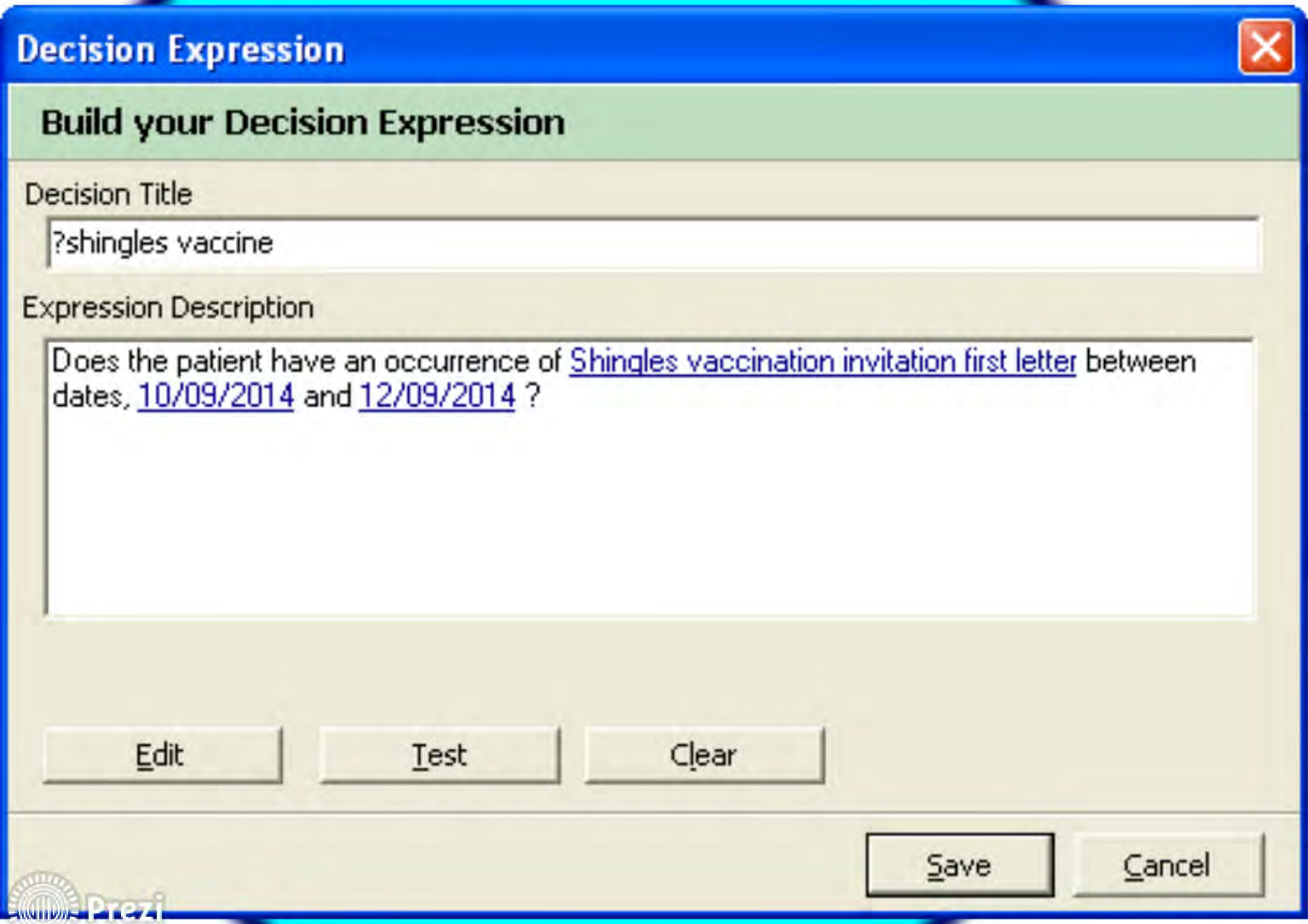

Protocol
Flu 2014
This patient has not been identified as being eligible for having a seasonal flu vaccine this year. If you think that they are indeed eligible (i.e. a new patient who fits the criteria) then please record the reason and continue the protocol as normal. If you are in doubt PLEASE ASK. (Just because patients have had the flu vaccination in the past is not a good enough reason for them to get it again if they are not eligible!)
< Back
Next >
Finish
Cancel

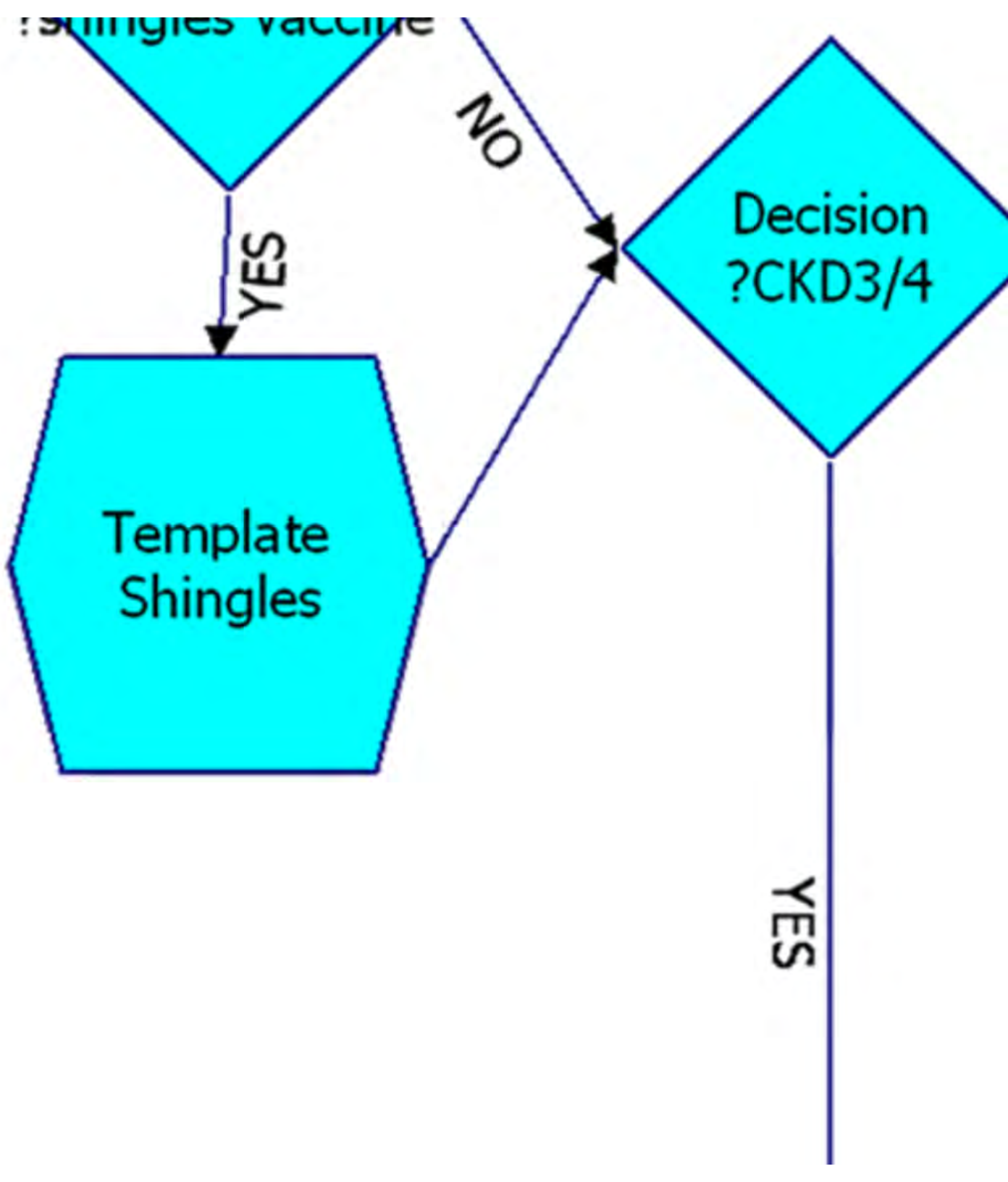


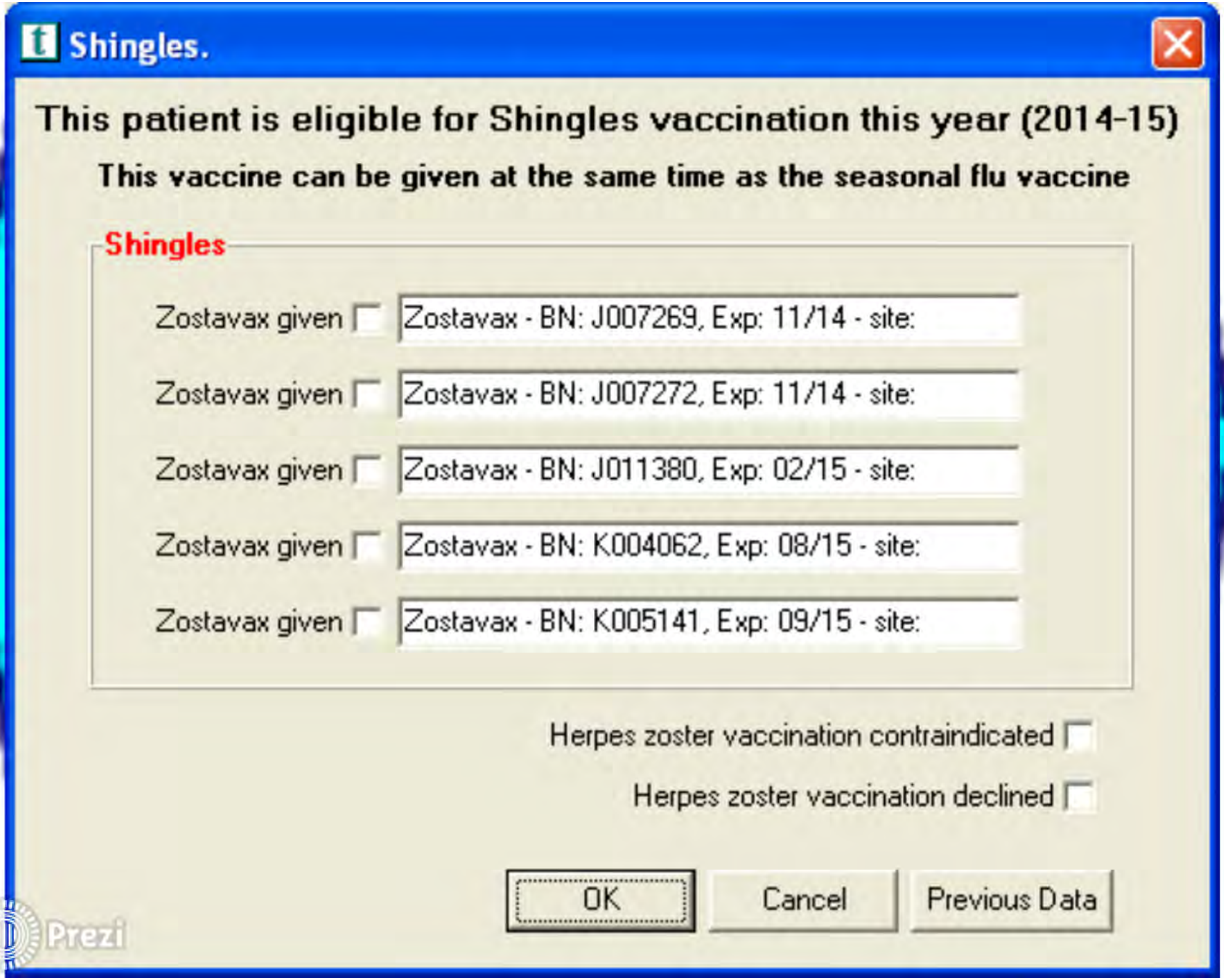
Prezi

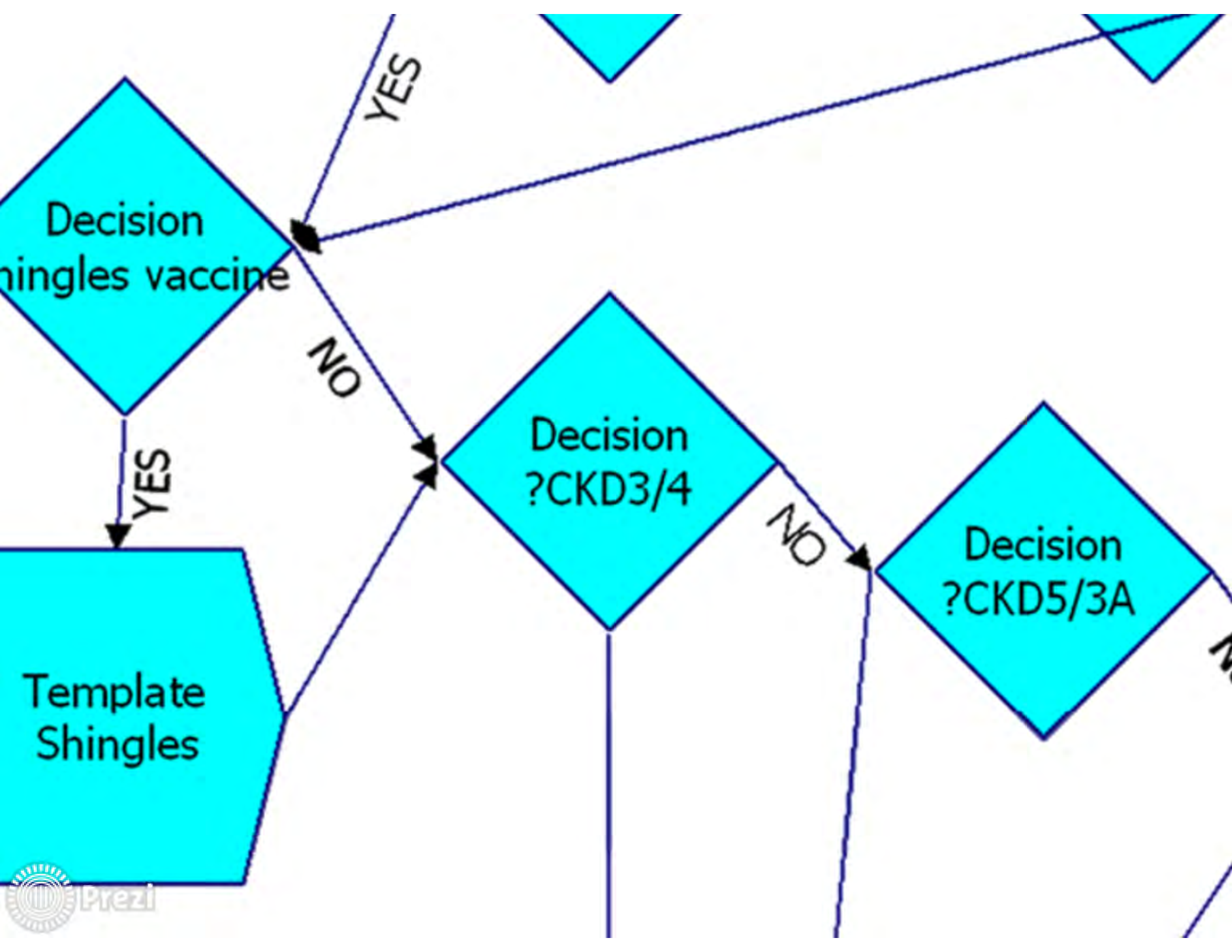

REASONS FOR FLU VACCINE.
If patient is over 65 years
there is no need to record a reason
PLEASE pick ALL reasons that apply
Chronic Respiratory Disease
Chronic Heart Disease
Chronic Renal/Kidney Disease
Diabetes
Immunosuppression
Liver Disease
Neurological Disease
Carer
Pregnant
OK
Cancel
Previous Data

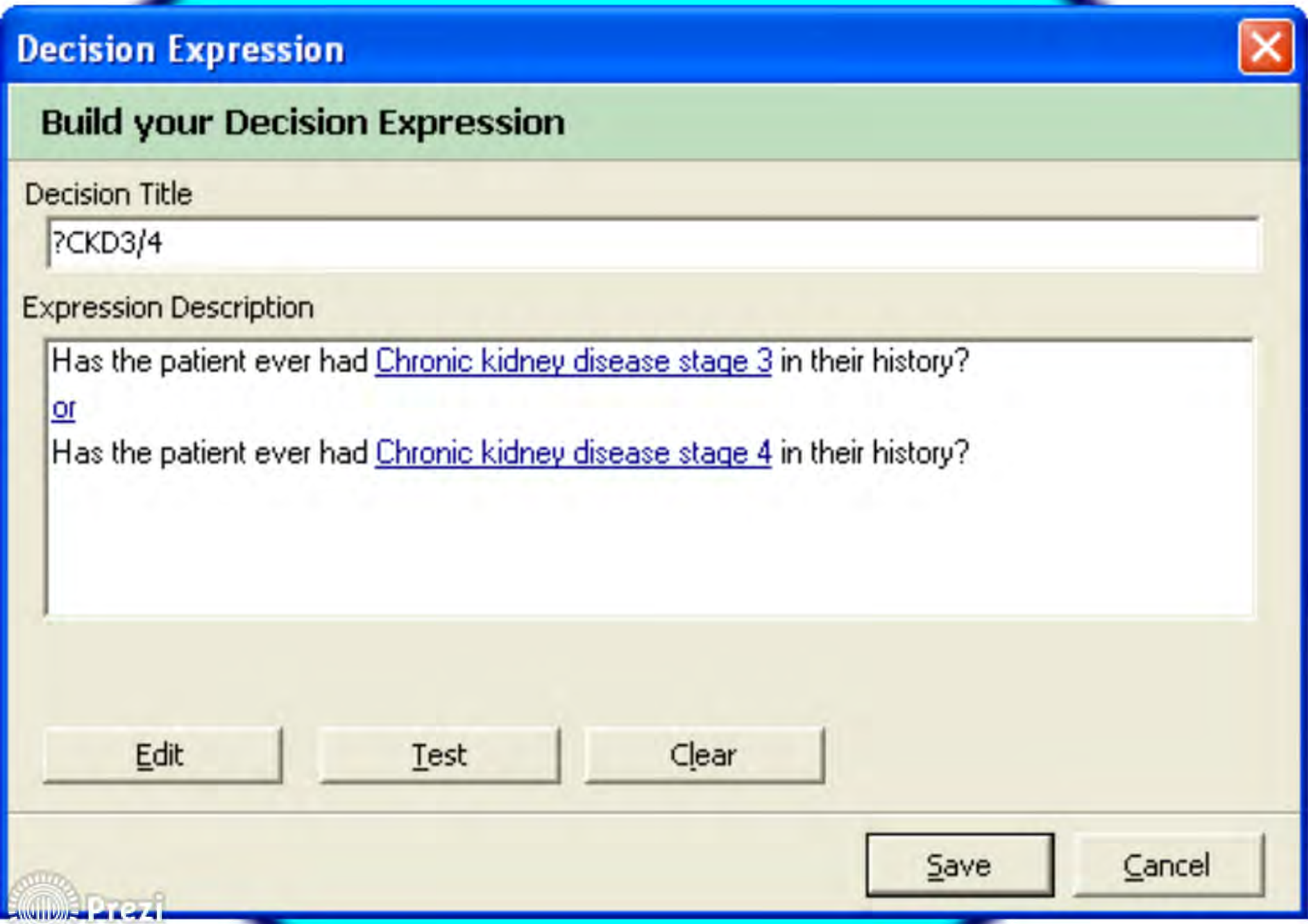

Decision
Valid reason for flu
YES
Decision
?shingles vaccine
NO
YES
Decision
?CKD3/4
Template

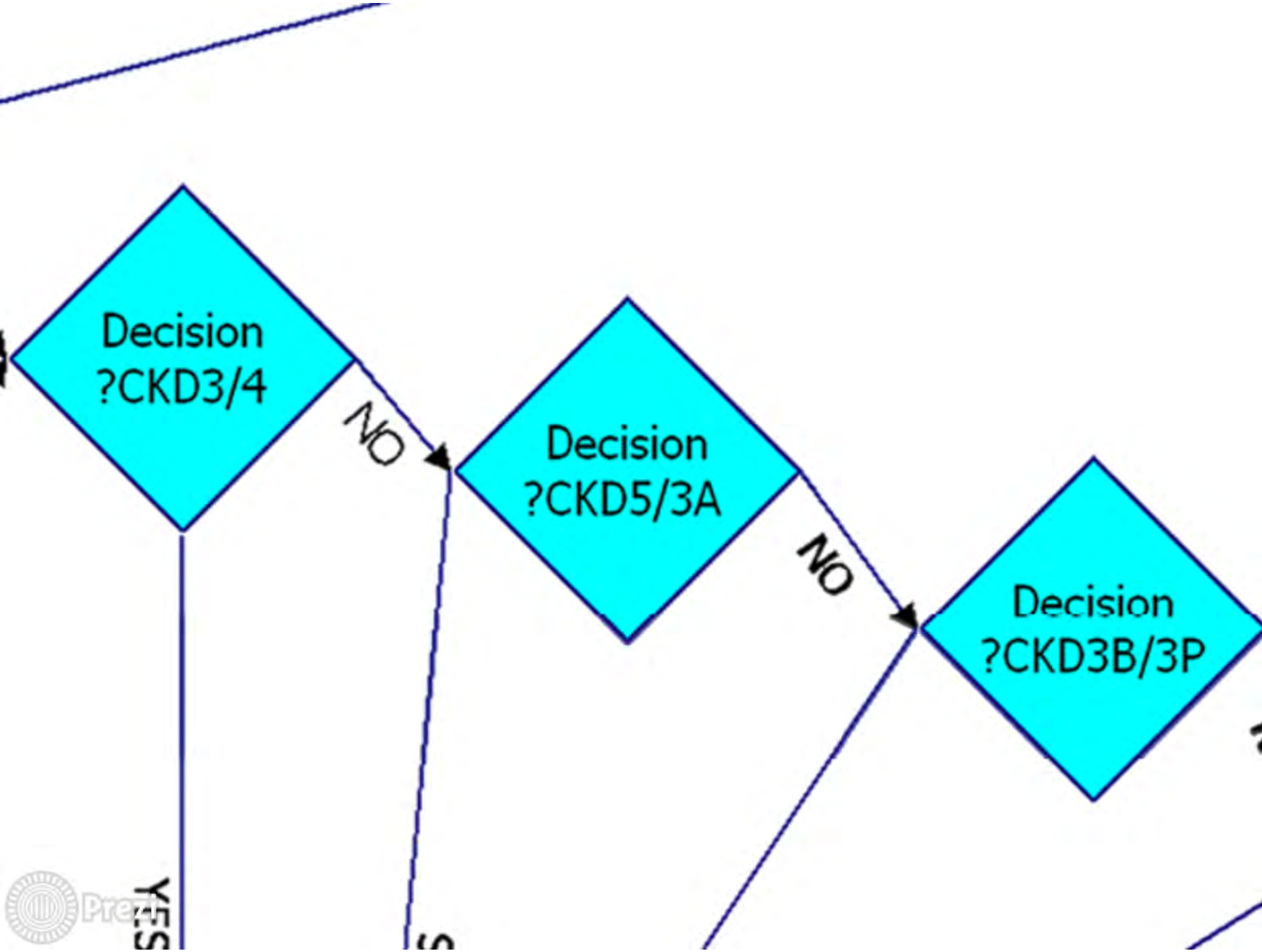

Decision Expression
Build your Decision Expression
Decision Title
?shingles vaccine
Expression Description
Does the patient have an occurrence of Shingles vaccination invitation first letter between dates, 10/09/2014 and 12/09/2014 ?
Edit
Test
Clear
Save
Cancel

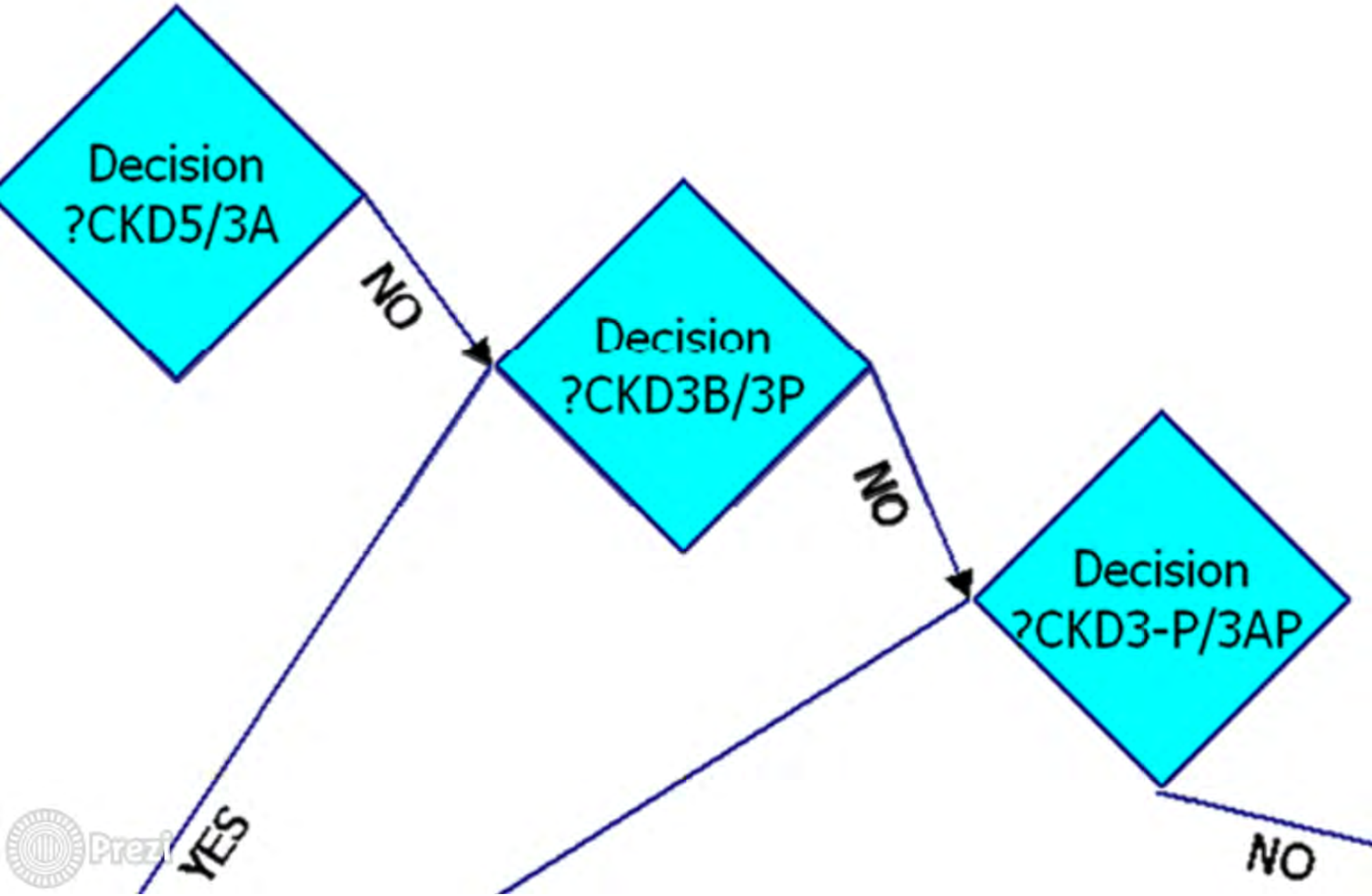

?Shingles Vaccine
NO
YES
Decision
?CKD3/4
Template
Shingles
YES

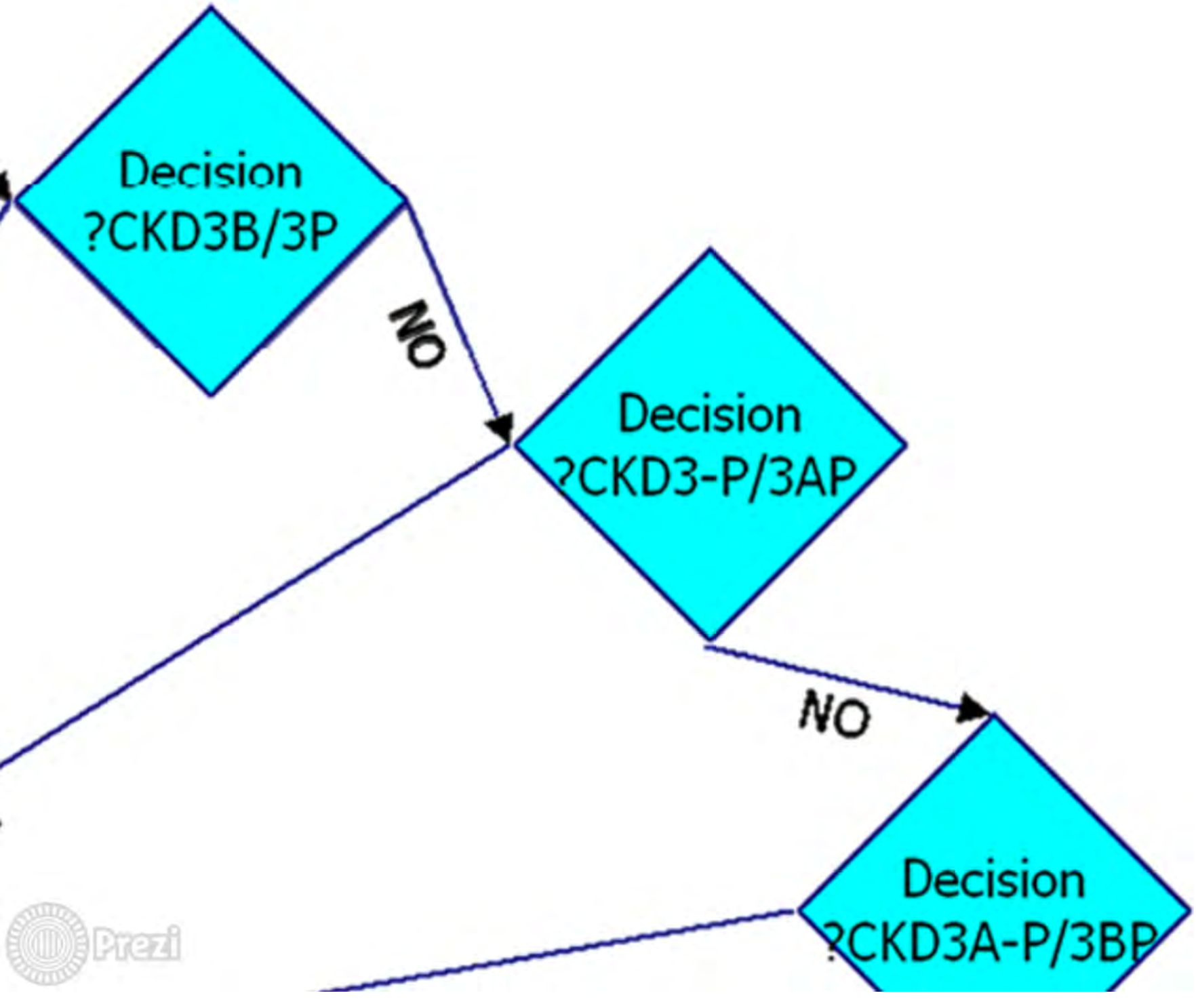

Shingles.
This patient is eligible for Shingles vaccination this year (2014-15)
This vaccine can be given at the same time as the seasonal flu vaccine
Shingles
Zostavax given
Zostavax - BN: J007269, Exp: 11/14 - site:
Zostavax given
Zostavax - BN: J007272, Exp: 11/14 - site:
Zostavax given
Zostavax - BN: J011380, Exp: 02/15 - site:
Zostavax given
Zostavax - BN: K004062, Exp: 08/15 - site:
Zostavax given
Zostavax - BN: K005141, Exp: 09/15 - site:
Herpes zoster vaccination contraindicated
Herpes zoster vaccination declined
OK
Cancel
Previous Data
Prezi

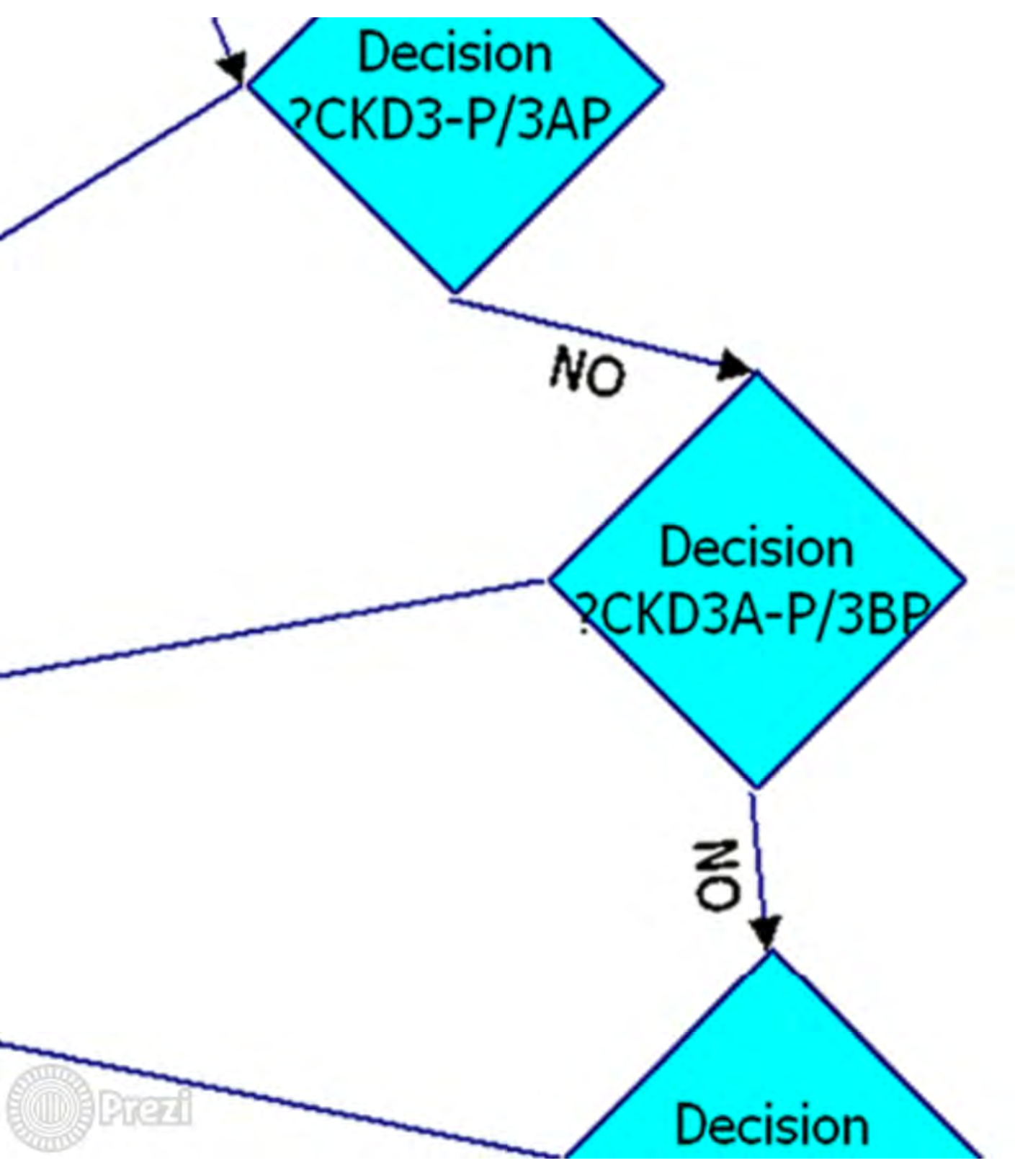

YES
Decision
hingles vaccine
NO
YES
Decision
?CKD3/4
NO
Decision
?CKD5/3A
Template
Shingles

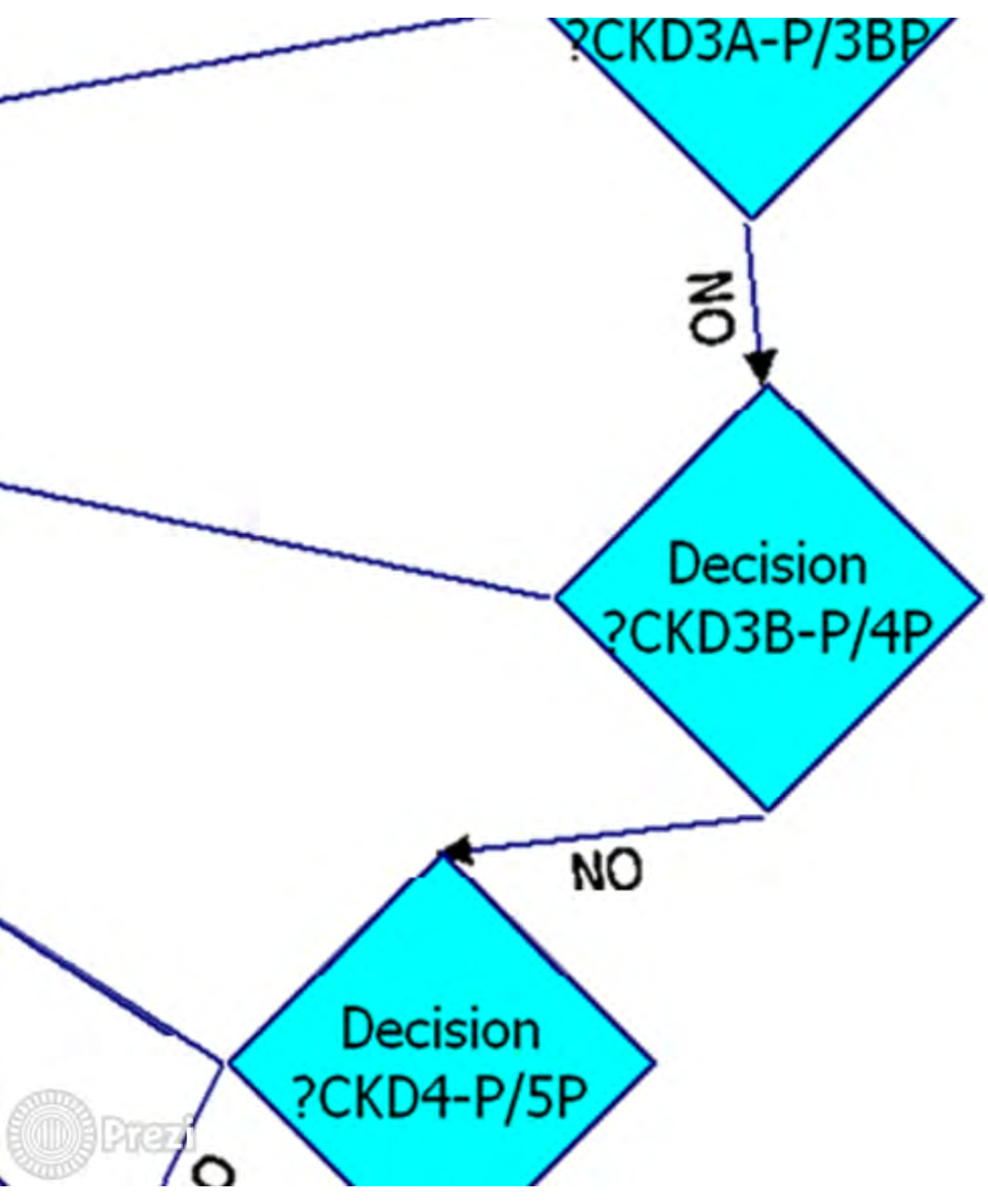

Decision Expression
Build your Decision Expression
Decision Title
?CKD3/4
Expression Description
Has the patient ever had Chronic kidney disease stage 3 in their history?
or
Has the patient ever had Chronic kidney disease stage 4 in their history?
Edit
Test
Clear
Save
Cancel

