NORTH
Dakota   Be Legendary.
Health & Human Services

NDIIS
NORTH DAKOTA IMMUNIZATION
INFORMATION SYSTEM

North Dakota Immunization Information System:

Entering an Immunization

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

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

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

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

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

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

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

- Double-click the correct name from the list.

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

- All required fields will be marked by an asterisk (*) and must be filled in before new information can be saved.

- Be sure to verify the client demographics at <u>every</u> visit.

| Demographics | Immunizations | Comments | Maintenance |

Patient Information   Last Updated 11/08/2020

* Last Name: `ACCOUNT`   * Address: `500 STREET`

* First Name: `TEST`   ` `

* Middle Name: `A`   ☐ Air Force Base

   Suffix: `▼`   * City: `BISMARCK`

* Race: `UNKNOWN ▼`   * State: `NORTH DAKOTA ▼`

* Ethnicity: `UNKNOWN ▼`   * Zip: `58506`

* Birth Date: `01/01/2010`   County: `BURLEIGH ▼`

   ☐ Is Multiple Birth (twins, triplets, etc)   * Birth State/Country: `NORTH DAKOTA ▼`

* Gender: `FEMALE ▼`   * Primary Phone: `701-867-5309`

   Alias First Name: `ACCT`   * Phone Number Type: `MOBILE PHONE ▼`

   Alias Middle Name: ` `   Email Address: ` `

   Alias Last Name: `TRIAL`   Primary Language: `-- SELECT ONE -- ▼`

                                         ☐ Opt client in for text reminder recall

                                         ☐ Exclude client from reminder recall

                                         ☐ Exclude client from client De-Duplication

Mother Information   **Responsible Person**

*Last Name: `TEST`   Last Name: `TEST`   Relationship to Patient:

*First Name: `MISSUS`   Middle Name: `MISTER`   `-- SELECT ONE -- ▼`

Middle: `NA`   First Name: `B`

Maiden Name: `TRIAL`   `View Reactions/Comments` ◄——

Indicates historical vaccine reactions or comments

`Save`   Fields Appearing with an Asterisk ( ) Are Required.

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

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

8.) Indicate yes or no for **Historical Vaccine** from the drop down menu. If vaccine is historical, only provider, dose date, vaccine type, and VFC eligibility will be required.

*Historical Vaccine: -- SELECT ONE -- ⌄

9.) The following categories will require completion:

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

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

Vaccine Type: Select the type of vaccine administered from the drop-down.

Lot #: Enter the lot number of the administered dose

Funding Source: Indicate if the vaccine was publicly supplied or privately purchased by selecting PUBLIC or PRIVATE from the drop-down

Expiration Date: Enter the expiration date for the administered lot

Manufacturer: Select the vaccine manufacturer from the drop-down

Dose Volume: Enter volume of dose administered in mL

Volume Units: Field will auto-populate

Administration Route: Select route of dose administered

Administration Site: Select site of dose administration

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

> *Field is not required for historical or administered doses*

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

Dose Management

*Historical Vaccine: NO ▼

Add

Close

*Provider: 1 - ND HEALTH-HUMAN SERVICES ▼

*Dose Date: 06/09/2023

*Vaccine Type: -- SELECT ONE -- ▼

* Lot #:

* Funding Source: -- SELECT ONE -- ▼

* Expiration Date: __/__/____

* Manufacturer: -- SELECT ONE -- ▼

* Dose Volume:

Volume Units:

* Administration Route: -- SELECT ONE -- ▼

* Administration Site: -- SELECT ONE -- ▼

Reaction: None ▼

*VFC: -- SELECT ONE -- ▼

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

| Demographics | Immunizations | Comments | Maintenance |

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

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

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

Add

Close