


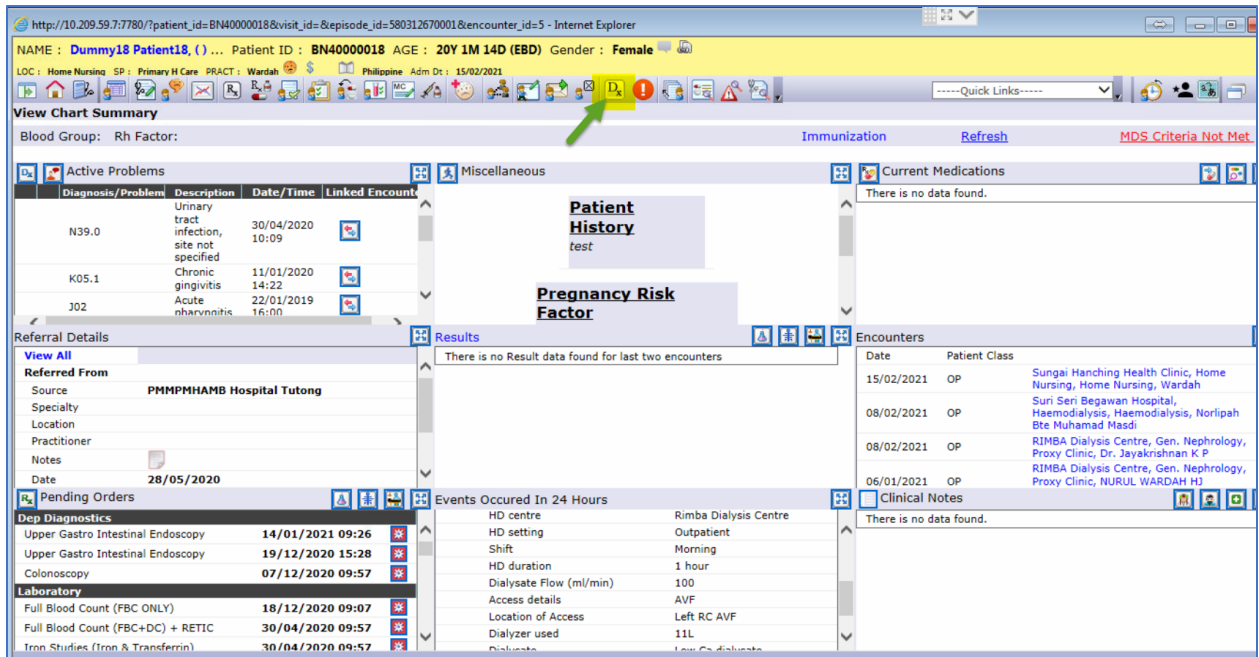
AEFI REPORTING FORM QUICKGUIDE

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A. HOW TO RECORD AEFI REPORTING FORM

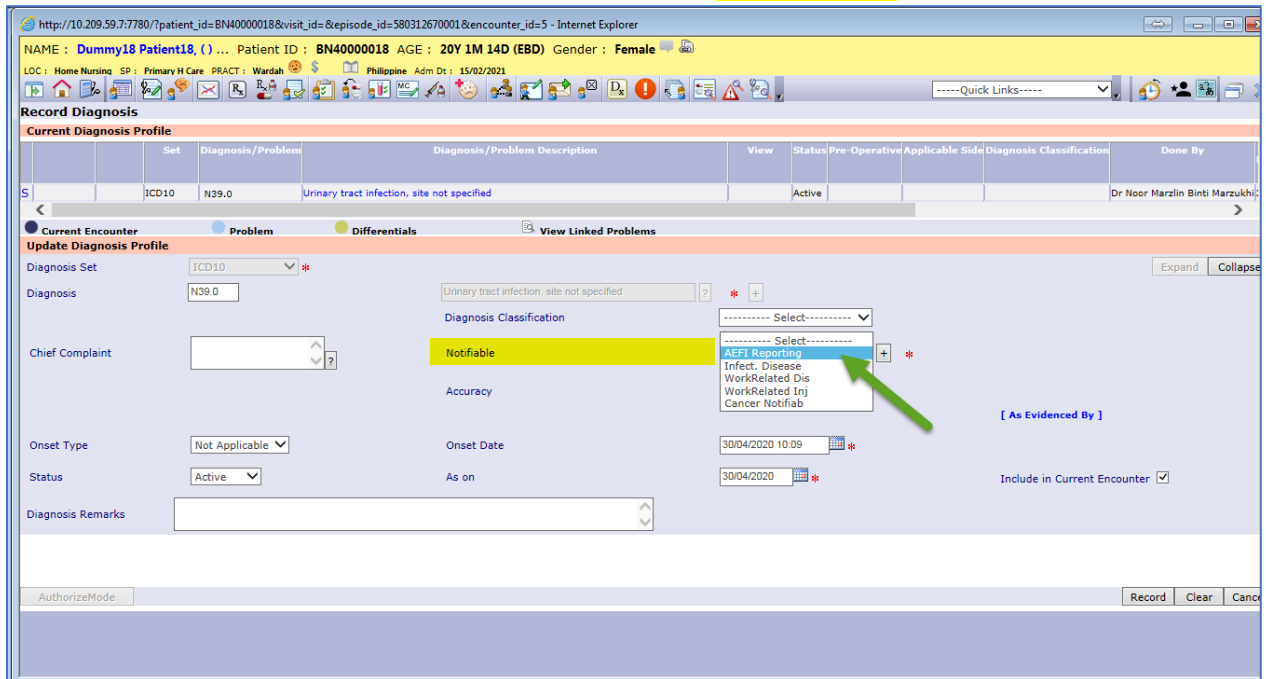
1. Open Patient Chart and go to 'Record Diagnosis'  function.



The screenshot shows a patient chart for 'Dummy18 Patient18'. The 'Record Diagnosis' button (labeled 'Dx') is highlighted with a green arrow. The interface includes sections for Active Problems, Referral Details, Pending Orders, and Events Occurred In 24 Hours.

Diagnosis/Problem	Description	Date/Time	Linked Encounter
N39.0	Urinary tract infection, site not specified	30/04/2020 10:09	
K05.1	Chronic gingivitis	11/01/2020 14:22	
J02	Acute rharynitis	22/01/2019 16:00	

2. Once ICD10 entered, go to 'Notifiable' field and select "AEFI Reporting".



The screenshot shows the 'Record Diagnosis' form. The 'Notifiable' dropdown menu is open, and 'AEFI Reporting' is selected. The form includes fields for Diagnosis Set, Diagnosis, Chief Complaint, Onset Type, Status, and Onset Date.

Set	Diagnosis/Problem	Diagnosis/Problem Description	View	Status	Pre-Operative	Applicable Side	Diagnosis Classification	Done By
ICD10	N39.0	Urinary tract infection, site not specified		Active				Dr Noor Marzlin Binti Marzuki

3. Then click on  icon, the “**AEFI Reporting Form**” notifiable form will appear.

NAME : Dummy18 Patient18, () ... Patient ID : BN4000018 AGE : 20Y 1M 14D (EBD) Gender : Female

LOC : Home Nursing SP : Primary H Care PRACT : Wardah Philippines Adm Dt : 15/02/2021

Record Diagnosis

Current Diagnosis Profile

Set	Diagnosis/Problem	Diagnosis/Problem Description	View	Status/Pre-Operative	Applicable	Side	Diagnosis Classification	Done By
S	ICD10 N39.0	Urinary tract infection, site not specified		Active				Dr Noor Marzlin Binti Marzuki

Current Encounter Problem Differentials View Linked Problems

Update Diagnosis Profile

Diagnosis Set: ICD10 *
 Diagnosis: N39.0 *
 Urinary tract infection, site not specified *
 Diagnosis Classification: ----- Select -----
 Notifiable: **AEFI Reporting** * (highlighted with a green arrow)
 Accuracy: Certain *
 Chief Complaint:
 Onset Type: Not Applicable *
 Onset Date: 30/04/2020 10:09 *
 Status: Active *
 As on: 30/04/2020 *
 Include in Current Encounter:
 [As Evidenced By]
 Diagnose Remarks:
 Authorize Mode:
 Record Clear Cancel

Notifiable Form -- Webpage Dialog

Add Search

Filter By: Responsibility

Note Type: AEFI Reporting Form *
 Note Group: Notifiable Form
 Med/Anc Service: Home Nursing *
 Date/Time: 15/02/2021 21:59 *
 Performed By: Wardah *
 Note Title:
 Hide Header

Notes View

AEFI Reporting Form

Please report ALL adverse events following immunization. Do not hesitate to report if some details are not known. MANDATORY FIELDS are marked patient will be kept confidential.