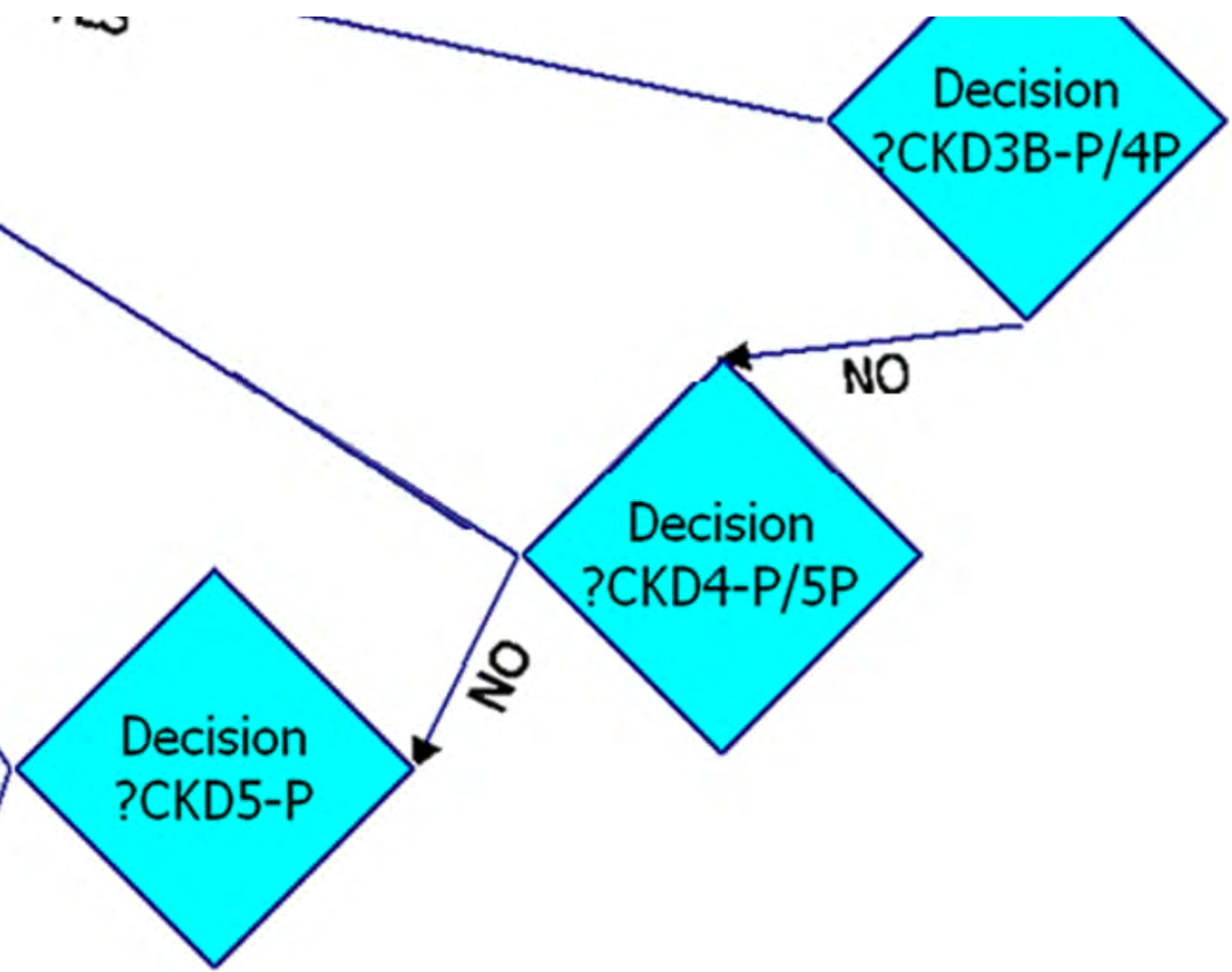

Decision
?CKD3/4
NO
Decision
?CKD5/3A
NO
Decision
?CKD3B/3P

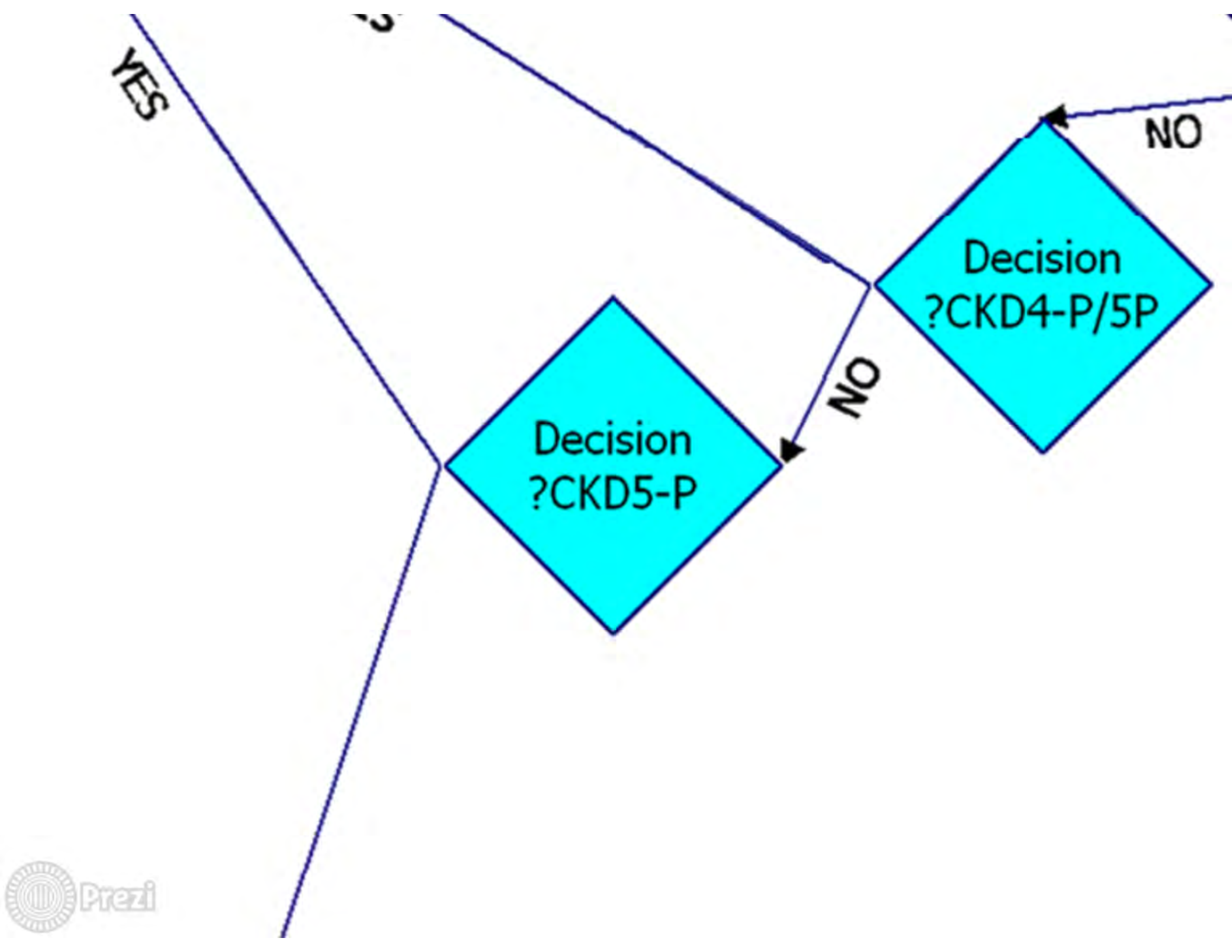

Decision
?CKD5/3A
NO
Decision
?CKD3B/3P
NO
Decision
?CKD3-P/3AP
YES
NO

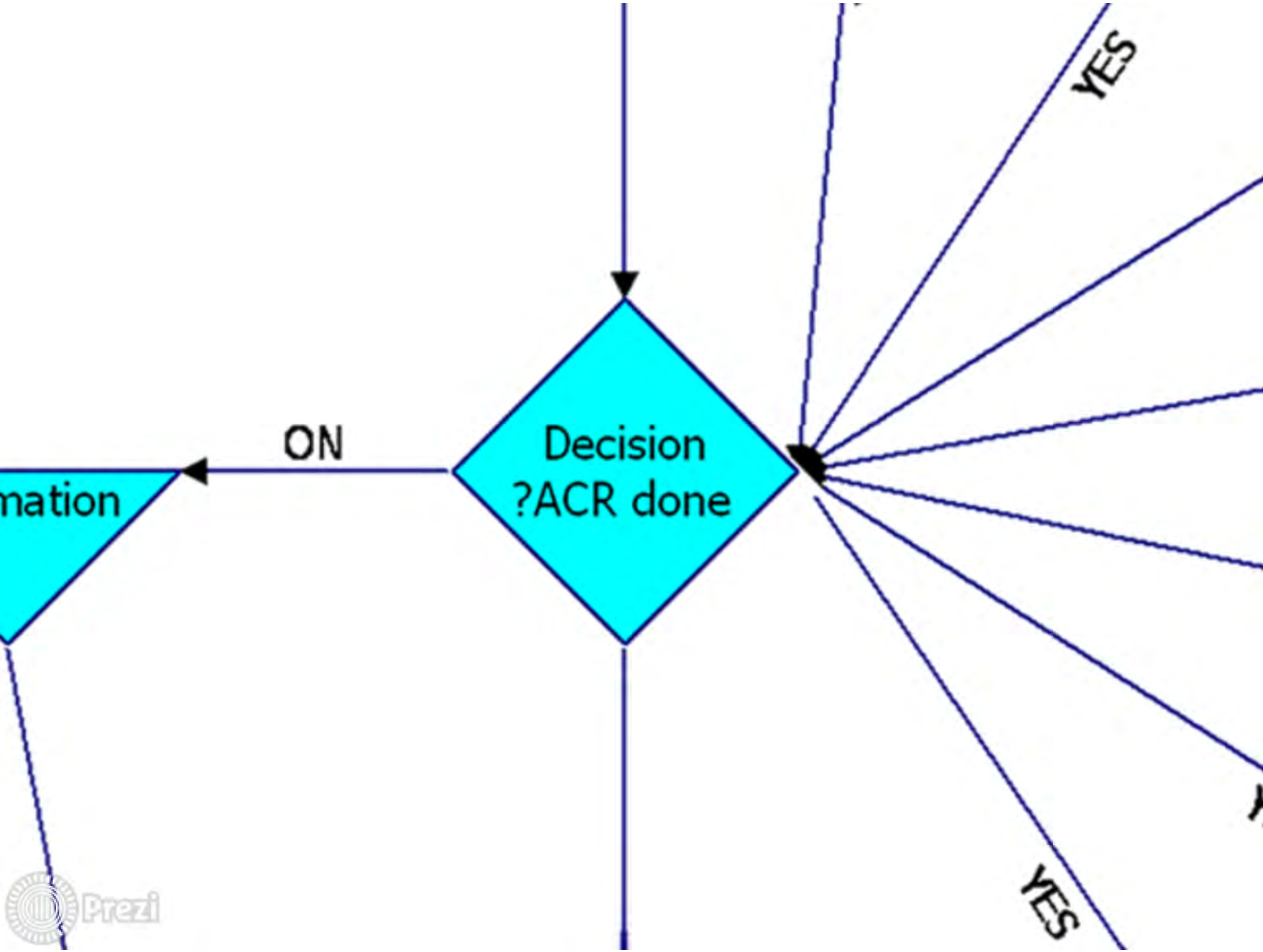

Decision
?CKD3B/3P
NO
Decision
?CKD3-P/3AP
NO
Decision
?CKD3A-P/3BP

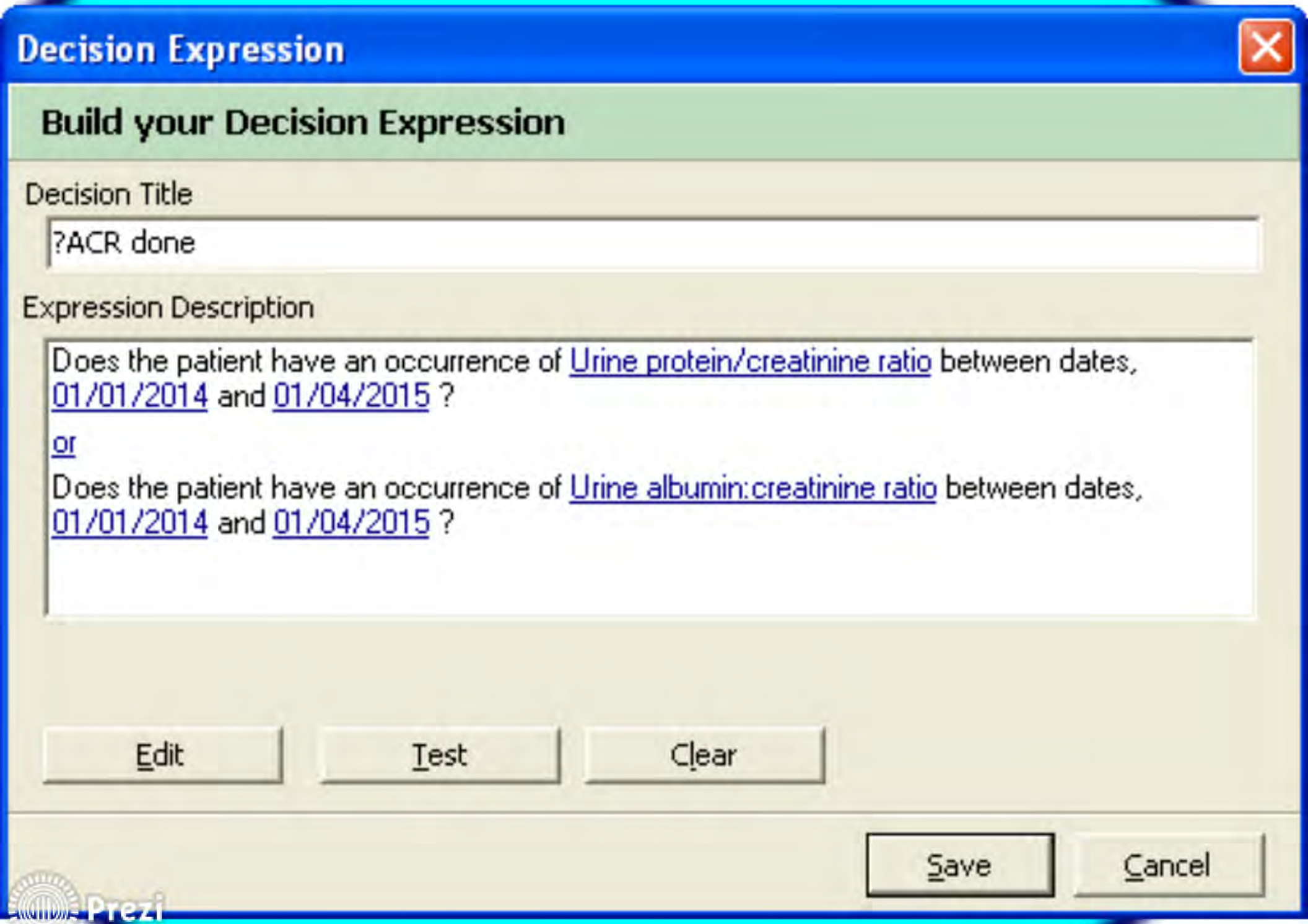

Decision
?CKD3-P/3AP
NO
Decision
?CKD3A-P/3BP
ON
Decision

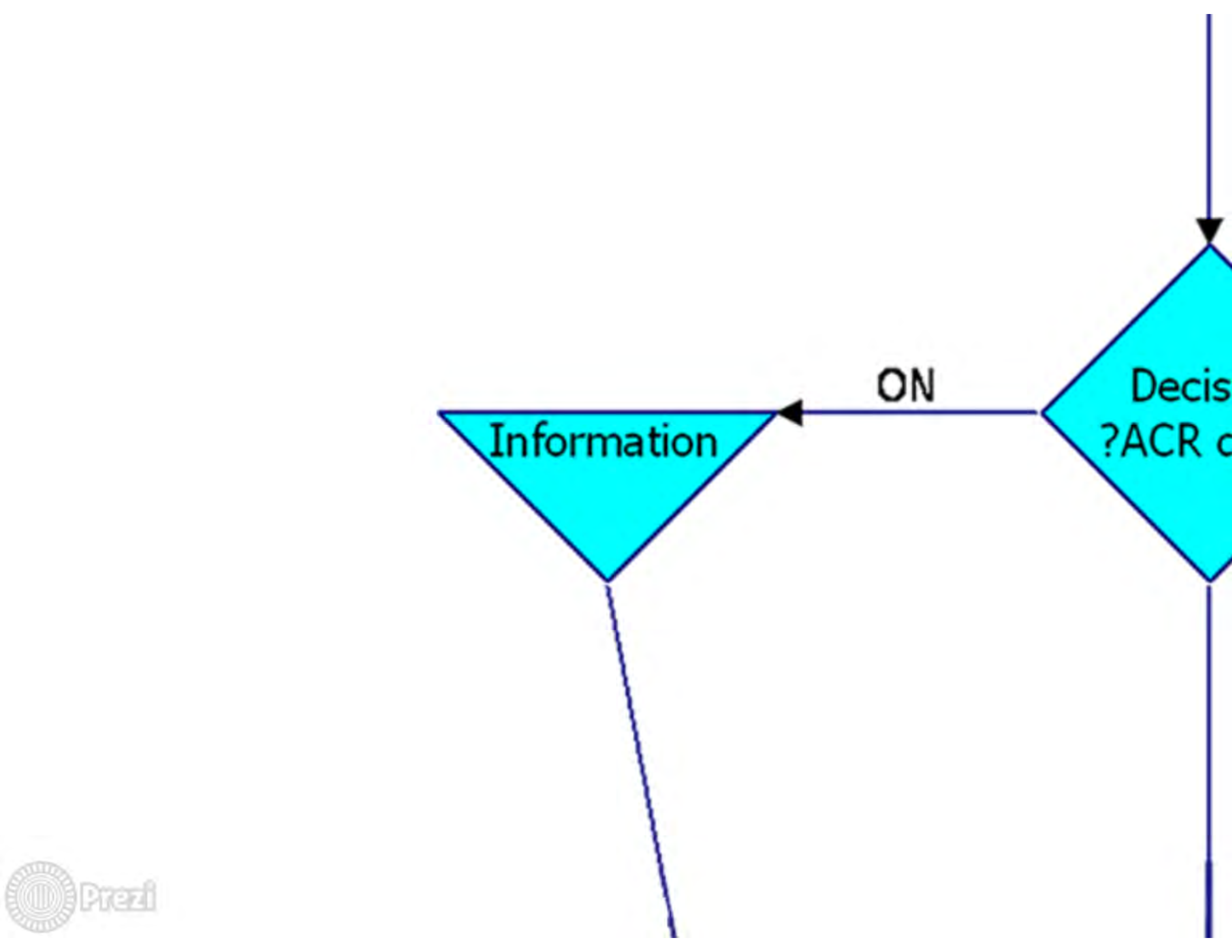

?CKD3A-P/3BP
ON
Decision
?CKD3B-P/4P
NO
Decision
?CKD4-P/5P

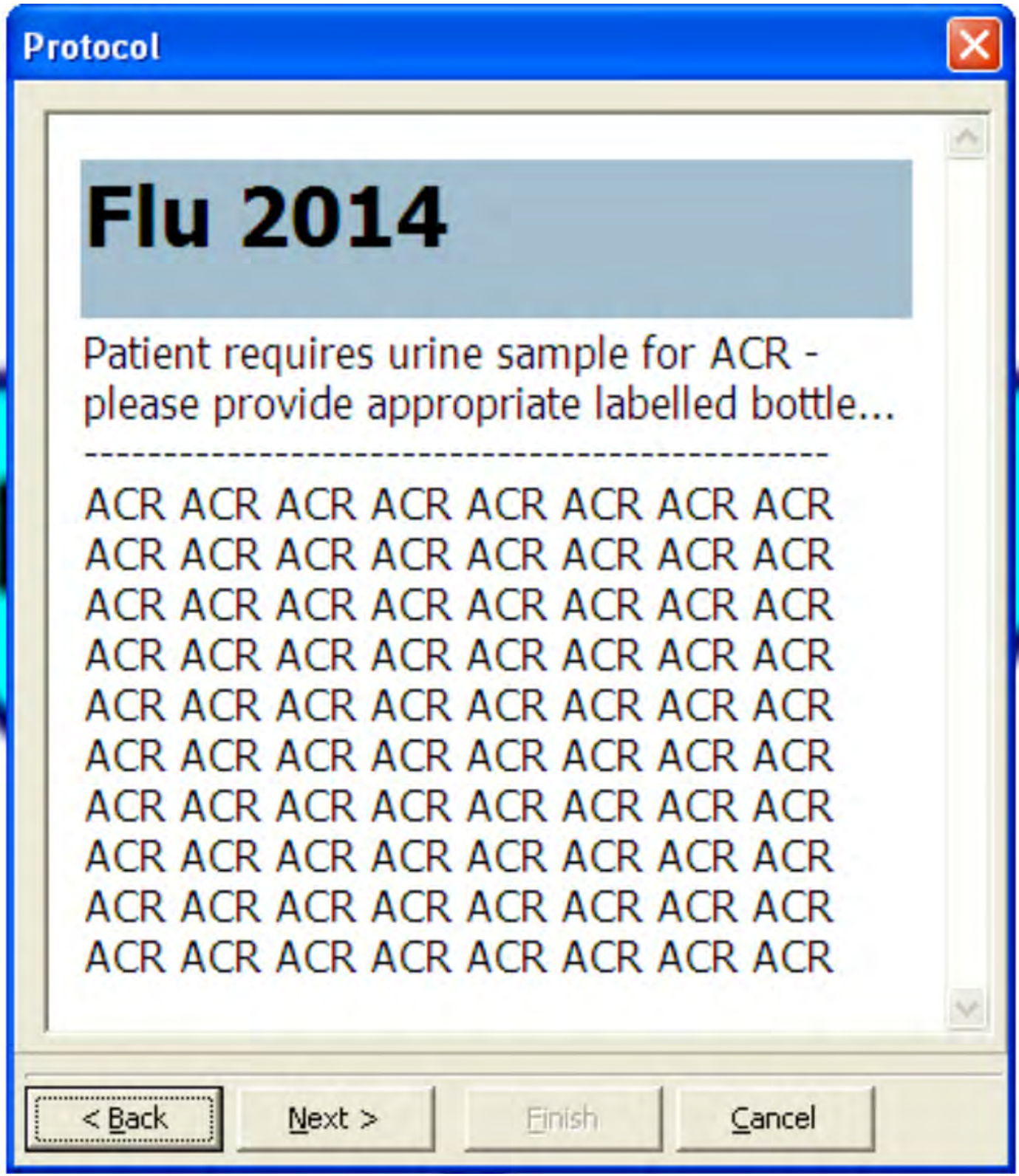

Decision
?CKD3B-P/4P
NO
Decision
?CKD4-P/5P
NO
Decision
?CKD5-P

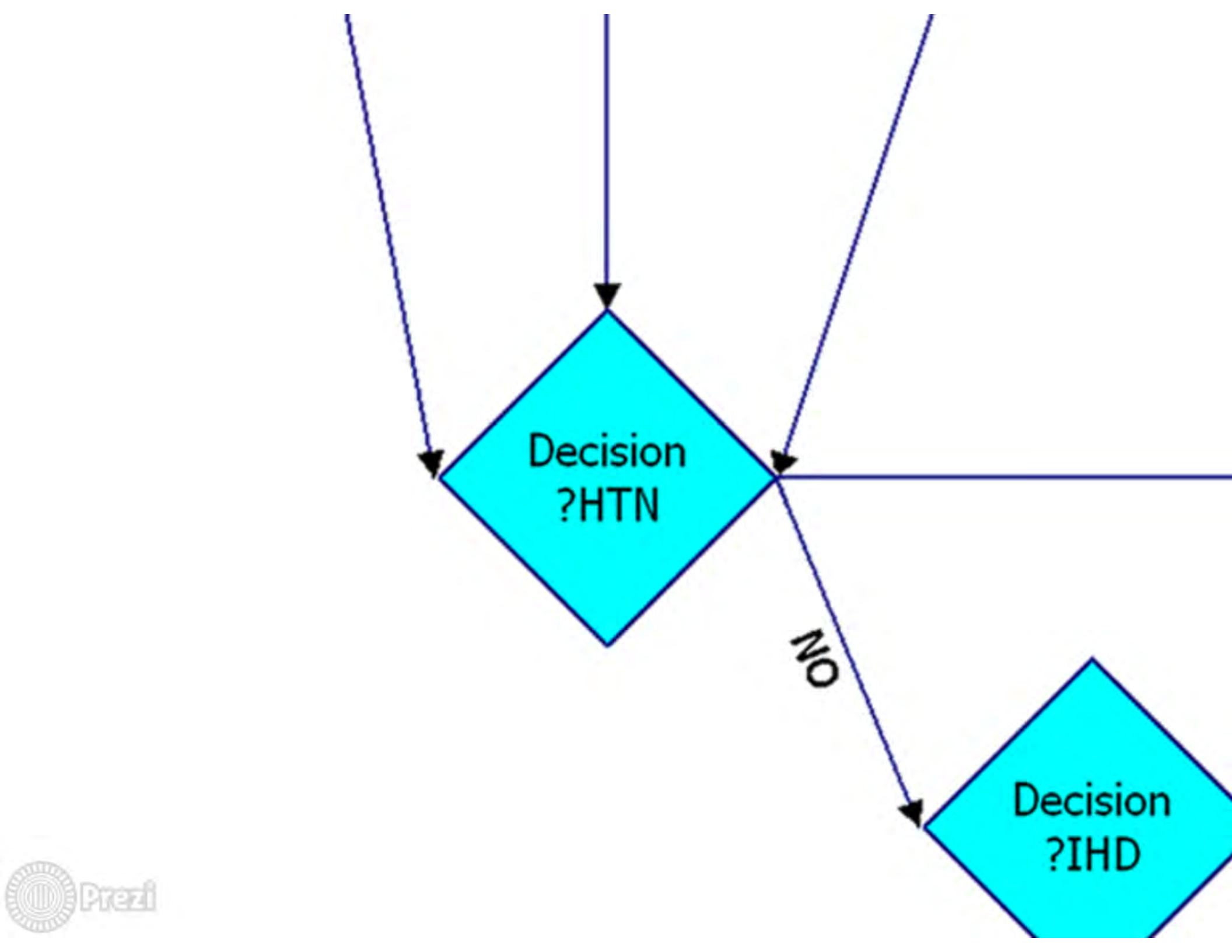

YES
NO
Decision
?CKD4-P/5P
NO
Decision
?CKD5-P

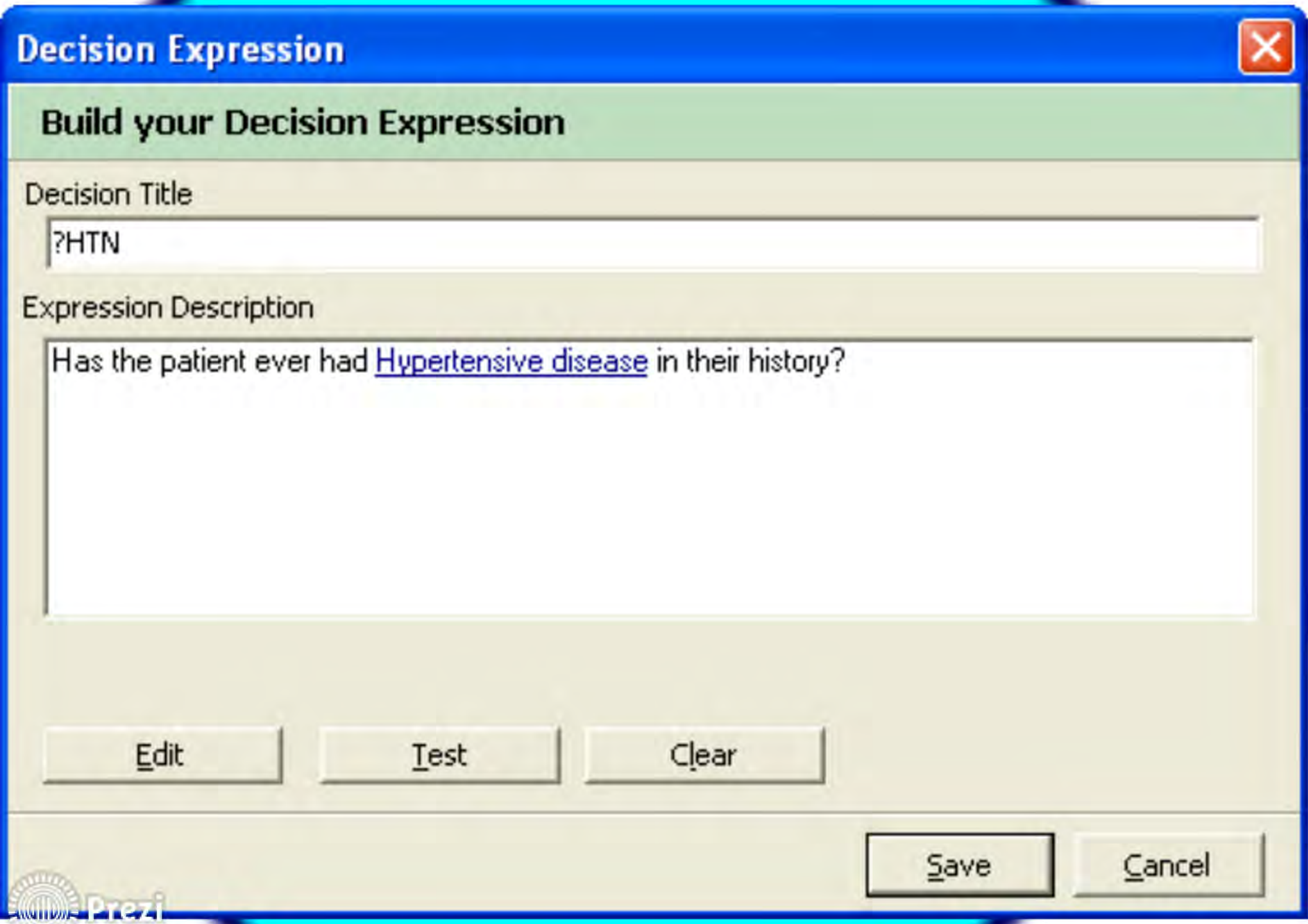

YES
ON
Decision
?ACR done
mation
YES

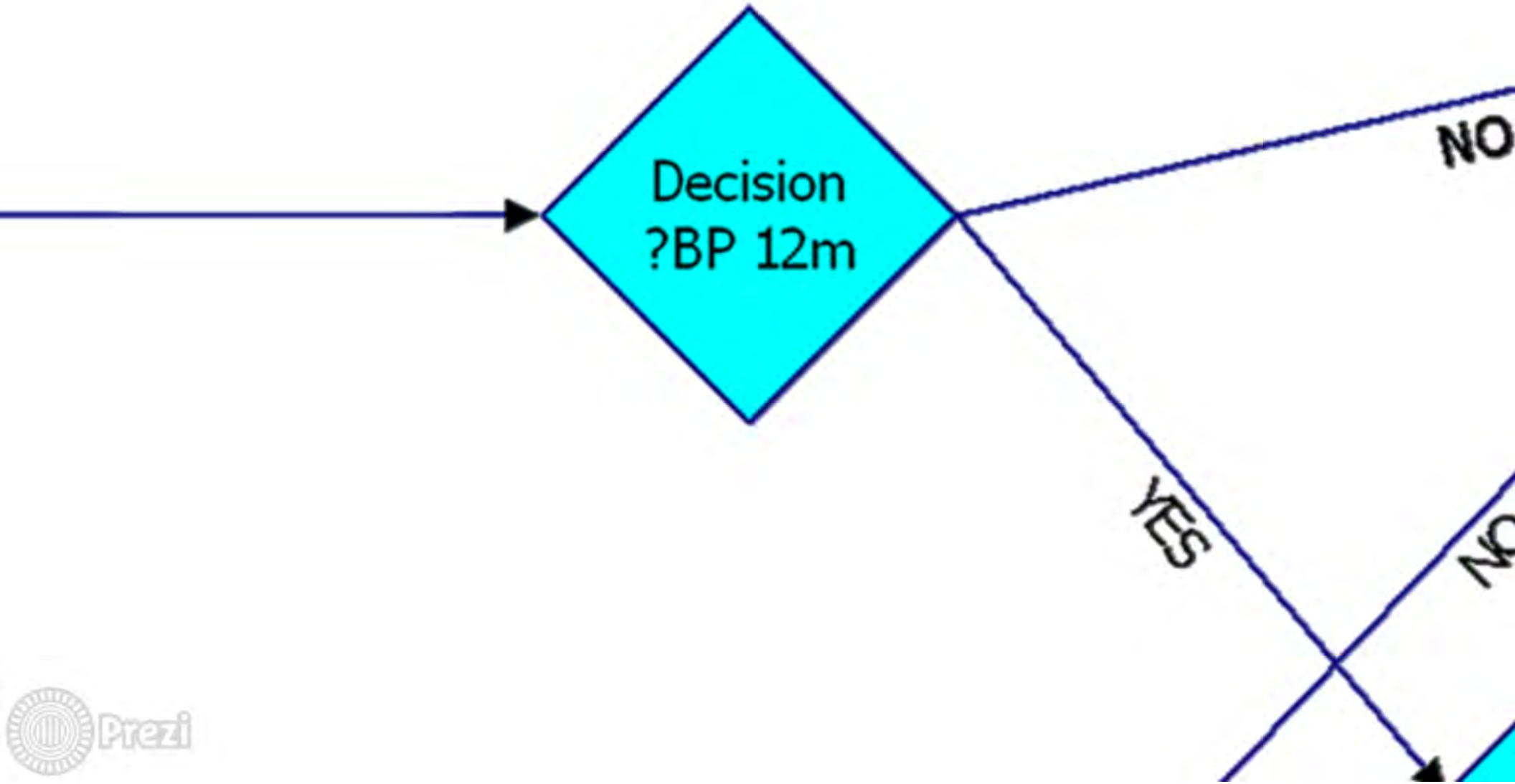

Decision Expression
Build your Decision Expression
Decision Title
?ACR done
Expression Description
Does the patient have an occurrence of Urine protein/creatinine ratio between dates, 01/01/2014 and 01/04/2015 ?
or
Does the patient have an occurrence of Urine albumin:creatinine ratio between dates, 01/01/2014 and 01/04/2015 ?
Edit
Test
Clear
Save
Cancel

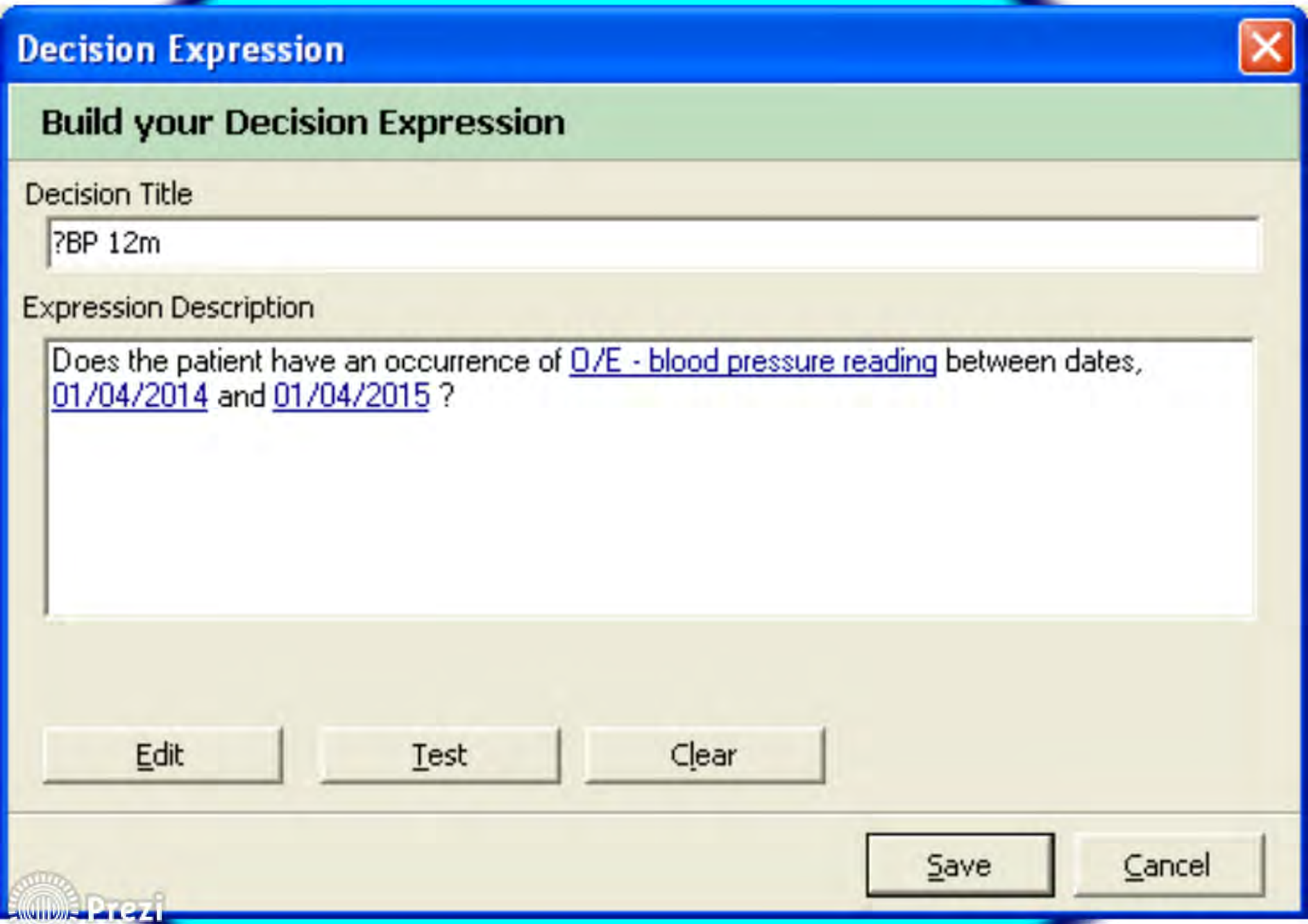

ON
Information
Decis
?ACR c

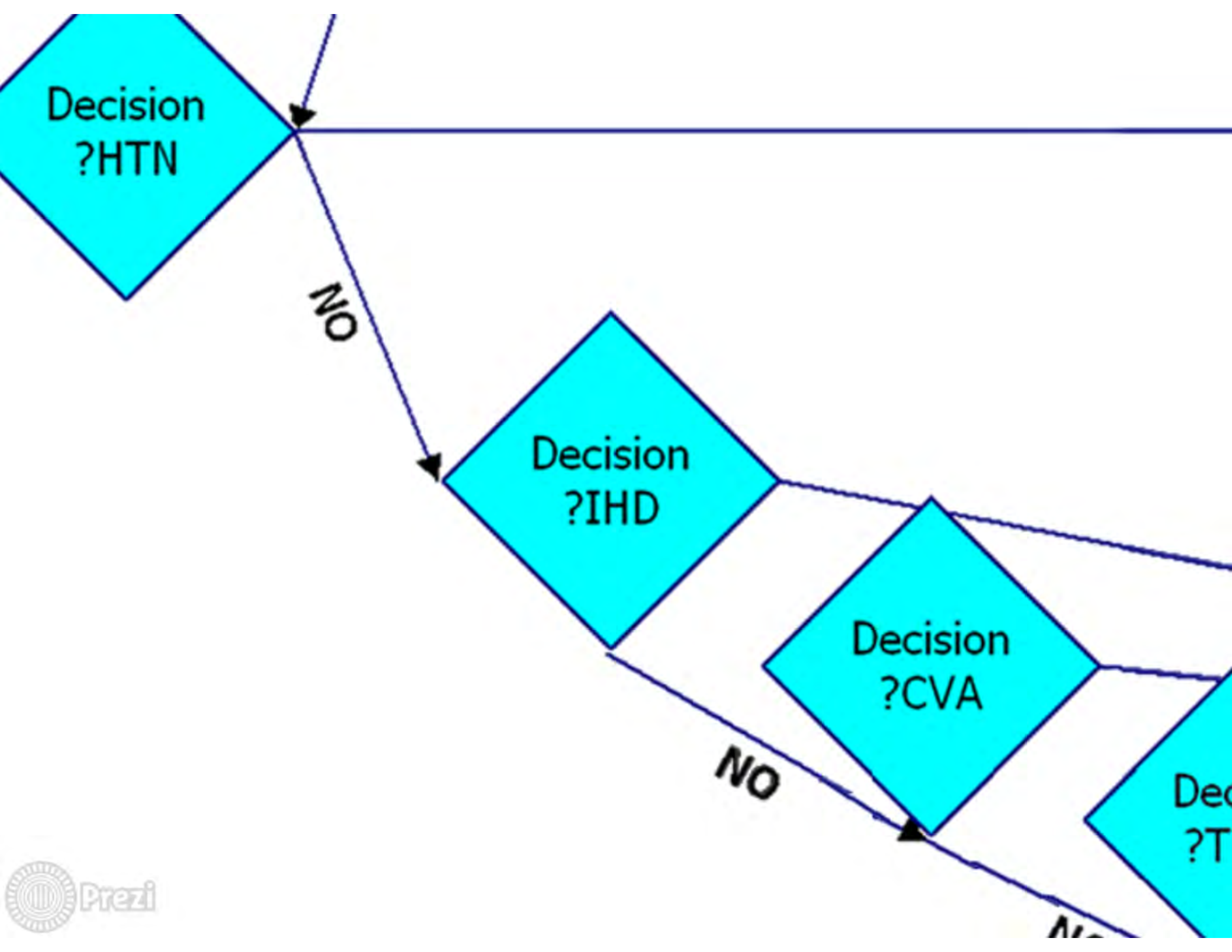

Protocol
Flu 2014
Patient requires urine sample for ACR - please provide appropriate labelled bottle...
ACR ACR ACR ACR ACR ACR ACR ACR
ACR ACR ACR ACR ACR ACR ACR ACR
ACR ACR ACR ACR ACR ACR ACR ACR
ACR ACR ACR ACR ACR ACR ACR ACR
ACR ACR ACR ACR ACR ACR ACR ACR
ACR ACR ACR ACR ACR ACR ACR ACR
ACR ACR ACR ACR ACR ACR ACR ACR
ACR ACR ACR ACR ACR ACR ACR ACR
ACR ACR ACR ACR ACR ACR ACR ACR
< Back
Next >
Finish
Cancel


Decision
?HTN
NO
Decision
?IHD

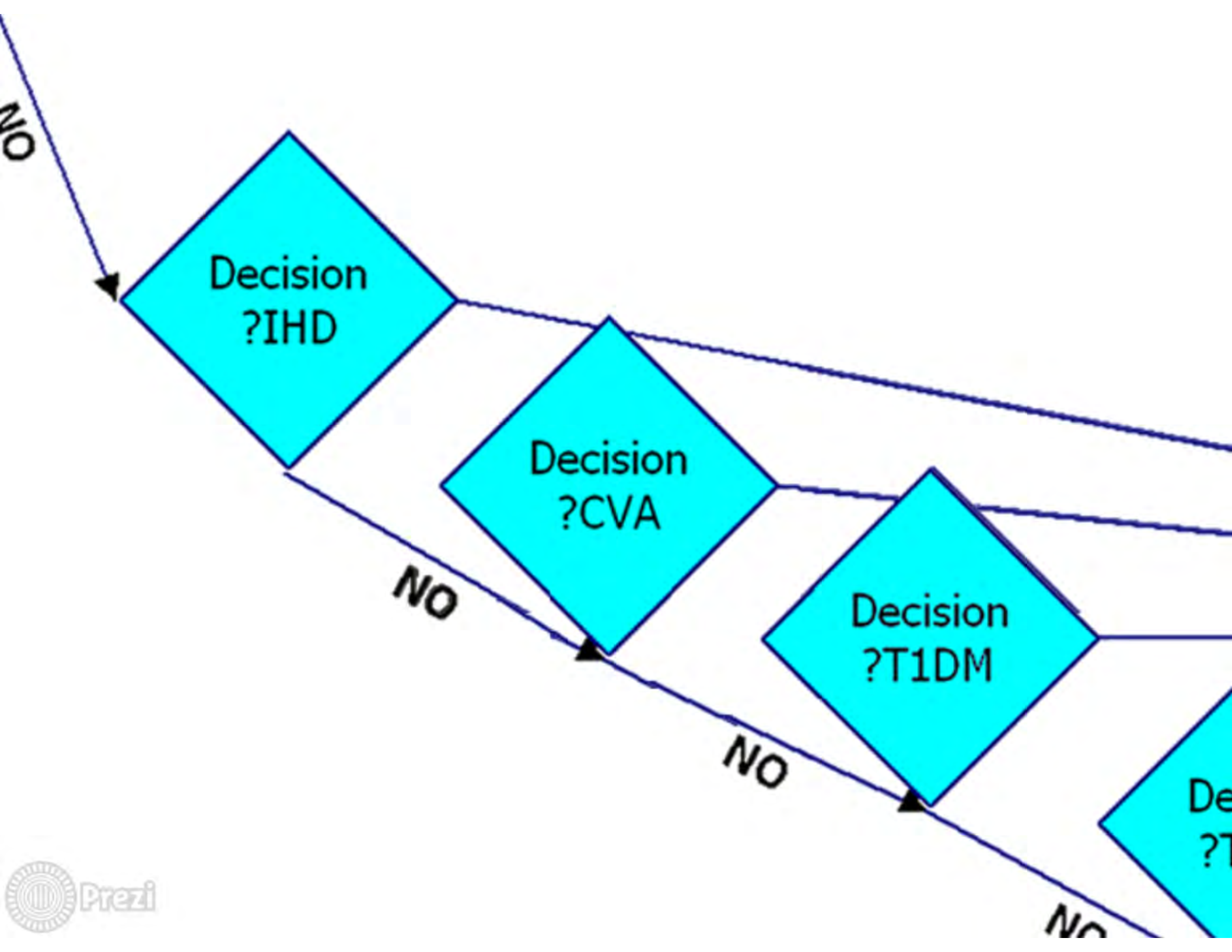

Decision Expression
Build your Decision Expression
Decision Title
?HTN
Expression Description
Has the patient ever had Hypertensive disease in their history?
Edit
Test
Clear
Save
Cancel

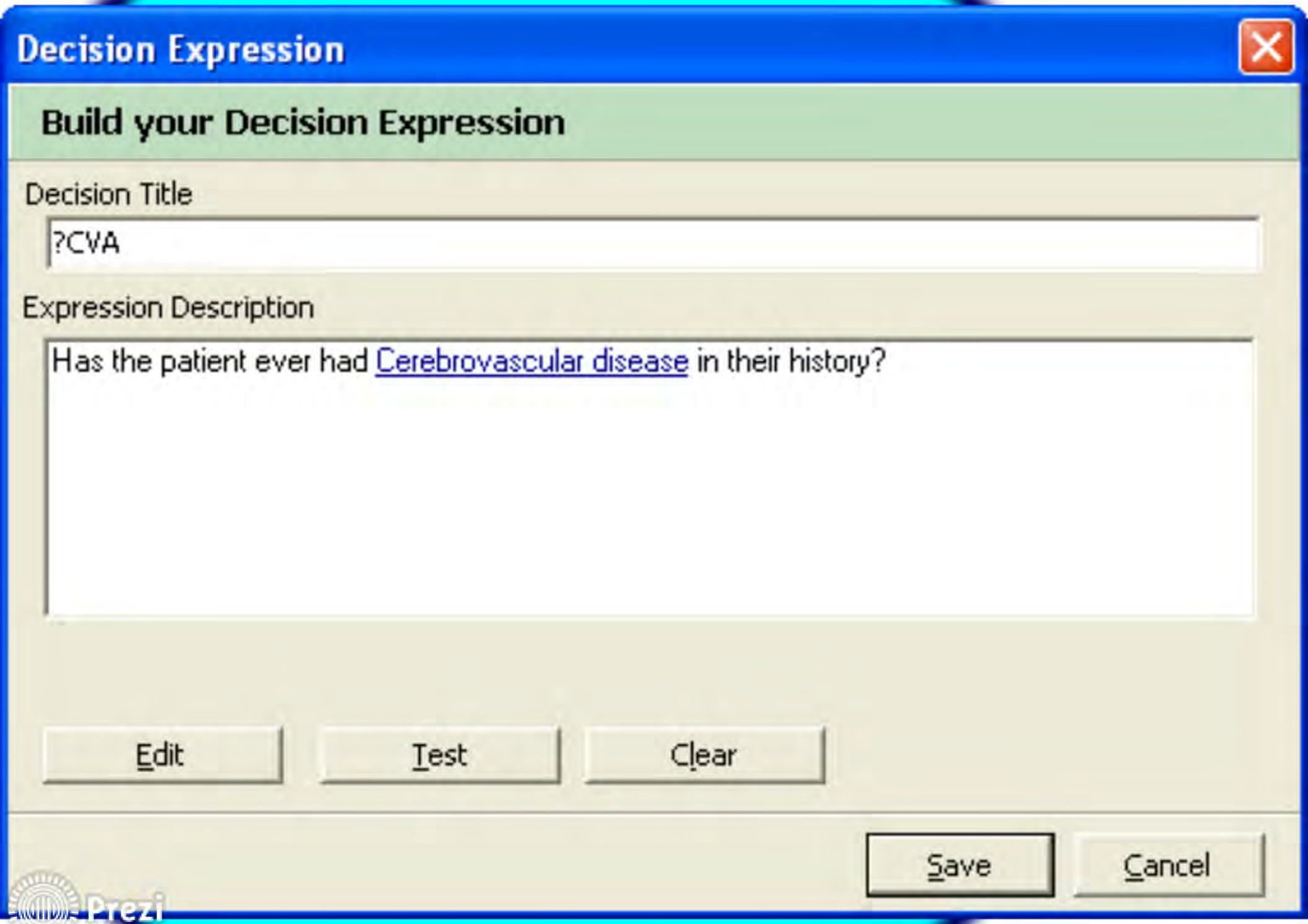

Decision
?BP 12m
NO
YES

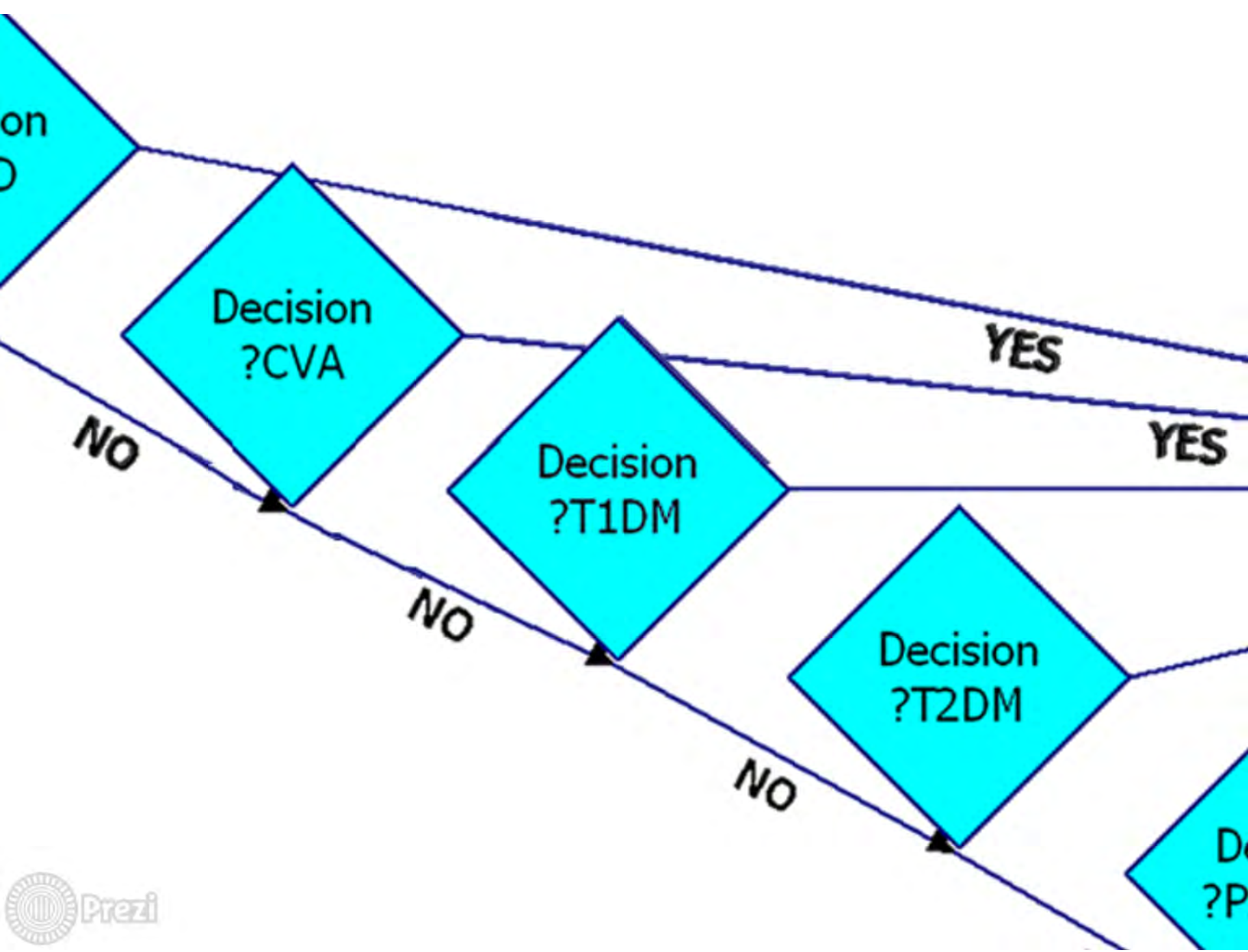

Decision Expression
Build your Decision Expression
Decision Title
?BP 12m
Expression Description
Does the patient have an occurrence of O/E - blood pressure reading between dates, 01/04/2014 and 01/04/2015 ?
Edit
Test
Clear
Save
Cancel

