UNITY CLINIC

1400 Lombard Street, Philadelphia, PA 19146 Clinic Hours: Tuesdays, 5:00-9:00 pm Volunteer Hours (faculty, RNs, students): Tuesdays, 5:00-8:00 pm Free parking is provided in a fenced lot next to the entrance.

Procedure for Volunteers in Triage Area

NEW PATIENT

- 1. Take chart from rack and ask interpreter to call patient by name.
 - a. Interpreter will call patient into triage area
 - b. Complete history form if necessary, ask if patient is allergic to medication, food, contact allergy
 - c. Take vital signs: blood pressure, pulse, respirations, temperature if needed
 - d. Measure height and weight, calculate BMI
 - e. Check blood sugar with glucose monitor if patient is diabetic, record time of last food or fluid intake
 - f. Record all information on side bar of progress note
 - g. Patient will be directed back to waiting area and volunteer will place patient chart into appropriate clinician's box
 - h. Match color dot on patient chart with clinician's dot on box

Name:	DOB:
Date	Progress Notes Please note the language interpreter name if applicable.
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Procedure for Volunteers in Triage Area

FOLLOW UP PATIENT

- 1. Take chart from rack and ask interpreter to call patient by name
 - a. Interpreter will call patient into triage area
 - b. Ask patient the following questions and record BRIEFLY on progress note with signature
 - i. What brings you to clinic tonight?
 - ii. What medications are you taking?
 - iii. Have you taken your medication today?
 - c. Take vital signs: blood pressure, pulse, respirations, temperature if needed
 - d. Weigh patient and if needed, measure height to calculate BMI
 - e. Check blood sugar with glucose monitor if patient is diabetic, record time of last food or fluid intake
 - f. Record all information on side bar of progress note
 - g. Patient will be directed back to waiting area and volunteer will place patient chart into appropriate clinician's box
 - h. Match color dot on patient chart with clinician's dot on box

Name:	DOB:	
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FLU VACCINE

- 1. Obtain vaccines from refrigerator in Ronnie's office.
 - a. Keep vaccine vials in refrigerated bag
- 2. Complete Dept. of Public Health vaccine form for each flu shot given.
- 3. Complete Unity Clinic vaccine log for each flu vaccine given. (SAMPLE A)
- 4. Chart flu shot on <u>vaccine immunization form</u> at back of patient's chart. (SAMPLE B)
- 5. Chart flu shot given on progress note in patient's chart. (SAMPLE C)
- 6. Record flu vaccine on patient's take home record card. (SAMPLE D)

RETURN ALL IMMUNIZATIONS AT END OF NIGHT TO REFRIGERATOR

PNEUMONIA VACCINE

- 1. Patients > 50 years old with lung compromising illness, booster at 5 years if younger than 65 years old.
- 2. Patients 65 years old one dose only.
- 3. Record pneumonia vaccine on <u>Unity Clinic vaccine log</u> for each tetanus vaccine given. (SAMPLE A)
- 4. Chart pneumonia vaccine on <u>vaccine immunizations form</u> at back of patient's chart. (SAMPLE B)
- 5. Chart pneumonia vaccine in chart on patient's progress note. (SAMPLE C)
- 6. Record pneumonia vaccine on patient's take home record card. (SAMPLE D)

RETURN ALL IMMUNIZATIONS AT END OF NIGHT TO REFRIGERATOR

TETANUS VACCINE – per clinician's order Tdap – Tetanus, Diptheria, Acellular Pertussis – 1st dose Td – Tetanus, Diptheria – one month later Td – Tetanus, Diptheria – six months later Unimmunized patients receive series of three vaccines.

- 1. Ask women of childbearing age prior to administering vaccine:
 - a. Are you pregnant?
 - b. Last Menstrual Period (LMP), chart on progress note on patient chart along with vaccine given. (SAMPLE C)
- 2. Record Tdap or Td vaccine on <u>Unity Clinic vaccine log</u> for each tetanus vaccine given. (SAMPLE A)
- 3. Chart Tdap or Td vaccine on <u>vaccine immunization form</u> at back of patient's chart. (SAMPLE B)
- 4. Chart Tdap or Td vaccine on progress note in patient's chart. (SAMPLE C)
- 5. Record Tdap or Td on patient's take home record card. (SAMPLE D)

