Sonar User Guide COVID-19 Vaccination Service: Screening

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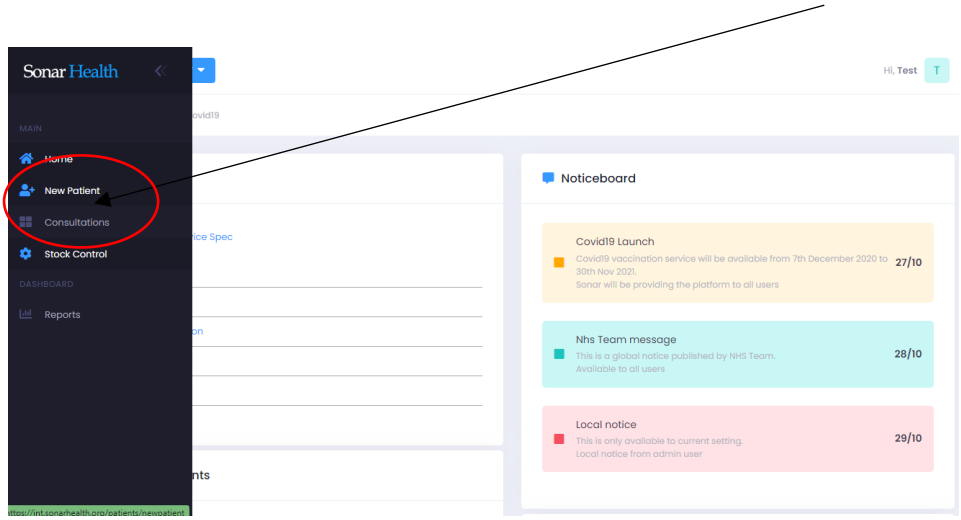
Version 2
Updated 15th July 2021

Screening

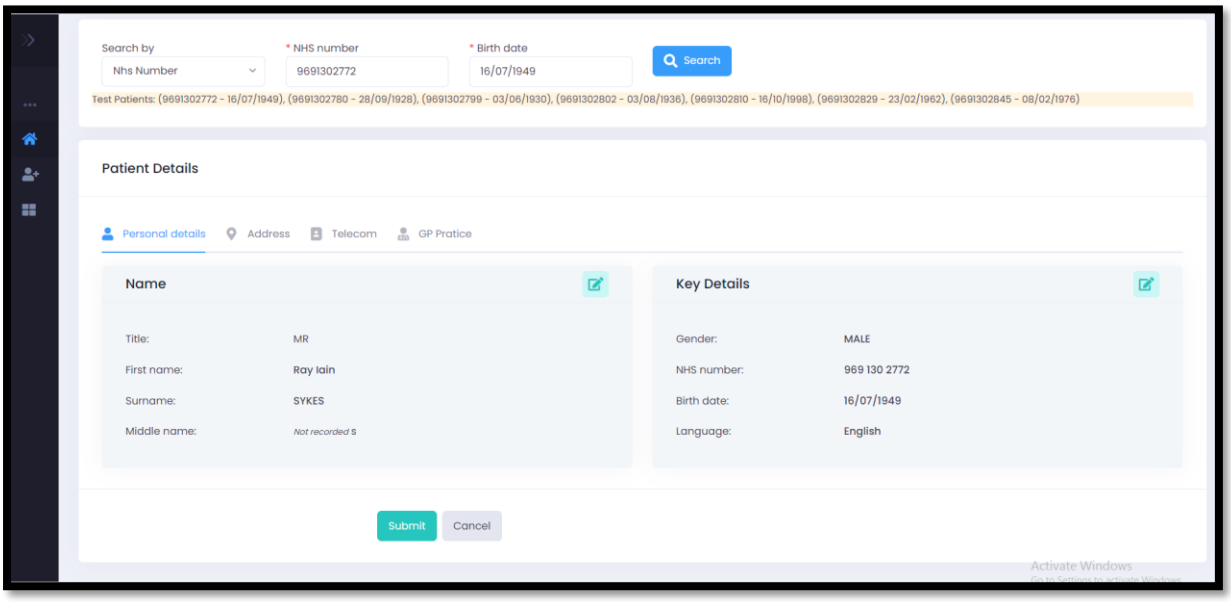
The first stage of the COVID vaccination programme is Screening. To start a new patient, hover your mouse on the left hand side of the page and select 'New Patient.