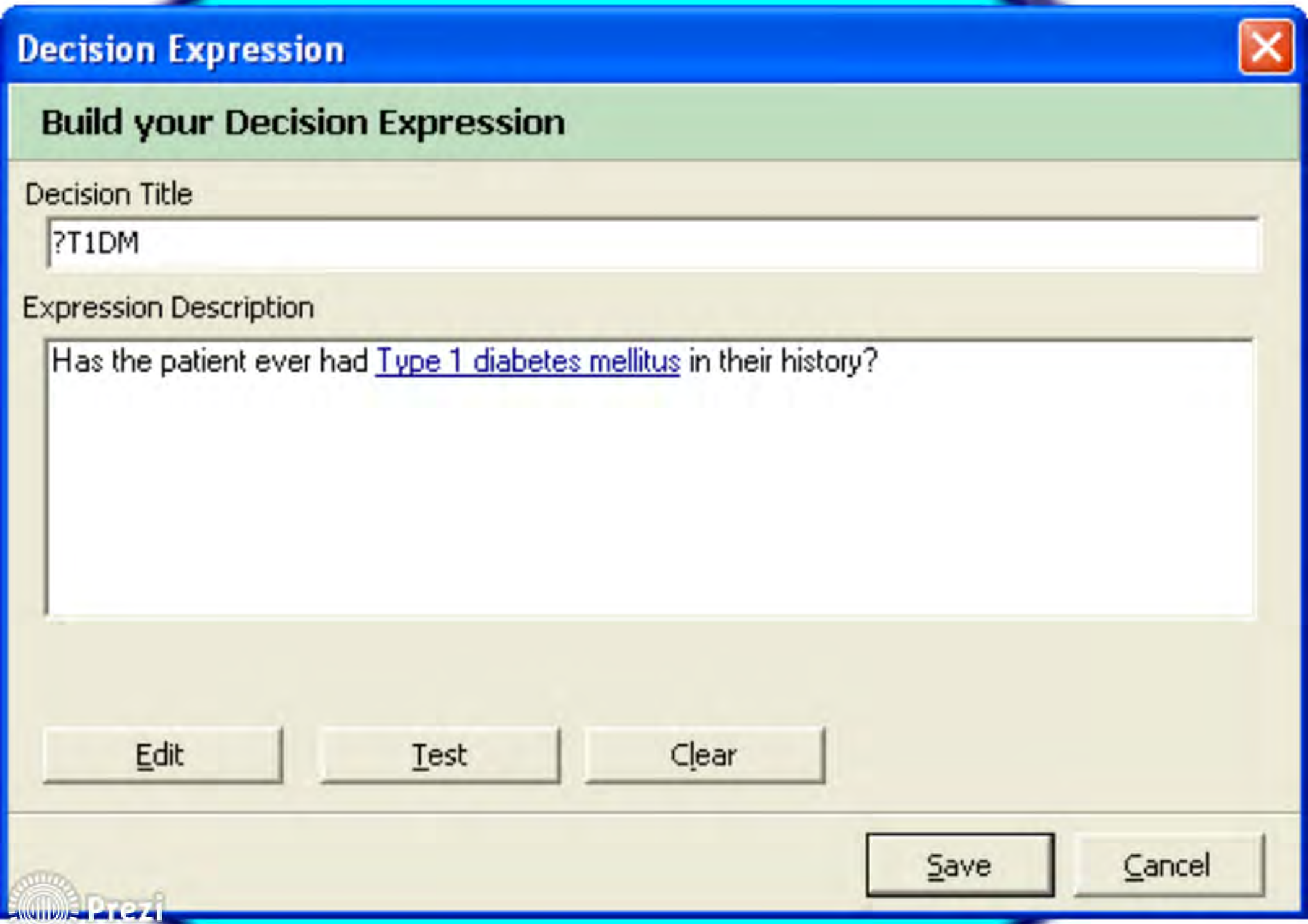

Decision
?HTN
NO
Decision
?IHD
Decision
?CVA
NO

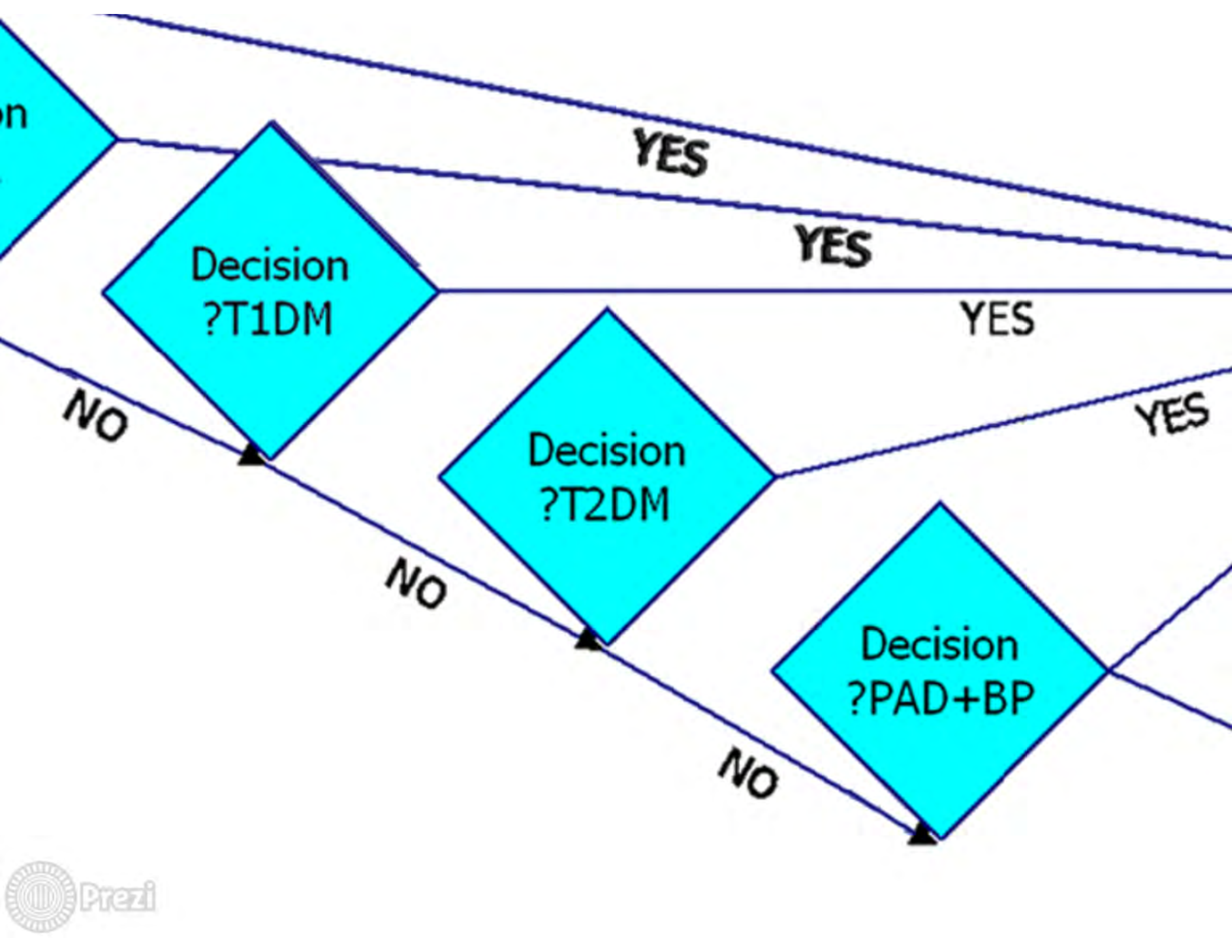
Decision Expression
Build your Decision Expression
Decision Title
?IHD
Expression Description
Has the patient ever had Ischaemic heart disease in their history?
Edit
Test
Clear
Save
Cancel

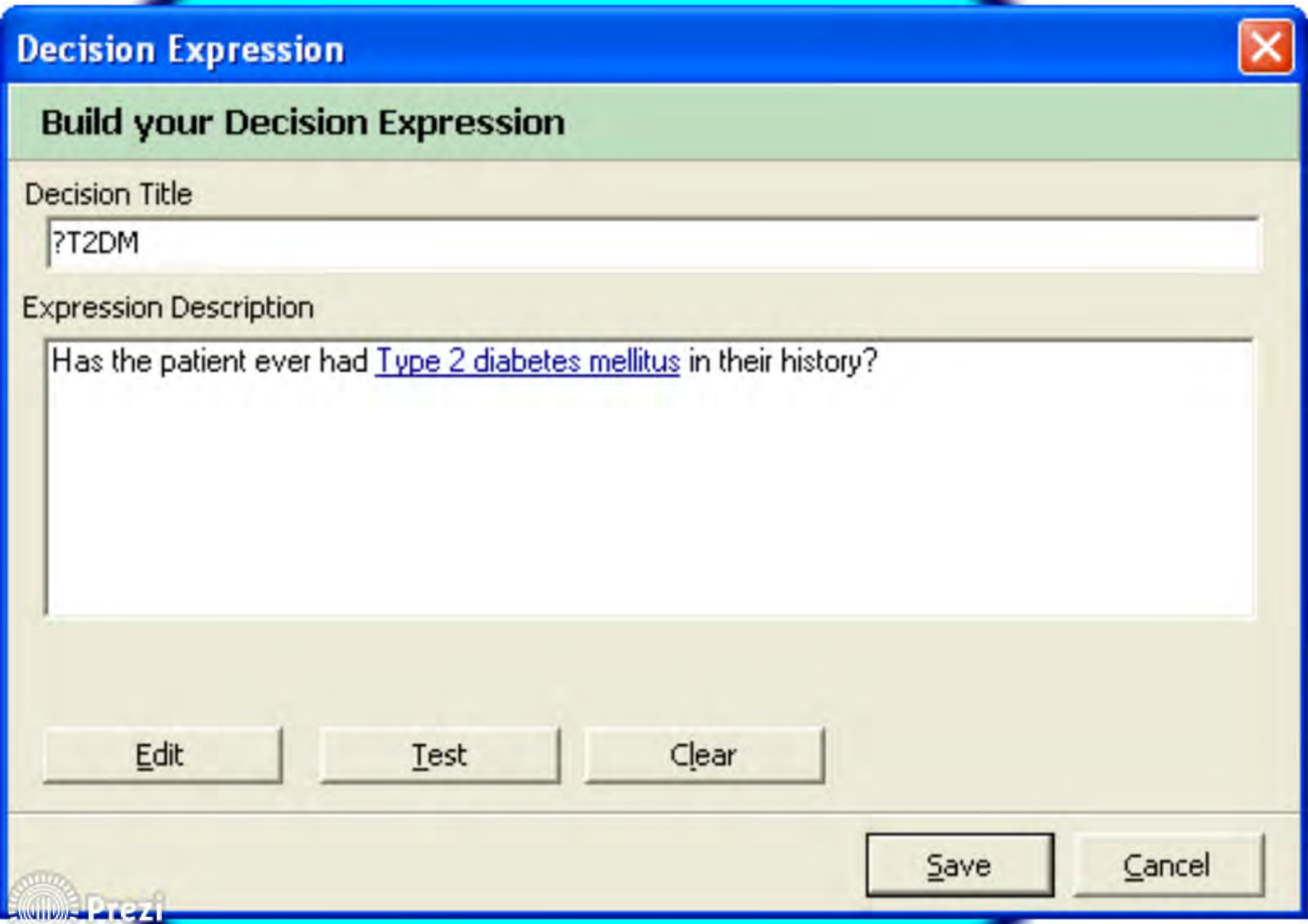

NO
Decision
?IHD
Decision
?CVA
NO
Decision
?T1DM
NO
NO

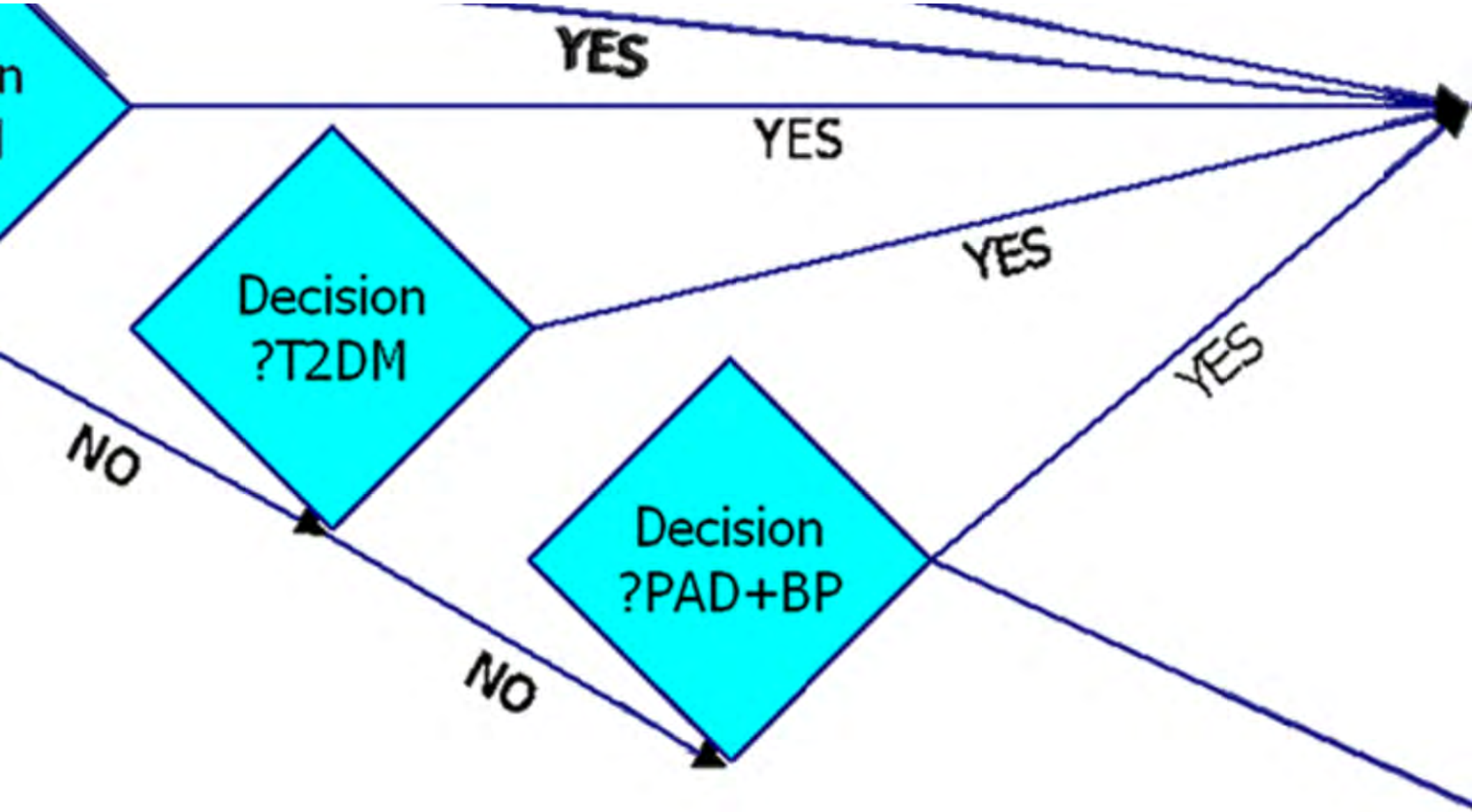

Decision Expression
Build your Decision Expression
Decision Title
?CVA
Expression Description
Has the patient ever had Cerebrovascular disease in their history?
Edit
Test
Clear
Save
Cancel
Prezi

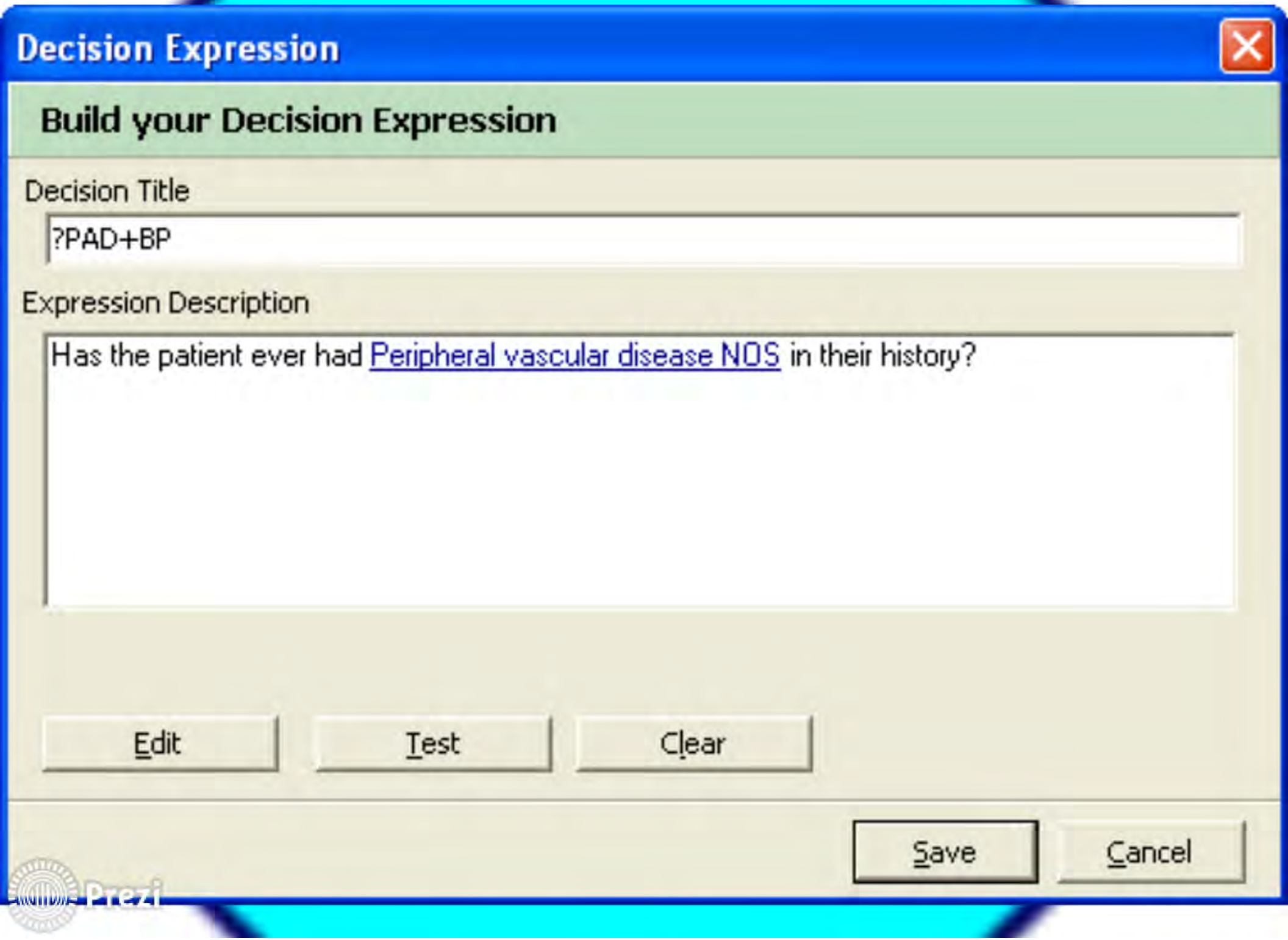

on
D
Decision
?CVA
Decision
?T1DM
Decision
?T2DM
YES
YES
NO
NO
NO

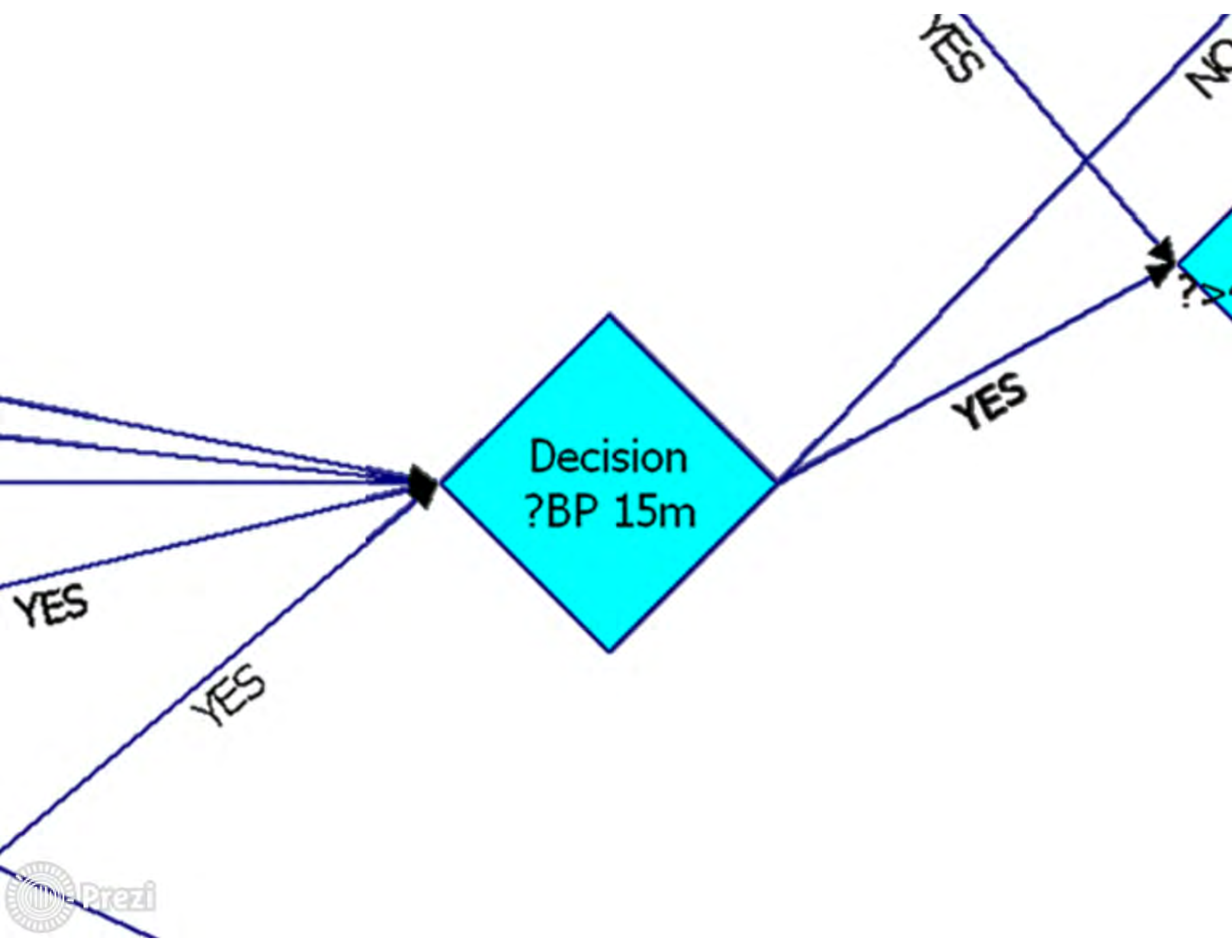

Decision Expression
Build your Decision Expression
Decision Title
?T1DM
Expression Description
Has the patient ever had Type 1 diabetes mellitus in their history?
Edit
Test
Clear
Save
Cancel
Prezi

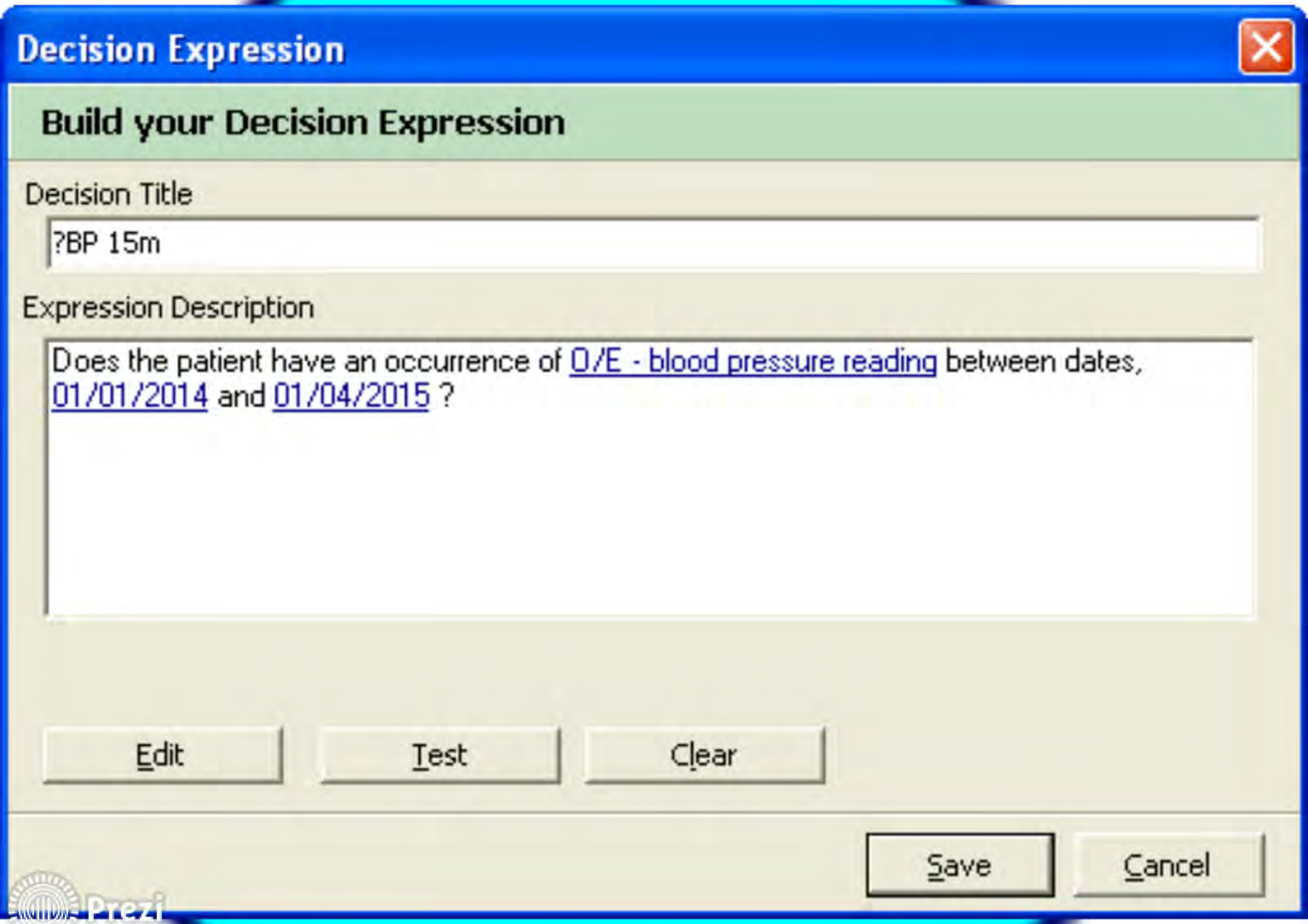

on
YES
YES
Decision
?T1DM
YES
NO
YES
Decision
?T2DM
NO
Decision
?PAD+BP
NO

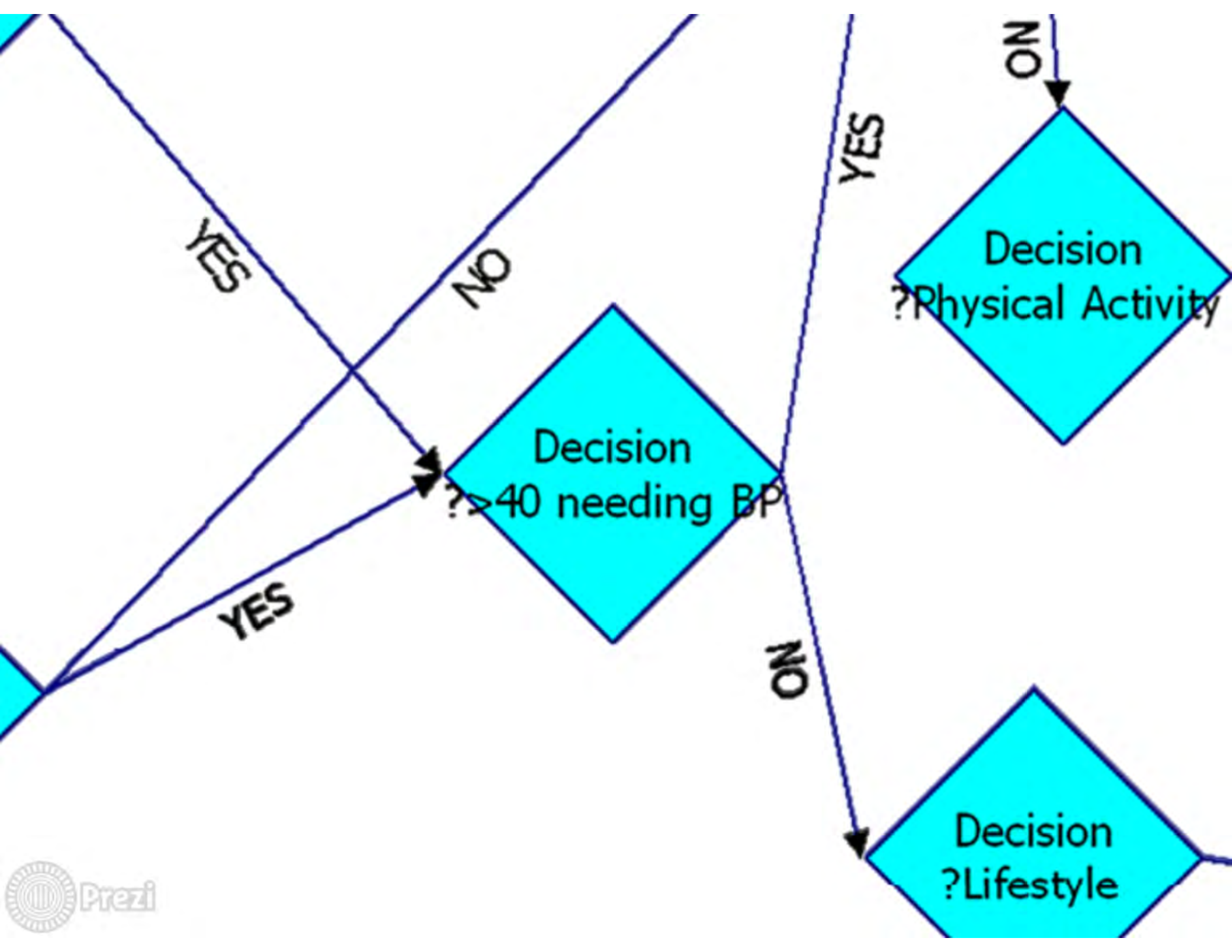

Decision Expression
Build your Decision Expression
Decision Title
?T2DM
Expression Description
Has the patient ever had Type 2 diabetes mellitus in their history?
Edit
Test
Clear
Save
Cancel
Prezi

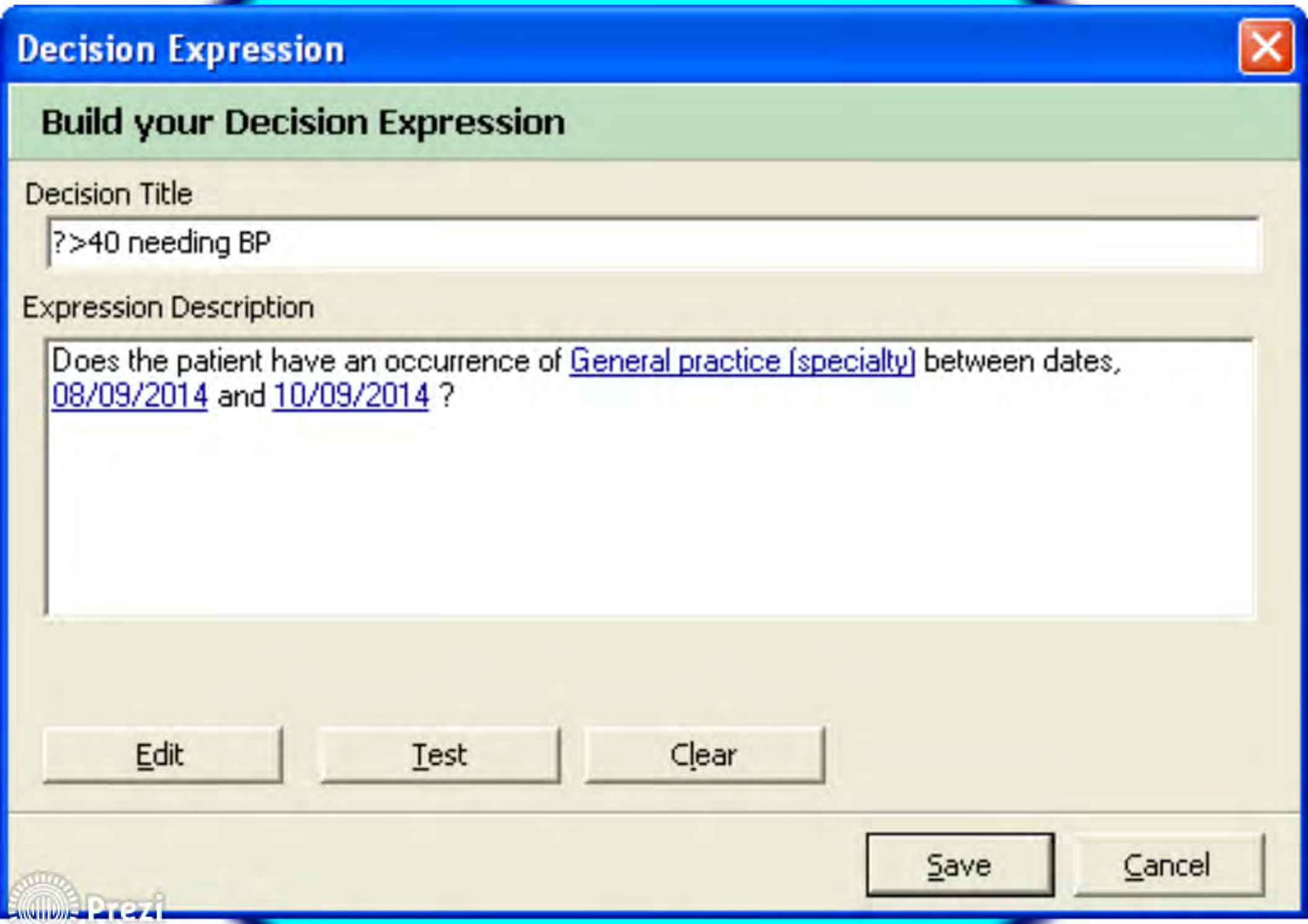

YES
YES
Decision
?T2DM
YES
YES
NO
Decision
?PAD+BP
NO

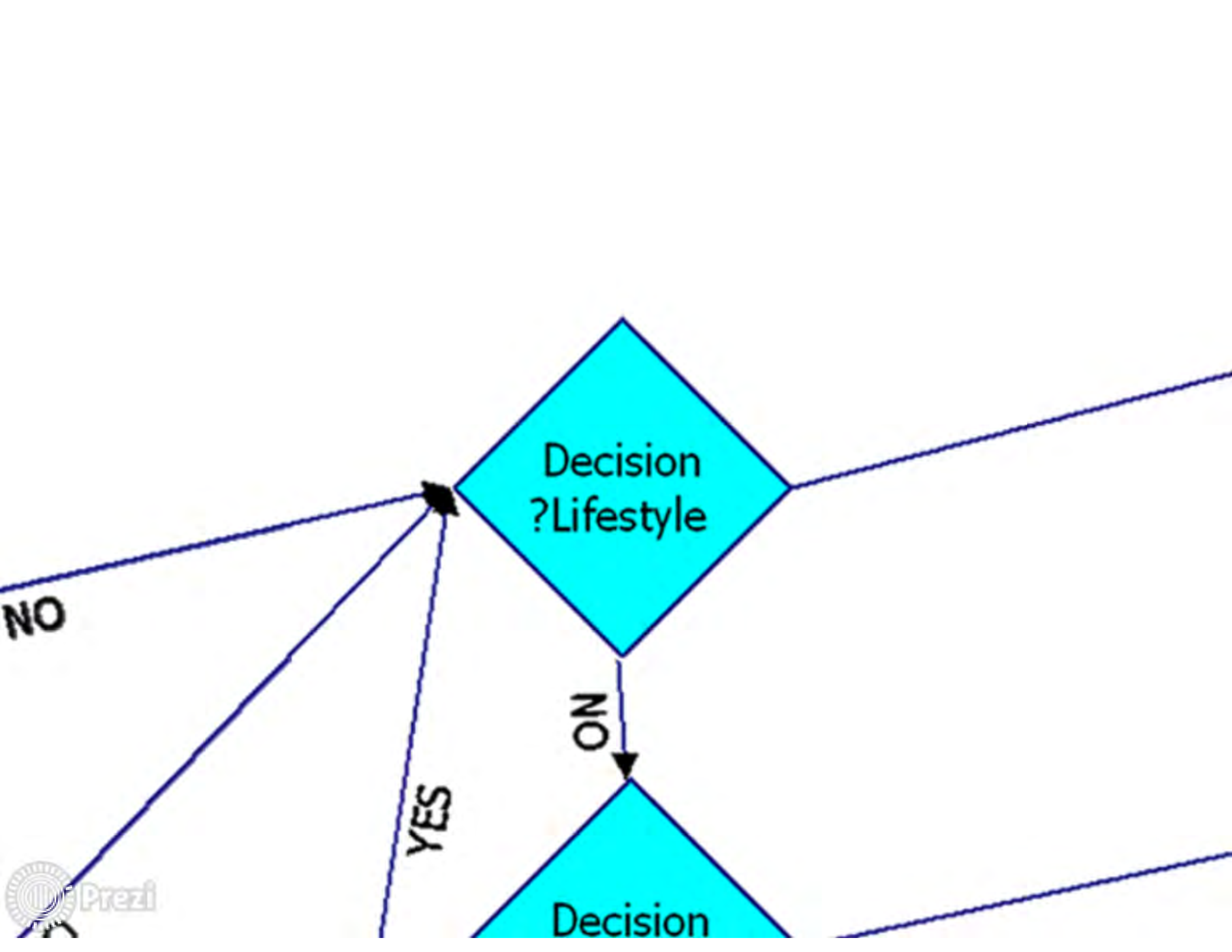

Decision Expression
Build your Decision Expression
Decision Title
?PAD+BP
Expression Description
Has the patient ever had Peripheral vascular disease NOS in their history?
Edit
Test
Clear
Save
Cancel

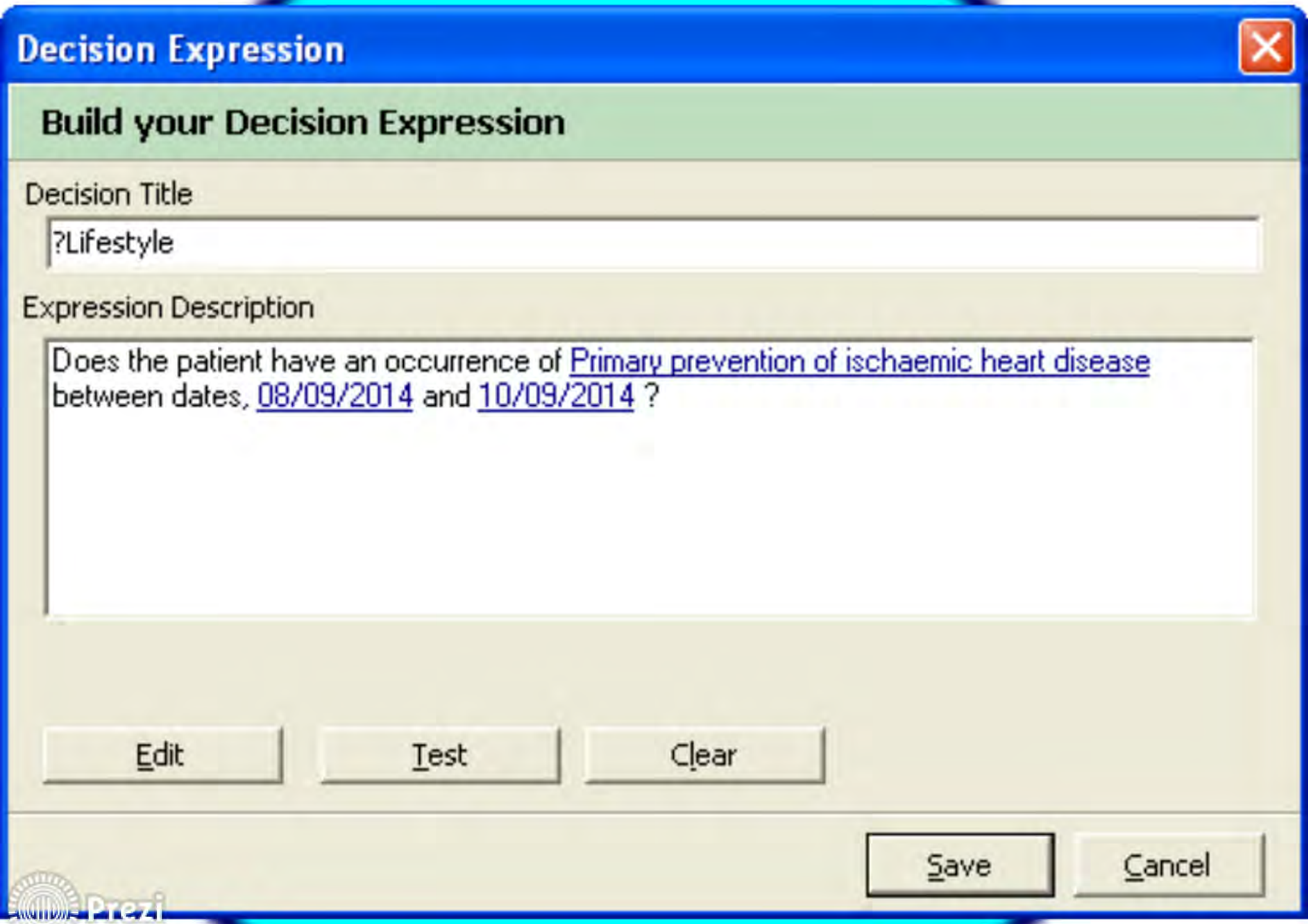

YES
YES
YES
Decision
?BP 15m
YES

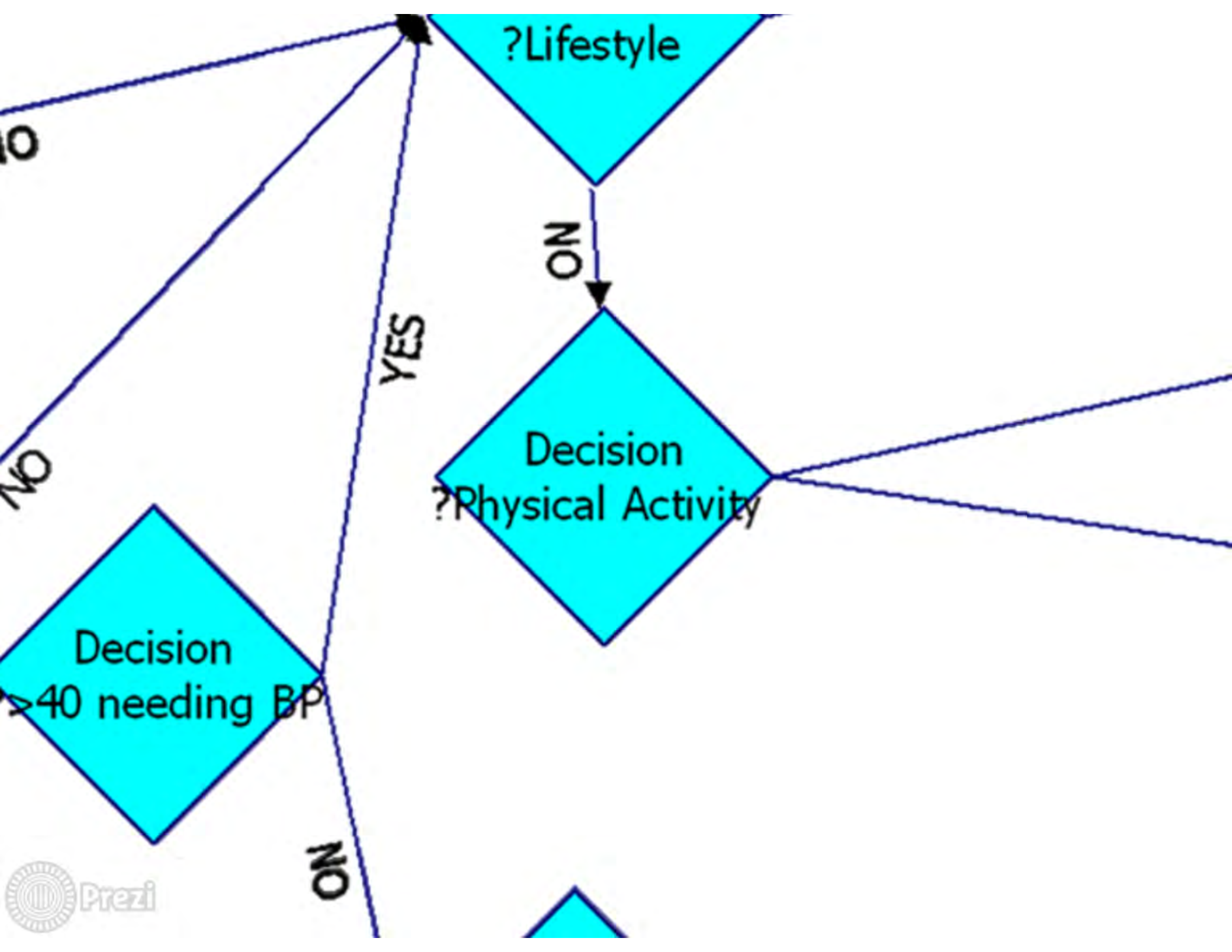

Decision Expression
Build your Decision Expression
Decision Title
?BP 15m
Expression Description
Does the patient have an occurrence of O/E - blood pressure reading between dates, 01/01/2014 and 01/04/2015 ?
Edit
Test
Clear
Save
Cancel

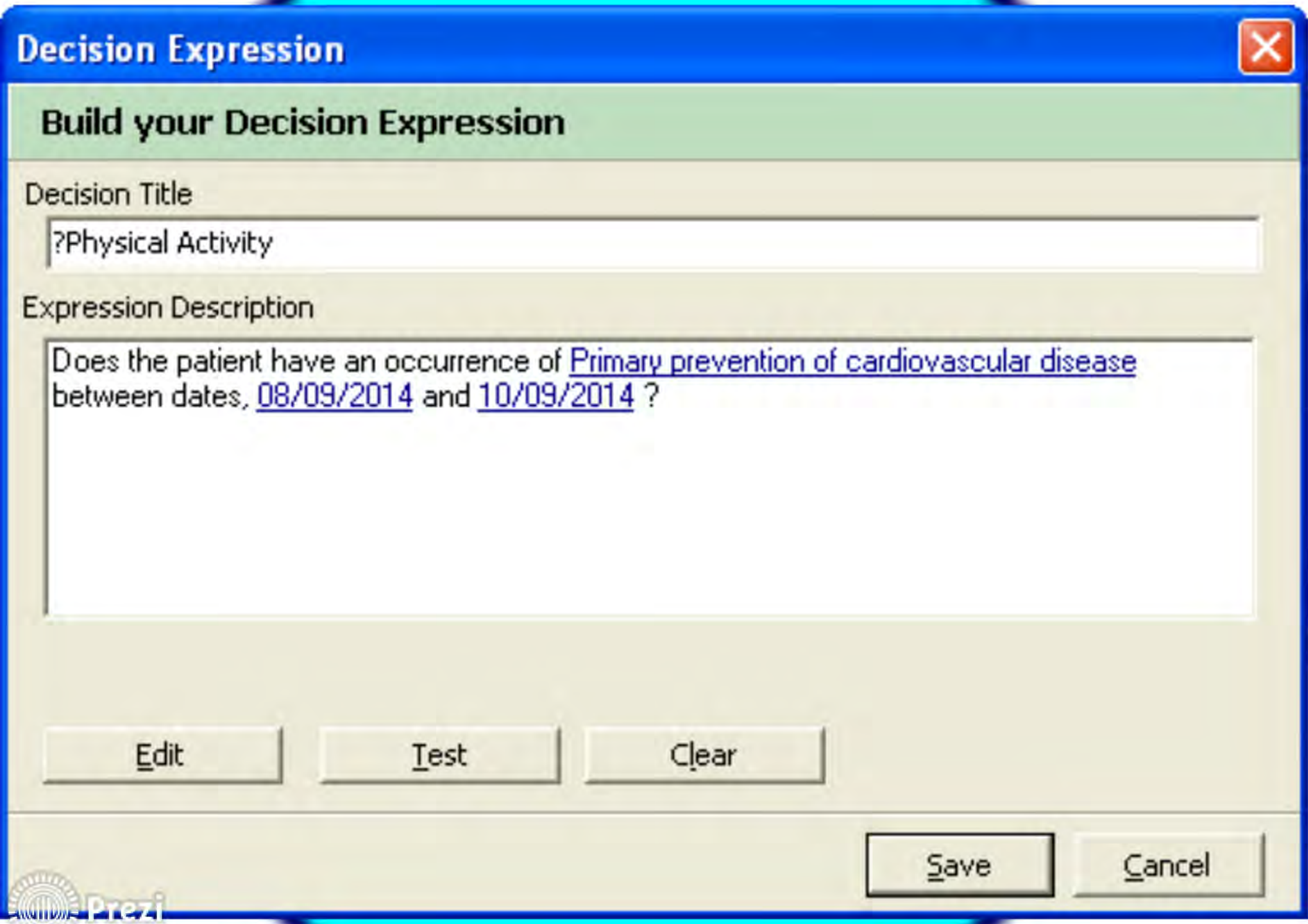

YES
NO
YES
Decision
?>40 needing BP
YES
NO
Decision
?Physical Activity
NO
Decision
?Lifestyle

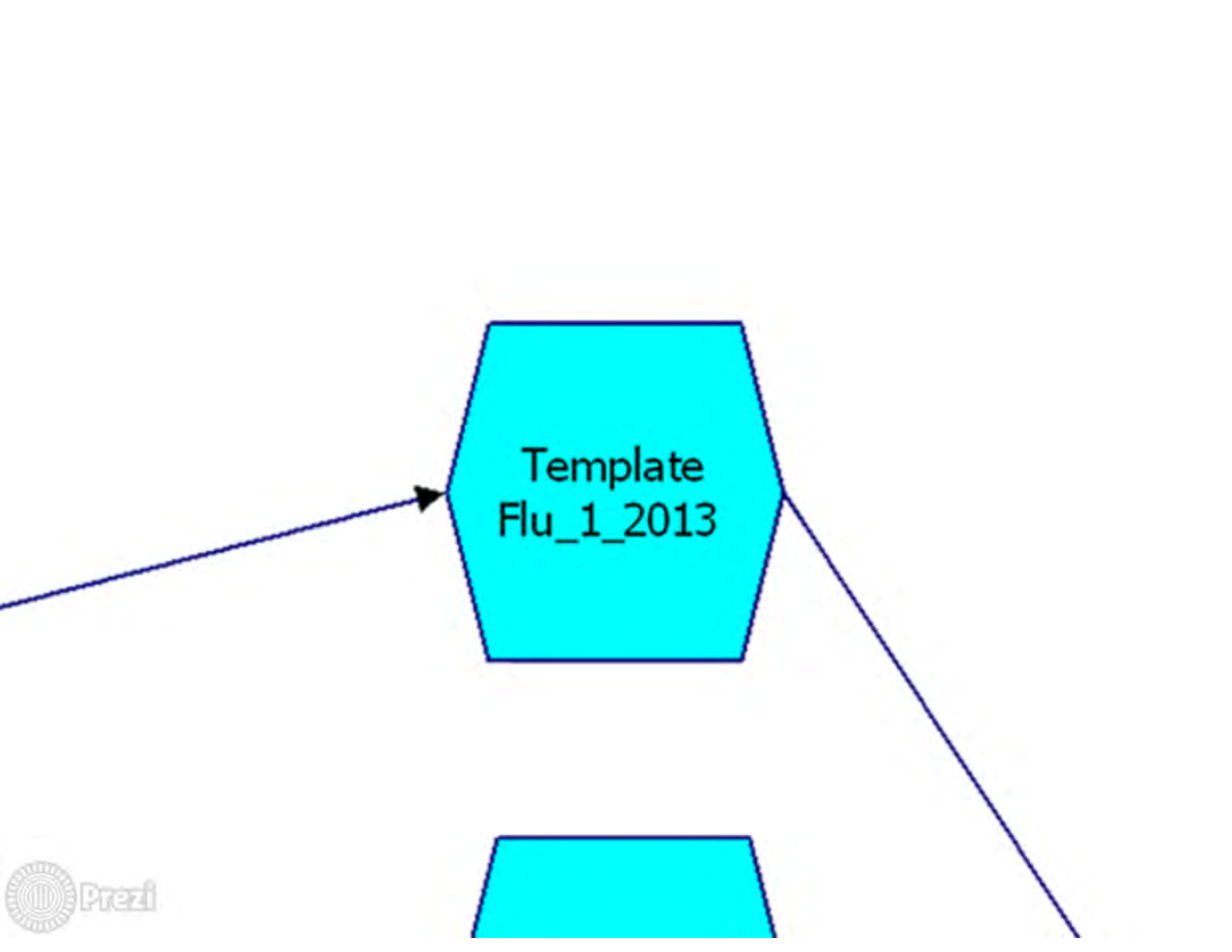

Decision Expression
Build your Decision Expression
Decision Title
?>40 needing BP
Expression Description
Does the patient have an occurrence of General practice (specialty) between dates, 08/09/2014 and 10/09/2014 ?
Edit
Test
Clear
Save
Cancel


Decision
?Lifestyle
NO
YES
ON
Decision


Decision Expression
Build your Decision Expression
Decision Title
?Lifestyle
Expression Description
Does the patient have an occurrence of Primary prevention of ischaemic heart disease between dates, 08/09/2014 and 10/09/2014 ?
Edit
Test
Clear
Save
Cancel


?Lifestyle
O
NO
YES
ON
Decision
?Physical Activity
Decision
>40 needing BP
NO
ON
Prezi


Decision Expression
Build your Decision Expression
Decision Title
?Physical Activity
Expression Description
Does the patient have an occurrence of Primary prevention of cardiovascular disease between dates, 08/09/2014 and 10/09/2014 ?
Edit
Test
Clear
Save
Cancel


Template
Flu_1_2013

Flu 1 2013.

