



Regional Order Set

**Inpatient COVID-19 Vaccine Orders
(ages 5 and up)**

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Last Name: _____			
First Name (Preferred Name): _____			
Encounter number: _____	NH Number: _____	Chart Created: Y/N	
Date of Birth: _____	Gender: _____	Age: _____	Encounter Type: _____
Responsibility for Payment: _____		PHN: _____	
Primary Care Physician/Attending Physician: _____			
PATIENT LABEL			

COVID-19 IMMUNIZATION HISTORY (to be completed by nurse, immunizer, pharmacist, or physician, as able)

Has patient previously tested positive for COVID-19? no/unknown yes, date: _____

– if patient actively infected, postpone initiation of COVID-19 vaccines until clinically recovered and isolation complete

Has patient received any doses of COVID-19 vaccine?

no/unknown yes: per verbal history per documentation

Moderna (Spikevax) Date(s) dose 1: _____ dose 2: _____ dose 3: _____

Pfizer BioNTech (Comirnaty) Date(s) dose 1: _____ dose 2: _____ dose 3: _____

other: _____ Date(s) dose 1: _____ dose 2: _____

If this is the second dose, did the patient have any side effects after the first dose?

no yes; provide details: _____

Patient refused because: _____

Completed by: _____ Date: _____

1. MEDICATIONS *COVID-19 vaccines may be given concurrently with other vaccines

- refer to **10-800-5013 Long Term Care Adult COVID-19 Vaccine Orders** for those patients awaiting placement (ALC-P)

Select most appropriate option(s):

if eligible, please provide patient with adult COVID vaccine per availability

client consents for self

mature minor consent

consent is obtained from a substitute decision maker (SDM)

SDM first name: _____ SDM last name: _____

if eligible, please provide patient with pediatric (under 12) COVID vaccine per availability

parental consent obtained

parent first name: _____ parent last name: _____

mature minor consent

do not provide COVID immunization at this time

prescriber recommendation for medical reasons

patient declined

Special instructions:

Prescriber signature: _____ **College ID:** _____ **Date:** _____ **Time:** _____

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