

EQIPP: Immunizations – Strategies for Success (Track: 19-23 months)

At Baseline: Pull 20 charts of 19-23-month-old patients seen in your practice. By their 23-month visit did the following happen:

The ages of 19-23 months were chosen to help identify areas in practice that could be improved and lead to fewer missed opportunities.

At Follow up: Use this tool for the next 20 charts of 19-23-month-old patients seen in your practice and answer the following:

The ages of 19-23 months were chosen to help identify areas in practice that could be improved and lead to fewer missed opportunities.

Patient name _____

Date of Birth _____

| | |
|---|---|
| <p>1. Does a complete immunization record exist in the medical record or state immunization registry? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>6. How many doses of the Hib vaccine has the patient received? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 6a. If series not complete, select one of the following reasons: <input type="checkbox"/> Parent Refusal <input type="checkbox"/> Vaccine Shortage <input type="checkbox"/> Acceptable Medical Contraindications</p> |
| <p>2. How many doses of the Hepatitis B vaccine has the patient received? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 2a. If series not complete, select one of the following reasons: <input type="checkbox"/> Parent Refusal <input type="checkbox"/> Vaccine Shortage <input type="checkbox"/> Acceptable Medical Contraindications</p> | <p>7. How many doses of the PCV vaccine has the patient received? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 7a. If series not complete, select one of the following reasons: <input type="checkbox"/> Parent Refusal <input type="checkbox"/> Vaccine Shortage <input type="checkbox"/> Acceptable Medical Contraindications</p> |
| <p>3. How many doses of the Rotavirus vaccine has the patient received? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 (2nd dose of a 2 dose series) <input type="checkbox"/> 2 (2nd dose of a 3 dose series) <input type="checkbox"/> 3 3a. If series not complete, select one of the following reasons: <input type="checkbox"/> Parent Refusal <input type="checkbox"/> Vaccine Shortage <input type="checkbox"/> Acceptable Medical Contraindications</p> | <p>8. How many doses of the IPV vaccine has the patient received? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 8a. If series not complete, select one of the following reasons: <input type="checkbox"/> Parent Refusal <input type="checkbox"/> Vaccine Shortage <input type="checkbox"/> Acceptable Medical Contraindications</p> |
| <p>4. How many doses of the DTaP vaccine has the patient received? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 4a. If series not complete, select one of the following reasons: <input type="checkbox"/> Parent Refusal <input type="checkbox"/> Vaccine Shortage <input type="checkbox"/> Acceptable Medical Contraindications</p> | <p>9. How many doses of the MMR vaccine has the patient received? <input type="checkbox"/> 0 <input type="checkbox"/> 1 9a. If series not complete, select one of the following reasons: <input type="checkbox"/> Parent Refusal <input type="checkbox"/> Vaccine Shortage <input type="checkbox"/> Acceptable Medical Contraindications</p> |
| <p>5. How many doses of the Varicella vaccine has the patient received? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> Evidence of Immunity 5a. If series not complete, select one of the following reasons: <input type="checkbox"/> Parent Refusal <input type="checkbox"/> Vaccine Shortage <input type="checkbox"/> Acceptable Medical Contraindications</p> | <p>10. How many doses of the Hepatitis A vaccine has the patient received? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 10a. If series not complete, select one of the following reasons: <input type="checkbox"/> Parent Refusal <input type="checkbox"/> Vaccine Shortage <input type="checkbox"/> Acceptable Medical Contraindications</p> |
| <p>11. Has the patient received the Influenza vaccine for the current flu season? <input type="checkbox"/> Yes <input type="checkbox"/> No 11a. If no, select one of the following reasons: <input type="checkbox"/> Parent Refusal <input type="checkbox"/> Vaccine Shortage <input type="checkbox"/> Acceptable Medical Contraindications</p> | |

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Modal Window Text (For Programming Purposes)

2a. Series – display the following text:

3-dose series at 0, 1–2, 6–18 months (use monovalent HepB vaccine for doses administered before age 6 weeks).

<https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

3a. Series – display the following text:

Rotarix: 2-dose series at 2 and 4 months

RotaTaq: 3-dose series at 2, 4, and 6 months

If any dose in the series is either RotaTaq or unknown, default to 3-dose series.

<https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

4a. Series – display the following text:

5-dose series at 2, 4, 6, 15–18 months, 4–6 years

Prospectively: Dose 4 may be administered as early as age 12 months if at least 6 months have elapsed since dose 3.

Retrospectively: A 4th dose that was inadvertently administered as early as 12 months may be counted if at least 4 months have elapsed since dose 3.

<https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

5a. Series – display the following text:

2-dose series at 12–15 months, 4–6 years

Dose 2 may be administered as early as 3 months after dose 1 (a dose administered after a 4-week interval may be counted).

<https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

6a. Series – display the following text:

ActHIB, Hiberix, or Pentacel: 4-dose series at 2, 4, 6, 12–15 months

PedvaxHIB: 3-dose series at 2, 4, 12–15 months

<https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

7a. Series – display the following text:

4-dose series at 2, 4, 6, 12–15 months

<https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

Skip Pattern Instructions (For programming Purposes)

2. Display 2a if user selects answers 0 or 1 or 2 in question 2

3. Display 3a if user selects answers 0 or 1 in question 3

4. Display 4a if user selects 0, 1, 2, 3 in question 4

5. Display 5a if user selects answer 0 in question 5

6. Display 6a if user selects answer 0 or 1 or 2 in question 6

7. Display 7a if user selects answer 0 or 1 or 2 or 3 in question 7

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8a. Series – display the following text:

4-dose series at ages 2, 4, 6–18 months, 4–6 years;
 administer the final dose at or after age 4 years and at least
 6 months after the previous dose.

4 or more doses of IPV can be administered before age 4
 years when a combination vaccine containing IPV is used.
 However, a dose is still recommended at or after age 4
 years and at least 6 months after the previous dose

<https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

9a. Series – display the following text:

2-dose series at 12–15 months, 4–6 years

Dose 2 may be administered as early as 4 weeks after dose 1.

<https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

10a. Series – display the following text:

2-dose series (minimum interval: 6 months) beginning at
 age 12 months

<https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

8. Display 8a if user selects answer 0, 1, or 2 in question 8

9. Display 9a if user selects answer 0 or 1 in question 9

10. Display 10a if user selects answer 0 or 1 in question 10

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