

UCSF Inpatient COVID-19 Vaccine - Frequently Asked Questions

V5 11.22.2021

Frequently Asked Questions

- **Who is eligible for the inpatient COVID-19 Vaccine program?**
 - As of November 16, 2021, patients ≥ 5 are eligible for the inpatient vaccination program. Specific adults are eligible for the 3rd dose and booster doses (see below).
- **How do I order the inpatient COVID-19 Vaccine?**
 - There are separate orders for first, second and third doses and the booster dose:
 - 1st Dose:
 - Manual Order: **“COVID-19” Vaccine Screening Panel** (see [tip sheet](#) for patients 12 and over)
 - Automatically included in APeX admission orders for eligible patients (5 and over) without documented COVID-19 Vaccination. Because inpatients may not be clinically stable enough for vaccine on admission (afebrile for 24 hours, at baseline respiratory status and with stable vital signs, and with acute conditions showing a trajectory of improvement), [APeX tools](#) via the Discharge Milestones program will remind providers of who is eligible for vaccination. In addition, pharmacy, nursing and case management will assist in ensuring providers order vaccine re-screen.
 - 2nd or 3rd dose (latter for immunocompromised adults only): Must be manually ordered - **“COVID-19 mRNA Vaccine Second and Third Dose Panel”**
 - Booster (for qualifying adults - see below): Must be manually ordered - **“COVID-19 Vaccine Booster Panel”**
 - Ordering Tip: In the orders menu type in “COVID Vaccine” and all COVID-19 Vaccine options will populate
 - Ordering provider must verbally assent patient prior to ordering any COVID-19 vaccine
- **My pediatric patient between age 5-11 was admitted prior to November 18th but I think they qualify for the vaccine. Will the order automatically populate?**
 - No. For pediatric patients ages 5-11, you must order it manually. The order is triggered automatically ONLY at the time of admission for patients 5 and older. This means all pediatric patient admitted prior to November 18th at 2 pm who are unvaccinated and eligible will need a manual order placed called “COVID Vaccine Screening Panel”. Please review your patient lists and order the vaccine on all eligible and appropriate patients currently admitted.
- **When is COVID-19 vaccine administration available?**
 - **At Parnassus, MB and MZ vaccines are available seven days a week. At BCH Oak vaccines are available Monday-Friday only.**

- Same day ordering is available at all sites if ordered prior to 8:30 am. Orders placed after 8:30 am will be automatically timed for the following day. Vaccines are administered around 11am-noon daily.
- **How do I know if my patient already received the vaccine?**
 - COVID-19 Vaccination History from CAIRS reports can be found in several locations on a patient's chart. You can find this information on the patient's storyboard under COVID Results/ Vaccine Summary, the Immunization History, the Snapshot Report (accessible in pre-admission patients), and both the IP DAILY ROUNDS and DISCHARGE REPORT. This may include immunizations at outside institutions that use Epic, including Kaiser, Sutter, Stanford, and the other UC hospitals. Note: APeX COVID-19 vaccination information is often incomplete so if patient does not have record of COVID-19 vaccination in APeX, providers must verbally confirm with patient that they were not previously vaccinated.
 - Steps can be taken for provider teams (nursing, pharmacy as well) to reconcile and update APeX COVID-19 vaccination information for those previously vaccinated, as shown [here](#).
 - The COVID-19 Vaccination "Discharge Milestone" will automatically complete if the patient has a prior COVID vaccination at UCSF or another institution using the Epic EHR. (Milestones are visible on the Daily Rounds and the IP Discharge report).
- **Is there a way to see all currently unvaccinated inpatients?**
 - Yes. There is an APeX System List "Infection Control COVID Unvaccinated" for each campus (Parnassus, Mount Zion, Mission Bay Adults, BCH SF, BCH Oakland) on all patients >=5yo. These are patients with no COVID vaccine history, and who either have no IP COVID vaccine orders, or were screened out (refused, contraindicated THIS encounter). Deferred patients ARE on this list and have a flag showing they need re-screening. The list also includes estimated discharge date (EDD) and planned discharge disposition (if known). We are working on an apex solution to create a column that shows the vaccine status that can be wrenched in.
- **What are the clinical criteria for COVID-19 Vaccination?**
 - Patients must be considered "clinically stable" at the time of vaccination as determined by treatment team. Basic criteria to consider include afebrile for 24 hours, at baseline respiratory status with stable vital signs, and with acute conditions showing a trajectory of steady improvement. However, determination of these criteria is at the discretion of the provider given the complexity and acuity of inpatients at baseline.
 - **There are a few exclusions to COVID-19 vaccination included in every order, most notably:**
 - Deemed clinically unstable by provider
 - Prior serious allergic reaction to COVID Vaccine
 - History of organ transplant or stem cell transplant in the past 90 days or planned within the next 30 days
 - Currently sick with COVID-19 on isolation
 - Within 90 days of treatment with either convalescent plasma or monoclonal Ab for COVID-19
- **Can my patient receive the vaccine concurrently with other non-COVID vaccines?**