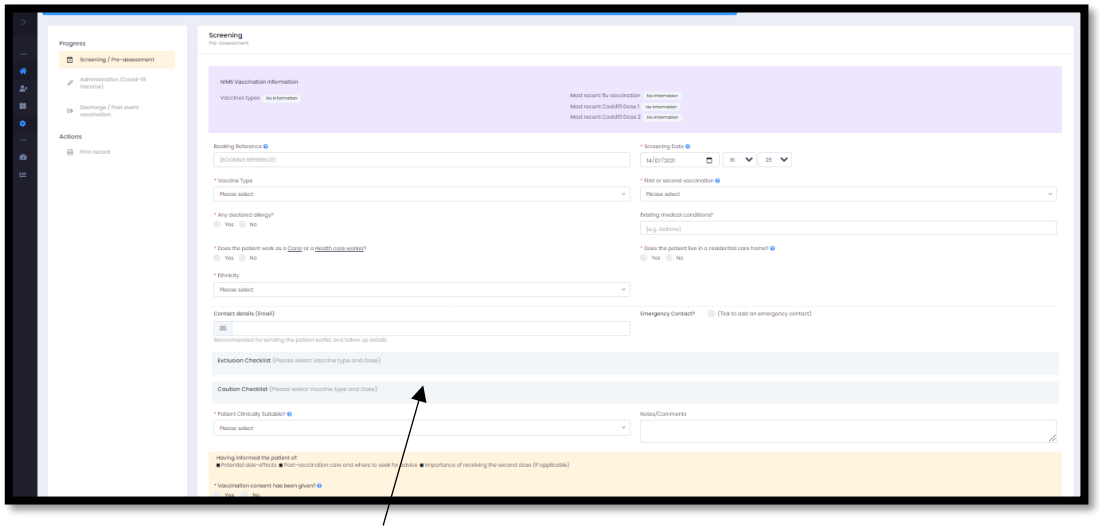
PDS Search:

After you have clicked 'new patient' you will have to search for the patient using either their NHS number and Date of Birth or their first name, surname, date of birth, gender and postcode. The search is done through the NHS Patient demographic Service (PDS) and retrieves the patient's record from the NHS spine.

Once you have typed in their NHS number and DOB or full name, gender, DOB, and postcode, click search.



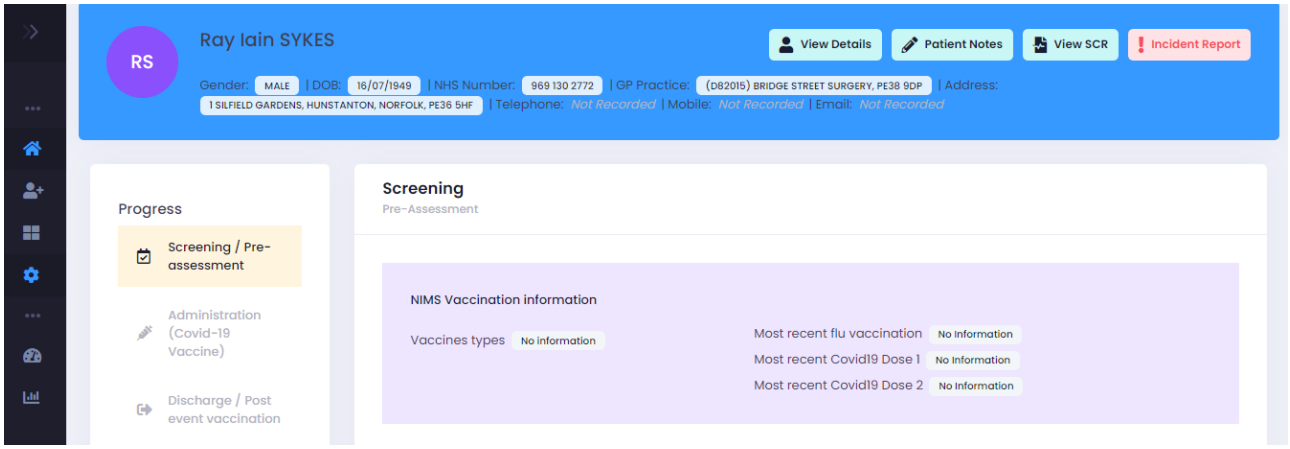
The PDS search will retrieve the patient's record from the NHS spine. This will bring up the patient's personal details, address, telecom information and GP practice details. Double check the information to see if it is correct if you are happy with the information displayed click submit.

