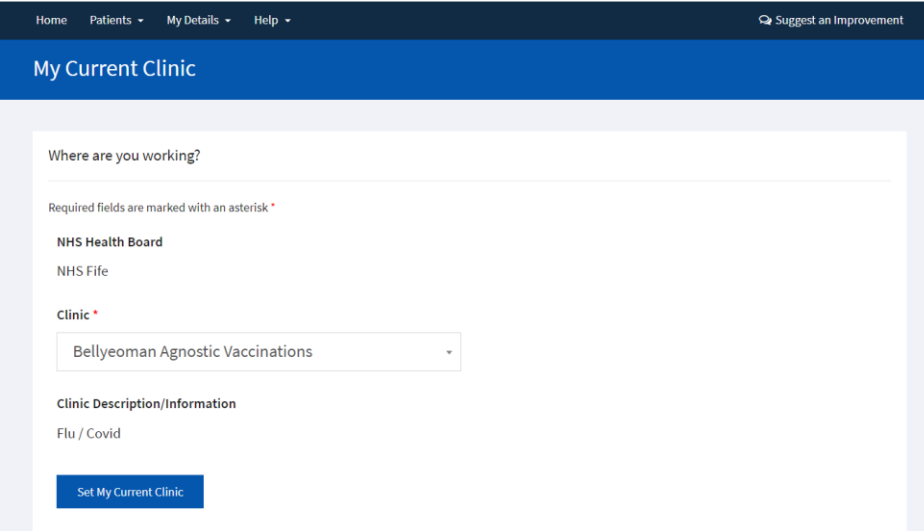# VMT Help Guide - Vaccinator (register, screen & vaccinate a patient)

On your initial login you will be asked to enter your registration number.
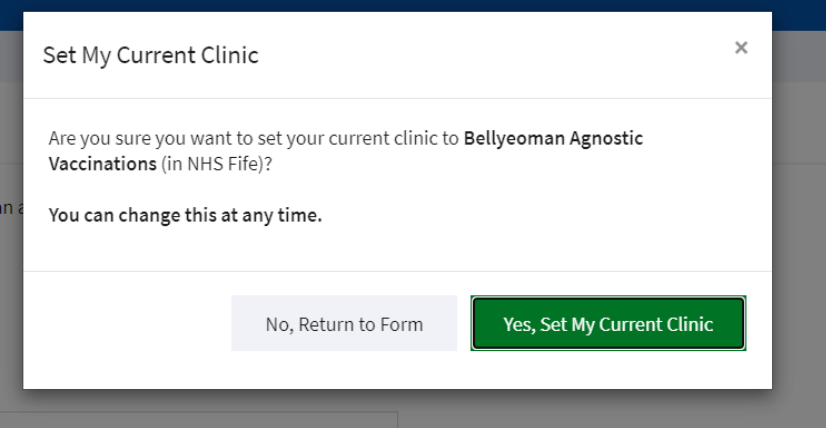
Then select your current clinic – this is your Pharmacy.

Select yes to confirm

1. Register a Patient

Go to homepage
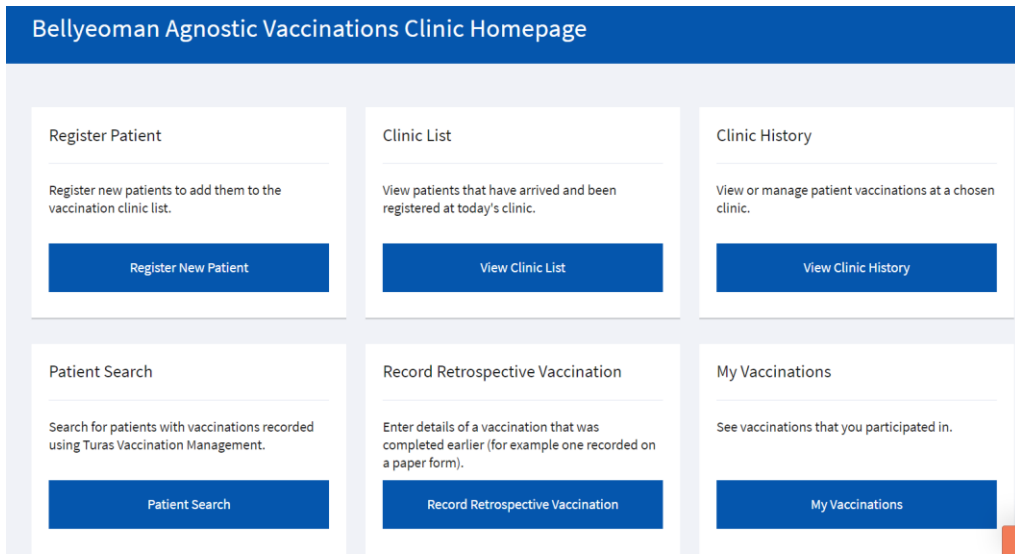
and select register patient

Search for patient by either entering patients CHI or Search by Patient Details (DOB, last name & first name). The use of CHI is preferable as demographics will be populated for you. Fields with red * are mandatory.

