

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 | 1/15/2010 | 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 | 10/1/2010 | Y | |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA (MVX SKB) | Y | |
| Completion Status | CP | Y | |
| Route of Administration | IM | Y | |
| Administration Site | Right Thigh | Y | |
| Vaccine from Practice MMRV | | | |
| 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 | MMRV | Y | |
| Date/Time of Start of Administration | 10/23/2010 | Y | |
| Vaccine Administered | measles, mumps, rubella, and varicella virus vaccine | Y | |
| Administered Amount (of Vaccine) | 0.5 | Y | |
| Administered Units (of Measure) | mL | Y | |
| Administration Notes | | Y | |
| Administering Provider | Sandra Molina | Y | |
| Administered-at Location | 400 Shoreline Drive, Stamford Connecticut 06901 | Y | |
| Lot Number | 7W27V7491 | Y | |
| Substance Expiration Date | 12/15/2010 | Y | |

| | | | |
|-----------------------------|------------------------------------|---|--|
| Substance Manufacturer Name | Merck Sharp & Dohme Corp (MVX MSD) | Y | |
| Completion Status | CP | Y | |
| Route of Administration | Intramuscular (NCIT IM) | | |
| Administration Site | Right Thigh (HL70163 RT) | | |
| | | | |

Notes for Testers

No Note