Please complete the following information

Blood Pressure

Systolic BP ____ mm Hg Systolic blood pressure not fou

Diastolic BP ____ mm Hg Diastolic blood pressure not fo

Lifestyle Counselling — must tick all boxes

Lifestyle counselling given ☐ Lifestyle counselling not found

Lifestyle - smoking ☐ Lifestyle advice regarding smokir

Lifestyle - exercise ☐ Lifestyle advice regarding exerci

Lifestyle - alcohol ☐ Lifestyle advice regarding alcohc

Lifestyle - diet ☐ Lifestyle advice regarding diet nc

Lifestyle Advice Sheet

Smoking

Never smoked ☐ Never smoked tobacco not foun

Ex smoker ☐ Ex smoker not found

Date ceased smoking ☐ Date ceased smoking not found

Current smoker ☐ Current smoker not found

Trivial smoker - < 1 cig/day ☐ Trivial smoker - < 1 cig/day not f

Cigarette smoker ____ Cigarettes/day Cigarette smoker not found

Cigar smoker ____ cigars/day Cigar smoker not found

Rolls own cigarettes ____ oz/wk Rolls own cigarettes not foun

Pipe smoker ____ oz/wk. Pipe smoker not found

Smoking cessation advice ☐ Smoking cessation advice not fc

Scot-PASQ

1. In the past week, on how many days have you been physically active for a total of 30 minutes or more?

Physical activity may include: walking or cycling for recreation or to get to and from places; gardening; and exercise or sport which lasts for at least 10 minutes.

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ — Go to Question 2

5 ☐ 6 ☐ 7 ☐ — Positive Reinforcement

2. Have you been physically active for at least two and a half hours (150 minutes) over the course of the past week?

No ☐ — Go to Question 3

Yes ☐ — Positive Reinforcement

3. Are you interested in being more physically active?

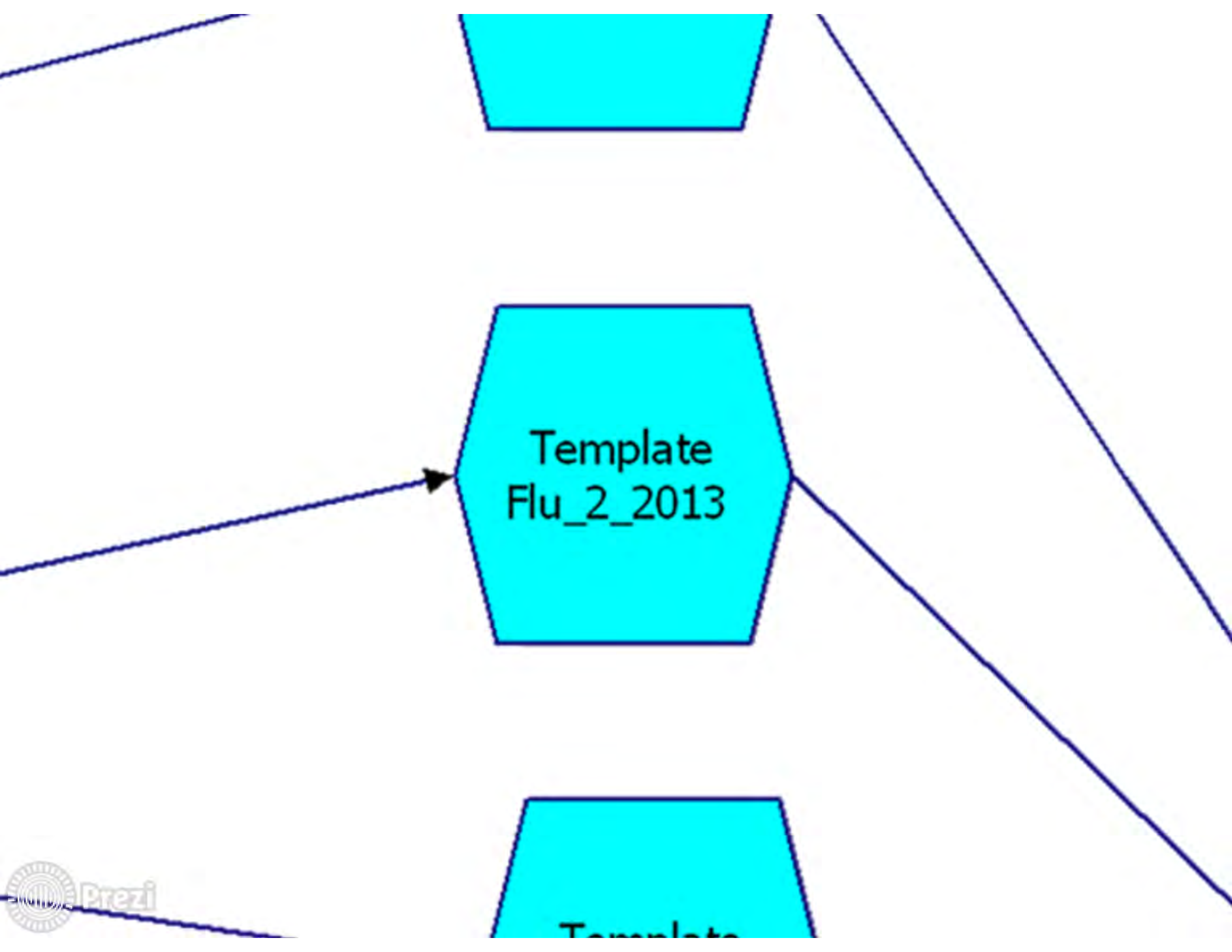
No ☐ — Give patient physical activity leaflet

Yes ☐ — Physical activity brief intervention

Physical Acitivity Leaflets

<5 years not walking | <5 years are walking | 5-18 years | Adults | 65+ years

OK Cancel


Template
Flu_2_2013

Flu 2 2013.

Please complete the following information

Blood Pressure

Systolic BP [ ] mm Hg Systolic blood pressure not fou

Diastolic BP [ ] mm Hg Diastolic blood pressure not fo

Smoking

Never smoked ☐ Never smoked tobacco not foun

Ex smoker ☐ Ex smoker not found

Date ceased smoking ☐ Date ceased smoking not found

Current smoker ☐ Current smoker not found

Trivial smoker - < 1 cig/day ☐ Trivial smoker - < 1 cig/day not f

Cigarette smoker [ ] Cigarettes/day Cigarette smoker not found

Cigar smoker [ ] cigars/day Cigar smoker not found

Rolls own cigarettes [ ] oz/wk Rolls own cigarettes not foun

Pipe smoker [ ] oz/wk. Pipe smoker not found

Smoking cessation advice ☐ Smoking cessation advice not fc

Scot-PASQ

1. In the past week, on how many days have you been physically active for a total of 30 minutes or more?

Physical activity may include: walking or cycling for recreation or to get to and from places; gardening; and exercise or sport which lasts for at least 10 minutes.

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ — Go to Question 2

5 ☐ 6 ☐ 7 ☐ — Positive Reinforcement

2. Have you been physically active for at least two and a half hours (150 minutes) over the course of the past week?

No ☐ — Go to Question 3

Yes ☐ — Positive Reinforcement

3. Are you interested in being more physically active?

No ☐ — Give patient physical activity leaflet

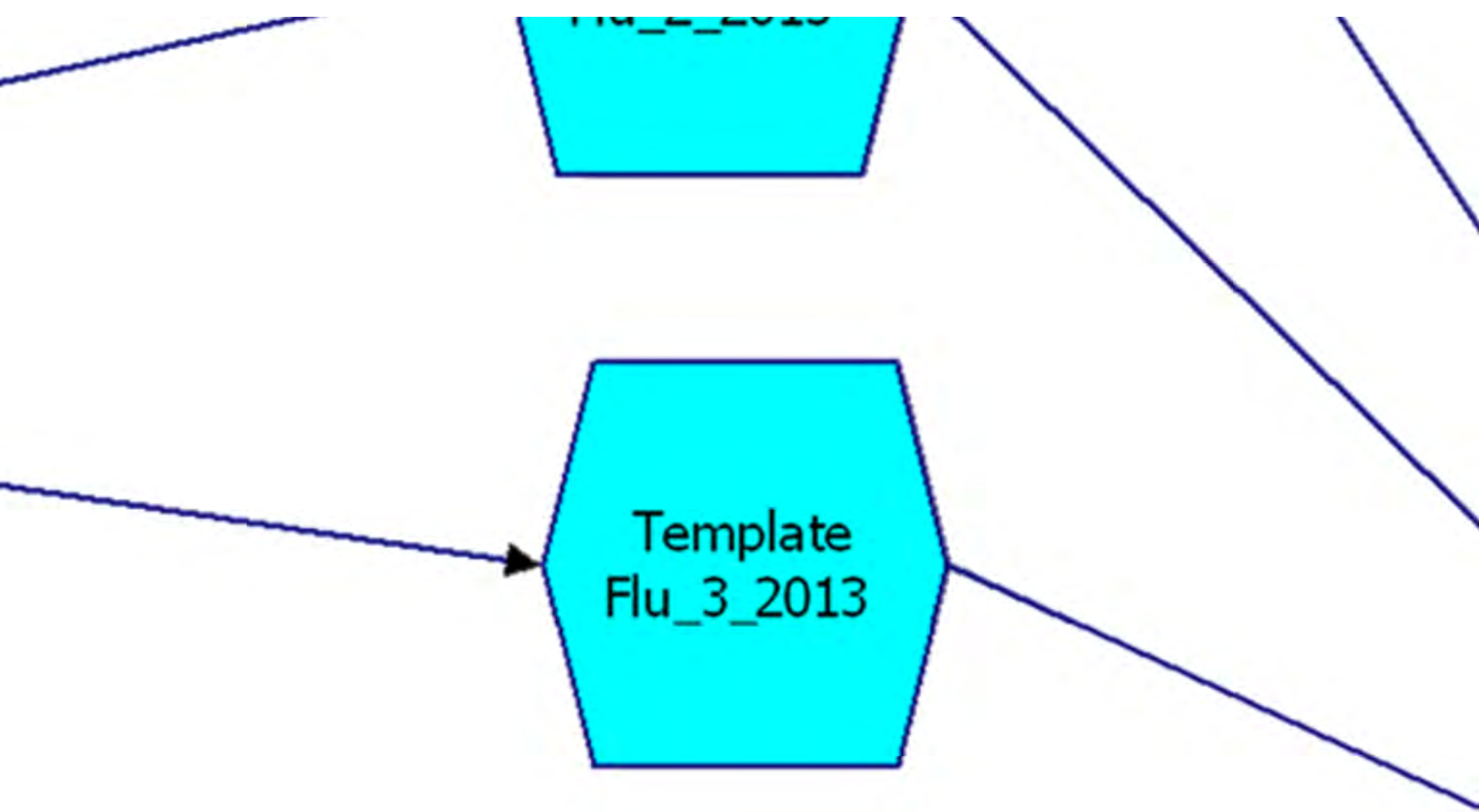
Yes ☐ — Physical activity brief intervention

Physical Acitivity Leaflets

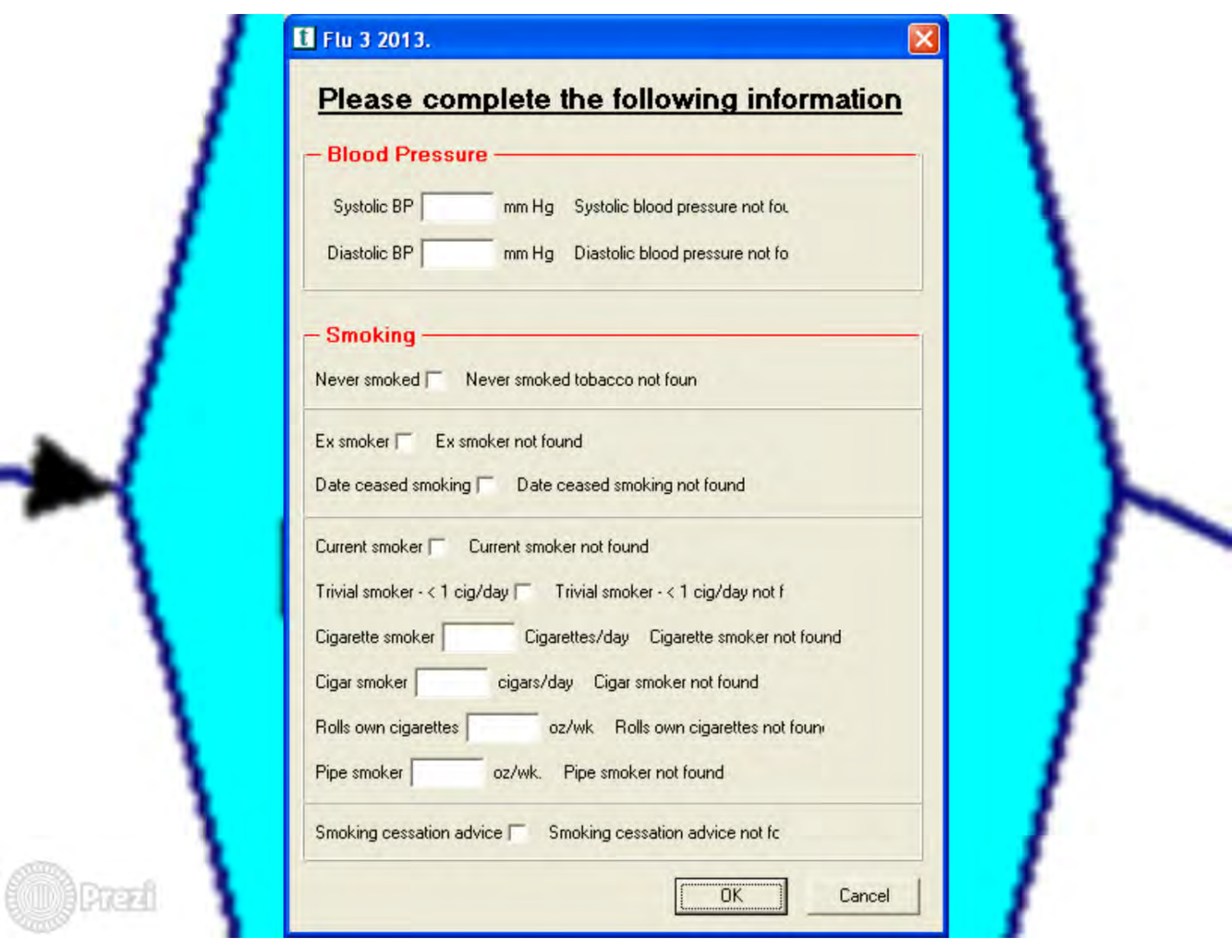
<5 years not walking | <5 years are walking | 5-18 years | Adults | 65+ years

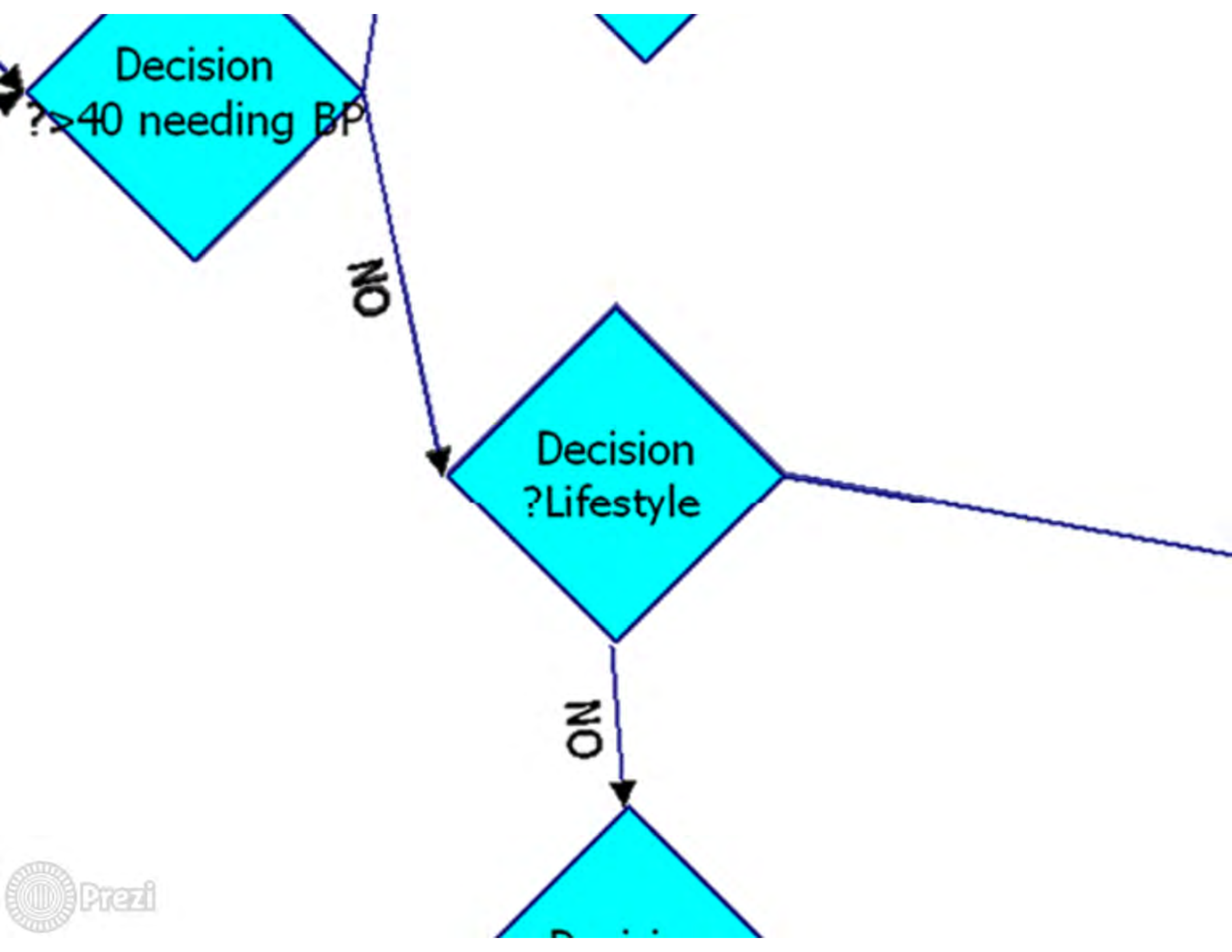
OK Cancel

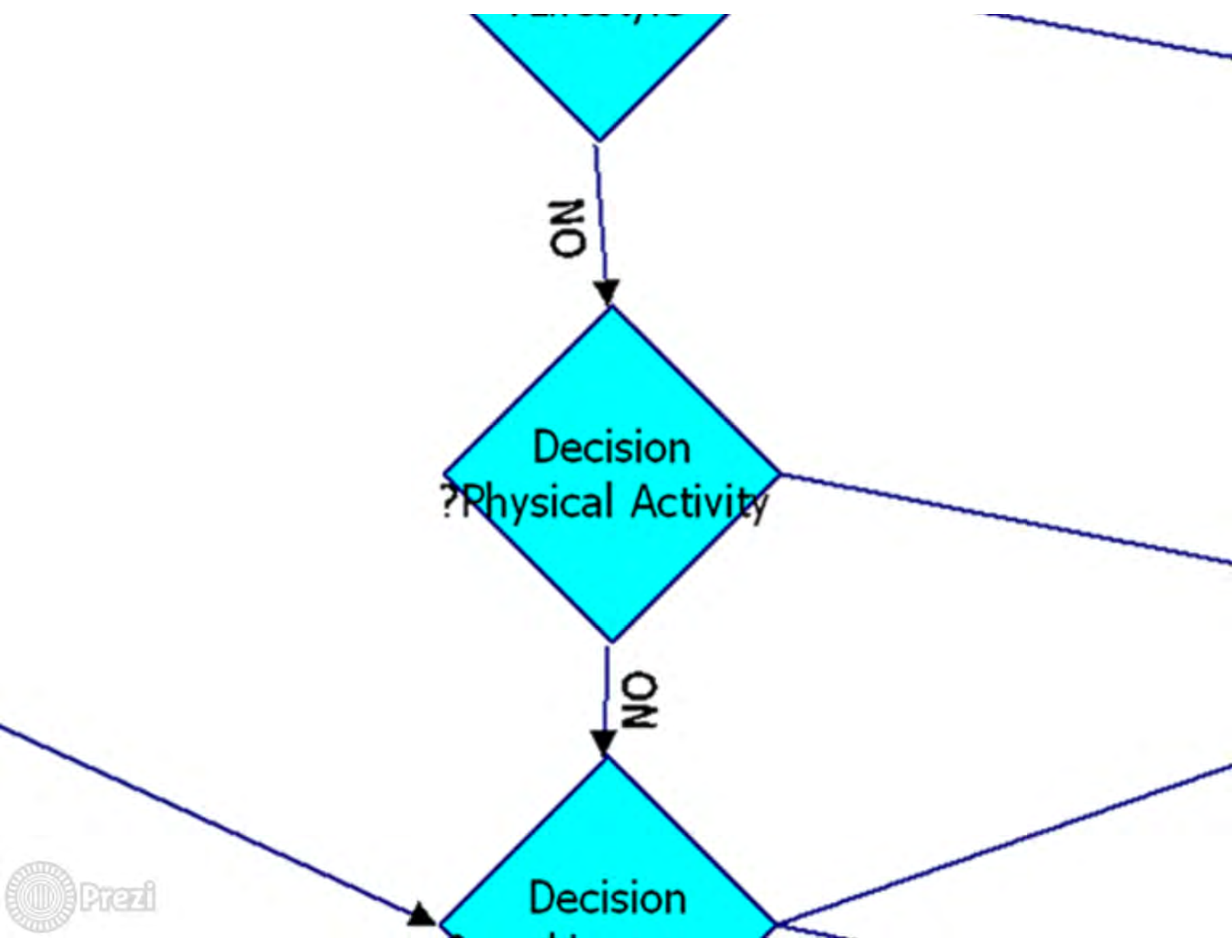
Prezi

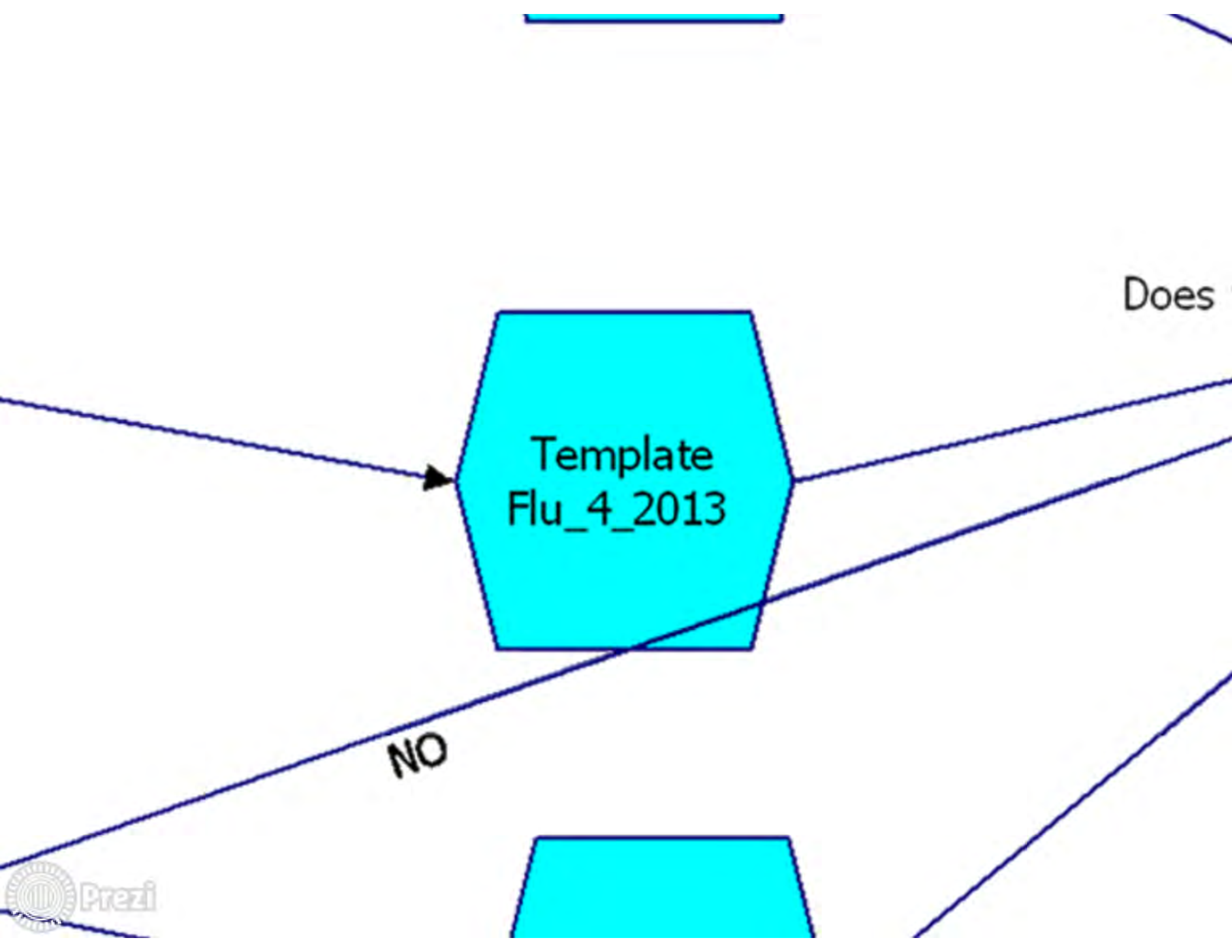


Does th


Flu 3 2013.
Please complete the following information
Blood Pressure
Systolic BP
mm Hg
Systolic blood pressure not fou
Diastolic BP
mm Hg
Diastolic blood pressure not fo
Smoking
Never smoked
Never smoked tobacco not foun
Ex smoker
Ex smoker not found
Date ceased smoking
Date ceased smoking not found
Current smoker
Current smoker not found
Trivial smoker - < 1 cig/day
Trivial smoker - < 1 cig/day not f
Cigarette smoker
Cigarettes/day
Cigarette smoker not found
Cigar smoker
cigars/day
Cigar smoker not found
Rolls own cigarettes
oz/wk
Rolls own cigarettes not foun
Pipe smoker
oz/wk.
Pipe smoker not found
Smoking cessation advice
Smoking cessation advice not fc
OK
Cancel


Decision
?>40 needing BP
NO
Decision
?Lifestyle
NO


ON
Decision
?Physical Activity
NO
Decision


Does
Template
Flu_4_2013
NO

Flu 4 2013.

Please complete the following information

Lifestyle Counselling — must tick all boxes

Lifestyle counselling given ☐ Lifestyle counselling not found

Lifestyle - smoking ☐ Lifestyle advice regarding smokir

Lifestyle - exercise ☐ Lifestyle advice regarding exerci

Lifestyle - alcohol ☐ Lifestyle advice regarding alcohc

Lifestyle - diet ☐ Lifestyle advice regarding diet nc

Lifestyle Advice Sheet

Smoking

Never smoked ☐ Never smoked tobacco not foun

Ex smoker ☐ Ex smoker not found

Date ceased smoking ☐ Date ceased smoking not found

Current smoker ☐ Current smoker not found

Trivial smoker - < 1 cig/day ☐ Trivial smoker - < 1 cig/day not f

Cigarette smoker ____ Cigarettes/day Cigarette smoker not found

Cigar smoker ____ cigars/day Cigar smoker not found

Rolls own cigarettes ____ oz/wk Rolls own cigarettes not foun

Pipe smoker ____ oz/wk. Pipe smoker not found

Smoking cessation advice ☐ Smoking cessation advice not fc

Scot-PASQ

1. In the past week, on how many days have you been physically active for a total of 30 minutes or more?

Physical activity may include: walking or cycling for recreation or to get to and from places; gardening; and exercise or sport which lasts for at least 10 minutes.

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ — Go to Question 2

5 ☐ 6 ☐ 7 ☐ — Positive Reinforcement

2. Have you been physically active for at least two and a half hours (150 minutes) over the course of the past week?

No ☐ — Go to Question 3

Yes ☐ — Positive Reinforcement

3. Are you interested in being more physically active?

No ☐ — Give patient physical activity leaflet

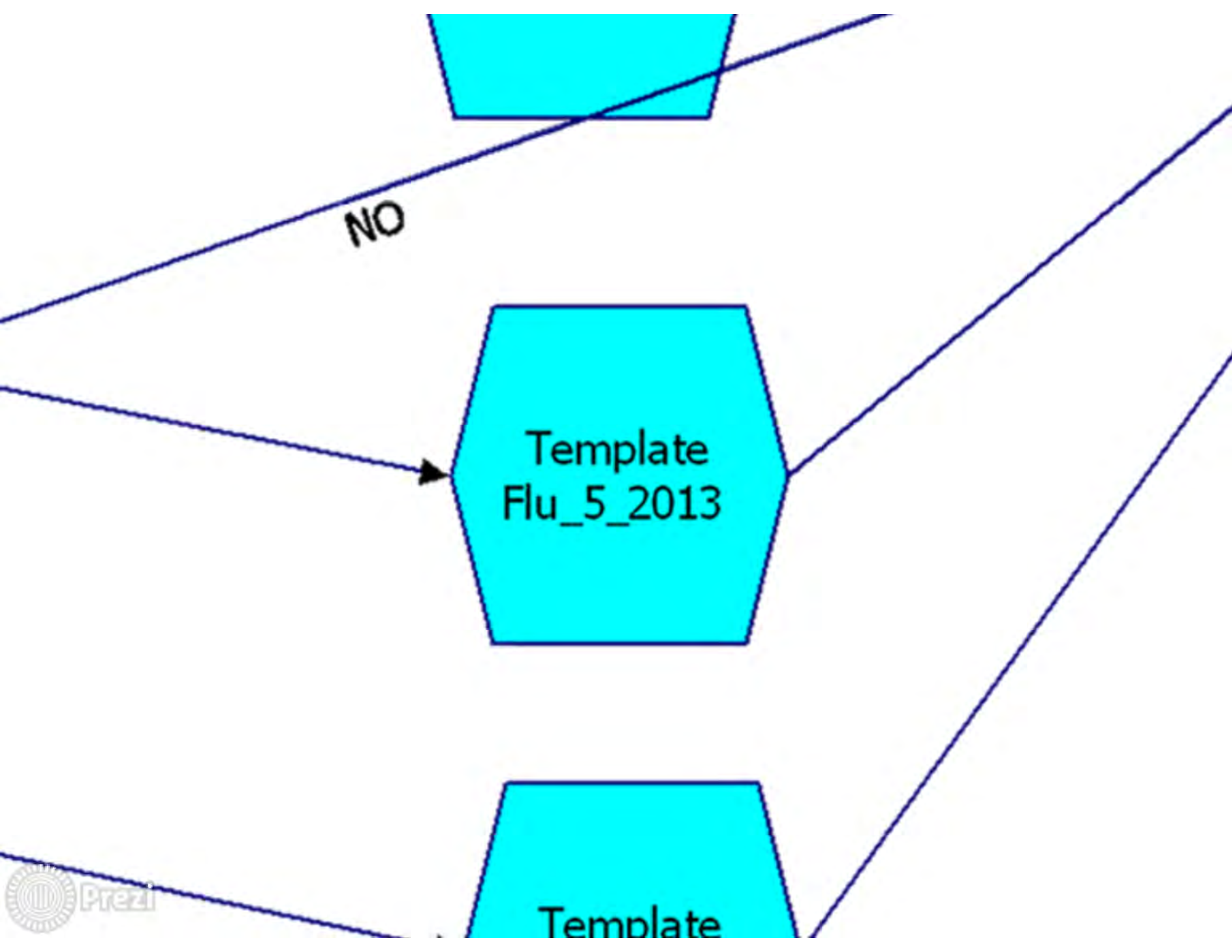
Yes ☐ — Physical activity brief intervention

Physical Acitivity Leaflets

<5 years not walking | <5 years are walking | 5-18 years | Adults | 65+ years

OK Cancel

Prezi


NO
Template
Flu_5_2013
Template

Flu 5 2013.

Please complete the following information

Smoking

Never smoked ☐ Never smoked tobacco not foun

Ex smoker ☐ Ex smoker not found

Date ceased smoking ☐ Date ceased smoking not found

Current smoker ☐ Current smoker not found

Trivial smoker - < 1 cig/day ☐ Trivial smoker - < 1 cig/day not f

Cigarette smoker ____ Cigarettes/day Cigarette smoker not found

Cigar smoker ____ cigars/day Cigar smoker not found

Rolls own cigarettes ____ oz/wk Rolls own cigarettes not foun

Pipe smoker ____ oz/wk. Pipe smoker not found

Smoking cessation advice ☐ Smoking cessation advice not fc

Scot-PASQ

1. In the past week, on how many days have you been physically active for a total of 30 minutes or more?

Physical activity may include: walking or cycling for recreation or to get to and from places; gardening; and exercise or sport which lasts for at least 10 minutes.

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ — Go to Question 2

5 ☐ 6 ☐ 7 ☐ — Positive Reinforcement

2. Have you been physically active for at least two and a half hours (150 minutes) over the course of the past week?

No ☐ — Go to Question 3

Yes ☐ — Positive Reinforcement

3. Are you interested in being more physically active?

No ☐ — Give patient physical activity leaflet

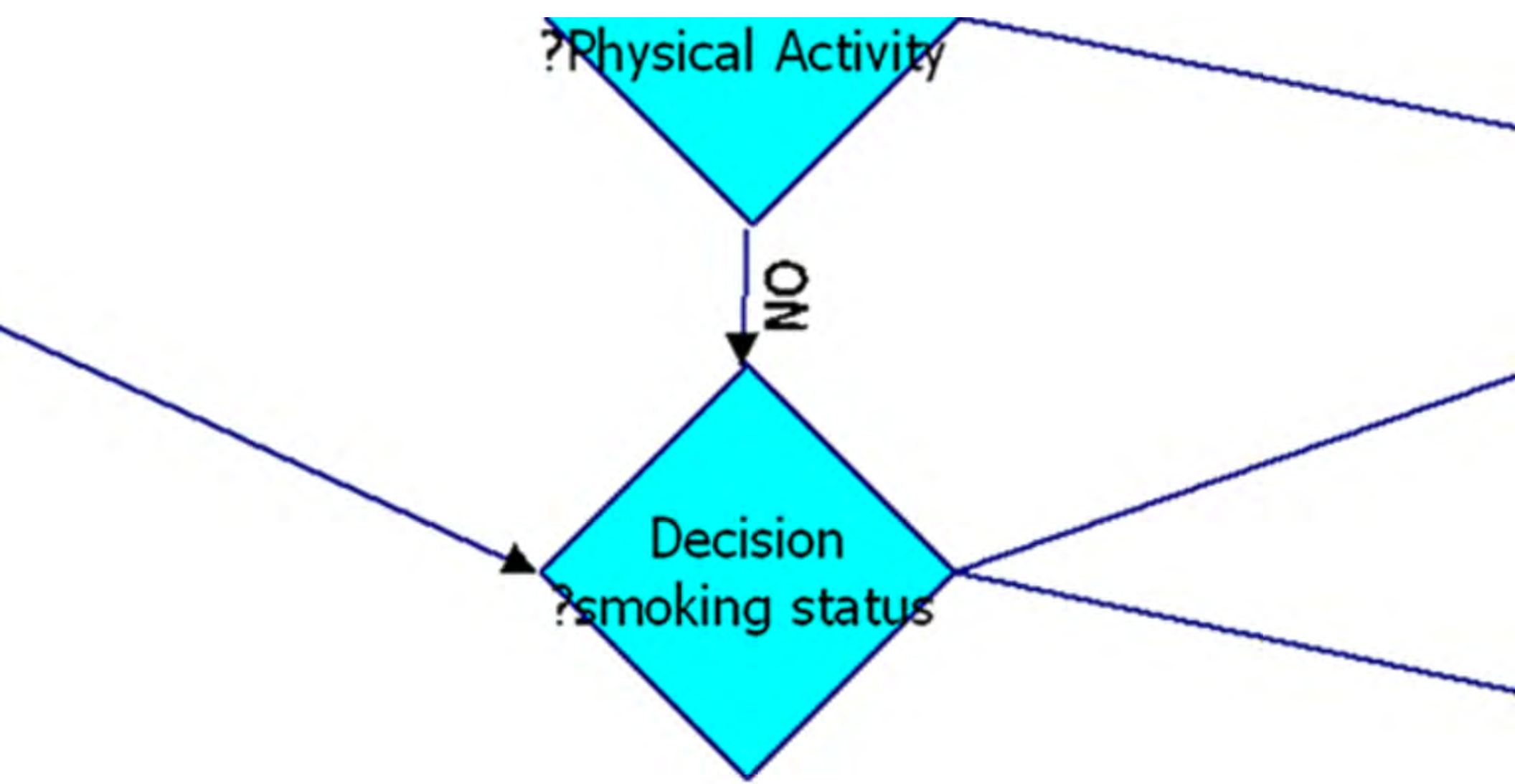
Yes ☐ — Physical activity brief intervention

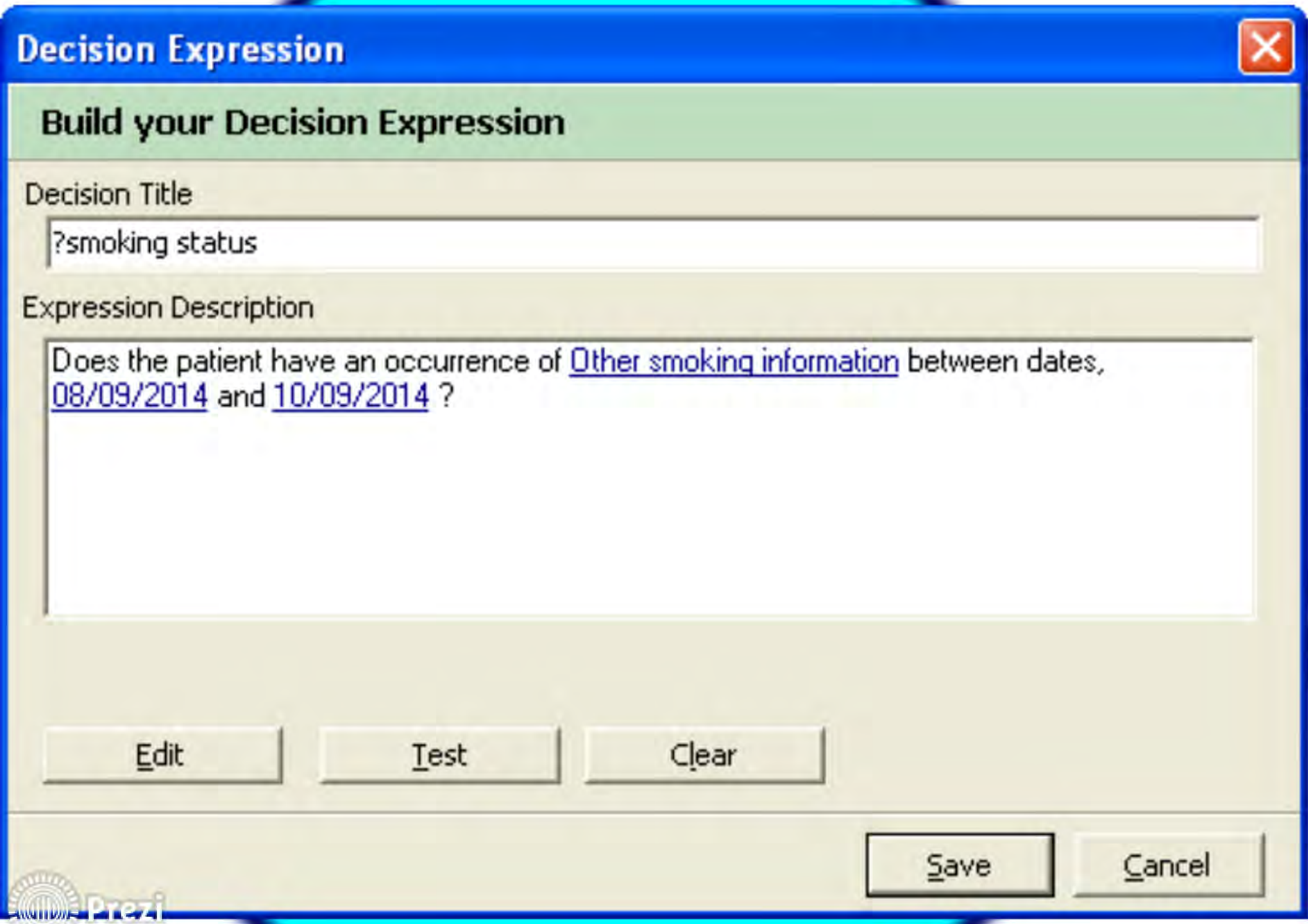
Physical Acitivity Leaflets

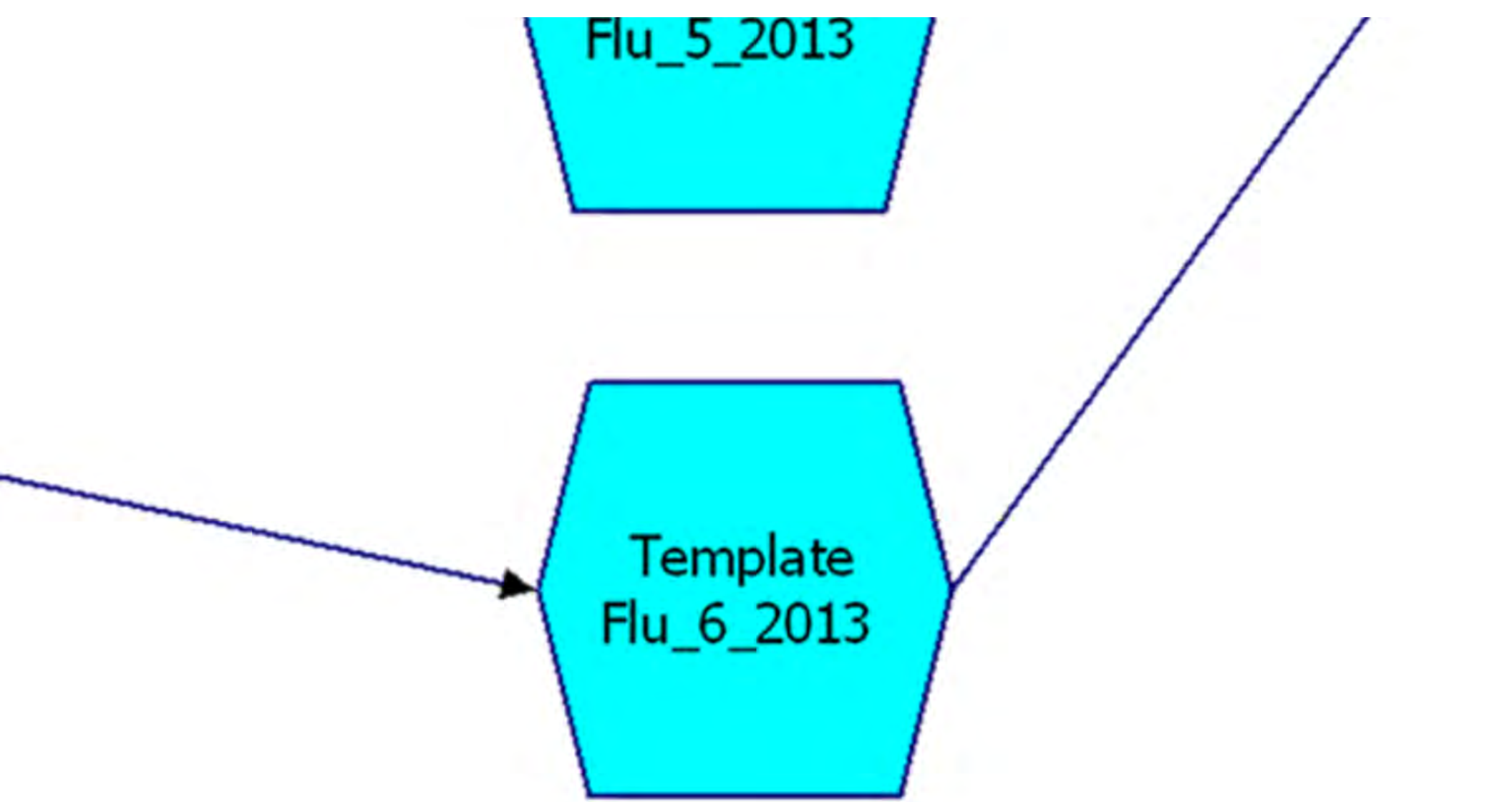
<5 years not walking | <5 years are walking | 5-18 years | Adults | 65+ years