Confirm CHI search results & select patient

> ℹ These details were found for CHI 0101248288

Name	Date of Birth	Age	Sex
CLELLAND, Priya	01/01/1924	97 years	Female

Select this Patient   **Incorrect Details**

Select vaccination type & eligibility criteria

Today's Vaccination

ℹ What types of vaccine is the patient expecting to receive today (subject to screening)?

Vaccine Types *

✔ **Flu**

Eligibility

ℹ Please choose the single most appropriate item from the options below. The 'Age Group' option should be selected if none of the other specific reasons apply, including if the patient is attending due to priority age group invitation.

Eligibility Criteria *

◯ Healthcare Worker	◯ Social Care Worker	◯ Care Home Resident
◯ Care Home Staff	◯ Unpaid Carer	◯ Care at Home
◯ Clinically Extremely Vulnerable	● **Age Group**	◯ Clinically at Risk 16-64

Select no to appointment clinic

Does the Patient have an appointment at this clinic? *

◯ Yes   ● **No**

Select register patient & start screening

Register Patient and Start Screening

Confirm details

Confirm Register Patient and Start Screening ✕

Are you sure you want to register this patient with the clinic at **Airlie Medical Practice** and start the screening of the patient?

You have selected that the following vaccines will be administered:

- Flu
- COVID-19

No, Return to Form   Yes, Register Patient and Start Screening

2. Screening & Consent

If yes, you will be prompted for details.

Has the Patient Received Any Additional Vaccinations in the Last 6 Months? *

○ Yes	● **No**

Is the Patient known to be pregnant? *

○ Yes	● **No**

Select suitability & consent for Flu

Today's Flu Vaccination

Suitable for Flu vaccination? *

● **Patient is suitable**	○ Patient is NOT suitable

Suitability notes for Flu vaccination (optional)

ⓘ If necessary, you can add a note about this patient's suitability here. Be aware this note will NOT generate any action. (300 character maximum)

This field is optional

Consent to Flu Vaccination

Informed consent given for Flu vaccination? *

● **Consent given**	○ Consent NOT given

Record Screening Outcome & Start Vaccination

Record Screening Outcome and Start Vaccination	Record Screening Outcome	Save as Draft	Close without Saving

Confirm Record Screening Outcome and Start Vaccination ✕

Are you sure you want to record the screening outcome for

0101248288 CLELLAND, Priya (97y/F)

and start the vaccination of this patient?

No, Return to Form	Yes, Record Screening Outcome and Start Vaccination

3. Record Vaccination

Flu Vaccination Details

ⓘ Records suggest that this patient has not received a Flu vaccination in the last 6 months (checked on 06/09/2021)

Was the Vaccination Administered? *

● **Vaccination was administered**   ○ Vaccination was NOT administered

Product Name *

○ Fluenz Tetra LAIV (AstraZeneca)   ○ Quadrivalent Influenza Vaccine QIVe (Sanofi)

○ Flucelvax Tetra QIVc (Seqirus)   ○ Fluad Tetra aQIV (Seqirus)

○ Supemtek QIVr (Sanofi)

N.B. Product name selected will provide differing methods of administration

Select product & batch

Product used for Flu vaccination *

○ Fluenz Tetra LAIV (AstraZeneca)   ● **Quadrivalent Influenza Vaccine QIVe (Sanofi)**

○ Flucelvax Tetra QIVc (Seqirus)   ○ Fluad Tetra aQIV (Seqirus)

○ Supemtek QIVr (Sanofi)

Batch number used for Flu vaccination *

-- Select --   ▲

Type here to filter the list or search for a batch number...

-- Select --

9171A

Date of Flu vaccination dose (dd/mm/yyyy)

Enter dose, date, method & site

Flu vaccination dose number *

● **1**   ○ 2

Date of Flu vaccination dose (dd/mm/yyyy) *

07/09/2021   🗓

Method of administration for Flu vaccination *

● **Intramuscular**   ○ Subcutaneous

Site of administration for Flu vaccination *

● **Upper Left Arm**   ○ Upper Right Arm   ○ Left Thigh   ○ Right Thigh

Complete Post Vaccination Check & Finalise the vaccination record.

IMPORTANT: Please ensure all vaccination details are correct before confirming vaccination.

Confirm Vaccination

Go back to home page to register another patient.