(2) ADVERSE EVENT *

Serious: ----- Select ----- *

If yes (Please tick all that apply)

Death Life threatening Congenital abnormality Hospitalisation
 Medically significant Others Specify:
 > 3days Beyond nearest joint
 Seizures

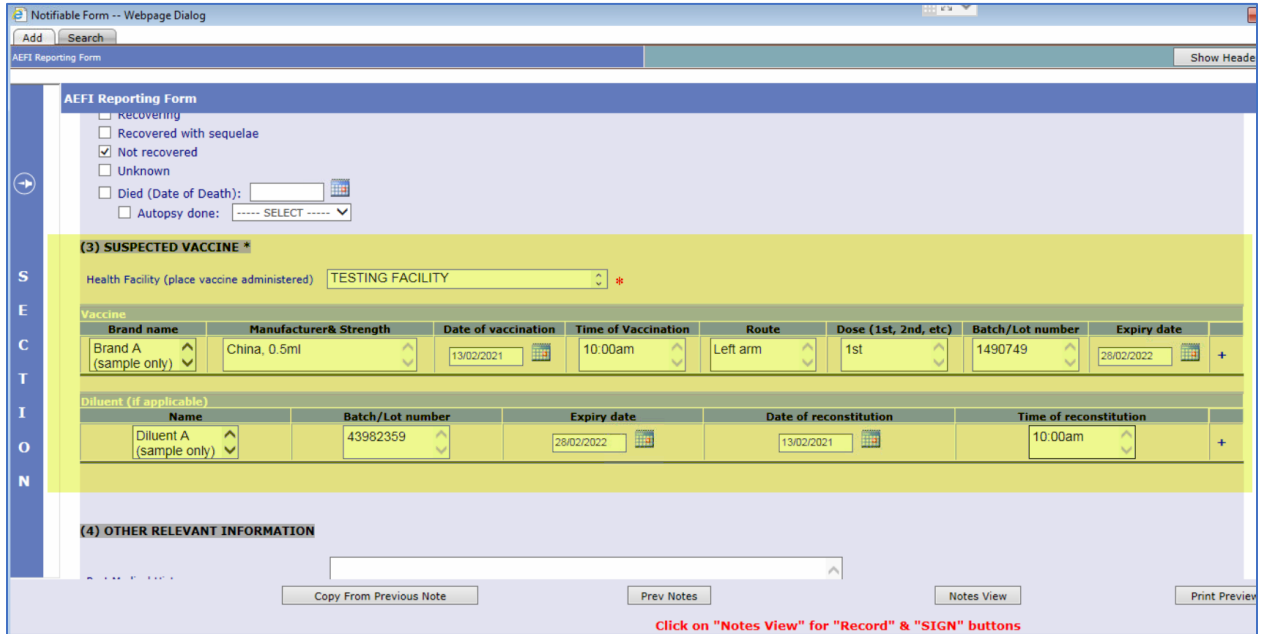
Adverse events *

Adverse event(s) (Please tick all that apply):
 Severe local reaction
 > 3days Beyond nearest joint
 Seizures

Copy From Previous Note Prev Notes Notes View Print Preview

Click on "Notes View" for "Record" & "SIGN" buttons

- Enter all Mandatory * information for the AEFI Reporting form. While, **under Section 3 (Suspected Vaccine)**, as of now all these details need to be entered manually (Example as below image). (*Note: Patient immunization details can be found under Medication Administration (MAR) details or Immunization details).



Notifiable Form -- Webpage Dialog

AEFI Reporting Form

AEFI Reporting Form

Recovering
 Recovered with sequelae
 Not recovered
 Unknown
 Died (Date of Death):
 Autopsy done:

(3) SUSPECTED VACCINE *

Health Facility (place vaccine administered) *

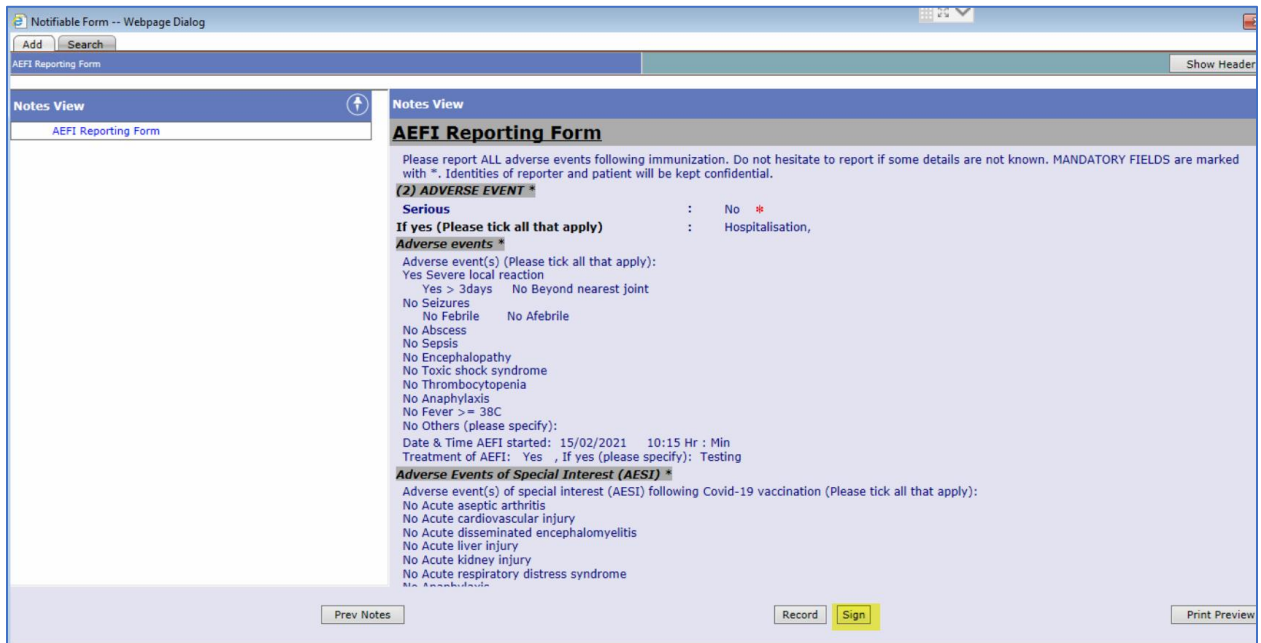
Brand name	Manufacturer & Strength	Date of vaccination	Time of Vaccination	Route	Dose (1st, 2nd, etc)	Batch/Lot number	Expiry date
Brand A (sample only)	China, 0.5ml	13/02/2021	10:00am	Left arm	1st	1490749	26/02/2022

Name	Batch/Lot number	Expiry date	Date of reconstitution	Time of reconstitution
Diluent A (sample only)	43982359	26/02/2022	13/02/2021	10:00am

(4) OTHER RELEVANT INFORMATION

Click on "Notes View" for "Record" & "SIGN" buttons

- Once all details entered, click 'Notes View' and then 'Sign'



Notifiable Form -- Webpage Dialog

AEFI Reporting Form

Notes View

AEFI Reporting Form

Please report ALL adverse events following immunization. Do not hesitate to report if some details are not known. MANDATORY FIELDS are marked with *.

(2) ADVERSE EVENT *

Serious : No *

If yes (Please tick all that apply) : Hospitalisation,

Adverse events *

Adverse event(s) (Please tick all that apply):

Yes Severe local reaction

Yes > 3days No Beyond nearest joint

No Seizures No Febrile No Afebrile

No Abscess No Sepsis

No Encephalopathy No Toxic shock syndrome

No Thrombocytopenia No Anaphylaxis

No Fever >= 38C No Others (please specify):

Date & Time AEFI started: 15/02/2021 10:15 Hr : Min

Treatment of AEFI: Yes , If yes (please specify): Testing

Adverse Events of Special Interest (AESI) *

Adverse event(s) of special interest (AESI) following Covid-19 vaccination (Please tick all that apply):

No Acute aseptic arthritis

No Acute cardiovascular injury

No Acute disseminated encephalomyelitis

No Acute liver injury

No Acute kidney injury

No Acute respiratory distress syndrome

Notifiable Form -- Webpage Dialog

Add Search

AEFI Reporting Form Show Header

Notes View

AEFI Reporting Form

AEFI Reporting Form

Please report ALL adverse events following immunization. Do not hesitate to report if some details are not known. MANDATORY FIELDS are marked with * . Identities of reporter and patient will be kept confidential.