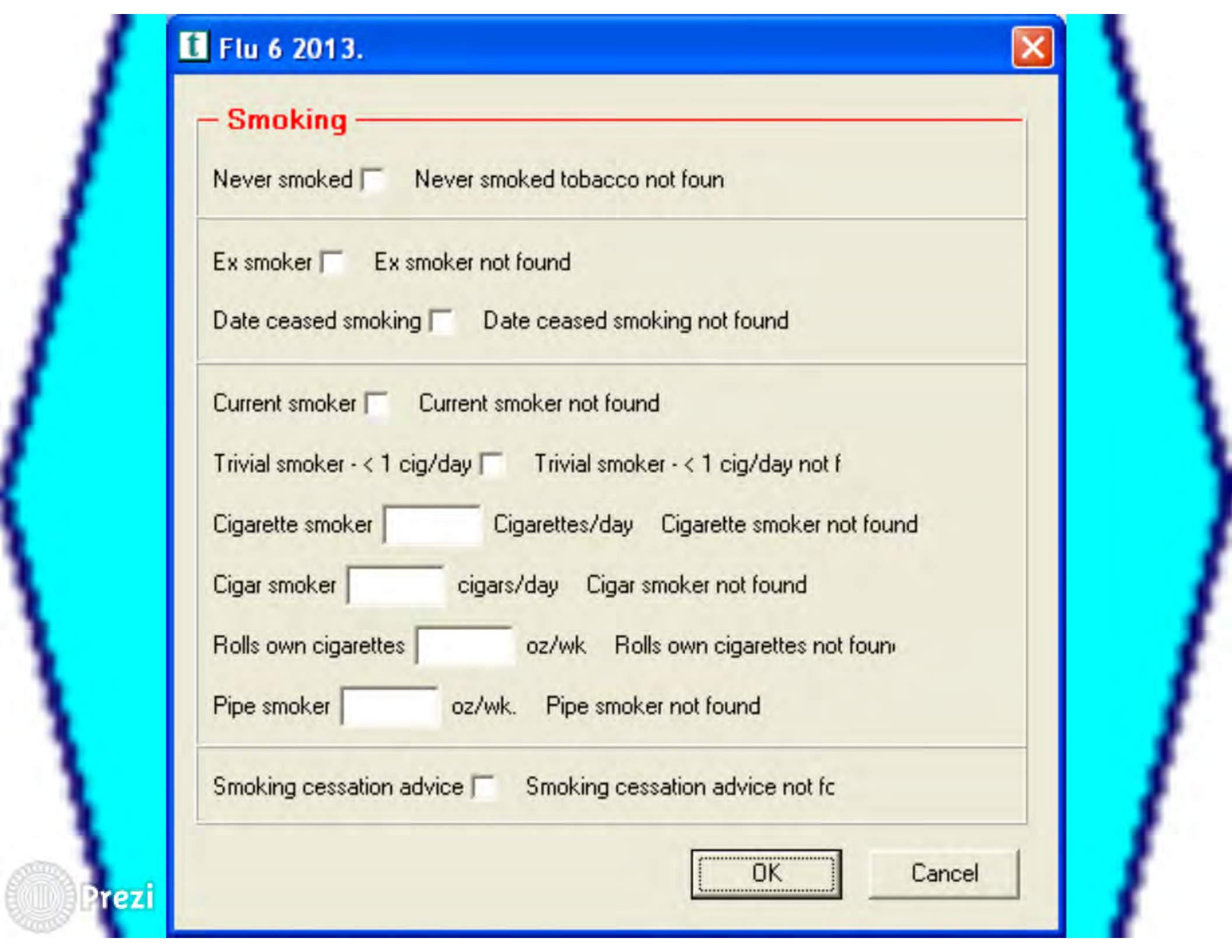
OK Cancel

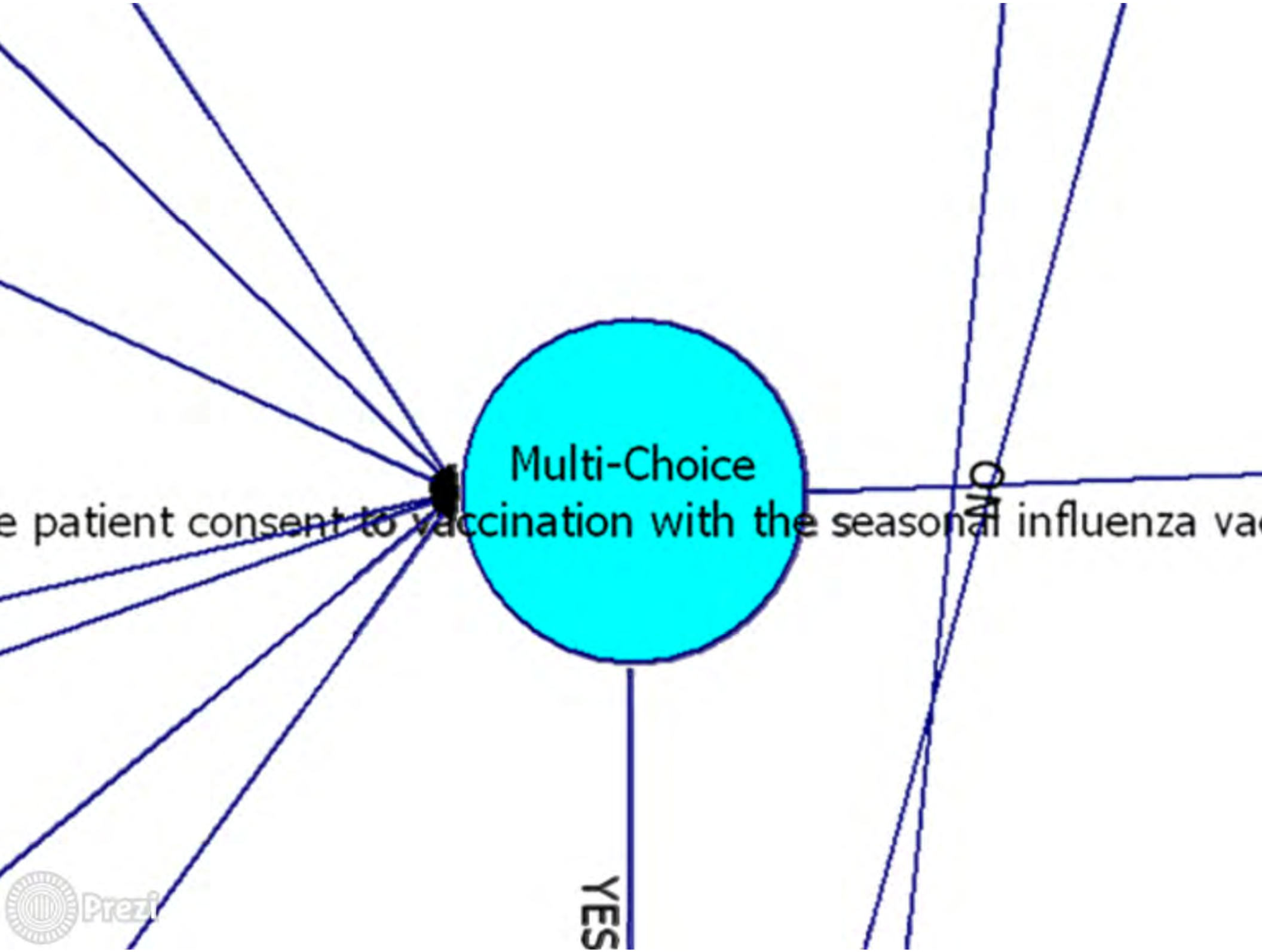
Prezi

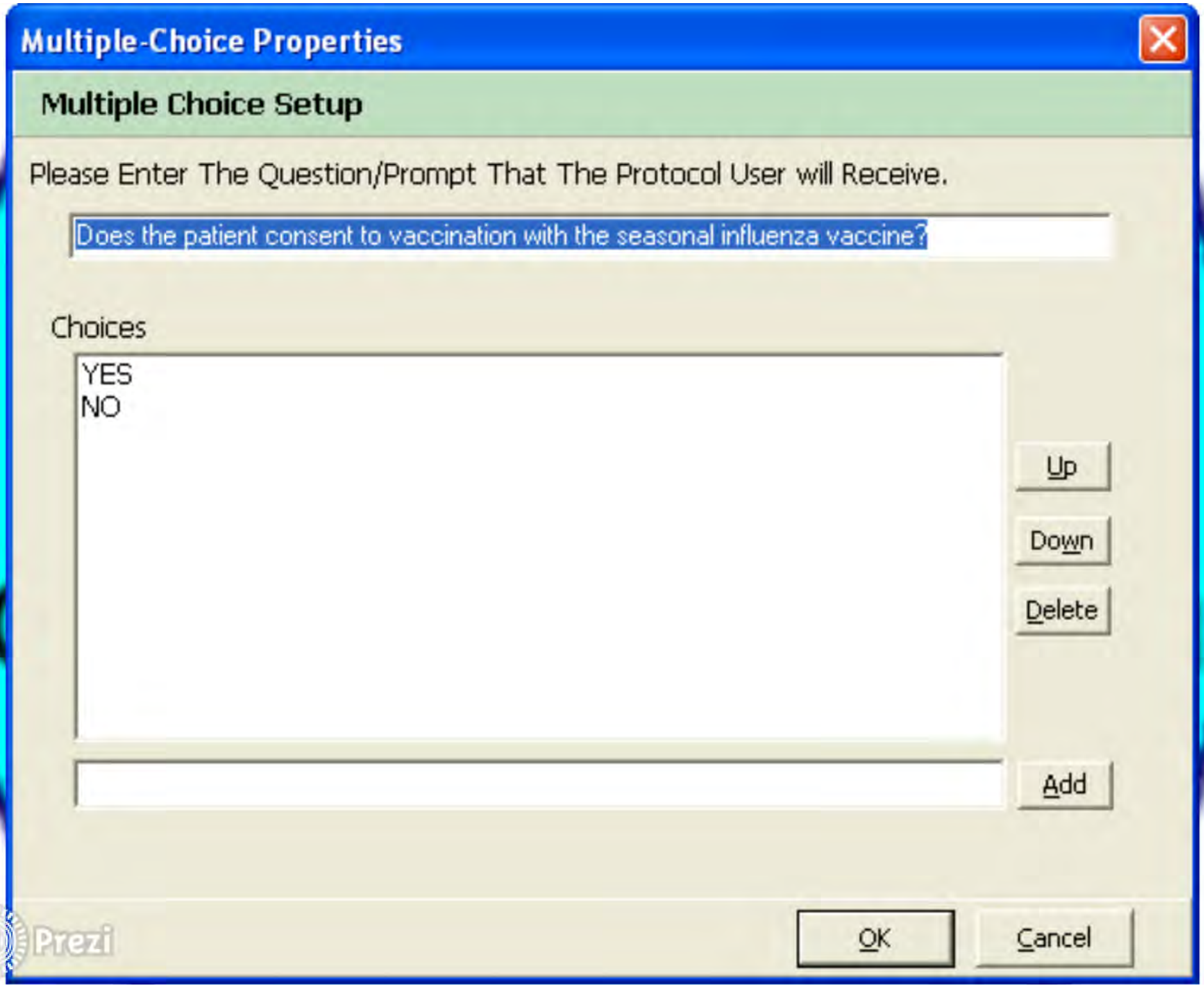

?Physical Activity
NO
Decision
?smoking status

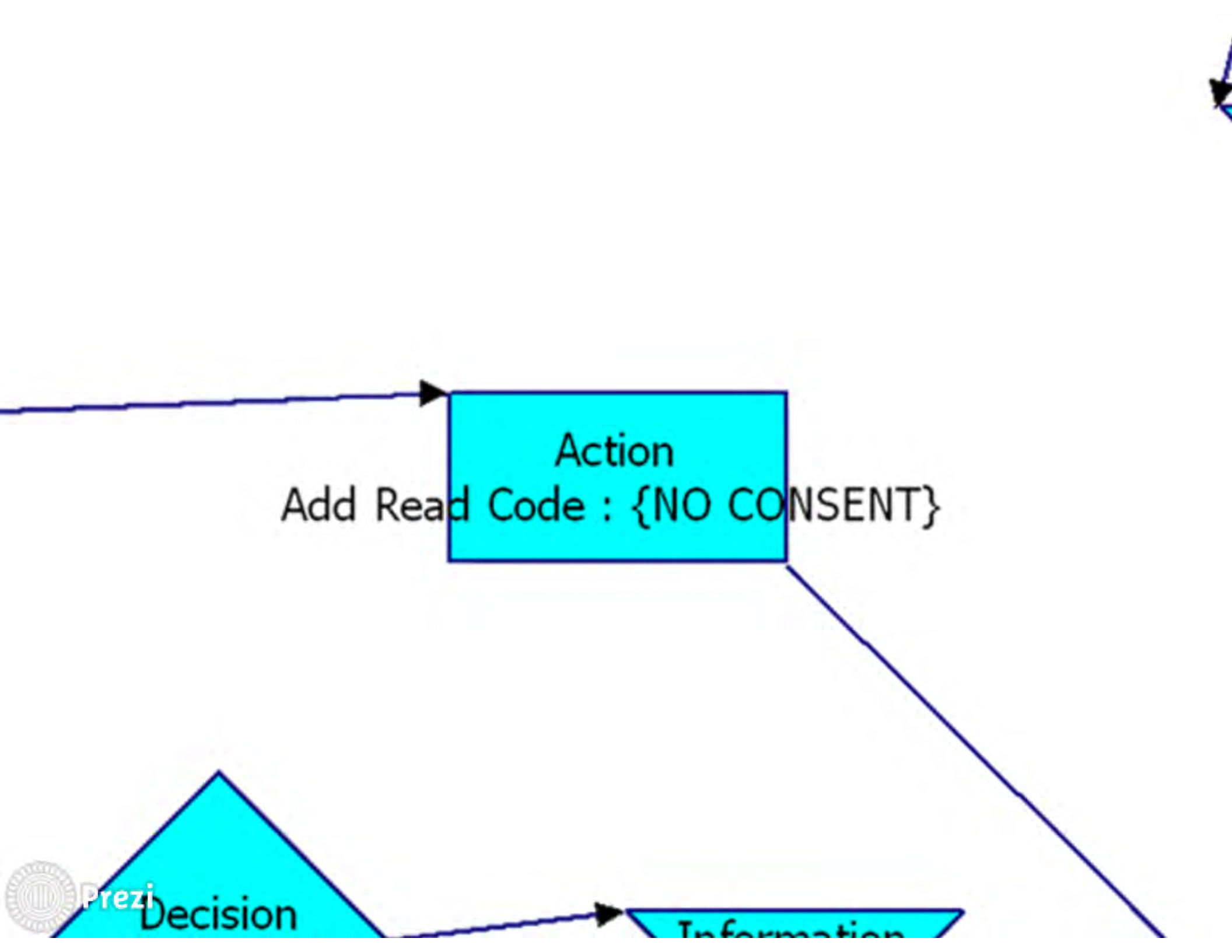

Decision Expression
Build your Decision Expression
Decision Title
?smoking status
Expression Description
Does the patient have an occurrence of Other smoking information between dates, 08/09/2014 and 10/09/2014 ?
Edit
Test
Clear
Save
Cancel

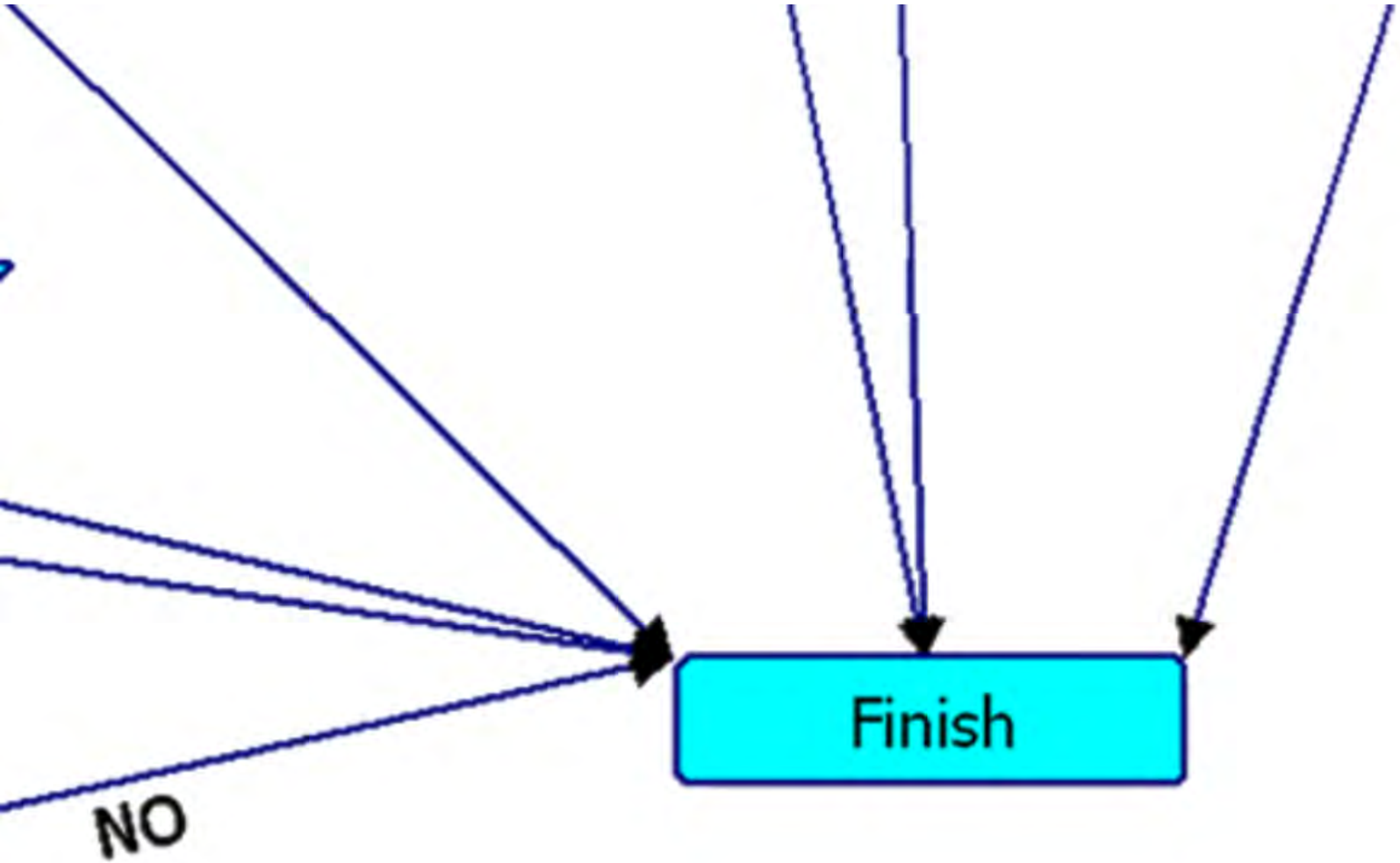

Flu_5_2013
Template
Flu_6_2013

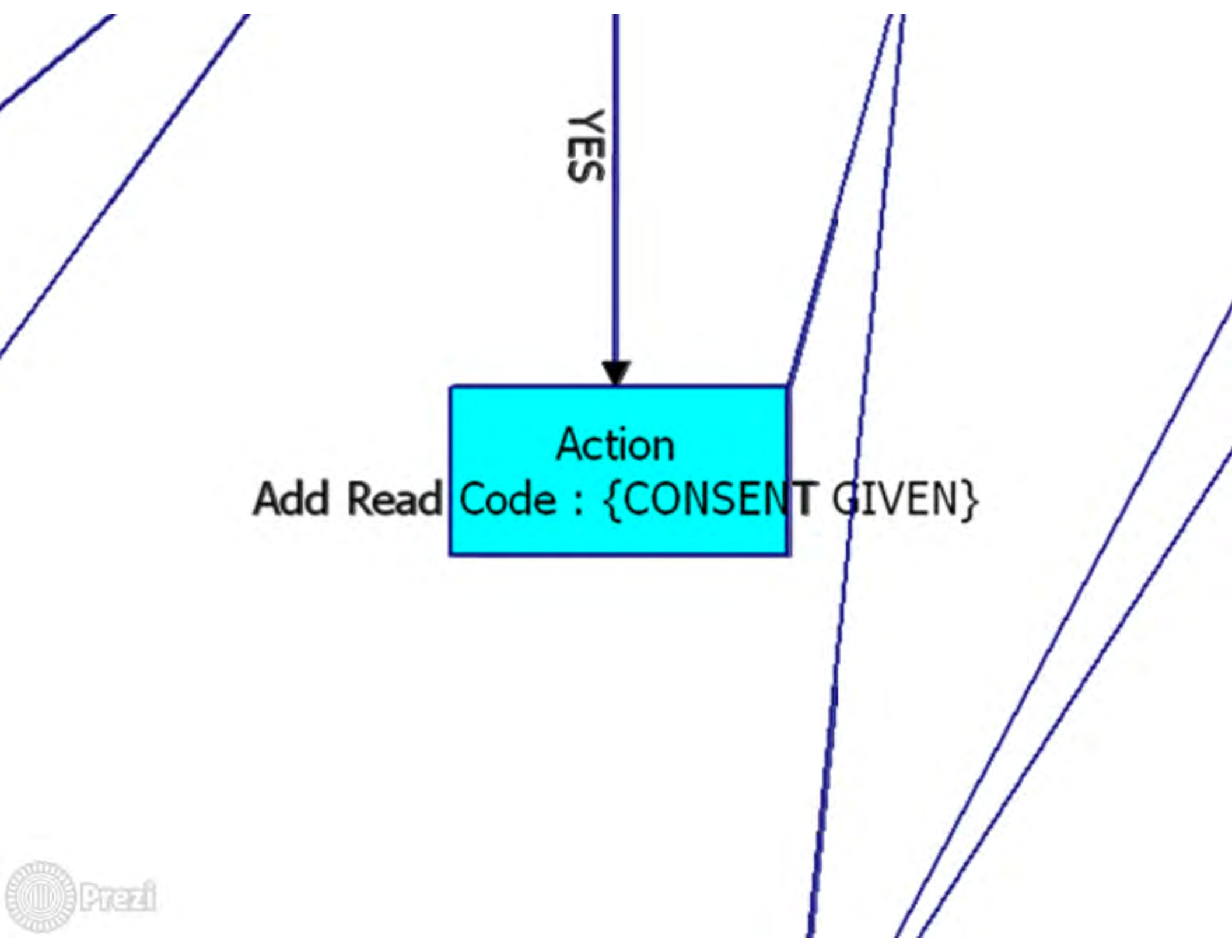

Flu 6 2013.
Smoking
Never smoked
Never smoked tobacco not foun
Ex smoker
Ex smoker not found
Date ceased smoking
Date ceased smoking not found
Current smoker
Current smoker not found
Trivial smoker - < 1 cig/day
Trivial smoker - < 1 cig/day not f
Cigarette smoker
Cigarettes/day
Cigarette smoker not found
Cigar smoker
cigars/day
Cigar smoker not found
Rolls own cigarettes
oz/wk
Rolls own cigarettes not foun
Pipe smoker
oz/wk.
Pipe smoker not found
Smoking cessation advice
Smoking cessation advice not fc
OK
Cancel
Prezi

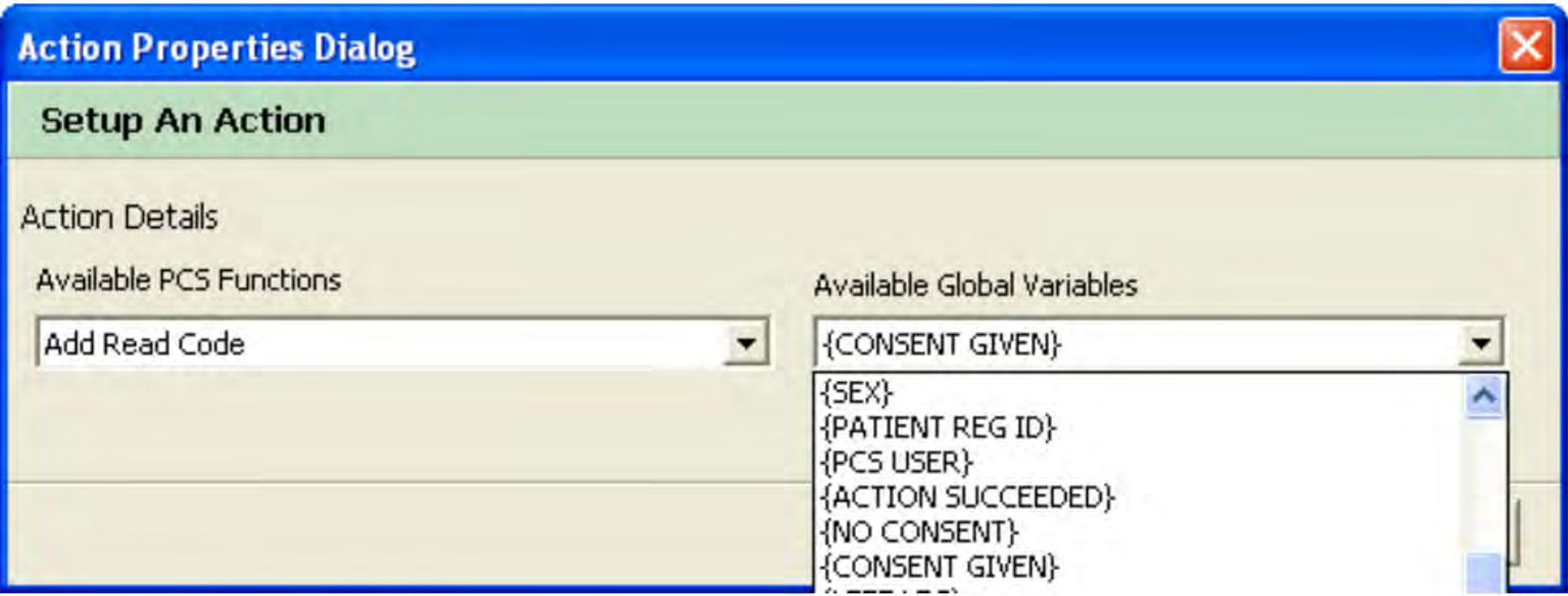

Multi-Choice
e patient consent to vaccination with the seasonal influenza va
NO
YES

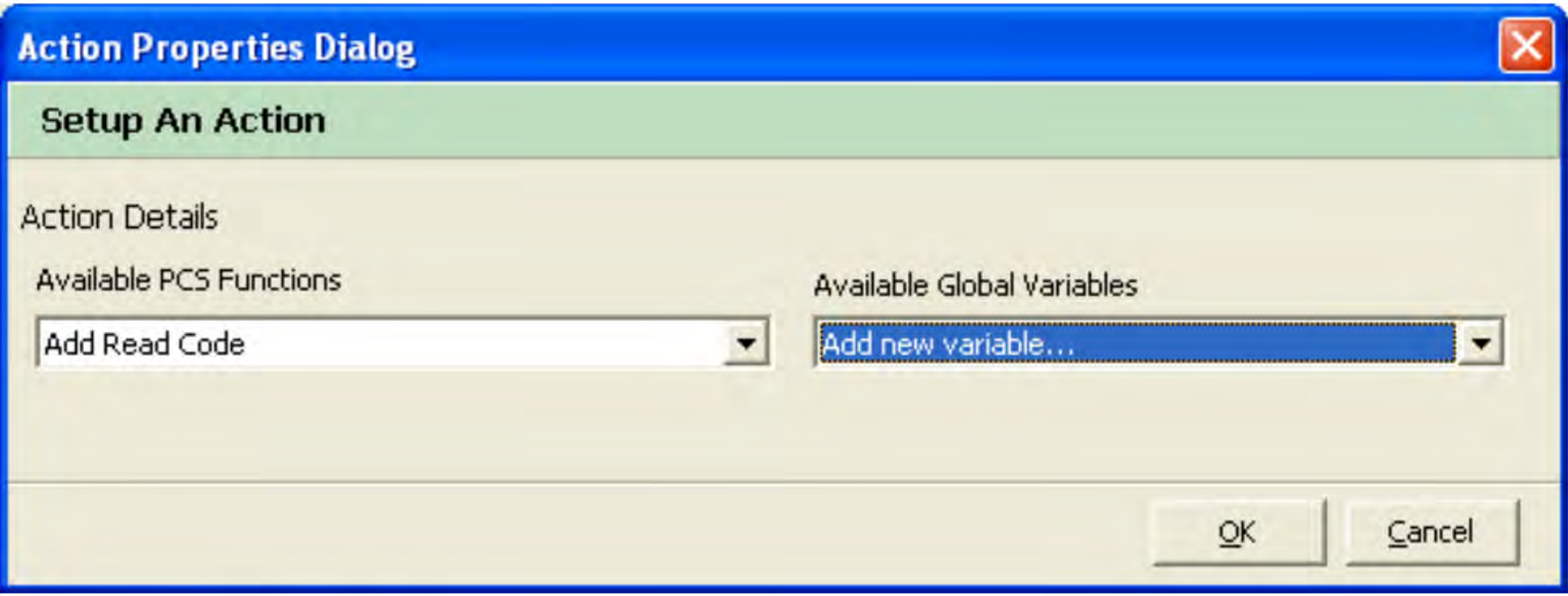

Multiple-Choice Properties
Multiple Choice Setup
Please Enter The Question/Prompt That The Protocol User will Receive.
Does the patient consent to vaccination with the seasonal influenza vaccine?
Choices
YES
NO
Up
Down
Delete
Add
OK
Cancel
Prezi


Action
Add Read Code : {NO CONSENT}
Decision

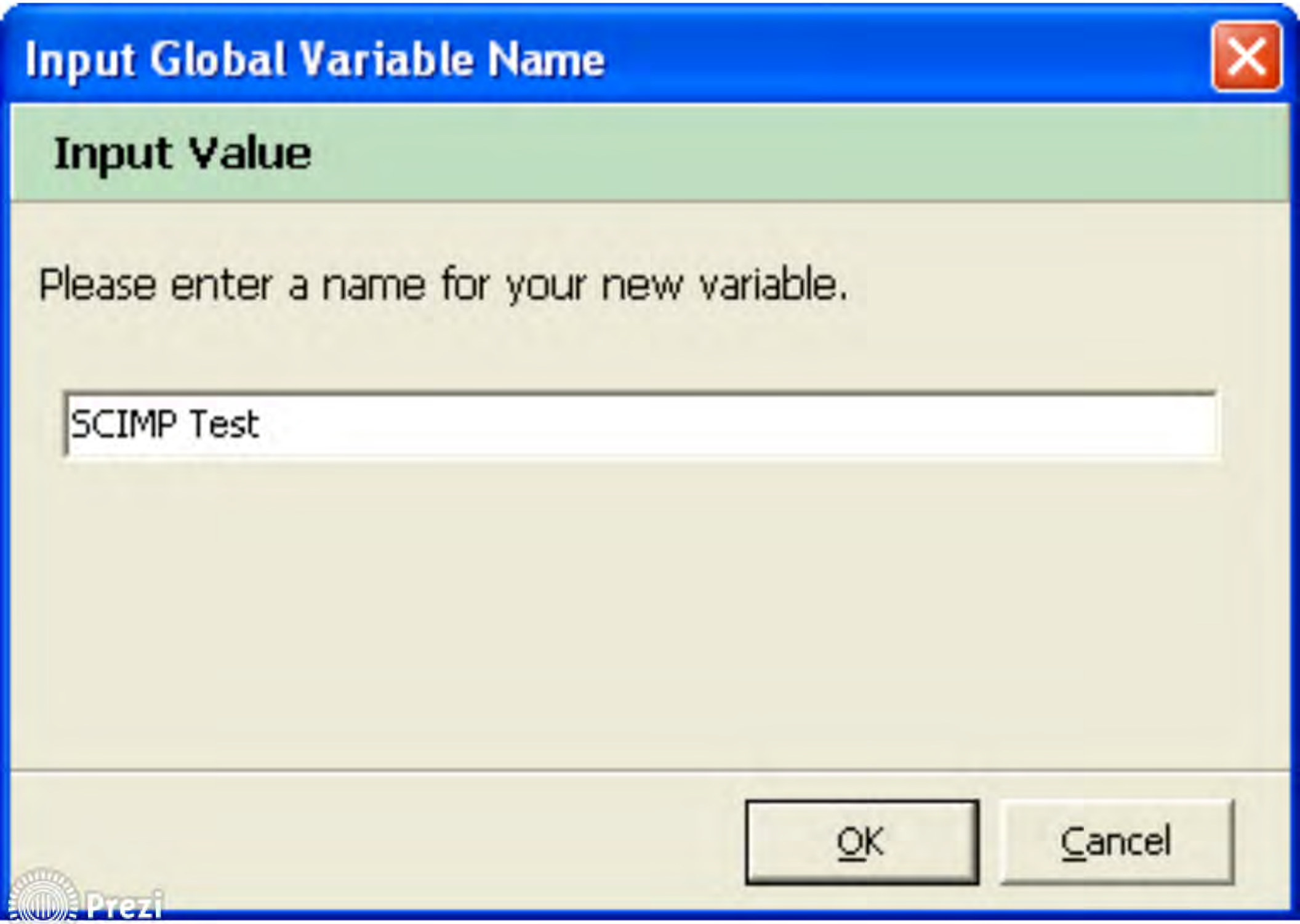

Finish
NO

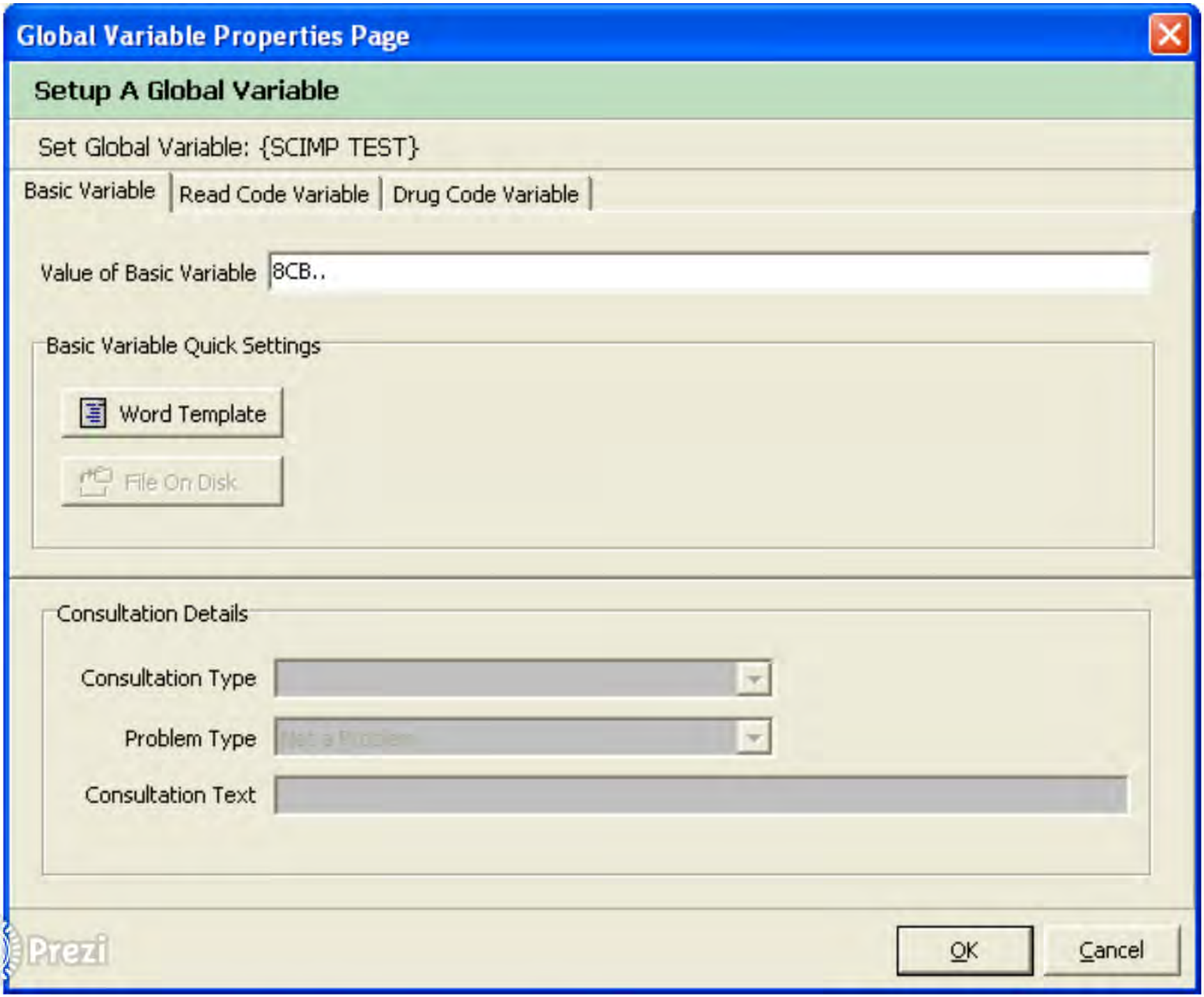

YES
Action
Add Read Code : {CONSENT GIVEN}

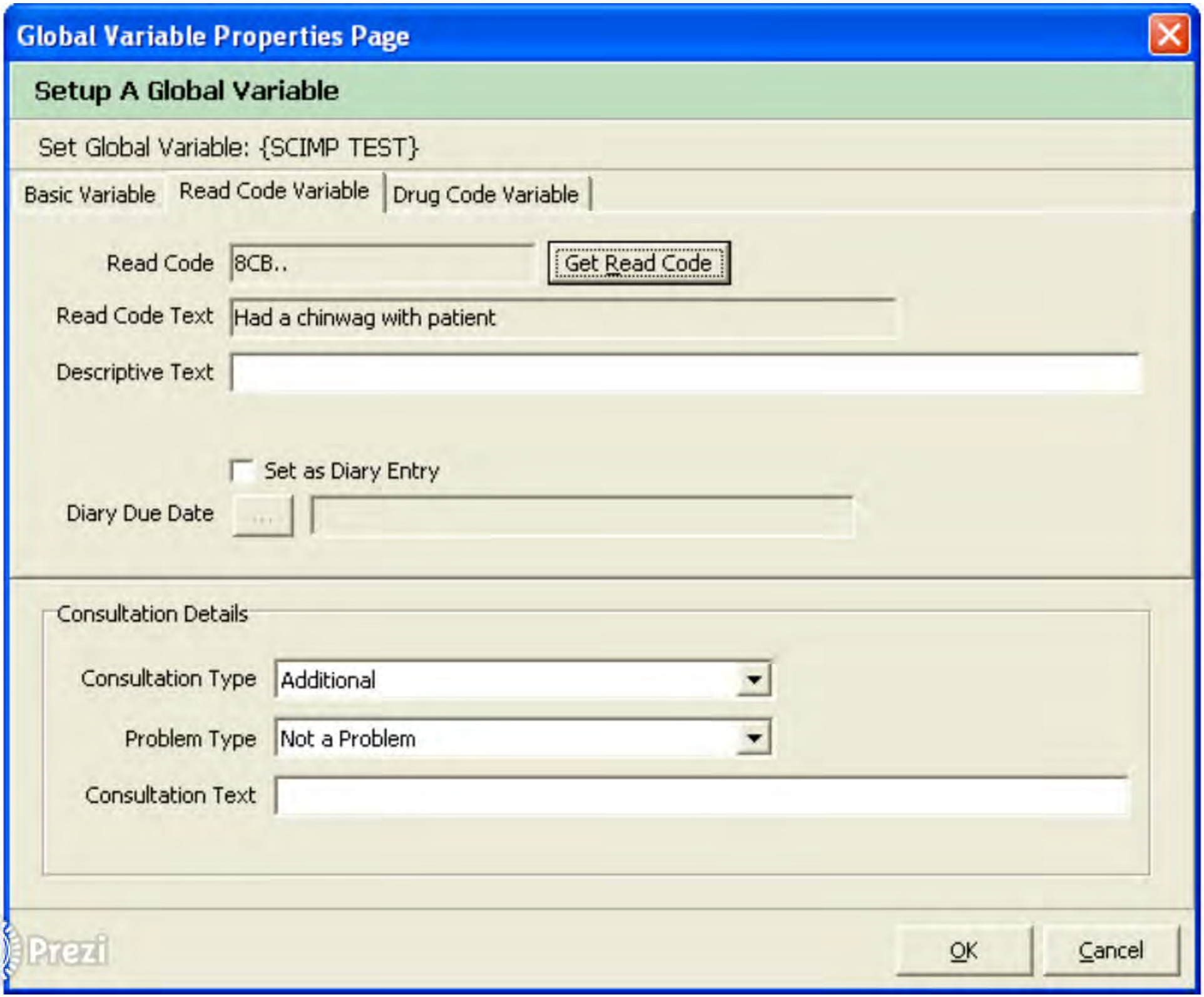

Action Properties Dialog
Setup An Action
Action Details
Available PCS Functions
Add Read Code
Available Global Variables
{CONSENT GIVEN}
{SEX}
{PATIENT REG ID}
{PCS USER}
{ACTION SUCCEEDED}
{NO CONSENT}
{CONSENT GIVEN}

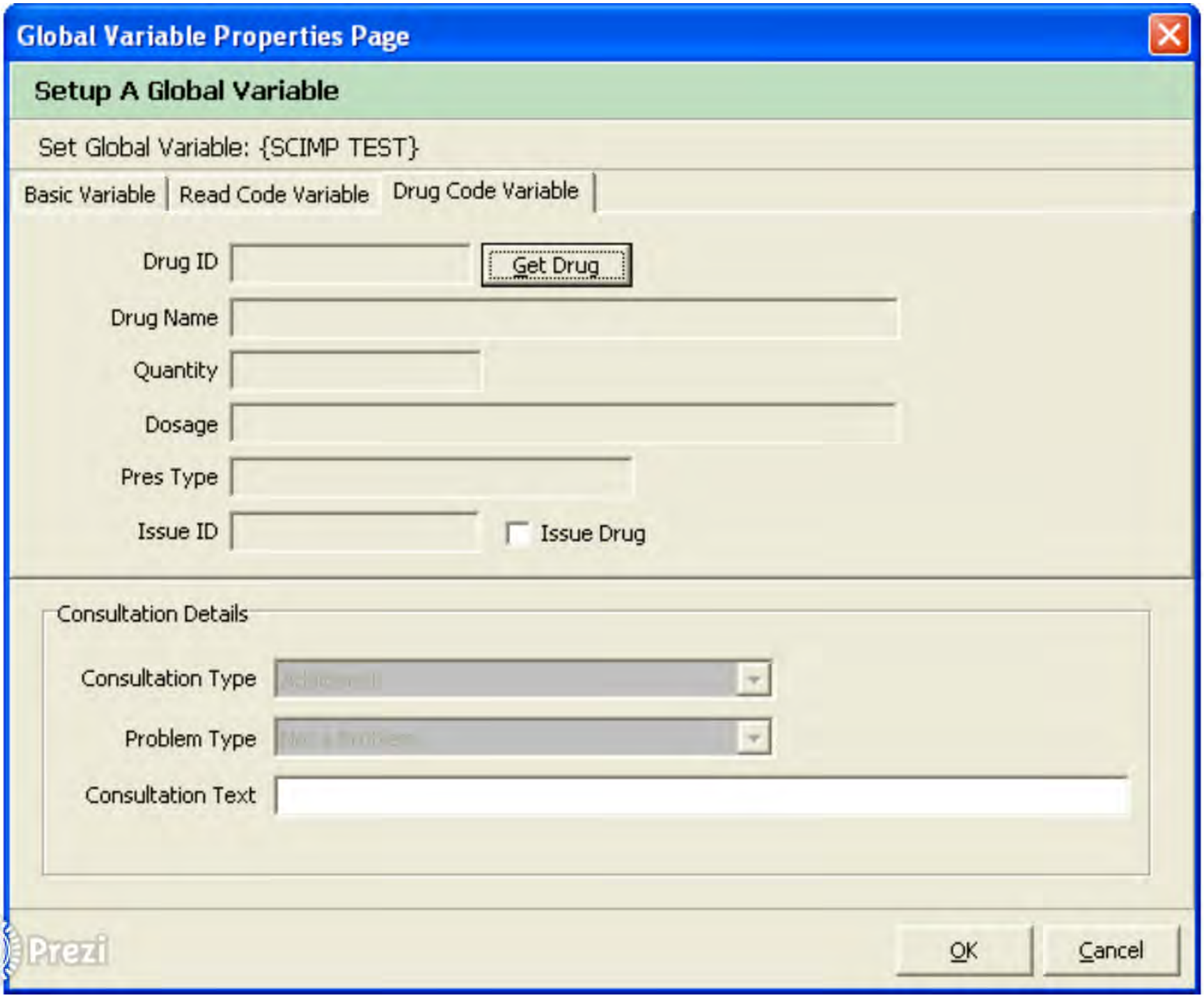

Action Properties Dialog
Setup An Action
Action Details
Available PCS Functions
Add Read Code
Available Global Variables
Add new variable...
OK
Cancel