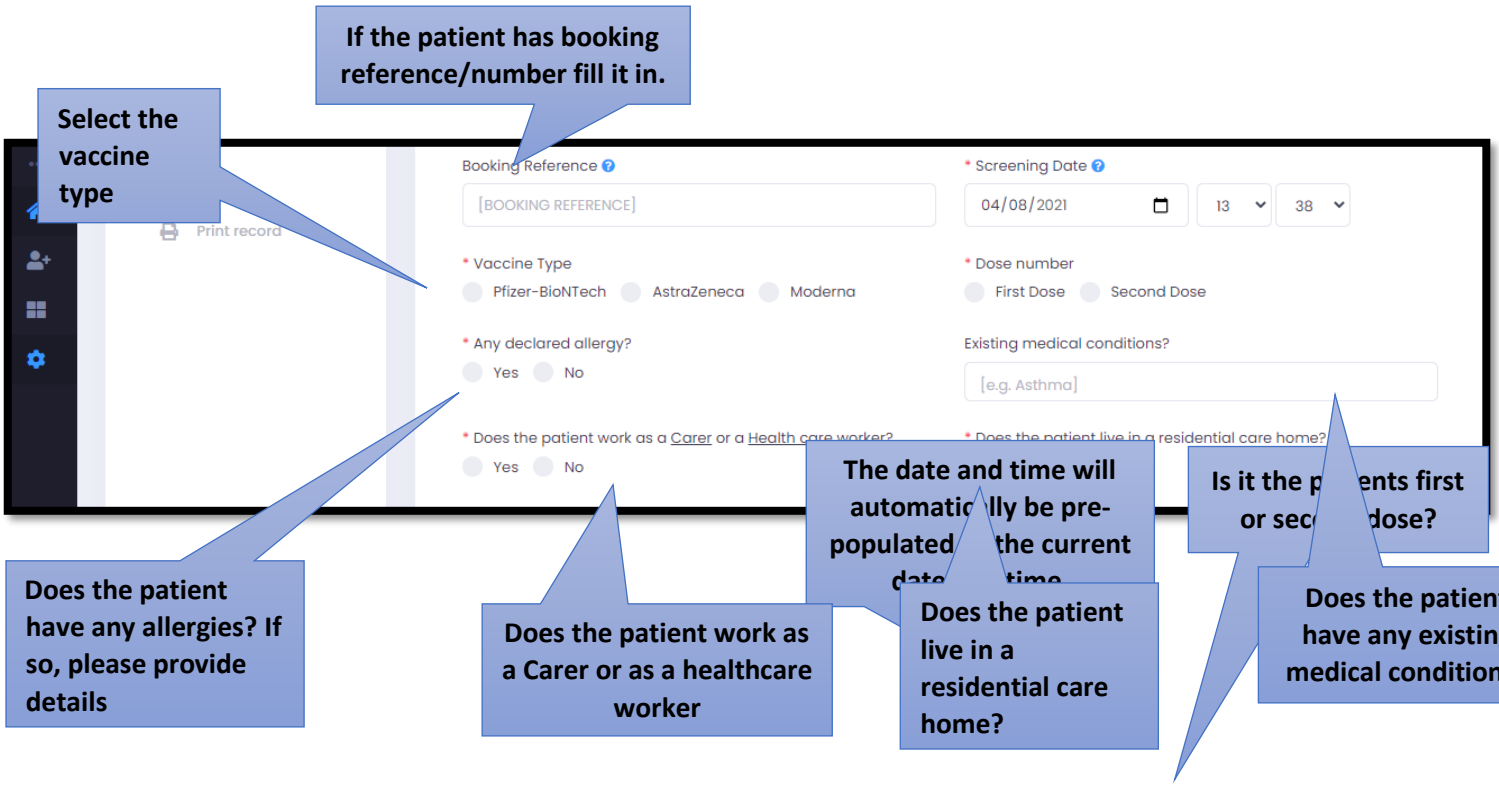


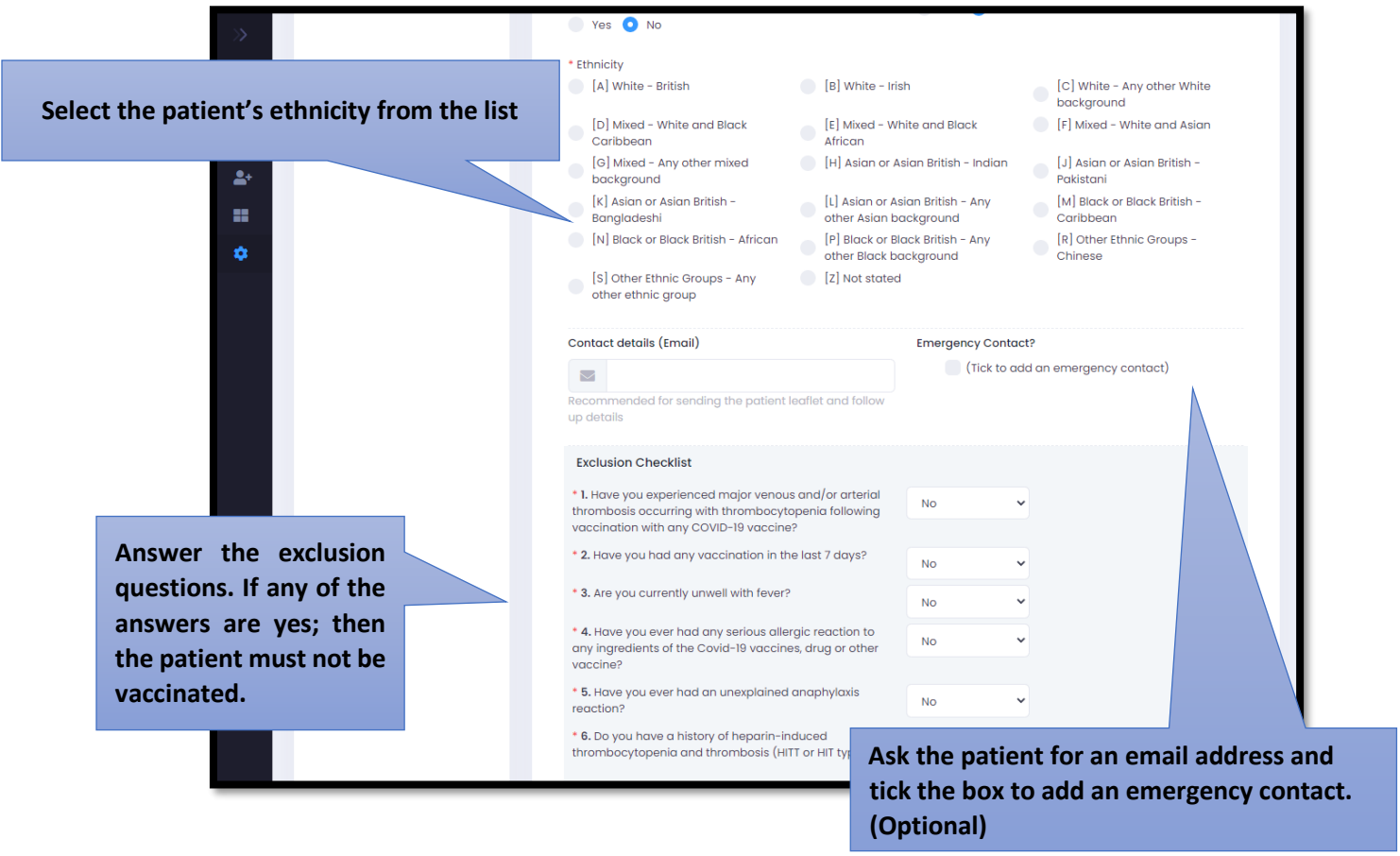
This is the screening page. Please see the next page for a breakdown of this page.