RETURN ALL IMMUNIZATIONS AT END OF NIGHT TO REFRIDGERATOR

HEPATITIS A and B - TWINRX VACCINE - per clinician's order

Three doses -

1st dose

2nd dose - 1 month later

3rd does - 6 months after first dose

- 1. Ask women of childbearing age prior to administering vaccine:
 - a. Are you pregnant?
 - b. Last Menstrual Period (LMP), chart on progress note on patient chart along with vaccine given. (SAMPLE C)
- 2. Record on <u>Unity Clinic vaccine log</u> for each TwinRx vaccine given. (SAMPLE A)
- 3. Chart TwinRx vaccine on <u>vaccine immunization form</u> at back of patient's chart. (SAMPLE B)
- 4. Chart TwinRx vaccine on progress note in patient's chart. (SAMPLE C)
- 5. Record TwinRx on patient's take home record card. (SAMPLE D)

RETURN ALL IMMUNIZATIONS AT END OF NIGHT TO REFRIDGERATOR

	Unity Clini	Unity Clinic Immunization Log SA	SAMPLE		D
Date	Patient Name	Vaccine(s) Given	J 0 B	Site	Admin. By
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Other

ADULT VACCINE ADMINISTRATION RECORD

Provider Name/Address:

SAMPLE B

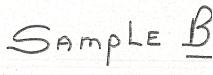
Philadelphia Department of Public Health Division of Disease Control, Immunization Program Phone: (215) 685-6748 Fax: (215) 685-6806

Provider Phone:

8.4				, tovido)	i none.	
Patient Name:				Y		
				Date of Birth:		
Patient Address:						Tel:
The person who administered the vaccine administered was given the please note when a combination.			ifies by his/her s ove or to his/her	ignature below that the parent/guardian/caretal	appropriate Vaccine ker at the time of eac	Information Statement (VIS) for each
VACCINE	Date Given M/D/Y	Site*	Vaccine Manufacturer	Vaccine Lot #	VIS Publication Dates	Signature of Vaccine Administrator
Tdap						
Td #1						
#2						
Hep B OR A+B #1 (circle one)					•	
Hep B OR A+B #2						
Hep B OR A+B #3						
Hep A #1						
э A #2						
HPV #1		9)
HPV #2						
HPV #3						
Pneumococcal						
MMR						
MMR						
/aricella #1					*	
√aricella #2						
Zoster						
Meningococcal						
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*Site Given LEGEND: RA=Right Arm, LA=Left Arm, RT=Right Thigh, LT=Left Thigh, O=Oral

ADULT VACCINE ADMINISTRATION RECORD (Side 2) INFLUENZA VACCINE



Patient Name:							

The person who administered the following vaccines certifies by his/her signature below that the appropriate Vaccine Information Statement (VIS) for each vaccine administered was given to the patient named above or to his/her parent/guardian/caretaker at the time of each immunization.

VACCINE	Date Given M/D/Y	Site*	Vaccine Manufacturer	Vaccine Lot #	VIS Publication Dates	Signature of Vaccine Administrato
Influenza					•	
•				•		
				4.		

*Site Given LEGEND: RA=Right Arm; LA=Left Arm; N= Nasal

Name:		1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A	DOB:							
Date	Progress Notes Please note the language interpreter name if applicable.									
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Vaccine	Date Administered	Administered by Administrado por		AMPLEJ	
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Papilloma 2			Their O		
rirus (HPV) 2			A 3		2187927
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Ieningococcal			Hepatitis A 1		
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lu, Gripe) 2			(Diphtheria, Tetanus, 2		
			Pertussis) (Difteria, Tétanos, 3		
			Pertussis) 4		
			5		-
			Tdap (1		
			Td [1]) (2	.)
		*	IPV/OPV 1		
			(Polio) 2		
			3		
erpes Zoster (shingles)					
rpes Zóster (culebrilla)			4		
			Hib 1	· · · · · · · · · · · · · · · · · · ·	···
11. 12.1 ·			Influenzae 2		
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			Rotavirus 1		
Name		. !	2		
Nombre			3		- <u> </u>
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Date of Birth Eecha de Nacimient	7				
Date of Birth Fecha de Nacimient) 		MMR 1 (Measles, Mumps, Rubella) (Sarampión, Paperas, 2 Rubéola)	,	