(2) ADVERSE EVENT *

Serious : No *

If yes (Please tick all that apply) : Hospitalisation,

Adverse events *

Adverse event(s) (Please tick all that apply):

Yes Severe local reaction

Yes > 3days No Beyond nearest joint

No Seizures

No Febrile No

No Abscess

No Sepsis

No Encephalopathy

No Toxic shock syndr

No Thrombocytopenia

No Anaphylaxis

No Fever >= 38C

No Others (please spe

Date & Time AEFI sta

Treatment of AEFI: Yes , If yes (please specify): Testing

Adverse Events of Special Interest (AESI) *

Adverse event(s) of special interest (AESI) following Covid-19 vaccination (Please tick all that apply):

No Acute aseptic arthritis

No Acute cardiovascular injury

No Acute disseminated encephalomyelitis

No Acute liver injury

No Acute kidney injury

No Acute respiratory distress syndrome

Prev Notes Record Sign Print Preview

Message from webpage

APP-CA0277 Confirm Sign?

OK Cancel

Notifiable Form -- Webpage Dialog

Add Search

AEFI Reporting Form Show Header

Notes View

AEFI Reporting Form

AEFI Reporting Form

Please report ALL adverse events following immunization. Do not hesitate to report if some details are not known. MANDATORY FIELDS are marked with * . Identities of reporter and patient will be kept confidential.

(2) ADVERSE EVENT *

Serious : No *

If yes (Please tick all that apply) : Hospitalisation,

Adverse events *

Adverse event(s) (Please tick all that apply):

Yes Severe local reaction

Yes > 3days No Beyond nearest joint

No Seizures

No Febrile No

No Abscess

No Sepsis

No Encephalopathy

No Toxic sho

No Thrombo

No Anaphylat

No Fever >=

No Others (p

Date & Time

Treatment of AEFI: Yes , If yes (please specify): Testing

Adverse Events of Special Interest (AESI) *

Adverse event(s) of special interest (AESI) following Covid-19 vaccination (Please tick all that apply):

No Acute aseptic arthritis

No Acute cardiovascular injury

No Acute disseminated encephalomyelitis

No Acute liver injury

No Acute kidney injury

No Acute respiratory distress syndrome

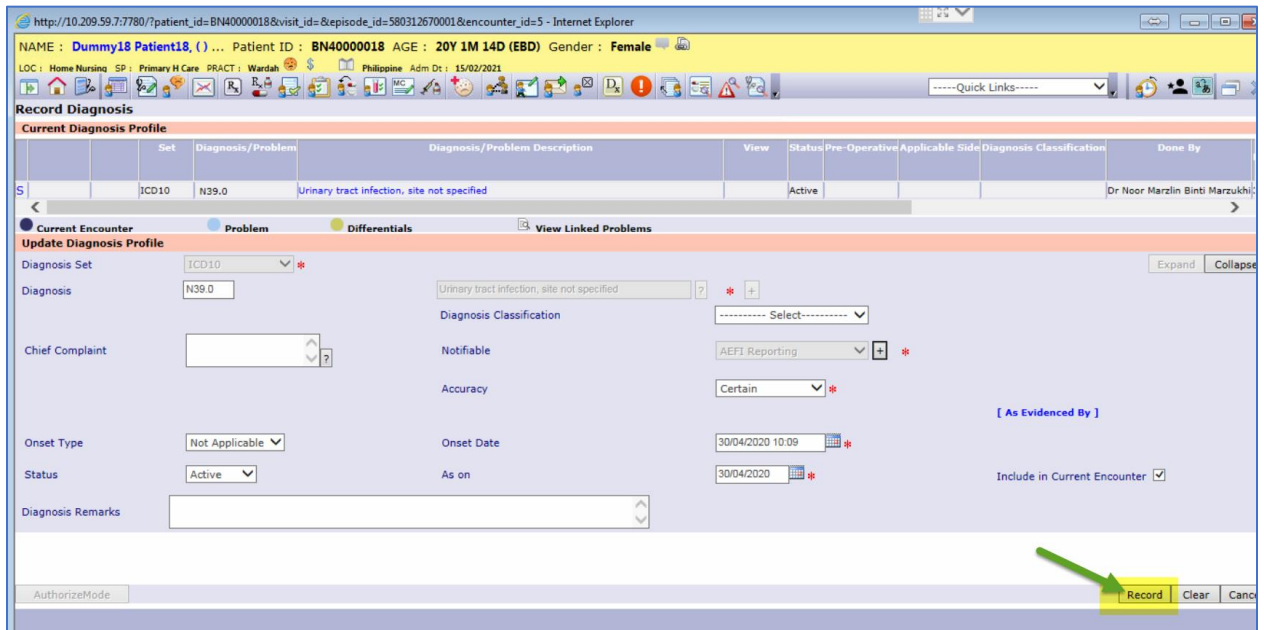
Prev Notes Sign Print Preview

Message from webpage

APP-CA0150 Operation Completed Successfully

OK

6. Once all complete, click 'Record' button.



http://10.209.59.7:7780/?patient_id=BN40000018&visit_id=&episode_id=580312670001&encounter_id=5 - Internet Explorer

NAME : **Dummy18 Patient18**, () ... Patient ID : **BN40000018** AGE : **20Y 1M 14D (EBD)** Gender : **Female**

LOC : Home Nursing SP : Primary H Care PRACT : Wardah Philippines Adm Dt : 15/02/2021

Record Diagnosis

Set	Diagnosis/Problem	Diagnosis/Problem Description	View	Status	Pre-Operative	Applicable Side	Diagnosis Classification	Done By
S	ICD10 N39.0	Urinary tract infection, site not specified		Active				Dr Noor Marzlin Binti Marzuki

Update Diagnosis Profile

Diagnosis Set: ICD10

Diagnosis: N39.0

Chief Complaint: [Empty]

Onset Type: Not Applicable

Status: Active

Diagnosis Classification: [Empty]

Notifiable: AEFI Reporting

Accuracy: Certain

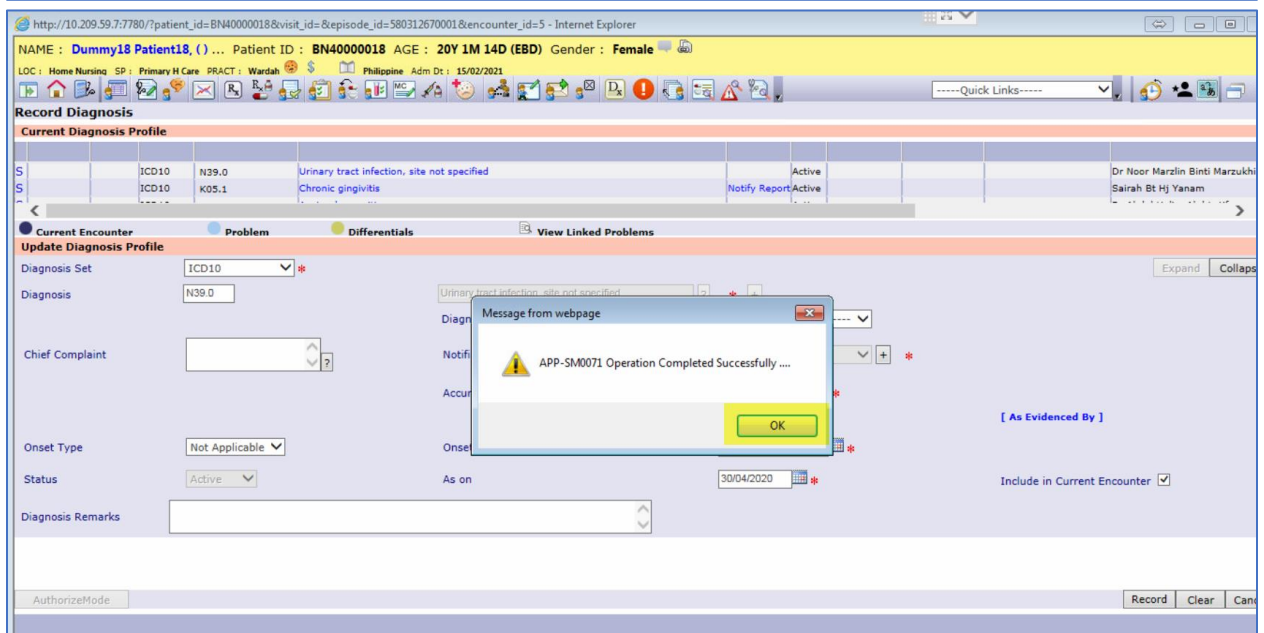
Onset Date: 30/04/2020 10:09

As on: 30/04/2020

Include in Current Encounter:

Diagnosis Remarks: [Empty]

Buttons: AuthorizeMode, Record, Clear, Cancel



http://10.209.59.7:7780/?patient_id=BN40000018&visit_id=&episode_id=580312670001&encounter_id=5 - Internet Explorer

NAME : **Dummy18 Patient18**, () ... Patient ID : **BN40000018** AGE : **20Y 1M 14D (EBD)** Gender : **Female**

LOC : Home Nursing SP : Primary H Care PRACT : Wardah Philippines Adm Dt : 15/02/2021

Record Diagnosis

Set	Diagnosis/Problem	Diagnosis/Problem Description	View	Status	Pre-Operative	Applicable Side	Diagnosis Classification	Done By
S	ICD10 N39.0	Urinary tract infection, site not specified		Active				Dr Noor Marzlin Binti Marzuki
S	ICD10 K05.1	Chronic gingivitis		Notify Report Active				Sairah BT HJ Yanam

Update Diagnosis Profile

Diagnosis Set: ICD10

Diagnosis: N39.0

Chief Complaint: [Empty]

Onset Type: Not Applicable

Status: Active

Diagnosis Classification: [Empty]

Notifiable: AEFI Reporting

Accuracy: Certain

Onset Date: 30/04/2020 10:09

As on: 30/04/2020

Include in Current Encounter:

Diagnosis Remarks: [Empty]

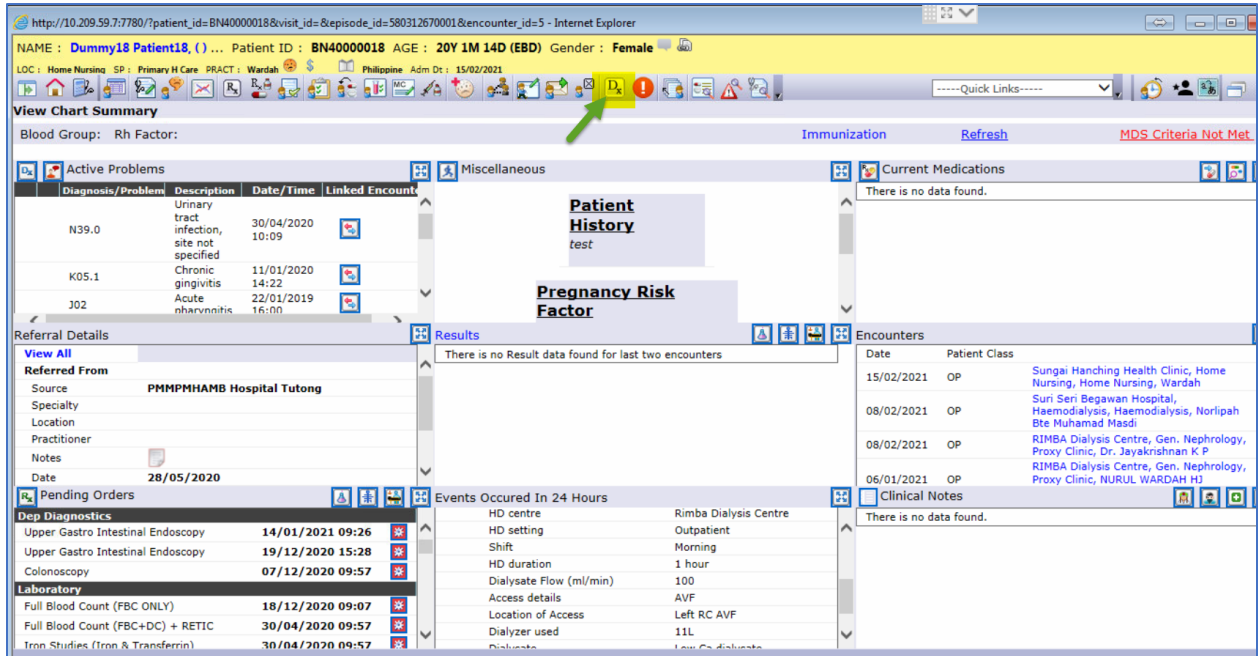
Buttons: AuthorizeMode, Record, Clear, Cancel

Message from webpage: APP-SM0071 Operation Completed Successfully ...

7. The "AEFI Reporting" notifiable form will be email automatically and received by the respective recipient group.

B. HOW TO MODIFY ON PREVIOUS RECORDED AEFI

1. Open Patient Chart and go to 'Record Diagnosis'  function.

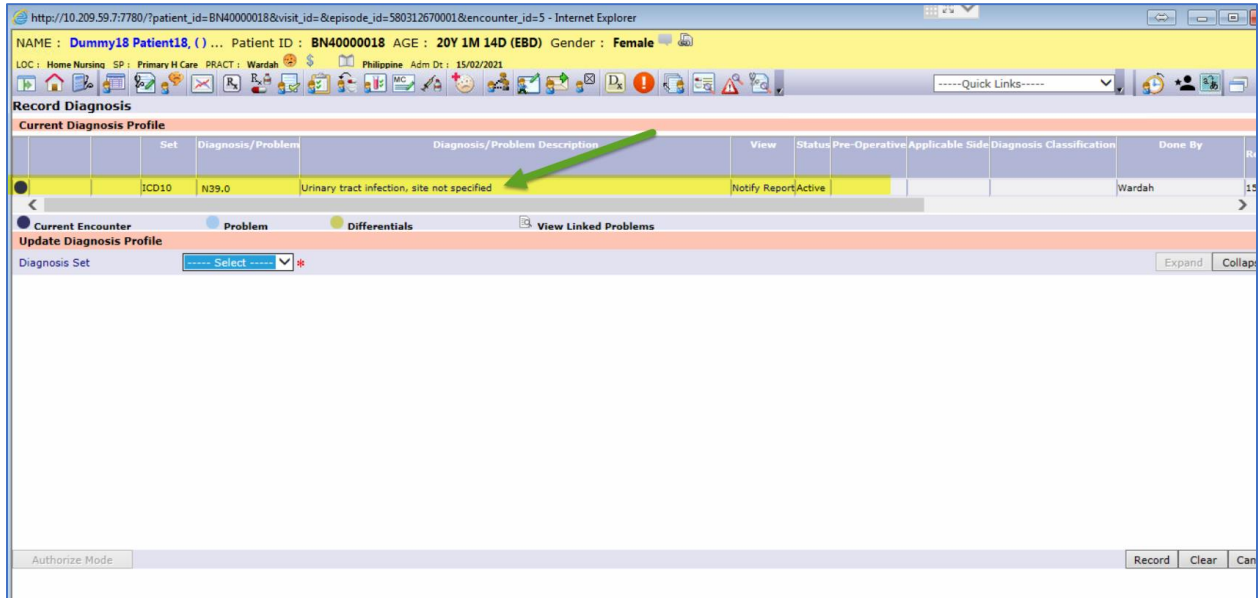


The screenshot shows the 'View Chart Summary' page for a patient named 'Dummy18 Patient18'. The patient's details include Patient ID: BN40000018, AGE: 20Y 1M 14D (EBD), and Gender: Female. The 'Active Problems' table is visible:

Diagnosis/Problem	Description	Date/Time	Linked Encounter
N39.0	Urinary tract infection, site not specified	30/04/2020 10:09	
K05.1	Chronic gingivitis	11/01/2020 14:22	
J02	Acute rharynitis	22/01/2019 16:00	

The 'Referral Details' section shows the patient was referred from PMMPMHAMB Hospital Tutong on 28/05/2020. The 'Dep Diagnostics' section lists procedures like Upper Gastro Intestinal Endoscopy and Colonoscopy. The 'Laboratory' section lists tests like Full Blood Count (FBC ONLY) and Iron Studies.


