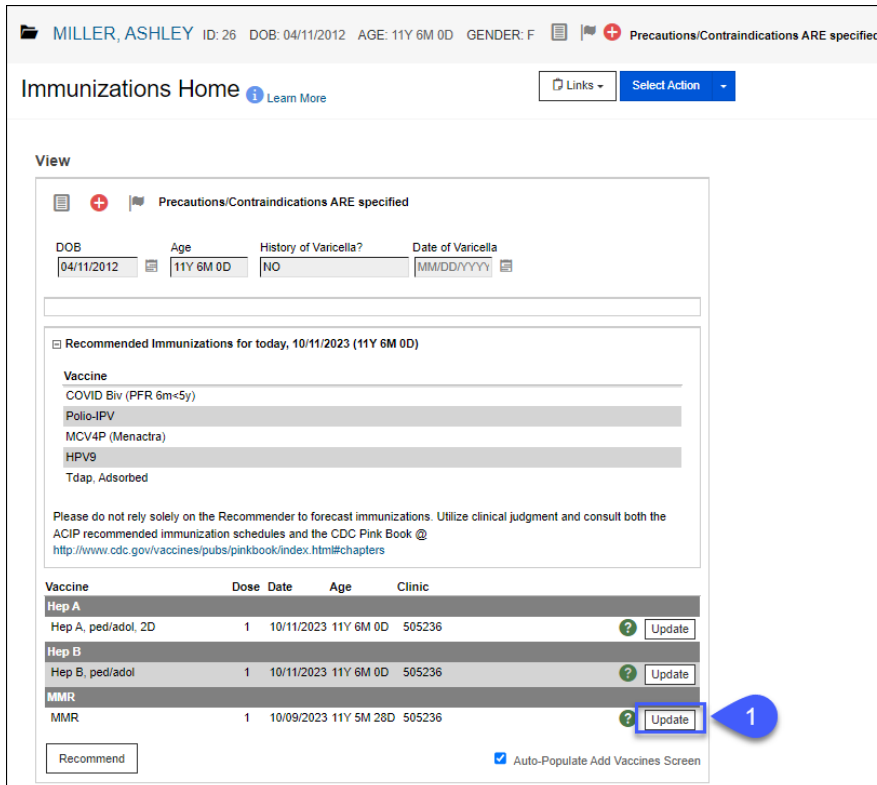


Document an Adverse Reaction

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 GENDER: F Precautions/Contraindications ARE specified

Immunizations Home [Learn More](#) Links Select Action

View

Precautions/Contraindications ARE specified

DOB: 04/11/2012 Age: 11Y 6M 0D History of Varicella?: NO Date of Varicella: MM/DD/YYYY

Recommended Immunizations for today, 10/11/2023 (11Y 6M 0D)

Vaccine

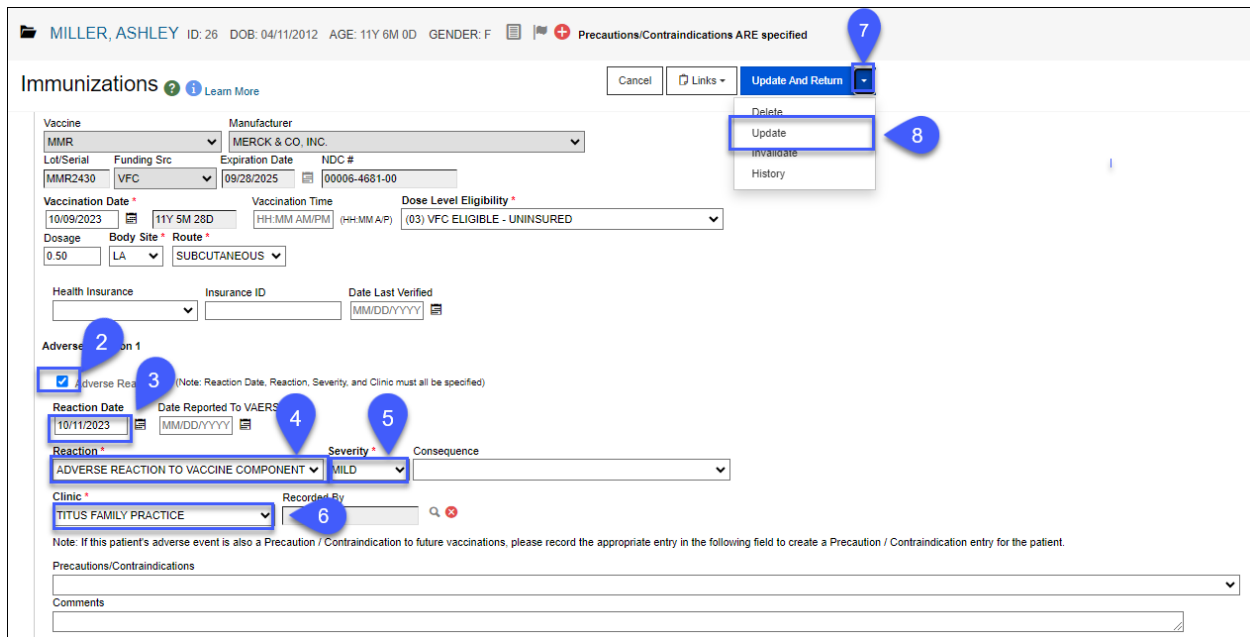
- COVID Biv (PFR 6m<5y)
- Polio-IPV
- MCV4P (Menactra)
- HPV9
- Tdap, Adsorbed