You may be asked if using the same batch numbers and previous batch details will be populated.
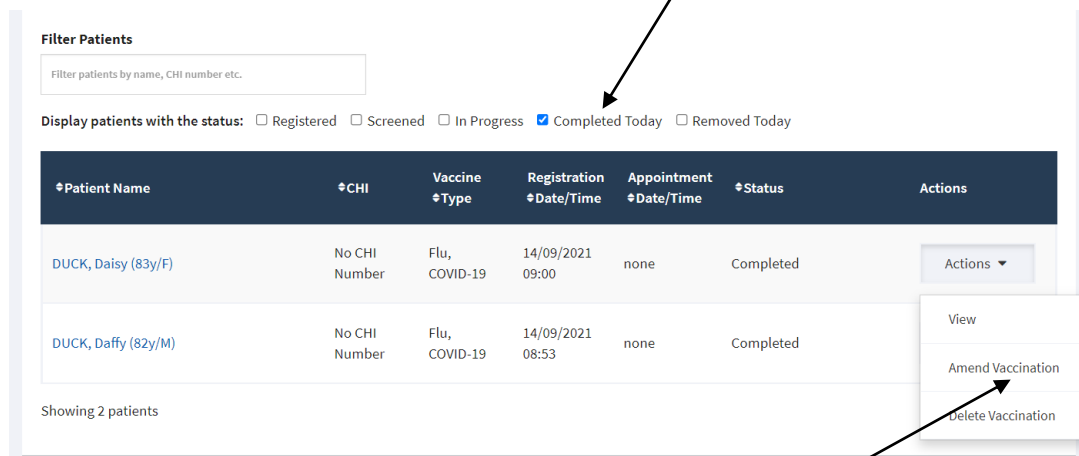
If you discover an error has been made, you have up to 60 minutes to amend the vaccination details.

**Click on home to take you Home Page**
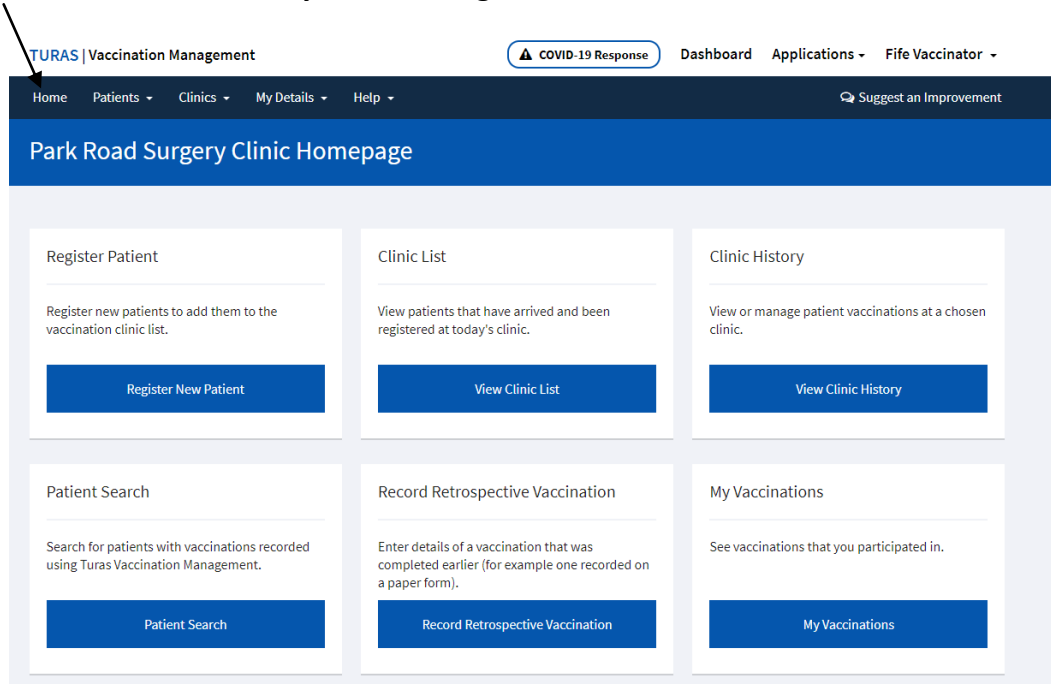
Click on view clinic list and filter list on completed today

Select patients actions and click on amend vaccination.

Any patients who need amended thereafter will need to be done through the Fife Records Manager. Please contact fife.gmsfacilitators@nhs.scot

Please ensure you sign out of clinic when you have completed your vaccinations.
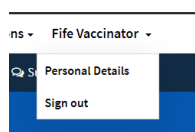
  You will be warned if you have any outstanding vaccinations.