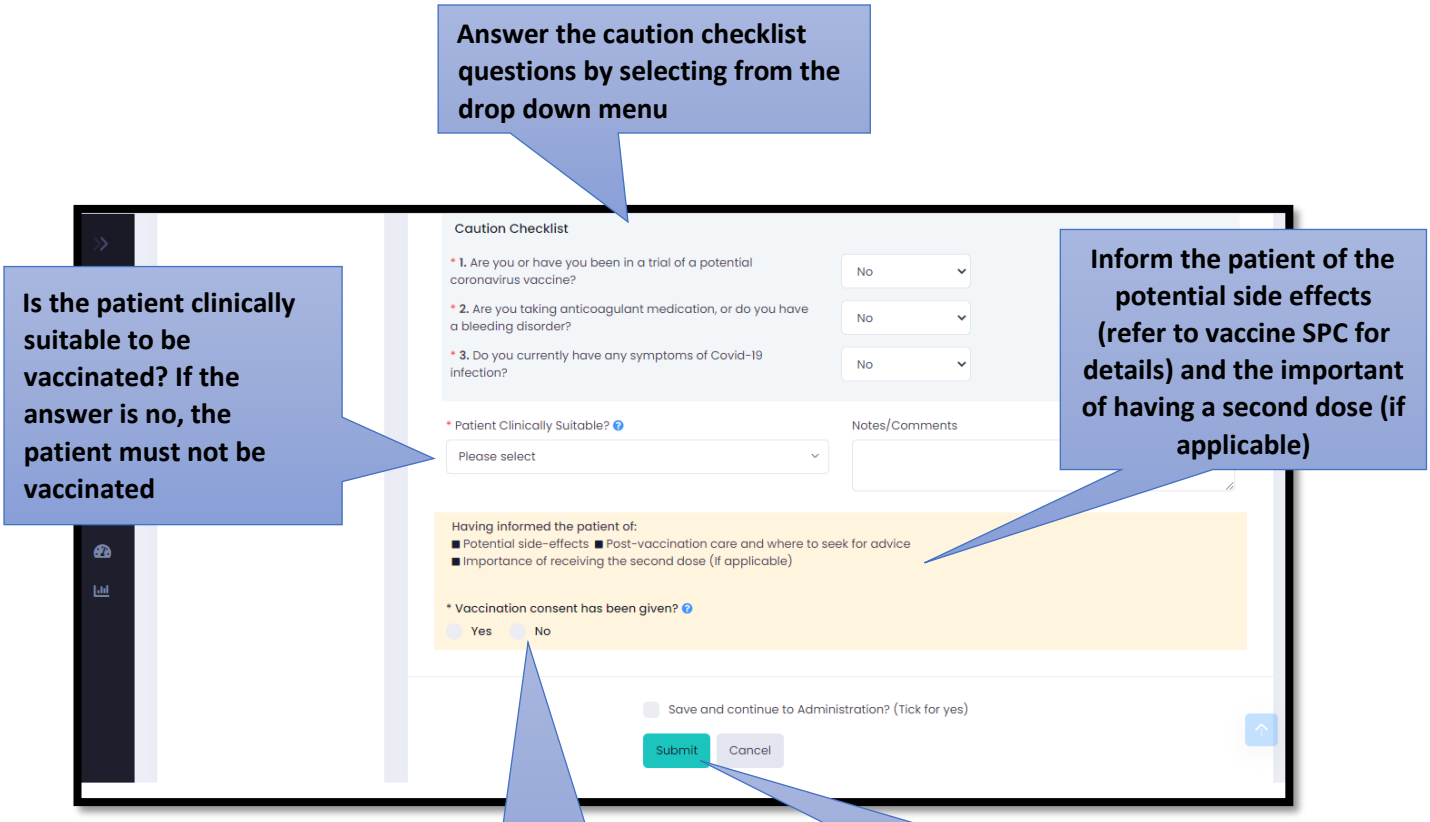
All questions with a red Asterix (*) next to it are mandatory fields are must have something written or box must be ticked for you to continue with the service.