- Yes, according to CDC, there is no contraindication to receiving COVID vaccine within 14 days of other vaccine administrations. It is up to the discretion of the provider to determine if it would be safe to provide the vaccine within 14 days of the other vaccination administrations.
- It is permissible to order the inpatient influenza vaccination available on discharge orderset on the same day as COVID vaccination.
- **Do the “Third dose” and “Booster Dose” differ?**
 - Yes, the third dose and booster dose differ in terms of timing and patient eligibility. All currently only available for patients 18 and over:
 - **Third dose** – intended for patients anticipated not to have a normal immune response to the standard 2-dose mRNA series:
 - For immunocompromised patients 18 and over who are at least 30 days following 2nd dose of mRNA series vaccination
 - Immunocompromised is defined broadly and indications included in order including:
 - Active treatment for malignancy
 - Organ or stem cell transplantation on immunosuppressant medications
 - Moderate or severe primary immunodeficiency
 - Advanced or untreated HIV infection
 - Active treatment with high-dose corticosteroids (=20 mg prednisone) or other immune-suppressant
 - Other chronic medical conditions associated with immune deficiency
 - Is “homologous,” where 3rd dose same as used primary vaccination series (excludes J&J)
 - **Booster dose** – Goal is to address waning immunity over time – bottom line is all vaccinated inpatients 18 years of age or above meeting time criteria qualify:
 - Patients who completed primary mRNA series at least 6 months prior
 - Patients who received a Janssen Vaccine for their primary dose at least 2 months prior
 - **Is “heterologous” meaning that any of the three vaccines can be selected for the booster dose. This is up to the discretion of the treating provider and patient.** Note, the booster Moderna dose is half dose whereas Pfizer and Janssen are the same dose as the primary series (built into order)
- **My patient is having fevers or other flu-like symptoms after the vaccine. Can I still discharge home or to SNF with these symptoms? What kind of guidance should I provide to the SNF about these symptoms?**
 - This is ultimately at the discretion of the clinician. The clinical stability criteria for administration of vaccination include afebrile for 24 hours, at baseline respiratory status with stable vital signs, and with acute conditions showing a trajectory of steady improvement. However, determination of these criteria is at the discretion of the provider given the complexity and acuity of inpatients at baseline. Similarly, for fever and other symptoms after the vaccine (most common symptoms beyond the first 15 minutes where allergy is monitored are

injection site pain/erythema/swelling, headache, fatigue, myalgia, nausea, and fever) is at the discretion of the provider, the patient and the accepting facility to determine readiness for discharge. If these typical symptoms occur within 24 hours of the vaccine and all other clinical variables are stable to improved from acute illness then discharge with any of the above is reasonable.

- **My patient is resistant to receiving the vaccine. Are there any counseling approaches or tips recommended?**
 - Yes, vaccine hesitancy and questioning (uncertainty) is commonly observed in unvaccinated inpatients at UCSF (though the large majority of UCSF inpatients are vaccinated prior to admission). The inpatient setting provides a unique opportunity for patients at high risk of COVID-19 complications to receive one-on-one physician counseling and ready access to the vaccine. A tip sheet guide to approaching these conversations is [here](#) (UCSF specific) and [here](#) (CDC link).
- **If I order the vaccine and the following day when it is administered my patient is no longer stable, is there a safety mechanism to check on this and prevent the vaccination.**
 - Yes. Nursing will assess for clinical stability before administering and call the provider to discuss if there are concerns. The patient's nurse will notify the pharmacy and primary team by 0800 the day of planned administration if the patient is no longer appropriate for vaccination, or if concerns arise at the time of administration.
- **My patient is discharging today. Can I write for the vaccine x 1 now in case there are additional doses?**
 - Yes, as long as the order is entered prior to 0830. If ordered after 0830, the order will be automatically retimed by pharmacy for the 11 am the next day.
- **How do I assist my patient in receiving subsequent vaccine doses after 1st dose is administered in the hospital?**
 - To assist patients for 2nd dose, patients will be provided this [document](#) on discharge with resources to assist them in scheduling their next dose. This document can also be added to the after visit summary on the discharge paperwork using the dot phrase: **.COVIDVACCINEAVSSECONDOSEREMINDER** as an additional resource and to facilitate communication with patients and other providers. This phrase will be automatically pulled in the patient's preferred language on file for *English, Spanish, Russian and Chinese*.
- **Has this workflow been rolled out to the ED and LPPI?**
 - There are alternate workflows for LPPI and ED. The ED at Parnassus is able to order either Janssen or Pfizer for boarders or patients being discharged. The Mission Bay ED is live with Pfizer administration. Oakland is not offering vaccine through the ED at this time. LPPI has a workflow to order and administer Janssen vaccine for their patients.