

Description

The EHR vendor loads immunization history data from the local practice 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 the known to the local practice is loaded into the record created for Juana Mariana Gonzales.

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]:

Vaccine from Practice HepB			
Entered BY	Sandra Molina	Y	
Ordering Provider	Frank Smith	Y	
Entering Organization	Shoreline Pediatrics	Y	
Administration Notes (Vaccine Event information source)	New immunization record (NIP001 00)	Y	
Date/Time of Start of Administration	12/20/2010	Y	
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08)	Y	
Administered Amount (of Vaccine)	0.5	Y	
Administered Units (of Measure)	mL	Y	
Administering Provider	Sandra Molina	Y	
Administered-at Location	400 Shoreline Drive, Stamford Connecticut 06901	Y	
Lot Number	6352FK1	Y	
Substance Expiration Date	12/14/2011	Y	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA (MVX SKB)	Y	
Completion Status	CP	Y	
Route of Administration	IM (NCIT C28161)	Y	
Administration Site	Right Thigh	Y	
Vaccine from Practice MMR II			
a. Entered BY	J. Martinez	Y	
b. Ordering Provider	Frank Smith	Y	
c. Entering Organization	Shoreline Pediatrics	Y	
Vaccine Event information source	New immunization record (NIP001 00)	Y	
Value/Text for Vaccine Type	MMR II (CVX 03, NDC 0006-4681-00)	Y	
Date/Time of Start of Administration	08/22/2011	Y	
Vaccine Administered	measles, mumps, rubella virus vaccine	Y	
Administered Amount (of Vaccine)	0.5	Y	
Administered Units (of Measure)	mL	Y	
Administering Provider	Sandra Molina	Y	
Administered-at Location	400 Shoreline Drive, Stamford Connecticut 06901	Y	
Lot Number	0853CC	Y	
Substance Expiration Date	12/15/2011	Y	
Substance Manufacturer Name	Merck Sharp & Dohme Corp (MVX MSD)	Y	
Completion Status	CP	Y	

Route of Administration	Subcutaneous (NCIT C28399)	Y	
Administration Site	Left Thigh (HL70163 LT)		
Notes for Testers			
No Note			