

### Description

The nurse administers the the MMRV vaccine  
&bull; Documents all required information for each vaccine

### Comments

No Comments

### Pre Condition

Order is placed for MMRV vaccine.

### Post Condition

The MMRV vaccination is recorded in the EMR.

### Test Objectives

**Record Vaccine Administration:** The EHR or other clinical software system records information about each vaccine administered. The EHR records this information as structured data elements, including, at a minimum: date administered, administering clinician, site of administration (e.g., left arm), immunization type, product, lot number, manufacturer, Vaccine Information Statement date, and quantity of vaccine/dose size.

### Evaluation Criteria

EMR Records the following vaccine administration information:

Entered BY: Sandra Molina [Y]

Ordering Provider: Frank Smith [Y]

Entering Organization: Shoreline Pediatrics [Y]

Vaccine Event information source: New immunization record (NIP001 00) [Y]  
(also known as administration notes)

Vaccine Type: measles, mumps, rubella, and varicella virus vaccine (CVX 94 ), [Y]

Date/Time of Start of Administration: Current Date [Y]

Vaccine Administered: measles, mumps, rubella, and varicella virus vaccine (CVX 94 ), ProQuad (NDC 00006-4999-00) [Y]

Dose Number: 2

Doses in Series: 2

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: 7W87V3687 [Y]

Substance Expiration Date: 8/15/2015 [Y]

Substance Manufacturer Name: Merck Sharp & Dohme Corp (MVX MSD) [Y]

Completion Status: CP [Y]

Route of Administration: Subcutaneous (NCIT C38299, HL70162: SC) [Y]

Administration Site: Left Deltoid (HL70162 LD)

### Notes for Testers

NO NOTE