Please do not rely solely on the Recommender to forecast immunizations. Utilize clinical judgment and consult both the ACIP recommended immunization schedules and the CDC Pink Book @ <http://www.cdc.gov/vaccines/pubs/pinkbook/index.htm#chapters>

Vaccine	Dose	Date	Age	Clinic	
Hep A					
Hep A, ped/adol, 2D	1	10/11/2023	11Y 6M 0D	505236	? Update
Hep B					
Hep B, ped/adol	1	10/11/2023	11Y 6M 0D	505236	? Update
MMR					
MMR	1	10/09/2023	11Y 5M 28D	505236	? Update

Auto-Populate Add Vaccines Screen

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



MILLER, ASHLEY ID: 26 DOB: 04/11/2012 AGE: 11Y 6M 0D GENDER: F Precautions/Contraindications ARE specified

Immunizations Learn More

Vaccine: MMR Manufacturer: MERCK & CO. INC.
 Lot/Serial: MMR2430 Funding Src: VFC Expiration Date: 09/28/2025 NDC #: 00006-4681-00
 Vaccination Date: 10/09/2023 Vaccination Time: 11Y 5M 28D Dose Level Eligibility: (03) VFC ELIGIBLE - UNINSURED
 Dosage: 0.50 Body Site: LA Route: SUBCUTANEOUS

Health Insurance: Insurance ID: Date Last Verified: MM/DD/YYYY

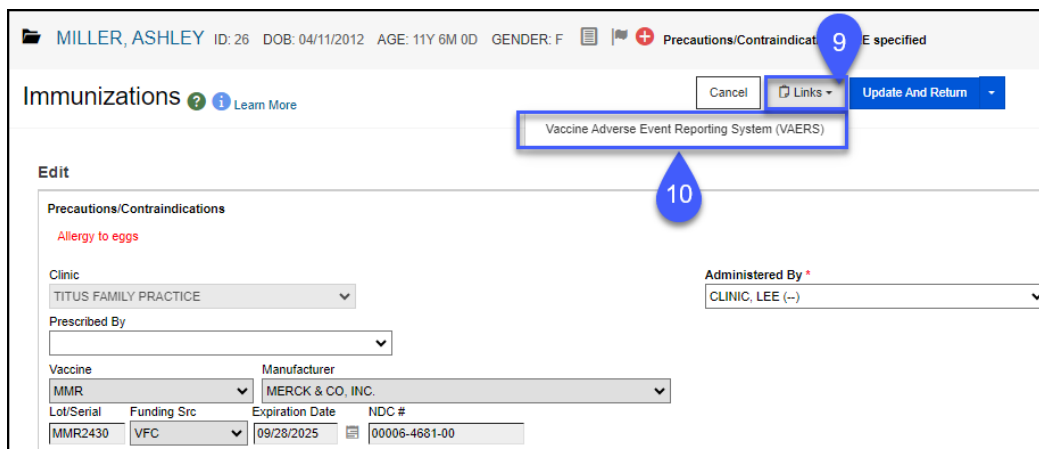
Adverse Reaction 1

Adverse Reaction (Note: Reaction Date, Reaction, Severity, and Clinic must all be specified)

Reaction Date: 10/11/2023 Date Reported To VAERS: MM/DD/YYYY
 Reaction: ADVERSE REACTION TO VACCINE COMPONENT Severity: MILD Consequence:
 Clinic: TITUS FAMILY PRACTICE Recorded By:
 Note: If this patient's adverse event is also a Precaution / Contraindication to future vaccinations, please record the appropriate entry in the following field to create a Precaution / Contraindication entry for the patient.
 Precautions/Contraindications:
 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 Precautions/Contraindications ARE specified

Immunizations Learn More

Cancel Links Update And Return

Vaccine Adverse Event Reporting System (VAERS)

