

Dispense Assist Data Collection Guide

This guide is to aid dispensers operating a clinic using Dispense Assist in collecting records of who came through and what they were given. Before a flu clinic or dispensing operation begins, you can enter the information about the medication you will be dispensing into the Pharm Codes section on the front page of the Dispense Assist website.

VOUCHERS FOR:

- [Anthrax](#)
- [Influenza](#)
- [Plague](#)
- [Tularemia](#)

For Dispensers:

- [Pharm Vaccine Codes](#)
- [Pharm Pill Codes](#)

Additional Languages:

- [Español](#)

Pharmaceutical Vaccine Voucher Input Screen

Vaccine Bar Codes Entry

Vaccine Type:	<input type="text" value="Fluarix"/>
Clinic Site:	<input type="text" value="Northeast Office"/>
Administrator:	<input type="text" value="John Doe"/>
Manufacturer:	<input type="text" value="Glaxo Smith Kline"/>
Lot #:	<input type="text" value="123456"/>
Expiration Date:	<input type="text" value="10/10/2016"/> MM/DD/YYYY

Once the information is entered, hit the Next button to generate a list of QR codes that can be scanned to capture which medication the client is given and how it is administered.

A single QR code is generated for pills, while Vaccine generates six QR codes to cover different methods of delivery.

An example Influenza of the vaccine Pharm Codes page can be seen here:

Pharmaceutical Bar Codes for Fluarix Vaccine

Left Upper Extremity

Clinic Site: Northeast Office
Vaccine Administrator: John Doe
Vaccine Manufacturer: Glaxo Smith Kline
Vaccine Lot #: 123456
Current Date: 09/24/2015
Expire Date: 10/10/2016



Right Upper Extremity

Clinic Site: Northeast Office
Vaccine Administrator: John Doe
Vaccine Manufacturer: Glaxo Smith Kline
Vaccine Lot #: 123456
Current Date: 09/24/2015
Expire Date: 10/10/2016



Nasal


Clinic Site: Northeast Office
Vaccine Administrator: John Doe
Vaccine Manufacturer: Glaxo Smith Kline
Vaccine Lot #: 123456
Current Date: 09/24/2015
Expire Date: 10/10/2016



Next, navigate to <https://www.dispenseassist.net/downloads.html> and download the Dispense Assist Data Collection Spreadsheet of your choice (Pill or Vaccine) found near the bottom of the page. These spreadsheets will allow you to scan QR codes directly into Excel and sort the strings from the QR codes into labeled columns.

To use the spreadsheet, open it up and select cell A4 to begin scanning.

First scan the QR code located at the bottom of the client's completed Dispense Assist voucher.

	This voucher permits the individual named below to receive influenza vaccine.		<input type="button" value="Print"/>
	BRING THIS VOUCHER WITH YOU		
	Dispense Assist		
	Seasonal Influenza Vaccine Voucher		

Vaccine: Seasonal Influenza

Demographic Information

First Name:	John	Telephone:	(515) 123-4567
Last Name:	Wayne	DOB:	5/26/1907
Address:	123 Main St	Age:	108
Address2:	Apt #5	Sex:	Male
City, St Zip:	Winterset, IA 50273		

Health History Information

- | | |
|---|----|
| 1. Has this person had a serious reaction to the flu vaccine in the past? | No |
| 2. Does this person have an allergy to eggs or egg products? | No |
| 3. Has this person ever had Guillain-Barre Syndrome (GBS)? | No |
| 4. Is this person allergic to Thimerosal or mercury products? | No |
| 5. Does this person have a serious medical condition? | No |
| 6. Is this person Immunocompromised? | No |
| 7. Has this person had a vaccine in the past four weeks? | No |
| 8. Is this person pregnant? | No |
| 9. Is this person in contact with individuals with a severely weakened immune system? | No |

I, the undersigned, certify that all of the above information is correct to the best of my knowledge. I hereby authorize the recipient of this document to share this information with public health entities at the local, state and federal level for purposes of ensuring medication efficacy and safety. I have been offered a copy of Notice of Information Practices.

