

Description

The provider enters immunization data from a pharmacy as reported by the parent for Juana Mariana Gonzales.

Comments

No Comments

PreCondition

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

PostCondition

The immunization history from the pharmacy as reported by the parent 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 history data from the pharmacy as provided by the parent with all required attributes indicated by [Y]:

| | | | |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------|---|--|
| Historical Vaccine from Pharmacy Reported by Parent | | | |
| Entered BY | Sandra Molina | Y | |
| Ordering Provider | Gina Ricci | Y | |
| Entering Organization | Shoreline Pediatrics | Y | |
| Vaccine Event information source (Administration Notes) | Historical information - from other provider (NIP001 02) | Y | |
| Value/Text for Vaccine Type | Influenza vaccine | Y | |
| Date/Time of Start of Administration | 10/15/2013 | Y | |
| Vaccine Administered | influenza, live, intranasal, quadrivalent (CVX 149) FluMist Quadrivalent (NDC 66019-0301-10)) | Y | |
| Administered Amount (of Vaccine) | 0.5 | Y | |
| Administered Units (of Measure) | mL | Y | |
| Administering Provider | Gina Ricci | Y | |
| Administered-at Location | Oceanview Pharmacy, 15 Post Road, Stamford Connecticut 06901 | Y | |
| Lot Number | 8L4B3423 | Y | |
| Substance Expiration Date | 7/1/2014 | Y | |
| Substance Manufacturer Name | MedImmune, LLC (MVX MED) | Y | |
| Completion Status | CP | Y | |
| Route of Administration | Nasal (NCIT NS) | Y | |
| Administration Site | | Y | |

Notes to Testers

No Note