2. Select previous ICD10 entered along with the Notify report.

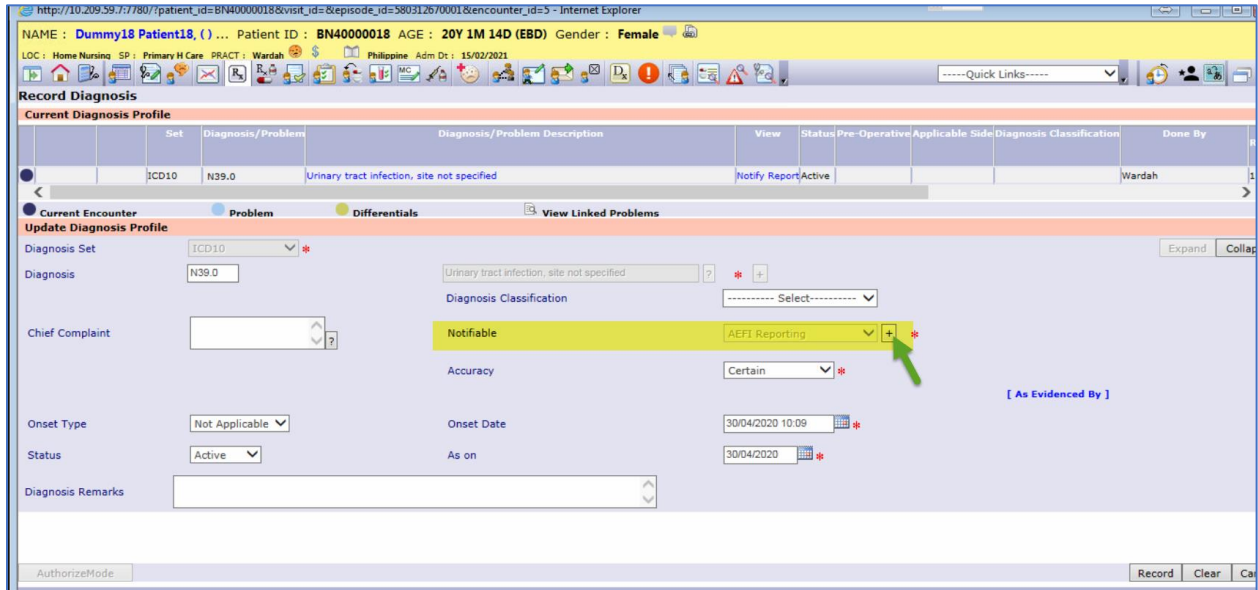


The screenshot shows the 'Record Diagnosis' page. The 'Current Diagnosis Profile' table is highlighted:

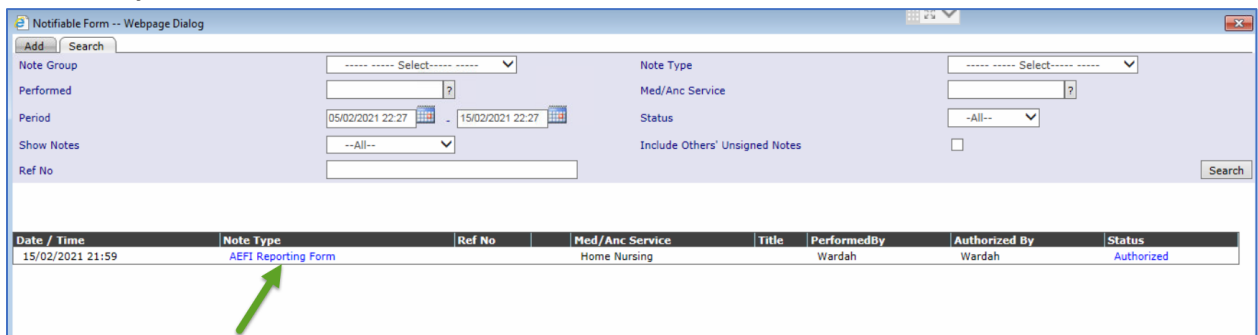
Set	Diagnosis/Problem	Diagnosis/Problem Description	View	Status	Pre-Operative	Applicable	Side	Diagnosis Classification	Done By
ICD10	N39.0	Urinary tract infection, site not specified		Notify Report	Active				Wardah

Below the table, there are tabs for 'Current Encounter', 'Problem', and 'Differentials'. The 'Update Diagnosis Profile' section has a 'Diagnosis Set' dropdown menu. At the bottom right, there are 'Record', 'Clear', and 'Cancel' buttons.

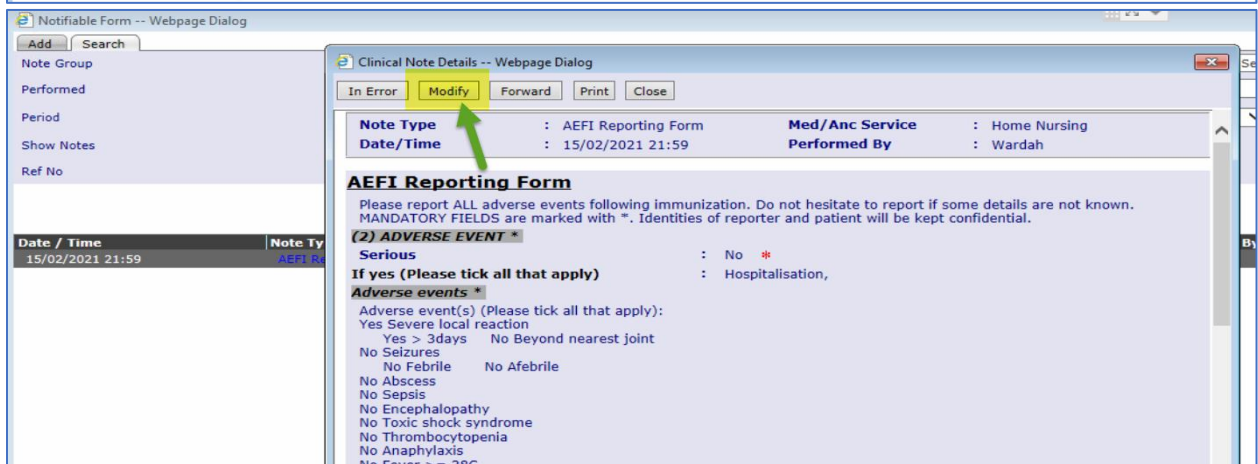
3. Once ICD10 selected, full details of Diagnosis profile will appear. Click on  icon, the “**AEFI Reporting Form**” notifiable form will appear.



4. You can see the previous AEFI form recorded. Click on the AEFI Reporting form notes and click ‘**Modify**’ button.



Date / Time	Note Type	Ref No	Med/Anc Service	Title	PerformedBy	Authorized By	Status
15/02/2021 21:59	AEFI Reporting Form		Home Nursing		Wardah	Wardah	Authorized



AEFI Reporting Form

Please report ALL adverse events following immunization. Do not hesitate to report if some details are not known. MANDATORY FIELDS are marked with *. Identities of reporter and patient will be kept confidential.

(2) ADVERSE EVENT *

Serious : No *

If yes (Please tick all that apply) : Hospitalisation,

Adverse events *

Adverse event(s) (Please tick all that apply):

Yes Severe local reaction

Yes > 3days No Beyond nearest joint

No Seizures No Febrile No Afebrile

No Abscess

No Sepsis

No Encephalopathy

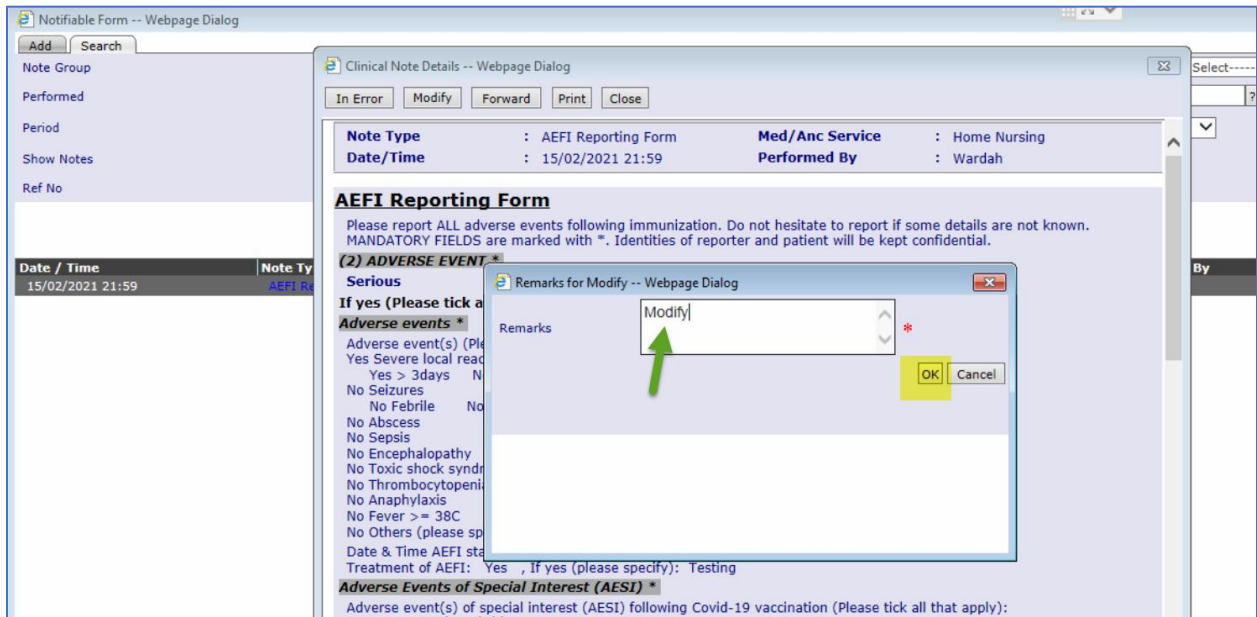
No Toxic shock syndrome

No Thrombocytopenia

No Anaphylaxis

No Fever >= 38C

5. To proceed, **Remarks** section is mandatory field. Then click **'OK'** button.



Notifiable Form -- Webpage Dialog

Add Search

Note Group

Performed

Period

Show Notes

Ref No

Date / Time 15/02/2021 21:59 Note Ty AEFI R

Clinical Note Details -- Webpage Dialog

In Error Modify Forward Print Close

Note Type : AEFI Reporting Form Med/Anc Service : Home Nursing
Date/Time : 15/02/2021 21:59 Performed By : Wardah