On the top of the screen, it will display the patient's details. In the purple box, it will display the patient's vaccination information sourced from NIMS (National Immunization service). It will display if they are eligible for a COVID 19 vaccination, what type of vaccination they are eligible for, when their most recent flu vaccination was and most recent dose 1 or 2 COVID vaccine if applicable.






Select the patient's ethnicity from the list
Yes
No
* Ethnicity
[A] White - British
[B] White - Irish
[C] White - Any other White background
[D] Mixed - White and Black Caribbean
[E] Mixed - White and Black African
[F] Mixed - White and Asian
[G] Mixed - Any other mixed background
[H] Asian or Asian British - Indian
[J] Asian or Asian British - Pakistani
[K] Asian or Asian British - Bangladeshi
[L] Asian or Asian British - Any other Asian background
[M] Black or Black British - Caribbean
[N] Black or Black British - African
[P] Black or Black British - Any other Black background
[R] Other Ethnic Groups - Chinese
[S] Other Ethnic Groups - Any other ethnic group
[Z] Not stated
Contact details (Email)
Recommended for sending the patient leaflet and follow up details
Emergency Contact?
(Tick to add an emergency contact)
Exclusion Checklist
* 1. Have you experienced major venous and/or arterial thrombosis occurring with thrombocytopenia following vaccination with any COVID-19 vaccine?
* 2. Have you had any vaccination in the last 7 days?
* 3. Are you currently unwell with fever?
* 4. Have you ever had any serious allergic reaction to any ingredients of the Covid-19 vaccines, drug or other vaccine?
* 5. Have you ever had an unexplained anaphylaxis reaction?
* 6. Do you have a history of heparin-induced thrombocytopenia and thrombosis (HITT or HIT ty
No
Answer the exclusion questions. If any of the answers are yes; then the patient must not be vaccinated.
Ask the patient for an email address and tick the box to add an emergency contact. (Optional)


Answer the caution checklist questions by selecting from the drop down menu
Caution Checklist
* 1. Are you or have you been in a trial of a potential coronavirus vaccine?
* 2. Are you taking anticoagulant medication, or do you have a bleeding disorder?
* 3. Do you currently have any symptoms of Covid-19 infection?
No
Is the patient clinically suitable to be vaccinated? If the answer is no, the patient must not be vaccinated
* Patient Clinically Suitable?
Please select
Notes/Comments
Inform the patient of the potential side effects (refer to vaccine SPC for details) and the important of having a second dose (if applicable)
Having informed the patient of:
■ Potential side-effects ■ Post-vaccination care and where to seek for advice
■ Importance of receiving the second dose (if applicable)
* Vaccination consent has been given?
Yes
No
Save and continue to Administration? (Tick for yes)
Submit
Cancel
Has consent been given for the vaccination and who by?
Once all the mandatory fields have been filled out, click submit

Contact Us

If you have any queries or need further assistance, please contact Sonar on email at info@sonarinformatics.com.

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