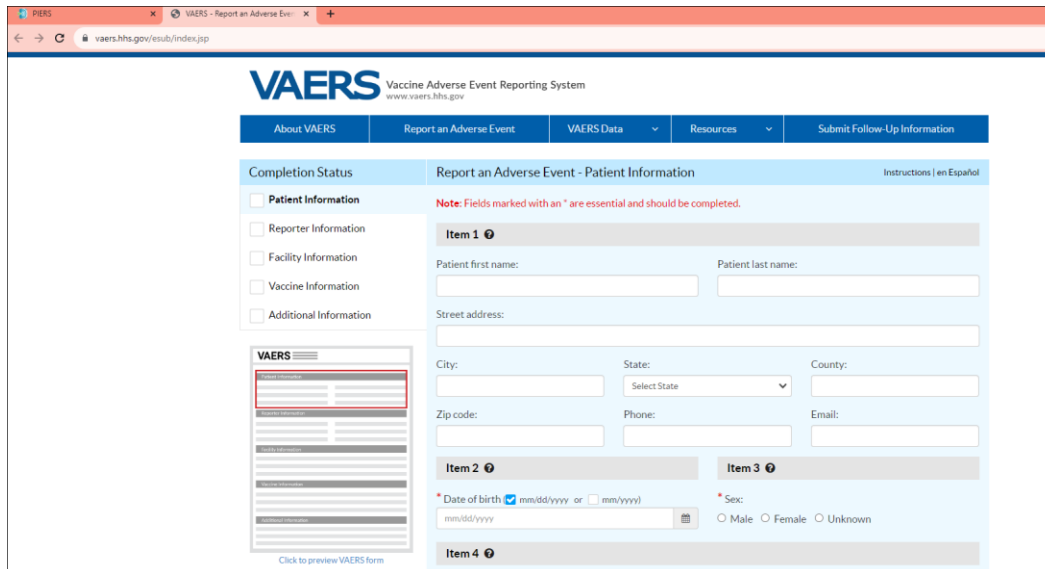
Edit

Precautions/Contraindications: Allergy to eggs

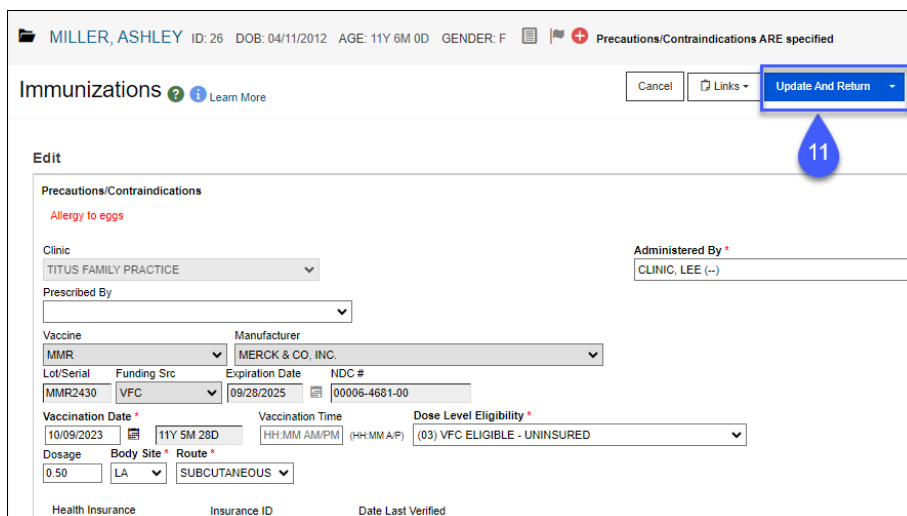
Clinic: TITUS FAMILY PRACTICE Administered By: CLINIC, LEE (-)

Prescribed By:
 Vaccine: MMR Manufacturer: MERCK & CO. INC.
 Lot/Serial: MMR2430 Funding Src: VFC Expiration Date: 09/28/2025 NDC #: 00006-4681-00

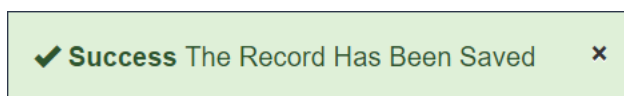
9. Click **Links**.
10. Click **Vaccine Adverse Event Reporting System (VAERS)**.



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.



11. Click **Update and Return**.



A **Success** message displays.

MILLER, ASHLEY ID: 26 DOB: 04/11/2012 AGE: 11Y 6M 0D GENDER: F Precautions/Contraindications ARE specified

Immunizations Home [Learn More](#) [Links](#) [Select Action](#)

View

Precautions/Contraindications ARE specified

DOB: 04/11/2012 Age: 11Y 6M 0D History of Varicella?: NO Date of Varicella: MM/DD/YYYY

Recommended Immunizations for today, 10/11/2023 (11Y 6M 0D)


Vaccine

- COVID Biv (PFR 6m<5y)
- Polio-IPV
- MCV4P (Menactra)
- HPV9
- Tdap, Adsorbed

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Vaccine	Dose	Date	Age	Clinic	
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Hep B					
Hep B, ped/adol	1	10/11/2023	11Y 6M 0D	505236	Update
MMMR					
MMR	1	10/09/2023	11Y 5M 28D	505236	Update

Auto-Populate Add Vaccines Screen

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