AEFI Reporting Form

Please report ALL adverse events following immunization. Do not hesitate to report if some details are not known. MANDATORY FIELDS are marked with *. Identities of reporter and patient will be kept confidential.

(2) ADVERSE EVENT *

Serious

If yes (Please tick all that apply)

Adverse event(s) (Please tick all that apply)

Yes Severe local reaction

Yes > 3days No Beyond nearest joint

No Seizures

No Febrile No Afebrile

No Abscess

No Sepsis

No Encephalopathy

No Toxic shock syndrome

No Thrombocytopenia

No Anaphylaxis

No Fever >= 38C

No Others (please specify)

Date & Time AEFI started

Treatment of AEFI: Yes, If yes (please specify): Testing

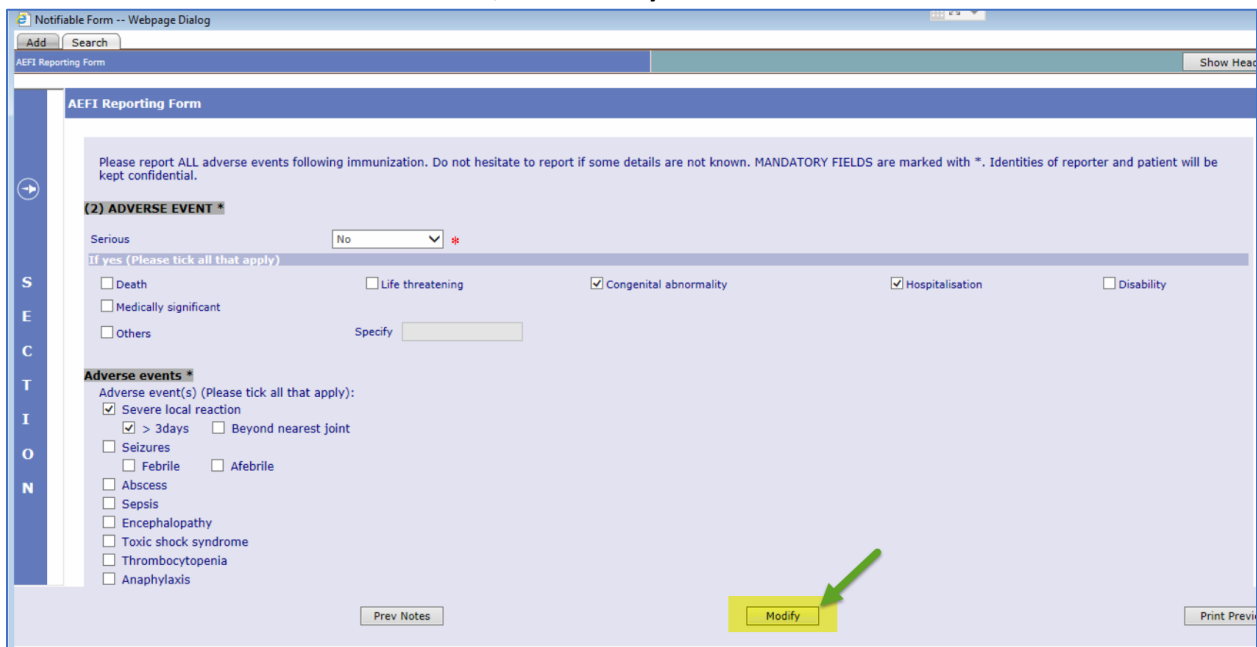
Adverse Events of Special Interest (AESI) *

Adverse event(s) of special interest (AESI) following Covid-19 vaccination (Please tick all that apply):

Remarks Modify

OK Cancel

6. Once all modification has been made, click **'Modify'** button.



Notifiable Form -- Webpage Dialog

Add Search

AEFI Reporting Form Show Head

AEFI Reporting Form

Please report ALL adverse events following immunization. Do not hesitate to report if some details are not known. MANDATORY FIELDS are marked with *. Identities of reporter and patient will be kept confidential.

(2) ADVERSE EVENT *

Serious No *

If yes (Please tick all that apply)

Death Life threatening Congenital abnormality Hospitalisation Disability

Medically significant

Others Specify

Adverse events *

Adverse event(s) (Please tick all that apply):

Severe local reaction

> 3days Beyond nearest joint

Seizures

Febrile Afebrile

Abscess

Sepsis

Encephalopathy

Toxic shock syndrome

Thrombocytopenia

Anaphylaxis

SECTIO N

Prev Notes Modify Print Prev

Notifiable Form -- Webpage Dialog

Add Search

AEFI Reporting Form Show Header

AEFI Reporting Form

Please report ALL adverse events following immunization. Do not hesitate to report if some details are not known. MANDATORY FIELDS are marked with *. Identities of reporter and patient will be kept confidential.

(2) ADVERSE EVENT *

Serious *

If yes (Please tick all that apply)

Death Life threatening Congenital abnormality Hospitalisation Disability

Medically significant Others Specify

Adverse events *

Adverse event(s) (Please tick all that apply):

Severe local reaction

> 3days Beyond nearest joint

Seizures Febrile Afebrile

Abscess Sepsis Encephalopathy Toxic shock syndrome Thrombocytopenia Anaphylaxis

Prev Notes Modify Print Prev

Message from webpage

APP-CA0281 Confirm Modify?

OK Cancel

Notifiable Form -- Webpage Dialog

Add Search

AEFI Reporting Form Show Header

AEFI Reporting Form

Please report ALL adverse events following immunization. Do not hesitate to report if some details are not known. MANDATORY FIELDS are marked with *. Identities of reporter and patient will be kept confidential.

(2) ADVERSE EVENT *

Serious *

If yes (Please tick all that apply)

Death Life threatening Congenital abnormality Hospitalisation Disability

Medically significant Others Specify

Adverse events *

Adverse event(s) (Please tick all that apply):

Severe local reaction

> 3days Beyond nearest joint

Seizures Febrile Afebrile

Abscess Sepsis Encephalopathy Toxic shock syndrome Thrombocytopenia Anaphylaxis

Prev Notes Modify Print Preview

Message from webpage

APP-CA0150 Operation Completed Successfully

OK

7. Once all complete, click 'Record' button.

Record Diagnosis

Set	Diagnosis/Problem	Diagnosis/Problem Description	View	Status	Pre-Operative	Applicable Side	Diagnosis Classification	Done By
S	ICD10 N39.0	Urinary tract infection, site not specified		Active				Dr Noor Marzlin Binti Marzuki

Update Diagnosis Profile

Diagnosis Set: ICD10

Diagnosis: N39.0

Chief Complaint: [Empty]

Onset Type: Not Applicable

Status: Active

Diagnosis Remarks: [Empty]

Diagnosis Classification: [Select]

Notifiable: AEFI Reporting

Accuracy: Certain

Onset Date: 30/04/2020 10:09

As on: 30/04/2020

Include in Current Encounter:

Buttons: AuthorizeMode, Record, Clear, Cancel

Record Diagnosis

Set	Diagnosis/Problem	Diagnosis/Problem Description	View	Status	Pre-Operative	Applicable Side	Diagnosis Classification	Done By
S	ICD10 N39.0	Urinary tract infection, site not specified		Active				Dr Noor Marzlin Binti Marzuki
S	ICD10 K05.1	Chronic gingivitis		Notify Report Active				Sairah Bt Hj Yanam