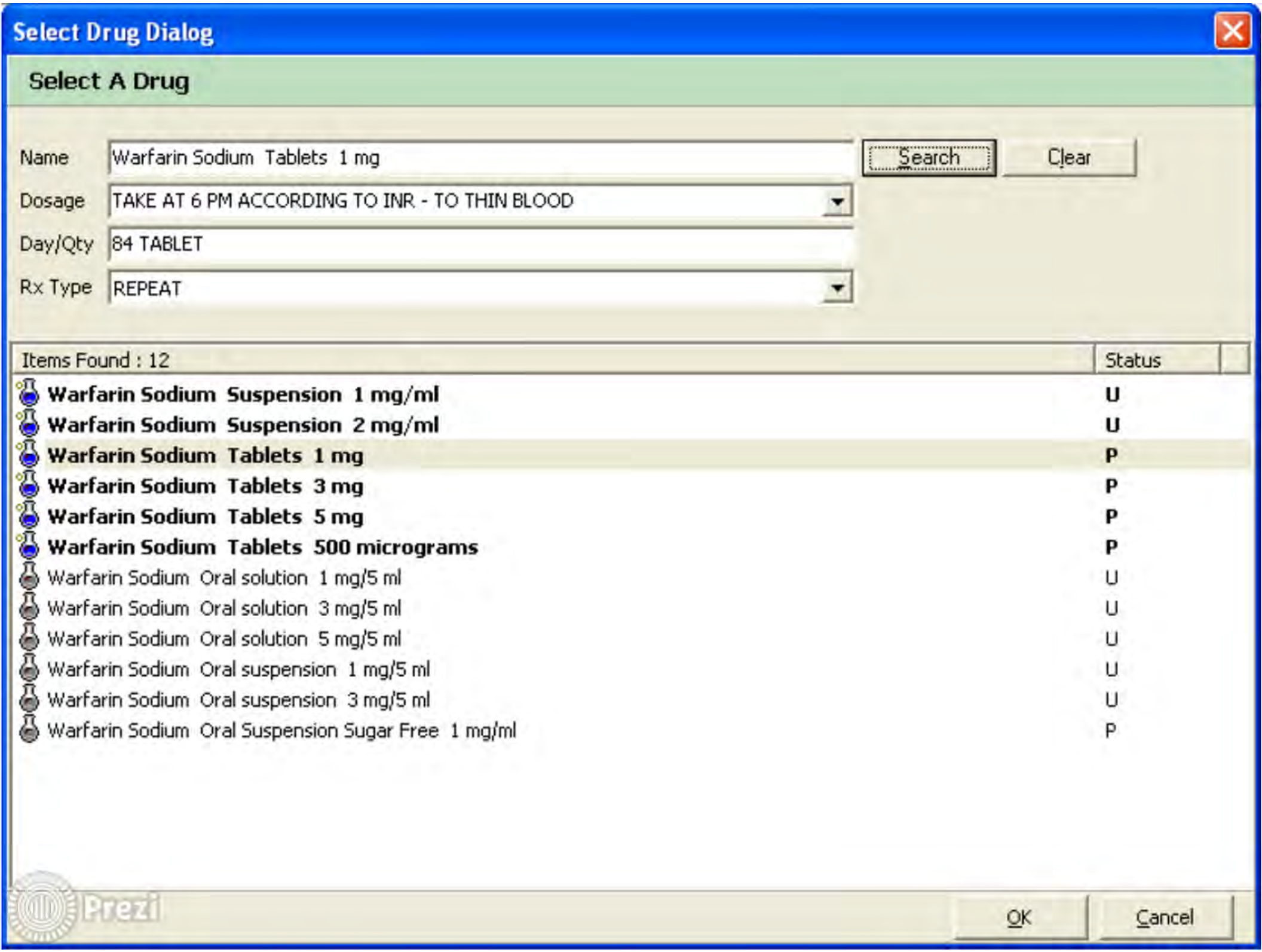
Prezi

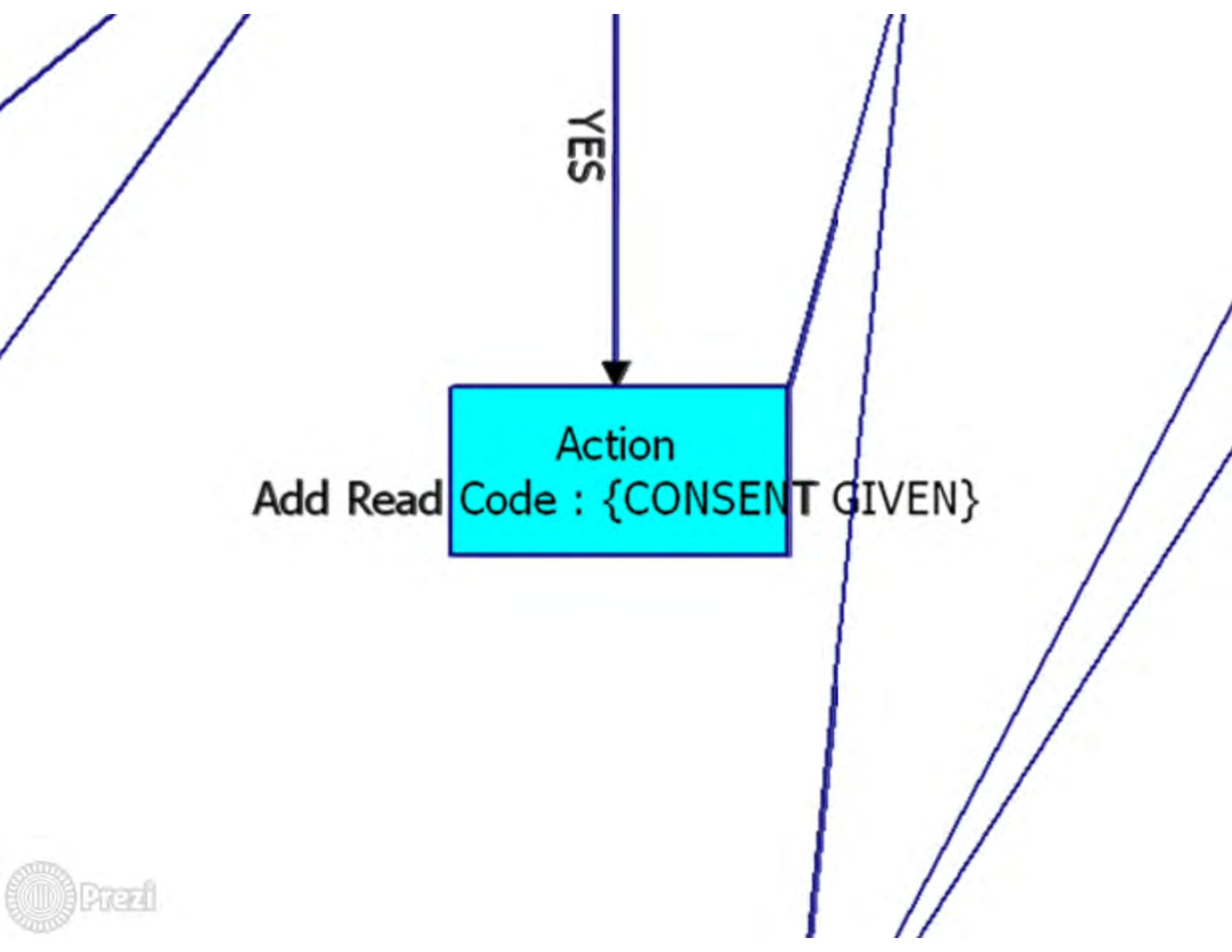

Input Global Variable Name
Input Value
Please enter a name for your new variable.
SCIMP Test
OK
Cancel
Prezi

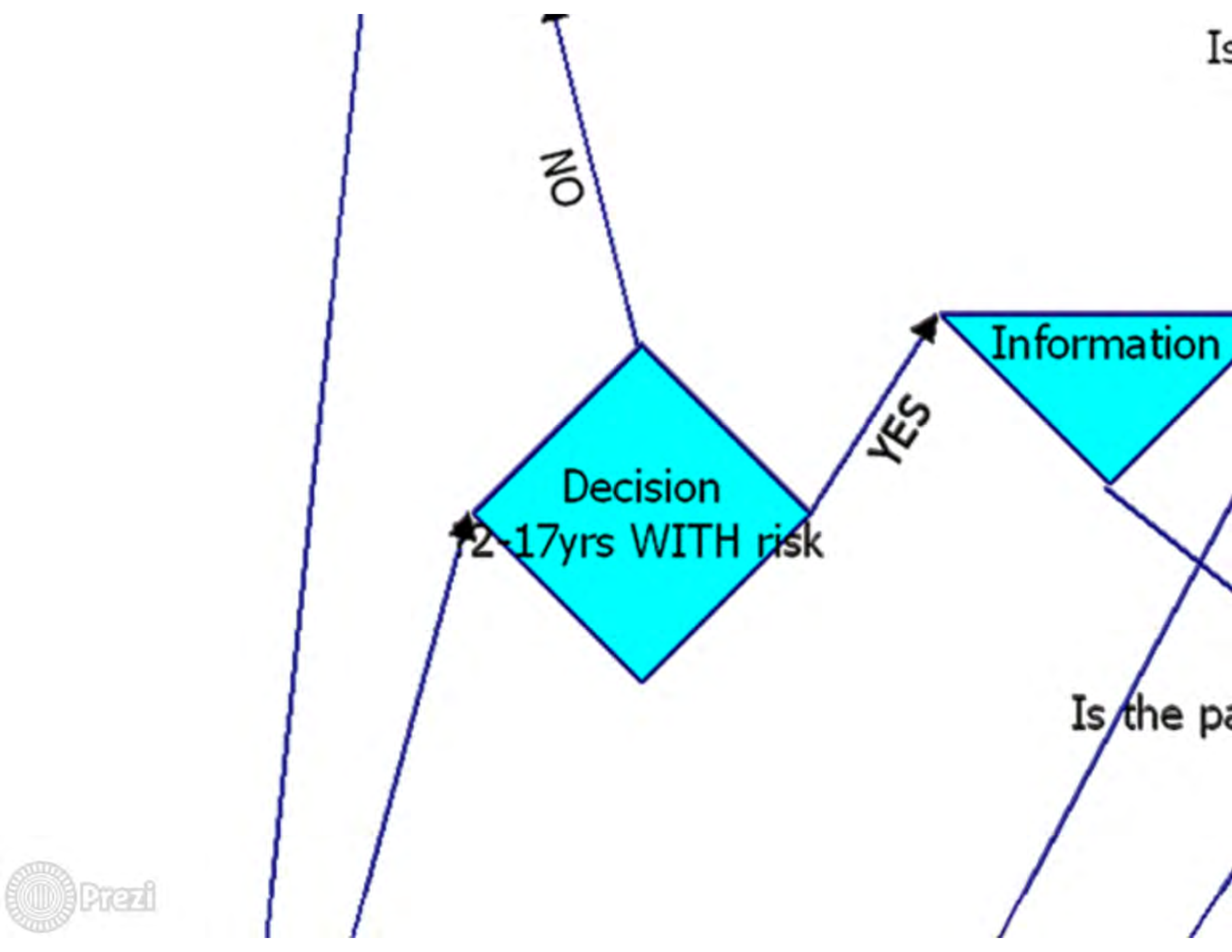

Global Variable Properties Page
Setup A Global Variable
Set Global Variable: {SCIMP TEST}
Basic Variable
Read Code Variable
Drug Code Variable
Value of Basic Variable
8CB..
Basic Variable Quick Settings
Word Template
File On Disk
Consultation Details
Consultation Type
Problem Type
Consultation Text
OK
Cancel

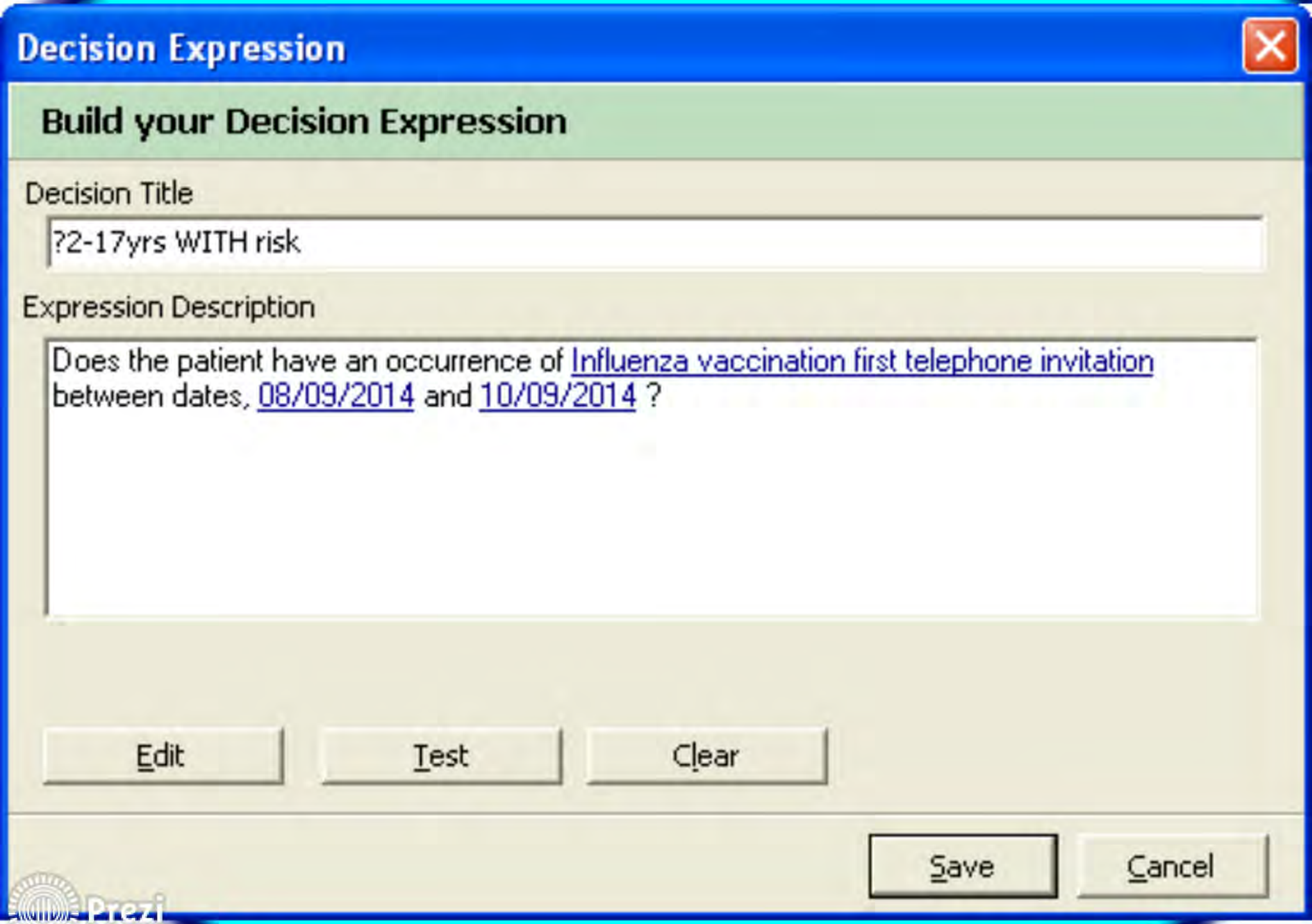

Global Variable Properties Page
Setup A Global Variable
Set Global Variable: {SCIMP TEST}
Basic Variable
Read Code Variable
Drug Code Variable
Read Code
8CB..
Get Read Code
Read Code Text
Had a chinwag with patient
Descriptive Text
Set as Diary Entry
Diary Due Date
Consultation Details
Consultation Type
Additional
Problem Type
Not a Problem
Consultation Text
OK
Cancel

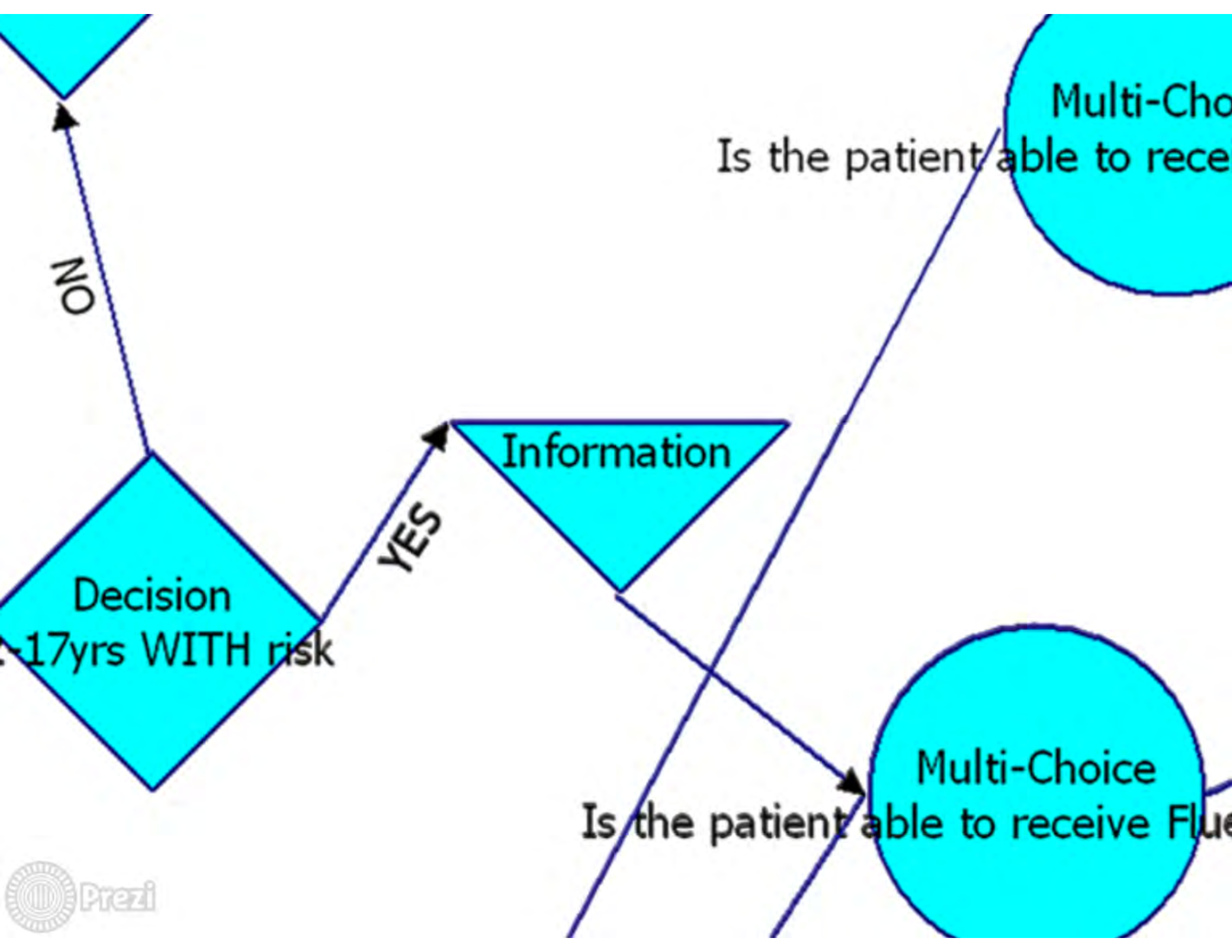

Global Variable Properties Page
Setup A Global Variable
Set Global Variable: {SCIMP TEST}
Basic Variable
Read Code Variable
Drug Code Variable
Drug ID
Get Drug
Drug Name
Quantity
Dosage
Pres Type
Issue ID
Issue Drug
Consultation Details
Consultation Type
Problem Type
Consultation Text
OK
Cancel


Select Drug Dialog
Select A Drug
Name
Warfarin Sodium Tablets 1 mg
Search
Clear
Dosage
TAKE AT 6 PM ACCORDING TO INR - TO THIN BLOOD
Day/Qty
84 TABLET
Rx Type
REPEAT
Items Found : 12
Status
Warfarin Sodium Suspension 1 mg/ml U
Warfarin Sodium Suspension 2 mg/ml U
Warfarin Sodium Tablets 1 mg P
Warfarin Sodium Tablets 3 mg P
Warfarin Sodium Tablets 5 mg P
Warfarin Sodium Tablets 500 micrograms P
Warfarin Sodium Oral solution 1 mg/5 ml U
Warfarin Sodium Oral solution 3 mg/5 ml U
Warfarin Sodium Oral solution 5 mg/5 ml U
Warfarin Sodium Oral suspension 1 mg/5 ml U
Warfarin Sodium Oral suspension 3 mg/5 ml U
Warfarin Sodium Oral Suspension Sugar Free 1 mg/ml P
Prezi
OK
Cancel


YES
Action
Add Read Code : {CONSENT GIVEN}


NO
Decision
2-17yrs WITH risk
YES
Information
Is the pa


Decision Expression
Build your Decision Expression
Decision Title
?2-17yrs WITH risk
Expression Description
Does the patient have an occurrence of Influenza vaccination first telephone invitation between dates, 08/09/2014 and 10/09/2014 ?
Edit
Test
Clear
Save
Cancel


NO
Decision
-17yrs WITH risk
YES
Information
Multi-Cho
Is the patient able to rece
Multi-Choice
Is the patient able to receive Flue

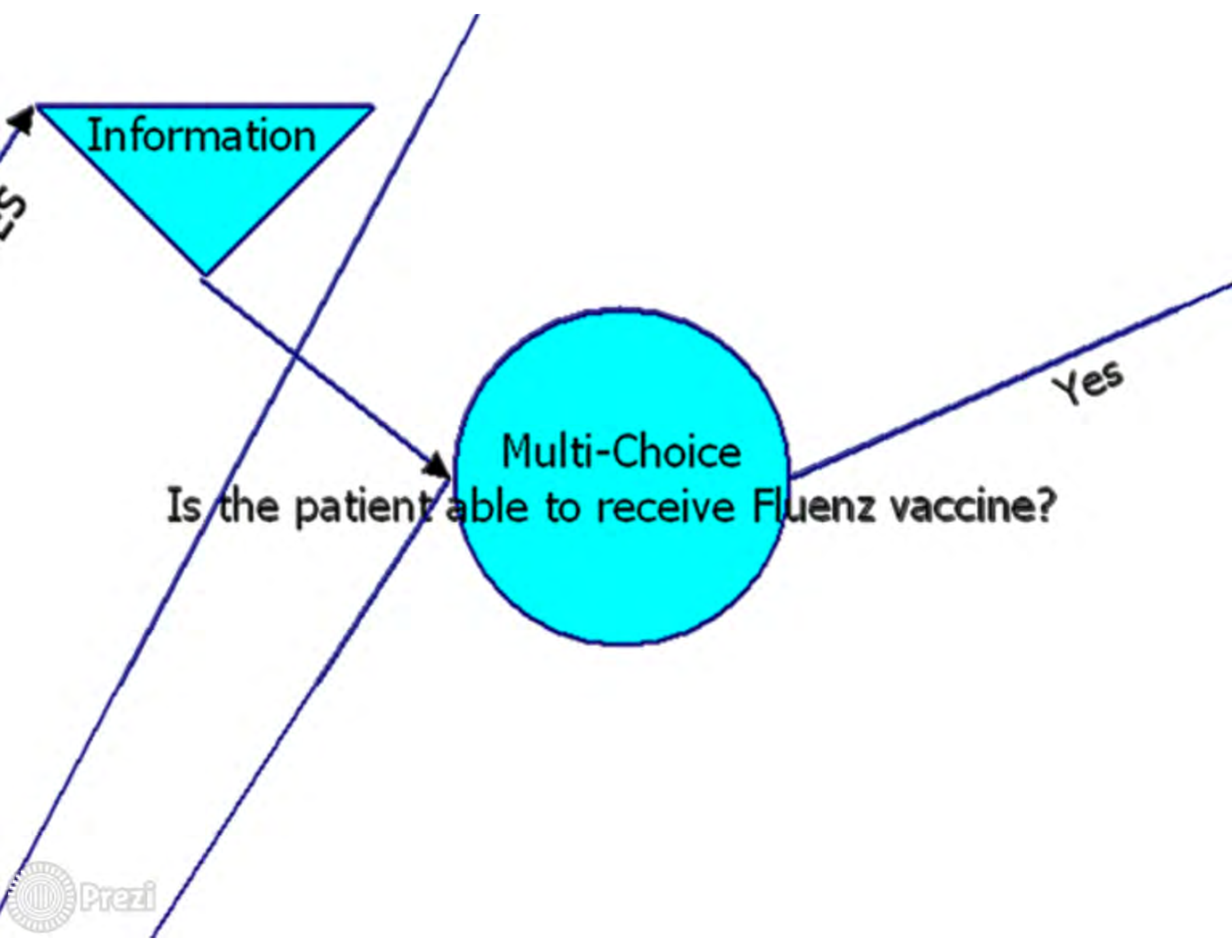
Protocol

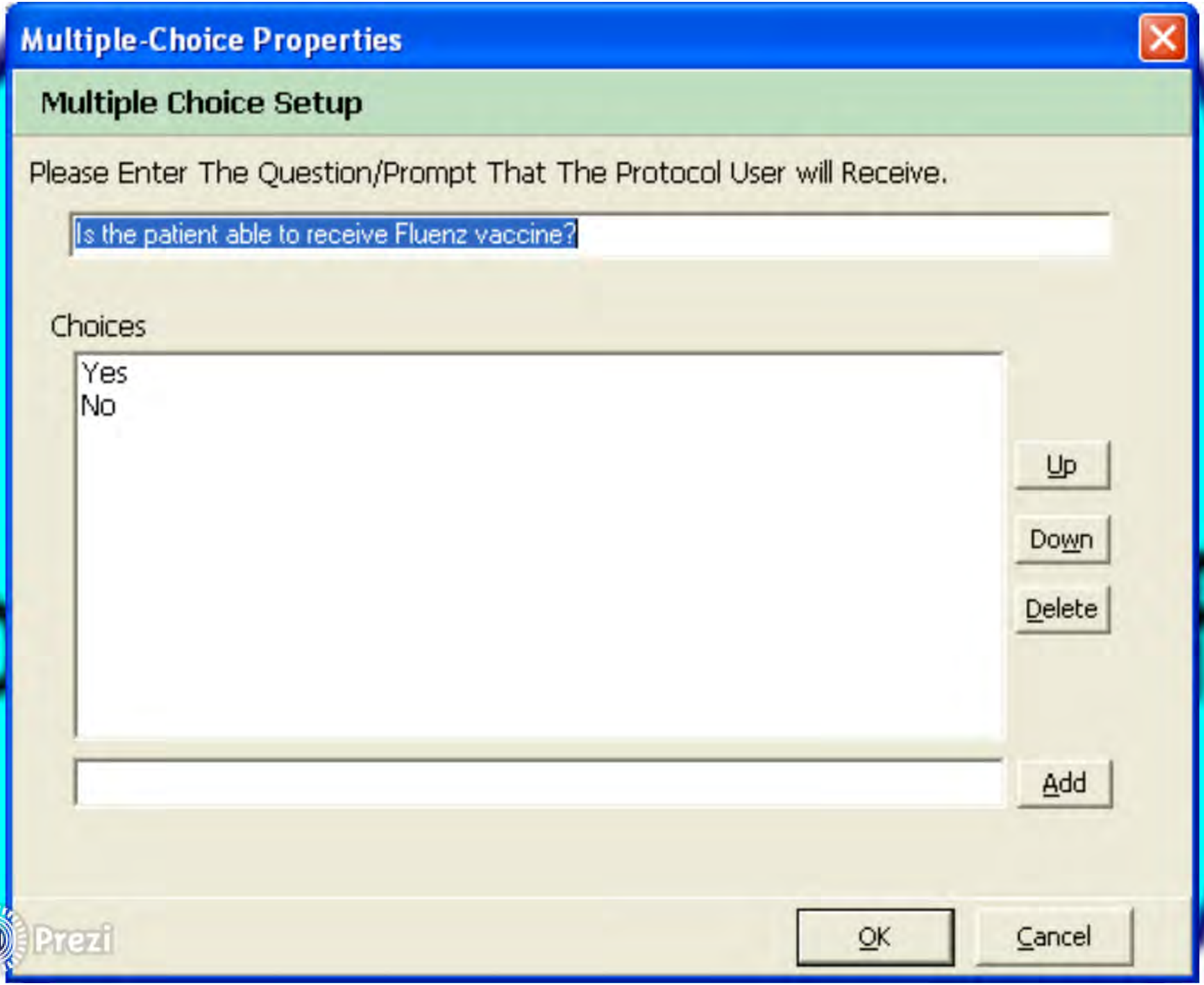
Flu 2014

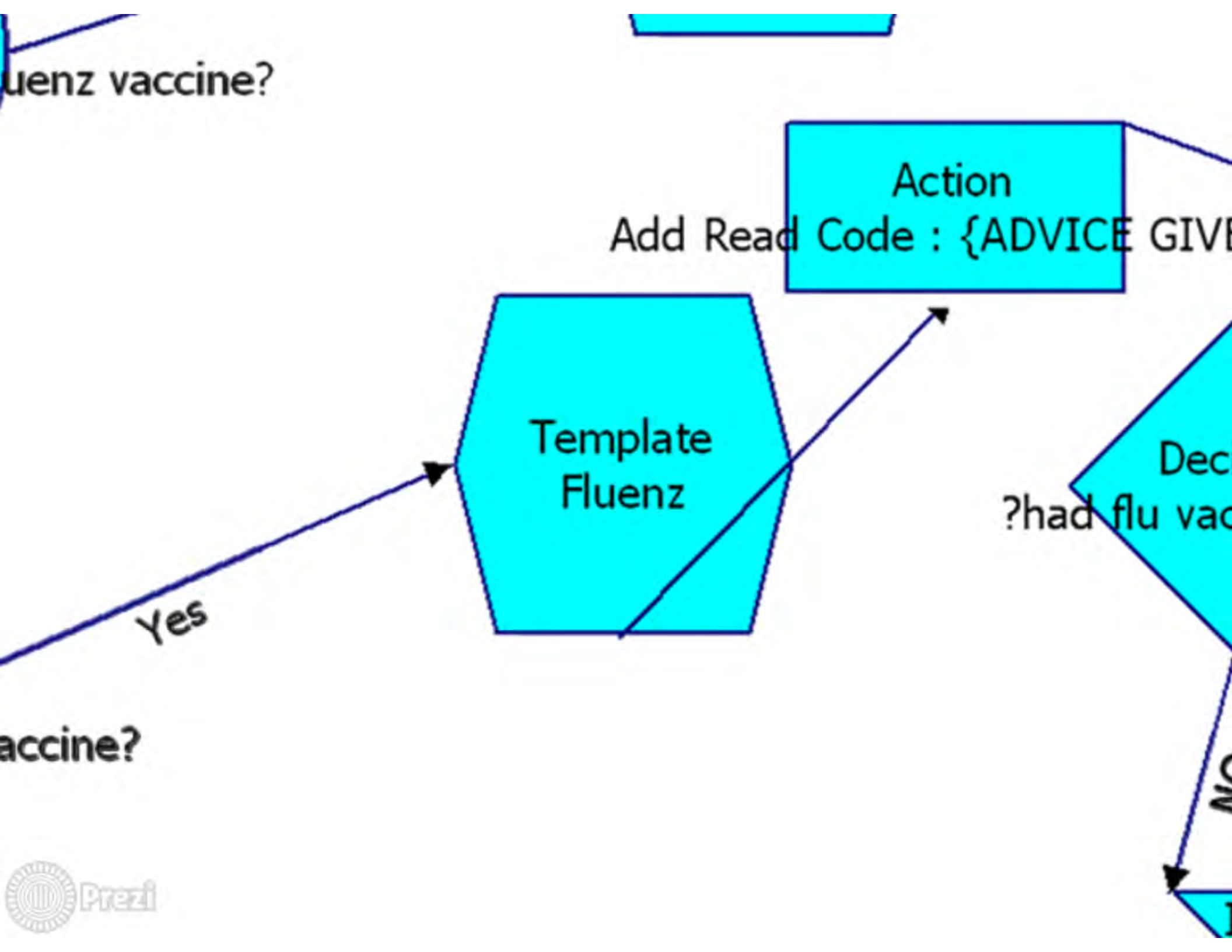
Contraindications to the Fluenz vaccine include: - Confirmed anaphylactic reaction to a previous dose of flu vaccine - Confirmed anaphylactic reaction to any component of the vaccine including gentamicin and gelatin - Allergy to egg - Severe immunosuppression due to conditions or immunosuppressive therapy - Individuals receiving salicylate therapy - Individuals with severe asthma (BTS/SIGN step 4 or above) - Active wheezing at the time of vaccination - Known to be pregnant Precautions to the Fluenz vaccine include: - Acute severe febrile illness - defer until recovered - Heavy nasal congestion - defer until resolved or consider inactivated flu vaccine Please note: Minor illnesses without fever or systemic upset are not valid reasons to postpone vaccination

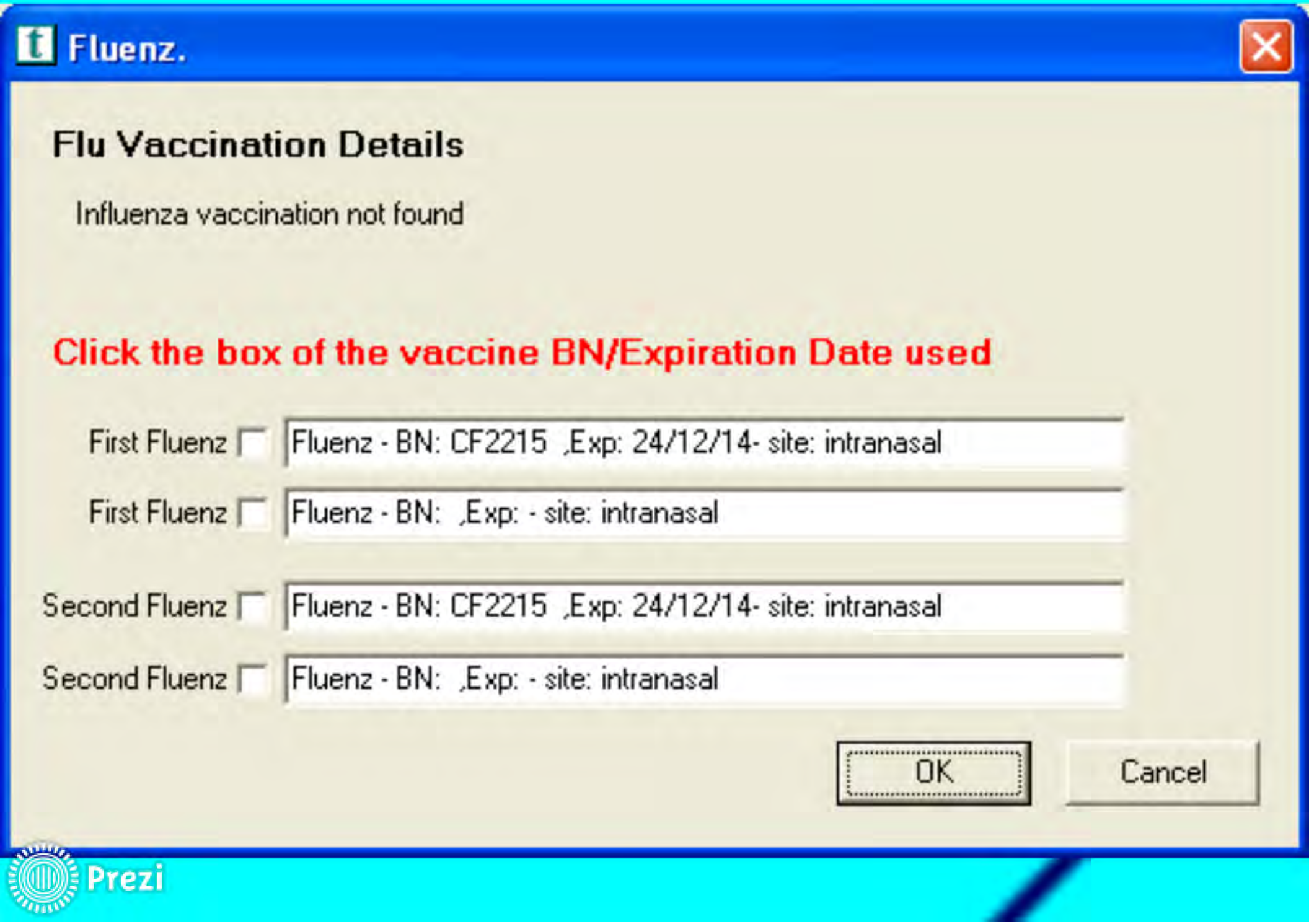
< Back | Next > | Finish | Cancel

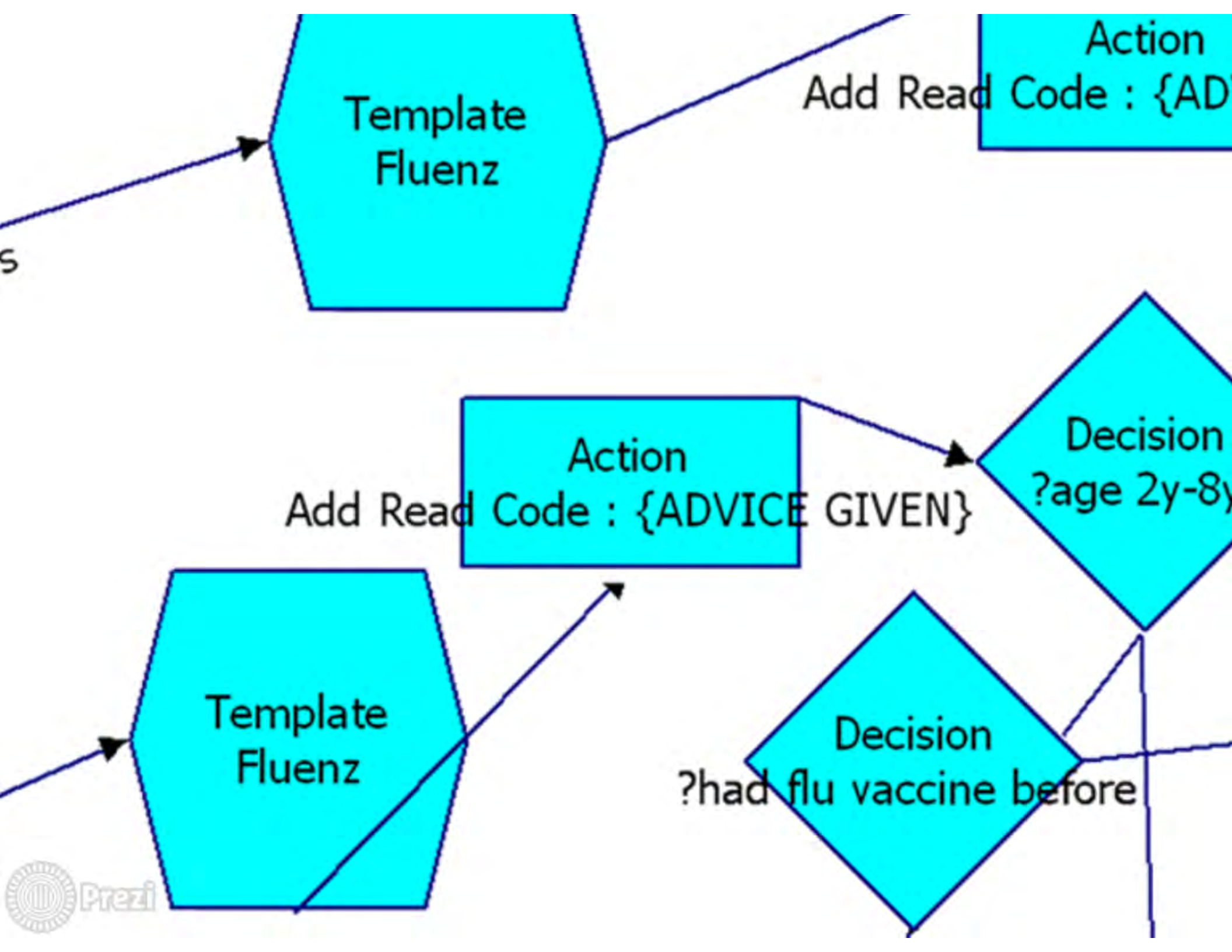
Prezi

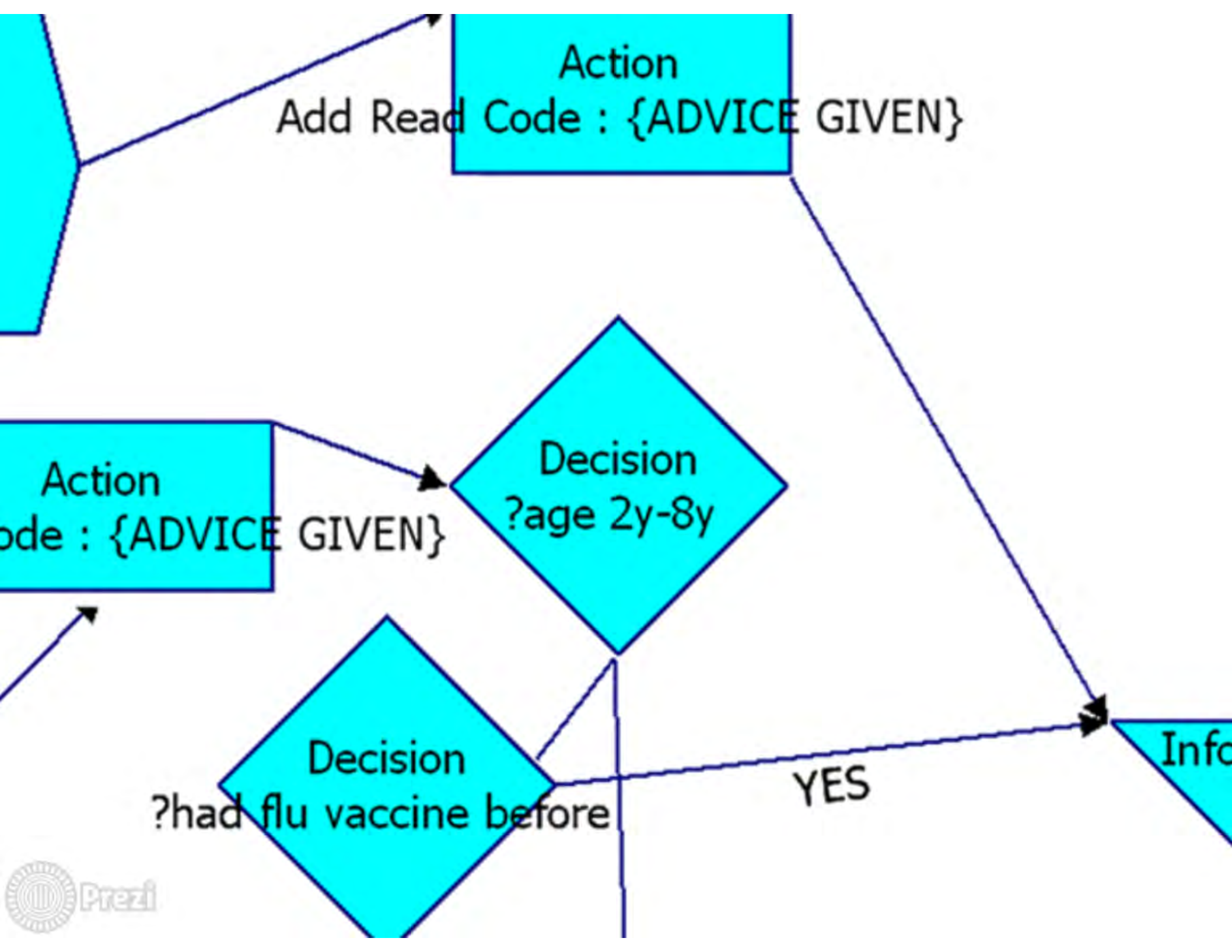

Information
Multi-Choice
Is the patient able to receive Fluenz vaccine?
Yes

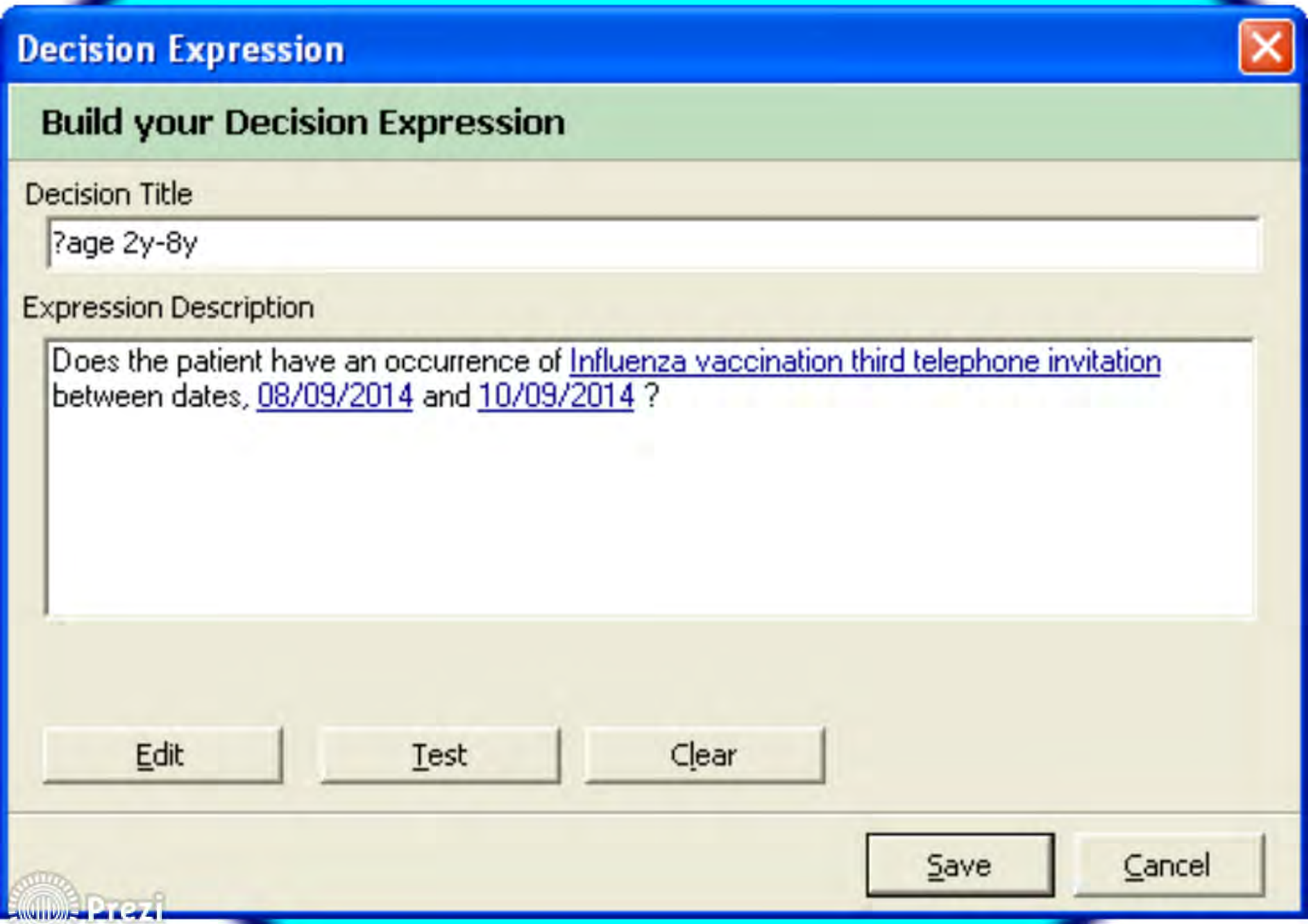

Multiple-Choice Properties
Multiple Choice Setup
Please Enter The Question/Prompt That The Protocol User will Receive.
Is the patient able to receive Fluenz vaccine?
Choices
Yes
No
Up
Down
Delete
Add
OK
Cancel

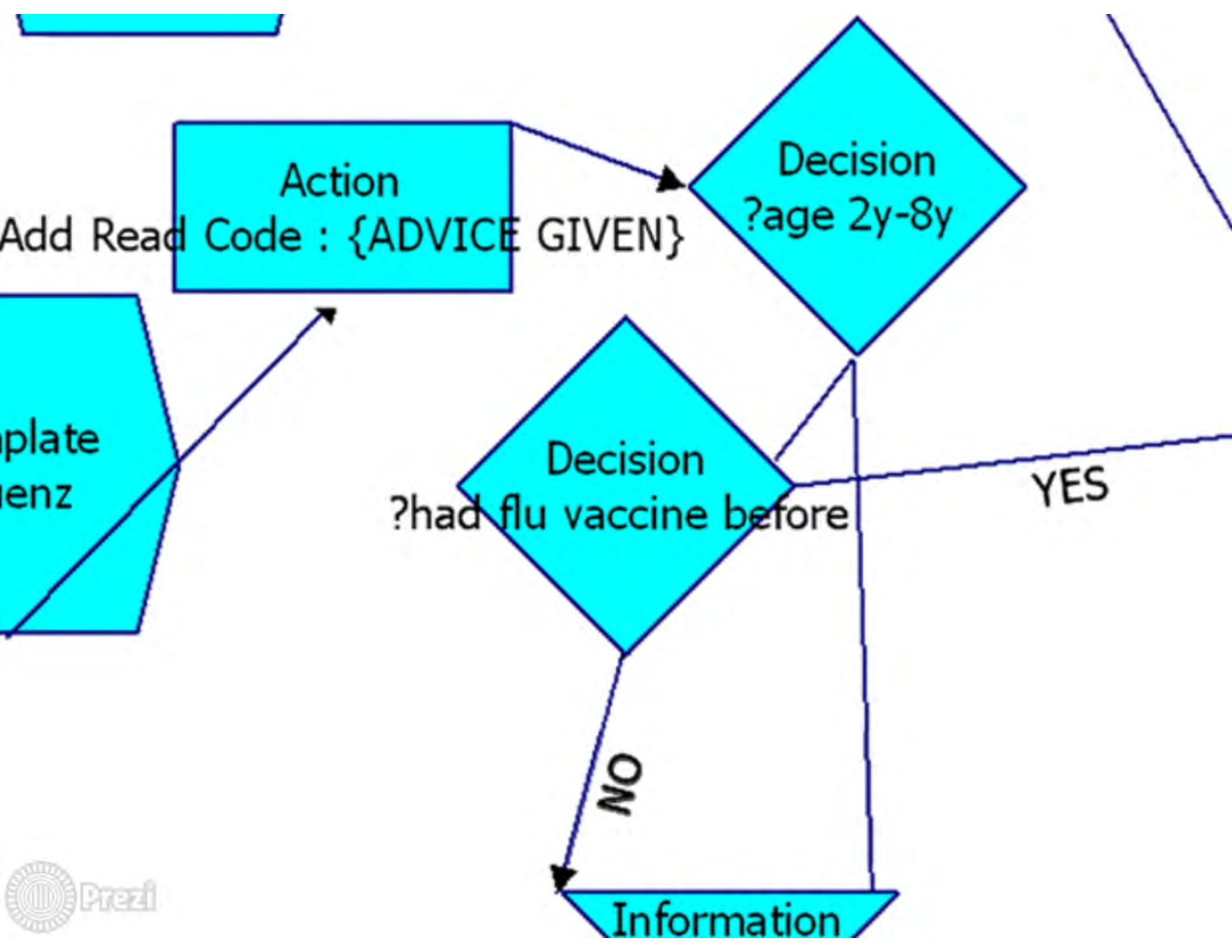

uenz vaccine?
Action
Add Read Code : {ADVICE GIVE
Template
Fluenz
Dec
?had flu vac
Yes
accine?

