

**Description**

The nurse administers the the nasal live, attenuated influenza vaccine  
 &bull; Documents all required information for each vaccine

**Comments**

No Comments

**Pre Condition**

Order is placed for nasal live, attenuated influenza vaccine.

**Post Condition**

The nasal live, attenuated influenza vaccinations 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	
Ordering Provider	Frank Smith	
Entering Organization	Shoreline Pediatrics	
Vaccine Event information source (Administration Notes)	New immunization record (NIP001 00)	
Value/Text for Vaccine Type	influenza virus vaccine, live, attenuated, for intranasal use (CVX 111), FluMist Quadrivalent (NDC 66019-0301-10)	
Date/Time of Start of Administration	Current Date	
Vaccine Administered	influenza virus vaccine, live, attenuated, for intranasal use (CVX 111), FluMist Quadrivalent (NDC 66019-0301-10)	
Administered Amount (of Vaccine)	0.2	
Administered Units (of Measure)	mL	
Administering Provider	Sandra Molina	
Administered-at Location	400 Shoreline Drive, Stamford Connecticut 06901	
Lot Number	8L4B3521	
Substance Expiration Date	8/15/2015	
Substance Manufacturer Name	MedImmune,LLC (MVX MED)	
Completion Status	CP	
Route of Administration	Nasal (NCIT C38284), Nasal (HL70162 NS)	
Administration Site		
VFC Eligibility	No	

**Notes for Testers**

No Note