Update Diagnosis Profile

Diagnosis Set: ICD10

Diagnosis: N39.0

Chief Complaint: [Empty]

Onset Type: Not Applicable

Status: Active

Diagnosis Remarks: [Empty]

Diagnosis Classification: [Select]

Notifiable: AEFI Reporting

Accuracy: Certain

Onset Date: 30/04/2020 10:09


As on: 30/04/2020

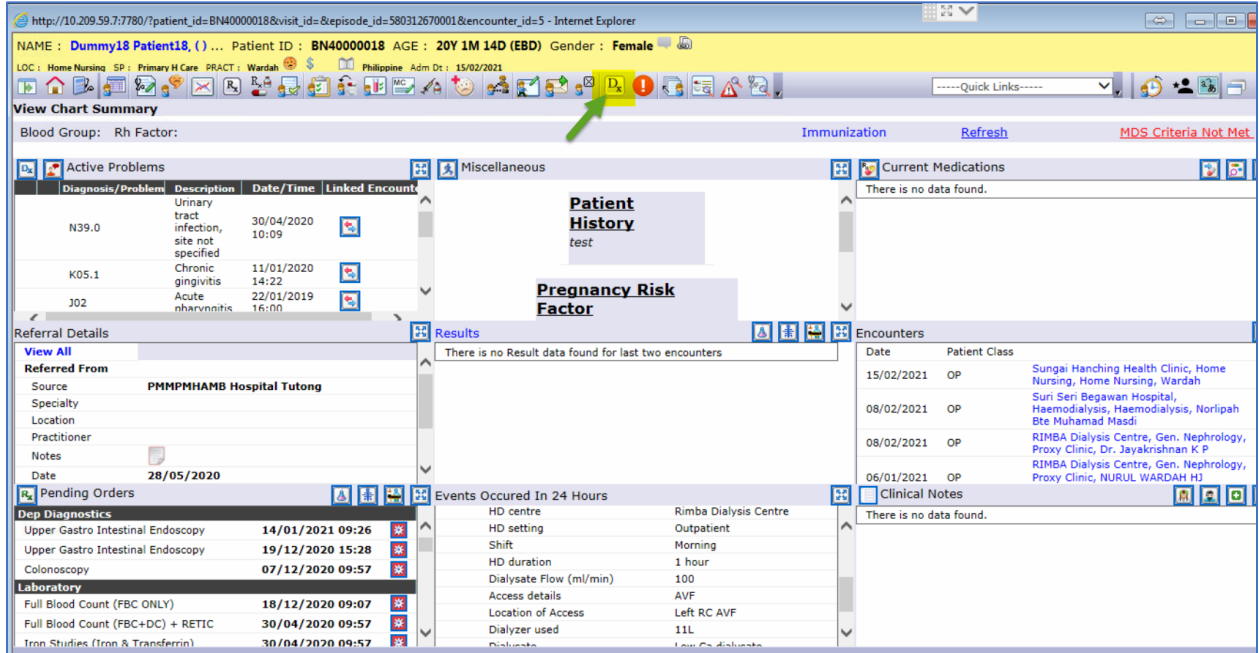
Include in Current Encounter:

Buttons: AuthorizeMode, Record, Clear, Cancel

Message from webpage: APP-SM0071 Operation Completed Successfully ...

C. HOW TO MARK ERROR ON PREVIOUS RECORDED AEFI

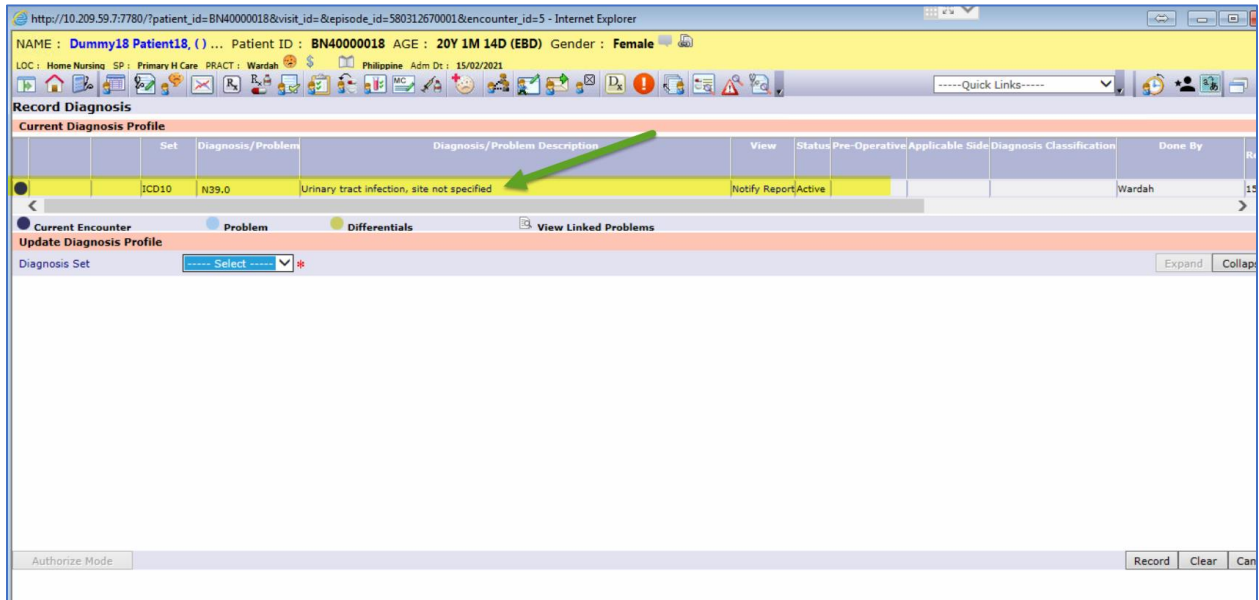
1. Open Patient Chart and go to 'Record Diagnosis'  function.



The screenshot shows the patient chart for 'Dummy18 Patient18'. The 'Record Diagnosis' button (Dx icon) is highlighted with a green arrow. The interface includes sections for Active Problems, Referral Details, Pending Orders, and Events Occurred In 24 Hours.

Diagnosis/Problem	Description	Date/Time	Linked Encounter
N39.0	Urinary tract infection, site not specified	30/04/2020 10:09	
K05.1	Chronic gingivitis	11/01/2020 14:22	
J02	Acute rhinorrhea	22/01/2019 16:00	


2. Select previous ICD10 entered along with the Notify report.

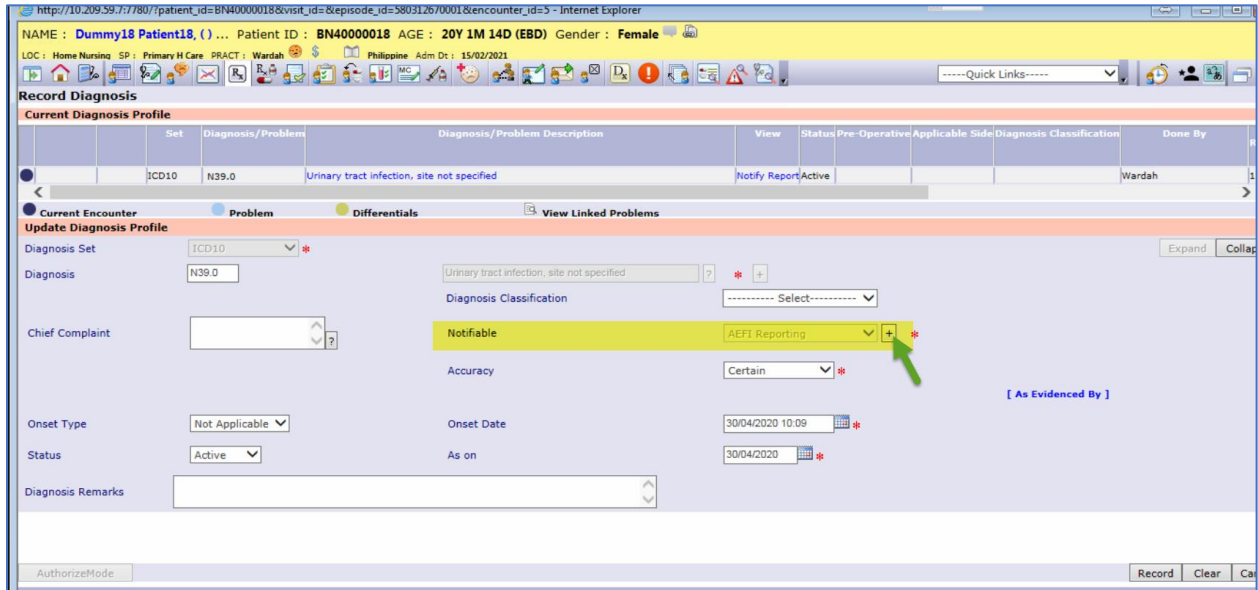


The screenshot shows the 'Record Diagnosis' form. The 'Current Diagnosis Profile' table has the following data:

