## Description

The EHR vendor loads Polio immunization history data for Juana Mariana Gonzales.

### Comments

No Comments

## **Pre Condition**

The EMR has recorded all of the pediatric demographic in the record created for Juana Mariana Gonzales.

### **Post Condition**

The immunization history for Polio known to the local practice is loaded into the record created for Juana Mariana

# Test Objectives

Record Past Immunizations: The EHR or other clinical software system allows providers to enter information about immunizations given elsewhere (e.g., by another doctor, at a public health clinic, pharmacy, etc.) with incomplete details.

#### **Evaluation Criteria**

Evaluation Criteria: Vendor successfully records all immunization data known to the local practice as provided, with all required attributes indicated by [Y]:

Polio Dose 1 of 2				
Entered BY	Sandra Molina	Y		П
Ordering Provider	Jane Carter	Y		П
Entering Organization	Shoreline Pediatrics	Y		П
Administration Notes (Vaccine Event information source)	Historical Immunization (NIP001 01)	Y		
Date/Time of Start of Administration	1/22/2010	Y		П
Vaccine Administered	poliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-55)	Y		
Administered Amount (of Vaccine)	0.5	Y		П
Administered Units (of Measure)	mL	Y	TI	П
Administering Provider	Jane Carter	Y	Ti	П
Administered-at Location	325 Shorline Drive,  Stamford Connecticut 06901	Y		П
Lot Number	D333PV2431	Y	TI	П
Substance Expiration Date	10/4/2010	Y		П
Substance Manufacturer Name	Sanofi Pasteur Inc (MVX PMC)	Y		П
Completion Status	СР	Y		П
Route of Administration	Subcutaneous (NCIT C38299, HL70162: SC)	Y		П
Administration Site	Left Deltoid (HL7 LD)	Y		П
				П
Polio Dose 2 of 2				П
Entered BY	Sandra Molina	Y		П
Ordering Provider	Carlos Herrera	Y		П
Entering Organization	Shoreline Pediatrics	Y		П
Vaccine Event information source	Historical Immunization (NIP001 01)	Y		П
Value/Text for Vaccine Type	poliovirus vaccine, inactivated (CVX 10)	Y		
Date/Time of Start of Administration	3/23/2010	Y		П
Vaccine Administered	poliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-55)	Y		
Administered Amount (of Vaccine)	0.5	Y		П
Administered Units (of Measure)	mL	Y		
Administering Provider	J. Martinez	Y		П
Administered-at Location	333 Oceanview Lane, Stamford Connecticut 06901	Y		
Lot Number	D333PV4344	Y	$\dashv$	П
Substance Expiration Date	3/23/2010	Y	$\dashv \dashv$	П
Substance Manufacturer Name		Y		Н

Completion Status	CP	Y	
Route of Administration	Subcutaneous (NCIT C38299, HL70162: SC)	Y	
Administration Site	Left Deltoid (HL7 LD)		

#### **Notes for Testers**

No Note

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No Comments

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Record Past Immunizations: The EHR or other clinical software system allows providers to enter information about immunizations given elsewhere (e.g., by another doctor, at a public health clinic, pharmacy, etc.) with incomplete details.

Evaluation Criteria: Vendor successfully records all immunization data known to the local practice as provided, with all required attributes indicated by [Y]: Polio Dose 1 of 2 Entered BY Sandra Molina Y Ordering Provider Jane Carter Y **Entering Organization Shoreline Pediatrics** Y Administration Notes (Vaccine Event information Historical Immunization (NIP001 01) Date/Time of Start of Administration 1/22/2010 Y poliovirus vaccine, inactivated (CVX 10) Y Vaccine Administered IPOL (NDC 49281-0860-55) Administered Amount (of Vaccine) 0.5 Administered Units (of Measure) mL Administering Provider Jane Carter Administered-at Location 325 Shorline Drive, Stamford Connecticut 06901 Y Lot Number D333PV2431 Substance Expiration Date 10/4/2010 Substance Manufacturer Name Sanofi Pasteur Inc (MVX PMC) Y Y Completion Status Subcutaneous (NCIT C38299, HL70162: SC) Y Route of Administration Administration Site Left Deltoid (HL7 LD) Polio Dose 2 of 2 Entered BY Sandra Molina Y Ordering Provider Carlos Herrera Y **Shoreline Pediatrics Entering Organization** Y Vaccine Event information source Historical Immunization (NIP001 01) Y poliovirus vaccine, inactivated (CVX 10) Value/Text for Vaccine Type Y Date/Time of Start of Administration 3/23/2010 Y poliovirus vaccine, inactivated (CVX 10) Y Vaccine Administered IPOL (NDC 49281-0860-55) Administered Amount (of Vaccine) 0.5 Administered Units (of Measure) mL Y Administering Provider Y J. Martinez Administered-at Location 333 Oceanview Lane, Stamford Connecticut 06901 Lot Number D333PV4344 Y Substance Expiration Date 3/23/2010 Y Substance Manufacturer Name Sanofi Pasteur Inc (MVX PMC) Y Completion Status

Route of Administration Administration Site	Subcutaneous (NCIT C38299, HL70162: SC) Left Delfoid (HL7 LD)	
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No Note		