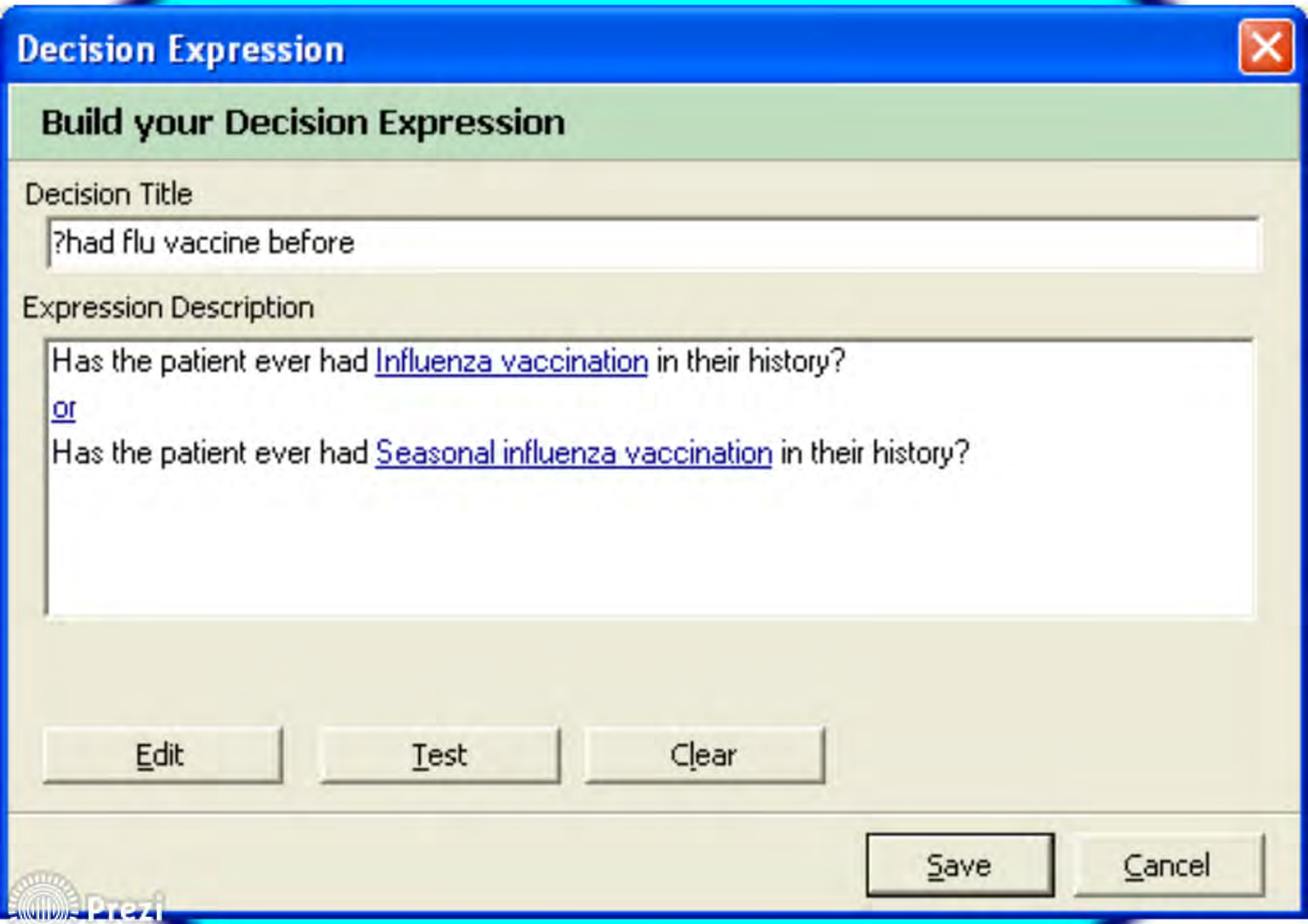

Fluenz.
Flu Vaccination Details
Influenza vaccination not found
Click the box of the vaccine BN/Expiration Date used
First Fluenz
Fluenz - BN: CF2215 ,Exp: 24/12/14- site: intranasal
First Fluenz
Fluenz - BN: ,Exp: - site: intranasal
Second Fluenz
Fluenz - BN: CF2215 ,Exp: 24/12/14- site: intranasal
Second Fluenz
Fluenz - BN: ,Exp: - site: intranasal
OK
Cancel

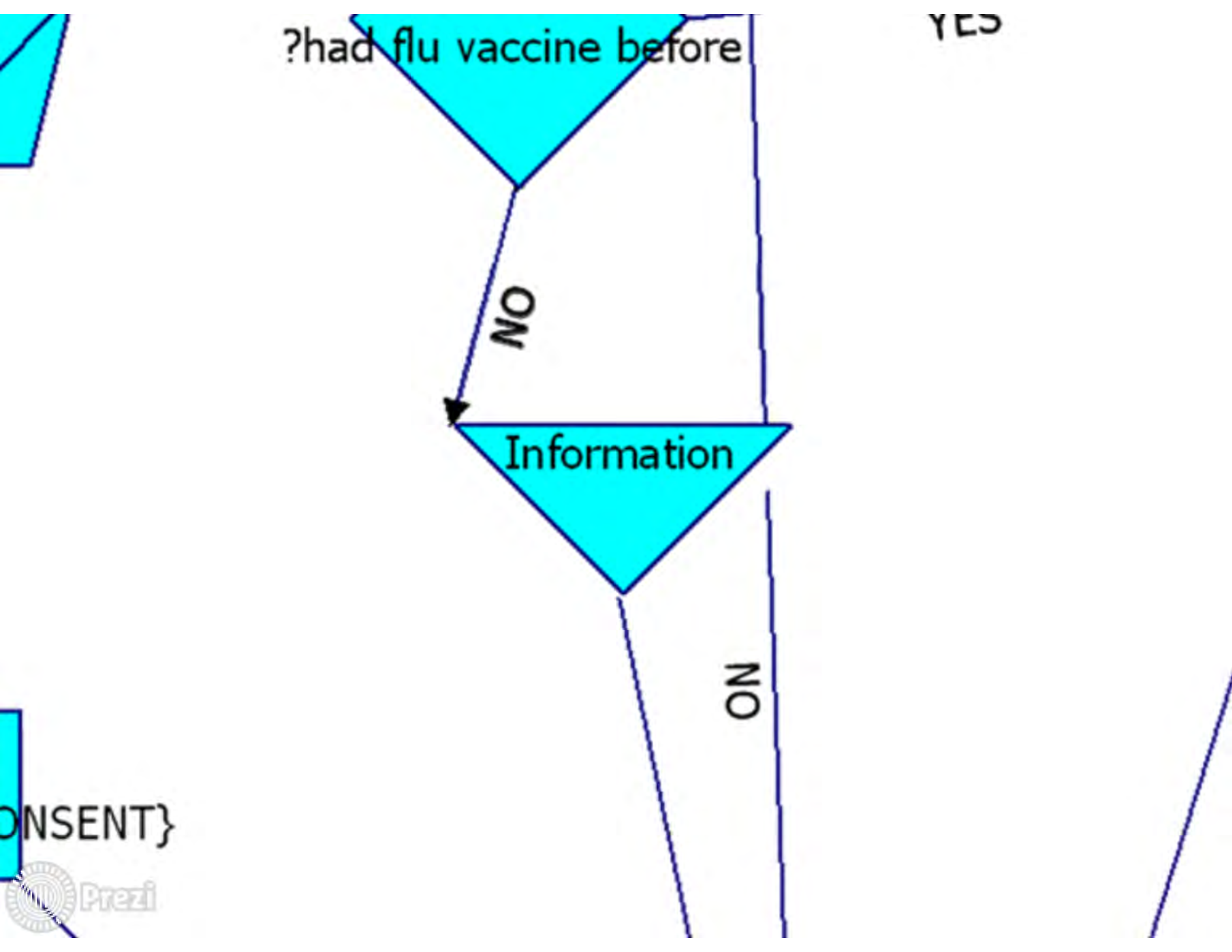

Template
Fluenz
Action
Add Read Code : {AD
s
Action
Add Read Code : {ADVICE GIVEN}
Decision
?age 2y-8y
Template
Fluenz
Decision
?had flu vaccine before

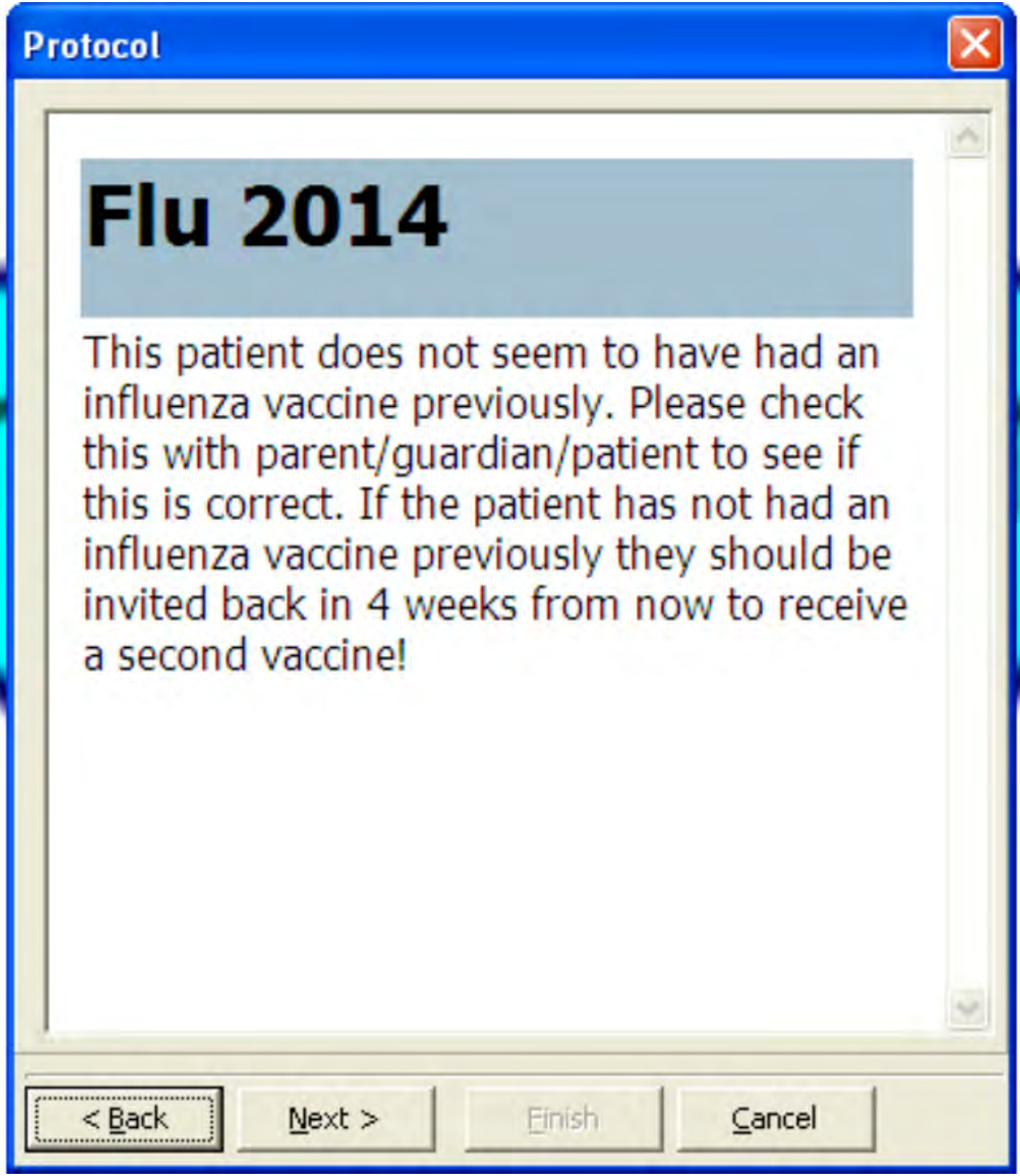

Action
Add Read Code : {ADVICE GIVEN}
Action
ode : {ADVICE GIVEN}
Decision
?age 2y-8y
Decision
?had flu vaccine before
YES
Info

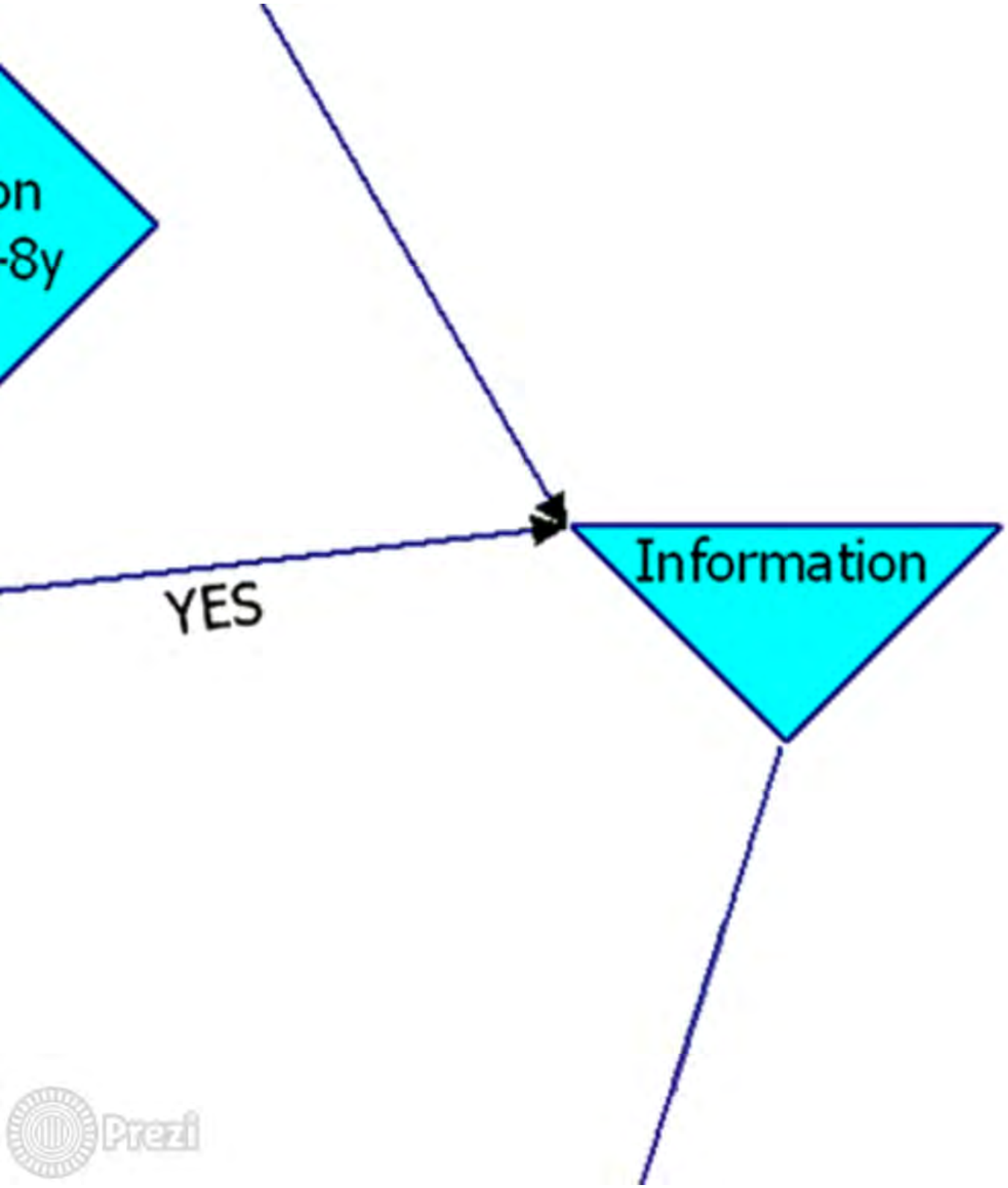

Decision Expression
Build your Decision Expression
Decision Title
?age 2y-8y
Expression Description
Does the patient have an occurrence of Influenza vaccination third telephone invitation between dates, 08/09/2014 and 10/09/2014 ?
Edit
Test
Clear
Save
Cancel

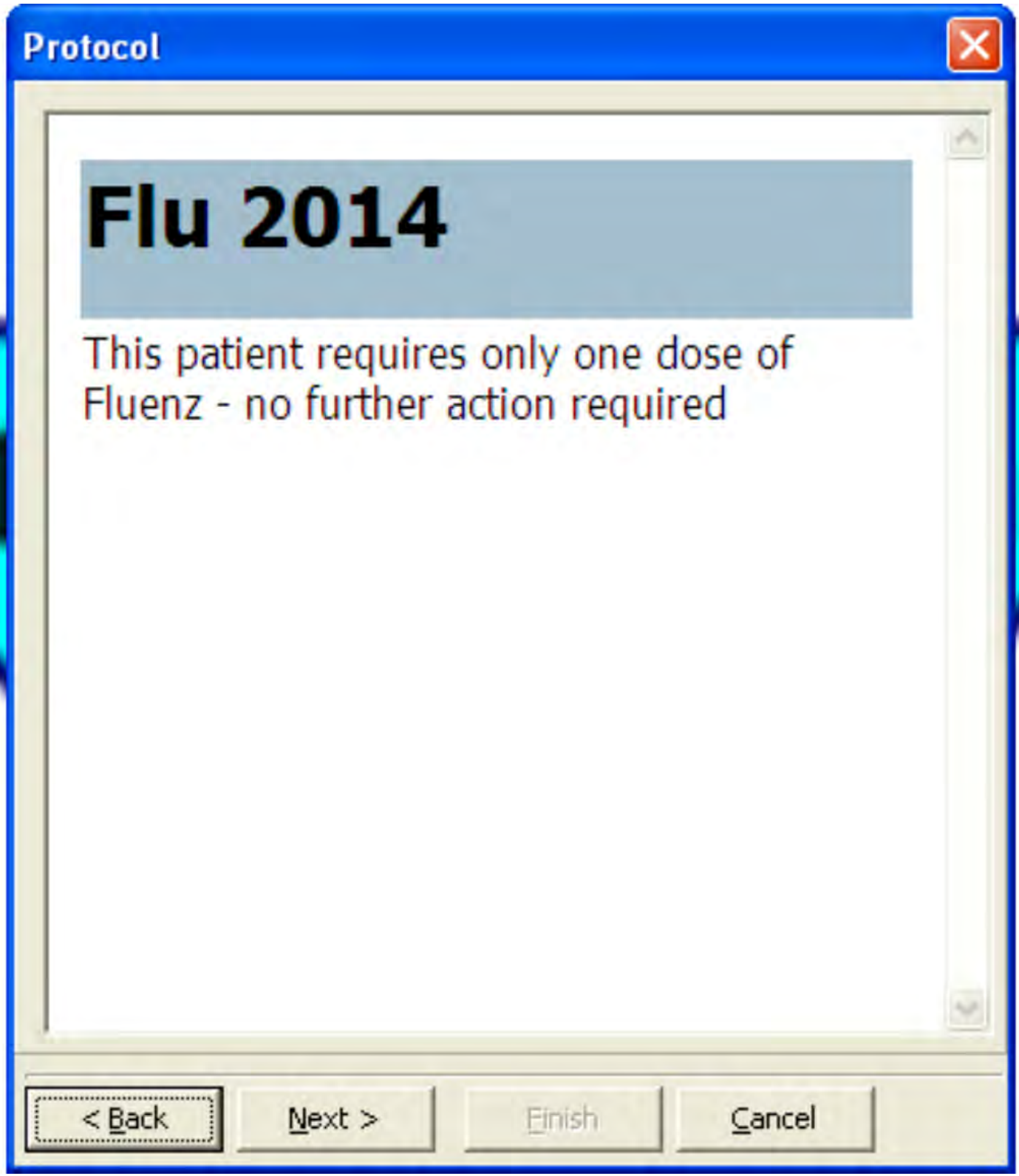

Action
Add Read Code : {ADVICE GIVEN}
Decision
?age 2y-8y
plate
ienz
Decision
?had flu vaccine before
YES
NO
Information

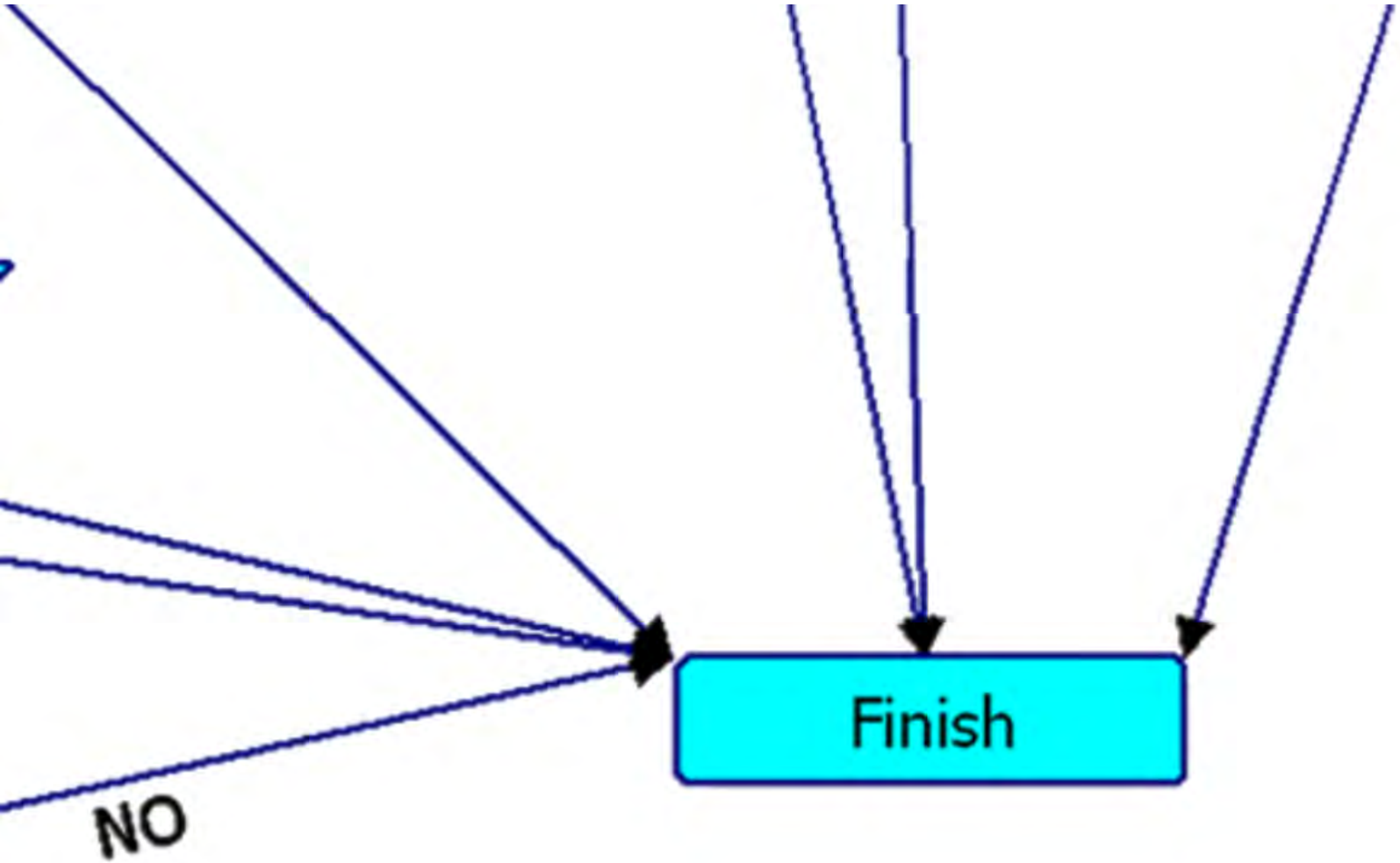

Decision Expression
Build your Decision Expression
Decision Title
?had flu vaccine before
Expression Description
Has the patient ever had Influenza vaccination in their history?
or
Has the patient ever had Seasonal influenza vaccination in their history?
Edit
Test
Clear
Save
Cancel

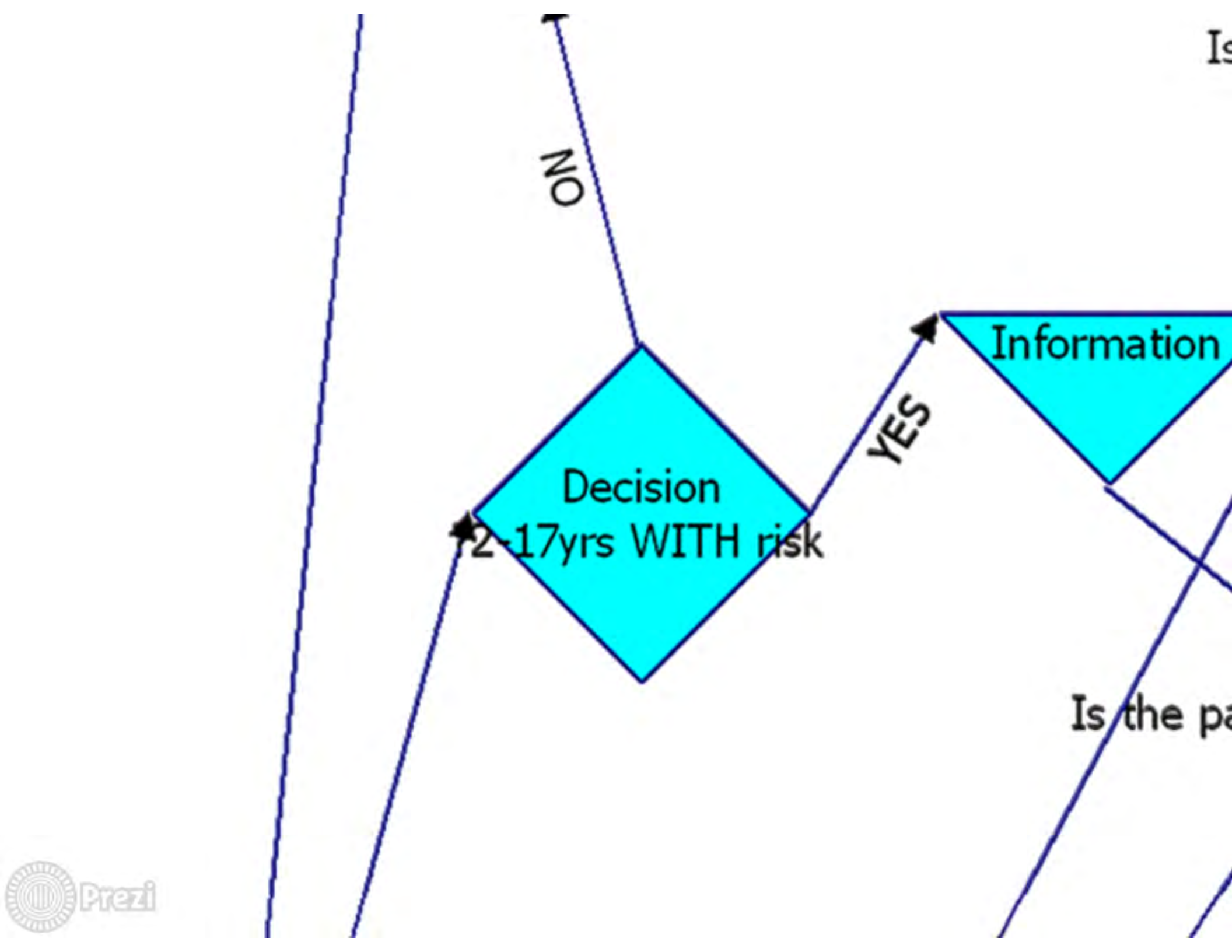

?had flu vaccine before
YES
NO
Information
ON
ONSENT}
Prezi

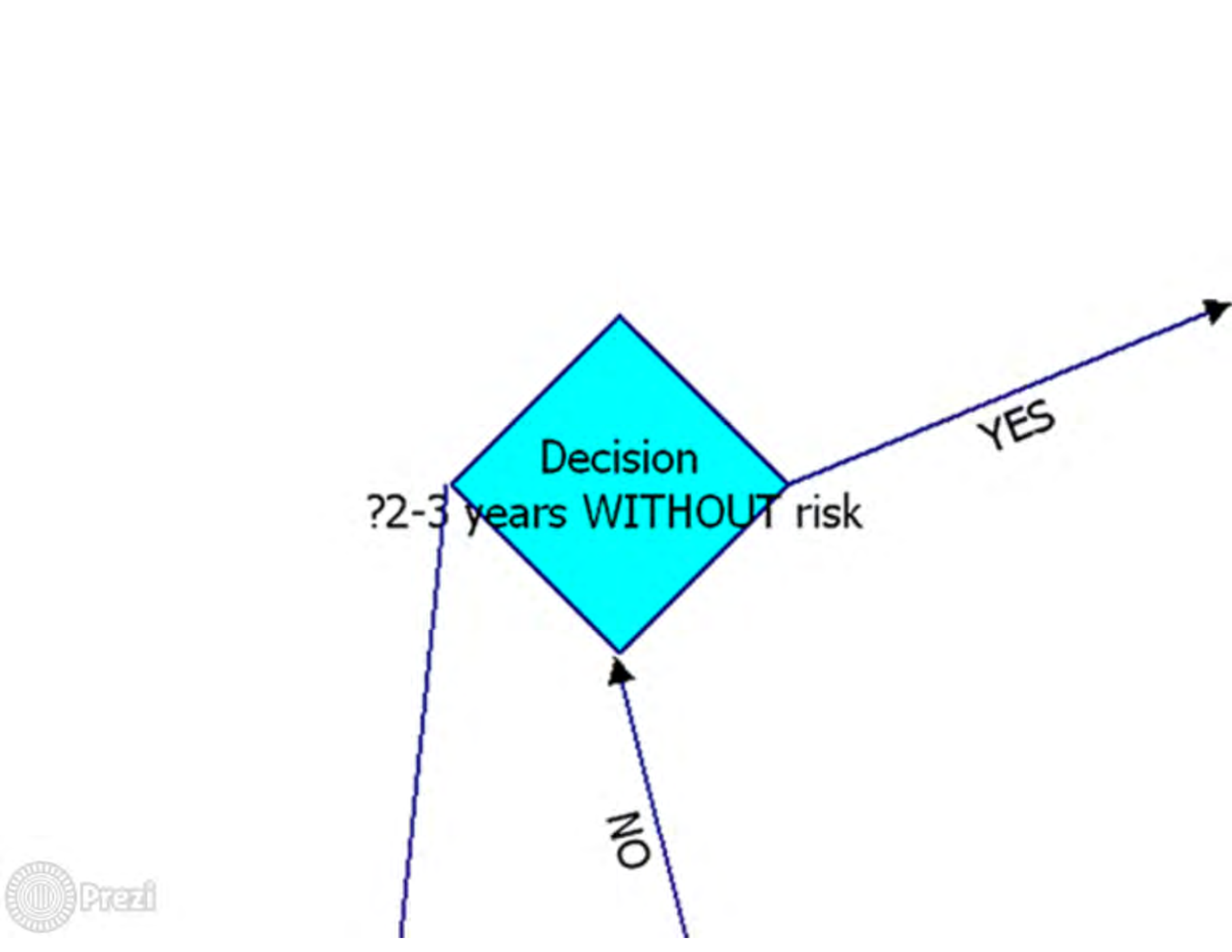

Protocol
Flu 2014
This patient does not seem to have had an influenza vaccine previously. Please check this with parent/guardian/patient to see if this is correct. If the patient has not had an influenza vaccine previously they should be invited back in 4 weeks from now to receive a second vaccine!
< Back
Next >
Finish
Cancel

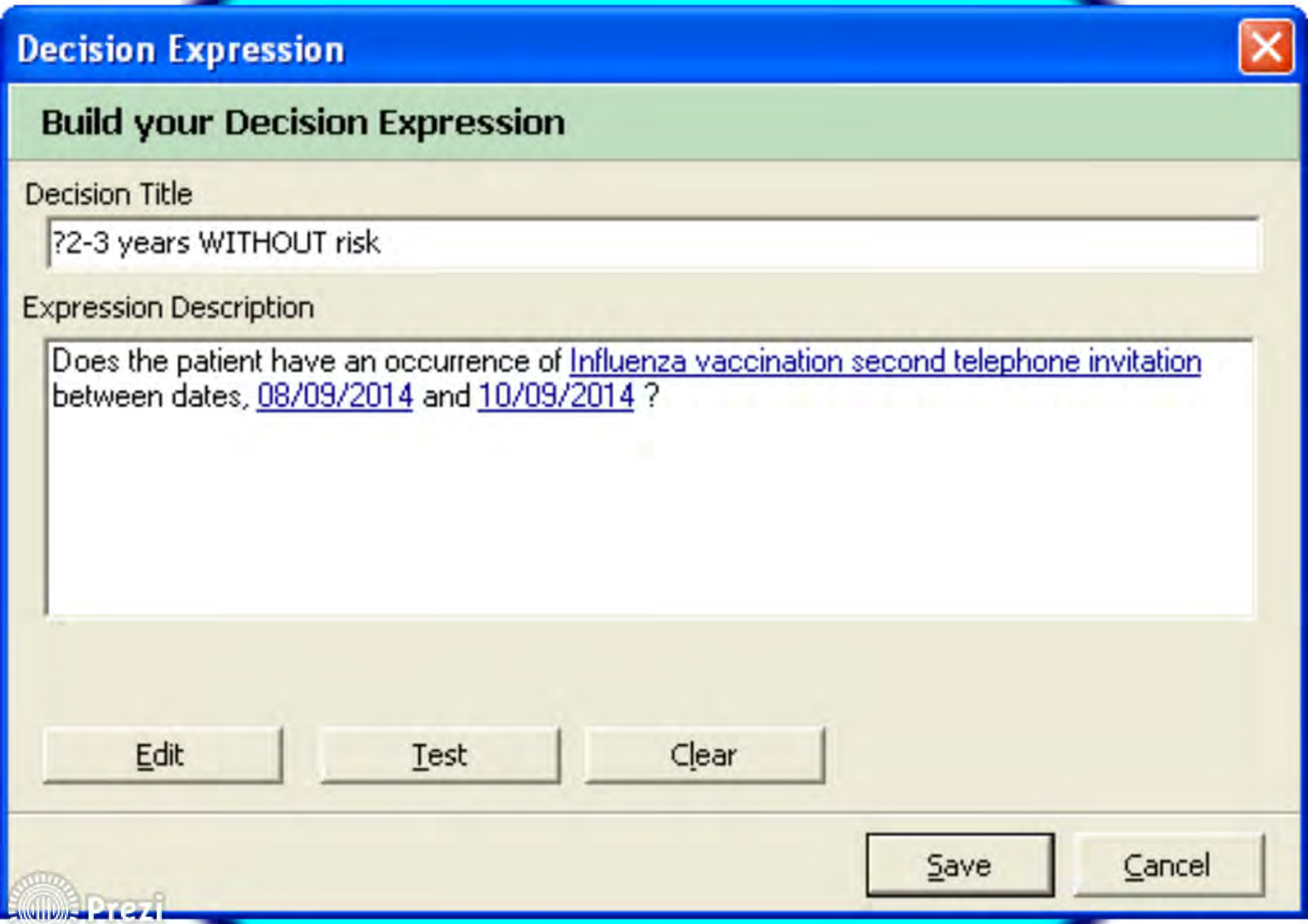

on
-8y
YES
Information

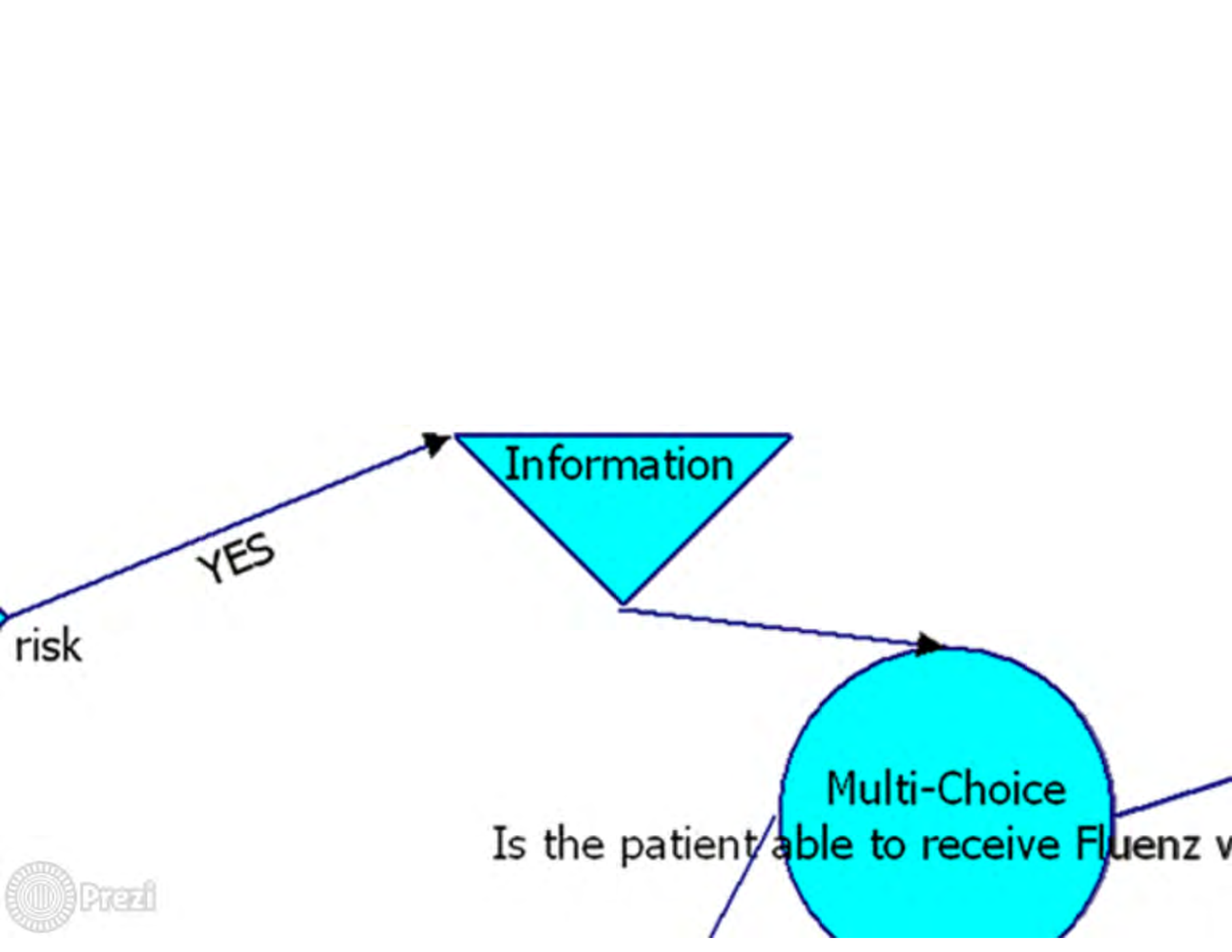

Protocol
Flu 2014
This patient requires only one dose of Fluenz - no further action required
< Back
Next >
Finish
Cancel

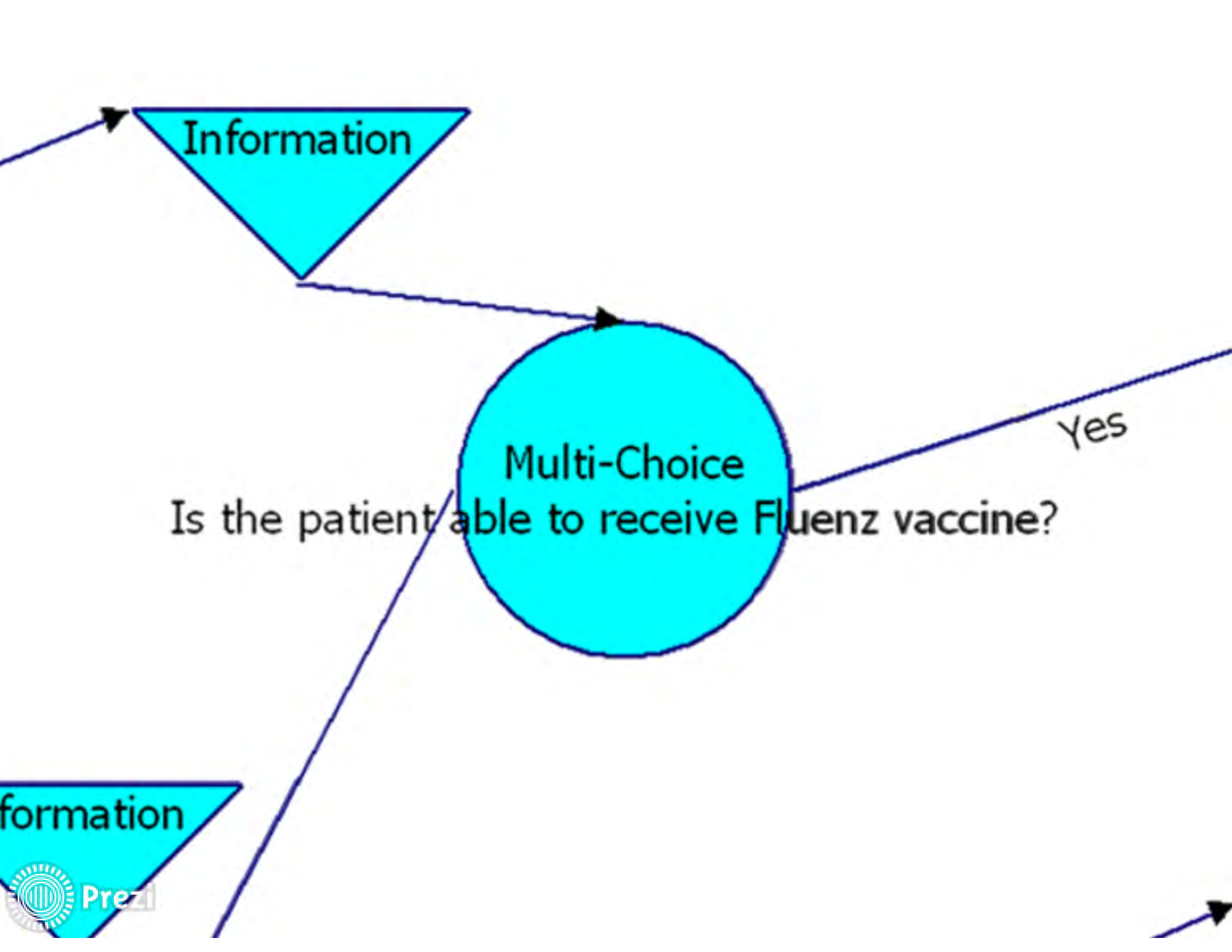

Finish
NO

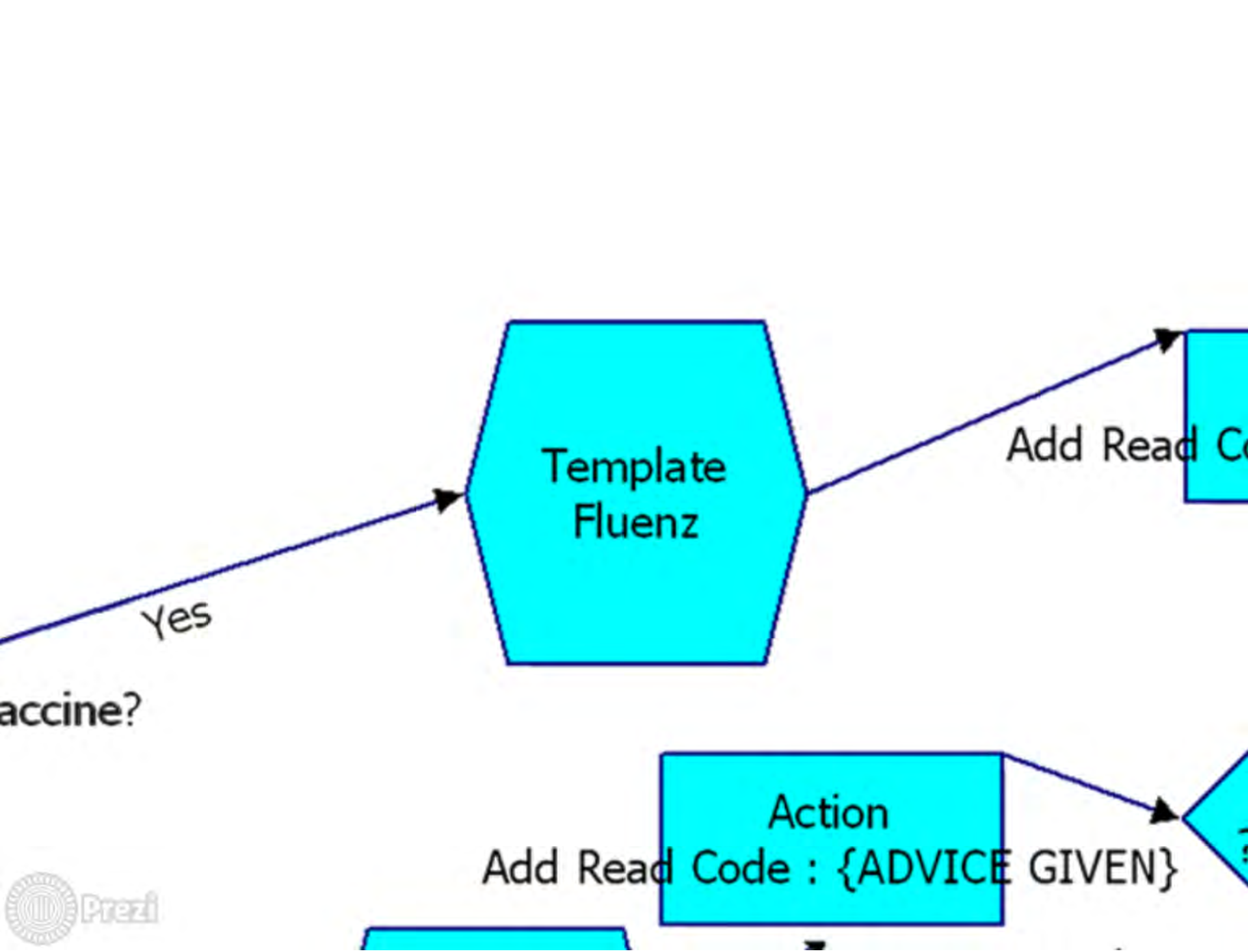

NO
Decision
2-17yrs WITH risk
YES
Information
Is the pa

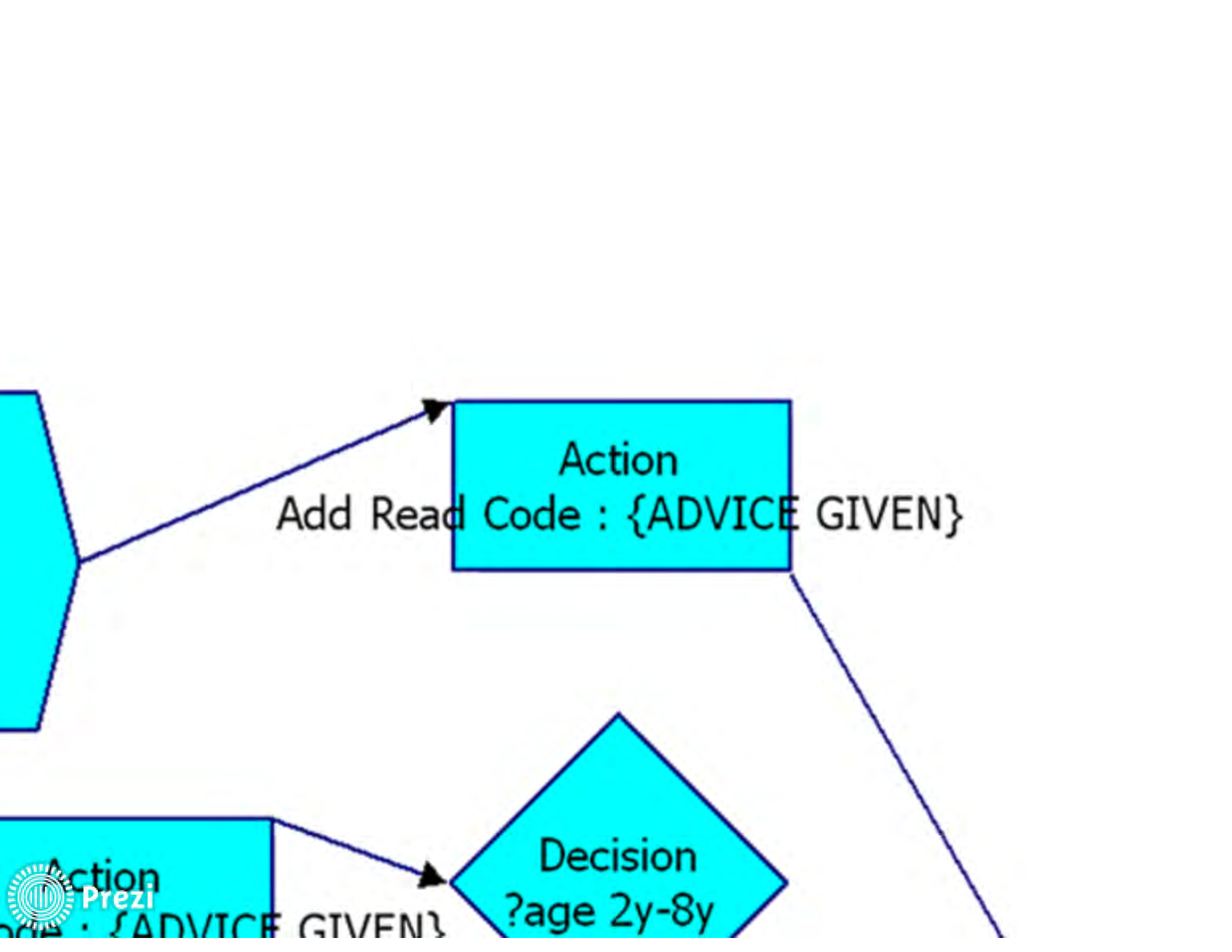

Decision
?2-3 years WITHOUT risk
YES
NO

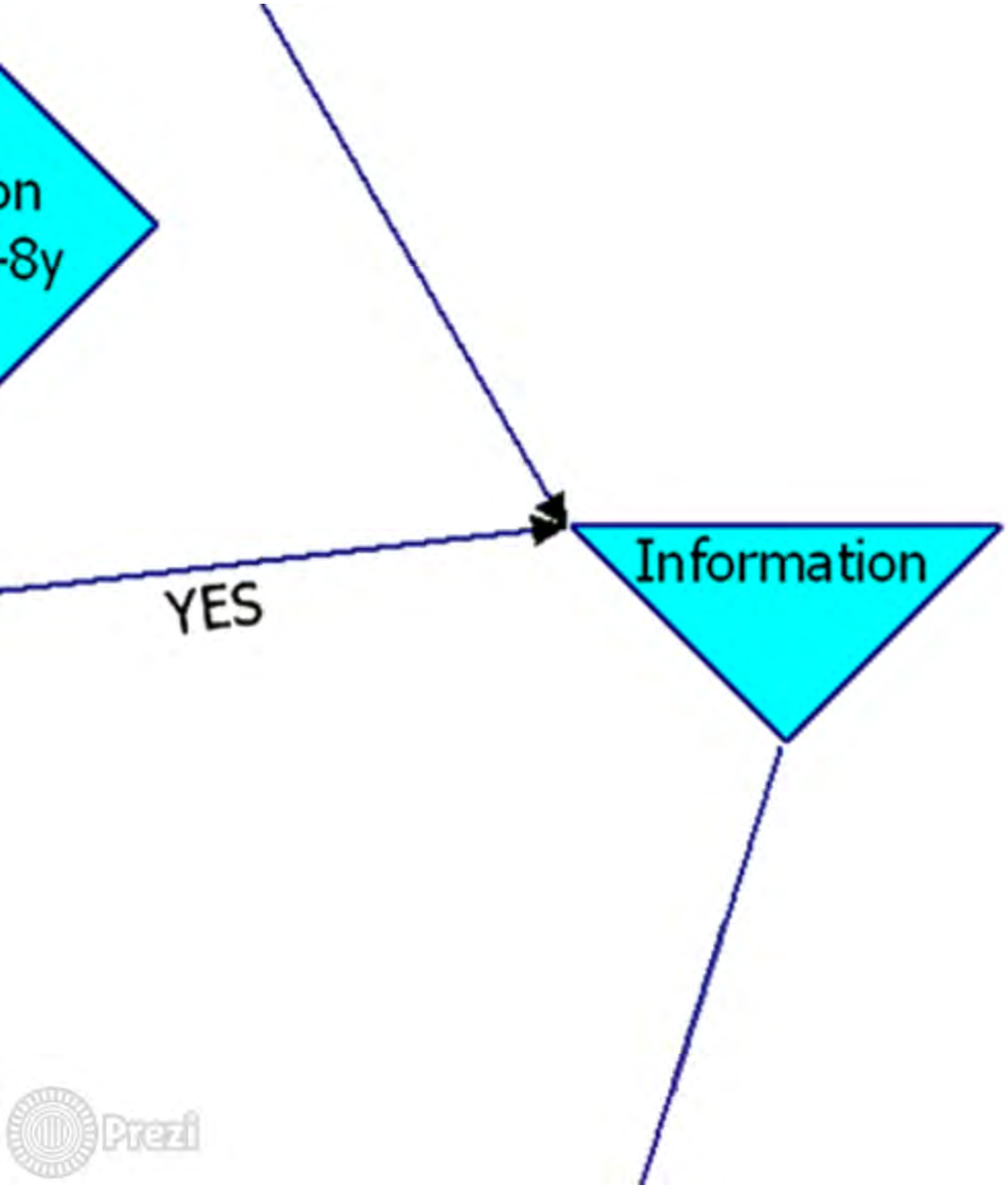

Decision Expression
Build your Decision Expression
Decision Title
?2-3 years WITHOUT risk
Expression Description
Does the patient have an occurrence of Influenza vaccination second telephone invitation between dates, 08/09/2014 and 10/09/2014 ?
Edit
Test
Clear
Save
Cancel

