

Description

The EHR vendor loads immunization history data from another practice into the record for Juana Mariana Gonzales.

Comments

No Comments

PreCondition

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

PostCondition

The immunization history from another 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 history data from another practice as provided, with all required attributes indicated by [Y]:

| | | | |
|--|---|---|--|
| Historical Vaccine from Another Practice - Dtap | | | |
| Entered BY | Sandra Molina | Y | |
| Ordering Provider | J. Rodriguez | Y | |
| Entering Organization | Shoreline Pediatrics | Y | |
| Vaccine Event information source | Historical information - from parent's written record (NIP001 03) | Y | |
| Value/Text for Vaccine Type | DTaP | Y | |
| Date/Time of Start of Administration | 8/31/2014 | Y | |
| Vaccine Administered | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) | Y | |
| Administered Amount (of Vaccine) | 0.5 | Y | |
| Administered Units (of Measure) | mL | Y | |
| Administration Notes | | Y | |
| Administering Provider | Linda Casera | Y | |
| Administered-at Location | 4253 Standish Way, Stamford Connecticut 06903 | Y | |
| Lot Number | D643QS8243 | Y | |
| Substance Expiration Date | 9/1/2014 | Y | |
| Substance Manufacturer Name | Sanofi Pasteur Inc (MVX PMC) | Y | |
| Completion Status | CP | Y | |
| Route of Administration | Intramuscular (NCIT IM) | Y | |
| Administration Site | Left Deltoid (HL70163 LD) | Y | |
| Historical Vaccine from Another Practice - Polio | | | |
| Entered BY | Sandra Molina | Y | |
| Ordering Provider | J. Rodriguez | Y | |
| Entering Organization | Shoreline Pediatrics | Y | |
| Vaccine Event information source | Historical information - from parent's written record (NIP001 03) | Y | |
| Value/Text for Vaccine Type | DTaP | Y | |
| Date/Time of Start of Administration | 2/21/2011 | Y | |
| Vaccine Administered | poliovirus vaccine, inactivated (CVX 10) | Y | |
| Administered Amount (of Vaccine) | 0.5 | Y | |
| Administered Units (of Measure) | mL | Y | |
| Administration Notes | | Y | |
| Administering Provider | Linda Casera | Y | |
| Administered-at Location | 4253 Standish Way, Stamford Connecticut 06903 | Y | |
| Lot Number | D335PV9644 | Y | |
| Substance Expiration Date | 2/22/2011 | Y | |
| Substance Manufacturer Name | Sanofi Pasteur Inc (MVX PMC) | Y | |
| Completion Status | CP | Y | |
| Route of Administration | Intramuscular (NCIT IM) | Y | |
| Administration Site | Left Deltoid (HL70163 LD) | Y | |
| Reaction | VXC12^fever of >40.5C (105F) within 48 hours of dose^CDCPHINVS | Y | |

Notes to Testers

No Note