

Document an Adverse Reaction

If a patient has an adverse reaction to a vaccination, information like reaction and severity can be documented. Adverse Reactions are denoted by an "[©]" throughout the application. Up to three adverse reactions can be documented for each vaccination.

A report containing all reaction data can also be generated for submission to the Vaccine Adverse Event Reporting System (VAERS).

MILLER, ASHLEY ID:	26 DOB: 04/11/2012	AGE: 11Y 6M 0D GENDE	R:F 🗐 🎮 🔂 Precaution	s/Contraindications ARE specified
mmunizations Horr	Ie 👔 Learn More		C Links - Select Acti	on -
View				
🗐 🛟 🍽 Precautions	s/Contraindications ARE	specified		
DOB Age 04/11/2012	History of Varicella D NO	a? Date of Varicella	3	
Recommended Immunization	ns for today, 10/11/2023	(11Y 6M 0D)		
Vaccine COVID Biv (PFR 6m<5y)				
Polio-IPV				
MCV4P (Menactra)				
HPV9				
Please do not rely solely on the F ACIP recommended immunizatio http://www.cdc.gov/vaccines/pub	Recommender to forecast n schedules and the CDC s/pinkbook/index.html#ch	immunizations. Utilize clinical C Pink Book @ apters	judgment and consult both the	
Vaccine	Dose Date Age	Clinic		_
Hep A				
Hep A, ped/adol, 2D	1 10/11/2023 11Y	6M 0D 505236	Update	
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Hep B, ped/adol	1 10/11/2023 11Y	6M 0D 505236	Update	
MMR				
MMR	1 10/09/2023 11Y	5M 28D 505236	C Update	
Recommend			Auto-Populate Add Vaccines Scre	en

1. Click **Update** next to the vaccine to which the patient had an adverse reaction.



PIERS Quick Reference Sheet

MILLER, ASHLEY ID: 26 DOB: 04/11/2012 AGE: 11Y 6M 0D GENDER: F 🗏 🍽 😋 Preca	utions/Contraindications ARE specified 7
Immunizations 👩 🚯 Learn More	Cancel D Links - Update And Return
Vaccine Manufacturer MMR V MERCK & CO, INC. V LotSerial Funding Src Expiration Date NDC # VEC 09/28/2025 Vaccination Date VEC Vorcination Time Dose Level Eligibility * 10/09/2023 1009/2023 11/11 Y 5M 28D 11/1 Y 5M 28D HH: AMM ANPH (HH: MM AP) (03) VFC ELIGIBLE - UNINSURED	Delete. Update Invancate History
Dosage Body Site Route* 0.50 LA SUBCUTANEOUS Health Insurance Insurance ID Date Last Verified MM/DD/YYY MM/DD/YYY Adverse Adverse 2 on 1 Minipulation must all be specified)	
Reaction Date Date Reported To VAERS 5 10/11/2023 MMDD/YYYY 5 Reaction* Severity* Consequence ADVERSE REACTION TO VACCINE COMPONENT MLD Clinic* Recorded By TITUS FAMILY PRACTICE 6 Note File advance work base	▼
rvue, in this patients adverse event is also a rrecaution / Contraindication to tuture vaccinations, please record the ap Precautions/Contraindications	propriate entry in the romowing tieru to create a Precadului / Commandication entry for the patient.
Comments	

The Immunizations Edit screen displays.

- 2. Click the **Adverse Reaction** check box to indicate the patient had an adverse reaction to the vaccination.
- 3. Enter the **Reaction Date**.
- 4. Select the Reaction.
- 5. Select the **Severity**.
- 6. Select the applicable **Clinic**.

NOTE: Precautions/Contraindications and Comments can be entered if needed.

- 7. Click the drop-down arrow beside **Update and Return**.
- 8. Click Update.

MILLER, ASHLEY ID: 26 DOB: 04/11/2012	AGE: 11Y 6M 0D GENDER: F 🔳 🍽 🕈 P	recautions/Contraindicat 9 E specified
Immunizations @ 1 Learn More	Vaccine Adverse Event	Cancel D Links - Update And Return - Reporting System (VAERS)
Edit Precautions/Contraindications Allergy to eggs		10
Clinic		Administered By *
TITUS FAMILY PRACTICE		CLINIC, LEE ()
Prescribed By	•	
Vaccine Manufacturer		
MMR V MERCK & CO, INC	a. 🗸	
Lot/Serial Funding Src Expiration Date	NDC #	
MMR2430 VFC V 09/28/2025	00006-4681-00	



- 9. Click Links.
- 10. Click Vaccine Adverse Event Reporting System (VAERS).

XAERS - Report an Adverse Eve: X						
VAERS	Vaccine Adverse Event Reporting www.vaers.hhs.gov	System				
About VAER5	Report an Adverse Event	VAERS Data 🗸 I	Resources ~	Submit Follow-Up Information		
Completion Status	Report an Adverse E	vent - Patient Information		Instructions en Español		
Patient Information	Note: Fields marked with	Note: Fields marked with an " are essential and should be completed.				
Reporter Information	Item 1 😡	Item 1 😡				
Facility Information	Patient first name:		Patient last name:	Patient last name:		
Vaccine Information						
Additional Information	Street address:					
VAERS	City:	City: State:		County:		
		Select State	~			
The address of the second s	Zip code:	Phone:		Email:		
Similar between the second sec	Item 2 😡		Item 3 😡			
Unclear Information	* Date of birth 🛃 mm/dd	/yyyy or mm/yyyy)	* Sex:			
Additional infernation	mm/dd/yyyy	8	○ Male ○ Fema	ile O Unknown		
Click to preview VAERS for	m Item 4 😡					

A new web browser tab opens with the VAERS form. After you've completed and submitted the form, close the tab to return to PIERS.

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Immunizations 👩 🕤 Learn More	Cancel Dinks - Update And Return -
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Precautions/Contraindications	-
Allergy to eggs	
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Vaccination Date * Vaccination Time Dose Level Eligibility *	
10/09/2023 🔄 11Y 5M 28D HH:MM AM/PM (HH:MM A/P) (03) VFC ELIGIBLE - UNINSURED	~
Dosage Body Site * Route *	
0.50 LA V SUBCUTANEOUS V	
Health Insurance ID Date Last Verified	

11. Click Update and Return.

✓ Success The Record Has Been Saved ×

A **Success** message displays.



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The adverse reaction is reflected on the patient's record with the \bigcirc icon.