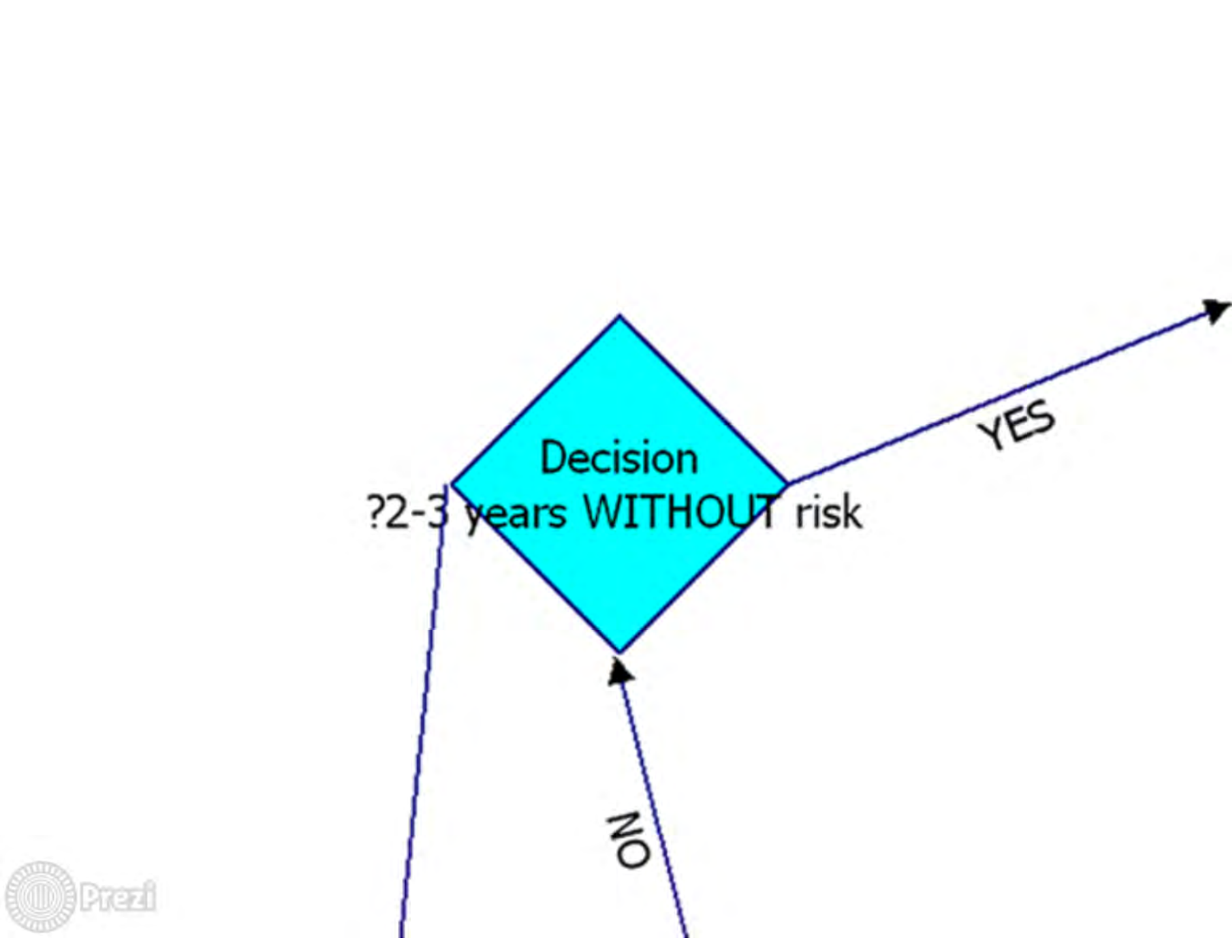

Information
YES
risk
Multi-Choice
Is the patient able to receive Fluenz v

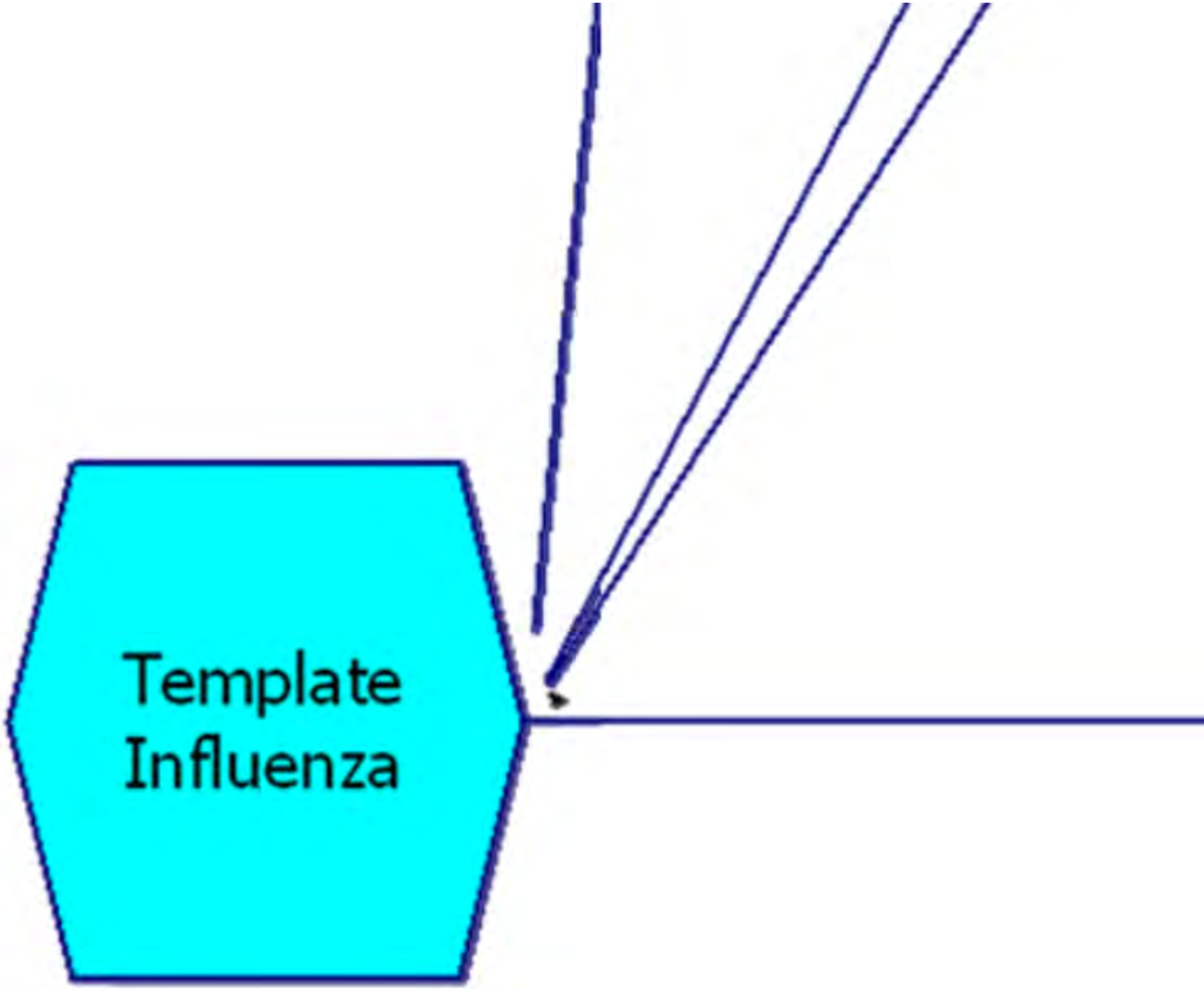

Information
Multi-Choice
Is the patient able to receive Fluenz vaccine?
Yes
formation


Template
Fluenz
Add Read C
Yes
accine?
Action
Add Read Code : {ADVICE GIVEN}

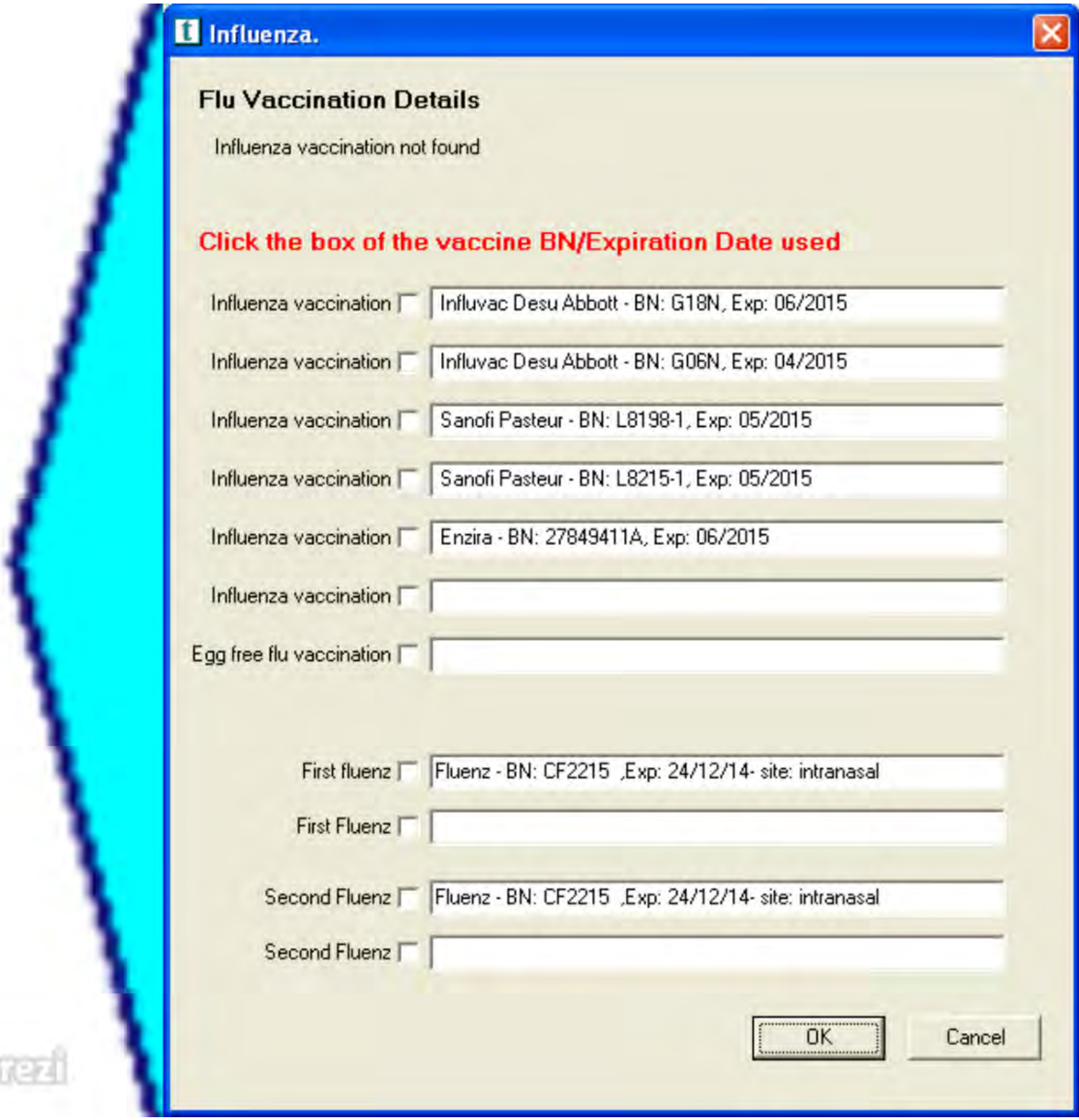

Action
Add Read Code : {ADVICE GIVEN}
Decision
?age 2y-8y

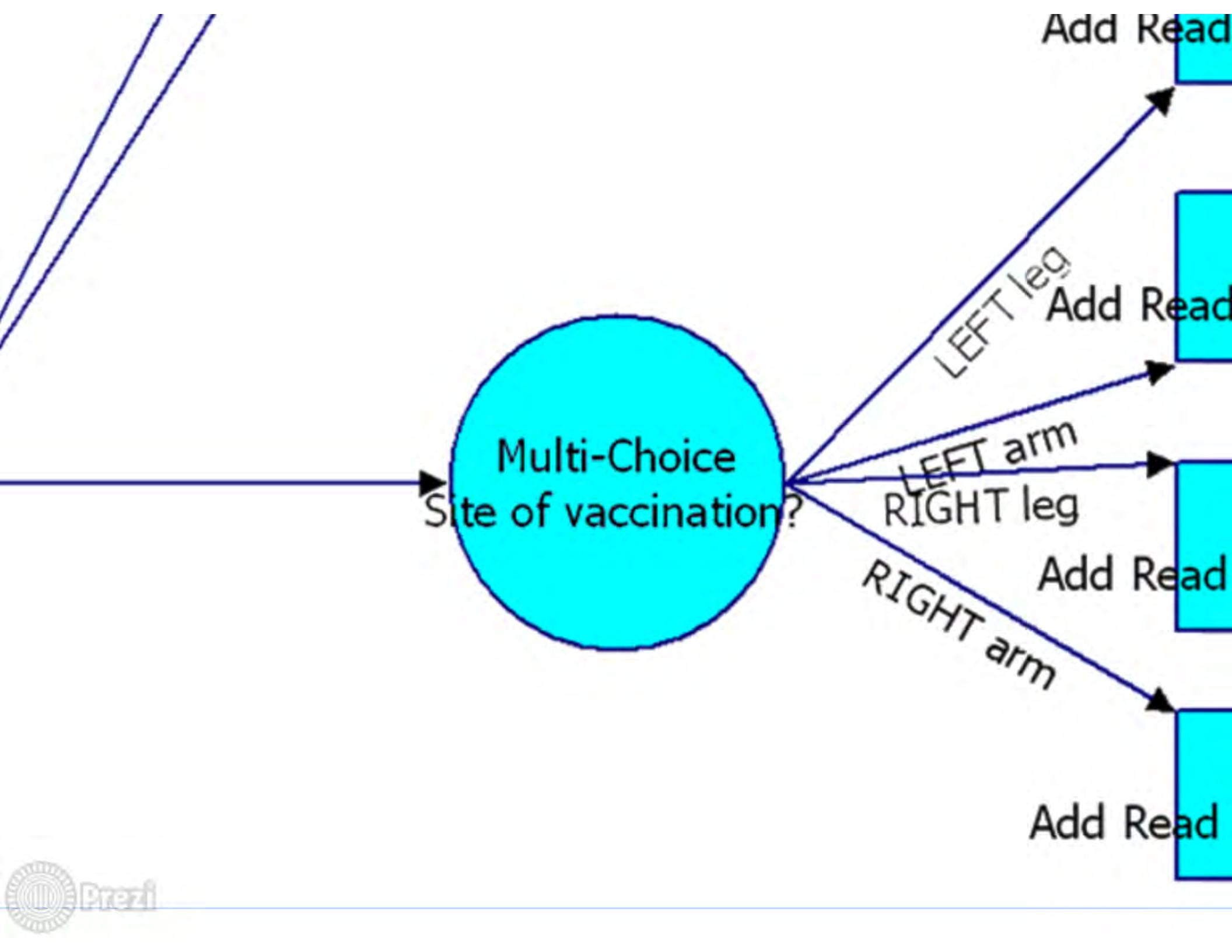

on
-8y
YES
Information

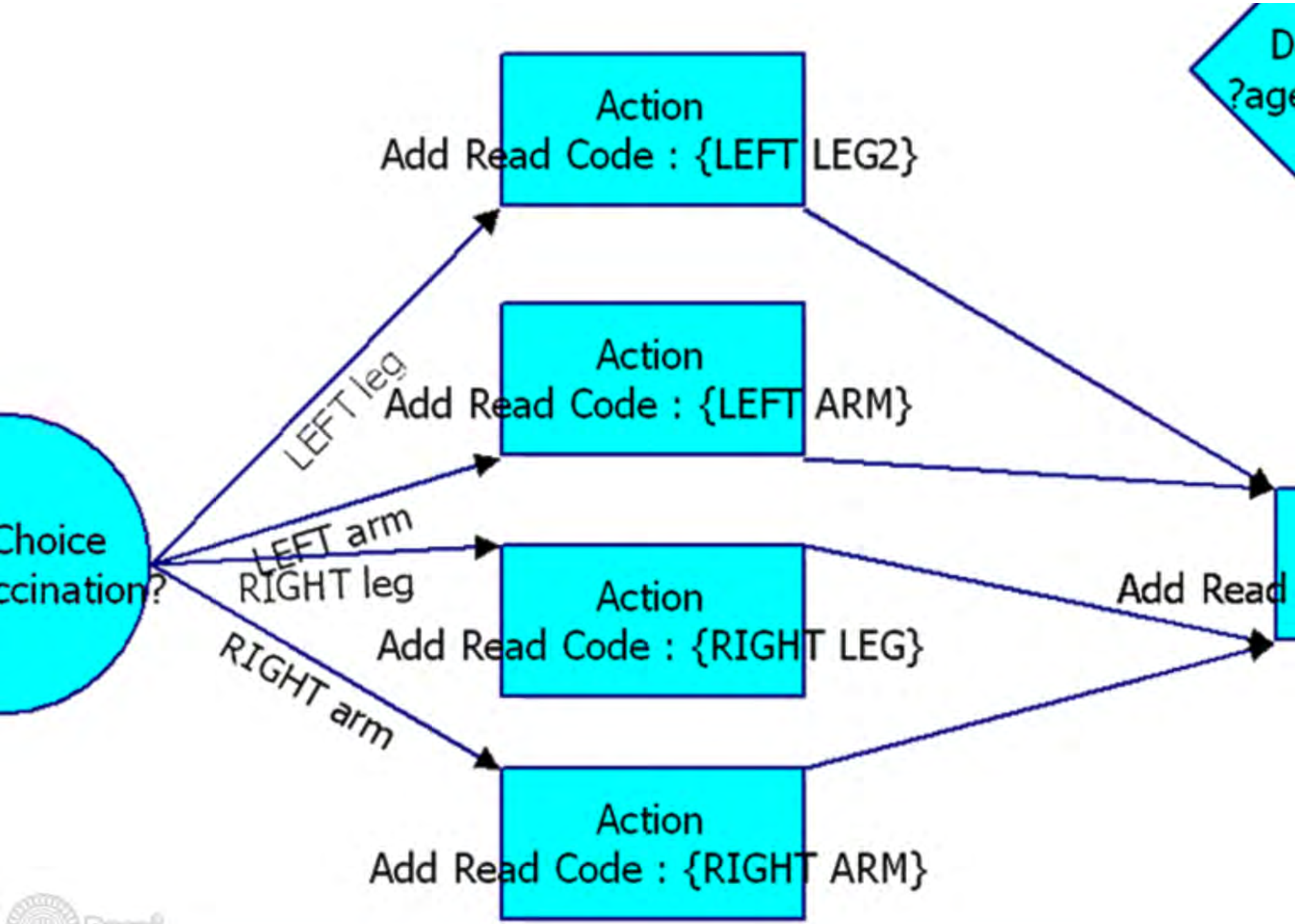

Decision
?2-3 years WITHOUT risk
YES
NO

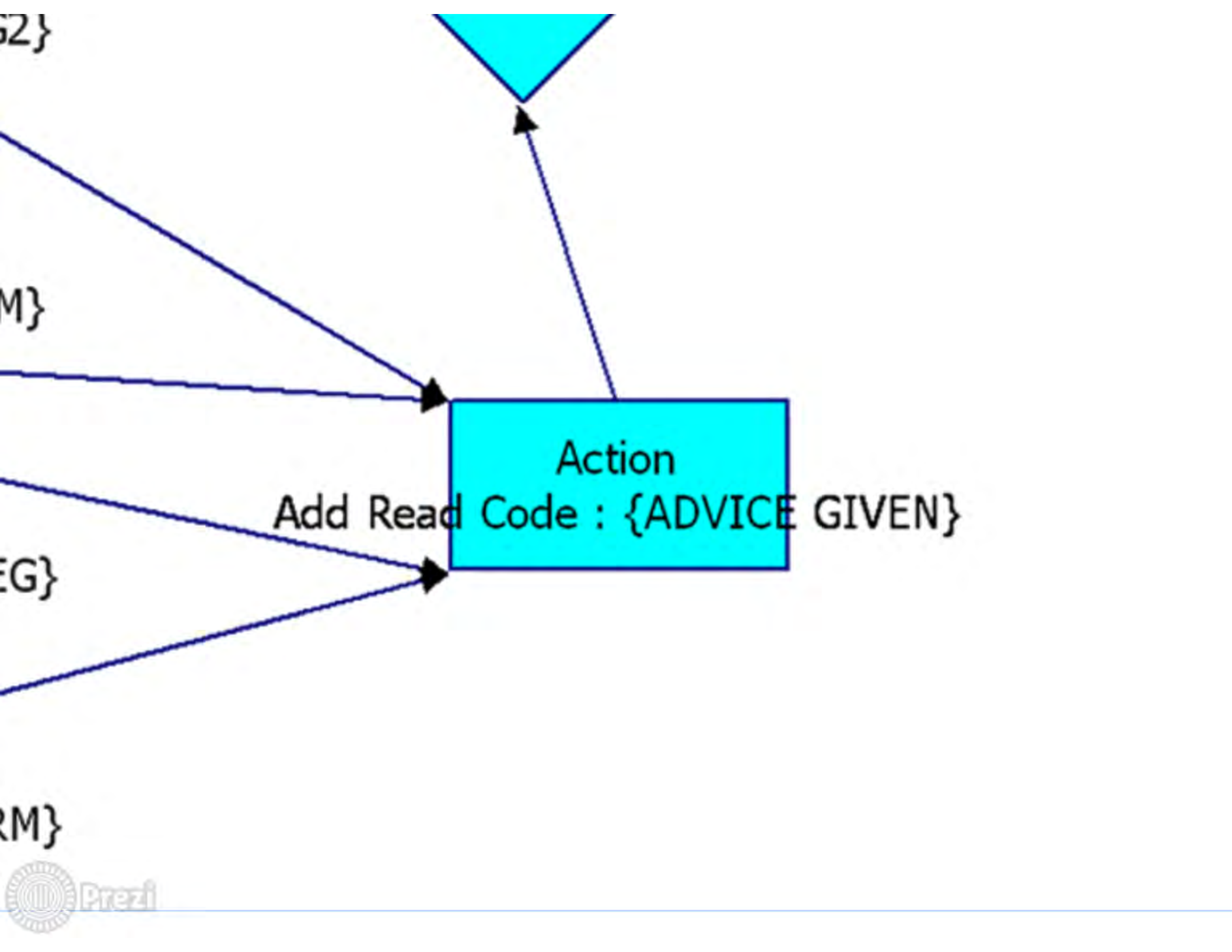


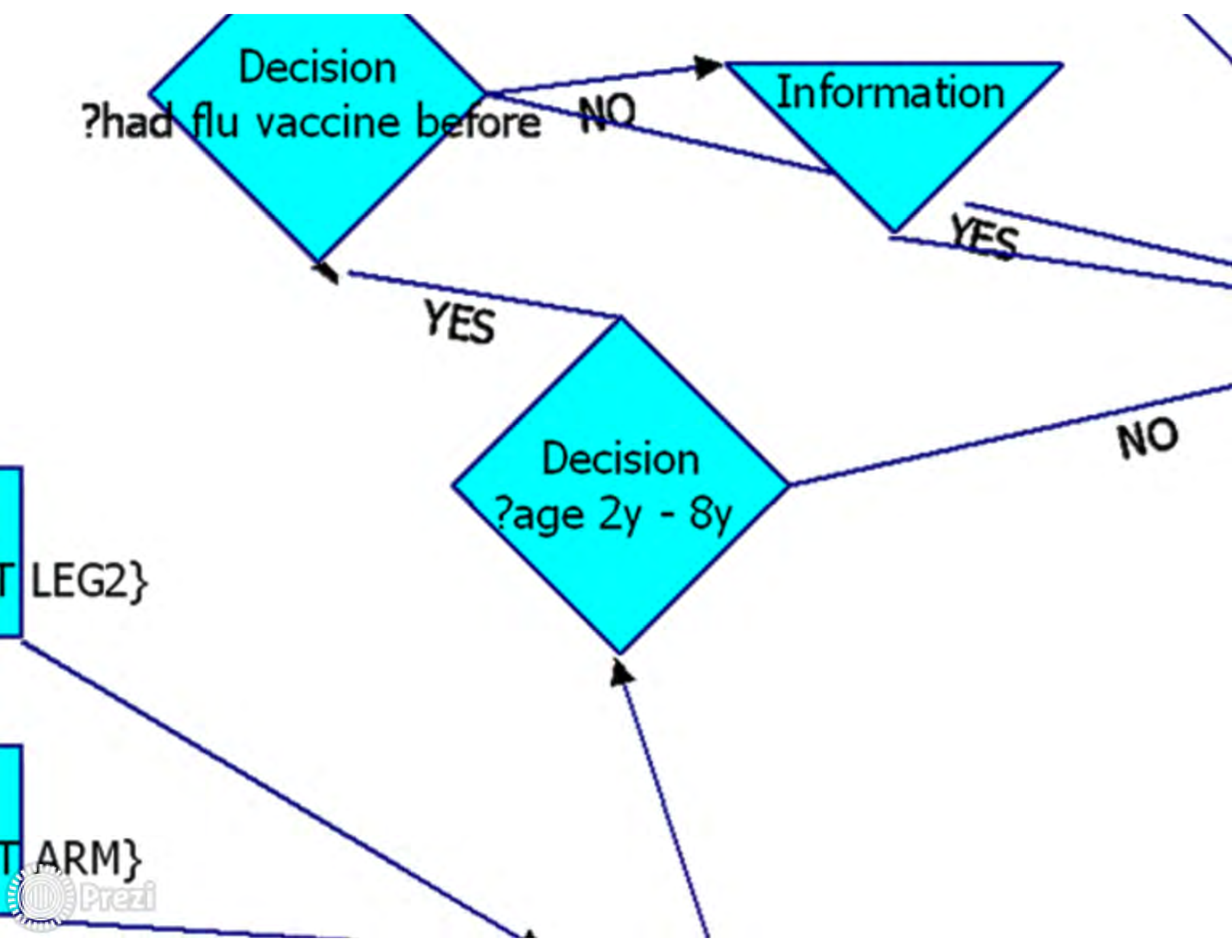
Prezi

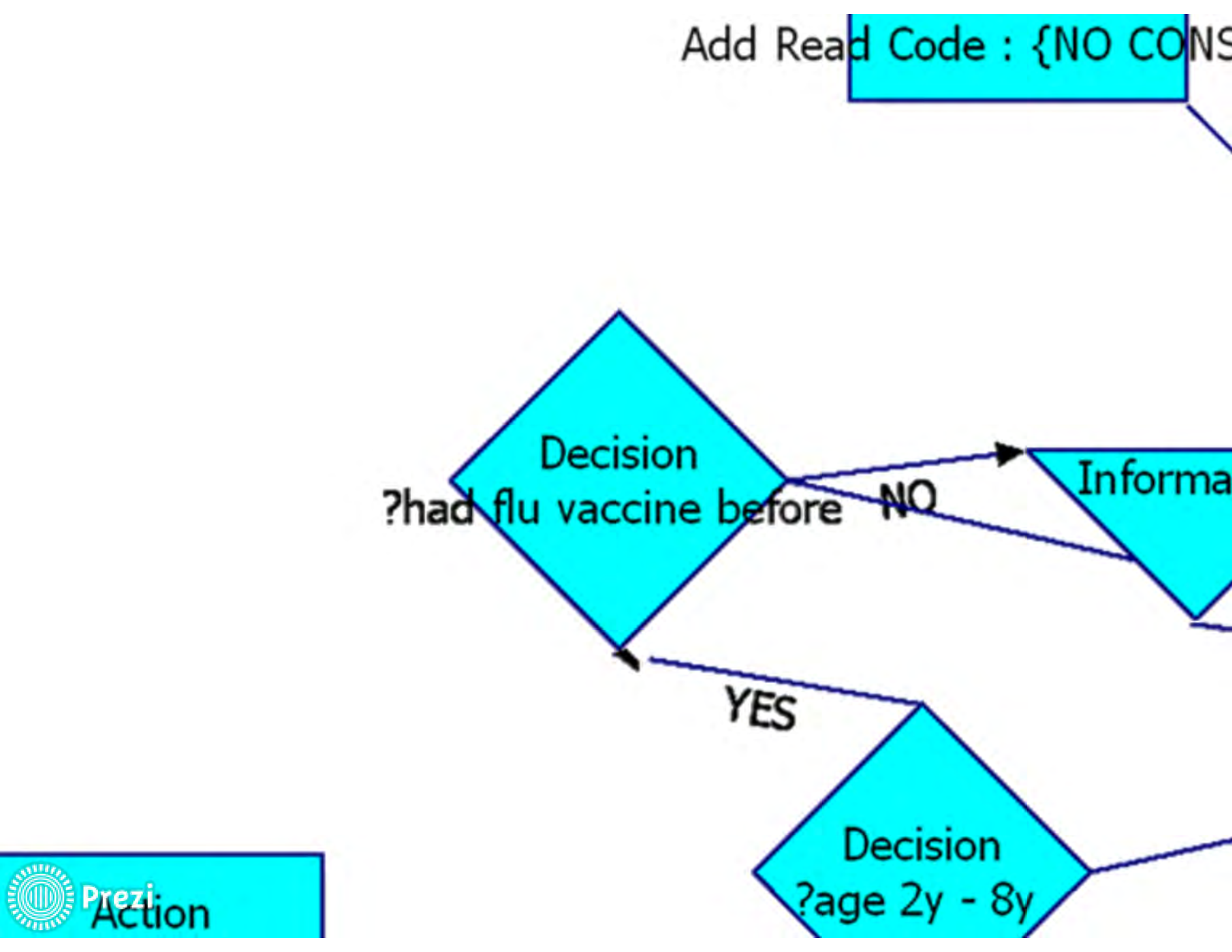

Influenza.
Flu Vaccination Details
Influenza vaccination not found
Click the box of the vaccine BN/Expiration Date used
Influenza vaccination
Influvac Desu Abbott - BN: G18N, Exp: 06/2015
Influenza vaccination
Influvac Desu Abbott - BN: G06N, Exp: 04/2015
Influenza vaccination
Sanofi Pasteur - BN: L8198-1, Exp: 05/2015
Influenza vaccination
Sanofi Pasteur - BN: L8215-1, Exp: 05/2015
Influenza vaccination
Enzira - BN: 27849411A, Exp: 06/2015
Influenza vaccination
Egg free flu vaccination
First fluenz
Fluenz - BN: CF2215 ,Exp: 24/12/14- site: intranasal
First Fluenz
Second Fluenz
Fluenz - BN: CF2215 ,Exp: 24/12/14- site: intranasal
Second Fluenz
OK
Cancel

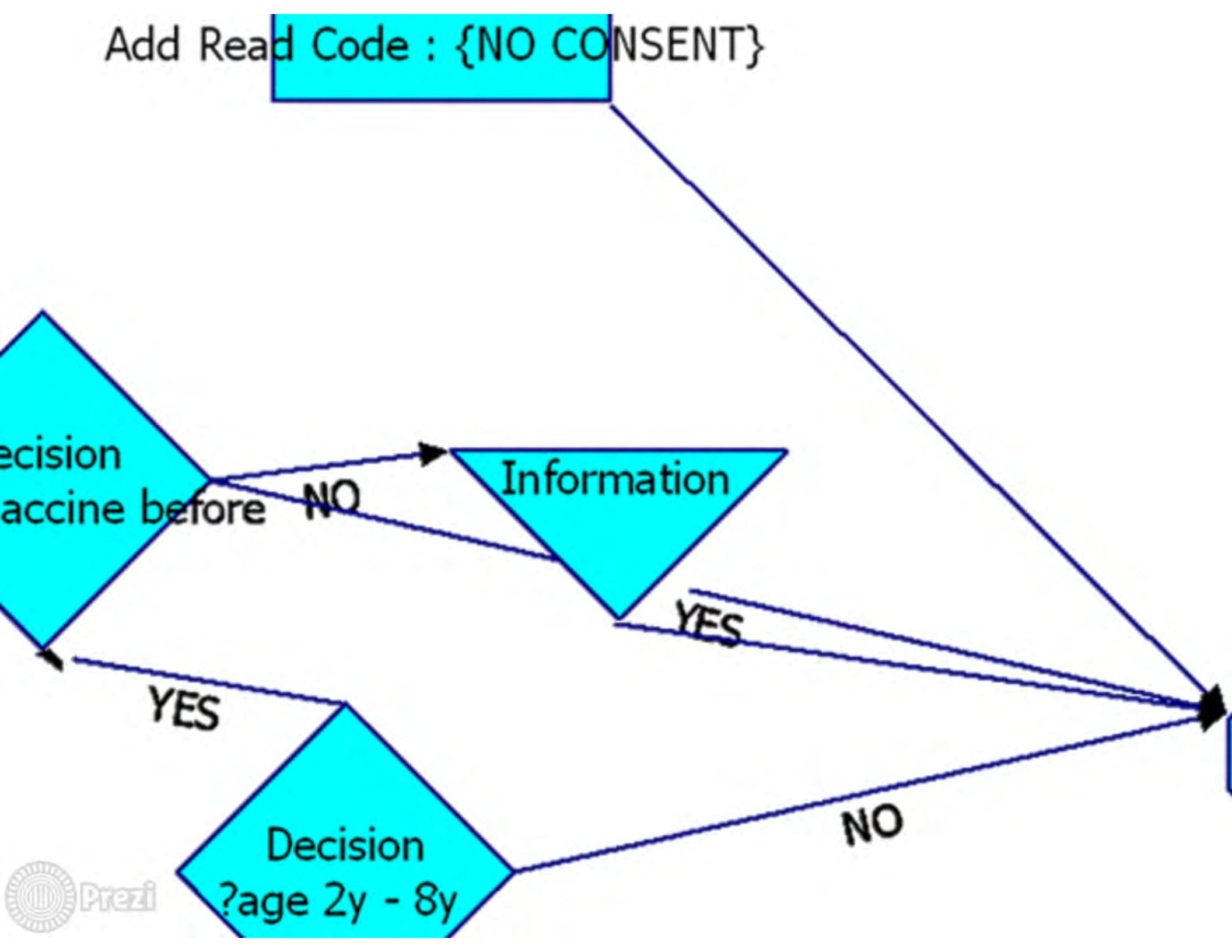

Add Read
LEFT leg
Add Read
Multi-Choice
Site of vaccination?
LEFT arm
RIGHT leg
Add Read
RIGHT arm
Add Read

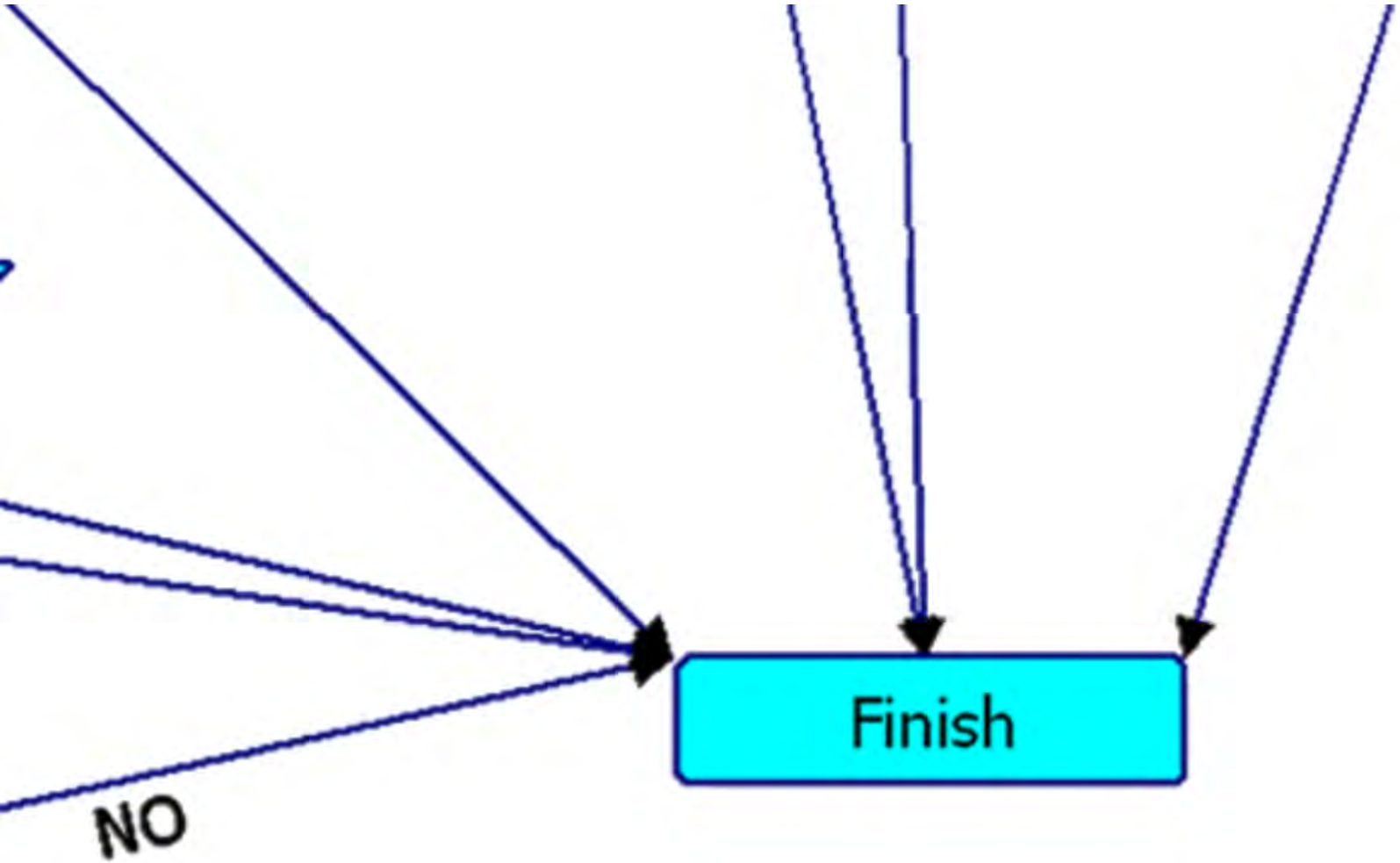

Action
Add Read Code : {LEFT LEG2}
Action
Add Read Code : {LEFT ARM}
Action
Add Read Code : {RIGHT LEG}
Action
Add Read Code : {RIGHT ARM}
LEFT leg
LEFT arm
RIGHT leg
RIGHT arm
Choice
ccination?
Add Read
D
?age


G2}
M}
EG}
RM}
Action
Add Read Code : {ADVICE GIVEN}


Decision
?had flu vaccine before
NO
Information
YES
YES
Decision
?age 2y - 8y
NO
T LEG2}
T ARM}


Add Read Code : {NO CONS
Decision
?had flu vaccine before
NO
Informa
YES
Decision
?age 2y - 8y
Action


Add Read Code : {NO CONSENT}
ecision
accine before
NO
Information
YES
YES
Decision
?age 2y - 8y
NO


Finish
NO

Read Codes that make the protocol run

9OX6 - Inf. vacc. letter sent

All patients that are >65, <65 + risk group or aged 2-5 years with no risk group (this is so the protocol can identify if they require a flu jab)

9b9U - General Practice (Speciality)

For all patient >45 years needing BP (found in lookahead searches)

6CO - Primary prevention of ischaemic heart disease

For patients with HTN and needing lifestyle advice (QoF lookahead under Public health folder - excluded PP002)

6C2 - Primary prevention of cardiovascular disease

For patients with HTN and needing exercise (Scot-PASQ) advice (QoF lookahead under Public health folder - excluded PP003)

EMISOTS1 - Other smoking information

For patients needing smoking status (lookahead excluded for SMOK001 AND SMOK002)

Prezi

Read Codes that make the protocol run

9OX71 - Inf. vacc. second telephone invitation

Children aged 2-5 years with NO risk factor

These kids are not easy to find - look in S&Rs for folder heirarchy - EMIS Imms > Seasonal Inf. Vaccs > Season Inf. UPTAKE Report 2014-15 > UPTAKE- Age Banding > scroll to the bottom to find AGE BANDS - then you will see e.g. Age 2 years also in another risk group - included is children with risk factor and excluded is children with NO risk factor - so for above we want to select the excluded group here for 2, 3, 4 and 5 year olds

9OX70 - Inf. vacc. first tel. inv.

Children aged 2-17 with risk factors - same as above but select the included group this time for all ages from 2-17

9OX72 - Inf. vacc. third tel. inv.

Children 2-8 years old (just from normal age banding) - this helps find out if they need a second vaccine as if they haven't had flu jab before they should be offered a second one

Prezi

Read Codes that help end of season reports

Chronic Respiratory Disease - 9b9E - Thoracic medicine

Chronic Heart Disease - 9b9C - Cardiology

Chronic Kidney Disease - 9b9H - Nephrology

Chronic Liver Disease - 9b9V - Hepatology

Chronic Neurological Disease - 9b9K - Neurology

Diabetes - 9b920 - Diabetic medicine

Immunosuppression - 9b99 - Clinical immunology/allergy

Pregnant - 9b9S - Obstetrics and gynaecology

Carers - 69DC - Carer annual health check

Prezi