

#StayWell2022: Teen Vaccines Chart Review

Medical Record # _____ Name: _____ DOV: _____

For internal tracking purposes. Do not enter personal information into QIDA. Updated 09/09/2021

HPV 9-12 year old Dataset: Baseline # _____/20 Intervention # _____/10

Visit Type: Well Visit Sick Visit Nurse Visit Chronic Care Vaccine Clinic Other

Patient age at time of visit: 9 years 10 years 11 or 12 years

HPV Immunization History: Has this patient received 1 or both HPV doses before arriving for this visit being abstracted?

HPV

HPV Vaccine Dose 1?	HPV Vaccine Dose 2?
<input type="checkbox"/> Yes <input type="checkbox"/> NO (Skip to visit information)	<input type="checkbox"/> Yes (if yes STOP) <input type="checkbox"/> No

Visit Information for HPV vaccine status: Did the patient receive an HPV vaccine at this visit being abstracted?

Did they receive HPV vaccine today?	If did NOT receive HPV vaccine, why?
<input type="checkbox"/> Yes (If yes, STOP) <input type="checkbox"/> NO patient <6mos from HPV Dose #1 (STOP) <input type="checkbox"/> No	<input type="checkbox"/> Refused/Declined <input type="checkbox"/> Not Offered <input type="checkbox"/> Not documented/unclear <input type="checkbox"/> Other _____ (write in answer)

Tdap and MenACWY 11-12 year old Dataset: Baseline # _____/20 Intervention # _____/10

Visit Type: Well Visit Sick Visit Nurse Visit Chronic Care Vaccine Clinic Other

Tdap Immunization History: Has this patient received Tdap before arriving for this visit being abstracted?

Tdap

One dose of Tdap ?
<input type="checkbox"/> Yes (If yes, STOP) <input type="checkbox"/> No

Visit Information for Tdap vaccine status: Did the patient receive Tdap at this visit being abstracted?

Did they receive Tdap vaccine today?	If did NOT receive Tdap vaccine, why?
<input type="checkbox"/> Yes (If yes, STOP) <input type="checkbox"/> No	<input type="checkbox"/> Refused/Declined <input type="checkbox"/> Not Offered <input type="checkbox"/> Not documented/unclear <input type="checkbox"/> Other _____ (write in answer)

MenACWY Immunization History: Has this patient received MenACWY before arriving for this visit being abstracted?

MenACWY

One dose of MenACWY?
<input type="checkbox"/> Yes (If yes, STOP) <input type="checkbox"/> No

Visit Information for MenACWY vaccine status: Did the patient receive Tdap at this visit being abstracted?

Did they receive MenACWY vaccine today?	If did NOT receive MenACWY vaccine, why?
<input type="checkbox"/> Yes (if yes STOP) <input type="checkbox"/> No	<input type="checkbox"/> Refused/Declined <input type="checkbox"/> Not Offered <input type="checkbox"/> Not documented/unclear <input type="checkbox"/> Other _____ (write in answer)