Client Signature: _____ Date Signed: _____

Clinician Use Only:

Vaccine Provided: ☐ IM ☐ Nasal ☐ ID

Place Lot # Sticker Here

Location: (R) (L) (Deltoid) (VL)



Clinic Site: _____

Vaccinator's Signature: _____ Date: _____

Fact sheet: Vaccine Information Statements

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Next, scan the QR code of the medication that was administered to the client from the Pharm Codes sheet above, and then hit Enter to move to the next row for the next client. You do not need to click into different cells within the spreadsheet while scanning.

Once several vouchers have been scanned the spreadsheet will look something like this:

Dispense Assist Vaccine Data Collection																													
Separate Values														Clear Form															
Scan Vouchers		Agent	Last Name	First Name	Address	Address 2	City	State	ZIP	Phone Number	BirthDate	Gender	Serious Reaction	Allergy to Egg Products	Ever Had GBS	Allergic to Mercury Products	Have Serious Med Condition	Immunocompromised	Vaccine in Past 4 Weeks	Pregnant	Contact with Weak Immune Systems	Location	Vaccine	ClinicSite	Vaccine Administrator	Vaccine Manufacturer	Vaccine Lot #	Current Date	Expire Date
Influenza	Conyers	Andrew	11770 S Shannan st	Olathe	KS	66062	(913) 832-6858	10/10/1987	M	N	N	N	N	N	N	N	N	N	N	N	N	Left Upper Extremity	Fluarix	Northeast Office	John Doe	Glaxo Smith Kline	123456	09/24/2015	10/10/2016
Influenza	Clinton	Hillary	1600 Pennsylvania Ave	Washington	DC	20500	(202) 456-1111	10/26/1947	F	N	N	N	N	N	N	N	N	N	N	N	N	Nasal	Fluarix	Northeast Office	John Doe	Glaxo Smith Kline	123456	09/24/2015	10/10/2016
Influenza	Wayne	John	123 Main St	Apt #5	Winterset	IA	50273	(515) 123-4567	5/26/1907	M	N	N	N	N	N	N	N	N	N	N	N	Intradermal	Fluarix	Northeast Office	John Doe	Glaxo Smith Kline	123456	09/24/2015	10/10/2016

When you are done scanning you can press the Separate Values button shown in the image above. This will sort the QR strings into columns for you giving a result like the one shown below.

Dispense Assist Vaccine Data Collection																										
Separate Values																										
Scan Vouchers	Agent	Last Name	First Name	Address	Address 2	City	State	ZIP	Phone Number	BirthDate	Gender	Serious Reaction	Allergy to Egg Products	Ever Had GBS	Allergic to Mercury Products	Have Serious Med Condition	Immunocompromised	Vaccine in Past 4 Weeks	Pregnant	Contact with Weak Immune Systems	Location	Vaccine	Clinic Site			
Data Entered	Influenza	Conyers	Andrew	11770 S Shannan st		Olathe	KS	66062	(913) 832-6858	10/10/1987	M	N	N	N	N	N	N	N	N	N	Left Upper Extremity	Fluarix	Northeast Office			
Data Entered	Influenza	Clinton	Hillary	1600 Pennsylvania Ave		Washington	DC	20500	(202) 456-1111	10/26/1947	F	N	N	N	N	N	N	N	N	N	Nasal	Fluarix	Northeast Office			
Data Entered	Influenza	Wayne	John	123 Main St	Apt #5	Winterset	IA	50273	(515) 123-4567	5/26/1907	M	N	N	N	N	N	N	N	N	N	Intradermal	Fluarix	Northeast Office			

Data collection can be done in real time at a clinic or dispensing site, or you can scan collected paper vouchers after an event to aid in data entry. The spreadsheets are Excel documents that you are free to modify to suit your organization.

If you have any questions about the data collection process or Dispense Assist in general, please feel free to send an email with your concerns to

DispenseAssist@jocogov.org

Happy Scanning!