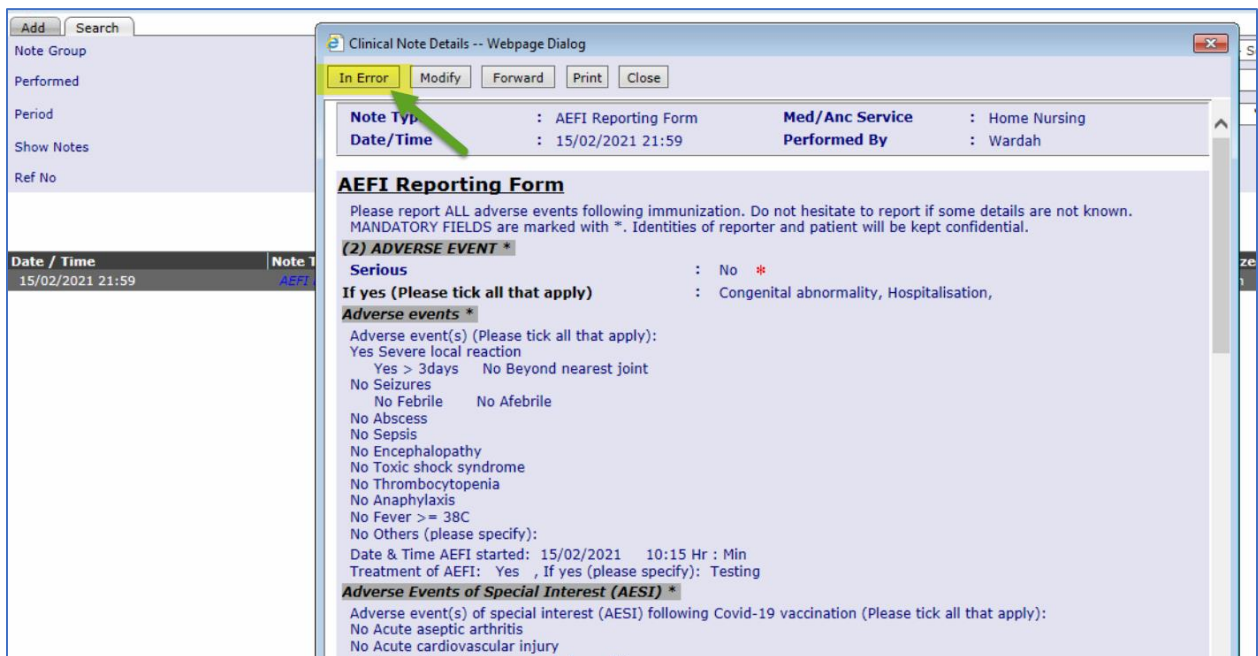
Set	Diagnosis/Problem	Diagnosis/Problem Description	View	Status	Pre-Operative	Applicable	Side	Diagnosis Classification	Done By
<input checked="" type="radio"/>	ICD10	N39.0	Urinary tract infection, site not specified		Notify Report	Active			Wardah

The 'Notify Report' checkbox is checked, and a green arrow points to the 'Urinary tract infection, site not specified' description.

- Once ICD10 selected, full details of Diagnosis profile will appear. Click on  icon, the “**AEFI Reporting Form**” notifiable form will appear.



- You can see the previous AEFI form recorded. Click on the AEFI Reporting form notes and click ‘**In Error**’ button.



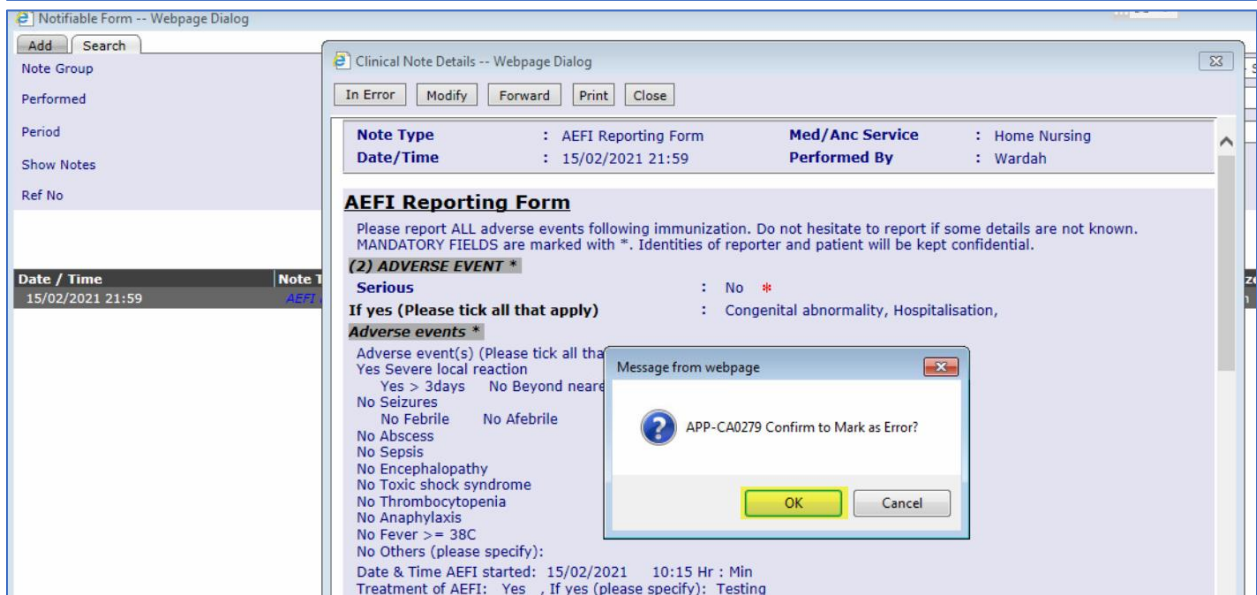
5. To proceed, **Remarks** section is mandatory field. Then click 'OK' button.



The screenshot shows the 'Clinical Note Details' form with the following information:

- Note Type**: AEFI Reporting Form
- Med/Anc Service**: Home Nursing
- Date/Time**: 15/02/2021 21:59
- Performed By**: Wardah

The form is titled 'AEFI Reporting Form' and includes instructions: "Please report ALL adverse events following immunization. Do not hesitate to report if some details are not known. MANDATORY FIELDS are marked with *." It lists various adverse events with checkboxes, such as "Yes Severe local reaction", "No Seizures", "No Abscess", etc. A dialog box titled 'Mark as Error -- Webpage Dialog' is open, showing a 'Remarks' field with the text 'Error' and an asterisk, and 'OK' and 'Cancel' buttons. A green arrow points to the 'Error' text in the dialog box.



The screenshot shows the 'Clinical Note Details' form with the following information:

- Note Type**: AEFI Reporting Form
- Med/Anc Service**: Home Nursing
- Date/Time**: 15/02/2021 21:59
- Performed By**: Wardah

The form is titled 'AEFI Reporting Form' and includes instructions: "Please report ALL adverse events following immunization. Do not hesitate to report if some details are not known. MANDATORY FIELDS are marked with *." It lists various adverse events with checkboxes, such as "Yes Severe local reaction", "No Seizures", "No Abscess", etc. A dialog box titled 'Message from webpage' is open, showing a question mark icon and the text "APP-CA0279 Confirm to Mark as Error?" with 'OK' and 'Cancel' buttons.

Notifiable Form -- Webpage Dialog

Add Search

Note Group

Performed

Period

Show Notes

Ref No

Date / Time | **Note**

15/02/2021 21:59	AEFI
------------------	------

Clinical Note Details -- Webpage Dialog

In Error Modify Forward Print Close

Message from webpage

APP-CA0150 Operation Completed Successfully

OK

Notifiable Form -- Webpage Dialog

Add Search

Note Group: ----- Select -----

Performed: [?]

Period: 05/02/2021 22:40 - 15/02/2021 22:40

Show Notes: --All--

Ref No: []

Note Type: ----- Select -----

Med/Anc Service: [?]

Status: -All--

Include Others' Unsigned Notes:

Search

Date / Time	Note Type	Ref No	Med/Anc Service	Title	PerformedBy	Authorized By	Status
15/02/2021 21:59	AEFI Reporting Form						In Error ?